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August 4, 2016

Mr. Mike Sanders  
State of Connecticut  
Department of Administrative Services  
Division of Construction Services  
165 Capitol Avenue, Room 483  
Hartford, CT 06106

Re: Asbestos Abatement Compliance Report  
Durant Hall  
Mystic Education Center  
Mystic, Connecticut  
Project 2B-15-01  
Building 16958  
ATC Project 61.22573.0021 Task 21024

Dear Mr. Sanders:

Please find enclosed the Compliance Report for Durant 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**



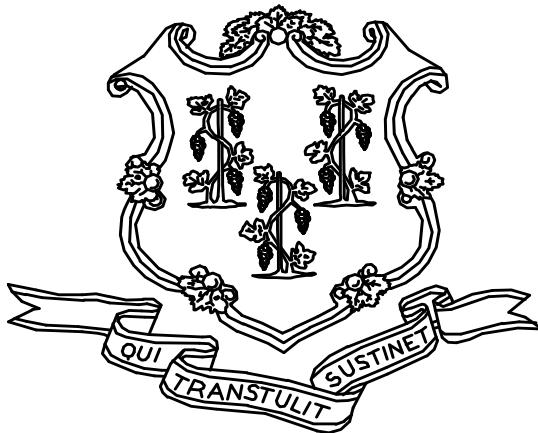
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Edward P. Fennell Jr., P.E.  
Division Manager  
For ATC Group Services LLC  
Direct Line +1 860 282 9924 x1123  
Email: [edward.fennell@atcassociates.com](mailto:edward.fennell@atcassociates.com)  
Encl: Asbestos Abatement Monitoring Report

# **COMPLIANCE REPORT**

## **ASBESTOS ABATEMENT**

**DURANT HALL  
MYSTIC EDUCATION CENTER  
MYSTIC, CONNECTICUT  
BUILDING 16958  
PROJECT 2B-15-01**



**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 61.22573.0021 TASK 21024**

**AUGUST 4, 2016**

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

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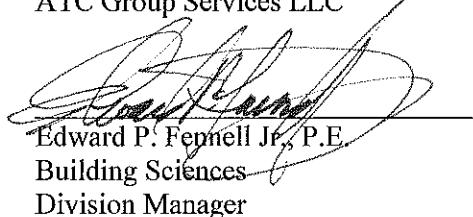
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**CERTIFICATION OF RESULTS**

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 4<sup>th</sup> day of August, 2016.

ATC Group Services LLC



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

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

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**EXECUTIVE SUMMARY**

ATC Group Services LLC (ATC) provided Asbestos Project Monitoring and Inspection Services for CTDCS during asbestos abatement at Durant Hall, Mystic Education Center, Mystic, Connecticut. Asbestos abatement work was performed July 16, 2015 through September 1, 2015.

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, gypsum board and joint compound, pipe and pipe fitting insulation, and equipment insulation.

ATC 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 visually inspected the work area. 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 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

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MYSTIC EDUCATION CENTER  
MYSTIC, CONNECTICUT**

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**CLIENT:** State of Connecticut  
Department of Administrative Services  
Division of Construction Services  
165 Capitol Avenue, Room 483  
Hartford, CT 06106

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

**DATE(S) OF WORK:** July 16, 2015 through September 1, 2015

**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  
Stanley Szelag, Project Monitor  
Wayne Riccitelli, Project Monitor  
Steve Douglas, Project Monitor  
Carmen Jacko, Project Monitor

**COMPLIANCE REPORT  
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## **1.0 INTRODUCTION**

ATC provided Asbestos Testing and Inspection Services for CTDCS during the removal of selected asbestos-containing materials at Mystic Education Center – Durant Hall, Mystic, Connecticut. The work was performed July 16, 2015 through September 1, 2015. This project included removal and disposal of floor tile and associated mastic, an expansion tank, window glazing, pipe insulation, pipe fitting insulation, glue daubs associated with black boards, and fire doors.

## **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, an expansion tank, window glazing, pipe insulation, pipe fitting insulation, glue daubs associated with black boards, and fire doors.

### **2.2 Consultant: ATC Group Services**

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

- Reviewed Contractor worker certification documents
- Interpreted the project scope of work as needed by the Contractor
- Observed the Contractor's work practices and performance
- Monitored concentrations of airborne fibers outside the work areas during asbestos abatement
- 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 floor tile and associated mastic, an expansion tank, window glazing, pipe insulation, pipe fitting insulation, glue daubs associated with black boards, and fire doors.

The ATC project monitor maintained daily 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.

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**3.1 Worker and Contractor Certification Documents:**

ATC 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 observed proper use of engineering controls and use of High Efficiency Particulate Air (HEPA)-filtered mechanical equipment. Full-containment with two layers of 4-mil polyethylene sheeting on the walls was utilized. Additionally, a 6-mil layer was utilized for any critical barriers. 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 or full face positive pressure air purifying 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 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

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- Showering their person

**3.7 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.

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
Stairwell Containment #1		7/28/15	7/28/15	N/A
NW Stair Containment #2		7/31/15	7/31/15	N/A
North Corridor Closets Containment #3		7/31/15	7/31/15	N/A
East Corridor Closets Containment #4		8/3/15	8/3/15	N/A
3 <sup>rd</sup> Floor Fan Room Containment #7		8/10/15	8/10/15	N/A
3 <sup>rd</sup> Floor Custodial Closet Containment #8		8/10/15	8/10/15	N/A
Nurses Storage Containment #9		8/10/15	8/10/15	N/A
Main Floor Expansion Tank Containment #10		8/11/15	8/11/15	N/A
NE Stair Containment		8/11/15	8/11/15	N/A
Loading Dock Containment		8/12/15	8/12/15	N/A
Basement Storage Room 1 Containment #11		8/14/15	8/14/15	N/A

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<b>Work Area</b>	<b>Pre-Abatement Inspection Date</b>	<b>Final Visual Inspection Date</b>	<b>Final PCM Air Clearance Date</b>	<b>Final TEM Air Clearance Date</b>
Basement Storage Room 2 Containment #12		8/14/15	8/14/15	N/A
Lower Level IT Room Containment #13		8/18/15	8/18/15	N/A
Lower Level Storage to Classroom 1 Containment #14		8/18/15	8/18/15	N/A
Lower Level Classrooms 2 and 3, Corridor Storage Containment #15		8/18/15	8/19/15	N/A
Storage for Classrooms 2 and 3 Containment #16		8/19/15	8/19/15	N/A
Lower Level Mechanical Room Containment #17		8/19/15	8/19/15	N/A
Lower Level Storage in Corridor Containment #18		8/20/15	8/20/15	N/A
Lower Level Janitor Closet Containment #19		8/20/15	8/20/15	N/A
Lower Level Storage Room 6 Containment #20		8/20/15	8/20/15	N/A
Lower Level Storage Room 7 Containment #21		8/20/15	8/20/15	N/A
Lower Level near Teacher's Room Containment #22		8/20/15	8/20/15	N/A
Lower Level Storage Room 8 Containment #23		8/21/15	8/21/15	N/A
Lower Level Near Exit Room 2 and 3 Containment #24		8/21/15	8/21/15	N/A
Media Center Containment #25		8/24/15	8/24/15	N/A

**COMPLIANCE REPORT  
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<b>Work Area</b>	<b>Pre-Abatement Inspection Date</b>	<b>Final Visual Inspection Date</b>	<b>Final PCM Air Clearance Date</b>	<b>Final TEM Air Clearance Date</b>
Media Center Containment #26		8/24/15	8/24/15	N/A
Lounge Containment #27		8/24/15	8/24/15	N/A
Middle Level Containment #28		8/25/15	8/25/15	N/A
Middle Level Containment #29		8/25/15	8/25/15	N/A
Lower Level Between Rooms 7-8 Containment #30		8/26/15	8/26/15	N/A
Lower Level Rooms 5 and 6 Containment #31		8/28/15	8/28/15	N/A
Lower Level Rooms 7 and 8 Containment #32		8/28/15	8/28/15	N/A
Lower Level Rooms 4 and 5 Containment #33		8/28/15	8/28/15	N/A
Lower Level Rooms 1-2 Containment #34		9/1/15	9/1/15	N/A
Lower Level Teacher's Room for Rooms 1-2 Containment #35		9/1/15	9/1/15	N/A
Lower Level Rooms 3-4 Containment #36		9/1/15	9/1/15	N/A
Lower Level Teacher's Room for Room 3-4 Containment #37		9/1/15	9/1/15	N/A

#### **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 cowls.

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 16.24 liters per minute (lpm). Flow

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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 (Gilibrator). All air samples were collected open-faced and positioned at breathing zone height (approximately three to 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 mm<sup>2</sup>.

#### **4.4 PCM Area Results**

Samples collected for analysis by PCM were analyzed on-site by the ATC 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.

All five PCM re-occupancy clearance samples were found to be less than the CTDPH clearance criteria of 0.010 fibers/cc 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  
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MYSTIC, CONNECTICUT**

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**APPENDIX A**

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

Name: MYSTIC ED. CENTER  
st# 2257321029  
ent: CT DCS

Date: 7-16-15 THURS  
Project Monitor: S. SCHELHORN  
Project Manager: E. FERNZEL

Project Support	Contractor Name <u>APIS</u>	License # <u>00017</u>	Project Supvs <u>1</u>	Workers <u>5</u>		
	Contractor Certifications <input type="checkbox"/> OK	<input type="checkbox"/> Deficiencies Noted & Resolved	<input type="checkbox"/> Deficiencies Noted & Not Resolved	<input type="checkbox"/> N/A		
Notification <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	If Yes: Start Date _____	End Date _____	New <input type="checkbox"/>	Revised <input type="checkbox"/>		
Waste Hauler <u>CWPM</u>	Disposal Facility Name <u>ACM</u>		Facility Location <u>NEW LONDON</u>			
Shift Scope	Pipe Insulation <input type="checkbox"/>	Floor Tile <input type="checkbox"/>	Ceiling Tile <input type="checkbox"/>	Vapor Barrier <input type="checkbox"/>	Duct Seam Sealant <input type="checkbox"/>	
	Fitting Insulation <input type="checkbox"/>	Mastic <input type="checkbox"/>	Glue Dabs <input type="checkbox"/>	Window Glazing <input type="checkbox"/>	Duct Flex Connector <input type="checkbox"/>	
Shift Activity	Boiler Insulation <input type="checkbox"/>	Floor Sheeting <input type="checkbox"/>	Cove Base/Adhesive <input type="checkbox"/>	Window/Door Caulking <input type="checkbox"/>	Equipment Gaskets <input type="checkbox"/>	
	Boiler Firebrick <input type="checkbox"/>	Plaster <input type="checkbox"/>	Transite <input type="checkbox"/>	Electrical Cable Wrap <input type="checkbox"/>	Fire Doors <input type="checkbox"/>	
Work Area	Boiler Rope Gasketing <input type="checkbox"/>	Gypsum Board <input type="checkbox"/>	Roofing Materials <input type="checkbox"/>	Fireproofing <input type="checkbox"/>	<u>NON-ACM</u> <input type="checkbox"/>	
	Breeching Insulation <input type="checkbox"/>	Joint Compound <input type="checkbox"/>	Waterproofing <input type="checkbox"/>	Duct Insulation <input type="checkbox"/>	<input type="checkbox"/>	
PPE	Containment size: <u>MF</u>	Barriers: <input type="checkbox"/> Wood	<input type="checkbox"/> Stud & Poly	<input checked="" type="checkbox"/> Poly Drapes	<input type="checkbox"/> Glove Bag	<input type="checkbox"/> Other _____
	Integrity: <input checked="" type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	Wetting Agent <u>WATER</u>	Sufficient: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
Safety & Health	Respiratory Protection: <input type="checkbox"/> 1/2 Face Neg. Pressure	<input type="checkbox"/> Full Face Neg. Pressure	<input type="checkbox"/> PAPR	<input type="checkbox"/> Supplied Air	<input type="checkbox"/> Dust Mask	<input type="checkbox"/> SCBA
	Body Protection: <input checked="" type="checkbox"/> Hooded Suit	<input checked="" type="checkbox"/> Boots	<input checked="" type="checkbox"/> Hardhat	<input checked="" type="checkbox"/> Eyes/Face	<input checked="" type="checkbox"/> Hearing	<input type="checkbox"/> Gloves
<i>If N or U, expand and document notification and actions taken, if any. Indicate if N/A.</i>						
EMERGENCY (N/A <input type="checkbox"/> )		ELECTRICAL (N/A <input type="checkbox"/> )	SCAFFOLDING (N/A <input type="checkbox"/> )	LADDERS (N/A <input type="checkbox"/> )	CLEANLINESS (N/A <input type="checkbox"/> )	
Acceptable Communication <input checked="" type="checkbox"/> <input type="checkbox"/> N	GFCI <input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/> Y N	Load Limit Posted <input type="checkbox"/> <input type="checkbox"/>	Properly Used <input checked="" type="checkbox"/> <input type="checkbox"/>	General Housekeeping <input checked="" type="checkbox"/> <input type="checkbox"/> A U	
Unblocked/Marked Emergency/Fire Exit <input checked="" type="checkbox"/> <input type="checkbox"/>	Adequate Power <input type="checkbox"/> <input checked="" type="checkbox"/>	Minimum 4x Intended Load <input type="checkbox"/> <input type="checkbox"/>	Acceptable Rungs <input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> Bag Accumulation <input type="checkbox"/> <input checked="" type="checkbox"/>		
First Aid Kit <input checked="" type="checkbox"/> <input type="checkbox"/>	Ground Prong <input type="checkbox"/> <input checked="" type="checkbox"/>	Toe Board <input type="checkbox"/> <input checked="" type="checkbox"/>	Kick-Out <input type="checkbox"/> <input checked="" type="checkbox"/>	Standing Water <input type="checkbox"/> <input checked="" type="checkbox"/>		
MSDS' Available <input checked="" type="checkbox"/> <input type="checkbox"/>	Sound Ext. <input type="checkbox"/> <input checked="" type="checkbox"/>	Side Rail <input type="checkbox"/> <input checked="" type="checkbox"/>	Protection/Steady <input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>		
OSHA Monitoring	Full Shift ( $\geq$ 8 Hour) Sampling <input type="checkbox"/> <input type="checkbox"/> Y N	Worker SS# & Task IDs <input type="checkbox"/> <input type="checkbox"/>				
	Partial Shift ( $\leq$ 8 Hour) Sampling <input type="checkbox"/> <input type="checkbox"/>	Previous Shift Results Posted <input type="checkbox"/> <input type="checkbox"/>				
Project Monitoring	Exc. Limit (30 min.) Sampling <input type="checkbox"/> <input type="checkbox"/>	Flow Rate 0.5 - 2.5 LPM <input type="checkbox"/> <input type="checkbox"/>				
	Equipment Calibrated <input type="checkbox"/> <input type="checkbox"/>	Blanks 2 / 10% <input type="checkbox"/> <input type="checkbox"/>				
Contractor's Competent Person: <u>E. CYR</u>						
Name <u>Cardno ATC Representative Signature</u> <u>5-SZELAC</u>	Time <u>1/2 PACE</u>	# Air Samples Run <u>1</u>	Manometer Reading <u>—</u>	Cert. # <u>00445</u> Time On-Site/ Off-Site <u>7:00, 3:30</u>		
Name _____ Time _____ Representing _____ Purpose _____						

Project Name: MYSTIC EDUCATION CENTER  
Project #: 2257321024  
Client: CT DES

Date: 7-16-15 THURS  
Project Monitor: S. SZELAG  
Project Manager: ED FENWELL

Cardno ATC Representative Signature

552/cq

Title P.W.

Cert. # 00445

## DAILY SITE REPORT

Name:	MEC-Durant Hall		Date:	07.28.15		
Prt. #:	61-22573-0021 T-21024		Project Monitor:	Wayne Riccitelli		
Client:	CT DPW		Project Manager:	Ed Fennell		
Project Support	Contractor Name <u>AAIS</u>		License #	<u>00017</u>	Project Supvs <u>01</u> Workers <u>06</u>	
Contractor Certifications		<input type="checkbox"/> OK	<input type="checkbox"/> Deficiencies Noted & Resolved		<input type="checkbox"/> Deficiencies Noted & Not Resolved	
Notification <input type="checkbox"/> Y <input type="checkbox"/> N		If Yes: Start Date <u>03.19.15</u>	End Date <u>09.25.15</u>	New <input type="checkbox"/>	Revised <input checked="" type="checkbox"/> # <u>1</u>	
Waste Hauler	<u>RTL Enterprises</u>		Disposal Facility Name <u>Modern Landfill</u>	Facility Location <u>York, PA</u>		
Shift Scope	Pipe Insulation	<input type="checkbox"/> Floor Tile	<input checked="" type="checkbox"/> Ceiling Tile	<input type="checkbox"/> Vapor Barrier	<input type="checkbox"/> Duct Seam Sealant	
	Fitting Insulation	<input type="checkbox"/> Mastic	<input checked="" type="checkbox"/> Glue Daubs	<input type="checkbox"/> Window Glazing	<input type="checkbox"/> Duct Flex Connector	
	Boiler Insulation	<input type="checkbox"/> Floor Sheeting	<input type="checkbox"/> Cove Base/Adhesive	<input type="checkbox"/> Window/Door Caulking	<input type="checkbox"/> Equipment Gaskets	
	Boiler Firebrick	<input type="checkbox"/> Plaster	<input type="checkbox"/> Transite	<input type="checkbox"/> Electrical Cable Wrap	<input type="checkbox"/> Fire Doors	
	Boiler Rope Gasketing	<input type="checkbox"/> Gypsum Board	<input type="checkbox"/> Roofing Materials	<input type="checkbox"/> Fireproofing	<input type="checkbox"/>	
	Breeching Insulation	<input type="checkbox"/> Joint Compound	<input type="checkbox"/> Waterproofing	<input type="checkbox"/> Duct Insulation	<input type="checkbox"/>	
Shift Activity	Eqpt/Mat'l Mobilization	<input type="checkbox"/> Final Cleaning	<input checked="" type="checkbox"/> Waste Load-Out	<input type="checkbox"/> Dust Control	<input type="checkbox"/> Re-insulation/Spray	
	Work Area Preparation	<input type="checkbox"/> Encapsulation	<input checked="" type="checkbox"/> Eq/Mat'l Demobilization	<input type="checkbox"/> Repair/O&M	<input type="checkbox"/> Non-ACM (lead, PCB)	
	ACM Removal	<input checked="" type="checkbox"/> Teardown/Cleanup	<input type="checkbox"/> Local Removal	<input type="checkbox"/> Demolition	<input type="checkbox"/>	
Work Area	Containment size:	Barriers: <input type="checkbox"/> Wood	<input type="checkbox"/> Stud & Poly	<input checked="" type="checkbox"/> Poly Drapes	<input type="checkbox"/> Glove Bag <input type="checkbox"/> Other _____	
	Integrity: <input checked="" type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	Wetting Agent <u>H2O encaps</u>	Sufficient: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
PPE	Respiratory Protection:	<input checked="" type="checkbox"/> 1/2 Face Neg. Pressure	<input type="checkbox"/> Full Face Neg. Pressure	<input type="checkbox"/> PAPR	<input type="checkbox"/> Supplied Air <input type="checkbox"/> Dust Mask <input type="checkbox"/> SCBA	
	Body Protection:	<input checked="" type="checkbox"/> Hooded Suit	<input type="checkbox"/> Boots	<input checked="" type="checkbox"/> Hardhat	<input type="checkbox"/> Eyes/Face <input type="checkbox"/> Hearing <input checked="" type="checkbox"/> Gloves <input type="checkbox"/> Fall Protection	
Safety & Health	If N or U, expand and document notification and actions taken, if any. Indicate if N/A					
	EMERGENCY (N/A <input type="checkbox"/> )	ELECTRICAL (N/A <input type="checkbox"/> )	SCAFFOLDING (N/A <input type="checkbox"/> )	LADDERS (N/A <input type="checkbox"/> )	CLEANLINESS (N/A <input type="checkbox"/> )	
	Acceptable <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	GFCI <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Load Limit <input type="checkbox"/> Y <input type="checkbox"/> N	Properly Used <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	General Housekeeping <input checked="" type="checkbox"/> A <input type="checkbox"/> U	
	Communication <input checked="" type="checkbox"/>	Power <input type="checkbox"/>	Posted <input type="checkbox"/>	Rungs <input type="checkbox"/>	Bag Accumulation <input checked="" type="checkbox"/> B <input type="checkbox"/> U	
	Unblocked/Marked Emergency/Fire Exit <input checked="" type="checkbox"/>	Ground Prong <input checked="" type="checkbox"/>	Minimum 4x Intended Load <input type="checkbox"/>	Kick-Out <input type="checkbox"/>	Standing Water <input checked="" type="checkbox"/> S <input type="checkbox"/>	
	First Aid Kit <input type="checkbox"/>	Sound Ext. <input type="checkbox"/>	Toe Board <input type="checkbox"/>	Protection/Steady <input type="checkbox"/>		
	MSDS' Available <input checked="" type="checkbox"/>	Insulation <input type="checkbox"/>	Side Rail <input type="checkbox"/>			
OSHA Monitoring	Full Shift (> 8 Hour) Sampling <input type="checkbox"/> Y <input type="checkbox"/> N	Worker SS# & Task IDs <input type="checkbox"/> Y <input type="checkbox"/> N				
	Partial Shift (< 8 Hour) Sampling <input type="checkbox"/> Y <input type="checkbox"/> N	Previous Shift Results Posted <input type="checkbox"/> Y <input type="checkbox"/> N				
	Exc. Limit (30 min.) Sampling <input type="checkbox"/> Y <input type="checkbox"/> N	Flow Rate 0.5 - 2.5 LPM <input type="checkbox"/> Y <input type="checkbox"/> N				
	Equipment Calibrated <input type="checkbox"/> Y <input type="checkbox"/> N	Blanks 2 / 10% <input type="checkbox"/> Y <input type="checkbox"/> N				
	Contractor's Competent Person: <u>Eric Cyr</u>					
Project Monitoring	Total Time in Containment <u>25 min</u>	Respiratory Protection <u>1/2 face N95</u>	# Air Samples Run <u>5-PCM</u>	Manometer Reading <u> </u>		
	Cardno ATC Representative Signature <u>Wayne</u>	Cert. # <u>402</u>	Time On-Site/ Off-Site <u> </u>			
Site Visitors	Name _____	Time _____	Representing _____	Purpose _____		
	_____	_____	_____	_____		
	_____	_____	_____	_____		
	_____	_____	_____	_____		

ject Name: MEC - Durant Hall  
ject #: GI-22573-0021 T-21024  
ient: CT-DPW

Date: 07.28.15  
Project Monitor: Wayne Riccitelli  
Project Manager: Ed Fennell

Cardno ATC Representative Signature

Wayne Russell

Title TH

Cert. # 402

### FINAL INSPECTION / TEARDOWN FORM

Project Name:	MEC - Durant Hall	Date:	07-28-15
Project #:	61-22573-0021 T-21024	Project Monitor:	Wayne Riccitelli
Client:	CT - DPW	Project Manager:	Ed Fennell

#### FINAL INSPECTION

Work Area(s) Inspected: East Stairwell - Containment #1

Work Area Preparedness	Work area is free of visible debris	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
	Critical containment barriers are secure and sound	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
	Waste has been properly packaged and removed from the work area	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
	Substrate surfaces will have a sealant (encapsulant) applied post-inspection	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
	Negative air unit(s) operating at an optimum flow rate	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
	Negative air unit pre-filter(s) have been changed out	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
	When applicable, damage to facility floors, walls, fixtures, etc. has been documented	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> 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.	<u>Wayne R</u> <u>7/28/15</u> <u>EFS/C</u> <u>7/28/15</u>	
	Project Monitor	Date	Contractor Supervisor

Notes	<u>Approximately 200 ft<sup>2</sup> of VAT/ mastic abated.</u>		

#### TEARDOWN

Work Area(s) Torn Down:

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

Notes			

## DAILY SITE REPORT

Project Name: Durant Hall  
 Project #: 22573, 21024  
 Client: CR-DCS

Date: 7-31-15  
 Project Monitor: S. Douglas  
 Project Manager: G. Fennell

Project Support	Contractor Name <u>Hais</u>		License # <u>17</u>	Project Supvs <u>2</u>	Workers <u>6</u>	
	Contractor Certifications <input checked="" type="checkbox"/> OK <input type="checkbox"/> Deficiencies Noted & Resolved		<input type="checkbox"/> Deficiencies Noted & Not Resolved		<input type="checkbox"/> N/A	
Notification	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	If Yes: Start Date <u>3.18.15</u>	End Date <u>9.25.15</u>	New <input type="checkbox"/>	Revised <input checked="" type="checkbox"/>	
Waste Hauler	<u>RTL Enterprises</u>		Disposal Facility Name <u>Modern Landfill</u>	Facility Location <u>York, PA</u>		
Shift Scope	Pipe Insulation Fitting Insulation Boiler Insulation Boiler Firebrick Boiler Rope Gasketing Breeching Insulation	<input type="checkbox"/> Floor Tile <input type="checkbox"/> Mastic <input type="checkbox"/> Floor Sheeting <input type="checkbox"/> Plaster <input type="checkbox"/> Gypsum Board <input type="checkbox"/> Joint Compound	<input checked="" type="checkbox"/> Ceiling Tile <input type="checkbox"/> Glue Daubs <input type="checkbox"/> Cove Base/Adhesive <input type="checkbox"/> Transite <input type="checkbox"/> Roofing Materials <input type="checkbox"/> Waterproofing	<input type="checkbox"/> Vapor Barrier <input type="checkbox"/> Window Glazing <input type="checkbox"/> Window/Door Caulking <input type="checkbox"/> Electrical Cable Wrap <input type="checkbox"/> Fireproofing <input type="checkbox"/> Duct Insulation	<input type="checkbox"/> Duct Seam Sealant <input type="checkbox"/> Duct Flex Connector <input type="checkbox"/> Equipment Gaskets <input type="checkbox"/> Fire Doors	
Shift Activity	Eqpt/Mat'l Mobilization Work Area Preparation ACM Removal	<input type="checkbox"/> Final Cleaning <input checked="" type="checkbox"/> Encapsulation <input checked="" type="checkbox"/> Teardown/Cleanup	<input checked="" type="checkbox"/> Waste Load-Out <input type="checkbox"/> Eq/Mat'l Demobilization <input type="checkbox"/> Local Removal	<input type="checkbox"/> Dust Control <input type="checkbox"/> Repair/O&M <input type="checkbox"/> Demolition	<input type="checkbox"/> Re-insulation/Spray <input type="checkbox"/> Non-ACM (lead, PCB)	
Work Area	Containment size: <u>600SF / 300SF / 300SF</u>	Barriers: <input type="checkbox"/> Wood	<input type="checkbox"/> Stud & Poly	<input checked="" type="checkbox"/> Poly Drapes	<input type="checkbox"/> Glove Bag	<input type="checkbox"/> Other _____
	Integrity: <input checked="" type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	Wetting Agent <u>H2O</u>	Sufficient: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
PPE	Respiratory Protection: <input checked="" type="checkbox"/> 1/2 Face Neg. Pressure <input type="checkbox"/> Full Face Neg. Pressure <input type="checkbox"/> PAPR <input type="checkbox"/> Supplied Air <input type="checkbox"/> Dust Mask <input type="checkbox"/> SCBA					
	Body Protection: <input checked="" type="checkbox"/> Hooded Suit <input type="checkbox"/> Boots <input checked="" type="checkbox"/> Hardhat <input type="checkbox"/> Eyes/Face <input type="checkbox"/> Hearing <input checked="" type="checkbox"/> Gloves <input type="checkbox"/> Fall Protection					
Safety & Health	If N or U, expand and document notification and actions taken, if any. Indicate if N/A.					
	EMERGENCY (N/A <input type="checkbox"/> )	ELECTRICAL (N/A <input type="checkbox"/> )	SCAFFOLDING (N/A <input type="checkbox"/> )	LADDERS (N/A <input type="checkbox"/> )	CLEANLINESS (N/A <input type="checkbox"/> )	
	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	A <input type="checkbox"/> U <input type="checkbox"/>
	Acceptable Communication Unblocked/Marked Emergency/Fire Exit First Aid Kit MSDS' Available	GFCI Adequate Power Ground Prong Sound Ext. Insulation	Load Limit Posted Minimum 4x Intended Load Toe Board Side Rail	Properly Used Acceptable Rungs Kick-Out Protection/Steady	General Housekeeping Bag Accumulation Standing Water	
OSHA Monitoring	Full Shift ( $\geq$ 8 Hour) Sampling Partial Shift ( $\leq$ 8 Hour) Sampling Exc. Limit (30 min.) Sampling Equipment Calibrated	Y <input type="checkbox"/> N <input type="checkbox"/>	Worker SS# & Task IDs Previous Shift Results Posted Flow Rate 0.5 - 2.5 LPM Blanks 2 / 10%	Y <input type="checkbox"/> N <input type="checkbox"/>		
	Contractor's Competent Person: <u>ERIC Cyr / Ed Braga</u>					
Project Monitoring	Total Time in Containment <u>60 min</u>	Respiratory Protection <u>F11 Fair</u>	# Air Samples Run <u>10</u>	Manometer Reading _____		
	Cardno ATC Representative Signature <u>stuart jae</u>	Cert. # <u>578</u>	Time On-Site/ Off-Site <u>0700 / 1030</u>			
Site Visitors	Name _____ _____ _____ _____ _____	Time _____ _____ _____ _____ _____	Representing _____ _____ _____ _____ _____	Purpose _____ _____ _____ _____ _____		

Project Name: Durant Hall  
Project #: 22573 21024  
Client: CT-DCS

Date: 7-31-15  
Project Monitor: S. Douglas  
Project Manager: E. Fratell

Cardno ATC Representative Signature \_\_\_\_\_ Title IT

Title 工A

Cert. # 578

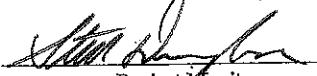
## FINAL INSPECTION / TEARDOWN FORM

Project Name:	Durant Hall	Date:	7-31-15
Project #:	22573.20024	Project Monitor:	S. Doyle
Client:	CT-DCS	Project Manager:	E. Fennell

### FINAL INSPECTION

Work Area(s) Inspected: North Corridor Closet

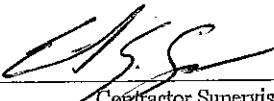
Work Area Preparedness	Work area is free of visible debris	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
	Critical containment barriers are secure and sound	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
	Waste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



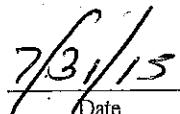
Project Monitor

7-31-15

Date



Contractor Supervisor



7-31-15

Date

Notes	<i>Removal of ≈ 200 S.F. VAF Matte</i>		

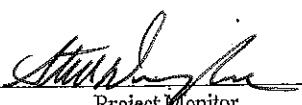
### TEARDOWN

Work Area(s) Torn Down:

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

## FINAL INSPECTION / TEARDOWN FORM

Project Name:	Durant Hall	Date:	7.30.15
Project #:	2257321024	Project Monitor:	S. Douglas
Client:	CT-DPW	Project Manager:	E. Fennell

FINAL INSPECTION				
Work Area(s) Inspected: North West Stair Way				
Work Area Preparedness	Work area is free of visible debris	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
	Critical containment barriers are secure and sound	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
	Waste has been properly packaged and removed from the work area	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
	Substrate surfaces will have a sealant (encapsulant) applied post-inspection	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
	Negative air unit(s) operating at an optimum flow rate	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
	Negative air unit pre-filter(s) have been changed out	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
	When applicable, damage to facility floors, walls, fixtures, etc. has been documented	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input checked="" type="checkbox"/> 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.			
		7.30.15		7/31/15
Notes	E 550 S.E VAT/Mastic			

TEARDOWN					
Work Area(s) Torn Down:					
Cleanliness	All poly has been removed from facility structures and bagged as asbestos waste	<input type="checkbox"/>	Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
	All equipment, tools, materials, supplies, and waste have been removed	<input type="checkbox"/>	Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
	Spray glue and/or tape residue has been adequately cleaned from facility structures	<input type="checkbox"/>	Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
	Furniture and/or other materials removed from the work area pre-abatement have been returned	<input type="checkbox"/>	Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
	Any ACM found during teardown has been spot cleaned (wet wipe, HEPA vacuum)	<input type="checkbox"/>	Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
Notes					

## PRE-ABATEMENT INSPECTION FORM

Project Name:	Durant Hall	Date:	7-30-15
Object #:	22573.21024	Project Monitor:	S. Douglas
Client:	CT-DCS	Project Manager:	E. Fennell
Work Area(s) Inspected: East Corridor Closets (Middle Level)			
Signage / Documents	OSHA Regulations 1910.1001 and 1926.1101 posted	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A _____	
	Copies of asbestos abatement plan(s) and/or specification(s) on site	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A _____	
	OSHA asbestos warning signs at all points of access (actual or potential)	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A _____	
	Emergency contact phone numbers posted or available	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A _____	
	Project related phone numbers posted or available	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A _____	
Decontamination Facility	Three chamber minimum (clean chamber, shower, equipment chamber)	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A Remote	
	Hot and cold water supply to shower	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A _____	
	Shower sump with 5 um wastewater filter in place and operational	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A _____	
	Soap and drying towels or cloths available	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A _____	
	Worker-to-shower ratio is 10:1 or better	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A _____	
Containment Structure Integrity	Critical barrier construction acceptable	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A _____	
	Walls constructed of double-ply 4-mil poly sheeting or better and securely affixed to supporting structure(s)	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A _____	
	Floor constructed of double-ply 6-mil poly sheeting or better, securely affixed, and overlaps wall poly by at least 12 inches	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A _____	
	Poly walls marked with emergency egress indicators	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A _____	
	Non-critical items removed from work area or covered with poly sheeting	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A _____	
Other Considerations	HVAC system locked out/tagged out, inoperable, or securely criticalled	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A _____	
	Electrical system locked out/tagged out, inoperable, or securely criticalled	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A _____	
	Lockable waste storage container on site	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A _____	
	Minimum number of negative air units required: 200 ft <sup>3</sup> ÷ ( 3000 cfm x 0.75 eff. x 15 minutes ) = 51 unit		
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.		
		7-30-15 Date	 Contractor Supervisor
	200 S.F. VAT/matic		

**DAILY SITE REPORT**

Name: <u>Dwight Hall</u>	Date: <u>8-3-15</u>															
Project #: <u>22573.21024</u>	Project Monitor: <u>S. Douglas</u>															
Client: <u>CT-DGS</u>	Project Manager: <u>E. Fennell</u>															
Project Support	Contractor Name <u>AARS</u> License # <u>17</u> Project Supvs _____ Workers _____															
	Contractor Certifications <input checked="" type="checkbox"/> OK <input type="checkbox"/> Deficiencies Noted & Resolved <input type="checkbox"/> Deficiencies Noted & Not Resolved <input type="checkbox"/> N/A															
Notification	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N If Yes: Start Date <u>3-19-15</u> End Date <u>9-25-15</u> New <input type="checkbox"/> Revised <input checked="" type="checkbox"/>															
Waste Hauler	<u>RTL Enterprise</u> Disposal Facility Name <u>Modern</u> Facility Location <u>York, PA</u>															
Shift Scope	Pipe Insulation <input type="checkbox"/> Floor Tile <input checked="" type="checkbox"/> Ceiling Tile <input type="checkbox"/> Vapor Barrier <input type="checkbox"/> Duct Seam Sealant Fitting Insulation <input type="checkbox"/> Mastic <input checked="" type="checkbox"/> Glue Daubs <input type="checkbox"/> Window Glazing <input type="checkbox"/> Duct Flex Connector Boiler Insulation <input type="checkbox"/> Floor Sheeting <input type="checkbox"/> Cove Base/Adhesive <input type="checkbox"/> Window/Door Caulking <input type="checkbox"/> Equipment Gaskets Boiler Firebrick <input type="checkbox"/> Plaster <input type="checkbox"/> Transite <input type="checkbox"/> Electrical Cable Wrap <input type="checkbox"/> Fire Doors Boiler Rope Gasketing <input type="checkbox"/> Gypsum Board <input type="checkbox"/> Roofing Materials <input type="checkbox"/> Fireproofing <input type="checkbox"/> Breeching Insulation <input type="checkbox"/> Joint Compound <input type="checkbox"/> Waterproofing <input type="checkbox"/> Duct Insulation <input type="checkbox"/>															
Shift Activity	Eqpt/Mat'l Mobilization <input type="checkbox"/> Final Cleaning <input checked="" type="checkbox"/> Waste Load-Out <input type="checkbox"/> Dust Control <input type="checkbox"/> Re-insulation/Spray Work Area Preparation <input type="checkbox"/> Encapsulation <input checked="" type="checkbox"/> Eq/Mat'l Demobilization <input type="checkbox"/> Repair/O&M <input type="checkbox"/> Non-ACM (lead, PCB) ACM Removal <input checked="" type="checkbox"/> Teardown/Cleanup <input checked="" type="checkbox"/> Local Removal <input type="checkbox"/> Demolition <input checked="" type="checkbox"/>															
Work Area	Containment size: <u>~300SF</u> Barriers: <input type="checkbox"/> Wood <input type="checkbox"/> Stud & Poly <input checked="" type="checkbox"/> Poly Drapes <input type="checkbox"/> Glove Bag <input type="checkbox"/> Other _____ Integrity: <input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor Wetting Agent <u>H2O</u> Sufficient: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N															
PPE	Respiratory Protection: <input checked="" type="checkbox"/> 1/2 Face Neg. Pressure <input type="checkbox"/> Full Face Neg. Pressure <input type="checkbox"/> PAPR <input type="checkbox"/> Supplied Air <input type="checkbox"/> Dust Mask <input type="checkbox"/> SCBA Body Protection: <input type="checkbox"/> Hooded Suit <input checked="" type="checkbox"/> Boots <input checked="" type="checkbox"/> Hardhat <input type="checkbox"/> Eyes/Face <input type="checkbox"/> Hearing <input checked="" type="checkbox"/> Gloves <input type="checkbox"/> Fall Protection															
Safety & Health	If N or U, expand and document notification and actions taken, if any. Indicate if N/A.															
	EMERGENCY (N/A <input type="checkbox"/> )		ELECTRICAL (N/A <input type="checkbox"/> )		SCAFFOLDING (N/A <input checked="" type="checkbox"/> )		LADDERS (N/A <input type="checkbox"/> )		CLEANLINESS (N/A <input type="checkbox"/> )							
	Y	N	Y	N	Y	N	Y	N	A	U						
Acceptable	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	General Housekeeping	<input type="checkbox"/>						
Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bag Accumulation	<input type="checkbox"/>						
Unblocked/Marked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Standing Water	<input type="checkbox"/>						
Emergency/Fire Exit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
First Aid Kit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
MSDS' Available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
	Insulation															
OSHA Monitoring	Full Shift ( $\geq$ 8 Hour) Sampling <input type="checkbox"/>	<input type="checkbox"/>	Worker SS# & Task IDs <input type="checkbox"/>	<input type="checkbox"/>	Partial Shift ( $\leq$ 8 Hour) Sampling <input type="checkbox"/>	<input type="checkbox"/>	Previous Shift Results Posted <input type="checkbox"/>	<input type="checkbox"/>	Exc. Limit (30 min.) Sampling <input type="checkbox"/>	<input type="checkbox"/>	Flow Rate 0.5 - 2.5 LPM <input type="checkbox"/>	<input type="checkbox"/>	Equipment Calibrated <input type="checkbox"/>	<input type="checkbox"/>	Blanks 2 / 10% <input type="checkbox"/>	<input type="checkbox"/>
	Contractor's Competent Person: <u>Eric Lyr</u>															
Project Monitoring	Total Time in Containment <u>40 Mins</u>	Respiratory Protection <u>Full Face</u>	# Air Samples Run <u>5</u>	Manometer Reading _____												
	Cardno ATC Representative Signature <u>John Smith</u>				Cert. # <u>578</u>	Time On-Site/ Off-Site <u>0700/ 1530</u>										
Site Visitors	Name _____	Time _____	Representing _____	Purpose _____												
	_____	_____	_____	_____												
	_____	_____	_____	_____												
	_____	_____	_____	_____												

Object Name: Durant Hall  
Project #: 22873.21024  
Client: CT-DCS

Date: 8-3-15  
Project Monitor: S. Douglas  
Project Manager: E. Fennell

Cardno ATC Representative Signature

John

Title EH

Cert. # 578

## FINAL INSPECTION / TEARDOWN FORM

Project Name:	Durant Hall	Date:	8.3.15
Project #:	22573 21024	Project Monitor:	S. Douglas
Client:	CT-DCS	Project Manager:	E. Fennell

### FINAL INSPECTION

Work Area(s) Inspected: Middle Floor: East Corridor Closet

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

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.



8.3.15

Project Monitor

Contractor Supervisor

Date

Notes	<i># 200 S.F. VAT/mask</i>		

### TEARDOWN

Work Area(s) Torn Down:

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

Notes			

# FINAL INSPECTION / TEARDOWN FORM

Project Name:	DURANT HALL	Date:	8-10-2015
Project #:	61.22573.0021 T 21024	Project Monitor:	CARMEN JACKO
Client:	CT DCS	Project Manager:	ED FENNELL

## FINAL INSPECTION

Work Area(s) Inspected: CANT #7 - 3<sup>RD</sup> FLOOR FAN ROOM

Work Area Preparedness	Work area is free of visible debris	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
	Critical containment barriers are secure and sound	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
	Waste has been properly packaged and removed from the work area	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
	Substrate surfaces will have a sealant (encapsulant) applied post-inspection	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
	Negative air unit(s) operating at an optimum flow rate	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
	Negative air unit pre-filter(s) have been changed out	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
	When applicable, damage to facility floors, walls, fixtures, etc. has been documented	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> 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.		
	 Project Monitor	8-10-2015 Date	Contractor Supervisor
Notes	REMOVAL OF FLOOR TILES/MASTIC ~ 46 FT <sup>2</sup>		

## TEARDOWN

Work Area(s) Torn Down:

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

# FINAL INSPECTION / TEARDOWN FORM

Project Name:	DURANT HALL	Date:	8-10-2015
Project #:	61.22573.002	Project Monitor:	CARMEN JACKS
Client:	CT DCS	Project Manager:	ED FENNEL

## FINAL INSPECTION

Work Area(s) Inspected: B CONT #8 - 3RD FLOOR CUSTODIAL CLASSR

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

Information	<p>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.</p>		
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Notes	Project Monitor	Date	Contractor Supervisor	Date
	<p>REMOVAL OF FLOOR TILE/mastic 29 FT<sup>2</sup></p>			

## TEARDOWN

Work Area(s) Torn Down:

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

Notes			

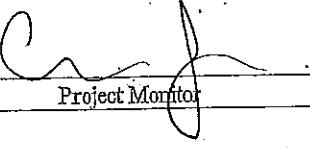
### FINAL INSPECTION / TEARDOWN FORM

Project Name:	DURANT HALL	Date:	8-10-2015
Project #:	61.225.73.0021 T21024	Project Monitor:	CARMEN JACK
Client:	CT DCS	Project Manager:	ED FENNELL

#### FINAL INSPECTION

Work Area(s) Inspected: CONT #9 NURSES OFFICE

Work Area Preparedness	Work area is free of visible debris	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
	Critical containment barriers are secure and sound	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
	Waste has been properly packaged and removed from the work area	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
	Substrate surfaces will have a sealant (encapsulant) applied post-inspection	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
	Negative air unit(s) operating at an optimum flow rate	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
	Negative air unit pre-filter(s) have been changed out	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 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.		
		Date	Contractor Supervisor

Notes	<u>REMOVAL OF FLOOR TILE/MASTIC</u>	<u>8-10-15</u>	<u>Contractor Supervisor</u>	<u>Date</u>
	<u>~ 42 FT<sup>2</sup></u>			

#### TEARDOWN

Work Area(s) Torn Down:

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

Notes			

# FINAL INSPECTION / TEARDOWN FORM

Project Name:	DURANT HALL	Date:	8-14-2015
Project #:	61-22573.0021	Project Monitor:	CARMEN JACKSON
Client:	CTDOS	Project Manager:	ED FENNELL

## FINAL INSPECTION

**CLOSET**

Work Area(s) Inspected: EXPANSION TANK - MAIN FLOOR

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

<p>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.</p>			
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Project Monitor	Date	Contractor Supervisor	Date
<p>REMOVAL OF EXPANSION TANK, FLOOR TILE/MASTIC 9 FT<sup>2</sup></p>			

## TEARDOWN

Work Area(s) Torn Down:

Clearliness	All poly has been removed from facility structures and bagged as asbestos waste	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
	All equipment, tools, materials, supplies, and waste have been removed	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
	Spray glue and/or tape residue has been adequately cleaned from facility structures	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
	Furniture and/or other materials removed from the work area pre-abatement have been returned	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
	Any ACM found during teardown has been spot cleaned (wet wipe, HEPA vacuum)	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A
<p>Notes:</p> <hr/> <hr/> <hr/>		

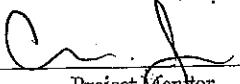
### FINAL INSPECTION / TEARDOWN FORM

Project Name:	DURANT HALL	Date:	8-11-2015
Project #:	61.22573.0021	Project Monitor:	CARMEN JACKS
Client:	CTDCS	Project Manager:	SD FENNELL

#### FINAL INSPECTION

Work Area(s) Inspected: NE STAIRS

Work Area Preparedness	Work area is free of visible debris	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
	Critical containment barriers are secure and sound	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
	Waste has been properly packaged and removed from the work area	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
	Substrate surfaces will have a sealant (encapsulant) applied post-inspection	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
	Negative air unit(s) operating at an optimum flow rate	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
	Negative air unit pre-filter(s) have been changed out	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 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.			
		Date	Contractor Supervisor	Date

Notes	REMOVAL OF FLOOR TILE/MASTIC	
	~ 350 FT <sup>2</sup>	

#### TEARDOWN

Work Area(s) Torn Down:

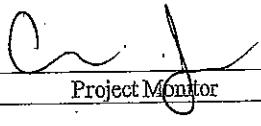
Cleanliness	All poly has been removed from facility structures and bagged as asbestos waste	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
	All equipment, tools, materials, supplies, and waste have been removed	<input checked="" type="checkbox"/> Y <input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

### PRE-ABATEMENT INSPECTION FORM

Name: DURANT HALL  
 Object #: 61.22573-0021  
 Client: CT DCS

Date: 8-11-2015  
 Project Monitor: CARMEN JACKS  
 Project Manager: ED FENNELL

Work Area(s) Inspected: LOADING DOCK LANDING

Signage / Documents	OSHA Regulations 1910.1001 and 1926.1101 posted	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		
	Copies of asbestos abatement plan(s) and/or specification(s) on site	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		
	OSHA asbestos warning signs at all points of access (actual or potential)	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		
	Emergency contact phone numbers posted or available	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		
	Project related phone numbers posted or available	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		
Decontamination Facility	Three chamber minimum (clean chamber, shower, equipment chamber)	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		
	Hot and cold water supply to shower	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		
	Shower sump with 5 um wastewater filter in place and operational	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		
	Soap and drying towels or cloths available	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		
	Worker-to-shower ratio is 10:1 or better	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		
Containment Structure Integrity	Critical barrier construction acceptable	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		
	Walls constructed of double-ply 4-mil poly sheeting or better and securely affixed to supporting structure(s)	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		
	Floor constructed of double-ply 6-mil poly sheeting or better, securely affixed, and overlaps wall poly by at least 12 inches	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		
	Poly walls marked with emergency egress indicators	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		
	Non-critical items removed from work area or covered with poly sheeting	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		
Other Considerations	HVAC system locked out/tagged out, inoperable, or securely criticalled	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		
	Electrical system locked out/tagged out, inoperable, or securely criticalled	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		
	Lockable waste storage container on site	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		
	Minimum number of negative air units required: _____ ft <sup>3</sup> ÷ ( _____ cfm x 0.75 eff. x 15' minutes ) = _____			
	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.			
Affirmation	 <u>Project Monitor</u>	<u>8-11-2015</u>	<u>Contractor Supervisor</u>	<u>Date</u>
	<u>REMOVAL OF FLOOR TILE / MASTIC</u> <u>~ 150 FT</u>			

**DAILY SITE REPORT**

Name: <u>DURANT HALL</u>		Date: <u>8-10-2015</u>			
Project #: <u>61-22573.6021</u>		Project Monitor: <u>CARMEN JACKO</u>			
Client: <u>CTDCS</u>		Project Manager: <u>ED FENNELL</u>			
Project Support	Contractor Name: <u>RAIS</u>				
	License # <u>00017</u> Project Supvs <u>2</u> Workers <u>10</u>				
Contractor Certifications <input checked="" type="checkbox"/> OK <input type="checkbox"/> Deficiencies Noted & Resolved <input type="checkbox"/> Deficiencies Noted & Not Resolved <input type="checkbox"/> N/A					
Notification <input checked="" type="checkbox"/> Y <input type="checkbox"/> N If Yes: Start Date <u>3-19-15</u> End Date <u>9-25-15</u> New <input type="checkbox"/> Revised <input checked="" type="checkbox"/>					
Waste Hauler <u>RTL ENTERPRISES</u> Disposal Facility Name <u>MODERN LANDFILL</u> Facility Location <u>YORK, PA</u>					
Shift Scope	Pipe Insulation <input type="checkbox"/>	Floor Tile <input type="checkbox"/>	Ceiling Tile <input type="checkbox"/>	Vapor Barrier <input type="checkbox"/>	Duct Seam Sealant <input type="checkbox"/>
	Fitting Insulation <input type="checkbox"/>	Mastic <input checked="" type="checkbox"/>	Glue Daubs <input type="checkbox"/>	Window Glazing <input type="checkbox"/>	Duct Flex Connector <input type="checkbox"/>
Shift Activity	Boiler Insulation <input type="checkbox"/>	Floor Sheeting <input type="checkbox"/>	Cove Base/Adhesive <input type="checkbox"/>	Window/Door Caulking <input type="checkbox"/>	Equipment Gaskets <input type="checkbox"/>
	Boiler Firebrick <input type="checkbox"/>	Plaster <input type="checkbox"/>	Transite <input type="checkbox"/>	Electrical Cable Wrap <input type="checkbox"/>	Fire Doors <input type="checkbox"/>
Work Area	Boiler Rope Gasketing <input type="checkbox"/>	Gypsum Board <input type="checkbox"/>	Roofing Materials <input type="checkbox"/>	Fireproofing <input type="checkbox"/>	<input type="checkbox"/>
	Breeching Insulation <input type="checkbox"/>	Joint Compound <input type="checkbox"/>	Waterproofing <input type="checkbox"/>	Duct Insulation <input type="checkbox"/>	<input type="checkbox"/>
PPE	Eqpt/Mat'l Mobilization <input type="checkbox"/>	Final Cleaning <input type="checkbox"/>	Waste Load-Out <input type="checkbox"/>	Dust Control <input type="checkbox"/>	Re-insulation/Spray <input type="checkbox"/>
	Work Area Preparation <input checked="" type="checkbox"/>	Encapsulation <input checked="" type="checkbox"/>	Eq/Mat'l Demobilization <input type="checkbox"/>	Repair/O&M <input type="checkbox"/>	Non-ACM (lead, PCB) <input type="checkbox"/>
Safety & Health	ACM Removal <input type="checkbox"/>	Teardown/Cleanup <input type="checkbox"/>	Local Removal <input type="checkbox"/>	Demolition <input type="checkbox"/>	<input type="checkbox"/>
	Containment size:	Barriers: <input type="checkbox"/> Wood <input type="checkbox"/> Stud & Poly <input checked="" type="checkbox"/> Poly Drapes <input type="checkbox"/> Glove Bag <input type="checkbox"/> Other _____	Integrity: <input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor Wetting Agent <u>H2O</u> Sufficient: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		
OSHA Monitoring	Respiratory Protection: <input checked="" type="checkbox"/> 1/2 Face Neg. Pressure <input type="checkbox"/> Full Face Neg. Pressure <input type="checkbox"/> PAPR <input type="checkbox"/> Supplied Air <input type="checkbox"/> Dust Mask <input type="checkbox"/> SCBA				
	Body Protection: <input checked="" type="checkbox"/> Hooded Suit <input checked="" type="checkbox"/> Boots <input checked="" type="checkbox"/> Hardhat <input checked="" type="checkbox"/> Eyes/Face <input type="checkbox"/> Hearing <input checked="" type="checkbox"/> Gloves <input type="checkbox"/> Fall Protection				
If N or U, expand and document notification and actions taken, if any. Indicate if N/A.					
EMERGENCY (N/A <input type="checkbox"/> )		ELECTRICAL (N/A <input type="checkbox"/> )	SCAFFOLDING (N/A <input type="checkbox"/> )	LADDERS (N/A <input type="checkbox"/> )	CLEANLINESS (N/A <input type="checkbox"/> )
Acceptable <input checked="" type="checkbox"/> N <input type="checkbox"/>		GFCI <input type="checkbox"/>	Load Limit <input type="checkbox"/> Posted <input type="checkbox"/> Minimum 4x <input type="checkbox"/> Intended Load <input type="checkbox"/> Properly Used <input type="checkbox"/>	Y N <input checked="" type="checkbox"/> General Housekeeping <input type="checkbox"/>	A U <input type="checkbox"/>
Communication <input type="checkbox"/>		Adequate <input type="checkbox"/>	Power <input type="checkbox"/>	Acceptable <input type="checkbox"/>	Bag Accumulation <input type="checkbox"/>
Unblocked/Marked <input type="checkbox"/>		Ground Prong <input type="checkbox"/>	Toe Board <input type="checkbox"/>	Rungs <input type="checkbox"/>	Standing Water <input type="checkbox"/>
Emergency/Fire Exit <input type="checkbox"/>		Sound Ext. <input type="checkbox"/>	Side Rail <input type="checkbox"/>	Kick-Out <input type="checkbox"/>	<input type="checkbox"/>
First Aid Kit <input type="checkbox"/>		Insulation <input type="checkbox"/>	Protection/Steady <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Project Monitoring	Full Shift ( $\geq$ 8 Hour) Sampling <input type="checkbox"/>	Y N <input type="checkbox"/>	Worker SS# & Task IDs <input type="checkbox"/>	Y N <input type="checkbox"/>	
	Partial Shift ( $\leq$ 8 Hour) Sampling <input type="checkbox"/>	<input type="checkbox"/>	Previous Shift Results Posted <input type="checkbox"/>	<input type="checkbox"/>	
Site Visitors	Exo. Limit (30 min.) Sampling <input type="checkbox"/>	<input type="checkbox"/>	Flow Rate 0.5 - 2.5 LPM: <input type="checkbox"/>	<input type="checkbox"/>	
	Equipment Calibrated <input type="checkbox"/>	<input type="checkbox"/>	Banks 2 / 10% <input type="checkbox"/>	<input type="checkbox"/>	
Contractor's Competent Person: <u>ERIC CYR / ED BRAZEAU</u>					
Total Time in Containment <u>90 MIN</u>	Respiratory Protection <u>FULL FACE</u>	# Air Samples Run <u>15</u>	Manometer Reading		
Cardno ATC Representative Signature <u>C</u>			Cert. # <u>699</u>	Time On-Site/ Off-Site <u>945 /15<sup>30</sup></u>	
Name	Time	Representing	Purpose		

## DAILY SITE LOG

Page \_\_\_\_\_ of \_\_\_\_\_

Project Name: DURANT HALL  
Project #: 61.22573.0021

Date: 8-10-2015

Project Monitor: CARMEN J. Ascaso

Project Manager: ED FENNELL

Cardno ATC Representative Signature

a J

Title I-4

Cert. # 699

## DAILY SITE REPORT

Name: DURANT HALL  
Loyalty #: 61.22573.0021  
Client: CT DCS

Date: 8-11-2015  
Project Monitor: CARMEN JACKS  
Project Manager: ED FENNELL

Project Support	Contractor Name <u>AAS</u>		License # <u>00017</u>		Project Supvs <u>2</u>		Workers <u>5</u>	
	Contractor Certifications <input checked="" type="checkbox"/> OK <input type="checkbox"/> Deficiencies Noted & Resolved		<input type="checkbox"/> Deficiencies Noted & Not Resolved		<input type="checkbox"/> N/A			
Notification <input checked="" type="checkbox"/> Y <input type="checkbox"/> N If Yes: Start Date <u>3-19-15</u> End Date <u>9-25-15</u>		New <input type="checkbox"/> Revised <input checked="" type="checkbox"/>						
Waste Hauler <u>RTL ENTERPRISES</u>		Disposal Facility Name <u>MODERN LANDFILL</u>		Facility Location <u>YORK PA</u>				
Shift Scope	Pipe Insulation <input type="checkbox"/>	Floor Tile <input type="checkbox"/>	Ceiling Tile <input checked="" type="checkbox"/>	Vapor Barrier <input type="checkbox"/>	Duct Seam Sealant <input type="checkbox"/>			
	Fitting Insulation <input type="checkbox"/>	Mastic <input type="checkbox"/>	Glue Dabs <input checked="" type="checkbox"/>	Window Glazing <input type="checkbox"/>	Duct Flex Connector <input type="checkbox"/>			
Shift Activity	Boiler Insulation <input type="checkbox"/>	Floor Sheeting <input type="checkbox"/>	Cove Base/Adhesive <input type="checkbox"/>	Window/Door Caulking <input type="checkbox"/>	Equipment Gaskets <input type="checkbox"/>			
	Boiler Firebrick <input type="checkbox"/>	Plaster <input type="checkbox"/>	Transite <input type="checkbox"/>	Electrical Cable Wrap <input type="checkbox"/>	Fire Doors <input type="checkbox"/>			
Work Area	Boiler Rope Gasketing <input type="checkbox"/>	Gypsum Board <input type="checkbox"/>	Roofing Materials <input type="checkbox"/>	Fireproofing <input type="checkbox"/>	<u>EXPANSION TANK</u> <input type="checkbox"/>			
	Breeching Insulation <input type="checkbox"/>	Joint Compound <input type="checkbox"/>	Waterproofing <input type="checkbox"/>	Duct Insulation <input type="checkbox"/>				
PPE	Eqpt/Mat'l Mobilization <input type="checkbox"/>	Final Cleaning <input type="checkbox"/>	Waste Load-Out <input checked="" type="checkbox"/>	Dust Control <input type="checkbox"/>	Re-insulation/Spray <input type="checkbox"/>			
	Work Area Preparation <input checked="" type="checkbox"/>	Encapsulation <input type="checkbox"/>	Eq/Mat'l Demobilization <input type="checkbox"/>	Repair/O&M <input type="checkbox"/>	Non-ACM (lead, PCB) <input type="checkbox"/>			
Safety & Health	ACM Removal <input checked="" type="checkbox"/>	Teardown/Cleanup <input checked="" type="checkbox"/>	Local Removal <input type="checkbox"/>	Demolition <input type="checkbox"/>				
	Containment size:		Barriers: <input type="checkbox"/> Wood <input type="checkbox"/> Stud & Poly <input checked="" type="checkbox"/> Poly Drapes <input type="checkbox"/> Glove Bag <input type="checkbox"/> Other _____					
Integrity: <input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor Wetting Agent <u>H<sub>2</sub>O</u>		Sufficient: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N						
If N or U, expand and document notification and actions taken, if any. Indicate if N/A.								
EMERGENCY (N/A <input type="checkbox"/> )		ELECTRICAL (N/A <input type="checkbox"/> )		SCAFFOLDING (N/A <input checked="" type="checkbox"/> )		LADDERS (N/A <input type="checkbox"/> )		
Acceptable Communication <input type="checkbox"/>		GFCI <input type="checkbox"/>		Load Limit <input type="checkbox"/> Posted <input type="checkbox"/> Properly Used <input type="checkbox"/>		GENERAL CLEANLINESS (N/A <input type="checkbox"/> )		
Unblocked/Marked Emergency/Fire Exit <input type="checkbox"/>		Adequate Power <input type="checkbox"/>		Minimum 4x Intended Load <input type="checkbox"/> Acceptable <input type="checkbox"/>		General Housekeeping <input type="checkbox"/> Bag Accumulation <input type="checkbox"/>		
First Aid Kit <input type="checkbox"/>		Ground Prong Sound Ext. <input type="checkbox"/>		Toe Board <input type="checkbox"/> Kick-Out <input type="checkbox"/>		Standing Water <input type="checkbox"/>		
MSDS' Available <input type="checkbox"/>		Insulation <input type="checkbox"/>		Side Rail <input type="checkbox"/> Protection/Steady <input type="checkbox"/>				
OSHA Monitoring	Full Shift ( $\geq$ 8 Hour) Sampling <input type="checkbox"/> N				Worker SS# & Task IDs <input type="checkbox"/> N			
	Partial Shift ( $\leq$ 8 Hour) Sampling <input type="checkbox"/> N				Previous Shift Results Posted <input type="checkbox"/> N			
Exc. Limit (30 min.) Sampling <input type="checkbox"/> N				Flow Rate 0.5 - 2.5 LPM <input type="checkbox"/> N				
Equipment Calibrated <input type="checkbox"/> N				Blanks 2 / 10% <input type="checkbox"/> N				
Contractor's Competent Person: <u>ERIC CYP/ED BRAGA</u>								
Project Monitoring	Total Time in Containment <u>60 MIN</u>		Respiratory Protection <u>FULL FACE</u>		# Air Samples Run <u>10</u>	Manometer Reading _____		
	Cardno ATC Representative Signature <u>C J</u>				Cert. # <u>699</u>	Time On-Site/ Off-Site <u>7 /15<sup>30</sup></u>		
Site Visitors	Name _____			Time _____	Representing _____		Purpose _____	

**DAILY SITE LOG**

Page \_\_\_\_\_ of \_\_\_\_\_

Object Name: DURANT HALL  
 Project #: 61.22573.0021  
 Client: CT Docs

Date: 8-11-2015  
 Project Monitor: CARMEN JACKO  
 Project Manager: ED FENNELL

TIME	OBSERVATIONS/ACTIONS
700	ATC (& JACKO) ONSITE RAIS ONSITE WITH 2 SUPERVISOR (S CYR, S BRAGA) AND 5 WORKERS
730	TODAY'S SCOPE OF WORK FINAL VISUAL AND FINAL AIR CLEARANCE IN TWO CONTAINMENTS EXPANSION TANK CLOSET - REMOVAL OF VAT/MASTIC & EXP. TAN NE STAIRS - REMOVAL OF VAT/MASTIC PRE ABATEMENT VISUAL IN LOADING DOCK LANDING
800	ATC PERFORMS A FINAL VISUAL INSPECTION ON THE MAIN FLOOR EXPANSION TANK CLOSET CONTAINMENT THIS CONT IS 9FT <sup>2</sup> <del>AND</del> - REMOVAL OF VAT/MASTIC AND THE EXPANSION TANK WRAPPED ATC SETS UP A FINAL AIR CLEARANCE (PCM)
945	FINAL AIR CLEARANCE PASSES IN THE EXPANSION TANK CLOSET
1015	ATC PERFORMS A FINAL VISUAL AND SETS UP A FINAL AIR CLEARANCE IN THE NE STAIRS - $\approx$ 350 FT <sup>2</sup> - REMOVAL OF VAT/MASTIC
1145	ATC PERFORMS A PRE VISUAL INSPECTION IN THE LOADING DOCK LANDING CONTAINMENT - $\approx$ 150 FT <sup>2</sup> - REMOVAL OF FLOOR TILE/MASTIC
1245	FINAL AIR CLEARANCE IN THE NE STAIR CONTAINMENT PASSES
1330	ACM REMOVAL IN THE LOADING DOCK CONT.
1400	WORK CONTINUES
1500	WORKERS EXIT CONTAINMENT
1530	OFFSITE

Cardno ATC Representative Signature


Title ITCert. # 699

## DAILY SITE REPORT

Name: <u>DURANT HALL</u>	Date: <u>8-12-2015</u>																																								
#: <u>61.22573.0021</u>	Project Monitor: <u>CARMEN JACKO</u>																																								
Client: <u>CTDCS</u>	Project Manager: <u>ED FENNELL</u>																																								
Project Support	Contractor Name <u>AAIS</u> License # <u>17</u> Project Supvs <u>2</u> Workers <u>5</u> Contractor Certifications <input checked="" type="checkbox"/> OK <input type="checkbox"/> Deficiencies Noted & Resolved <input type="checkbox"/> Deficiencies Noted & Not Resolved <input type="checkbox"/> N/A Notification <input checked="" type="checkbox"/> Y <input type="checkbox"/> N If Yes: Start Date <u>3-19-15</u> End Date <u>9-25-15</u> New <input type="checkbox"/> Revised <input checked="" type="checkbox"/> Waste Hauler <u>RTI ENTERPRISES</u> Disposal Facility Name <u>MODERN LANDFILL</u> Facility Location <u>YORK PA</u>																																								
Shift Scope	Pipe Insulation <input type="checkbox"/> Floor Tile <input checked="" type="checkbox"/> Ceiling Tile <input type="checkbox"/> Vapor Barrier <input type="checkbox"/> Duct Seam Sealant <input type="checkbox"/> Fitting Insulation <input type="checkbox"/> Mastic <input checked="" type="checkbox"/> Glue Daubs <input type="checkbox"/> Window Glazing <input type="checkbox"/> Duct Flex Connector <input type="checkbox"/> Boiler Insulation <input type="checkbox"/> Floor Sheeting <input type="checkbox"/> Cove Base/Adhesive <input type="checkbox"/> Window/Door Caulking <input type="checkbox"/> Equipment Gaskets <input type="checkbox"/> Boiler Firebrick <input type="checkbox"/> Plaster <input type="checkbox"/> Transite <input type="checkbox"/> Electrical Cable Wrap <input type="checkbox"/> Fire Doors <input type="checkbox"/> Boiler Rope Gasketing <input type="checkbox"/> Gypsum Board <input type="checkbox"/> Roofing Materials <input type="checkbox"/> Fireproofing <input type="checkbox"/> Breeching Insulation <input type="checkbox"/> Joint Compound <input type="checkbox"/> Waterproofing <input type="checkbox"/> Duct Insulation <input type="checkbox"/>																																								
Shift Activity	Eqpt/Mat'l Mobilization <input type="checkbox"/> Final Cleaning <input checked="" type="checkbox"/> Waste Load-Out <input checked="" type="checkbox"/> Dust Control <input type="checkbox"/> Re-insulation/Spray <input type="checkbox"/> Work Area Preparation <input type="checkbox"/> Encapsulation <input checked="" type="checkbox"/> Eq/Mat'l Demobilization <input type="checkbox"/> Repair/O&M <input type="checkbox"/> Non-ACM (lead, PCB) <input type="checkbox"/> ACM Removal <input checked="" type="checkbox"/> Teardown/Cleanup <input type="checkbox"/> Local Removal <input type="checkbox"/> Demolition <input type="checkbox"/>																																								
Work Area	Containment size: Barriers: <input type="checkbox"/> Wood <input type="checkbox"/> Stud & Poly <input checked="" type="checkbox"/> Poly Drapes <input type="checkbox"/> Glove Bag <input type="checkbox"/> Other _____ Integrity: <input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor Wetting Agent <u>1425</u> Sufficient: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N																																								
PPE	Respiratory Protection: <input checked="" type="checkbox"/> 1/2 Face Neg. Pressure <input type="checkbox"/> Full Face Neg. Pressure <input type="checkbox"/> PAPR <input type="checkbox"/> Supplied Air <input type="checkbox"/> Dust Mask <input type="checkbox"/> SCBA Body Protection: <input checked="" type="checkbox"/> Hooded Suit <input checked="" type="checkbox"/> Boots <input checked="" type="checkbox"/> Hardhat <input checked="" type="checkbox"/> Eyes/Face <input type="checkbox"/> Hearing <input checked="" type="checkbox"/> Gloves <input type="checkbox"/> Fall Protection																																								
Safety & Health	If N or U, expand and document notification and actions taken, if any. Indicate if N/A. <table border="0"> <tr> <td>EMERGENCY (N/A <input type="checkbox"/>)</td> <td>ELECTRICAL (N/A <input type="checkbox"/>)</td> <td>SCAFFOLDING (N/A <input checked="" type="checkbox"/>)</td> <td>LADDERS (N/A <input type="checkbox"/>)</td> <td>CLEANLINESS (N/A <input type="checkbox"/>)</td> </tr> <tr> <td>Y    N</td> <td>Y    N</td> <td>Y    N</td> <td>Y    N</td> <td>A    U</td> </tr> <tr> <td>Acceptable <input type="checkbox"/></td> <td>GFCI <input type="checkbox"/></td> <td>Load Limit <input type="checkbox"/></td> <td>Properly Used <input type="checkbox"/></td> <td>General Housekeeping <input checked="" type="checkbox"/></td> </tr> <tr> <td>Communication <input type="checkbox"/></td> <td>Adequate <input type="checkbox"/></td> <td>Posted <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Unblocked/Marked <input type="checkbox"/></td> <td>Power <input type="checkbox"/></td> <td>Minimum 4x <input type="checkbox"/></td> <td>Acceptable <input type="checkbox"/></td> <td>Bag Accumulation <input type="checkbox"/></td> </tr> <tr> <td>Emergency/Fire Exit <input type="checkbox"/></td> <td>Ground Prong <input type="checkbox"/></td> <td>Intended Load <input type="checkbox"/></td> <td>Rungs <input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>First Aid Kit <input type="checkbox"/></td> <td>Sound Ext. <input type="checkbox"/></td> <td>Toe Board <input type="checkbox"/></td> <td>Kick-Out <input type="checkbox"/></td> <td>Standing Water <input type="checkbox"/></td> </tr> <tr> <td>MSDS' Available <input type="checkbox"/></td> <td>Insulation <input type="checkbox"/></td> <td>Side Rail <input type="checkbox"/></td> <td>Protection/Steady <input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	EMERGENCY (N/A <input type="checkbox"/> )	ELECTRICAL (N/A <input type="checkbox"/> )	SCAFFOLDING (N/A <input checked="" type="checkbox"/> )	LADDERS (N/A <input type="checkbox"/> )	CLEANLINESS (N/A <input type="checkbox"/> )	Y    N	Y    N	Y    N	Y    N	A    U	Acceptable <input type="checkbox"/>	GFCI <input type="checkbox"/>	Load Limit <input type="checkbox"/>	Properly Used <input type="checkbox"/>	General Housekeeping <input checked="" type="checkbox"/>	Communication <input type="checkbox"/>	Adequate <input type="checkbox"/>	Posted <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unblocked/Marked <input type="checkbox"/>	Power <input type="checkbox"/>	Minimum 4x <input type="checkbox"/>	Acceptable <input type="checkbox"/>	Bag Accumulation <input type="checkbox"/>	Emergency/Fire Exit <input type="checkbox"/>	Ground Prong <input type="checkbox"/>	Intended Load <input type="checkbox"/>	Rungs <input type="checkbox"/>	<input type="checkbox"/>	First Aid Kit <input type="checkbox"/>	Sound Ext. <input type="checkbox"/>	Toe Board <input type="checkbox"/>	Kick-Out <input type="checkbox"/>	Standing Water <input type="checkbox"/>	MSDS' Available <input type="checkbox"/>	Insulation <input type="checkbox"/>	Side Rail <input type="checkbox"/>	Protection/Steady <input type="checkbox"/>	<input type="checkbox"/>
EMERGENCY (N/A <input type="checkbox"/> )	ELECTRICAL (N/A <input type="checkbox"/> )	SCAFFOLDING (N/A <input checked="" type="checkbox"/> )	LADDERS (N/A <input type="checkbox"/> )	CLEANLINESS (N/A <input type="checkbox"/> )																																					
Y    N	Y    N	Y    N	Y    N	A    U																																					
Acceptable <input type="checkbox"/>	GFCI <input type="checkbox"/>	Load Limit <input type="checkbox"/>	Properly Used <input type="checkbox"/>	General Housekeeping <input checked="" type="checkbox"/>																																					
Communication <input type="checkbox"/>	Adequate <input type="checkbox"/>	Posted <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																					
Unblocked/Marked <input type="checkbox"/>	Power <input type="checkbox"/>	Minimum 4x <input type="checkbox"/>	Acceptable <input type="checkbox"/>	Bag Accumulation <input type="checkbox"/>																																					
Emergency/Fire Exit <input type="checkbox"/>	Ground Prong <input type="checkbox"/>	Intended Load <input type="checkbox"/>	Rungs <input type="checkbox"/>	<input type="checkbox"/>																																					
First Aid Kit <input type="checkbox"/>	Sound Ext. <input type="checkbox"/>	Toe Board <input type="checkbox"/>	Kick-Out <input type="checkbox"/>	Standing Water <input type="checkbox"/>																																					
MSDS' Available <input type="checkbox"/>	Insulation <input type="checkbox"/>	Side Rail <input type="checkbox"/>	Protection/Steady <input type="checkbox"/>	<input type="checkbox"/>																																					
OSHA Monitoring	Full Shift ( $\geq$ 8 Hour) Sampling <input type="checkbox"/> <input type="checkbox"/> Y    N Worker SS# & Task IDs <input type="checkbox"/> <input type="checkbox"/> Partial Shift ( $\leq$ 8 Hour) Sampling <input type="checkbox"/> <input type="checkbox"/> Exc. Limit (30 min.) Sampling <input type="checkbox"/> <input type="checkbox"/> Equipment Calibrated <input type="checkbox"/> <input type="checkbox"/> Previous Shift Results Posted <input type="checkbox"/> <input type="checkbox"/> Flow Rate 0.5 - 2.5 LPM <input type="checkbox"/> <input type="checkbox"/> Blanks 2 / 10% <input type="checkbox"/> <input type="checkbox"/>																																								
Project Monitoring	Total Time in Containment <u>30 MIN</u> Respiratory Protection <u>FULL FACE</u> # Air Samples Run <u>5</u> Manometer Reading _____ Cardno ATC Representative Signature <u>J</u> Cert. # <u>699</u> Time On-Site/ Off-Site <u>7/13/15</u>																																								
Site Visitors	Name _____ Time _____ Representing _____ Purpose _____																																								

## DAILY SITE LOG

Page \_\_\_\_\_ of \_\_\_\_\_

Project Name: DURANT HALL  
Project #: 61-22573.062)  
Client: CITDcs

Date: 8-12-2015  
Project Monitor: CARMON JACKS  
Project Manager: ED FENNISLL

Cardno ATC Representative Signature

*C. J.*

Title TH

Cert. # 699

## FINAL INSPECTION / TEARDOWN FORM

Project Name:	DURANT HALL	Date:	8.12.2015
Project #:	61.22578.602	Project Monitor:	CARMEN JACK
Client:	CT DCS	Project Manager:	ED FENNELL

### FINAL INSPECTION

Work Area(s) Inspected:		LOADING DOCK
Work Area Preparedness	Work area is free of visible debris	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
	Critical containment barriers are secure and sound	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
	Waste has been properly packaged and removed from the work area	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
	Substrate surfaces will have a sealant (encapsulant) applied post-inspection	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
	Negative air unit(s) operating at an optimum flow rate	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
	Negative air unit pre-filter(s) have been changed out	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
	When applicable, damage to facility floors, walls, fixtures, etc. has been documented	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> 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.		
	Project Monitor	Date	Contractor Supervisor

Notes	REMOVAL OF VAT/mastic ~ 150 FT <sup>2</sup>		

### TEARDOWN

Work Area(s) Torn Down:		
Cleanliness	All poly has been removed from facility structures and bagged as asbestos waste	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
	All equipment, tools, materials, supplies, and waste have been removed	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
	Spray glue and/or tape residue has been adequately cleaned from facility structures	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
	Furniture and/or other materials removed from the work area pre-abatement have been returned	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
	Any ACM found during teardown has been spot cleaned (wet wipe, HEPA vacuum)	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> N/A

## DAILY SITE REPORT

Name: DURANT HAUL  
 Project #: 61.22573.0021 21024  
 Client: CTDCS

 Date: 8-14-2015

 Project Monitor: CARMEN JACKO

 Project Manager: ED FENNELL

Project Support	Contractor Name <u>PAIS</u>	License # <u>00017</u>	Project Supvs <u>2</u>	Workers <u>2</u>				
	Contractor Certifications <input checked="" type="checkbox"/> OK <input type="checkbox"/> Deficiencies Noted & Resolved <input type="checkbox"/> Deficiencies Noted & Not Resolved <input type="checkbox"/> N/A							
Shift Scope	Notification <input checked="" type="checkbox"/> Y <input type="checkbox"/> N If Yes: Start Date <u>3-19-15</u> End Date <u>9-25-15</u> New <input type="checkbox"/> Revised <input checked="" type="checkbox"/>	Waste Hauler <u>RTL ENTERPRISES</u> Disposal Facility Name <u>MODERN LANDFILL</u> Facility Location <u>YORK PA</u>						
	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	Duct Seam Sealant Duct Flex Connector Equipment Gaskets Fire Doors			
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	Re-insulation/Spray Non-ACM (lead, PCB)			
	Containment size: Integrity: <input checked="" type="checkbox"/> Good	Barriers: <input type="checkbox"/> Wood <input type="checkbox"/> Stud & Poly <input checked="" type="checkbox"/> Poly Drapes	Glove Bag	Other				
PPE	Wetting Agent <u>H2O</u> Sufficient: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N							
	Respiratory Protection:	<input checked="" type="checkbox"/> 1/2 Face Neg. Pressure	<input type="checkbox"/> Full Face Neg. Pressure	<input type="checkbox"/> PAPR	<input type="checkbox"/> Supplied Air	<input type="checkbox"/> Dust Mask	<input type="checkbox"/> SCBA	
Body Protection:	<input type="checkbox"/> Hooded Suit	<input checked="" type="checkbox"/> Boots	<input type="checkbox"/> Hardhat	<input checked="" type="checkbox"/> Eyes/Face	<input type="checkbox"/> Hearing	<input checked="" type="checkbox"/> Gloves	<input type="checkbox"/> Fall Protection	
<i>If N or U, expand and document notification and actions taken, if any. Indicate if N/A.</i>								
Safety & Health	EMERGENCY (N/A <input type="checkbox"/> )	ELECTRICAL (N/A <input type="checkbox"/> )	SCAFFOLDING (N/A <input checked="" type="checkbox"/> )	LADDERS (N/A <input type="checkbox"/> )	CLEANLINESS (N/A <input type="checkbox"/> )			
	Acceptable	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> GFCI	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Load Limit Posted	<input type="checkbox"/> Properly Used	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	General Housekeeping
	Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Minimum 4x Intended Load	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Unblocked/Marked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate Power	<input type="checkbox"/>	<input type="checkbox"/>	Bag Accumulation
	Emergency/Fire Exit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ground Prong	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	First Aid Kit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sound Ext.	<input type="checkbox"/>	<input type="checkbox"/>	Standing Water
	MSDS' Available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OSHA Monitoring	Full Shift ( $\geq$ 8 Hour) Sampling	<input type="checkbox"/> Y <input type="checkbox"/> N	Worker SS# & Task IDs			<input type="checkbox"/> Y <input type="checkbox"/> N		
	Partial Shift ( $\leq$ 8 Hour) Sampling	<input type="checkbox"/>	Previous Shift Results Posted			<input type="checkbox"/>		
	Exc. Limit (30 min.) Sampling	<input type="checkbox"/>	Flow Rate 0.5 - 2.5 LPM			<input type="checkbox"/>		
	Equipment Calibrated	<input type="checkbox"/>	Blanks 2 / 10%			<input type="checkbox"/>		
	Contractor's Competent Person: <u>ERIC CYR, ED BRACA</u>							
Project Monitoring	Total Time in Containment <u>60 MIN</u>	Respiratory Protection <u>FULL FACE</u>	# Air Samples Run <u>10</u>	Manometer Reading				
	Cardno ATC Representative Signature <u>CJ</u>		Cert. # <u>699</u>	Time On-Site/ Off-Site <u>7/15/15</u>				
Site Visitors	Name	Time	Representing	Purpose				

Project Name: DURANT HALL  
Project #: 61.22573.0021 2024  
Client: CTDCS

Date: 8-14-2015

Project Monitor: CARMEN JACKSON

Project Manager: ED FUNNEL

TIME	OBSERVATIONS/ACTIONS
700	ATC (C JACKO) ONSITE AAIS ONSITE WITH 2 SUPERVISORS (E CYR, E BRAGA) AND 7 WORKERS
730	TODAY'S SCOPE OF WORK ACM REMOVAL AND FINAL CLEARANCES IN BASEMENT CONTS. 11 & 12
830	ACM REMOVALS CONTINUE IN BASEMENT
930	ATC PERFORMS FINAL VISUAL IN CONTAINMENT #11
1015	ATC SETS UP FINAL AIR CLEARANCE IN CONT #11 (PCM)
1115	ATC PERFORMS FINAL VISUAL IN CONT #12 (PCM)
1200	FINAL AIR CLEARANCES SET UP IN CONT #12
1230	CONTAINMENT #11 PASSES FINAL AIR CLEARANCE
1400	CONTAINMENT #12 PASSES FINAL AIR CLEARANCE
1500	AAIS CLEANS AND SEVRES WORK SITE
1530	OFFSITE
	* ATC (C JACKO) SPEAKS TO ATC (E FENNELL) REGARDING THE REMOVAL OF WINDOW GLAZING ON BASEMENT 2-way MIRRORS. E FENNELL RECOMMENDED INTACT REMOVAL AS LONG AS THE GLASS <del>WAS</del> REMAINED INSIDE THE FRAMES AND WRAPPED

Cardno ATC Representative Signature

C.J.

Title IP

Cert. # 699

### FINAL INSPECTION / TEARDOWN FORM

Project Name:	DURAN HALL	Date:	8-14-2015
Project #:	61.22573.0021	Project Monitor:	CARMEN JACKO
Client:	CTDCS	Project Manager:	ED FENNELL

#### FINAL INSPECTION

Work Area(s) Inspected: BASMENT CONT #11

Work Area Preparedness	Work area is free of visible debris	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
	Critical containment barriers are secure and sound	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
	Waste has been properly packaged and removed from the work area	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
	Substrate surfaces will have a sealant (encapsulant) applied post-inspection	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
	Negative air unit(s) operating at an optimum flow rate	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
	Negative air unit pre-filter(s) have been changed out	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 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.		
		8-14-2015 Date	Contractor Supervisor Date
Notes	<u>~64 FT<sup>2</sup></u> <u>REMOVAL OF FLOOR TILES / MASTIC</u>		

#### TEARDOWN

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

# FINAL INSPECTION / TEARDOWN FORM

Project Name:	DURAN HALL	Date:	8-14-2015
Project #:	61-22573-0021	Project Monitor:	CARMEN JACKO
Client:	CT DES	Project Manager:	ED FENNELL

## FINAL INSPECTION

Work Area(s) Inspected: BASMENT - CONT #12

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

Notes	CONT ≈ 160 FT <sup>2</sup> REMOVAL OF FLOOR TILES / PLASTIC
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## TEARDOWN

Work Area(s) Torn Down:

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

## DAILY SITE REPORT

Name:	Durant Hall		Date:	08-18-14			
Pr. #:	61-22573-0021 T-21024		Project Monitor:	Wayne Riccitelli			
Client:	CT-DCS		Project Manager:	Ed Fennell			
Project Support	Contractor Name	AATS	License #	17	Project Supvs 01 Workers 09		
	Contractor Certifications	<input checked="" type="checkbox"/> OK <input type="checkbox"/> Deficiencies Noted & Resolved	<input type="checkbox"/> Deficiencies Noted & Not Resolved	<input type="checkbox"/> N/A			
	Notification	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	If Yes: Start Date	3-19-15	End Date 9-25-15 New <input type="checkbox"/> Revised <input checked="" type="checkbox"/>		
	Waste Hauler	RTL Enterprises	Disposal Facility Name	Modern Landfill	Facility Location YORK, PA		
Shift Scope	Pipe Insulation Fitting Insulation Boiler Insulation Boiler Firebrick Boiler Rope Gasketing Breeching Insulation	<input checked="" type="checkbox"/> Floor Tile <input checked="" type="checkbox"/> Mastic <input type="checkbox"/> Floor Sheeting <input type="checkbox"/> Plaster <input type="checkbox"/> Gypsum Board <input type="checkbox"/> Joint Compound	<input checked="" type="checkbox"/> Ceiling Tile <input checked="" type="checkbox"/> Glue Daubs <input type="checkbox"/> Cove Base/Adhesive <input type="checkbox"/> Transite <input type="checkbox"/> Roofing Materials <input type="checkbox"/> Waterproofing	<input type="checkbox"/> Vapor Barrier <input type="checkbox"/> Window Glazing <input type="checkbox"/> Window/Door Caulking <input type="checkbox"/> Electrical Cable Wrap <input type="checkbox"/> Fireproofing <input type="checkbox"/> Duct Insulation	<input type="checkbox"/> Duct Seam Sealant <input type="checkbox"/> Duct Flex Connector <input type="checkbox"/> Equipment Gaskets <input type="checkbox"/> Fire Doors <input checked="" type="checkbox"/> Fiber glass pipe		
Shift Activity	Eqpt/Mat'l Mobilization Work Area Preparation ACM Removal	<input type="checkbox"/> Final Cleaning <input checked="" type="checkbox"/> Encapsulation <input checked="" type="checkbox"/> Teardown/Cleanup	<input type="checkbox"/> Waste Load-Out <input checked="" type="checkbox"/> Eq/Mat'l Demobilization <input checked="" type="checkbox"/> Local Removal	<input checked="" type="checkbox"/> Dust Control <input type="checkbox"/> Repair/O&M <input type="checkbox"/> Demolition	<input type="checkbox"/> Re-insulation/Spray <input type="checkbox"/> Non-ACM (lead, PCB)		
Work Area	Containment size: 10 ft <sup>2</sup>	Barriers: <input type="checkbox"/> Wood	<input type="checkbox"/> Stud & Poly	<input checked="" type="checkbox"/> Poly Drapes	<input type="checkbox"/> Glove Bag <input type="checkbox"/> Other		
	Integrity: <input checked="" type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	Wetting Agent H2O, encap	Sufficient: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		
PPE	Respiratory Protection: 1/2 Face Neg. Pressure	<input type="checkbox"/> Full Face Neg. Pressure	<input type="checkbox"/> PAPR	<input type="checkbox"/> Supplied Air	<input type="checkbox"/> Dust Mask <input type="checkbox"/> SCBA		
	Body Protection: <input checked="" type="checkbox"/> Hooded Suit	<input type="checkbox"/> Boots	<input type="checkbox"/> Hardhat	<input type="checkbox"/> Eyes/Face	<input type="checkbox"/> Hearing <input checked="" type="checkbox"/> Gloves <input type="checkbox"/> Fall Protection		
Safety & Health	If N or U, expand and document notification and actions taken, if any. Indicate if N/A.						
	EMERGENCY (N/A <input type="checkbox"/> )	ELECTRICAL (N/A <input type="checkbox"/> )		SCAFFOLDING (N/A <input type="checkbox"/> )	LADDERS (N/A <input type="checkbox"/> )	CLEANLINESS (N/A <input type="checkbox"/> )	
	Acceptable <input checked="" type="checkbox"/> N <input type="checkbox"/>	<input checked="" type="checkbox"/> GFCI	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Load Limit <input type="checkbox"/> <input type="checkbox"/> Posted	<input type="checkbox"/> <input type="checkbox"/> Properly Used	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	General Housekeeping <input type="checkbox"/> A <input type="checkbox"/> U
	Communication <input type="checkbox"/>	<input type="checkbox"/> Adequate	<input type="checkbox"/> Power	<input type="checkbox"/> Minimum 4x Intended Load	<input type="checkbox"/> <input type="checkbox"/> Acceptable Rungs	<input type="checkbox"/> <input type="checkbox"/> Kick-Out	<input type="checkbox"/> Bag Accumulation <input type="checkbox"/>
	Unblocked/Marked <input type="checkbox"/>	<input type="checkbox"/> Ground Prong	<input type="checkbox"/> Ground Ext.	<input type="checkbox"/> Toe Board	<input type="checkbox"/> <input type="checkbox"/> Protection/Steady	<input type="checkbox"/> <input type="checkbox"/> Standing Water	<input type="checkbox"/>
	Emergency/Fire Exit <input type="checkbox"/>	<input type="checkbox"/> Insulation	<input type="checkbox"/> Side Rail				
OSHA Monitoring	Full Shift ( $\geq$ 8 Hour) Sampling	<input type="checkbox"/> Y <input type="checkbox"/> N		Worker SS# & Task IDs	<input type="checkbox"/> Y <input type="checkbox"/> N		
	Partial Shift ( $\leq$ 8 Hour) Sampling	<input type="checkbox"/> <input type="checkbox"/>		Previous Shift Results Posted	<input type="checkbox"/> <input type="checkbox"/>		
	Exc. Limit (30 min.) Sampling	<input type="checkbox"/> <input type="checkbox"/>		Flow Rate 0.5 - 2.5 LPM	<input type="checkbox"/> <input type="checkbox"/>		
	Equipment Calibrated	<input type="checkbox"/> <input type="checkbox"/>		Blanks 2 / 10%	<input type="checkbox"/> <input type="checkbox"/>		
	Contractor's Competent Person:	Eric Cyr					
Project Monitoring	Total Time in Containment	25 min	Respiratory Protection	ya facempr	# Air Samples Run	10 pcm	Manometer Reading
	Cardno ATC Representative Signature	Wayne		Cert. #	402	Time On-Site/ Off-Site	
Site Visitors	Name	Time	Representing	Purpose			

Project Name: Durant Hall  
 Project #: 61-22573-0021 T.21024  
 Client: CT. DCS

 Date: 08.18.14

 Project Monitor: Wayne Riccitelli  
 Project Manager: Ed Fennell

TIME	OBSERVATIONS/ACTIONS
8:00 AM	Wayne Riccitelli with Cardno ATC is on site at the former MYSTIC ED center Durant BING MYSTIC CT. The Supervisor is Eric CYR. They have 9 workers on site - (AAIS) & they are all working in the LOWER LEVEL (Basement Area) They have 1 active containment (MechRM) and are removing TSI from the mechanical room. They are preparing two more containments.
10:00	The SMALL BMT IT room has been abated they removed approximately 10 ft <sup>2</sup> of VAT/Mastic this will be Containment # 13. The PCM Air Clearance is calibrated & set up.
11:17	The removal to the Mechanical room continues, the containment is sound - wet methods are used. The PCM air cassettes are collected and logged in for analysis.
11:45	The re-occupancy air clearance is below 0.01 f/c. The containment is taken down.
12:00	The air clearance to Containment # 14 is set up and calibrated. AAIS abated approximately 30 ft <sup>2</sup> of VAT & Mastic.
1:17	The PCM air cassettes are collected and logged in for analysis.
2:00	The air clearance is below 0.01 f/c for the containment may be taken down. The containment for the classrooms 2, 3, storage room; Containment # 15 will be air tested tomorrow. No visual pass-out area is extrapolated - key abated approximately 60 ft <sup>2</sup> of VAT / Mastic.
3:00	The removal is complete for the day. The asbestos waste is wet down & double bagged. The crew decons out of the work area. The bags are secured in a locked container on site.
3:30	We are off site for the day.

 Cardno ATC Representative Signature Wayne R

 Title IH

 Cert. # 402

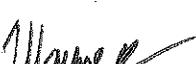
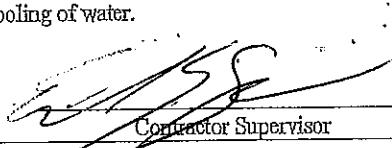
### FINAL INSPECTION / TEARDOWN FORM

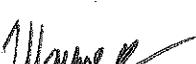
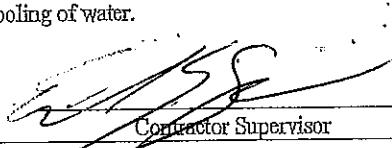
Project Name:	Durant Hall	Date:	08-18-15
Project #:	61-22573-0021 T-21024	Project Monitor:	Wayne Riccitelli
Client:	CT DCS	Project Manager:	Ed Fennell

#### FINAL INSPECTION

Work Area(s) Inspected: Lower Level - Containments # 13, # 14, 15

Work Area Preparedness	Work area is free of visible debris	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
	Critical containment barriers are secure and sound	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
	Waste has been properly packaged and removed from the work area	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
	Substrate surfaces will have a sealant (encapsulant) applied post-inspection	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
	Negative air unit(s) operating at an optimum flow rate	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
	Negative air unit pre-filter(s) have been changed out	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 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.	 08-18-15	 8/18/15
	Project Monitor	Date	Contractor Supervisor

Notes	Approximately 10 ff <sup>2</sup> of VAT abated from the IT room - # 13 ↓ 30 ff <sup>2</sup> of VAT & Mastic from the Storage room to classroom # 1 # 14 60 ff <sup>2</sup> of VAT & Mastic from the two storage rooms-classroom 2, 3(15)	 08-18-15	 8/18/15
		Date	Date

#### TEARDOWN

Work Area(s) Torn Down:

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

# DAILY SITE REPORT

Project Name: Durant Hall  
 Project #: 61-22573-0021 T-21024  
 Client: CT- DCS

Date: 08-19-15  
 Project Monitor: Wayne Riccitelli  
 Project Manager: Ed Fennell

Project Support	Contractor Name <u>AAIS</u>			License # <u>17</u>	Project Supvs <u>01</u>	Workers <u>10</u>																																																	
	Contractor Certifications <input type="checkbox"/> OK <input type="checkbox"/> Deficiencies Noted & Resolved			<input type="checkbox"/> Deficiencies Noted & Not Resolved	<input type="checkbox"/> N/A																																																		
Shift Scope	Notification <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	If Yes: Start Date _____	End Date _____	New <input type="checkbox"/>	Revised <input type="checkbox"/>	_____																																																	
	Waste Hauler _____	Disposal Facility Name _____	Facility Location _____																																																				
Shift Activity	Pipe Insulation <input checked="" type="checkbox"/>	Floor Tile <input checked="" type="checkbox"/>	Ceiling Tile <input checked="" type="checkbox"/>	Linoleum <input type="checkbox"/>	Fireproofing <input type="checkbox"/>	<input type="checkbox"/>																																																	
	Fitting Insulation <input checked="" type="checkbox"/>	Mastic <input checked="" type="checkbox"/>	Glue Daubs <input type="checkbox"/>	Vapor Barrier <input type="checkbox"/>	Duct Insulation <input type="checkbox"/>	<input type="checkbox"/>																																																	
	Boiler Insulation <input type="checkbox"/>	Plaster <input type="checkbox"/>	Cove Base <input type="checkbox"/>	Window Glazing <input type="checkbox"/>	Duct Seam Sealer <input type="checkbox"/>	<input type="checkbox"/>																																																	
Work Area	Boiler Firebrick <input type="checkbox"/>	Sheetrock <input type="checkbox"/>	Transite <input type="checkbox"/>	Window/Door Caulking <input type="checkbox"/>	Duct Flex Connector <input type="checkbox"/>	<input type="checkbox"/>																																																	
	Boiler Rope Gasketing <input type="checkbox"/>	Joint Compound <input type="checkbox"/>	Roofing Materials <input type="checkbox"/>	Electrical Cable Wrap <input type="checkbox"/>	Equipment Gaskets <input type="checkbox"/>	<input type="checkbox"/>																																																	
	Breeching Insulation <input type="checkbox"/>	Wall Compound <input type="checkbox"/>	Tar Paper (not roofing) <input type="checkbox"/>	Electric Panel Insulation <input type="checkbox"/>	Fiberglass <input checked="" type="checkbox"/>	<input type="checkbox"/>																																																	
PPE	Eqpt/Mat'l Mobilization <input type="checkbox"/>	Final Cleaning <input type="checkbox"/>	Waste Load-Out <input checked="" type="checkbox"/>	Dust Control <input type="checkbox"/>	Re-insulation/Spray <input type="checkbox"/>	<input type="checkbox"/>																																																	
	Work Area Preparation <input checked="" type="checkbox"/>	Encapsulation <input checked="" type="checkbox"/>	Eq/Mat'l Demobilization <input type="checkbox"/>	Wet Wrap/Dip-Lag <input type="checkbox"/>	Non-ACM (e.g., lead) <input type="checkbox"/>	<input type="checkbox"/>																																																	
	ACM Removal <input checked="" type="checkbox"/>	Teardown/Cleanup <input checked="" type="checkbox"/>	Local Removal <input type="checkbox"/>	Demolition <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																	
Safety & Health	Containment size:	Barriers: <input type="checkbox"/> Wood <input type="checkbox"/> Stud & Poly <input checked="" type="checkbox"/> Poly Drapes	<input type="checkbox"/> Glove Bag <input type="checkbox"/> Other _____																																																				
	Integrity: <input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	Wetting Agent _____	Sufficient: <input type="checkbox"/> Y <input type="checkbox"/> N																																																				
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 style="width: 25%;">EMERGENCY (N/A <input type="checkbox"/>)</td> <td style="width: 25%;">ELECTRICAL (N/A <input type="checkbox"/>)</td> <td style="width: 25%;">SCAFFOLDING (N/A <input checked="" type="checkbox"/>)</td> <td style="width: 25%;">LADDERS (N/A <input type="checkbox"/>)</td> <td colspan="3">CLEANLINESS (N/A <input type="checkbox"/>)</td> </tr> <tr> <td>Y <input type="checkbox"/> N <input checked="" type="checkbox"/></td> <td>Y <input type="checkbox"/> N <input checked="" type="checkbox"/></td> <td>A <input type="checkbox"/> U <input type="checkbox"/></td> </tr> <tr> <td>Acceptable <input type="checkbox"/></td> <td>GFCI <input type="checkbox"/></td> <td>Load Limit <input type="checkbox"/> Posted <input type="checkbox"/></td> <td>Properly Used <input type="checkbox"/></td> <td>General Housekeeping <input type="checkbox"/></td> <td></td> </tr> <tr> <td>Communication <input type="checkbox"/></td> <td>Adequate <input type="checkbox"/></td> <td>Minimum 4x Intended Load <input type="checkbox"/></td> <td>Acceptable <input type="checkbox"/></td> <td>Bag Accumulation <input type="checkbox"/></td> <td></td> </tr> <tr> <td>Unblocked/Marked <input type="checkbox"/></td> <td>Power <input type="checkbox"/></td> <td>Toe Board <input type="checkbox"/></td> <td>Rungs <input type="checkbox"/></td> <td>Standing Water <input type="checkbox"/></td> <td></td> </tr> <tr> <td>Emergency/Fire Exit <input type="checkbox"/></td> <td>Ground Prong <input type="checkbox"/></td> <td>Side Rail <input type="checkbox"/></td> <td>Kick-Out <input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>First Aid Kit <input type="checkbox"/></td> <td>Sound Ext. <input type="checkbox"/></td> <td>Protection/Steady <input type="checkbox"/></td> <td></td> <td></td> <td></td> </tr> <tr> <td>MSDS' Available <input type="checkbox"/></td> <td>Insulation <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>							EMERGENCY (N/A <input type="checkbox"/> )	ELECTRICAL (N/A <input type="checkbox"/> )	SCAFFOLDING (N/A <input checked="" type="checkbox"/> )	LADDERS (N/A <input type="checkbox"/> )	CLEANLINESS (N/A <input type="checkbox"/> )			Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	A <input type="checkbox"/> U <input type="checkbox"/>	Acceptable <input type="checkbox"/>	GFCI <input type="checkbox"/>	Load Limit <input type="checkbox"/> Posted <input type="checkbox"/>	Properly Used <input type="checkbox"/>	General Housekeeping <input type="checkbox"/>		Communication <input type="checkbox"/>	Adequate <input type="checkbox"/>	Minimum 4x Intended Load <input type="checkbox"/>	Acceptable <input type="checkbox"/>	Bag Accumulation <input type="checkbox"/>		Unblocked/Marked <input type="checkbox"/>	Power <input type="checkbox"/>	Toe Board <input type="checkbox"/>	Rungs <input type="checkbox"/>	Standing Water <input type="checkbox"/>		Emergency/Fire Exit <input type="checkbox"/>	Ground Prong <input type="checkbox"/>	Side Rail <input type="checkbox"/>	Kick-Out <input type="checkbox"/>			First Aid Kit <input type="checkbox"/>	Sound Ext. <input type="checkbox"/>	Protection/Steady <input type="checkbox"/>				MSDS' Available <input type="checkbox"/>	Insulation <input type="checkbox"/>							
EMERGENCY (N/A <input type="checkbox"/> )	ELECTRICAL (N/A <input type="checkbox"/> )	SCAFFOLDING (N/A <input checked="" type="checkbox"/> )	LADDERS (N/A <input type="checkbox"/> )	CLEANLINESS (N/A <input type="checkbox"/> )																																																			
Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	A <input type="checkbox"/> U <input type="checkbox"/>																																																		
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MSDS' Available <input type="checkbox"/>	Insulation <input type="checkbox"/>																																																						
OSHA Monitoring	Full Shift ( $\geq$ 8 Hour) Sampling <input type="checkbox"/> <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Worker SS# & Task IDs <input type="checkbox"/> <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>																																																			
	Partial Shift ( $\leq$ 8 Hour) Sampling <input type="checkbox"/> <input type="checkbox"/>		Previous Shift Results Posted <input type="checkbox"/> <input type="checkbox"/>																																																				
Project Monitoring	Exc. Limit (30 min.) Sampling <input type="checkbox"/> <input type="checkbox"/>		Flow Rate 0.5 - 2.5 LPM <input type="checkbox"/> <input type="checkbox"/>																																																				
	Equipment Calibrated <input type="checkbox"/> <input type="checkbox"/>		Blanks 2 / 10% <input type="checkbox"/> <input type="checkbox"/>																																																				
Contractor's Competent Person: <u>Eric Cyr</u>																																																							
Total Time in Containment <u>30 min</u> Respiratory Protection <u>4 face N95</u> # Air Samples Run <u>15-pcm</u> Manometer Reading _____																																																							
Cardno ATC Representative Signature <u>Wayne</u> Cert. # <u>402</u> Time On-Site/ Off-Site _____ / _____																																																							
Site Visitors	Name _____	Time _____	Representing _____	Purpose _____																																																			
	_____	_____	_____	_____																																																			
Notes	_____																																																						
	_____																																																						

**DAILY SITE LOG**

Page \_\_\_\_\_ of \_\_\_\_\_

Project Name:	Durant Hall	Date:	08-19-15
Project #:	61-22573-0021 T-21024	Project Monitor:	Wayne Riccitelli
Client:	CT- DCS	Project Manager:	Ed Fennell
TIME	OBSERVATIONS/ACTIONS		
07:00 AM	<p>Cardno ATC and AATS crew are on site - at Durant Hall. The supervisor is Eric CV. The scope of work for today is final cleaning to the Mechanical room containment, preparation of 5 more IT Containments for the removal of asbestos glue, double floor tile and mask to storage rooms and classrooms to the lower level.</p> <p>The air pumps are calibrated. The integrity of the containments are checked.</p>		
8:00	<p>PCM air clearance is running. The containments are sound. Wet methods are used.</p>		
9:20	<p>The air cassettes are collected and loged in for analysis</p>		
9:30	<p>The PCM air clearance to containment # 16- is set up.</p>		
10:00	<p>The re-occupancy air clearance is below 0.01 f/cc. The Containment may be taken down.</p>		
10:50	<p>The air cassettes are collected and loged in for qualysis.</p>		
10:55	<p>The removal to the Mechanical Room is complete. The waste bags are double bagged and sealed for disposal. Visual inspection is performed.</p>		
11:15	<p>visual passed- Area is encapsulated</p>		
11:30	<p>The air clearance to the Mech RM is running</p>		
12:10	<p>The air clearance to Containment # 16- passed. The crew takes a Lunch Break.</p>		
12:50	<p>The PCM air cassettes to the Mech RM are collected and loged in for analysis</p>		
1:30	<p>The air clearance passed. The Containment may be taken down.</p>		
2:00	<p>The removal to the IT Containments continues.</p>		
3:15	<p>The crew decons out of the work area.</p>		
3:30	<p>We are off Site for the day.</p>		

Cardno ATC Representative Signature

Wayne

Title JH

Cert. # 402

## FINAL INSPECTION / TEARDOWN FORM

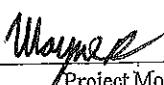
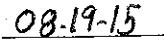
Project Name: Durant Hall Date: 08-19-15  
 Project #: 61-22573-0021 T. 21024 Project Monitor: Wayne Riccitelli  
 Client: CT- DCS Project Manager: Ed Fennell

### FINAL INSPECTION

Work Area(s) Inspected: Durant Hall. Lower Level. Containments #s 16, 17.

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

Containment	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.		
			Date <u>8/19/15</u>

Notes			
	Project Monitor	Date	Date <u>8/19/15</u>

Approximately 50 ft<sup>2</sup> of VAT/Mastic abated from Containment # 16  
Storage for classrooms 2,3,-  
Approximately 100 ft<sup>2</sup> of TSI from the Mech RM - Containment # 17

### TEARDOWN

Work Area(s) Torn Down:

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

## DAILY SITE REPORT

Name: Durant Hall  
 Proj. #: 61-22573.0021 T.21024  
 Client: CT-DCS

Date: 08.20.15  
 Project Monitor: Wayne Riccitelli  
 Project Manager: Ed Fennell

Project Support	Contractor Name <u>AATS</u>	License # <u>17</u>	Project Supvs <u>01</u>	Workers <u>09</u>		
	Contractor Certifications <input checked="" type="checkbox"/> OK <input type="checkbox"/> Deficiencies Noted & Resolved <input type="checkbox"/> Deficiencies Noted & Not Resolved <input type="checkbox"/> N/A					
Notification <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	If Yes: Start Date _____	End Date _____	New <input type="checkbox"/>	Revised <input type="checkbox"/>		
Waste Hauler _____	Disposal Facility Name _____	Facility Location _____				
Shift Scope	Pipe Insulation <input type="checkbox"/> Fitting Insulation <input type="checkbox"/> Boiler Insulation <input type="checkbox"/> Boiler Firebrick <input type="checkbox"/> Boiler Rope Gasketing <input type="checkbox"/> Breeching Insulation <input type="checkbox"/>	Floor Tile <input type="checkbox"/> Mastic <input type="checkbox"/> Floor Sheeting <input type="checkbox"/> Plaster <input type="checkbox"/> Gypsum Board <input type="checkbox"/> Joint Compound <input type="checkbox"/>	Ceiling Tile <input checked="" type="checkbox"/> Glue Daubs <input type="checkbox"/> Cove Base/Adhesive <input type="checkbox"/> Transite <input type="checkbox"/> Roofing Materials <input type="checkbox"/> Waterproofing <input type="checkbox"/>	Vapor Barrier <input type="checkbox"/> Window Glazing <input type="checkbox"/> Window/Door Caulking <input type="checkbox"/> Electrical Cable Wrap <input type="checkbox"/> Fireproofing <input type="checkbox"/> Duct Insulation <input type="checkbox"/>	Duct Seam Sealant <input type="checkbox"/> Duct Flex Connector <input type="checkbox"/> Equipment Gaskets <input type="checkbox"/> Fire Doors <input type="checkbox"/>	
	Eqpt/Mat'l Mobilization <input type="checkbox"/> Work Area Preparation <input checked="" type="checkbox"/> ACM Removal <input checked="" type="checkbox"/>	Final Cleaning <input type="checkbox"/> Encapsulation <input checked="" type="checkbox"/> Teardown/Cleanup <input checked="" type="checkbox"/>	Waste Load-Out <input checked="" type="checkbox"/> Eq/Mat'l Demobilization <input checked="" type="checkbox"/> Local Removal <input checked="" type="checkbox"/>	Dust Control <input type="checkbox"/> Repair/O&M <input type="checkbox"/> Demolition <input type="checkbox"/>	Re-insulation/Spray <input type="checkbox"/> Non-ACM (lead, PCB) <input type="checkbox"/>	
Work Area	Containment size: _____	Barriers: <input type="checkbox"/> Wood <input type="checkbox"/> Stud & Poly <input checked="" type="checkbox"/> Poly Drapes <input type="checkbox"/> Glove Bag <input type="checkbox"/> Other _____				
	Integrity: <input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	Wetting Agent _____	Sufficient: <input type="checkbox"/> Y <input type="checkbox"/> N			
PPE	Respiratory Protection: <input checked="" type="checkbox"/> 1/2 Face Neg. Pressure <input type="checkbox"/> Full Face Neg. Pressure <input type="checkbox"/> PAPR <input type="checkbox"/> Supplied Air <input type="checkbox"/> Dust Mask <input type="checkbox"/> SCBA					
	Body Protection: <input checked="" type="checkbox"/> Hooded Suit <input type="checkbox"/> Boots <input checked="" type="checkbox"/> Hardhat <input type="checkbox"/> Eyes/Face <input type="checkbox"/> Hearing <input checked="" type="checkbox"/> Gloves <input type="checkbox"/> Fall Protection					
If N or U, expand and document notification and actions taken, if any. Indicate if N/A.						
Safety & Health	EMERGENCY (N/A <input type="checkbox"/> )	ELECTRICAL (N/A <input type="checkbox"/> )	SCAFFOLDING (N/A <input type="checkbox"/> )	LADDERS (N/A <input type="checkbox"/> )	CLEANLINESS (N/A <input type="checkbox"/> )	
	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	A <input type="checkbox"/> U <input type="checkbox"/>	
	Acceptable <input type="checkbox"/> Communication <input type="checkbox"/> Unblocked/Marked <input type="checkbox"/> Emergency/Fire Exit <input type="checkbox"/> First Aid Kit <input type="checkbox"/> MSDS' Available <input type="checkbox"/>	GFCI <input type="checkbox"/> Adequate Power <input type="checkbox"/> Ground Prong <input type="checkbox"/> Sound Ext. <input type="checkbox"/>	Load Limit <input type="checkbox"/> Posted <input type="checkbox"/> Minimum 4x Intended Load <input type="checkbox"/> Toe Board <input type="checkbox"/> Side Rail <input type="checkbox"/>	Properly Used <input type="checkbox"/> Acceptable <input type="checkbox"/> Rungs <input type="checkbox"/> Kick-Out <input type="checkbox"/> Protection/Steady <input type="checkbox"/>	General Housekeeping <input type="checkbox"/> Bag Accumulation <input type="checkbox"/> Standing Water <input type="checkbox"/>	
	Full Shift ( $\geq$ 8 Hour) Sampling <input type="checkbox"/> Partial Shift ( $\leq$ 8 Hour) Sampling <input type="checkbox"/> Exc. Limit (30 min.) Sampling <input type="checkbox"/> Equipment Calibrated <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Worker SS# & Task IDs <input type="checkbox"/> Previous Shift Results Posted <input type="checkbox"/> Flow Rate 0.5 - 2.5 LPM <input type="checkbox"/> Blanks 2 / 10% <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>		
	Contractor's Competent Person: <u>Eric Cyr</u>					
	Project Monitoring	Total Time in Containment <u>1hr</u>	Respiratory Protection <u>1/2 face NPR</u>	# Air Samples Run <u>25</u>	Manometer Reading <u>PCM</u>	
		Cardno ATC Representative Signature <u>Wayne K</u>	Cert. # <u>402</u>	Time On-Site/ Off-Site <u>/</u>		
	Site Visitors	Name _____	Time _____	Representing _____	Purpose _____	

**DAILY SITE LOG**

Page \_\_\_\_\_ of \_\_\_\_\_

Project Name:	Durant Hall	Date:	8-20-15
Project #:	61-22573-0021 T-21024	Project Monitor:	Wayne Riccitelli
Client:	CT- DCS	Project Manager:	Ed Fennell
TIME	OBSERVATIONS/ACTIONS		
7:00 AM	Cardno ATC and AALS crew of 10 are on site at Durant Hall. The supervisor is Eric Cyr. The scope of work for today is asbestos abatement to the lower level for VAT/mastic within the small storage rooms and janitors closet. They abated approximately 40 ft² in containment #18 (Corridor Storage), 70 ft² - #19 Janitor's Closet #20, 20 ft² RM-6 Storage, 20 ft² RM-7 Storage - #21.		
8:00	Visual inspections are performed. This - (AALS) continue with preparation of containments and tear down. Visual passed - containments are encapsulated.		
9:00	Air pumps are calibrated. Air clearances are running Containment #18- Storage RM, Containment #19 Janitor's closet Air cassettes are collected and loged in for analysis. Two more PCM air clearances are being set up - Containment #20 & #21 - Air clearances are running. The preparation of air cassettes will begin.		
10:40			
11:00			
11:20			
12:10	Air clearances passed - results are below 0.01 f/cc. The air cassettes are collected & loged in for analysis.		
12:17			
12:45	Air cassettes are loged in for analysis - The small containment near the Teachers room passed a visual & encapsulated - PCM air clearance is set up.		
1:00			
1:30	The air cassettes are analyzed.		
2:00	Air clearance passed & is below 0.01 f/cc.		
2:20	The remaining air cassettes are collected and loged in for analysis.		
3:00	The re-occupancy air clearances passed - The 5 containments may be taken down. Tomorrow they will continue with VAT/mastic removal and prep work.		
3:30	We are off site for the day.		

Cardno ATC Representative Signature Wayne R.Title IHCert. # 402

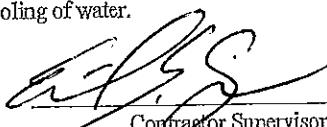
## FINAL INSPECTION / TEARDOWN FORM

Project Name:	Durant Hall	Date:	8-20-15
Project #:	61-22573-0021 T-21024	Project Monitor:	Wayne Riccitelli
Client:	CT-DCS	Project Manager:	Ed Fennell

## FINAL INSPECTION

Work Area(s) Inspected: Durant Hall - Lower Level - Containments 18, 19, 20, 21, 22

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

Containment	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.		
	Project Monitor	8-20-15	Date

Notes	#18 - Storage RM in corridor	40 ft <sup>2</sup>	of VAT/Mastic	
	#19 Janitors closet	70 ft <sup>2</sup>	11 11	
	#20 Room- 6- Storage	20 ft <sup>2</sup>	11 11	
	#21 storage room 7	20 ft <sup>2</sup>	11 11	
	TEARDOWN			

Teardown	Work Area(s) Torn Down:	Same as above		
	All poly has been removed from facility structures and bagged as asbestos waste	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
	All equipment, tools, materials, supplies, and waste have been removed	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
	Spray glue and/or tape residue has been adequately cleaned from facility structures	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
	Furniture and/or other materials removed from the work area pre-abatement have been returned	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
	Any ACM found during teardown has been spot cleaned (wet wipe, HEPA vacuum)	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A

Notes	* Containment # 22. Near Teachers Room - Approximately 40 ft <sup>2</sup> of VAT/Mastic aborted.			

# DAILY SITE REPORT

Project Name: Durant Hall  
 Project #: 61-22573-0021 T-21024  
 Client: CT DCS

Date: 08-21-15  
 Project Monitor: Wayne Riccitelli  
 Project Manager: Ed Fenell

Project Support	Contractor Name <u>AAS</u>			License # <u>17</u>	Project Supvs <u>01</u>	Workers <u>09</u>				
	Contractor Certifications <input checked="" type="checkbox"/> OK <input type="checkbox"/> Deficiencies Noted & Resolved			<input type="checkbox"/> Deficiencies Noted & Not Resolved	<input type="checkbox"/> N/A					
Notification <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	If Yes: Start Date _____	End Date _____	New <input type="checkbox"/>	Revised <input type="checkbox"/>						
Waste Hauler _____	Disposal Facility Name _____			Facility Location _____						
Shift Scope	Pipe Insulation	<input type="checkbox"/>	Floor Tile	<input checked="" type="checkbox"/>	Ceiling Tile	<input type="checkbox"/>	Linoleum	<input type="checkbox"/>	Fireproofing	<input type="checkbox"/>
	Fitting Insulation	<input type="checkbox"/>	Mastic	<input checked="" type="checkbox"/>	Glue Daubs	<input checked="" type="checkbox"/>	Vapor Barrier	<input type="checkbox"/>	Duct Insulation	<input type="checkbox"/>
	Boiler Insulation	<input type="checkbox"/>	Plaster	<input type="checkbox"/>	Cove Base	<input type="checkbox"/>	Window Glazing	<input type="checkbox"/>	Duct Seam Sealer	<input type="checkbox"/>
Boiler Firebrick	<input type="checkbox"/>	Sheetrock	<input type="checkbox"/>	Transite	<input type="checkbox"/>	Window/Door Caulking	<input type="checkbox"/>	Duct Flex Connector	<input type="checkbox"/>	
Boiler Rope Gasketing	<input type="checkbox"/>	Joint Compound	<input type="checkbox"/>	Roofing Materials	<input type="checkbox"/>	Electrical Cable Wrap	<input type="checkbox"/>	Equipment Gaskets	<input type="checkbox"/>	
Breeching Insulation	<input type="checkbox"/>	Wall Compound	<input type="checkbox"/>	Tar Paper (not roofing)	<input type="checkbox"/>	Electric Panel Insulation	<input type="checkbox"/>	<u>Fiber Glass</u>	<input checked="" type="checkbox"/>	
Shift Activity	Eqpt/Mat'l Mobilization	<input type="checkbox"/>	Final Cleaning	<input checked="" type="checkbox"/>	Waste Load-Out	<input checked="" type="checkbox"/>	Dust Control	<input type="checkbox"/>	Re-insulation/Spray	<input type="checkbox"/>
	Work Area Preparation	<input checked="" type="checkbox"/>	Encapsulation	<input checked="" type="checkbox"/>	Eq/Mat'l Demobilization	<input type="checkbox"/>	Wet Wrap/Dip-Lag	<input type="checkbox"/>	Non-ACM (e.g., lead)	<input type="checkbox"/>
	ACM Removal	<input checked="" type="checkbox"/>	Teardown/Cleanup	<input checked="" type="checkbox"/>	Local Removal	<input type="checkbox"/>	Demolition	<input type="checkbox"/>		<input type="checkbox"/>
Work Area	Containment size:	Barriers: <input type="checkbox"/> Wood <input type="checkbox"/> Stud & Poly <input checked="" type="checkbox"/> Poly Drapes			<input type="checkbox"/> Glove Bag	<input type="checkbox"/> Other _____				
	Integrity:	<input checked="" type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	Wetting Agent <u>H2O, encaps</u>	Sufficient: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N				
PPE	Respiratory Protection:	<input checked="" type="checkbox"/> 1/2 Face Neg. Pressure <input type="checkbox"/> Full Face Neg. Pressure <input type="checkbox"/> PAPR <input type="checkbox"/> Supplied Air <input type="checkbox"/> Dust Mask <input type="checkbox"/> SCBA								
	Body Protection:	<input checked="" type="checkbox"/> Hooded Suit	<input checked="" type="checkbox"/> Boots	<input type="checkbox"/> Hardhat	<input type="checkbox"/> Eyes/Face	<input type="checkbox"/> Hearing	<input checked="" type="checkbox"/> Gloves	<input type="checkbox"/> Fall Protection		
Safety & Health	If N or U, expand and document notification and actions taken, if any. Indicate if N/A.									
	EMERGENCY (N/A <input type="checkbox"/> )		ELECTRICAL (N/A <input type="checkbox"/> )		SCAFFOLDING (N/A <input type="checkbox"/> )		LADDERS (N/A <input type="checkbox"/> )		CLEANLINESS (N/A <input type="checkbox"/> )	
	Y	N	Y	N	Y	N	Y	N	A	U
	Acceptable	<input type="checkbox"/>	GFCI	<input type="checkbox"/>	Load Limit	<input type="checkbox"/>	Properly Used	<input type="checkbox"/>	General Housekeeping	<input checked="" type="checkbox"/>
	Communication	<input type="checkbox"/>		<input type="checkbox"/>	Posted	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
	Unblocked/Marked	<input type="checkbox"/>	Adequate	<input type="checkbox"/>	Minimum 4x Intended Load	<input type="checkbox"/>	Acceptable	<input type="checkbox"/>	Bag Accumulation	<input type="checkbox"/>
	Emergency/Fire Exit	<input type="checkbox"/>	Power	<input type="checkbox"/>	Toe Board	<input type="checkbox"/>	Rungs	<input type="checkbox"/>		<input type="checkbox"/>
	First Aid Kit	<input type="checkbox"/>	Ground Prong	<input type="checkbox"/>	Side Rail	<input type="checkbox"/>	Kick-Out	<input type="checkbox"/>	Standing Water	<input type="checkbox"/>
	MSDS' Available	<input type="checkbox"/>	Sound Ext.	<input type="checkbox"/>		<input type="checkbox"/>	Protection/Steady	<input type="checkbox"/>		<input type="checkbox"/>
			Insulation							
OSHA Monitoring	Full Shift ( $\geq$ 8 Hour) Sampling			<input type="checkbox"/> Y <input type="checkbox"/> N	Worker SS# & Task IDs			<input type="checkbox"/> Y <input type="checkbox"/> N		
	Partial Shift ( $\leq$ 8 Hour) Sampling			<input type="checkbox"/>	Previous Shift Results Posted			<input type="checkbox"/>		
	Exc. Limit (30 min.) Sampling			<input type="checkbox"/>	Flow Rate 0.5 - 2.5 LPM			<input type="checkbox"/>		
	Equipment Calibrated			<input type="checkbox"/>	Blanks 2 / 10%			<input type="checkbox"/>		
	Contractor's Competent Person: <u>Eric CYR</u>									
Project Monitoring	Total Time in Containment <u>30 min</u>	Respiratory Protection <u>1/2 face mask</u>	# Air Samples Run <u>10-PCM</u>	Manometer Reading _____						
	Cardno ATC Representative Signature <u>Wayne R</u>	Cert. # <u>402</u>	Time On-Site/ Off-Site _____ / _____							
Site Visitors	Name _____	Time _____	Representing _____			Purpose _____				
	_____	_____	_____			_____				
	_____	_____	_____			_____				
Notes	_____									
	_____									
	_____									

**DAILY SITE LOG**

Page \_\_\_\_\_ of \_\_\_\_\_

Project Name:	Durant Hall	Date:	08.21.15
Project #:	61-22573-0021 T-21024	Project Monitor:	Wayne Ricchetti
Client:	CT-DCS	Project Manager:	Ed Fennell
TIME	OBSERVATIONS/ACTIONS		
7:00 AM	Cardno ATC and AAC crew are on site at Durant Hall. The supervisor is Eric Cyr. The scope of work for today is removal of VAT & Mastic in several small containment in the lower level.		
	The removal of ACM resumes - we notice that fiberglass insulation is scattered throughout the building. I advise the supervisor to pick up & dispose of the insulation.		
8:45	Visual inspection to storage room to Room 8 - Containment #23. Approximately 50 ft <sup>2</sup> of VAT/Mastic Abated.		
	Visual passed - Area is encapsulated.		
9:50	PCM Air Clearance is running - Containment #23.		
	Visual inspection to Containment #24 - Near exit Rooms 2-3. Approximately 60 ft <sup>2</sup> of VAT abated.		
	The preparation of 5 - more containments begins they will abate the black boards - that have given doubts.		
	Visual passed - Area is encapsulated.		
10:00	The PCM air clearance is set up.		
11:15	The air cassettes are collected & logged in for analysis.		
12:00	The re-occupancy air clearance passed. The remaining air cassettes are collected & logged in for analysis.		
12:30	The crew takes a lunch break.		
1:00	The air clearance passed.		
2:00	The containments are taken down & disposed of as ACM.		
3:00	The work is complete for the day. They will resume on Monday.		
3:30	We are off site for the day.		

Cardno ATC Representative Signature



Title IH

Cert. # 402

## FINAL INSPECTION / TEARDOWN FORM

Project Name:	Durant Hall	Date:	08-21-15
Project #:	61-22573-0021 T-21024	Project Monitor:	Wayne Riccitelli
Client:	CT DCS	Project Manager:	Ed Fennell

### FINAL INSPECTION

Work Area(s) Inspected: Containments # 23, # 24

Work Area Preparation	Work area is free of visible debris	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
	Critical containment barriers are secure and sound	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
	Waste has been properly packaged and removed from the work area	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
	Substrate surfaces will have a sealant (encapsulant) applied post-inspection	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
	Negative air unit(s) operating at an optimum flow rate	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
	Negative air unit pre-filter(s) have been changed out	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A

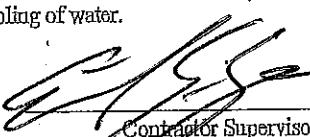
In accordance with all applicable rules, regulations and specifications, the Project Monitor and Contractor hereby certify that they have visually inspected all surfaces of the Work Area (including pipes, beams, ledges, walls, ceiling, floor, decontamination unit, equipment, sheet plastic, etc.), and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



Project Monitor

08-21-15

Date



Contractor Supervisor

08-21-15

Date

Notes: Approximately 110 ft² of VAT/mastic abated

### TEARDOWN

Work Area(s) Torn Down:

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

Notes:

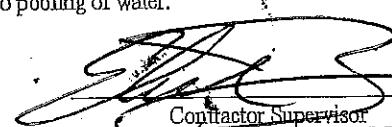
## FINAL INSPECTION / TEARDOWN FORM

Project Name:	Durant Hall	Date:	08-24-15
Project #:	61-22573-0021 T-21024	Project Monitor:	Wayne Riccielli
Client:	CT-DCS	Project Manager:	Ed Feenell

### FINAL INSPECTION

Work Area(s) Inspected: Lower Level- Containments #5 25, 26, 27-

Work Area Preparedness	Work area is free of visible debris	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
	Critical containment barriers are secure and sound	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
	Waste has been properly packaged and removed from the work area	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
	Substrate surfaces will have a sealant (encapsulant) applied post-inspection	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
	Negative air unit(s) operating at an optimum flow rate	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
	Negative air unit pre-filter(s) have been changed out	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 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.		
	 Wayne Riccielli	08-24-15 Date	 Contractor Supervisor 8/24/15 Date

Notes	Approximately 30 ft <sup>2</sup> of glue daubs abated media copy center and lounge.		

### TEARDOWN

Work Area(s) Torn Down:

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

**DAILY SITE REPORT**

Project Name: Durant Hall  
 Project #: 61-22573-0021 T-21024  
 Client: CT- DCS

Date: 08-25-15  
 Project Monitor: Wayne Riccitelli  
 Project Manager: Ed Feuwell

<b>Project Support</b>	Contractor Name <u>AAS</u>	License # <u>17</u>	Project Supvs <u>01</u>	Workers <u>08</u>					
	Contractor Certifications <input checked="" type="checkbox"/> OK	<input type="checkbox"/> Deficiencies Noted & Resolved	<input type="checkbox"/> Deficiencies Noted & Not Resolved	<input type="checkbox"/> N/A					
Notification <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	If Yes: Start Date _____	End Date _____	New <input type="checkbox"/>	Revised <input type="checkbox"/>					
Waste Hauler _____	Disposal Facility Name _____	Facility Location _____							
<b>Shift Scope</b>	Pipe Insulation <input type="checkbox"/>	Floor Tile <input checked="" type="checkbox"/>	Ceiling Tile <input type="checkbox"/>	Linoleum <input type="checkbox"/>	Fireproofing <input type="checkbox"/>				
	Fitting Insulation <input type="checkbox"/>	Mastic <input checked="" type="checkbox"/>	Glue Daubs <input checked="" type="checkbox"/>	Vapor Barrier <input type="checkbox"/>	Duct Insulation <input type="checkbox"/>				
<b>Shift Activity</b>	Boiler Insulation <input type="checkbox"/>	Plaster <input type="checkbox"/>	Cove Base <input type="checkbox"/>	Window Glazing <input type="checkbox"/>	Duct Seam Sealer <input type="checkbox"/>				
	Boiler Firebrick <input type="checkbox"/>	Sheetrock <input type="checkbox"/>	Transite <input type="checkbox"/>	Window/Door Caulking <input type="checkbox"/>	Duct Flex Connector <input type="checkbox"/>				
<b>Work Area</b>	Boiler Rope Gasketing <input type="checkbox"/>	Joint Compound <input type="checkbox"/>	Roofing Materials <input type="checkbox"/>	Electrical Cable Wrap <input type="checkbox"/>	Equipment Gaskets <input type="checkbox"/>				
	Breeching Insulation <input type="checkbox"/>	Wall Compound <input type="checkbox"/>	Tar Paper (not roofing) <input type="checkbox"/>	Electric Panel Insulation <input type="checkbox"/>					
<b>PPE</b>	Eqpt/Mat'l Mobilization <input type="checkbox"/>	Final Cleaning <input type="checkbox"/>	Waste Load-Out <input checked="" type="checkbox"/>	Dust Control <input type="checkbox"/>	Re-insulation/Spray <input type="checkbox"/>				
	Work Area Preparation <input checked="" type="checkbox"/>	Encapsulation <input checked="" type="checkbox"/>	Eq/Mat'l Demobilization <input type="checkbox"/>	Wet Wrap/Dip-Lag <input type="checkbox"/>	Non-ACM (e.g., lead) <input type="checkbox"/>				
<b>Safety &amp; Health</b>	ACM Removal <input checked="" type="checkbox"/>	Teardown/Cleanup <input type="checkbox"/>	Local Removal <input checked="" type="checkbox"/>	Demolition <input type="checkbox"/>					
	Containment size: _____	Barriers: <input type="checkbox"/> Wood	<input type="checkbox"/> Stud & Poly	<input checked="" type="checkbox"/> Poly Drapes	<input type="checkbox"/> Glove Bag	<input type="checkbox"/> Other _____			
<b>OSHA Monitoring</b>	Integrity: <input checked="" type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	Wetting Agent <u>H2O, Encap</u>	Sufficient: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N				
	Respiratory Protection: <input type="checkbox"/> ½ Face Neg. Pressure	<input type="checkbox"/> Full Face Neg. Pressure	<input type="checkbox"/> PAPR	<input type="checkbox"/> Supplied Air	<input type="checkbox"/> Dust Mask	<input type="checkbox"/> SCBA			
<b>Project Monitoring</b>	Body Protection: <input checked="" type="checkbox"/> Hooded Suit	<input checked="" type="checkbox"/> Boots	<input checked="" type="checkbox"/> Hardhat	<input type="checkbox"/> Eyes/Face	<input type="checkbox"/> Hearing	<input checked="" type="checkbox"/> Gloves	<input type="checkbox"/> Fall Protection		
	<i>If N or U, expand and document notification and actions taken, if any. Indicate if N/A.</i>								
<b>EMERGENCY (N/A <input type="checkbox"/>)</b>		<b>ELECTRICAL (N/A <input type="checkbox"/>)</b>		<b>SCAFFOLDING (N/A <input checked="" type="checkbox"/>)</b>		<b>LADDERS (N/A <input type="checkbox"/>)</b>		<b>CLEANLINESS (N/A <input type="checkbox"/>)</b>	
Acceptable <input checked="" type="checkbox"/>	<input type="checkbox"/> N	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Load Limit	<input type="checkbox"/> Posted	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	Properly Used <input checked="" type="checkbox"/>	<input type="checkbox"/> A General Housekeeping <input checked="" type="checkbox"/>
Communication <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> Minimum 4x Intended Load	<input type="checkbox"/> Rungs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Kick-Out	<input type="checkbox"/> U Bag Accumulation <input type="checkbox"/>
Unblocked/Marked <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Adequate	<input type="checkbox"/>	<input type="checkbox"/> Toe Board	<input type="checkbox"/> Side Rail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Protection/Steady	<input type="checkbox"/> Standing Water <input type="checkbox"/>
Emergency/Fire Exit <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Power	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Aid Kit <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Ground Prong	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MSDS' Available <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Sound Ext.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insulation <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Insulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Full Shift ( $\geq$ 8 Hour) Sampling <input type="checkbox"/>	<input type="checkbox"/> N	Worker SS# & Task IDs <input type="checkbox"/>	<input type="checkbox"/> Y	<input type="checkbox"/> N					
Partial Shift ( $\leq$ 8 Hour) Sampling <input type="checkbox"/>	<input type="checkbox"/>	Previous Shift Results Posted <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Exc. Limit (30 min.) Sampling <input type="checkbox"/>	<input type="checkbox"/>	Flow Rate 0.5 - 2.5 LPM <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Equipment Calibrated <input type="checkbox"/>	<input type="checkbox"/>	Blanks 2 / 10% <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Contractor's Competent Person: <u>B Eric Cyr</u>									
Total Time in Containment <u>20 min</u>	Respiratory Protection <u>1/2 face NPR</u>	# Air Samples Run <u>10 PCM</u>	Manometer Reading _____						
Cardno ATC Representative Signature <u>Wayne</u>			Cert. # <u>402</u>	Time On-Site/ Off-Site _____					
<b>Site Visitors</b>	Name _____	Time _____	Representing _____	Purpose _____					
<b>Notes</b>									



Shaping the Future

## DAILY SITE LOG

Page \_\_\_\_\_ of \_\_\_\_\_

Cardio ATC Representative Signature Mayes

Title TH

Cert. # 402

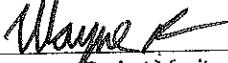
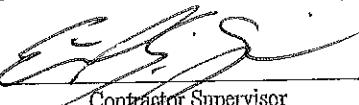
## FINAL INSPECTION / TEARDOWN FORM

Name:	Durant Hall	Date:	08.25.15
#:	6122573-0021 T.21024	Project Monitor:	Wayne Riccitelli
Client:	CT- OCS	Project Manager:	Ed Fennell

## FINAL INSPECTION

Work Area(s) Inspected: Middle Level Containments # 28 # 29

Work Area Preparedness	Work area is free of visible debris			
	<input checked="" type="checkbox"/>	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
Critical containment barriers are secure and sound	<input checked="" type="checkbox"/>	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
Waste has been properly packaged and removed from the work area	<input checked="" type="checkbox"/>	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
Substrate surfaces will have a sealant (encapsulant) applied post-inspection	<input checked="" type="checkbox"/>	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
Negative air unit(s) operating at an optimum flow rate	<input checked="" type="checkbox"/>	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
Negative air unit pre-filter(s) have been changed out	<input checked="" type="checkbox"/>	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A
When applicable, damage to facility floors, walls, fixtures, etc. has been documented	<input type="checkbox"/>	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input checked="" type="checkbox"/> 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.		
		08.25.15	
Project Monitor	Date	Contractor Supervisor	Date

Notes	Approximately 30 ft <sup>2</sup> of Blackboard glue dabs abated		

## TEARDOWN

Work Area(s) Torn Down:

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

# DAILY SITE REPORT

Project Name: Durant Hall  
 Project #: 61-22573-0021 T-21024  
 Client: CT- DCS

Date: 08-26-15  
 Project Monitor: Wayne Riccitelli  
 Project Manager: Ed Fennell

Project Support	Contractor Name <u>AALS</u>		License # <u>000017</u>	Project Supvs <u>01</u>	Workers <u>08</u>
	Contractor Certifications <input checked="" type="checkbox"/> OK <input type="checkbox"/> Deficiencies Noted & Resolved		<input type="checkbox"/> Deficiencies Noted & Not Resolved		<input type="checkbox"/> N/A
Shift Scope	Notification <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	If Yes: Start Date _____	End Date _____	New <input type="checkbox"/>	Revised <input type="checkbox"/>
	Waste Hauler _____	Disposal Facility Name _____	Facility Location _____		
Shift Activity	Pipe Insulation <input type="checkbox"/>	Floor Tile <input type="checkbox"/>	Ceiling Tile <input type="checkbox"/>	Linoleum <input type="checkbox"/>	Fireproofing <input type="checkbox"/>
	Fitting Insulation <input type="checkbox"/>	Mastic <input type="checkbox"/>	Glue Daubs <input checked="" type="checkbox"/>	Vapor Barrier <input type="checkbox"/>	Duct Insulation <input type="checkbox"/>
	Boiler Insulation <input type="checkbox"/>	Plaster <input type="checkbox"/>	Cove Base <input type="checkbox"/>	Window Glazing <input type="checkbox"/>	Duct Seam Sealer <input type="checkbox"/>
Work Area	Boiler Firebrick <input type="checkbox"/>	Sheetrock <input type="checkbox"/>	Transite <input type="checkbox"/>	Window/Door Caulking <input type="checkbox"/>	Duct Flex Connector <input type="checkbox"/>
	Boiler Rope Gasketing <input type="checkbox"/>	Joint Compound <input type="checkbox"/>	Roofing Materials <input type="checkbox"/>	Electrical Cable Wrap <input type="checkbox"/>	Equipment Gaskets <input type="checkbox"/>
	Breeching Insulation <input type="checkbox"/>	Wall Compound <input type="checkbox"/>	Tar Paper (not roofing) <input type="checkbox"/>	Electric Panel Insulation <input type="checkbox"/>	<u>Fire Doors</u> <input checked="" type="checkbox"/>
PPE	Eqpt/Mat'l Mobilization <input type="checkbox"/>	Final Cleaning <input type="checkbox"/>	<input checked="" type="checkbox"/> Waste Load-Out <input checked="" type="checkbox"/>	Dust Control <input type="checkbox"/>	Re-insulation/Spray <input type="checkbox"/>
	Work Area Preparation <input checked="" type="checkbox"/>	Encapsulation <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Eq/Mat'l Demobilization <input type="checkbox"/>	Wet Wrap/Dip-Lag <input type="checkbox"/>	Non-ACM (e.g., lead) <input type="checkbox"/>
	ACM Removal <input checked="" type="checkbox"/>	Teardown/Cleanup <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Local Removal <input type="checkbox"/>	Demolition <input type="checkbox"/>	<input type="checkbox"/>
Safety & Health	Containment size:	Barriers: <input type="checkbox"/> Wood <input type="checkbox"/> Stud & Poly <input checked="" type="checkbox"/> Poly Drapes <input type="checkbox"/> Glove Bag <input type="checkbox"/> Other _____			
	Integrity: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	Wetting Agent <u>H2O, encap</u>	Sufficient: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		
OSHA Monitoring	Respiratory Protection:	<input checked="" type="checkbox"/> ½ Face Neg. Pressure <input type="checkbox"/> Full Face Neg. Pressure <input type="checkbox"/> PAPR <input type="checkbox"/> Supplied Air <input type="checkbox"/> Dust Mask <input type="checkbox"/> SCBA			
	Body Protection:	<input checked="" type="checkbox"/> Hooded Suit <input checked="" type="checkbox"/> Boots <input type="checkbox"/> Hardhat <input checked="" type="checkbox"/> Eyes/Face <input type="checkbox"/> Hearing <input checked="" type="checkbox"/> Gloves <input type="checkbox"/> Fall Protection			
<i>If N or U, expand and document notification and actions taken, if any. Indicate if N/A.</i>					
EMERGENCY (N/A <input type="checkbox"/> )		ELECTRICAL (N/A <input type="checkbox"/> )	SCAFFOLDING (N/A <input type="checkbox"/> )	LADDERS (N/A <input type="checkbox"/> )	CLEANLINESS (N/A <input type="checkbox"/> )
Acceptable <input checked="" type="checkbox"/>	<input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Load Limit <input type="checkbox"/> Properly Used	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> A <input type="checkbox"/> U
Communication <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Posted <input type="checkbox"/>	<input type="checkbox"/>	General Housekeeping <input checked="" type="checkbox"/> <input type="checkbox"/>
Unblocked/Marked <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Minimum 4x <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency/Fire Exit <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Intended Load <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Aid Kit <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toe Board <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MSDS' Available <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Side Rail <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insulation <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Project Monitoring	Full Shift ( $\geq$ 8 Hour) Sampling <input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N	Worker SS# & Task IDs <input type="checkbox"/>		<input type="checkbox"/> Y <input type="checkbox"/> N
	Partial Shift ( $\leq$ 8 Hour) Sampling <input type="checkbox"/>	<input type="checkbox"/>	Previous Shift Results Posted <input type="checkbox"/>		<input type="checkbox"/>
Site Visitors	Exc. Limit (30 min.) Sampling <input type="checkbox"/>	<input type="checkbox"/>	Flow Rate 0.5 - 2.5 LPM <input type="checkbox"/>		<input type="checkbox"/>
	Equipment Calibrated <input type="checkbox"/>	<input type="checkbox"/>	Blanks 2 / 10% <input type="checkbox"/>		<input type="checkbox"/>
Notes	Contractor's Competent Person: <u>Eric Cyr</u>				
	Total Time in Containment <u>20min</u>	Respiratory Protection <u>1/2 face neg</u>	# Air Samples Run <u>10 PCM</u>	Manometer Reading _____	
Cardno ATC Representative Signature <u>Wayne</u>	Cert. # <u>402</u>	Time On-Site/ Off-Site _____ / _____			
Name _____	Time _____	Representing _____	Purpose _____		
_____	_____	_____	_____		
_____	_____	_____	_____		
_____	_____	_____	_____		

## DAILY SITE LOG

Page \_\_\_\_\_ of \_\_\_\_\_

Project Name: Durant Hall  
Project #: 61-22573-0021 T.21024  
Client: CT DCS

Date: 08-26-15  
Project Monitor: Wayne Riccitelli  
Project Manager: Ed Fenell

Cardno ATC Representative Signature

Wayne

Title TH

Cert. # 402

### FINAL INSPECTION / TEARDOWN FORM

Project Name: Durant Hall Date: 08-26-15  
 Project #: 61-22573-0021 T-21024 Project Monitor: Wayne Riccitelli  
 Client: CT- DCS Project Manager: Ed Fennell

#### FINAL INSPECTION

Work Area(s) Inspected: Lower Level Containment - #30 - At Rooms 7, 8

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

Statement: 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 K  
Project Monitor

08.26.15  
Date

E.J. S.  
Contractor Supervisor

8/26/15  
Date

Notes	<u>Approximately 50 ft<sup>2</sup> of Black board glue debris abated</u>		

#### TEARDOWN

Work Area(s) Torn Down:

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

# DAILY SITE REPORT

Project Name: Durant Hall  
 Project #: 61-22523-0021 T-21024  
 Client: CT DCS

Date: 08-27-15  
 Project Monitor: Wayne Riccitelli  
 Project Manager: Ed Fennell

Project Support	Contractor Name <u>AATIS</u>		License # <u>17</u>	Project Supvs <u>01</u>	Workers <u>8</u>						
	Contractor Certifications <input checked="" type="checkbox"/> OK <input type="checkbox"/> Deficiencies Noted & Resolved		<input type="checkbox"/> Deficiencies Noted & Not Resolved <input checked="" type="checkbox"/> N/A								
	Notification <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	If Yes: Start Date _____	End Date _____	New <input type="checkbox"/> Revised <input checked="" type="checkbox"/>							
Shift Scope	Waste Hauler _____	Disposal Facility Name _____	Facility Location _____								
	Pipe Insulation	<input type="checkbox"/> Floor Tile	<input type="checkbox"/> Ceiling Tile	<input type="checkbox"/> Linoleum	<input checked="" type="checkbox"/> Fireproofing	<input type="checkbox"/>					
	Fitting Insulation	<input type="checkbox"/> Mastic	<input type="checkbox"/> Glue Daubs	<input checked="" type="checkbox"/> Vapor Barrier	<input type="checkbox"/> Duct Insulation	<input type="checkbox"/>					
	Boiler Insulation	<input type="checkbox"/> Plaster	<input type="checkbox"/> Cove Base	<input type="checkbox"/> Window Glazing	<input type="checkbox"/> Duct Seam Sealer	<input type="checkbox"/>					
	Boiler Firebrick	<input type="checkbox"/> Sheetrock	<input type="checkbox"/> Transite	<input type="checkbox"/> Window/Door Caulking	<input type="checkbox"/> Duct Flex Connector	<input type="checkbox"/>					
	Boiler Rope Gasketing	<input type="checkbox"/> Joint Compound	<input type="checkbox"/> Roofing Materials	<input type="checkbox"/> Electrical Cable Wrap	<input type="checkbox"/> Equipment Gaskets	<input type="checkbox"/>					
Breaching Insulation	<input type="checkbox"/> Wall Compound	<input type="checkbox"/> Tar Paper (not roofing)	<input type="checkbox"/> Electric Panel Insulation	<input checked="" type="checkbox"/> Fiberglass Removal	<input checked="" type="checkbox"/>						
Shift Activity	Eqpt/Mat'l Mobilization	<input type="checkbox"/> Final Cleaning	<input checked="" type="checkbox"/> Waste Load-Out	<input type="checkbox"/> Dust Control	<input type="checkbox"/> Re-insulation/Spray	<input type="checkbox"/>					
	Work Area Preparation	<input checked="" type="checkbox"/> Encapsulation	<input checked="" type="checkbox"/> Eq/Mat'l Demobilization	<input type="checkbox"/> Wet Wrap/Dip-Lag	<input type="checkbox"/> Non-ACM (e.g., lead)	<input type="checkbox"/>					
	ACM Removal	<input checked="" type="checkbox"/> Teardown/Cleanup	<input checked="" type="checkbox"/> Local Removal	<input type="checkbox"/> Demolition	<input type="checkbox"/>	<input type="checkbox"/>					
Work Area	Containment size:	Barriers: <input type="checkbox"/> Wood	<input type="checkbox"/> Stud & Poly	<input checked="" type="checkbox"/> Poly Drapes	<input type="checkbox"/> Glove Bag	<input type="checkbox"/> Other _____					
		Integrity: <input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	Wetting Agent <u>H2O, Encap</u>	Sufficient: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N					
PPE	Respiratory Protection:	<input checked="" type="checkbox"/> 1/2 Face Neg. Pressure	<input type="checkbox"/> Full Face Neg. Pressure	<input type="checkbox"/> PAPR	<input type="checkbox"/> Supplied Air	<input type="checkbox"/> Dust Mask	<input type="checkbox"/> SCBA				
	Body Protection:	<input checked="" type="checkbox"/> Hooded Suit	<input checked="" type="checkbox"/> Boots	<input type="checkbox"/> Hardhat	<input type="checkbox"/> Eyes/Face	<input type="checkbox"/> Hearing	<input checked="" type="checkbox"/> Gloves	<input type="checkbox"/> Fall Protection			
If N or U, expand and document notification and actions taken, if any. Indicate if N/A.											
Safety & Health	EMERGENCY (N/A <input type="checkbox"/> )		ELECTRICAL (N/A <input type="checkbox"/> )		SCAFFOLDING (N/A <input checked="" type="checkbox"/> )		LADDERS (N/A <input type="checkbox"/> )	CLEANLINESS (N/A <input type="checkbox"/> )			
	Y	N	Y	N	Y	N	Y	N	A	U	
	Acceptable	<input type="checkbox"/>	<input type="checkbox"/> GFCI	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Load Limit Posted	<input type="checkbox"/>	<input type="checkbox"/> Properly Used	<input checked="" type="checkbox"/>	<input type="checkbox"/> General Housekeeping	<input checked="" type="checkbox"/>
	Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Minimum 4x Intended Load	<input type="checkbox"/>	<input type="checkbox"/> Acceptable Rungs	<input type="checkbox"/>	<input type="checkbox"/> Bag Accumulation	<input type="checkbox"/>
	Unblocked/Marked	<input type="checkbox"/>	<input type="checkbox"/> Adequate Power	<input type="checkbox"/>	<input type="checkbox"/>	Toc Board	<input type="checkbox"/>	<input type="checkbox"/> Kick-Out	<input type="checkbox"/>	<input type="checkbox"/> Standing Water	<input type="checkbox"/>
	Emergency/Fire Exit	<input type="checkbox"/>	<input type="checkbox"/> Ground Prong	<input type="checkbox"/>	<input type="checkbox"/>	Side Rail	<input type="checkbox"/>	<input type="checkbox"/> Protection/Steady	<input type="checkbox"/>		
	First Aid Kit	<input type="checkbox"/>	<input type="checkbox"/> Sound Ext.	<input type="checkbox"/>	<input type="checkbox"/>						
MSDS' Available	<input type="checkbox"/>	<input type="checkbox"/> Insulation									
OSHA Monitoring	Full Shift ( $\geq$ 8 Hour) Sampling	<input type="checkbox"/>	<input type="checkbox"/> N	Worker SS# & Task IDs			<input type="checkbox"/> Y	<input type="checkbox"/> N			
	Partial Shift ( $\leq$ 8 Hour) Sampling	<input type="checkbox"/>	<input type="checkbox"/>	Previous Shift Results Posted			<input type="checkbox"/>	<input type="checkbox"/>			
	Exc. Limit (30 min.) Sampling	<input type="checkbox"/>	<input type="checkbox"/>	Flow Rate 0.5 - 2.5 LPM			<input type="checkbox"/>	<input type="checkbox"/>			
	Equipment Calibrated	<input type="checkbox"/>	<input type="checkbox"/>	Blanks 2 / 10%			<input type="checkbox"/>	<input type="checkbox"/>			
Contractor's Competent Person: <u>Eric Cyr</u>											
Project Monitoring	Total Time in Containment <u>30 min</u>	Respiratory Protection <u>1/2 face N95</u>	# Air Samples Run <u>11-PCM'S</u>	Manometer Reading _____							
	Cardno ATC Representative Signature <u>Wayne</u>	Cert. # <u>402</u>	Time On-Site/ Off-Site _____ / _____								
Site Visitors	Name _____	Time _____	Representing _____			Purpose _____					
	_____	_____	_____			_____					
Notes	_____										
	_____										

**DAILY SITE LOG**

Page \_\_\_\_\_ of \_\_\_\_\_

Project Name:	Durant Hall	Date:	08.27.15
Project #:	61-22573-0021 T-21024	Project Monitor:	Wayne Riccitelli
Client:	CT DCS	Project Manager:	Ed Fennell
TIME	OBSERVATIONS/ACTIONS		
9:30AM	<p>Cardno ATC and AATC crew are on site at the former Mystic Education Center (MEC). The scope of work is pre-Building Demolition asbestos abatement. They will continue with the preparation of 46 containments to the lower level classrooms for the removal of black board glue dabs. The tear down to containment #30 will resume. The supervisor is Eric CIC. We check the integrity of the containment. They (AATC) are cleaning out the lower level today.</p>		
10:00	<p>The containments are sound. Containments #31 to rooms 5-6, for the removal of approx. 30 sf<sup>2</sup> of glue dabs - after black boards are removed.</p>		
11:00	<p>They also have containments #32, 33 ready for pre-visual - rooms 7, 8 - (Teachers Room) small containment. Approximately 10 sf<sup>2</sup> of glue dabs will be abated. The containment is sound. Removal begins.</p>		
12:00	<p>The visual to the two containments are performed.</p>		
12:50	<p>Visual passed. Air test tomorrow.</p>		
1:00	<p>Lunch Break</p>		
1:00	<p>The same work activities resume. The two containments will be encapsulated.</p>		
2:30	<p>The gross removal to containment #33 is complete. Small area to Teachers Room for rooms 4-5. Approximately 10 sf<sup>2</sup> of glue dabs abated.</p>		
3:00	<p>The lower level hall is clear of construction debris. They have caution tape &amp; boards in Auditorium.</p>		
3:30	<p>The area is being secured.</p>		
	<p>We are off site for the day.</p>		

Cardno ATC Representative Signature Wayne RTitle JH Cont. # 402

# DAILY SITE REPORT

Project Name: Durant Hall  
 Project #: 61-22573-0021-T-21024  
 Client: CT DCS

Date: 08.28.15  
 Project Monitor: Wayne Riccitelli  
 Project Manager: Ed Fennell

Project Support	Contractor Name <u>AATIS</u>				License # <u>17</u>	Project Supvs <u>01</u>	Workers <u>08</u>			
	Contractor Certifications <input checked="" type="checkbox"/> OK <input type="checkbox"/> Deficiencies Noted & Resolved				<input type="checkbox"/> Deficiencies Noted & Not Resolved			<input type="checkbox"/> N/A		
	Notification <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		If Yes: Start Date _____	End Date _____	New <input checked="" type="checkbox"/>	Revised <input type="checkbox"/>				
Shift Scope	Waste Hauler _____		Disposal Facility Name _____		Facility Location _____					
	Pipe Insulation <input type="checkbox"/>		Floor Tile <input type="checkbox"/>	Ceiling Tile <input type="checkbox"/>	Linoleum <input type="checkbox"/>	Fireproofing <input type="checkbox"/>	<input type="checkbox"/>			
	Fitting Insulation <input type="checkbox"/>		Mastic <input type="checkbox"/>	Glue Daubs <input type="checkbox"/>	Vapor Barrier <input checked="" type="checkbox"/>	Duct Insulation <input type="checkbox"/>	<input type="checkbox"/>			
Shift Activity	Boiler Insulation <input type="checkbox"/>		Plaster <input type="checkbox"/>	Cove Base <input type="checkbox"/>	Window Glazing <input type="checkbox"/>	Duct Seam Sealer <input type="checkbox"/>	<input type="checkbox"/>			
	Boiler Firebrick <input type="checkbox"/>		Sheetrock <input type="checkbox"/>	Transite <input type="checkbox"/>	Window/Door Caulking <input type="checkbox"/>	Duct Flex Connector <input type="checkbox"/>	<input type="checkbox"/>			
	Boiler Rope Gasketing <input type="checkbox"/>		Joint Compound <input type="checkbox"/>	Roofing Materials <input type="checkbox"/>	Electrical Cable Wrap <input type="checkbox"/>	Equipment Gaskets <input type="checkbox"/>	<input type="checkbox"/>			
Work Area	Breeching Insulation <input type="checkbox"/>		Wall Compound <input type="checkbox"/>	Tar Paper (not roofing) <input type="checkbox"/>	Electric Panel Insulation <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	Eqpt/Mat'l Mobilization <input type="checkbox"/>		Final Cleaning <input type="checkbox"/>	Waste Load-Out <input checked="" type="checkbox"/>	Dust Control <input type="checkbox"/>	Re-insulation/Spray <input type="checkbox"/>	<input type="checkbox"/>			
	Work Area Preparation <input checked="" type="checkbox"/>		Encapsulation <input checked="" type="checkbox"/>	Eq/Mat'l Demobilization <input type="checkbox"/>	Wet Wrap/Dip-Lag <input type="checkbox"/>	Non-ACM (c.g., lead) <input type="checkbox"/>	<input type="checkbox"/>			
PPE	ACM Removal <input checked="" type="checkbox"/>		Teardown/Cleanup <input checked="" type="checkbox"/>	Local Removal <input type="checkbox"/>	Demolition <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	Containment size:		Barriers: <input type="checkbox"/> Wood <input type="checkbox"/> Stud & Poly <input checked="" type="checkbox"/> Poly Drapes <input type="checkbox"/> Glove Bag <input type="checkbox"/> Other _____							
	Integrity: <input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor		Wetting Agent <u>H2O, encaps</u>	Sufficient: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N						
Respiratory Protection: <input type="checkbox"/> 1/2 Face Neg. Pressure <input type="checkbox"/> Full Face Neg. Pressure <input type="checkbox"/> PAPR <input type="checkbox"/> Supplied Air <input type="checkbox"/> Dust Mask <input type="checkbox"/> SCBA										
Body Protection: <input checked="" type="checkbox"/> Hooded Suit <input checked="" type="checkbox"/> Boots <input checked="" type="checkbox"/> Hardhat <input checked="" type="checkbox"/> Eyes/Face <input type="checkbox"/> Hearing <input checked="" type="checkbox"/> Gloves <input type="checkbox"/> Fall Protection										
If N or U, expand and document notification and actions taken, if any. Indicate if N/A.										
Safety & Health	EMERGENCY (N/A <input type="checkbox"/> )		ELECTRICAL (N/A <input type="checkbox"/> )		SCAFFOLDING (N/A <input type="checkbox"/> )		LADDERS (N/A <input type="checkbox"/> )	CLEANLINESS (N/A <input type="checkbox"/> )		
	Y	N	Y	N	Y	N	Y	N	A	U
	Acceptable <input checked="" type="checkbox"/>	<input type="checkbox"/>	GFCI <input type="checkbox"/>	<input type="checkbox"/>	Load Limit <input type="checkbox"/>	<input type="checkbox"/>	Properly Used <input checked="" type="checkbox"/>	<input type="checkbox"/>	General Housekeeping <input checked="" type="checkbox"/>	<input type="checkbox"/>
	Communication <input type="checkbox"/>	<input type="checkbox"/>	Adequate <input type="checkbox"/>	<input type="checkbox"/>	Minimum 4x Intended Load <input type="checkbox"/>	<input type="checkbox"/>	Acceptable Rungs <input type="checkbox"/>	<input type="checkbox"/>	Bag Accumulation <input type="checkbox"/>	<input type="checkbox"/>
	Unblocked/Marked <input type="checkbox"/>	<input type="checkbox"/>	Power <input type="checkbox"/>	<input type="checkbox"/>	Toe Board <input type="checkbox"/>	<input type="checkbox"/>	Kick-Out <input type="checkbox"/>	<input type="checkbox"/>	Standing Water <input type="checkbox"/>	<input type="checkbox"/>
	Emergency/Fire Exit <input type="checkbox"/>	<input type="checkbox"/>	Ground Prong <input type="checkbox"/>	<input type="checkbox"/>	Side Rail <input type="checkbox"/>	<input type="checkbox"/>	Protection/Steady <input type="checkbox"/>	<input type="checkbox"/>		
	First Aid Kit <input type="checkbox"/>	<input type="checkbox"/>	Sound Ext. <input type="checkbox"/>	<input type="checkbox"/>	Insulation <input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
OSHA Monitoring	Full Shift ( $\geq$ 8 Hour) Sampling <input type="checkbox"/>		Y <input type="checkbox"/>	N <input type="checkbox"/>	Worker SS# & Task IDs <input type="checkbox"/>		Y <input type="checkbox"/>	N <input type="checkbox"/>		
	Partial Shift ( $\leq$ 8 Hour) Sampling <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Previous Shift Results Posted <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
	Exc. Limit (30 min.) Sampling <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Flow Rate 0.5 - 2.5 LPM <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
	Equipment Calibrated <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Blanks 2 / 10% <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
	Contractor's Competent Person: <u>Eric CYR</u>									
Project Monitoring	Total Time in Containment <input type="checkbox"/>		Respiratory Protection <u>1/2 face NPA</u>	# Air Samples Run <u>15</u>	PCM <u>15</u>	Manometer Reading <input type="checkbox"/>				
	Cardno ATC Representative Signature <u>Wayne</u>		Cert. # <u>402</u>	Time On-Site/ Off-Site <u>/</u>						
Site Visitors	Name _____		Time _____	Representing _____			Purpose _____			
Notes										

Project Name:	Durant Hall	Date:	08-28-15
Project #:	61-22573-0021 T-21024	Project Monitor:	Wayne Riccitelli
Client:	CT DCS	Project Manager:	Ed Fennell
TIME	OBSERVATIONS/ACTIONS		
7:00 AM	<p>Cardno ATC and AATIS CREW are on site at Durant Hall. The supervisor is Eric CVC. The removal of the black board glue daubs to the lower level class rooms will continue.</p> <p>The visual to containment # 33 will be performed. TEC will continue preparing small containments within the classrooms.</p> <p>visual passed- Area is encapsulated.</p>		
8:30	TRE PCM air clearances are set up.		
9:30	The crew takes a short break.		
9:47	TRE air cassettes are collected and logged in for analysis.		
10:50	TRE re-occupancy air clearances passed.		
11:33	Air cassettes are collected and logged in for analysis.		
12:00	<p>&amp; The air clearance passed. The Containments will be taken down after lunch break.</p> <p>The same work activities continue.</p>		
2:00	<p>The set up for the removal of ACM to room 3-1 is complete; prep work to the teachers room for rooms 3-4 is complete. The removal may begin.</p>		
3:00	<p>TRE 3 containments passed- final air clearance; containments 31, 32, 33.</p> <p>The next containment # is 34 Rooms 3, 4.</p>		

Cardno ATC Representative Signature

*Wayne*

Title JH

Cert. #

402

## FINAL INSPECTION / TEARDOWN FORM

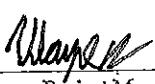
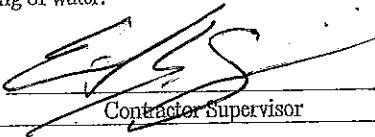
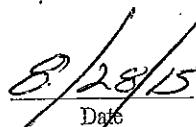
Project Name: Durant Hall  
 Project #: 61-22573-0021 T-21024  
 Client: CT DCS

Date: 08.28.15  
 Project Monitor: Wayne Riccielli  
 Project Manager: Ed Fennell

### FINAL INSPECTION

Work Area(s) Inspected: Containments #15, 31, 32, 33

Work Area Preparedness	Work area is free of visible debris	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
	Critical containment barriers are secure and sound	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
	Waste has been properly packaged and removed from the work area	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
	Substrate surfaces will have a sealant (encapsulant) applied post-inspection	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
	Negative air unit(s) operating at an optimum flow rate	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
	Negative air unit pre-filter(s) have been changed out	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
	When applicable, damage to facility floors, walls, fixtures, etc. has been documented	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> 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.			
	Project Monitor	08.28.15	Contractor Supervisor	Date

Notes	Approximately 50 ft <sup>2</sup> of Black Board glue daubs abated.

### TEARDOWN

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

# DAILY SITE REPORT

Project Name: Durant Hall  
 Project #: 61-22573-0021 T-2102  
 Client: CT DCS

Date: 08-31-15  
 Project Monitor: Wayne Riccitelli  
 Project Manager:

Project Support	Contractor Name <u>AATS</u>		License # <u>17</u>	Project Supvs <u>01</u>	Workers <u>09</u>	
	Contractor Certifications <input checked="" type="checkbox"/> OK <input type="checkbox"/> Deficiencies Noted & Resolved		<input type="checkbox"/> Deficiencies Noted & Not Resolved <input type="checkbox"/> N/A			
Shift Scope	Notification <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	If Yes: Start Date _____	End Date _____	New <input type="checkbox"/>	Revised <input type="checkbox"/>	
	Waste Hauler _____	Disposal Facility Name _____	Facility Location _____			
Shift Activity	Pipe Insulation <input type="checkbox"/>	Floor Tile <input type="checkbox"/>	Ceiling Tile <input type="checkbox"/>	Vinyl/Eleum <input type="checkbox"/>	Fireproofing <input type="checkbox"/>	
	Fitting Insulation <input type="checkbox"/>	Mastic <input type="checkbox"/>	Glue Daubs <input checked="" type="checkbox"/>	Vapor Barrier <input type="checkbox"/>	Duct Insulation <input type="checkbox"/>	
	Boiler Insulation <input type="checkbox"/>	Plaster <input type="checkbox"/>	Cove Base <input type="checkbox"/>	Window Glazing <input type="checkbox"/>	Duct Seam Sealer <input type="checkbox"/>	
Work Area	Boiler Firebrick <input type="checkbox"/>	Sheetrock <input type="checkbox"/>	Transite <input type="checkbox"/>	Window/Door Caulking <input type="checkbox"/>	Duct Flex Connector <input type="checkbox"/>	
	Boiler Rope Gasketing <input type="checkbox"/>	Joint Compound <input type="checkbox"/>	Roofing Materials <input type="checkbox"/>	Electrical Cable Wrap <input type="checkbox"/>	Equipment Gaskets <input type="checkbox"/>	
	Breeching Insulation <input type="checkbox"/>	Wall Compound <input type="checkbox"/>	Tar Paper (not roofing) <input type="checkbox"/>	Electric Panel Insulation <input type="checkbox"/>		
PPE	Eqpt/Mat'l Mobilization <input type="checkbox"/>	Final Cleaning <input type="checkbox"/>	Waste Load-Out <input checked="" type="checkbox"/>	Dust Control <input type="checkbox"/>	Re-insulation/Spray <input type="checkbox"/>	
	Work Area Preparation <input checked="" type="checkbox"/>	Encapsulation <input type="checkbox"/>	Eq/Mat'l Demobilization <input type="checkbox"/>	Wet Wrap/Dip/Lag <input type="checkbox"/>	Non-ACM (e.g., lead) <input type="checkbox"/>	
	ACM Removal <input checked="" type="checkbox"/>	Teardown/Cleanup <input type="checkbox"/>	Local Removal <input type="checkbox"/>	Demolition <input type="checkbox"/>		
Safety & Health	Containment size: _____	Barriers: <input type="checkbox"/> Wood <input type="checkbox"/> Stud & Poly <input checked="" type="checkbox"/> Poly Drapes <input type="checkbox"/> Glove Bag <input type="checkbox"/> Other _____				
	Integrity: <input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	Wetting Agent <u>H2O</u>	Sufficient: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N			
<i>If N or U, expand and document notification and actions taken, if any. Indicate if N/A.</i>						
EMERGENCY (N/A <input type="checkbox"/> )		ELECTRICAL (N/A <input type="checkbox"/> )	SCAFFOLDING (N/A <input checked="" type="checkbox"/> )	LADDERS (N/A <input type="checkbox"/> )	CLEANLINESS (N/A <input type="checkbox"/> )	
Acceptable <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Communication <input type="checkbox"/> Unblock/Marked <input type="checkbox"/> Emergency/Fire Exit <input type="checkbox"/> First Aid Kit <input type="checkbox"/> MSDS' Available <input type="checkbox"/>		GFCI <input type="checkbox"/> Adequate <input type="checkbox"/> Power <input type="checkbox"/> Ground Prong <input type="checkbox"/> Sound Ext. <input type="checkbox"/>	Y <input type="checkbox"/> N Load Limit <input type="checkbox"/> Posted <input type="checkbox"/>	Y <input type="checkbox"/> N Properly Used <input checked="" type="checkbox"/> Minimum 4x Intended Load <input type="checkbox"/> Toe Board <input type="checkbox"/> Side Rail <input type="checkbox"/>	Y <input type="checkbox"/> N General Housekeeping <input checked="" type="checkbox"/> Bag Accumulation <input type="checkbox"/> Standing Water <input type="checkbox"/>	
OSHA Monitoring	Full Shift ( $\geq$ 8 Hour) Sampling <input type="checkbox"/> Partial Shift ( $\leq$ 8 Hour) Sampling <input type="checkbox"/> Exc. Limit (30 min.) Sampling <input type="checkbox"/> Equipment Calibrated <input type="checkbox"/>		Worker SS# & Task IDs <input type="checkbox"/> Previous Shift Results Posted <input type="checkbox"/> Flow Rate 0.5 - 2.5 LPM <input type="checkbox"/> Blanks 2 / 10% <input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/> A <input type="checkbox"/> U <input type="checkbox"/>	
	Contractor's Competent Person: <u>Wayne</u>					
	Project Monitoring	Total Time in Containment _____		Respiratory Protection <u>1/2 Face N95</u>	# Air Samples Run _____	Manometer Reading _____
		Cardno ATC Representative Signature <u>Wayne</u>		Cert. # <u>402</u>	Time On-Site/ Off-Site _____ / _____	
	Site Visitors	Name _____		Time _____	Representing _____	Purpose _____
Notes						



Shaping the Future

Wayne

Title JH

Cert. # 402

# DAILY SITE REPORT

Project Name: Durant Hall  
 Project #: 61-22573-0021 T-21024  
 Client: CT DCS

Date: 09-01-15  
 Project Monitor: Wayne Riccitelli  
 Project Manager: Ed Fennell

Project Support	Contractor Name <u>AATS</u>		License # <u>17</u>	Project Supvs <u>01</u>	Workers <u>09</u>					
	Contractor Certifications <input checked="" type="checkbox"/> OK		<input type="checkbox"/> Deficiencies Noted & Resolved	<input type="checkbox"/> Deficiencies Noted & Not Resolved	<input type="checkbox"/> N/A					
Notification <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	If Yes: Start Date _____	End Date _____	New <input type="checkbox"/>	Revised <input type="checkbox"/>						
Waste Hauler _____	Disposal Facility Name _____	Facility Location _____								
Shift Scope	Pipe Insulation <input type="checkbox"/>	Floor Tile <input type="checkbox"/>	Ceiling Tile <input type="checkbox"/>	Linoleum <input type="checkbox"/>	Fireproofing <input type="checkbox"/>					
	Fitting Insulation <input type="checkbox"/>	Mastic <input type="checkbox"/>	Glue Daubs <input checked="" type="checkbox"/>	Vapor Barrier <input type="checkbox"/>	Duct Insulation <input type="checkbox"/>					
Shift Activity	Boiler Insulation <input type="checkbox"/>	Plaster <input type="checkbox"/>	Cove Base <input type="checkbox"/>	Window Glazing <input type="checkbox"/>	Duct Seam Sealer <input type="checkbox"/>					
	Boiler Firebrick <input type="checkbox"/>	Sheetrock <input type="checkbox"/>	Transite <input type="checkbox"/>	Window/Door Caulking <input type="checkbox"/>	Duct Flex Connector <input type="checkbox"/>					
Work Area	Boiler Rope Gasketing <input type="checkbox"/>	Joint Compound <input type="checkbox"/>	Roofing Materials <input type="checkbox"/>	Electrical Cable Wrap <input type="checkbox"/>	Equipment Gaskets <input type="checkbox"/>					
	Breeching Insulation <input type="checkbox"/>	Wall Compound <input type="checkbox"/>	Tar Paper (not roofing) <input type="checkbox"/>	Electric Panel Insulation <input type="checkbox"/>	<input type="checkbox"/>					
PPE	Eqpt/Mat'l Mobilization <input type="checkbox"/>	Final Cleaning <input type="checkbox"/>	<input checked="" type="checkbox"/> Waste Load-Out <input checked="" type="checkbox"/>	Dust Control <input type="checkbox"/>	Re-insulation/Spray <input type="checkbox"/>					
	Work Area Preparation <input checked="" type="checkbox"/>	Encapsulation <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Eq/Mat'l Demobilization <input type="checkbox"/>	Wet Wrap/Dip-Lag <input type="checkbox"/>	Non-ACM (e.g., lead) <input type="checkbox"/>					
ACM Removal <input checked="" type="checkbox"/>	Teardown/Cleanup <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Local Removal <input type="checkbox"/>	Demolition <input type="checkbox"/>	<input type="checkbox"/>						
Containment size:	Barriers: <input type="checkbox"/> Wood	<input type="checkbox"/> Stud & Poly	<input checked="" type="checkbox"/> Poly Drapes	<input type="checkbox"/> Glove Bag	<input type="checkbox"/> Other _____					
Integrity:	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	Wetting Agent <u>H2O, Eucap</u>	Sufficient: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N					
Respiratory Protection:	<input checked="" type="checkbox"/> 1/2 Face Neg. Pressure <input type="checkbox"/> Full Face Neg. Pressure <input type="checkbox"/> PAPR <input type="checkbox"/> Supplied Air <input type="checkbox"/> Dust Mask <input type="checkbox"/> SCBA									
Body Protection:	<input checked="" type="checkbox"/> Hooded Suit <input checked="" type="checkbox"/> Boots <input type="checkbox"/> Hardhat <input type="checkbox"/> Eyes/Face <input type="checkbox"/> Hearing <input checked="" type="checkbox"/> Gloves <input type="checkbox"/> Fall Protection									
If N or U, expand and document notification and actions taken, if any. Indicate if N/A.										
Safety & Health	EMERGENCY (N/A <input type="checkbox"/> )		ELECTRICAL (N/A <input type="checkbox"/> )		SCAFFOLDING (N/A <input type="checkbox"/> )		LADDERS (N/A <input type="checkbox"/> )		CLEANLINESS (N/A <input type="checkbox"/> )	
	Y <input type="checkbox"/>	N <input type="checkbox"/>	Y <input type="checkbox"/>	N <input type="checkbox"/>	Y <input type="checkbox"/>	N <input type="checkbox"/>	Y <input type="checkbox"/>	N <input type="checkbox"/>	A <input type="checkbox"/>	U <input type="checkbox"/>
	Acceptable <input checked="" type="checkbox"/>	<input type="checkbox"/>	GFCI <input type="checkbox"/>	<input checked="" type="checkbox"/>	Load Limit <input type="checkbox"/>	<input type="checkbox"/>	Properly Used <input type="checkbox"/>	<input type="checkbox"/>	General Housekeeping <input type="checkbox"/>	<input type="checkbox"/>
	Communication <input type="checkbox"/>	<input type="checkbox"/>	Power <input type="checkbox"/>	<input type="checkbox"/>	Posted <input type="checkbox"/>	<input type="checkbox"/>	Acceptable <input type="checkbox"/>	<input type="checkbox"/>	Bag Accumulation <input type="checkbox"/>	<input type="checkbox"/>
	Unblocked/Marked <input type="checkbox"/>	<input type="checkbox"/>	Adequate <input type="checkbox"/>	<input type="checkbox"/>	Minimum 4x Intended Load <input type="checkbox"/>	<input type="checkbox"/>	Rungs <input type="checkbox"/>	<input type="checkbox"/>	Standing Water <input type="checkbox"/>	<input type="checkbox"/>
	Emergency/Fire Exit <input type="checkbox"/>	<input type="checkbox"/>	Ground Prong <input type="checkbox"/>	<input type="checkbox"/>	Toe Board <input type="checkbox"/>	<input type="checkbox"/>	Kick-Out <input type="checkbox"/>	<input type="checkbox"/>	Protection/Steady <input type="checkbox"/>	<input type="checkbox"/>
	First Aid Kit <input type="checkbox"/>	<input type="checkbox"/>	Sound Ext. <input type="checkbox"/>	<input type="checkbox"/>	Side Rail <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MSDS' Available <input checked="" type="checkbox"/>	<input type="checkbox"/>	Insulation <input type="checkbox"/>	<input type="checkbox"/>							
OSHA Monitoring	Full Shift ( $\geq$ 8 Hour) Sampling <input type="checkbox"/>	<input type="checkbox"/>	Y <input type="checkbox"/>	N <input type="checkbox"/>	Worker SS# & Task IDs <input type="checkbox"/>				Y <input type="checkbox"/>	N <input type="checkbox"/>
	Partial Shift ( $\leq$ 8 Hour) Sampling <input type="checkbox"/>	<input type="checkbox"/>			Previous Shift Results Posted <input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
	Exc. Limit (30 min.) Sampling <input type="checkbox"/>	<input type="checkbox"/>			Flow Rate 0.5 - 2.5 LPM <input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
	Equipment Calibrated <input type="checkbox"/>	<input type="checkbox"/>			Blanks 2 / 10% <input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
Contractor's Competent Person: <u>Wayne</u>										
Project Monitoring	Total Time in Containment <u>40 Min</u>	Respiratory Protection <u>1/2 face MPR</u>	# Air Samples Run <u>20-PCM</u>	Manometer Reading _____						
	Cardno ATC Representative Signature <u>Wayne</u>	Cert. # <u>402</u>	Time On-Site/ Off-Site _____ / _____							
Site Visitors	Name _____	Time _____	Representing _____			Purpose _____				
	_____	_____	_____			_____				
Notes	_____									
	_____									



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## DAILY SITE LOG

Page \_\_\_\_\_ of \_\_\_\_\_

Project Name:	Durant Hall	Date:	09-01-15
Project #:	61-22573-0021 T-21024	Project Monitor:	Wayne Riccitelli
Client:	CT DCS	Project Manager:	Ed Fennell
TIME	OBSERVATIONS/ACTIONS		
07:00	<p>Cardno ATC and AATS crew of 9 workers are on site at Durant Hall MEC. The supervisor is Eric Cyr. The scope of work for today is final clean to TQ lower level containments. The containments numbers are 34, 35, 36, 37. They set up 4 small containments. They abated approximately 80 ft<sup>2</sup> of black board glue jobs. They will also prepare a containment to the main level nurses station for the removal of &lt; 1% dry gypsum wall board/joint compound.</p> <p>The visual inspection to containment #34 rooms 1-2 passed area is encapsulated. The visual inspection to containment #35 is also performed.</p>		
8:00	<p>They are final cleaning to containment #5 36, 37. Rooms 3,4. The visual inspections passed. Area is encapsulated.</p>		
9:00	<p>The first set of PCM air clearances are set up. The visual inspection to containments #36, 37 passed. Area is encapsulated.</p>		
10:30	<p>The air cassettes are collected and loged in for analysis.</p>		
10:50	<p>The air clearances passed. The two containments may be taken down. We prepare for air clearances.</p>		
11:00	<p>The 2nd set of PCM air clearances are set up (Containments #5 36, 37).</p>		
12:00	<p>The crew takes a lunch break.</p>		
1:00	<p>TQ set up to the Nurses station. Containments and 2nd set of PCM air cassettes are collected and loged in for analysis.</p>		
	<p>The air clearances passed. Results are below O-01 BIC.</p>		
2:00	<p>TQ containments may be taken down. The poly criticals to the Nurses station are in place. TQ removal of gypsum begins.</p>		
3:00	<p>We heads to EMSL</p>		

Cardno ATC Representative Signature

Wayne

Title IT

Cert. # 402

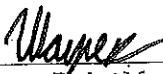
### FINAL INSPECTION / TEARDOWN FORM

Project Name:	Durant Hall	Date:	09.01.15
Project #:	6122573.0021 T.21024	Project Monitor:	Wayne Riccitelli
Client:	CT DCS	Project Manager:	Ed Fennell

#### FINAL INSPECTION

Work Area(s) Inspected: Durant Hall Lower Level Rooms 1, 2, 3, 4 and Teacher's Room.

Work Area Preparedness	Work area is free of visible debris	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
	Critical containment barriers are secure and sound	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
	Waste has been properly packaged and removed from the work area	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
	Substrate surfaces will have a sealant (encapsulant) applied post-inspection	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
	Negative air unit(s) operating at an optimum flow rate	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
	Negative air unit pre-filter(s) have been changed out	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
	When applicable, damage to facility floors, walls, fixtures, etc. has been documented	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 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.		09.01.15		9/01/15
	Project Monitor	Date	Contractor Supervisor	Date	

Notes	* Containments # 34, 35, 36, 37 Approximately 80 ft <sup>2</sup> of Blackboard glue edges abated	

#### TEARDOWN

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

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

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**APPENDIX B**

**Post-Abatement Re-Occupancy Clearance Air Testing Results**





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## AIR SAMPLE LOG

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

Project Name: Durant Hall  
Project No./Task No.: 22573-24024  
Client: CT-DCS  
Site: Mystic, CT  
Work Area: NW Shoreline  
Work Area: North Shoreline Decks

Collection Date: 7-31-15  
Project Monitor: S. Daigle  
Project Manager: E. French  
Rotometer Number: 612145  
QA/QC Analyst: \_\_\_\_\_

Date of Analysis: 7-31-15  
Method of Analysis: NEOS4 2402  
Reference Slide: P.S.151  
Microscope Make/Model/No.: Olympus Ciz2  
Analyst Signature: [Signature]  
Date of QA/QC: \_\_\_\_\_

$\text{FB-1} = 0/\text{pp}$   $\text{FB-2} = \%$

Sample #	Location or Worker Name / ID# Task	Sample Type	Pump On	Pump Off	Time (Mins)	Rotometer Flow Rate (LPM)	Volume (Liters)	LOD	Actual Count	Adjusted Count *	Result *	Analyst ID
		(1-10)	hh:mm	hh:mm	[A]	On Off	Ave [B]	A * B = [C]	(2.7 / C)	(F/Flds)	(F/CC)	Initials
07305-1	Net Star Lower	6	0830	0910	80	15	15	15	1200	0.0022	4/100	—
2	Lower	0830	0930	1	15	15	15	15	1	3/100	—	1000
3	middle	831	0957	1	15	15	15	15	1	3/100	—	1000
4	Middle	0831	0957	1	15	15	15	15	1	2/100	—	1000
5	Upper	0832	0952	1	15	15	15	15	1	2/100	—	1000
6	North Corridor, Clerks	6	1023	1113	80	15	15	15	1200	0.0022	3/100	—
7	1	1023	1143	1	15	15	15	15	1	4/100	—	1000
8	1	1024	1144	1	15	15	15	15	1	3/100	—	1000
9	Field QA/QC Analysis	Analyst should complete a duplicate analysis of 10% of all samples here.										Initial Result: <u>5/100</u> QA/QC Result: <u>2/100</u>
10	Lab QA/QC Analysis	All cassettes and a copy of this form should be forwarded to the monthly QA/QC technician										Initial Result: <u>5/100</u> QA/QC Result: <u>2/100</u>

\* 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  
2) Pre-Abatement/Prep 4) Final Cleaning 6) Final Air Clearance 8) Waste Load-Out

Relinquished By: [Signature] Date: 7-31-15 Received By: [Signature] Align Phase Ring: —  
Microscope Setup: HSE/NPL Test Slide-No. Of Lines Visible: 4 Center PC condenser: — Date: \_\_\_\_\_  
Ocular Adjustment: — Ocular Adjustment: —

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



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## AIR SAMPLE LOG

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

Project Name: Discount Hull  
Project No./Task No.: 22573 21024  
Client: CT-DCS  
Site: Mystic, CT  
Work Area: Middle level - East corridor closet  
Work Area:

Collection Date: 8-3-05  
Project Monitor: S. Douglas  
Project Manager: E. French  
Rotometer Number: 012105

Date of Analysis: 8-3-15  
Method of Analysis: N205H 7460  
Reference Slide: R3 - 154  
Microscope Make/Model/No.: Olympus C42  
Analyst Signature: [Signature]  
Date of QA/QC:

* If <b>Adjusted Count</b> is less than or equal to 5 Fibers/100 Fields, then report <b>Result</b> as < <i>LOD</i>			
Work Phase:	1) Area Background 2) Pre-Abatement/Prep	3) Asbestos Removal 4) Final Cleaning	5) Glove Bag 6) Final Air Clearance
Relinquished By:			Date: <u>8-3-19</u>
Microscope Setup:	HSE/NPL Test Slide-No.	Of Lines Visible:	<u>4</u> Center PC condenser: <u>✓</u> Align Phase Ring: <u>      </u>
			Date: <u>      </u> Ocular Adjustment: <u>      </u>

**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



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## AIR SAMPLE LOG

Project Name: DURANT HALL

Collection Date: 8-10-2015

Project No./Task No.: U1.22573.0021 T21024

Method of Analysis: NIOSH 7450

Client: CT DCS

Reference Slide: RS 181

Site: 3rd Floor Fan Room

Microscope Make/Model/No.: Olympus CH2

Work Area: Containment 7 & 8

Analyst Signature: CJ

Work Area: Containment 7 & 8

Date of QA/QC: 8/12/2015

QA/QC Analyst: cont 8

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	Actual Count	Adjusted Count *	Result *	Analyst ID
		[A]	On	Off	[B]	A * B = [C]	(2.7 / C)	(F/FIDs)	(F/C/C)	(F/FIDs)	(F/C/C)	Initials
081015	Cont # 7	6	1000	1120	80	15.0	15.0	1200	0.002	3/00	—	CJ
-2		6	1000	1120	80	15.0	15.0	1200	0.002	4/00	—	CJ
-3		6	1000	1120	80	15.0	15.0	1200	0.002	3/00	—	CJ
-4		6	1000	1120	80	15.0	15.0	1200	0.002	3/00	—	CJ
-5		6	1000	1120	80	15.0	15.0	1200	0.002	4/00	—	CJ
-6	Cont # 8	6	1140	1300	80	15.0	15.0	1200	0.002	3/00	—	CJ
-7		6	1140	1300	80	15.0	15.0	1200	0.002	3/00	—	CJ
-8		6	1140	1300	80	15.0	15.0	1200	0.002	3/00	—	CJ
-9		6	1140	1300	80	15.0	15.0	1200	0.002	3/00	—	CJ
-10		6	1140	1300	80	15.0	15.0	1200	0.002	3/00	—	CJ
3	Field QA/QC Analysis	Analyst should complete a duplicate analysis of 10% of all samples here.										QA/QC Result: <u>3/00</u> CJ
	Lab QA/QC Analysis	All cassettes and a copy of this form should be forwarded to the monthly QA/QC technician										QA/QC Result: <u>3/00</u> CJ

\* 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

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

Relinquished By: \_\_\_\_\_ Received By: \_\_\_\_\_ Date: \_\_\_\_\_

Microscope Setup: HSE/NPL Test Slide-No. Of Lines Visible: 4 Center PC condenser: ✓ Align Phase Ring: ✓

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

Yellow – QA/QC White – File Pink – Archive

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

Date of Analysis: 8-10-2015

Method of Analysis: NIOSH 7450

Reference Slide: RS 181

Microscope Make/Model/No.: Olympus CH2

Analyst Signature: CJ

Date of QA/QC: 8/12/2015

QA/QC Analyst: cont 8

Date: \_\_\_\_\_ Ocular Adjustment: ✓



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## AIR SAMPLE LOG

Project Name: DURANT HALL  
Project No./Task No.: U1.22.S-73.00221  
Client: CET DES  
Site: \_\_\_\_\_  
Work Area: MUASSED ST DRASS

Collection Date: 8-10-2015  
Project Monitor: Carmen Jackson  
Project Manager: ED FENNELL  
Rotometer Number: 012893

Date of Analysis: 8-10-2015  
Method of Analysis: Mass 7400  
Reference Slide: RS 181  
Microscope Make/Model/No.: Olympus QH-Z  
Analyst Signature: CJ  
Date of QA/QC:

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

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

Received By: \_\_\_\_\_ 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



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## AIR SAMPLE LOG

Project Name: DURANT HALL  
 Project No./Task No.: 61.22573.002  
 Client: CT DCS  
 Site:   
 Work Area: Main Floor

Work Area: Exterior Stair  
NE Stairs

Collection Date: 8-11-2015  
 Project Monitor: CARMEN JACOBO  
 Project Manager: ED FENNELL  
 Rotometer Number: 012893  
 QA/QC Analyst:

Date of Analysis: 8-11-2015  
 Method of Analysis: NIOSH 7400  
 Reference Slide: RS 181  
 Microscope Make/Model/No.: OLYMPUS CH2  
 Analyst Signature: CDJ  
 Date of QA/QC:

### NE STAIRS

Sample #	Location of Worker Name / ID# Task	Sample Type	Pump On	Pump Off	Time (Mins)	Rotometer Flow Rate (LPM)	Volume (Liters)	LOD	Actual Count	Adjusted Count *	Result *	Analyst ID
	(1-10)	hh:mm	hh:mm	[A]	On	Off	Ave [B]	A * B = [C]	(2.7 / C)	(F/Flds)	(F/CC)	Initials
08115	EXTERIOR STAIR	L	800	920	80	15.0	15.0	1200	0.002	1/00	—	CDJ
-2		L	800	920	80	15.0	15.0	1200	0.002	2/00	—	CDJ
-3		L	800	920	80	15.0	15.0	1200	0.002	1/00	—	CDJ
-4		L	800	920	80	15.0	15.0	1200	0.002	1/00	—	CDJ
-5		L	800	920	80	15.0	15.0	1200	0.002	2/00	—	CDJ
-6	NE STAIRS Bottom Landing	L	1015	1135	80	15.0	15.0	1200	0.002	—	—	CDJ
-7	Bottom Stairs	L	1015	1135	80	15.0	15.0	1200	0.002	—	—	CDJ
-8	MIDDLE Landing	L	1015	1135	80	15.0	15.0	1200	0.002	—	—	CDJ
-9	TOP STAIRS	L	1015	1135	80	15.0	15.0	1200	0.002	—	—	CDJ
10	TOP Landing	L	1015	1135	80	15.0	15.0	1200	0.002	—	—	CDJ
-3	Field QA/QC Analysis								Initial Result:	1/00	QA/QC Result:	1/00 CDJ
	Lab QA/QC Analysis								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  
 2) Pre-Abatement/Prep 4) Final Cleaning 6) Final Air Clearance 8) Waste Load-Out

Relinquished By: \_\_\_\_\_ Received By: \_\_\_\_\_ Date: \_\_\_\_\_

Microscope Setup: HSE/NPL Test Side-No. Of Lines Visible: 4 Center PC condenser: ✓ Align Phase Ring: ✓

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

Date: \_\_\_\_\_ Ocular Adjustment: ✓



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## AIR SAMPLE LOG

Project Name: DURANT HALL  
Project No./Task No.: 61.22573.0021  
Client: CITI BCS  
Site: \_\_\_\_\_  
Work Area: MAIN FLOOR  
Work Area: EXPANSION TERRACE / US STAIR

Collection Date: 8-11-2015 Date of Analysis: 8-11-2015  
Project Monitor: CAROLEN JACKS Method of Analysis: NIOSH 7460  
Project Manager: ED FANNIEU Reference Slide: RS 181  
Rotometer Number: 012893 Microscope Make/Model/No.: POLYMIRIS CH  
QA/QC Analyst: CJ Analyst Signature: CJ  
Date of QA/QC: \_\_\_\_\_

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

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

Relinquished By: \_\_\_\_\_ Date: \_\_\_\_\_ Received By: \_\_\_\_\_  
Microscope Setup: \_\_\_\_\_ HSE/NPL Test Slide-No. Of Lines Visible:  Center PC condenser:  Align Phase Ring:   
*NOTE: The Cardno ATC Lab meets the requirements set forth by AHERA 40 CFR 763.90 (i)(2)(ii). Filters are 25MM M*  
Yellow = OA/QC Pink = Archive  
White = File





## AIR SAMPLE LOG

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Project Name: DURANT HALL  
 Project No./Task No.: 61-22573.0021  
 Client: CTDcs  
 Site: \_\_\_\_\_  
 Work Area: Basement Strong. Room 1 & 2  
 Work Area: Conf 11

Collection Date: 8-14-2015  
 Project Monitor: CAROLEN JACKS  
 Project Manager: ED FENNELL  
 Rotometer Number: 012893  
 QA/QC Analyst: \_\_\_\_\_

Date of Analysis: 8-14-2015  
 Method of Analysis: NIOSH 7400  
 Reference Slide: RS 181  
 Microscope Make/Model/No.: OLYMPUS CH2  
 Analyst Signature: CF  
 Date of QA/QC: \_\_\_\_\_

Conf 12

Sample #	Location or Worker Name / ID#/ Task	Sample Type	Pump On	Pump Off	Time (Mins)	Rotometer Flow Rate (LPM)	Volume (Liters)	LOD	Actual Count	Adjusted Count *	Result	Analyst ID
		(1-10)	hh:mm	[A]	On	Ave [B]	A * B = [C]	(2.7 / C)	(F/Flds)	(F/CC)		
-1	Conf 11	C	10:15	11:35	80	15.0	15.0	1200	0.002	2/00	—	CLD CJ
-2		C	10:15	11:35	80	15.0	15.0	1200	0.002	3/00	—	CLD CJ
-3		C	10:15	11:35	80	15.0	15.0	1200	0.002	2/00	—	CLD CJ
-4		C	10:15	11:35	80	15.0	15.0	1200	0.002	3/00	—	CLD CJ
-5		C	10:15	11:35	80	15.0	15.0	1200	0.002	4/00	—	CLD CJ
-6	Conf 12	C	12:00	13:20	80	15.0	15.0	1200	0.002	3/00	—	CLD CJ
-7		C	12:00	13:20	80	15.0	15.0	1200	0.002	4/00	—	CLD CJ
-8		C	12:00	13:20	80	15.0	15.0	1200	0.002	3/00	—	CLD CJ
-9		C	12:00	13:20	80	15.0	15.0	1200	0.002	4/00	—	CLD CJ
-10		C	12:00	13:20	80	15.0	15.0	1200	0.002	3/00	—	CLD CJ
-1	Field QA/QC Analysis	Analyst should complete a duplicate analysis of 10% of all samples here.										QA/QC Result: 2/00 CJ
	Lab QA/QC Analysis	All cassettes and a copy of this form should be forwarded to the monthly QA/QC technician										QA/QC Result: 2/00 CJ

\* 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  
 2) Pre-Abatement/Prep 4) Final Cleaning 6) Final Air Clearance 8) Waste Load-Out 9) Other Associated Work  
 Microscope Setup: HSE/NPL Test Slide-No. Of Lines Visible: 4 Center PC condenser: V Align Phase Ring: V Date: \_\_\_\_\_

Relinquished By: \_\_\_\_\_ Received By: \_\_\_\_\_ Date: \_\_\_\_\_ Notes: The Cardno ATC Lab meets the requirements set forth by AHERA 40 CFR 763.90 (f)(2)(ii). Filters are 25MM M  
 Yellow - QA/QC White - File Date: \_\_\_\_\_ Ocular Adjustment: ✓ S:\BldgSci\Admin\Templates and Forms\Asbestos\Air-Sample Log.doc



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## AIR SAMPLE LOG

290 Roberts Street, Suite 301  
East Hartford, CT 06108  
(860) 282-9244 Fax: (860) 282-9826

Project Name: Dwight Hall  
Project No./Task No.: 61-22573-0021  
Client: CJSDCS  
Site: \_\_\_\_\_  
Work Area: BASMENT STOCKS RNS. 1 & 2  
Work Area: CONT. 1 & 2

Collection Date: 8-14-2015  
Project Monitor: Adams Jackie  
Project Manager: SD Fennell  
Rotometer Number: 012893

Date of Analysis: 8-14-2015  
Method of Analysis: NIOSH 7401  
Reference Slide: RS 181  
Microscope Make/Model/No.: Olympus CH2  
Analyst Signature: C  
Date of QA/QC:

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

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

Received By: \_\_\_\_\_  
Date: \_\_\_\_\_  
Postmark \_\_\_\_\_

Requisitioned by \_\_\_\_\_ Received by \_\_\_\_\_  
 Name \_\_\_\_\_ S.A. \_\_\_\_\_ Date \_\_\_\_\_ Align \_\_\_\_\_

כטראן אוניברסיטאות

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



Shaping the Future

## AIR SAMPLE LOG

Project Name: Durant Hall  
 Project No./Task No.: 61-22573-0081-Today  
 Client: CT-DCS

Work Area: Lower Level - IT Room  
 Work Area: Containment #13  
Containment #14 - Storage for class room #1

Collection Date: 08.18.15  
 Project Monitor: Wayne Riccitelli  
 Project Manager: Ed Fennell  
 Rotometer Number: 12032

Date of Analysis: 08.18.15  
 Method of Analysis: ATC4 7400  
 Reference Slide: 111  
 Microscope Make/Model No.: Olym-CH2  
 Analyst Signature: Wayne  
 Date of QA/QC:

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	Pump Off	Time (Mins)	Rotometer Flow Rate (LPM)	Volume (Liters)	LOD	Actual Count	Adjusted Count *	Result *	Analyst ID
		(1-10)	hh:mm	[A]	On	Off	Ave [B]	A * B = [C]	(2.7 / C)	(F/Flds)	(F/CC)	Initials
1	Inside Containment	6	10:00AM	11:17	77	15.9	15.9	1,334	0.0022	13.00	N/A	0.0052 WK
2			10:30 AM	11:17		15.9	15.9			15.00		0.0060
3			10:30 AM	11:17	↓	15.9	15.9			18.00		0.0048
4			10:00AM	11:18	78	15.9	15.9		1.240	0.0021	14.00	0.0055
5			10:30AM	11:18	78	15.9	15.9		1.240	0.0021	16.00	0.0063
6	BLANK									0.100		
7	Containment #14									0.100		
8	Inside Containment	6	12:00PM	1:17	77	15.9	15.9	1,244	0.0022	10.00	N/A	0.0040
9		6	12:00PM	1:17	77	15.9	15.9		0.0022	8.00		0.0032
10		6	12:00PM	1:17	77	15.9	15.9	↓	0.0022	7.00		0.0028 ↓
	Field QA/QC Analysis										Initial QA/QC Result:	
	Lab QA/QC Analysis										Initial 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  
 2) Pre-Abatement/Prep 4) Final Cleaning 6) Final Air Clearance 8) Waste Load-Out  
 Relinquished By: Wayne Date: 8.18.15 Received By: Center PC condenser: Align Phase Ring: \_\_\_\_\_

Microscope Setup: HSE/NPL Test Slide-No. Of Lines Visible: \_\_\_\_\_ Center PC condenser: \_\_\_\_\_ Align Phase Ring: \_\_\_\_\_  
 NOTE: The Cardno ATC Lab meets the requirements set forth by AHERA 40 CFR 763.90 (f)(2)(ii). Filters are 25MM M  
 Yellow – QA/QC White – File Pink – Archive

10f 2

Date: \_\_\_\_\_ Method of Analysis: \_\_\_\_\_ Reference Slide: \_\_\_\_\_ Microscope Make/Model No.: \_\_\_\_\_ Analyst Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Ocular Adjustment: \_\_\_\_\_



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Shaping the Future

## AIR SAMPLE LOG

Shaping the Future

Project Name: Durant Hall  
Project No./Task No.: 61-22573-0021  
Client: CT DCS  
Site: M EC  
Work Area: Lower Containment  
Work Area: Lower Level

Collection Date: 08.18.15  
Project Monitor: Wayne Riccitelli  
Project Manager: Ed Fennell  
Rotometer Number: 12032

Date of Analysis: 08.18.15 Fax: (860) 282-9926  
Method of Analysis: NIOSH 7400  
Reference Slide: III  
Microscope Make/Model/No.: OLY CH-2  
Analyst Signature: Maynard  
Date of OA/OC:

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

- 1) Area Background  
2) Pre-Abatement/Prep  
3) Asbestos Removal  
4) Final Cleaning  
5) Glove Bag  
6) Final Air Clearance  
7) Personal Air Sampling  
8) Waste Load-Out

*Wayne K* Date: 08/18/15 Received By: \_\_\_\_\_  
HSE/NPL Test Slide-No. Of Lines Visible: \_\_\_\_\_ Center PC condenser: \_\_\_\_\_ Align Phase Ring: \_\_\_\_\_  
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



## AIR SAMPLE LOG

Shaping the Future

Project Name: Durant

Project No./Task No.: 61-28573-0021-T 2004

Client: CT. DCS

Site: MEC.

Work Area: Durant Hall

Collection Date: 08-19-15

Project Monitor: Wayne Riccitelli

Project Manager: Ed Fennell

Rotometer Number: 12032

Work Area: Lower Level. Containment

Location # 15-C Corridor Storage-Classrooms 2-3

QA/QC Analyst:

Classrooms - 7-3

Sample #	Location	Sample Type	Pump On	Pump Off	Time (Mins)	Rotometer Flow Rate (LPM)	Volume (Liters)	LOD	Actual Count	Adjusted Count *	Result *	Analyst ID
		(1-10)	hh:mm	hh:mm	[A]	On	Off	Ave [B]	A * B = [C]	(2.7 / C)	(F/FIDs)	(F/CC)
819150441	Inside Containment	6	8:00 AM	9:17	77	15.9	15.9	1.224	0.0022	5/100	N/A	<u>Glenn Wk</u>
-2		6	8:00 AM	9:17		15.9	15.9			3/100		
-3		6	8:00 AM	9:17	↓	15.9	15.9	↓	↓	4/100		
-4		6	8:00 AM	9:18	78	15.9	15.9	1.240	0.0021	3/100		
-5	Containment #16	6	8:00 AM	9:18	78	15.9	15.9	1.240	0.0021	4/100	✓	
-6	Inside Containment	6	9:30AM	10:47	77	15.9	15.9	1.224	0.0022	3/100	N/A	<u>Glenn</u>
-7		6	10:47			15.9	15.9			4/100		
-8		6	10:47			15.9	15.9			5/100		
-9		6	10:47	↓	15.9	15.9	↓	↓	↓	8/100		
✓-10	Field QA/QC Analysis	6	↓	10:48	78	15.9	15.9	1.24	0.0021	3/100	✓	
#10	Lab QA/QC Analysis										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  
2) Pre-Abatement/Prep 4) Final Cleaning 6) Final Air Clearance 8) Waste Load-Out 9) Other Associated Work

Relinquished By: Wayne Date: 08-19-15 Received By: \_\_\_\_\_ Center PC condenser: \_\_\_\_\_ Align Phase Ring: \_\_\_\_\_

Microscope Setup: HSE/NPL Test Slide-No. Of Lines Visible: \_\_\_\_\_ Received By: \_\_\_\_\_ Center PC condenser: \_\_\_\_\_ Align Phase Ring: \_\_\_\_\_  
NOTE: The Cardno ATC Lab meets the requirements set forth by AHERA 40 CFR 763.90 (i)(2)(ii). Filters are 25MM MM  
Yellow - QA/QC Pink - Archive White - File

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

Date of Analysis: 08-19-15

Method of Analysis: NIOSH 7400

Reference Slide: 113

Microscope Make/Model/No.: OLY-CH-2

Analyst Signature: Wayne

Date of QA/QC: \_\_\_\_\_

Date: \_\_\_\_\_ Ocular Adjustment: \_\_\_\_\_



Shaping the Future

## AIR SAMPLE LOG

<b>AIR SAMPLE LOG</b>	
<b>Carano</b> Shaping the Future	290 Roberts Street, Suite 301 East Hartford, CT 06108 (860) 282-9924 Fax: (860) 282-9826
Project Name: <u>Durant Hall</u>	Collection Date: <u>08-19-15</u>
Project No./Task No.: <u>61-22573-0001 Tally</u>	Project Monitor: <u>Wayne Riccitelli</u>
Client: <u>CT-DCS</u>	Project Manager: <u>Ed Fennell</u>
Site: <u>MEC</u>	Rotometer Number: <u>12032</u>
Work Area: <u>Durant Hall</u>	QA/QC Analyst:
Work Area: <u>Lower Level</u>	
Date of Analysis: <u>08-19-15</u>	
Method of Analysis: <u>NIOSH 7400</u>	
Reference Slide: <u>113</u>	
Microscope Make/Model/No.: <u>OIV-CH-2</u>	
Analyst Signature: <u>Wayne</u>	
Date of QA/QC:	

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

Date of Analysis: 08-19-15  
Method of Analysis: Ntash 7400  
Reference Slide: 113  
Microscope Make/Model/No.: Oly-Ch-2  
Analyst Signature: Mayell  
Date of QA/QC:

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

- 9) Other Associated Work
- 10) NID/NEA

Date: \_\_\_\_\_

**NOTE:** The Cardno ATC Lab meets the requirements set forth by AHERA 40 CFR 763.90 (i)(2)(ii). Filters are 25MM MIVIC oscilloscope Setup. MSEL/NFL test fixture, no. 31 Littles visible. \_\_\_\_\_ Center OC condenser. \_\_\_\_\_ Right main ring. \_\_\_\_\_ White - File Yellow - QA/QC Pink - Archive



## AIR SAMPLE LOG

**Durant Hall**

Project No./Task No.: 61-22573-001-Tally

Client: CT- DCS

Site: Durant Hall- MEC

Work Area: Lower level

Work Area: Containments #18, #19

Collection Date: 08-20-15

Project Monitor: Wayne Riccielli

Project Manager: Ed Fennell

Rotometer Number: 10032

QA/QC Analyst: Wayne L

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

Date of Analysis: 08-20-15

Method of Analysis: ATASH

Reference Slide: 112

Microscope Make/Model/No.: Oly-CH-2

Analyst Signature: Wayne L

Date of QA/QC: \_\_\_\_\_

Sample #	Location of 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	Actual Count	Adjusted Count *	Result *	Analyst ID
			[A]	On	Off	Ave [B]	A * B = [C]	(2.7 / C)	(F/Flds)	(F/CC)		Initials
8-20-15 #1 Inside Containment	6	9:15AM	10:32	7:7	15.9	15.9	15.9	1.224	0.0022	12.100	N/A	0.0048 WH
-2			10:32	7:7	15.9	15.9				10.100		
-3			10:32	7:7	15.9	15.9				11.100		
-4			10:33	7:8	15.9	15.9				12.100		
-5	<del>#10 Janitors</del>		10:33	7:8	15.9	15.9				12.100		
-6	<del>#10 Containment</del>	9:20AM	10:38	7:8	15.9	15.9				13.100		
-7		9:20AM	10:38	7:8	15.9	15.9				14.100		
-8		9:21AM	10:39	7:8	15.9	15.9				15.100		
-9		9:21AM	10:39	7:8	15.9	15.9				16.100		
-10										17.100		
✓-#6	Field QA/QC Analysis										Initial 15.100	QA/QC Result: 15.100
	Lab QA/QC Analysis										Initial 15.100	QA/QC Result: 15.100
* 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							
		2) Pre-Abatement/Prep	4) Final Cleaning	6) Final Air Clearance	8) Waste Load-Out							
Relinquished By:		<u>Wayne L</u>		Date: <u>8-20-15</u>	Received By: _____							
Microscope Setup:		HSE/NPL Test Slide-No. Of Lines Visible: _____	Center PC condenser: _____	Align Phase Ring: _____								

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

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

S:\BldgSci\Admin\Templates and Forms\Asbestos\Air Sample Log.doc

9) Other Associated Work  
10) NID/NEA

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  
Yellow - QA/QC  
White - File  
Pink - Archive



Shaping the Future

## AIR SAMPLE LOG

Project Name: Durant Hall  
 Project No./Task No.: 61-21573001 T.104  
 Client: CT. DCS  
 Site: Durant Hall - MEC  
 Work Area: Lower Level  
 Work Area: Containments #20-#21

Collection Date: 08-20-15Project Monitor: Wayne RiccitelliProject Manager: Ed FennellRotometer Number: 12032

QA/QC Analyst: Containments #20-#21  
QA/QC Analyst:

Date of Analysis: 08-20-15  
 Method of Analysis: NIOSH 7400  
 Reference Slide: 112  
 Microscope Make/Model No.: Oly-Ch2  
 Analyst Signature: Wayne  
 Date of QA/QC: \_\_\_\_\_

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

Sample #	Worker Name / ID# / Task #	Location or Containment	Sample Type (1-10)	Pump On hh:mm	Pump Off hh:mm	Time (Mins)	Rotometer Flow Rate (LPM)	Volume (Liters)	LOD	Actual Count	Adjusted Count *	Result *	Analyst ID
				[A]	On	Off	Ave [B]	A * B = [C]	(2.7 / C)	(F/Flds)	(F/CC)	(F/CC)	Initials
820150411-12	#10 (Outside)	Inside Containment	6	11:00AM	12:17	77	15.9	15.9	1.224	0.0022	2 100	N/A	0.0028 WK
-13				11:00AM	12:17		15.9	15.9		6 100	6 100	0.0024	
-14				11:00AM	12:17		15.9	15.9		8 100	8 100	0.0022	
-15	#12 (Outside)	Inside Containment	6	11:00AM	12:18	78	15.9	15.9	↓	1.240	0.0021	9 100	0.0024
-16				11:15AM	12:32	77	15.9	15.9	↓	1.224	0.0022	5 100	0.0035
-17				11:15AM	12:32		15.9	15.9		6 100	6 100	C 100	
-18				11:15AM	12:32		15.9	15.9		7 100	7 100	0.0024	
-19				11:16AM	12:33	77	15.9	15.9		9 100	9 100	0.0028	
-20				11:16AM	12:33	77	15.9	15.9	↓	7 100	7 100	0.0036	
#13	Field QA/QC Analysis											QA/QC Result:	0.0028
	Lab QA/QC Analysis											QA/QC Result:	7 100

\* 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  
 2) Pre-Abatement/Prep 4) Final Cleaning 6) Final Air Clearance 8) Waste Load-Out

Relinquished By: Wayne Date: 08-20-15 Received By: \_\_\_\_\_ Center PC condenser: \_\_\_\_\_ Align Phase Ring: \_\_\_\_\_

Microscope Setup: HSE/NPL Test Slide-No. Of Lines Visible: \_\_\_\_\_ Center PC condenser: \_\_\_\_\_ Align Phase Ring: \_\_\_\_\_

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



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## AIR SAMPLE LOG

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

Project Name: Durant Hall  
Project No./Task No.: 61-22573-0021-T-204  
Client: CT DCS  
Site: Durant Hall - MEC  
Work Area: Lower Level  
Work Area: Containment # 2a

Collection Date: 08-20-15  
Project Monitor: Wayne Riccitelli  
Project Manager: Ed Fernell  
Rotometer Number: 1Q032  
QA/QC Analyst:

QA/QC Analyst

3043

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

Work Phase:	1) Area Background 2) Pre-Abatement/Prep 3) Asbestos Removal 4) Final Cleaning 5) Glove Bag 6) Final Air Clearance
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Relinquished By: Ming Date: 08/20/15 Center PC condenser lines visible:

Date: \_\_\_\_\_  
**Ocular Adjustment**

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Filters are 25MM M

Pink – Archive



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## AIR SAMPLE LOG

Project Name: Durant Hall  
 Project No./Task No.: 61-22573001 T1004  
 Client: CT: DCS  
 Site: Durant Hall - MEC

Work Area: Lower Level

Storage #n-8, # 24 Near exit. Rooms-2-3

Collection Date: 08.21.15  
 Project Monitor: Wayne Riccitelli  
 Project Manager: Ed Fennell  
 Rotometer Number: 12032

QA/QC Analyst:

11' Blank 0/100

12-Blank 0/100

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

Date of Analysis: 08.21.15  
 Method of Analysis: NIOSH 7400

Reference Slide:  
 Microscope Make/Model/No.: OLV-Ct-2

Analyst Signature: Wayne  
 Date of QA/QC:

Sample #	Location or Worker Name / ID#/ Task	Sample Type	Pump On	Pump Off	Time (Mins)	Rotometer Flow Rate (LPM)	Volume (Liters)	LOD	Actual Count	Adjusted Count*	Result *	Analyst ID
		(1-10)	hh:mm	hh:mm	[A]	On	Off	Ave [B]	A * B = [C]	(2.7 / C)	(F/FIDs)	(F/CC)
.2	Outside Container	6	9:50AM	11:07	77	15.9	15.9	1,324	0.0922	5/100	11/A	SL00 WK
.3			11:07		15.9	15.9				7/100	0.0028	
.4			11:08	78	15.9	15.9				9/100	0.0036	
.5			11:08	78	15.9	15.9				10/100	0.0040	
.6	Inside Container	10:00AM	11:17	77	15.9	15.9				11/100	0.0043	
.7			11:17		15.9	15.9				12/100	0.0036	
.8			11:17		15.9	15.9				13/100	0.0044	
.9			10:00AM	11:18	78	15.9	15.9			14/100	0.0052	
.10										15/100	0.0047	
#6	Field QA/QC Analysis										16/100	
	Lab QA/QC Analysis										17/100	

\* 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  
 2) Pre-Abatement/Prep 4) Final Cleaning 6) Final Air Clearance 8) Waste Load-Out 9) Other Associated Work  
 Relinquished By: Wayne Microscope Setup: H&E/NPL Test Slide-No. Of Lines Visible: Center PC condenser: Received By: Align Phase Ring:

Date: 08.21.15  
 Ocular Adjustment: W Ocular Adjustment: W Ocular Adjustment: W Ocular Adjustment: W

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



## AIR SAMPLE LOG

Shaping the Future

Project Name: Durant Hall  
 Project No./Task No.: 6122573-001 T-204  
 Client: CT DCS  
 Site: Durant Hall- MEC  
 Work Area: Lower Level  
#25, #26

Collection Date: 08-24-15

Project Monitor: Wayne Ricciutelli

Project Manager: Ed Fennell

Rotometer Number: 12032

QA/QC Analyst: Wayne

Date of QA/QC: 10/22/15

QA/QC Analyst: Wayne

Date of QA/QC: 10/22/15

QA/QC Analyst: Wayne

Date of QA/QC: 10/22/15

#27

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	Actual Count	Adjusted Count *	Result * (F/CC)	Analyst ID
		[A]	On	Off	Ave [B]	A * B = [C]	(2.7 / C)	(F/Flds)	(F/Flds)	(F/C/C)	Initials	
8/27/15 04:1	Inside Containment	6	10:15AM	11:32	77	15.9	15.9	1.224	0.0022	5/100	N/A	Wayne
2	#26 - media center		11:32	77	15.9	15.9						
3			11:32	77	15.9	15.9						
4			11:33	78	15.9	15.9						
5			11:33	78	15.9	15.9						
6	Inside Containment	6	10:30AM	11:37	77	15.9	15.9	1.224	0.0022	5/100	N/A	Wayne
7	Lounge	27	10:30AM	11:37	77	15.9	15.9					
8			10:30AM	11:37	77	15.9	15.9					
9			10:30AM	11:38	78	15.9	15.9					
10			10:30AM	11:38	78	15.9	15.9					
#3	Field QA/QC Analysis											
	Lab QA/QC Analysis											

\* 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  
 2) Pre-Abatement/Prep 4) Final Cleaning 6) Final Air Clearance 8) Waste Load-Out 9) Other Associated Work  
 Relinquished By: Wayne Microscope Setup: HSE/NPL Test Slide-No. Of Lines Visible: 0 Center PC condenser: 0 Align Phase Ring: 0  
 Received By: Wayne Date: 08-24-15 Ocular Adjustment: 0

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





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## AIR SAMPLE LOG

Project Name: Durant Hall  
 Project No./Task No.: 61-22573-0001 T.21024  
 Client: CT. DCS  
 Site: Durant Hall - MEC  
 Work Area: Containments # 38, # 39

Collection Date: 08-25-15  
 Project Monitor: Wayne Ricciutelli  
 Project Manager: Ed Fennell  
 Rotometer Number: 12032

Date of Analysis: 08-25-15  
 Method of Analysis: NIOSH 7400  
 Reference Slide: 111  
 Microscope Make/Model/No.: Oly CH-2  
 Analyst Signature: Wayne K  
 Date of QA/QC: \_\_\_\_\_

Work Area: Containments # 38, # 39  
(Middle Level)

QA/QC Analyst:  
 1) Blank ~~QA/QC~~ 2) Blank ~~QA/QC~~

Sample #	Location or Worker Name / ID# / Task	Sample Type	Pump On	Pump Off	Time (Mins)	Rotometer Flow Rate (LPM)	Volume (Liters)	LOD	Actual Count	Adjusted Count *	Result *	Analyst ID
		(1-10)	hh:mm	hh:mm	[A]	On	Off	Ave [B]	A * B = [C]	(2.7 / C)	(F/Flds)	(F/CC)
1-2	# 28	6	8:30am	9:47	77	15.9	15.9	1,224	0.0022	5/100	1/1	Geo WR
3			9:47	15.9	15.9							
4			9:48	15.9	15.9							
5			9:48	15.9	15.9							
6	Inside Containment	8:35am	9:53	77	15.9	15.9	1,240	0.0021	4/100			
7	# 29	9:52	15.9	15.9								
8		9:52	15.9	15.9								
9		9:53	15.9	15.9								
10		9:53	15.9	15.9								
11	Field QA/QC Analysis											
12	Lab QA/QC Analysis											

\* 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  
 2) Pre-Abatement/Prep 4) Final Cleaning 6) Final Air Clearance 8) Waste Load-Out

Relinquished By: Wayne K Date: 08-25-15 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 (f)(2)(ii). Filters are 25MM M  
 Yellow – QA/QC  
 White – File



Shaping the Future

AIR SAMPLE LOG

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

Project Name: Durant Hall Project No./Task No.: 61-22573-021-7884  
Client: CT: DCS Site: Durant Hall MEC  
Work Area: Lower Level. Containment #30 Work Area: Between Rooms 7-8-

Collection Date: 08-26-15 Project Monitor: Wayne Ritt  
Project Manager: Ed Ferne Rotometer Number: 1030

Date of Analysis: 08-26-15  
Method of Analysis: NICOSH 740  
Reference Slide: \_\_\_\_\_  
Microscope Make/Model/No.: Olympus CH2  
Analyst Signature: Maye E  
Date of QA/QC: \_\_\_\_\_

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

Work Phase:	1) Area Background 2) Pre-Abatement/Prep	3) Asbestos Removal 4) Final Cleaning	5) Glove Bag 6) Final Air Clearance	7) Person 8) Waste
-------------	---	--	--	-----------------------

Relinquished By: M. H. M. Date: 08-26-15 Received By: \_\_\_\_\_ Al

Microscope Setup: HSE/NPL Test Slide-No. Of Lines Visible: \_\_\_\_\_ Center PC condenser: \_\_\_\_\_

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

S:\BldgSci\Admin\Templates and Forms\Asbestos\Air Sample Log.doc



## AIR SAMPLE LOG

Project Name: Durant Hall  
 Project No./Task No.: 61-22573-0021-T2024  
 Client: CT- DCS  
 Site: Durant Hall - MEC  
 Work Area: Durant Hall - Lower Level  
 Work Area: Containment #31

Collection Date: 8-28-15  
 Project Monitor: Wayne Riccielli  
 Project Manager: Ed Fennell  
 Rotometer Number: 12032  
 QA/QC Analyst: 32, 33

Date of Analysis: 8-28-15  
 Method of Analysis: NIOSH 7400  
 Reference Slide: \_\_\_\_\_  
 Microscope Make/Model/No.: Oly. CH2  
 Analyst Signature: Mayer  
 Date of QA/QC: \_\_\_\_\_

Sample #	Location or Worker Name / ID# / Task	Sample Type	Pump On	Pump Off	Time (Mins)	Rotometer Flow Rate (LPM)	Volume (Liters)	LOD	Actual Count	Adjusted Count *	Result *	Analyst ID
		(1-10)	hh:mm	[A]	On	Off	Ave [B]	A * B = [C]	(2.7 / C)	(F/FIDs)	(F/CC)	Initials
SC815041	Inside Container #31	6	8:30 AM	9:47	77	15.9	15.9	15.9	0.0022	5/100	N/A	GWK
1	for Room 56	1	9:47			15.9	15.9	15.9	3/100			
2		2	9:47	↓		15.9	15.9	15.9	4/100			
3		3	9:47	↓		15.9	15.9	15.9	5/100			
4		4	9:48	78		15.9	15.9	15.9	1/240	0.0021	6/100	GWK
5		5	9:48	78	↓	15.9	15.9	15.9	5/100			
6	Inside Container #32	6	9:48	77	↓	15.9	15.9	15.9	1/244	0.0022	4/100	
7	Teachers Room	7	9:57			15.9	15.9	15.9	5/100			
8	Fir Rooms 7,8	8	9:57			15.9	15.9	15.9	3/100			
-9		9	9:57	↓		15.9	15.9	15.9	5/100			
-10		10	9:58	78	↓	15.9	15.9	15.9	1/240	0.0021	4/100	→
#5	Field QA/QC Analysis											
	Lab QA/QC Analysis											
	All cassettes and a copy of this form should be forwarded to the monthly QA/QC technician											

\* 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  
 2) Pre-Abatement/Prep 4) Final Cleaning 6) Final Air Clearance 8) Waste Load-Out

Relinquished By: Thomel Date: 8-28-15 Received By: \_\_\_\_\_ Align Phase Ring: \_\_\_\_\_  
 Microscope Setup: HSE/NPL Test Slide-No. Of Lines Visible: \_\_\_\_\_ Center PC condenser: \_\_\_\_\_

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



Shaping the Future

## AIR SAMPLE LOG

Project Name: Durant Hall  
 Project No./Task No.: 61-22573-0021 T2024  
 Client: CT- DCS  
 Site: Durant Hall  
 Work Area: lower level  
 Work Area: Containment # 33

Collection Date: 08-28-15  
 Project Monitor: Wayne Riccitelli  
 Project Manager: Ed Fenelli  
 Rotometer Number: 12032  
 QA/QC Analyst:

Date of Analysis: 08-28-15  
 Method of Analysis: NIOSH 7400  
 Reference Slide:   
 Microscope Make/Model/No.: OIV-CH-2  
 Analyst Signature: Wayne Riccitelli  
 Date of QA/QC:

Sample #	Location or Worker Name / ID#/ Task	Sample Type	Pump On	Pump Off	Time (Mins)	Rotometer Flow Rate (LPM)	Volume (Liters)	LOD	Actual Count	Adjusted Count *	Result *	Analyst ID
		(1-10)	hh:mm	hh:mm	[A]	On	Off	Ave [B]	A * B = [C]	(2.7 / C)	(F/Flids)	(F/CC)
828504-11	Inside Containment	6	10:15am	11:32	77	15.9	15.9	1.224	0.0022	6.100	N/A	0.0124 Wk
11	#33-Rochester Room	1	11:32	11:32		15.9	15.9			5.100	Closed	
12	For Rooms 4-5	1	11:32	11:32		15.9	15.9			7.100	Open	
13												
14												
15												
16	Blank	1										
17												

- \* 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
  - 2) Pre-Abatement/Prep
  - 4) Final Cleaning
  - 6) Final Air Clearance
  - 8) Waste Load-Out
  - 9) Other Associated Work
  - 10) NID/NEA

Relinquished By: Wayne Riccitelli Date: 08-28-15 Received By:  Align Phase Ring:

Microscope Setup: HSE/NPL Test Slide-No. Of Lines Visible: Center PC condenser: Align Phase Ring:   
 NOTE: The Cardno ATC Lab meets the requirements set forth by AHERA 40 CFR 763.90 (f)(2)(ii). Filters are 25MM M  
 Yellow – QA/QC  
 White – File



Shaping the Future

## AIR SAMPLE LOG

10f-2

Project Name: Durant Hall  
 Project No./Task No.: 61-22573-001 Task 4  
 Client: CT-DCS  
 Site: Durant Hall  
 Work Area: Lower Level Classrooms  
Containments #34, 35

Collection Date: 09-01-15  
 Project Monitor: Wayne Riccitelli  
 Project Manager: Ed Ferrell  
 Rotometer Number: 12032  
 QA/QC Analyst: Blank (1) 9/10 (2) 9/10

Date of Analysis: 09-01-15  
 Method of Analysis: NIOSH 7400  
 Reference Slide: III  
 Microscope Make/Model/No.: Olympus CH-Q  
 Analyst Signature: Wayne  
 Date of QA/QC: \_\_\_\_\_

Sample #	Worker Name / ID#/ Task	Location or Worker Name / ID#/ Task	Sample Type	Pump On	Pump Off	Time (Mins)	Rotometer Flow Rate (LPM)	Volume (Liters)	LOD	Actual Count	Adjusted Count *	Result *	Analyst ID
			(1-10)	hh:mm	[A]	On	Off	Ave [B]	A * B = [C]	(2.7 / C)	(F/Flds)	(F/CC)	Initials
-1	Inside Containment	6	9:00am	10:17	77	15.9	15.9	15.9	1.244	0.0022	5	n/a	Lod WR
-2	#34 - For rooms 1,2				↓	15.9	15.9	15.9			7	100	0.0028
-3					↓	15.9	15.9	15.9	↓		9	100	0.0036
-4					10:18	78	15.9	15.9	1.240	0.0021	6	100	0.0023
-5					↓	10:18	78	15.9	1.240	↓	5	100	Lod
-6	Inside Containment	7	9:10am	10:27	77	15.9	15.9	15.9	1.244	0.0022	9	100	0.0026
-7	# 35 Teacher's Room					15.9	15.9	15.9			7	100	0.0028
-8	For rooms 1,2				↓	15.9	15.9	15.9	↓		6	100	0.0028
-9					10:28	78	15.9	15.9	1.240	0.0021	8	100	0.0028
-10					↓	10:28	78	15.9	1.240	0.0021	5	100	Lod
5	Field QA/QC Analysis									Initial Result:	5	100	QA/QC Result:
	Lab QA/QC Analysis									Initial Result:	6	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

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

Relinquished By: Wayne Date: 09-01-15 Received By: \_\_\_\_\_ Align Phase Ring: \_\_\_\_\_

Microscope Setup: HSE/NPL Test Slide-No. Of Lines Visible: \_\_\_\_\_ Center PC condenser: \_\_\_\_\_

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



## AIR SAMPLE LOG

Shaping the Future

Project Name: Durant Hall  
 Project No./Task No.: 61-22573-0021 T1024  
 Client: CT: DCS  
 Site: Durant Hall- MEC  
 Work Area: Lower Level Classrooms  
 Work Area: Containments # 36, 37

Collection Date: 09-01-15  
 Project Monitor: Wayne Riccitelli  
 Project Manager: EQ Ferrall  
 Rotometer Number: 12032  
 QA/QC Analyst:

Date of Analysis: 09-1-15  
 Method of Analysis: NIOSH 7400  
 Reference Slide: III  
 Microscope Make/Model/No.: Oly Ch-2  
 Analyst Signature: Wayne K  
 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	Actual Count	Adjusted Count *	Result * (F/CC)	Analyst ID
1150411	Inside Containment #6	6	12:17	12:17	77	15.9	15.9	1.224	0.0022	7	N/A	0.0028 Wk
12	For Ramps 3, 4		12:17	12:17	15.9	15.9				9	100	0.0036
13			12:17	12:17	15.9	15.9				6	100	0.0033
14			12:17	12:17	15.9	15.9				8	100	0.0031
15			12:18	12:18	78	15.9		1.240	0.0021	6	100	0.0023
16	Inside Containment #11:05 AM	7	12:22	12:22	77	15.9	15.9	1.224	0.0022	7	100	0.0028
17	#37 For Teachers		12:22	12:22	15.9	15.9				6	100	0.0023
18	Ram Ram 3-4		12:22	12:22	15.9	15.9				8	100	0.0031
19			12:22	12:22	15.9	15.9				9	100	0.0036
20			12:23	12:23	15.9	15.9				7	100	0.0028
	Field QA/QC Analysis											QA/QC Result:
	Lab QA/QC Analysis											QA/QC Result:

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

- 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: Wayne K Date: 09-01-15 Received By:  Center PC condenser:  Align Phase Ring:   
 Microscope Setup: HSE/NPL Test Slide-No. Of Lines Visible: \_\_\_\_\_ 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  
 Yellow - QA/QC White - File Print - Archive

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

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**APPENDIX C**

**Project Monitor License and Certification**

STATE OF CONNECTICUT	
DEPARTMENT OF PUBLIC HEALTH	
PURSUANT TO THE PROVISIONS OF THE GENERAL STATUTES OF CONNECTICUT THE INDIVIDUAL NAMED BELOW IS CERTIFIED BY THIS DEPARTMENT AS ASBESTOS CONSULTANT-PROJECT MONITOR	
CERTIFICATE NO. 000445	CURRENT THROUGH 01/31/16
	VALIDATION NO. 03-147883
STANLEY SZELAG	<i>Stanley Szelaag</i> SIGNATURE <i>Jane Miller</i> SIGNATURE COMMISSIONER

# CERTIFICATE OF ACHIEVEMENT

*This certifies that*

**Stanley J. Szela<sup>g</sup>, Jr.**

*has successfully completed the*

**8-Hour Asbestos Project Monitor Refresher Training Course**

*conducted by*

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



*Principal Instructor: Marc Scatena*

April 14, 2015

*Date of Course*

April 14, 2016

*Expiration Date*



*Gregory Morsch*

*Regional Training Manager: Gregory Morsch*

PMR-1051

*Certificate Number*

April 14, 2015

*Examination Date*

1007586 01 AV 0.378 \*\*AUTO TS 1 1464 06514-20141D -C01-P07595-I



WAYNE T RICCITELLI  
40 CANTERBURY RD  
HAMDEN CT 06514-2014



Dear WAYNE T RICCITELLI,

Attached you will find your validated certificate for the coming year. Should you have any questions about your certificate renewal, please do not hesitate to write or call:

Department of Public Health  
P.O. Box 340308  
M.S.#12MQA  
Hartford, CT 06134-0308

(860) 509-7603  
oplc.dph@ct.gov  
[www.ct.gov/dph/license](http://www.ct.gov/dph/license)

Sincerely,

JEWEL MULLEN, MD, MPH, MPA, COMMISSIONER  
DEPARTMENT OF PUBLIC HEALTH

EMPLOYER ID/COPY

STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH

NAME

WAYNE T RICCITELLI

CURRENT THROUGH

000402

10/31/15

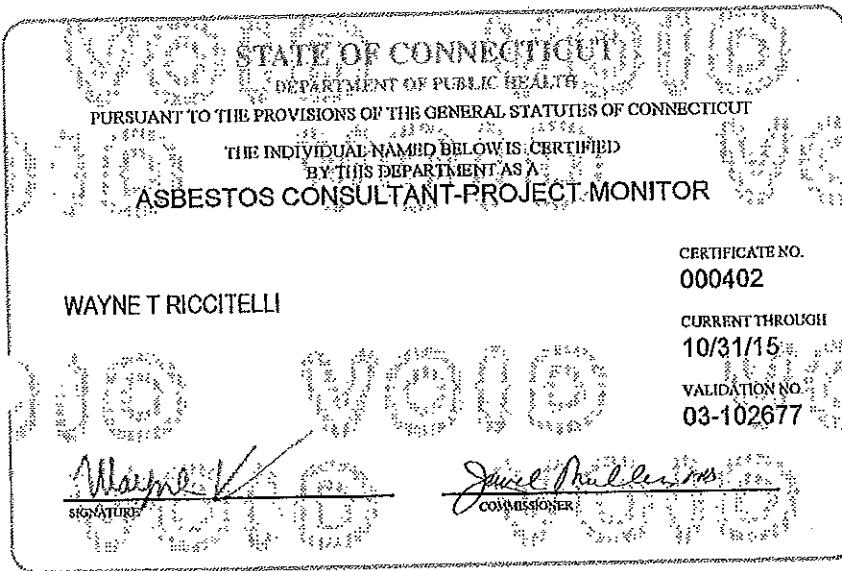
PROFESSION

ASBESTOS CONSULTANT-PROJECT MONITOR

SIGNATURE

INSTRUCTIONS:

1. Attach this card to the inside of your briefcase.
2. Carry it with you in a prominent place in your office or place of business.
3. The card allows for you to check-in prior to entry. If you do not wish to carry the card, place it in a safe place.
4. This employee badge is the previous year's current business identification. In order to obtain employment or privilege, the employer is asked to be presented to the employee and let by them if it is part of your personnel file. Note the cost of this card can be applied to you.



WAYNE T RICCITELLI

CERTIFICATE NO.  
000402

CURRENT THROUGH  
10/31/15

VALIDATION NO.  
03-102677

Signature

WALLET CARD  
STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH

NAME

WAYNE T RICCITELLI

CURRENT THROUGH

000402

10/31/15

PROFESSION

ASBESTOS CONSULTANT-PROJECT MONITOR

SIGNATURE

# CERTIFICATE OF ACHIEVEMENT

*This certifies that*

**Wayne Riccitelli**

*has successfully completed the*

**8-Hour Asbestos Project Monitor Refresher Training Course**

*conducted by*

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



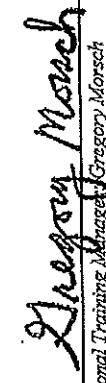
*Principal Instructor: Thomas Dion*

May 13, 2015

*Date of Course*

May 13, 2016

*Expiration Date*



*Regional Training Manager: Gregory Morsch*

PMR-1959

*Certificate Number*

May 13, 2015

*Examination Date*

**STATE OF CONNECTICUT**  
**DEPARTMENT OF PUBLIC HEALTH**  
**PURSUANT TO THE PROVISIONS OF THE GENERAL STATUTES OF CONNECTICUT**  
**THE INDIVIDUAL NAMED BELOW IS CERTIFIED**  
**BY THIS DEPARTMENT AS A**  
**ASBESTOS CONSULTANT/PROJECT MONITOR**

CERTIFICATE NO.	000578	CURRENT THROUGH	09/30/15
VALIDATION NO.	03-055459	CERTIFICATE NO.	000578
VALIDATION NO.	03-056459	CURRENT THROUGH	09/30/15
ASBESTOS CONSULTANT/PROJECT MONITOR			
STEVEN M. DOUGLAS			
<i>Steven M. Douglas</i>			
CONTRACTOR SIGNATURE			

**INSTRUCTIONS:**

1. Detach and store each of the cards on this form.
2. Display the large card in a prominent place in your office or place of business.
3. The wallet card is for you to carry on your person. If you do not wish to carry the wallet card, place it in a secure place.
4. The employer's copy is for persons who must demonstrate current licensure/certification in order to retain employment or privileges. The employer's card is to be presented to the employer and kept by them as a part of your personnel file. Only one copy of this card can be supplied to you.

VISITORS CARD	STATE OF CONNECTICUT	DEPARTMENT OF PUBLIC HEALTH	
NAME	STEVEN M. DOUGLAS	CERTIFICATE NO.	000578
VALIDATION NO.	D3-055459	CURRENT THROUGH	09/30/15
PROFESSION	ASBESTOS CONSULTANT/PROJECT MONITOR	SIGNATURE	<i>Steven M. Douglas</i>
CONTRACTOR			

# CERTIFICATE OF ACHIEVEMENT

*This certifies that*

**Steven Douglas**

*has successfully completed the*

**8-Hour Asbestos Project Monitor Refresher Training Course**

*conducted by*

*Cardno ATC*

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



*Principal Instructor: Tom Dion*

*August 11, 2015*

*Date of Course*

*August 11, 2016*

*Expiration Date*

*Regional Training Manager: Gregory Morsch*

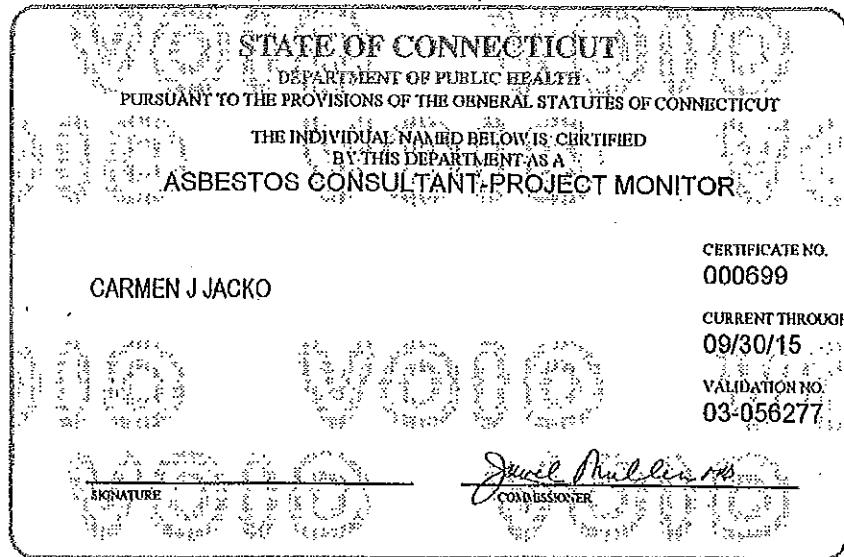
*PMR 1988*

*Certificate Number*

*August 11, 2015*

*Examination Date*





# CERTIFICATE OF ACHIEVEMENT

*This certifies that*

**Carmen Jacko**

*has successfully completed the*

**8-Hour Asbestos Project Monitor Refresher Training Course**

*conducted by*

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



*Principal Instructor: Marc Scatena*

*April 14, 2015*

*Date of Course*

*April 14, 2016*

*Expiration Date*

*Regional Training Manager: Gregory Morsch*

*PMR-1939*

*Certificate Number*

*April 14, 2015*

*Examination Date*



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

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**APPENDIX D**

**Contractor License and Certification**



Shaping the Future

## CONTRACTOR LICENSE AND CERTIFICATION LISTING

Project Name: DURANT HALL  
Project #: 61-22573-0021 T 21024  
Client: CTDCS

Page \_\_\_\_\_ of \_\_\_\_\_

Date: 8-10-2015  
Project Monitor: SACRAMENTO JACKSON  
Project Manager: EJ FENNELL

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

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**APPENDIX E**

**Contractor Daily Log**

## DAILY LOG

PROJECT DurantDAY Wen 3 DATE 3/25/15

ADDRESS \_\_\_\_\_

WORK AREA \_\_\_\_\_

TIME	COMMENTS
7-	on Site, Sign in, Meet w/ C.P. To go over work to Be done (No Working on Lower level Due to High Mold Conditions per C.P.)
7:45	unload truck of supplies
8:15	Begin Select demo on 3rd flr of Divers case/Work etc.
9:30	Break
9:45	Continue with Tasks - Call Ray to order Porter John - (man to wear Organic filters due to Mold in Building Throughout)
12:30	Lunch
1-	Continue with Non ACM clean demo
3:15	Pick up - lock up
3:30	off Site

FOREMAN'S SIGNATURE \_\_\_\_\_

PAGE \_\_\_\_\_ OF \_\_\_\_\_

## DAILY LOG

PROJECT Durant Building, DAY Thurs DATE 3/30/15

ADDRESS \_\_\_\_\_

WORK AREA 3rd & 2nd Sts.

TIME	COMMENTS
7-	on site - sign in - Truck on site w/ th supplies & Panels -
7:30	Continue w/ th 3rd St. Select items of cabinets, doors, windows, coverings etc. Call Jafit to possibly get Water Bib connected to Main line.
9:30	Break
9:45	Cont w/ select items on 3rd St. (Non-Pers) Plan Wearing PPE due to Mold Conditions.
12:30	Lunch.
1-	Finish 3rd St. items
1:30	Move tools & lights to Middle St. to begin Select items of Doors, close work, etc.
3:15	Shut off lights, pick up tools, lock up.
3:30	Off site.

FOREMAN'S SIGNATURE

PAGE \_\_\_\_ OF \_\_\_\_

## DAILY LOG

PROJECT Durant Building DAY Thurs DATE 3/26/15

ADDRESS \_\_\_\_\_

WORK AREA 3rd & 2nd flr.

TIME	COMMENTS
7-	on site - sign in - Truck on site w/ th supplies of Panels -
7:30	Continue with 3rd flr Select items of Cabinets, doors, window coverings etc. Call Jacks to possibly get Water Bib connected to main line.
9:30	Break
9:45	Cont. with select items on 3rd flr. (Non Per.) then wearing PPE due to Mold Conditions.
12:30	Lunch.
1-	Finish 3rd flr items
1:30	Move tools & lights to Middle flr to begin Select items of Doors, Case work, etc.
3:15	Shut off lights, pick up tools, lock up.
3:30	off site -

FOREMAN'S SIGNATURE

PAGE \_\_\_\_ OF \_\_\_\_

## DAILY LOG

PROJECT Durant Hall DAY Mon DATE 4/20/15

ADDRESS \_\_\_\_\_

WORK AREA Main FIR - (2nd FIR)

TIME	COMMENTS
7-	2 men on Demo of Case Work, doors, windows dressing - non ACM clean dems
9:30	Break
9:45	2 men Continue with non ACM dems on Main Fir
12:30	Lunch
1-	Men back on Task of Select non ACM dems
3:15	Pick up tools - Put in Gang Boxes
3:30	off Site.

FOREMAN'S SIGNATURE

PAGE \_\_\_\_ OF \_\_\_\_

## DAILY LOG

PROJECT Dorothy Hall

DAY Tues

DATE 5/26/15

## ADDRESS

## WORK AREA

TIME	COMMENTS
7-	on Site - Sign in - Continue with Select demo on Main flr (2nd flr) of Doors, Cabinets, Window dressing etc. Talk to Workers about GFCI's Because of House Power, no Temp panels in. (EC-Going Floor to FLR Locating & danger taping elect Boxes.
9:30	Break
9:45	Cont. on Main flr With Select demos of Rms E.C. Putting up Signage. on Access Point in Work Areas.
10:30	Bring over Flat Bed & Remove Water tank.
11:30	Lunch
1-	Cont With tasks of Select demo.
3:15	unplug all tools Pick up - lockin Box - Secure all Doors
3:30	of Site.
note:	Call to ext lift & Skid steer off Plant

**FOREMAN'S SIGNATURE**

PAGE \_\_\_\_\_ OF \_\_\_\_\_

## DAILY LOG

PROJECT

Durant

DAY

Wens

DATE

5/27/15

ADDRESS

WORK AREA Main Str.

TIME	COMMENTS
7-	on Site, Sign in - Workers Continue With Main Str. Demo. E.C. Identifying Areas of ACM material.
9:30	Break
9:45	Workers Back on tasks - E.C. Set up Wash area in lower level
10:45	Wash Station Good.
12:30	Lunch
1	Continue With Select Demo. E.C set up office of demo Cabinets in Nurses area to Motor Room for Gang boxes & supplies.
3:10	Pick up tools - shut off water in basement Secure doors.
3:30	off Site.

FOREMAN'S SIGNATURE

PAGE \_\_\_\_ OF \_\_\_\_

## DAILY LOG

PROJECT Durant Hall

DAY 5/28/15 DATE Thurs

ADDRESS \_\_\_\_\_

WORK AREA Demarkation of Work Area.

TIME	COMMENTS
7-	on site - Sign in - Safety talk about House <del>Person</del> Keeping in your work area to prevent Slips & falls - Continue with Door & Window dressings (Curtains/Blinds) in Rooms on Main flr.
9:30	Break
9:45	Continue with tasks. E.C. Continues in office Area with Cabinet demo & shelf demo.
12:30	Lunch.
1-	Office area set up with tools & supplies in one area. Continue with Select demo
3:15	Put tools away, unhook all cords, Turn off Water, Secure doors
3:30	Off Site.

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## DAILY LOG

PROJECT

Desert Hell

DAY

Fri

DATE

05/29/15

ADDRESS

WORK AREA Main St

TIME	COMMENTS
7-	on Site Sign in. Continue w/ th Select demo to locator & Confirm non Acme material
9:30	Break.
9:45	Back on task of Select demo
12:30	Lunch
1-	Continue w/ th tasks /ceilings/wet walls etc-
3:15	pick up / lock up-
3:30	off site

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## DAILY LOG

## PROJECT

Dwight Hall

-DAY Mon

DATE

6/1/15

## ADDRESS

## WORK AREA

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## DAILY LOG

PROJECT Durant Hall DAY Tues DATE 6/2/15

ADDRESS \_\_\_\_\_

WORK AREA Main flr Ceilings

TIME	COMMENTS
7-	on Site, Sign inz demo Ceilings on <del>basement</del> basement to Confirm no ACM material above ceilings on Pipes/Elbows. (PPE for bld)
9:30	break
9:45	back on select demo for Confirmation on No acm. (PPE)
10-	order More organic Filters for Half face.
12:30	lunch
1-	Continue With tasks
3:15	Pick up tools, Shut off light, Turn off Water Source/Secure building -
3:30	off Site

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## DAILY LOG

PROJECT

Durant Hall

DAY

Wens

DATE 6/3/15

ADDRESS

WORK AREA Main St

TIME	COMMENTS
7-	Sign in - Continue With Selective demo for exploration purposes to Confirm no ACM above Ceilings & in Wet Walls
9:30	Break.
9:45	Continue With Tasks & Selective demo
10:30	exploration for suspect Material Complete - move to <del>second</del> 3rd Flr for same purpose (opening walls and locating ACM suspect Materials)
12:30	Lunch
1-	Back on tasks
3:15	Pick up tools, unhook Cards, Shut off Water in Basement.
3:30	Off Site.

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## DAILY LOG

PROJECT

Durant Hall

DAY

Thurs

DATE

6/4/15

ADDRESS

WORK AREA Main Flr.

TIME	COMMENTS
7-	on Site Sign in - all Workers on Select demo on Main Flr - Partial Ceiling demo/ Cabinets / Window dressing / doors - etc.
9:30	Break
9:45	Continue with Selective demo tasks.
11:15	open Select Areas in Bath Rm Walls to Confirm no ACM.
12:30	Lunch
1-	Continue with Select demo (2) Continue with Wet Wall exploration (2) involves sink removal to gain access
3:15	Pick up tools / unhook cords & lights / secure building
3:30	off Site.

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## DAILY LOG

PROJECT

Doront Mall

DAY

Fri

DATE

6/5/15

ADDRESS

WORK AREA Main flr.

TIME	COMMENTS
7- on site Signs - Continue with selective demo on Main flr - Ceilings /Heaters / wall units /window dressings etc.	
9:30 Break	
9:45 Continue with select demo .	
12:30 Lunch	
1- Continue with tasks of Select Demos	
3:15 Pick up tools - lock Gang boxes - Go around and check doors & windows shut off water	
3:30 off Site	

note: No Wall Demo to be started until electrician Kill Power  
No lights being demoed.

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## DAILY LOG

PROJECT

Durant Hall

DAY

Mon

DATE

6/8/15

ADDRESS

Main St / 3rd St.

WORK AREA

TIME	COMMENTS
7-	on Site Sign in - 3 men on Main flr finishing Clean up / 2 on 3rd flr to begin demo of Cabinets (kitchenettes) Bath Rm fixtures, Heaters etc.
9:30	Break -
9:45	Continue w/ 3rd flr & Main flr Tasks.
11:30	all workers on 3rd flr to Cont. w/ Select Demos on ACM. 1st on Site -
12:30	Lunch -
1-	Continue w/ all Tasks on 3rd flr
3:15	Pick up tools / lock Gang boxes.
3:30	Secure building off Site -

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## DAILY LOG

PROJECT

Desert Hall

DAY Tues

DATE

6/9/15

ADDRESS

WORK AREA 3rd flr

TIME	COMMENTS
7-	On Site - Sign in Continue with Demo on 3rd flr of Ceilings, Doors, Bath Rms Etc.
9:30	Break
9:45	2 men locate CTI into rooms - 3 Continue on Demo
11-	Test electrical to Hooks & Dishwashers to be demoed. all Tasks Cont.
12:30	Lunch - Electrician on site to go over Safety Plan for electrical disconnect in all work areas.
1	Cont. Demo in Kitchens / Bath Rms on 3rd flr.
2:15	Pick up tools / pack up
3:30	Off site.

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## DAILY LOG

PROJECT Durant Hall DAY Wens DATE 6/10/15

ADDRESS \_\_\_\_\_

WORK AREA Basement

TIME	COMMENTS
7- on Site - Sign in - Mechanic on Site to Drop off MT-52 Bobcat - Continue Ceiling Demo in Basement	
9:30 Break	
9:45 Continue With Demo - Mechanic Topping off all fluids in Machine and Making Sure it runs Properly.	
11- Mechanic off Site - Crew Continues with demo.	
12:30 lunch -	
1- <del>off site</del> Back on task of Demo - PPE in Basement because of Mold.	
3:10 unplug all tools - shut off lights - Wash up - Shut off Water - Secure Building -	
3:30 off Site.	

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## DAILY LOG

PROJECT Durant Hall

DAY Thurs DATE 6/1/11

## ADDRESS.

WORK AREA lower level

TIME	COMMENTS
7-	on Site Sign in - Continue W/ lower level Ceiling demo in Hall. ( all Persons )
9:30	Break
9:45	Back on task of lower level Ceilings / PPE required <del>to</del> do to Hall Conditions. 2 Persons on House Keeping of Traffic Area
10:30	locate Main Water lines to determine if in fact They are off / They are off.
12:30	Lunch
1-	Back on tasks Ceilings & House Keeping of Hall Ways.
3:15	Pick up tools, unplug all Cords, Shut off Water Check & Secure all Doors
3:30	off Site .

note - Tool Box Talk on The Hazards of Mold & Proper PPE

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## DAILY LOG

PROJECT

Durant Hall

DAY Fri

DATE 6/12/15

ADDRESS

WORK AREA all FIRS.

TIME	COMMENTS
7-	on Site Sign in - Clean up on all FIRS/ set up snow at access points to restrict Pedestrian traffic -
9:30	Break
9:45	locate Main Breaker Rm access for Power Hookup Access/Larry Coronato to be on site 6/15/15 Continue with Housekeeping and limiting Access.
11-	Begin demo of Bath Rm Stalls & fixtures on Main FIR
12:30	Lunch (Snow fence finished)
1-	2 men Cont. Bath Rms, Basement Clean up Continues - Place order with Warehouse for Supplies.
3:15	Pick up all tools - Shut off Water - unhook Cords - Secure all doors
3:30	off Site

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## DAILY LOG

PROJECT

Durant Hall

DAY

Mon

DATE

6/15/15

ADDRESS

WORK AREA Basement of Main FIR

TIME	COMMENTS
7-	On site Sign in - 3 workers in basement on cleanup. 5 workers on Main FIR Hall removing ceiling grid; Tying back lights and Demo. Tool Box talk on Wet Sirs / Roof Drains leak, and ladder use.
9:30	Break
9:45	Continue w/ th Tasks.
11-	2 main Halls, ceilings removed begin side Runs cleanup as work is being done.
12:30	Lunch
1-	Continue with all tasks - Larry on site to hook up power panel in prep to shut down power in building. Panels will not be energized yet.
3:15	Pick up tools - secure building.
3:30	Off Site

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## DAILY LOG

PROJECT Durant HallDAY TuesDATE 6/16/15

ADDRESS \_\_\_\_\_

WORK AREA \_\_\_\_\_

TIME	COMMENTS
7-	on site - Sign in - Demo Ceilings in CESS Rms on Main Flr. & Basement - Open up Remaining basement wet walls to look for Suspect ACM.
9:30	Break
9:45	Continue with all Tasks.
10:45	Begin Clean up of removed Ceilings / separate Materials
12:30	Lunch
1-	Back on tasks.

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## DAILY LOG

PROJECT Durant Hall DAY Wens DATE 6/17/15

ADDRESS \_\_\_\_\_

WORK AREA Main FlR. & lower level.

TIME	COMMENTS
7-	On Site - Sign in - Continue Cleaning on Main flr and Continue with Ceiling demo & Wall demo in Basement.
8-	Call & order 6 Halogen Work lights (Ray)
9:30	Break
9:45	Continue with tasks. Cleanup of Basement Ceilings.
10:10	Harold from a maintenance showed me the location of Sewers for placement of track pad & Cans -
11-	Begin demo of Gym ceiling in lower level 2 people - Scissor lift - tie off with Harness.
12:30	Lunch
1-	Continue with task - clean up & Demo
3:15	Pick up tools, unplug cords, lock up, shut off water.
3:30	Off Site

## DAILY LOG

PROJECT

Durant Hall

DAY

Thurs

DATE

6/8/15

ADDRESS

WORK AREA

TIME	COMMENTS
7-	on Site, Sign in, Continue in Basement With Ceilings (all) - Continue with Main fir Clean up / Bag up fiberglass insulation & separate materials into piles.
9:30	Break
9:45	Continue with tasks. - Larry Corona to be on site (6/19/15 in AM)
12:30	Lunch (Cobey on site with lights.)
1-	Back on task - Basement clean demo - Demo Ceiling in Cafeteria area.
3:15	Pick up tools, unplug Cords, Shut off Water
3:30	Off Site.

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## DAILY LOG

PROJECT

Durant Hall

DAY

Fri.

DATE

6/19/15

ADDRESS

WORK AREA

TIME	COMMENTS
7-	on Site, Signin, finish Basement Ceilings Start Clean up in Cafeteria area. Put light together
9:30	Break
9:45	Larry Corona on Site. For shutdown of Building power. AAIS to assist.
12:30	Power is Dead! Larry Explained to Crew The importance of Checking <u>all</u> Circuits and How to use a tester.
1-	lunch.
1:30	Clean up Continues
3:15	Pick up, shot off slatbar
3:30	off Site

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## DAILY LOG

PROJECT

Durant Hall

DAY

Mon

DATE

6/22/15

ADDRESS

WORK AREA

TIME	COMMENTS
7-	on site Sign in - Al Conrad on site to Six Walk behind - 2 on Clean up / 2 with E.C. to Verify That all electrical Panels are 100% off line - Checked With tester's after Verifying The tester work in our panels.
9:30	Break.
9:45	Demo of lights & mechanicals - Test as we proceed to Confirm electrical disconnect.
12:30	lunch
1-	Mechanical & light Demo Continues - always Confirm electrical is off line 100%
3:15	Pick up tools, Shut off lights, Shut off Water.
3:30	Secure building / off site.

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## DAILY LOG

PROJECT Dorant Hall DAY Tues  
 DAY Mon DATE 6/23/15

ADDRESS \_\_\_\_\_

WORK AREA \_\_\_\_\_

TIME	COMMENTS
7-	on site / sign in - go over with People the importance off electrical Testing to Confirm disconnect. Continue MEP demo
9:30	Break
9:45	Continue With Mechanical's demo - Confirm with Harold from Facilities & Visually that light do not contain PCB's.
12:30	Lunch
1-	Continue With Task of Mech demo and Continually Confirm electrical of lines as work progresses
3:15	Pick up, lock up, shut off lights
3:30	Secure building / off site.

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## DAILY LOG

PROJECT

Durant Hall

DAY

Wens

DATE

6/24/15

ADDRESS

WORK AREA main flr

TIME	COMMENTS
7-	on Site -Sign in - Harold opens up Elevator Room - Workers Continue With MEP'S
9-	Delivery of Supplies & Send Back 3 red Vacs & Gas Meter
9:30	Break
9:45	Continue With MEP'S on Main flr - Remove ballasts & bulbs from lights (Non PCB Containing)
12:30	Lunch
1-	Back on all tasks of Mep's & Bulbs & Ballists.
3:15	Pick up tools, shut off lights & water. Secure doors & windows.
3:30	off Site

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## DAILY LOG

PROJECT

Durant Hall

DAY

Thurs

DATE

6/25/15

ADDRESS

Main Flr

TIME	COMMENTS
7-	on Site - Sign in - Continue with Demo of MEP's of lights (Bulbs + Ballasts).
8-	Measure doors & windows that will be demand for load out purposes. Locate Staging Area to put C&D Cans
9:30	Break
9:45	Continue with tasks - Demo of Mechanicals - Test any & all electrical as we proceed.
12:30	Lunch
1-	Back on task of mechanical demo.
3:15	Pick up
3:30	Off site.

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## DAILY LOG

PROJECT Durant HallDAY TuesDATE 6/30/15

ADDRESS \_\_\_\_\_

WORK AREA Main St

TIME	COMMENTS
7-	on Site - Sign in - Continue with MEP's. on Main St North Hall and Rms.
9:30	Break
9:45	Back on task of light & MEP Demo Stack all demo off to the side.
12:30	Lunch.
1-	Back on Task of lights & MEP's on Main St.
3:15	Pick up tools, lock up, Wash up.
3:30	Off Site

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## DAILY LOG

PROJECT DurantDAY Wen DATE 7/1/15

ADDRESS \_\_\_\_\_

WORK AREA Main St - Cofa + Hall

TIME	COMMENTS
7-	on Site - open up-Sign in Continue demo of Meps in Cofa area of adjacent Halls.
9:30	Break
9:45	Continue with tasks -
10:30	Call Roy for Supplies /ia- lumber, Filter Fabric etc- for track pad for dumpster load out Area.
12:30	Lunch
1-	Continue with tasks
3:15	pick up tools, lock boxes. Secure building
3:30	off site

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## DAILY LOG

PROJECT Dorant Building DAY Thurs DATE 7/2/15

ADDRESS \_\_\_\_\_

WORK AREA \_\_\_\_\_

TIME	COMMENTS
7-	on Site, Sign in, Continue With Demo in Kitchen & Server Area (MEP'S) Cut & Drop lights.
9:30	Break
9:45	Pick up Dropped lights & material stack out of Way, Continue With Mep Demo
12:30	Lunch
1-	Back on tasks of Clean Demo.
3:15	Pick up, lock up.
3:30	off Site.

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## DAILY LOG

PROJECT Durant Building DAY Fri DATE 7/3/15

ADDRESS \_\_\_\_\_

WORK AREA Main Flr.

TIME	COMMENTS
7-	9 Workers on Site Signed in. 3 men demo Demo North Hall Entry - 6 Demo in Walks in North Hall for load out Area.
9:30	Break
9:45	Continue With Tasks - Put removed Materials into adjacent Rm. Gather Plywood, lumber & fasteners to build double door @ North Entrance for 2nd load out.
11-	Wall demoed in their entirety / demo adjacent Boys/Girls main flr shower-Bath rms.
12:30	Lunch
1-	Continue With tasks of Building doors & demo
3:10	Pick up all Tools, lock in Box, unplug & turn off lights Workers Wash up - Secure doors & Windows, Turn off Water
3:30	off site.

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## DAILY LOG

PROJECT Durant Building DAY Mon DATE 7/6/15

ADDRESS \_\_\_\_\_

WORK AREA Main St.

TIME	COMMENTS
7-	on site, Sign in, Continue Main St. Demo Put up Silt Fence where track pad is going for load out. (1maz)
9:30	Break
9:45	Continue with demo - Stone & Process will be delivered in AM for track pad (7/7/15). Roll out Silt fabric and Spike down
12:30	Lunch. (loadout area finished)
1-	Continue with demo of W.W. Rms - on Main St.
3:15	Pick up, lock up, 5 hot of water
3:30	off Site.

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## DAILY LOG

PROJECT

Dwntn Building

DAY Tues

DATE 7/7/15

ADDRESS

WORK AREA

Main St.

TIME	COMMENTS
7-	on Site, Sign in, Continue with N.W. main St. Hand demo, demo S.W. End walls to open Hallway
7:40	1st tri axle on site with stone for track pad.
9:30	Break (stone spread)
9:45	Finish N.W. Hallway Wall to open up wall
11-	Process Material on Site & Call boy to order 1 C&D Can (30yd) for AM delivery. Hall wall finished back to Rm demo.
12:30	Lunch.
1-	Continue wall Demo & finish Pad.
2-	Pad finished, ready for Can delivery.
3:15	Pick up tools, Shut off lights, Turn off water lock up, Secure building
3:30	off site

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## DAILY LOG

PROJECT Durant Building DAY Wens DATE 7/8/15

ADDRESS \_\_\_\_\_

WORK AREA Main Dr.

TIME	COMMENTS
7-	on site, sign in, Check machines (oil, fuel/etc) Demo Continues
7:30	C&D Can on site, 2 men remove window to make load out access in W.W. Room
8-	Build load out doors.
9:30	Break
9:45	Back to demo in MainDr Hall - Place dust barrier and Set up mg Air at N.E. rear entry for total 1st flr dust Control. 2 men finish doors for load out Area #2.
11-	Doors finished, all workers on demo.
12:30	Lunch.
1-	Continue with the demo
3:15	pick up, Turn off lights, shut off water, lock up secure building
3:30	off site.

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## DAILY LOG

PROJECT DurantDAY Thurs DATE 7/9/15

ADDRESS \_\_\_\_\_

WORK AREA Main F/R N Hall

TIME	COMMENTS
7-	on Site-Sign in - 2 men demo Sheet Rock Walls in North Hall and adjacent Rooms 2 Workers Set up decon, & dust Controls all Workers to Wear PPE.
9:30	Break
9:45	2 Workers demo kitchen appliances on Main Stir Cafe 2 on demo on Main F/R. Load C&D Cans 2 Cans for 7/10/15
12:30	Lunch.
1-	Continue with Testis.

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## DAILY LOG

PROJECT

Durant Building

DAY

Fri

DATE

7/10/15

ADDRESS

WORK AREA Main SIC.

TIME	COMMENTS
7-	on Site - Sign in - Tool Box talk on Machine Operation Safety → <del>(eye contact</del> and being away of your surroundings) 2 men load out - 2 workers dismantle Cabinets.
9:30	Break
9:45	Continue with tasks. of loading C&D and loading out Material.
11:30	Weld on MT-52 Brake / Called Roy to order a Small Skidsteer. Continue loading (With 1 machine.
12:30	Lunch.
1-	Continue loading C&D.
1:30	2nd C&D can delivered.
3:10	Sweep up Site Around load out Area & Track Pad. unplug Cords Shut off Water.
3:30	off Site.

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## DAILY LOG

PROJECT

Durant Building

DAY Mon

DATE

7/13/15

ADDRESS

WORK AREA Main Fir.

TIME	COMMENTS
7-	on Site-Sign in- Continue With Mainfir C & D load out.
9:30	Break
9:45	Continue With Tasks
11-	Cat H Ray for 2 C&D'S for 7/14/15 Continue With Demo -Skin Walks in N.E. Corridor on CMU Support Walks.
12:30	Lunch.
1-	All Workers Continue Skinning CMU Wall and removing associated framing & Conduit. 1 worker loading C&D Can.
3:-	Secure load out Area Doors With Plywood.
3:15	Pick up, lock up, Shut off lights & Water.
3:30	Secure doors off SITE.

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## DAILY LOG

PROJECT

Durant Building

DAY Tues

DATE 7/14/15

ADDRESS \_\_\_\_\_

WORK AREA Main St.

TIME	COMMENTS
7-	on Site - Sign in, Can Swapped (C&D) Cont @ Loading out C&D
8:30	Bring up lift to Main St. To demo High Areas.
9:30	Break
9:45	Continue With C&D loading / Demo of High Areas With lift. finish Cleaning out Cafe Area & load into Can.
10-	United rentals on site With 2nd Skidsteer. All Workers in PPE due to Mold in The Building.
12:30	lunch
1-	Continued With All Task's. 1:15pm To Pull Can to Empty & return. All workers Continue With Demo & load out.
2:45	2 Workers Clean roadway & sweep up
3:15	Pick up tools - Wash up - Shut off lights + water
3:30	Secure building / off site

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## DAILY LOG

PROJECT

Durant Building

DAY

Wens

DATE

7/15/15

ADDRESS

WORK AREA

TIME	COMMENTS
7	on Site-Sign in - CWPM Subp C&D can 2 men on load out With SkidSteers / 2 on making load out door Wider / 2 on lift in Cafe Hall derping MEP's / 2 Skinning Steeltrack in Dish Washing Room
9:30	Break
9:45	Door opening finished all others on tasks. 1 man Hanging parts Cable Supply-
10:15	2 on load out (C&D) all on Demo.
12:30	lunch
1	Continue with Demo in All areas on Main flr. & loading Cans.
2:45	3 men Secure load out Area with Hard Barrier, 2 men sweep up Road & Clean front load out Area.
3:15	Pick up Tools-Wash up-Shut off lights+Water
3:30	off Site.

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## DAILY LOG

PROJECT Durant Building DAY Thurs DATE 2/16/15

ADDRESS \_\_\_\_\_

WORK AREA Main Flr.

TIME	COMMENTS
7-	On Site-Sign in - 3 men Continue Demo on Main flr Hall & Class Rms. 2 rearrange Neg Airs & Change filters - 3 Continue Demo in Cafe-Kitchen Area.
8-	Delivery <del>as</del> on site - Supplies Delivered. ATC on site Show ATC Areas of Assumed ACM (Red in Color-Cementitious) Asbestos (th ??))
9:30	Break
9:45	Continue with tasks (E.B.Jr. to Pickup Fuel <del>@ 10:30</del> <del>for</del> )
11:30	ATC Gathering their samples (Red Material)
12:30	Lunch → (1:30 PM swapped 30' id C&D).
1-	Cont. loading out C&D, 2 men had Barrier broken Side Window) All others Continue with Demos.
3:15	Pickup Tools, lock all doors, & shut off Water & lights
3:30	off Site.

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## DAILY LOG

PROJECT Want Building DAY  DATE

ADDRESS \_\_\_\_\_

WORK AREA Main Fl.

TIME	COMMENTS
7-	On Site - Sign in - Continue Clean demo on Main Flr of HallDay, Class Rms, and Dining Area (swamp Roll & Dump full C&D)
8-	Cover Holes in flr with 3/4 inch Ply X 2
9:30	Break
9:45	Continue with tasks of demo on Main Flr, cell Areas. Load out C&D to Can.
12:30	Lunch.
1-	Back on tasks of Demo on Main flr. and loading C&D.
3:10	Pick up tools, Turn off lights, Police load out Areas, unplug Cords. Secure all doors & Hard Barriers.
3:30	Off Site.

Note: Same on Site @ 9:- To take rental truck

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## DAILY LOG

PROJECT Dorant BuildingDAY Mon DATE 7/20/15

ADDRESS \_\_\_\_\_

WORK AREA Main Flr Demo

TIME	COMMENTS
>	on site - Sign in - Continue Demo on Main Flr and Cse Area. Turn on Water Demo Drywall off Block Walls in Cse & Main Hall @ Stairs.
9:30	Break
9:45	Continue with Hand demo @ Landing at C & D.
11-	Continue Demo of Walls
12:30	Lunch
1-	Back on Main flr demo flood out.
3:15	Pick up - Clean up - Secure doors & Windows Shut off Water
3:30	off Site

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## DAILY LOG

PROJECT Durant Building DAY Tues DATE 7/21/15

ADDRESS \_\_\_\_\_

WORK AREA Main Flr & S.E. Stair

TIME	COMMENTS
7-	on site-Sign in-Begin Poly Prep of South East Stair (3 flrs) ACM + Clean up Cafe & Kitchen Area. Al Conrad on site fixing Hoses on Rental, & Taking Part #'s from 287 for Service.
9:30	Break
9:45	Continued with Tasks. Poly Prep & Clean up. Place order with Kenny.
10:30	Put Hay @ Water run off locations.
12:30	Lunch.
1-	Continue with Tasks - Poly Prep of S.E. Stairway & landings - Finish Cleaning Cafe/Common Area and load out Glasta - CPO
3:15	Pick up - Clean up - Shut off Water - Secure doors & Windows.
3:30	Off Site.

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## DAILY LOG

PROJECT Durant Building DAY (Mon) DATE 7/22/15

ADDRESS \_\_\_\_\_

WORK AREA \_\_\_\_\_

TIME	COMMENTS
7-	on Site Sign in - 3 worker Continue Poly prep of S. East Stair way & Begin Poly Prep of S. West Stair.
9:30	Break
9:45	Poly Prep Continues in S.E & S.W. Stairs
10-	Delivery of Supplies from Warehouse
11:30	Prep Continues
12:30	Lunch
1-	Continue With Prep.
3:15	Pick up tools - Turn off lights & Water Secure doors, Windows & Gang boxes
3:30	off Site

FOREMAN'S SIGNATURE

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## DAILY LOG

PROJECT Durant Building DAY Thurs DATE 7-23-15

ADDRESS \_\_\_\_\_

WORK AREA East Stairwell & South Stairwell

TIME	COMMENTS
7-	on site - Sign in - Poly Prep of East and South Stairwells (3 flrs) East Stair #1 Neg Airs setting up. Finish Bottoms
8:30	Begin decon Set up Tent #1 Stairs East.
9:30	Break.
9:45	Finish East Stair Tent, Decon, Neg Air Tape tables, Etc. Men Continue Poly Prep of South Stair (3 flrs)
11:30	Tent in East Stair good → Charge Hepar in 2 Machines (New)
12:15	Shower out 1 man
12:30	Lunch.
1-	Continue in South Stair Poly Prep - Dive in East Stair / Remove FIR Tile
3:10	Shower out
3:15	Pick up Tools / shut off Water / Secure Building,
3:30	off Site.

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## DAILY LOG

PROJECT

Durent Building

DAY

Fr.

DATE

7/24/15

ADDRESS

WORK AREA East of North South Stairways

TIME	COMMENTS
7-	on Site - sign in - Poly Prep of South Stair Continues (3 flrs) Bag out in East Stair
7:15	Dive for Bag out.
8-	Bag out finished - Remove Plastic.
9:15	Shower out
9:30	Break
9:45	Back on tasks - Remove mastic in East Stairs - Poly Prep in South Stairs
12:15	Shower out
12:30	Lunch
1-	Continue with Mastic Removal in East Stair and poly prep in South Stair
3:10	Shower out East Stair (3)
3:20	Pick up tools / lock up / Secure Doors and Windows.
3:30	off Site

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## DAILY LOG

PROJECT Durant Building DAY Mon DATE 7/27/15

ADDRESS \_\_\_\_\_

WORK AREA East Stair & Storage Rms

TIME	COMMENTS
7 -	on Site, Sign in, 3 finish removing Mastic in Tent #1 / 3 on poly prep in storage area
9:15	Shower out Tent #1
9:30	Break
9:45	Continue with tasks. Poly Prep of Storage Areas Main Flr. Continue with Mastic removal in tent #1.
10:45	Send in 2-4" Grinders. (edges & corners)
12:15	Shower out
12:30	Lunch
1 -	Continue - Finish Corners - Finish Poly prep of Storage Areas. on Main Flr.
2 -	Send out Tools & supplies / Final Cleaning Begins.
2:30	Bag out 18 Bags.
3:10	Shower out - Pick up tools - Secure building.
3:30	off Site
note 2nd decor set up delivered on site.	

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## DAILY LOG

PROJECT Durant Building DAY Tues DATE 7/28/15

ADDRESS \_\_\_\_\_

WORK AREA South Hallway Stairs

TIME	COMMENTS
7-	on Site - Sign in - 2 men in Main Hall Storage Area Tent Removing Tile & Plastic 1 man Cleaning up C & D 4 men Finishing South Hall Stairway.
8 -	1 man lock down East Stair (tent #1)
9:15	shower out Tent #2 storage bins
9:30	Break
9:45	Back on Task - Tent #2 storage bin - finish decon & putting tools into Tent #3 / South Stairway - Prep for Tent #4
10:30	ATC on site - set up for PCR. Dive tent #3
12 -	Bag out Tent #3 South Stair 31 Bags
12:15	Shower out
12:30	Lunch
1 -	Back on p@ly Prep - Tear down Tent #2 & plastic removal in tent #3, Final Clean & lock down.
3:15	Shower out Tent #3 - Pick up - Turn off lights & water
3:30	off Site

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## DAILY LOG

PROJECT Durant BuildingDAY Wens

DATE

7/29/15

ADDRESS \_\_\_\_\_

WORK AREA Main St

TIME	COMMENTS
7-	on Site - Sign in - 2 men in South Stair removing Mastic - 2 men Tearing down tent #1 - 3 men prep N.E. Stair
8-	Bag out Poly to trailer (32 bags) Teardown
9:15	Shower out tent #3 - delivery from a warehouse
9:30	Break -
9:45	Continue poly prep in N.E. Stair - Remove mastic in tent #3 (S. stair) demo door to Fan Rm to access Tile fir - demo duct work in Fan Rm; Tile runs under.
10:30	Call Ray, get Skidsteer off Rent.
11-	Put up Plywood in Fan Rm opening as fall stop.
12:15	Shower out tent #3
12:30	lunch.
1-	mastic removal in tent #3 Cont - poly fan Rm & N.E. Stair.
3:10	Shower out - Pick up tools - Secure doors Turn off lights & water - lock Gangu boxes.
3:30	off Site.

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## DAILY LOG

PROJECT Durant Building DAY Thurs DATE 7/30/15

ADDRESS \_\_\_\_\_

WORK AREA South Stair / 3rd Flr Fan Rm & Closet

TIME	COMMENTS
7 -	on Site - sign in - Prep Fan Rm & Closet on 3rd Flr - Remove mastic in South Stair. Fan Rm (42 ft)
7:10	Dive & Poly.
8:30	San Rm finished - 2 men move onto Polying nurses off. Storage Rm. (50ft) - Start edges in S. Stair
9:15	Shower out tent #3
9:30	Break.
9:45	2 finish nurses / 2 finish 3rd flr storage / 2 finish South stair edges
10:30	2 start Water Tank (exp) closet (Wrap tank)
11 -	2 additional men in tent #3 to help final clean
12:15	Shower out
12:30	Lunch
1 -	Continue with same tasks / Poly / final Cleaning

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## DAILY LOG

PROJECT

Dorant Building

DAY Fri

DATE

7/31/15

ADDRESS

WORK AREA Mainfir

TIME	COMMENTS
7-	on Site - Sign in - 2 men set up Neg Air in 2nd storage main fir - 1 man lock down South Stair - 6 people Poly Prep N.E. Stair.
9:30	Break
9:45	Continue with N.E Stair Poly. 2 men dive into Tent #4 storage Rm N.
10:15	South Stair Rm Passed. Begin Tear down
11:30	Move & Set up clean at N.W. Stair.
12-	Storage Rm tent Passed PCM.
12:30	Lunch
1-	Finish N.E. stair setup - Final Clean Tent #4 - Tear down Tent #3 (South Stair) Move off to do abatement (VCT) next week.
2-	Bag out
3:15	Pick up Tools - Turn off light & Water - Secure building
3:30	off Site

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## DAILY LOG

PROJECT Durant Building DAY Mon DATE 8/3/15

ADDRESS \_\_\_\_\_

WORK AREA Main FIR

TIME	COMMENTS
7-	on Site-Sign in - 3 in U.F. Stair 4 demo South Main FIR Bath Rms. Move office (2) 2 <del>set</del> set up small Tent in 3rd fir closet with neg Air & Fan Rms with neg air.
8 -	Bag out 20 Bags Put in trailer.
9:15	Shower out S. Stair
9:30	Break
9:45	Back on South Stair & demo ATC Air Test tent #4 Storage Areas. Warehouse driver on site taking of leaving Supplies.
11:15	PCM Good Tear down. Tent #4
12:15	Shower out N.E. Tent (#5)
1-	4 Back in Tent #5 Continue with Bath Rm demo and walls @ elevator shaft. (Load out)
2:15	Bag out, send out tools, Start final Cleaning.

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## DAILY LOG

PROJECT Durant Building DAY Tues DATE 8/4/15

ADDRESS \_\_\_\_\_

WORK AREA Main Flr & lower level Entrance (loading dock)

TIME	COMMENTS
7 -	on Site - Sign in - 2 on ACM in Fan Rm & Cost Closet on 3rd Flr - 4 on Main Flr Foyer demo - 5 on Poly Prep in lower level loading dock entrance
7:30	A1 on site Servicing 287 - Tent #6 Active
8:20	Iman starts Tent #8
9:15	Shower out
9:30	Break
9:45	4 on Main Flr Demo By mounds of Sic (load con) / person hook up deg Air in Tent #8 - 1 Finish #7 / 5 Poly storage Rm in lower level & Finish Entry @ loading dock -
11:30	Tent #7 Finish - Shower out - Bring all Tools to Tent #9 and Prep decon of neg Air, etc.
12:20	Wash up for lunch
12:30	Lunch
1 -	Continue w/ all tasks / Poly Prep lower level Clean Demo Main Flr / Finish Set up of #9
1:30	Dive in Tent #8

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PAGE 1 OF 2

DAILY LOG

PROJECT Durant Building DAY Tues DATE 8/4/15

ADDRESS \_\_\_\_\_

WORK AREA all over

TIME	COMMENTS
1:40	Can't call for Sleep in AM / United rental Picked up John Deer Skidsteer- - Stage denoed Material inside off to The side.
3 -	Tent #8 Final Cleaned - Shower out - Put all tools away
3:15	All Workers Pick up tools - Shut off lights, Turn off Water - Lock Gang boxes - Secure Windows & Doors
3:30	off Site.

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## DAILY LOG

PROJECT Dorant Building DAY Wens DATE 8/5/15

ADDRESS \_\_\_\_\_

WORK AREA \_\_\_\_\_

TIME	COMMENTS
7-	on site-Sign in - 4 men in lower level Poly inc 1 man dive in tent #9 - 4 demo Foyer Area.
7:10	Dive - Remove & Bag up FIR Tile.
8-	Remove Plastic Tent #9 - Load out C&D C/WPM Sweep Car.
9:15	Shower out Tent 9
9:30	Coffee
9:45	1 man finish mastic Removal - Continue Demo & loading out Waste - 4 men Continue Poly Prep in L-L
11-	Tent #9 ACM demo finished - Demo Workers Continue - Poly Hangers Continue Down the Hall.
12:20	Wash up for lunch
1-	Back on tasks - L-L Poly - Clean Demo.
2-	Remove Drywall off CMU Walls & Lateral support Walls By Hand demo-not machine.
3:15	Pick up tools-shut off water - shut off lights lock up Boxes & Secure Building
3:30	off Site

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## DAILY LOG

PROJECT

Durant Building

DAY

Thurs

DATE

8/6/15

ADDRESS

WORK AREA Lower level of Main Flr

TIME	COMMENTS
7-	on site-Sign in - 4 men Continue With Hand demo on North End Main St. - 5 men Cont With Poly Prep in lower level of Area Containing ACM. - Turn on Eng. Controls in North End demo Area.
9:30	Break
9:45	Continue With task. demo of Poly Prep
10:30	Call Ray Order Supplies to be delivered. (P.P.)
11:30	demo Crew moves to NE. Main St Conf. Rm.
12:30	Lunch
1-	Continue With tasks - demo - And Poly Prep
1:45	Black gluedabs behind black boards Sound not on Survey ATC To Sample.

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PROJECT Durant Building DAILY LOG DAY Fri DATE 8/7/15

ADDRESS \_\_\_\_\_

WORK AREA \_\_\_\_\_

TIME	COMMENTS
7 -	on Site - Sign in - Poly Prep in Basene (L-L) Wrap doors (Acni)
7:30	Warehouse delivery dude on site with Supplies
9:30	Break
9:45	Continue With tasks - Wrap Acni doors, and Continue with poly prep of Lower Level. locate doors in 1 Area to be removed to Acni trailer.
12:30	Lunch
1 -	Continue With All the Same Tasks.
3:15	Pick up tools Turn off lights & water lock up Boxes, Windows & Doors
3:30	off Site.

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## DAILY LOG

PROJECT Durant Building DAY Mon DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

WORK AREA \_\_\_\_\_

TIME	COMMENTS
7-	on site - Sign in - Finish Poly Prep in Basement - demo Wood Panels - remove no ACM Piping - ATC to be running PCM's. Finish Wrapping doors - Turn on Water.
8:30	lift keeps stop working - Call United to fix
9:30	Break - ATC on site to run PCM'S
9:45	Back on tasks - United on site. - Pump Motor is Bad, lift needs new motor. all Workers Continue with non ACM demo in lower level - ATC Collecting Samples from - chalk boards, cork boards & Iway Glass Glazing.
12:30	Lunch -
1-	Back on tasks - ATC setting up 3rd PCM . Workers Continue no ACM demo in lower level.
3 -	3rd Tent is Good
3:15	Workers pick up all tools - Turn off lights & water lock up Boxes - Secure doors & Windows
3:30	off Site

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## DAILY LOG

PROJECT

Durant Building

DAY Tues

DATE 8/11/15

ADDRESS \_\_\_\_\_

WORK AREA \_\_\_\_\_

TIME	COMMENTS
7-	on Site-Sign in - Tear down 3 Tents - PTG to read 2 more PCM's - Men finish loading dock tent (Veg Air/decon supplies etc) Send bags to ACM trailer
9:30	Break - United fixed lift.
9:45	Two men dive in Tent #10 remove Fir Tile & Mastic. 2 men cut floor in 3rd To load out CTD Waste (Put up Safety railings) Harness & Beam Clamp - 2 people finish lights in basement.
11-	PCM on exp tank closet Passed.
12:30	Lunch
1-	Back on Tent #10 - 2 people on tear down of exp tank closet & UNE stair - 2 men on Slab Cutting & Chipping. 2 in Tent #10 FIR Tile
3:15	Shower out - all workers Pick up tools - Turn off lights & Water lock up Boxes Windows & Doors
3:30	off Site

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## DAILY LOG

PROJECT Durant Building DAY Wens DATE 8/11/15

ADDRESS \_\_\_\_\_

WORK AREA \_\_\_\_\_

TIME	COMMENTS
7-	on Site - Sign in - 2 men Remove mastic in Tent #10 - 2 men cut & chip Hole in 3rd Hall - 2 workers Do bag out (34)
8-	2 from bag out to build decks in lower level ATC & c.c. Quantify Acm Chalk boards 6/lve & interior Window Caulk
8:50	796 Liner Feet of Window Caulk / 948 Sq FT of Black boards
9:20	Shower out Tent #10
9:30	Break
9:45	Final Clean & lock down Tent #10 - 2 men Work on Slab cut 3rd flr - 2 work on Tent 11 & 12
11-	Shower out tent #10 - 2 men take supplies to lower level (in tools)
11:30	Set up pumps run PCM.
12:30	lunch
1-	Put Safety Railings around 3rd flr Hole to be Continue in lower level Set up of tents 11 & 12

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## DAILY LOG

PROJECT

**DAILY LOG**

\_DAY

DAY Wens DATE 8/12/15

**ADDRESS —**

## WORK AREA

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## DAILY LOG

PROJECT Durant Building

DAY Thurs DATE 8/13/15

ADDRESS \_\_\_\_\_

WORK AREA \_\_\_\_\_

TIME	COMMENTS
7 -	on site - Sign in - Poly Mechanical Rm in lower level - 2 men in Tent 12 - 2 men putting up Safety rail - Pre-clean Mech Rm / PPE per EC
8:15	Bog out 10 of 12
9:20	Shower out
9:30	Break
9:45	Continue with tasks - final clean & lock down tents 11 of 12
11 -	Safety Rails Complete on 3rd flr - 1 man off site (Sick) 4 hrs)) 2 men bog out from basement
11:30	2 men from bog out to poly Prep-
12:00	Shower out / lunch
1 -	back on tasks - 2 men finish Mastic Removal tent #12 Poly Prep continues.
3:15	Shower out - Pick up tools / lock boxes - Secure doors & Windows - Shut
3:30	off Site
note: Ed Braga Jr. Sick	

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## DAILY LOG

PROJECT Durant Building DAY Fri DATE 8/14/15

ADDRESS \_\_\_\_\_

WORK AREA \_\_\_\_\_

TIME	COMMENTS
7-	on site - Sign in - 2 men Final Clean Tent #12 4 workers Poly Prep Mechanical Rm. Lower lever - 2 men Poly Prep Black board of interior observation windows.
8:45	<del>8:45</del> Tent #12 locked Down ATC To test #11 & 12
9:30	Break
9:45	4 workers finish Mech Rm / 4 workers Poly Prep Black board - window tents.
10:20	2 workers from Mech Rm. to Poly Prep.
12:30	Mech Rm finished - lunch.
1-	Continue with Tasks - Neg Air/decors for areas to be abated. Prep areas to be polyed.
3:15	Pick up tools & supplies lock boxes - Turn off water & lights. Secure Windows & Doors
3:30	off Site.

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## DAILY LOG

PROJECT

Durant Building

DAY

Mon

DATE

8/17/15

ADDRESS

WORK AREA Lower level 11, 12 Teardown, 13 #14, Finish 15 #16

TIME	COMMENTS
7-	on site - Sign in - 2 workers Tear down tents 11 & 12 - 2 workers Poly Windows (interior) and cut out Grommets / same 1 all - 2 workers Prep (Tools etc) to Remove first tile in tents 13 & 14. 4 workers Prep Areas near Blackboards and Privacy Windows to be Polyed.
8:30	Bag out To trailer.
9:15	Shower out 13 & 14
9:30	Break
9:45	lock down 13 & 14 - Finish bag out - add Pop up to decos on 2 more Tents - Continue with interior Window removal - And Wrap for disposal into Acm Trailer.
11-	Reroute Cords for 2 more Tents in L Level -
11:45	Herb Holden on Site with J.D. 450 Exc.
12:15	shower out
12:30	Lunch
	Note: Sorry to Come out to Move Power Panels ASAP.

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## DAILY LOG

PROJECT Dwight Building DAY Mon DATE 8/17/15

ADDRESS \_\_\_\_\_

WORK AREA \_\_\_\_\_

TIME	COMMENTS
1-	Larry to be on site to disconnect & reroute power API's disconnects and reoutes cords.
1:30	Larry on site (Electrician)
2-	Warehouse delivery of equipment: restraining our 3 panels & Pig tails down hall on L-level Elect reconnects all Panels, API's reruns all Cords & Equipment
8:15	Pick up tools - Turn off lights & Water Secure Boxes - lock doors & windows
3:30	off Site

FOREMAN'S SIGNATURE

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## DAILY LOG

PROJECT

Durant Building

DAY 1/esDATE 8/18/15

ADDRESS \_\_\_\_\_

WORK AREA Lower level

TIME	COMMENTS
7 -	on site sign in - 4 dive & begin Removal in Mechanical Rm. (PAPR)
7:30	Dive in Slr Tile tent 14#15 (2 men) Continue Poly Prep of B. Boards & Windows.
8:45	Final Clean tent #14 Class Rm 2 Storage
9:15	Shower out (3) Tents
9:30	Break
9:45	Bag out Mech. Rms. Back on Tasks. Final Clean tent 15 Between Rm <del>12 &amp; 13</del> Cont. Poly Prep.
10:30	ATC Air Test Comm Closet - Send in Scrubbies & Wire brushes to Mech Rm. - Poly Continues.
12:15	Shower out Mech Rm.
12:30	Lunch
1 -	Remove Tile & Mastic Between in Storage Rms Between Rms 4 & 5 - Workers Back to Mech Rm Tent - Cont With Poly Prep of Black Boards, Windows.

FOREMAN'S SIGNATURE \_\_\_\_\_

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## DAILY LOG

PROJECT Draft Building DAY \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

## **WORK AREA**

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## DAILY LOG

PROJECT Durant BuildingWen  
Thurs

DAY

DATE

8/19/15

ADDRESS \_\_\_\_\_

WORK AREA L. Level

TIME	COMMENTS
7-	on site - Sign in - 4 workers to Mech Rm Tent to final Clean - 4 on Black Board & Window Poly - 2 men in Storage Rm Tents - All on site
8:30	1st storage Rm finished
9:15	2nd " Rm finished - Shower out all Tents.
9:30	Break
9:45	lock down Mech Rm - Move Vacuum & Tools to 3 more tents - Continue Poly B. Boards - Setup 3 Tents # 21 #19 & 20 - ATC Testing Mech Rm Tent #18 Closet of #18 st. Close (Wedge) lock down Mech Rm
10:15	Shower out - 2 men to assist on prep.
11-	Bag out to trailer.
12:20	wash up for lunch.
1-	Dive in Tent # 19 & Tent #20, Cont. B. Board Prep
3:15	shower out - lock up - Turn off lights and water
3:30	off site.

FOREMAN'S SIGNATURE

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## DAILY LOG

PROJECT Durant Building DAY Thurs DATE 8/20/15

ADDRESS \_\_\_\_\_

WORK AREA Lower level

TIME	COMMENTS
7-	On site - Sign in - 2 worker in Janitor Closet FIR Tile & Mastic - 1 worker in Rm 7 St. Rm. 3 men Tear down Mech Rm, 2 men on Poly, Prep 2 men on Black Board Prep Test Rm 4 & 5 storage Rm 6 Storage
8:30	Bring 2 - 2000 Neg Air To lower level for 2 tents
9:20	Wash up for Break
9:45	Back to task - Send out Poly Bags from mech. Rm. Cont. Poly Prep B.B.'s of windows - FIR Tile & Mastic in last 2 Tents - storage Rm & Storage Rm Between Csets.
12:15	Shower out tents x 2
12:30	Lunch
1-	Final Clean 2 Tents then lock down - Cont. Poly Prep. Clean out Rms & pull back Carpet Finish prep in Copier Rm
3:45	Pick up tools - lock storage boxes - Secure doors of windows - Turn off water 3:30 off site.

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## DAILY LOG

PROJECT

Dumont Building

DAY

Fri

DATE

8/21/15

ADDRESS

WORK AREA lower level

TIME	COMMENTS
7- on site	Sign in - Tear down & Bag up 5 Containments - Continue with Black board
	Poly prep - Housekeeping of Demolitions & Fiberglass
8:30	ATC to Air test PCM 2 Containments move workers to main floor to poly Prep B Boards.
9:30	Break
9:45	Continue with tasks 2 Workers on L.L. Poly prep. 3 on housekeeping. ATC set up for 2nd Containment.
12-	2 PCMs cleared. Workers tear down
12:30	Lunch.
1-	Continue with tasks - Poly Prep - Finish tear down. Cont. housekeeping.

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**JOB NAME & NUMBER**

155036 DAY Thurs DATE 8/29/15

## WORKER SAFETY AND MSDS AWARENESS MEETING ATTENDANCE FORM

FO. LE MAN SIGNATURE L.C.

TIME	DATE
11:46	8/21/15

## DAILY LOG

PROJECT

Durant Building

DAY

Fri

DATE

8/21/15

ADDRESS

WORK AREA lower level

TIME	COMMENTS
7-	on site - Sign in - Tear down & Bag up 5 Containments - Continue w/ Black board Poly prep - Housekeeping of Demolished ceilings & Fiberglass
8:30	ATC to Air test PCR 2 Containments move workers to move Sr to poly Prep B. Boards.
9:30	Break
9:45	Continue w/ tasks 2 Workers on L.L. Poly prep. 3 on housekeeping - ATC set up for 2nd Containment.
12-	2 PCMS cleared Workers tear down
12:30	Lunch.
1-	Continue w/ tasks - Poly Prep - Finish tear down. Cont. housekeeping.

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## DAILY LOG

PROJECT Durant Bldg. DAY Mon DATE 8/24/15

ADDRESS 240 Oral School Rd mystic ct

WORK AREA Copy Center Room (lower level), South Side Class Rooms (lower level)  
S.E. (middle level) Rooms Adjoining Interior Courtyard

~~FOREMAN'S SIGNATURE~~

## DAILY LOG

PROJECT

Durant Building

DAY Tues

DATE

8/25/15

ADDRESS

WORK AREA

TIME	COMMENTS
7-	on Site- Sign in - 3 on Black Board' Removal 5 on Bag out, to 10' Pod trailer.
7:20	Continue w/ B.B. removal on Main flr in Relax Rm.
8:30	Final Clean & lock down Main F.R. and B.B. Tent.
8:45	Shower out Tent - 5 men Continue w/ Bag out of Rm. Black boards, Poly Bags, Wrapped doors.
9-	3 To Lower level) Copy Rm. (media) To Tear down 3 tents. ATC running Pcm's
9:30	Break
9:45	Continue w/ tasks / Tear down & clean up.
10:20	Tear down Complete - 3 workers in Rm 778 Setting up decon & neg air
11:30	Main FIR tents(2) B. Boards) Pcm's Passed.
12:30	R 778 Tent is Good to begin removal
12:30	(lunch)
1-	3 workers in Rm 778 Tent(6 wedges) 5 workers on cleanup.

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## DAILY LOG

## PROJECT

**DAILY**

DAY fires

DA

DATE 8/25/15

## ADDRESS

## WORK AREA

**FOREMAN'S SIGNATURE**

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## DAILY LOG

PROJECT

Ducat Building

DAY

Wens

DATE

8/26/15

ADDRESS

WORK AREA

TIME	COMMENTS
7-	on site - Sign in - 3 men in lower level. Put up Stringer lights - Continue with interior clean up.
9:20	Shower out
9:30	Break
9:45	Continue in Tent (Rm 718) Glue dots and Glazing 2 men finish hanging stringers - then cont. with clean up.
11:15	Wrap windows & frames Begin final Cleaning (718) Send out Wraps & Bags.
11:30	Final Clean & lock down.
12-	Rm 718 locked down shower out - Put up beacon on (6+5 Rm)
12:30	Lunch.
1-	Continue Clean up - Finish Rm 516 Setup
1:30	Divide Remove Glue dots & Glazing - Continue C&D Clean up in lower level

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## DAILY LOG

## PROJECT

Dorant Building DAIL

DAY

DAY Wens DATE 8/29/15

## ADDRESS

## WORK AREA

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**FOREMAN'S SIGNATURE**

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## DAILY LOG

PROJECT

Durant Building

DAY

Thurs

DATE

8/27/15

ADDRESS

WORK AREA

TIME	COMMENTS
7-	on site - Sign in - 1 worker Prep Small Black B. on lower level - 1 worker tear down (2 tents) 2 workers dive into Tent of Rm 5 & 6 4 Workers Clean lower level of C&D.
7:20	Dive Rm 6 & 5
8-	Dive Rm 7 & 8 middle Black board.
9:10	Shower out
9:30	Break
9:45	Continue With tasks - Back to two Tents
10:30	Final Clean & lock down, observation Rm D. Board.
11:30	1 man tent finished (B Board) Move to Rm 5 & 6 observation Rm. Black board Dive & do
12:20	Shower out tent in Rm 5 & 6
12:30	Lunch
1-	Finish final Clean in Rm 5 & 6 Then lock lock down. Close off Door to auditorium with lumber to restrict entry - 1 man at Neg Air

FOREMAN'S SIGNATURE

PAGE \_\_\_\_ OF \_\_\_\_

## DAILY LOG

# DAILY LOG

ADDRESS \_\_\_\_\_

## **WORK AREA** \_\_\_\_\_

**FOREMAN'S SIGNATURE**

PAGE \_\_\_\_ OF \_\_\_\_

## DAILY LOG

PROJECT Durant BuildingDAY FriDATE 8/23/15

ADDRESS \_\_\_\_\_

WORK AREA \_\_\_\_\_

TIME	COMMENTS
7-	on Site-Sign in - 4 Workers finish adding decons & Supply(Goals) to 2 Containments(Rm 5 <sup>3</sup> / <sub>4</sub> ) To Remove Glue Dots & Cleaning. 4 Workers On C&D Clean up & Safety - All fixing rear tire on Bobcat
8-	Removal Begins in Rm 5 <sup>3</sup> / <sub>6</sub> Teachers Rm 5 <sup>5</sup> / <sub>6</sub> B.B. Finished - Final Clean & lock down.
8:45	Pick up Bags & Wraps to 100 Yd Trailer.
9:15	Shower out.
9:30	Brent
9:45	Continue House Keeping & C&D load out Cont in tent for Rm 3 <sup>3</sup> / <sub>4</sub> . Poly, & set up for teachers Rm in Rm 3 <sup>3</sup> / <sub>4</sub> .
10:15	shower out Rm: 3 <sup>3</sup> / <sub>4</sub> .
12:30	Lunch
1-	Continue with All tasks, cleanup, Glue dots & Prep.

FOREMAN'S SIGNATURE

PAGE \_\_\_\_ OF \_\_\_\_

## DAILY LOG

**DAILY LOG**

PROJECT Durant Building DAY Fri DATE 8/28/15

ADDRESS \_\_\_\_\_

**WORK AREA** \_\_\_\_\_

**FOREMAN'S SIGNATURE**

PAGE 2 OF 2

## DAILY LOG

PROJECT

Dorant Building

DAY

Mon

DATE

8/31/15

ADDRESS

WORK AREA

TIME	COMMENTS
7-	On Site - Sign in - 4 workers to Lower level to finish Setup of 2 Black Board Areas. 4 Workers Clean up, Cut back Any over Head Pipes Conduit etc. on Main St
8-	ACM Removal Glue dots of Lucy Glass in. Lower level Rms 1 & 2
9:20	Shower out
9:30	Break
9:45	Continue w/ all tasks 2 workers in Rm 1 & 2 Teachers Rm -
11:30	Teachers Rm finished, workers shower out & Tear down in Rm 7 & 8 all other tasks Cont.
12:20	Shower out Rm 1 & 2
12:30	Lunch
1-	Back to all Tasks, Glue dots Rm 1 & 2 Tear down & Site clean up of Safety.

FOREMAN'S SIGNATURE

PAGE \_\_\_\_ OF \_\_\_\_

## DAILY LOG

## PROJECT

Durant Building

\_DAY

DAY Mon

DATE

8/30/15

**ADDRESS —**

## WORK AREA

**FOREMAN'S SIGNATURE**

PAGE \_\_\_\_ OF \_\_\_\_

DAILY LOG

PROJECT Durant Building DAY Tues DATE 9/1/15

ADDRESS \_\_\_\_\_

WORK AREA \_\_\_\_\_

TIME	COMMENTS
7-	on Site - Sign in - Finish Tear down of 1 Tent Bag out All Bagged Wraps to 100' End Trailer Continue with Main Sir Clean up and demo
8:30	Fuel up 2 Skidsteers ( ARC To run PCMs on 4 Tents )
8:45	Bag out finish $\Rightarrow$ Bring all tools from lower level to Main Sir
9:30	Break
9:45	Back on tasks.
10:15	Set up dust Barriers around nurses office to demo Drywall ( $\frac{1}{2}$ ) and eng. Controls.
12-	Fill Holes in floor with foam - Finish Setup -
12:30	Lunch
1-	Begin demo in nurses area Continue in Main Hall. Segregate Material to be disposed of, Continue in Main Hall $\Rightarrow$ 3:15 Pickup, cleanup, lock up.
3:30	off Site
note: last 4 Tents (PCM) Passed: Teardown in Am.	

FOREMAN'S SIGNATURE

PAGE \_\_\_\_ OF \_\_\_\_

## DAILY LOG

PROJECT

Durant Building

DAY

Wens

DATE

8/2/15

ADDRESS

WORK AREA

TIME	COMMENTS
7 -	on site, Sign in, Workers Continue in nurses Area demo, 2 Workers tear down on lower level and bag up poly (4 tents) 4 Workers Continue on Main St. Housekeeping & Demo. 4 Begin $\leq 1\%$ Drywall demo
9:15	Shower out
9:30	Break
9:45	Send Poly bags to trailer 2 people, 3 Workers Cont with Housekeeping, 4 Continue nurses Area demo, bag Drywall, segregate all other Materials.
12:15	Shower out
12:30	Lunch
1 -	Bag out Drywall - 6 Workers, 3 Workers finish up Housekeeping
2:30	Drywall bags out / Clean up Work area.
3:15	Shower out - Secure all Doors & Windows Put Tools away, lock boxes, Turn off lights, Water
3:30	Off Site

FOREMAN'S SIGNATURE

PAGE \_\_\_\_ OF \_\_\_\_

## DAILY LOG

PROJECT

Durant Building

DAY Thurs

DATE 9/3/15

ADDRESS \_\_\_\_\_

WORK AREA Main St.

TIME	COMMENTS
7-	on Site - sign in - Workers Put clean metal in main St. Hall - send out bags - Workers Remove Piping & duct work from Ceiling -
8-	All on site to Possibly fix Cat 287 leaking Hydrolic line
8:30	Set up Eng Controls @ Main St North End So L19 demo of Drywall.
9-	All unable to fix leak on site / Topped off Hydrolic fluid.
9:30	Break
9:45	2 workers finish picking up debris in nurses off Work Area. All other workers continue Setting up to demo North End Main St.
10:30	2 workers finished in nurses Area moved to North End.
11:30	Lunch
1-	All workers in North End Hall demo, E, C, & EB load out Bags & debris to Can.

FOREMAN'S SIGNATURE

PAGE \_\_\_\_ OF \_\_\_\_

## DAILY LOG

## PROJECT

L DAY

DATE

## ADDRESS

## WORK AREA

**FOREMAN'S SIGNATURE**

PAGE 2 OF 2

## DAILY LOG

PROJECT

Durant Building

DAY

Fri

DATE

9/4/15

ADDRESS

WORK AREA main flr - 3rd flr

TIME	COMMENTS
7-	On Site Sign in - 2 Workers cut decking @ 3rd flr load out Area. - 6 Workers demo <1% Drywall North Hall Main flr. Separate all Materials. 1 man in lift on lower level on Fall Watch. Men Cutting Hall <del>other</del> wearing Fall Protection.
9:15	Shower out North Hall
9:30	Break
9:45	6 Workers Back to Demo - 3 begin to bad out Demised casework, doors etc from 3rd flr.
10-	Demarkate Work area on lower level
12:15	Shower out North Hall 1st flr.
12:30	Lunch
1-	Continue with tasks - North Hall of 3rd flr & load out of C.D.
3:15	Shower out D.E Hall - Pick up tools - Secure doors and Windows - lock gang boxes - Turn off light & water
3:30	off Site.

FOREMAN'S SIGNATURE

PAGE \_\_\_\_ OF \_\_\_\_

## DAILY LOG

PROJECT

Dorant Building

DAY

TUES

DATE

9/8/15

ADDRESS

WORK AREA

TIME	COMMENTS
7-	on Site - Sign in - 5 Workers to NE Main Hall to Continue Demo - 4 Workers to 3rd Flr to Continue Demo - Continue Sending C & D to 6th flr from 3rd flr.
9:15	Shower out NE Main Hall
9:30	Break
9:45	Back on task, 4 men <del>at</del> 3rd flr. Demo / 5 men NE Hall main flr demo / Clean up in Hall as they proceed.
12:15	shower out NE Main Hall
12:30	lunch
1-	Continue with tasks / 3rd flr demo & NE Hall demo. Demo duct work on 3rd flr & ceiling in apartments (3rd flr)
2-	demo closets on 3rd flr (Particle board)
3:15	Pickup tools - Shower out - Lock gang Boxes Turn off light & Water, Secure building
3:30	off Site.

FOREMAN'S SIGNATURE

PAGE \_\_\_\_ OF \_\_\_\_

## DAILY LOG

PROJECT

Durant Building

DAY

Wens

DATE

2/9/15

ADDRESS

WORK AREA

TIME	COMMENTS
7-	on site - Sign in - 6 in N.E. Hall Demo Area - 3 in 3rd Flr Apartments on Demo.
9:15	Shower out N.E. Hall Crew.
9:30	Break
9:45	Back on task, 3rd Flr Non Acn demo & Main FIR N.E. Hall Demo Bag up <1% as demo continues.
11-	Separate materials in N.E. as it is demoed. Drywall & fiberglass into clear bags.
12:15	Shower out N.E. Crew.
12:30	Lunch.
1-	Back on tasks / N.E. Hall Demo & cleanup / 3 flr apartment demo & load out
3:15	Shower out / 3rd flr secure rails & cover hole Pick up tools - lock boxes secure windows & door Turn off lights & water
3:30	Off Site.

FOREMAN'S SIGNATURE

PAGE \_\_\_\_ OF \_\_\_\_

## DAILY LOG

PROJECT

Durant Building

DAY Thurs

DATE 9/10/15

ADDRESS \_\_\_\_\_

WORK AREA 3rd Flr, Main Flr

TIME	COMMENTS
7-	on Site - Sign in - 5 Workers in N.E. Hall Bagging up and Separating Material - 3 Workers 3rd Flr on Ceilings, Ducts, Mech Demo.
7:30	load out C&D to Can with Skidsteer, Wood Shoetrock, Fiberglass etc.
9:15	Shower out N.E. Hall / Can full - sweep Today
9:30	Break
9:45	Continue with some tasks.
10:25	Fuel up Cat 287
12:15	Shower out N.E. Hall
12:30	lunch
1-	Continue with Tasks, N.E. Hall and 3rd Flr
1:50	CWPM on site to pull & return / no sweep
3:15	Shower out - Pick up tools, lock boxes, secure Doors and Windows. Turn off lights & water
3:30	off Site.

FOREMAN'S SIGNATURE

PAGE \_\_\_\_ OF \_\_\_\_

## DAILY LOG

PROJECT Durant Building DAY Fri DATE 9/11/15

ADDRESS \_\_\_\_\_

WORK AREA \_\_\_\_\_

TIME	COMMENTS
7-00	on Site - Sign in - 3 men on 3rd flr demo and C&D load out / 5 workers in N.E. Main Flr Hall / loading out C&D (Wood, Drywall, Fiberglass)
9:15	Shower out N.E. Hall
9:30	Break
9:45	Continue with Task / load out C&D N.E. Hall Clean Demo 3rd flr apartments.
10:30	C&D Consell / N.E. Hall Crew Demo overhead Pipes, ductwork etc. / move bags from Area Over lower level for safety.
12:15	Shower out N.E. (C&D swapped)
12:30	Lunch
1-	3rd Flr Crew assemble Scaffold (3rd flr) to Denco Ceilings @ 16' high. N.E. Crew load out C&D / E.C. + 1 Put up Silt fence @ run off Area to contain Silt. 2:00 fence finished.
3:15	Shower out N.E. Hall - Pick up / lock up
3:30	Off Site

FOREMAN'S SIGNATURE

PAGE \_\_\_\_ OF \_\_\_\_

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

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**APPENDIX F**

**Containment Dive Sheet**

A.A.I.S. Corp.

JOB Dorant BuildingLOCATION East Stair (3 floors)

NAME	DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME
Reyna Perez S.S.# 8153	7/23/15	1:10	3:12				
Susana Calzopina S.S.# 3507		1:12	3:08				
J. Gomez S.S.#		11:30	12:15				
S.S.#							
S.S.#							
S.S.#							

PERSONAL SAMPLE WORN BY: Reyna

EXCURSION SAMPLE WORN BY: \_\_\_\_\_

FOREMAN: E.C.AMOUNT AND TYPE OF ASBESTOS REMOVED: St. Tile + MasticAMOUNT OF ASBESTOS DISPOSED OF: 39 BAGS \_\_\_\_\_ WRAPPED  
DRUMS \_\_\_\_\_ OTHER**DIVE SHEET**

A.A.I.S. Corp.

JOB Durant BuildingLOCATION East Stairwell

NAME	DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT
J. Gomez S.S.# 6251	7/24/15	7:10	9:23	9:49	12:23	1:04	3:
Reyna Perez S.S.# 8153		7:14	9:19	9:51	12:20	1:07	3
Susi Galupina S.S.# 3567		7:15	9:16	9:52	12:17	1:06	3:
E.C.Y. S.S.# 0139		8:30	8:50				
S.S.#							
S.S.#							

PERSONAL SAMPLE WORN BY: Jesus.EXCURSION SAMPLE WORN BY: SaneFOREMAN: E.C.AMOUNT AND TYPE OF ASBESTOS REMOVED: FIR Tile & PlasticAMOUNT OF ASBESTOS DISPOSED OF: \_\_\_\_\_ BAGS \_\_\_\_\_ WRAPPED  
\_\_\_\_\_  
DRUMS \_\_\_\_\_ OTHER \_\_\_\_\_**DIVE SHEET**

A.A.I.S. Corp.

JOB Durant Building

LOCATION \_\_\_\_\_

NAME	DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME
Ed Braga Jr	7/27/15	7:15	9:16	9:48	12:21	1:06	3:5
S.S.# 0632							
Sesana Calvopina		7:12	9:21	9:49	12:26	1:09	3:
S.S.# 3567							
Reyna Perez		7:13	9:19	9:50	12:24	1:08	3:
S.S.# 8153							
Justin Berwick		11-	12:16	1:07	3:16		
S.S.# 2427							
E. Cyr		10:30	10:50	1:10	1:25		
S.S.# 0139							
S.S.#							

PERSONAL SAMPLE WORN BY: SusiEXCURSION SAMPLE WORN BY: SaneFOREMAN: L.C.AMOUNT AND TYPE OF ASBESTOS REMOVED: FIR Tile & masticAMOUNT OF ASBESTOS DISPOSED OF: \_\_\_\_\_ BAGS \_\_\_\_\_ WRAPPED  
\_\_\_\_\_  
DRUMS \_\_\_\_\_ OTHER \_\_\_\_\_

DIVE SHEET

A.A.I.S. Corp.

JOB Durant BuildingLOCATION East Stair Ten

NAME	DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT
Jesus Gomez S.S.# 6257	7/28/15	7:30	8:30				
Wayne Riccitelli Cardno S.S.# 8336	↓	10:20 AM	10:45				
S.S.#							
S.S.#							
S.S.#							
S.S.#							

PERSONAL SAMPLE WORN BY: \_\_\_\_\_

EXCURSION SAMPLE WORN BY: \_\_\_\_\_

FOREMAN: \_\_\_\_\_

AMOUNT AND TYPE OF ASBESTOS REMOVED: \_\_\_\_\_

AMOUNT OF ASBESTOS DISPOSED OF: \_\_\_\_\_ BAGS \_\_\_\_\_ WRAPPE  
DRUMS \_\_\_\_\_ OTHER

DIVE SHEET

A.A.I.S. Corp.

JOB

Durant Building

LOCATION

Main floor Storage

NAME	DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT
Justin Burwick	7/28/15	7:46	9:18	9:48	12:20		
S.S.# 2427							
Ed Braga Jr		7:45	9:20	9:47	12:24	1:10	1:
S.S.# 0632							
S.S.#							
S.S.#							
S.S.#							
S.S.#							

PERSONAL SAMPLE WORN BY: Jr.EXCURSION SAMPLE WORN BY: NoneFOREMAN: MLAMOUNT AND TYPE OF ASBESTOS REMOVED: FIR Tile & MasticAMOUNT OF ASBESTOS DISPOSED OF: \_\_\_\_\_ BAGS \_\_\_\_\_ WRAPPED  
DRUMS \_\_\_\_\_ OTHER \_\_\_\_\_

DIVE SHEET

A.A.I.S. Corp.

JOB Durant BuildingLOCATION South Stair Tent #

NAME	DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME
Jesus Gomez S.S.# 6257	7/28/15	10:30	12:16	1:07	3:14		
Mauro Morales S.S.# 3428		10:31	12:18		Tear Down		
Reyna Perez S.S.# 8153		10:34	12:21		Tear Down		
Susana Calogrina S.S.# 3567		10:33	12:24	1:08	3:17		
E. Cyr S.S.# 0139		10:35	11—				
S.S.#							

PERSONAL SAMPLE WORN BY: SusiEXCURSION SAMPLE WORN BY: SaneFOREMAN: L.L.AMOUNT AND TYPE OF ASBESTOS REMOVED: FIR Tie & PlasticAMOUNT OF ASBESTOS DISPOSED OF: 31 BAGS                    WRAPPED  
                   DRUMS                    OTHER

DIVE SHEET

A.A.I.S. Corp.

JOB Durant BuildingLOCATION S. Stair Tent #

NAME	DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME
J. Gomez	7/21/15	7:15	9:18	9:49	12:20	1:06	3:11
S.S.# 6257							
K. Bourque		7:13	9:20	9:48	12:24	1:05	3:12
S.S.# 523							
S.S.#							
S.S.#							
S.S.#							
S.S.#							

PERSONAL SAMPLE WORN BY: K. BourqueEXCURSION SAMPLE WORN BY:       FOREMAN: E.C.AMOUNT AND TYPE OF ASBESTOS REMOVED: 11R Tile + Mastic

AMOUNT OF ASBESTOS DISPOSED OF: \_\_\_\_\_ BAGS \_\_\_\_\_ WRAPPED

\_\_\_\_\_  
DRUMS \_\_\_\_\_ OTHER \_\_\_\_\_**DIVE SHEET**

A.A.I.S. Corp.

JOB Durant BuildingLOCATION South Stair / T#3

NAME	DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT
Susana Calvapina	7/30/15	7:12	9:21	9:49			
S.S.# 3567							
J. Gomez		7:14	9:17	9:51			
S.S.# 6257							
S.S.#							
S.S.#							
S.S.#							
S.S.#							

PERSONAL SAMPLE WORN BY: 5251EXCURSION SAMPLE WORN BY: SameFOREMAN: meAMOUNT AND TYPE OF ASBESTOS REMOVED: masticAMOUNT OF ASBESTOS DISPOSED OF: \_\_\_\_\_ BAGS \_\_\_\_\_ WRAPPED  
\_\_\_\_\_  
DRUMS \_\_\_\_\_ OTHER \_\_\_\_\_**DIVE SHEET**

A.A.I.S. Corp.

JOB Durant BuildingLOCATION North East Stair

NAME	DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIM
Jesus Gove	8/3/15	7:19	9:23	9:51	12:25	1:04	
S.S.# <u>6257</u>							
Susana Caliupina		7:22	9:20	9:50	12:29	1:06	
S.S.# <u>3567</u>							
Daniel Guzman		7:18	9:17	9:49	12:18	1:03	
S.S.# <u>4766</u>							
Justin Berwick		9:51	12:21	1:02			
S.S.# <u>2427</u>							
S.S.#							
S.S.#							

PERSONAL SAMPLE WORN BY: GuzmanEXCURSION SAMPLE WORN BY: None

FOREMAN:

AMOUNT AND TYPE OF ASBESTOS REMOVED: FIR TieAMOUNT OF ASBESTOS DISPOSED OF: 20 BAGS 10 DRUMS

WRAP!

OTHE

DIVE SHEET

A.A.I.S. Corp.

JOB Durant Building

LOCATION 3rd flr Closet

NAME	DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME
Susana Calupina	8/4/15	7:15	9 -				
S.S.# 3567							
S.S.#							
S.S.#							
S.S.#							
(							
S.S.#							

PERSONAL SAMPLE WORN BY: Save

EXCURSION SAMPLE WORN BY: \_\_\_\_\_

FOREMAN: me

AMOUNT AND TYPE OF ASBESTOS REMOVED: FIR Tile & Plastic 10P

AMOUNT OF ASBESTOS DISPOSED OF: 2 BAGS \_\_\_\_\_ WRAPPED

\_\_\_\_\_ DRUMS \_\_\_\_\_ OTHER

DIVE SHEET

A.A.I.S. Corp.

JOB Durant Building

LOCATION Fan Run between nos

NAME	DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME
Jesus Gamez	8/4/15	8:20	9:20	9:47	11:30		
S.S.# 6257							
S.S.#							
S.S.#							
S.S.#							
C S.#							
S.S.#							

PERSONAL SAMPLE WORN BY: Jesus

EXCURSION SAMPLE WORN BY: \_\_\_\_\_

FOREMAN: Paul

AMOUNT AND TYPE OF ASBESTOS REMOVED: 49 P. F/R T-10 & Masonic

AMOUNT OF ASBESTOS DISPOSED OF: 4 BAGS WRAPPED

DRUMS \_\_\_\_\_ OTHER

## DIVE SHEET

A.A.I.S. Corp.

JOB Durant Building

LOCATION Tent #8 Expansion

NAME	DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME
Susana Calvapina	8/4/15	1:35	3 -				
S.S.# 3567							
S.S.#							
S.S.#							
S.S.#							
S.S.#							

PERSONAL SAMPLE WORN BY: Sasi

EXCURSION SAMPLE WORN BY: \_\_\_\_\_

FOREMAN: me

AMOUNT AND TYPE OF ASBESTOS REMOVED: 10# FIR tile & Plastic

AMOUNT OF ASBESTOS DISPOSED OF: 4 BAGS WRAPPED  
DRUMS OTHER

**DIVE SHEET**

A.A.I.S. Corp.

JOB Dorant BuildingLOCATION Tent #9 Nurses St

NAME	DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME
Jesus Gómez	8/5/15	7:12	9:18	9:49	10:50		
S.S.# 6251							
S.S.#							
S.S.#							
S.S.#							
S.S.#							
S.S.#							

PERSONAL SAMPLE WORN BY: JEXCURSION SAMPLE WORN BY: -FOREMAN: meAMOUNT AND TYPE OF ASBESTOS REMOVED: FIR Tile & Mastic.AMOUNT OF ASBESTOS DISPOSED OF: 8 BAGS                    WRAPPED  
                   DRUMS                    OTHER

DIVE SHEET

A.A.I.S. Corp.

JOB Durant BuildingLOCATION Fan Room / Closet /

NAME	DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT
CARMEN JACKS	8/10/15	950	1010	1115	1130		
S.S.#	<u>Fan Room</u>						
	3rd fl	/	1130	1150	1255	1310	
S.S.#	<u>Closet</u>						
	nurses		1330	1345	1455	1515	
S.S.#	<u>Storage</u>						
S.S.#							
S.S.#							
S.S.#							

PERSONAL SAMPLE WORN BY: \_\_\_\_\_

EXCURSION SAMPLE WORN BY: \_\_\_\_\_

FOREMAN: \_\_\_\_\_

AMOUNT AND TYPE OF ASBESTOS REMOVED: \_\_\_\_\_

AMOUNT OF ASBESTOS DISPOSED OF: \_\_\_\_\_ BAGS \_\_\_\_\_ WRAPPED  
\_\_\_\_\_  
DRUMS \_\_\_\_\_ OTHER \_\_\_\_\_

DIVE SHEET

A.A.I.S. Corp.

JOB Durant Building

LOCATION Tent #10 loading dock

NAME	DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME
J. Gomez	8/11/15	9:55	12:21	1:03	3:16		
S.S.# 6257							
H. Quezada		9:57	12:19	1:06	3:12		
S.S.# 1423							
S.S.#							
S.S.#							
S.S.#							
S.S.#							

PERSONAL SAMPLE WORN BY: J.

EXCURSION SAMPLE WORN BY: None

FOREMAN: me

AMOUNT AND TYPE OF ASBESTOS REMOVED: F/R tile & mastic.

AMOUNT OF ASBESTOS DISPOSED OF: \_\_\_\_\_ BAGS \_\_\_\_\_ WRAPPED

\_\_\_\_\_ DRUMS \_\_\_\_\_ OTHER

DIVE SHEET

A.A.I.S. Corp.

JOB Durant Building LOCATION Exptank Closet /

NAME	DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIM
	8/11/15	745	810	915	930		
S.S.# <u>Exptank closet</u>		1005	1020	1130	1145		
S.S.# <u>N.E. Stairs</u>							
S.S.#							
S.S.#							
S.S.#							
S.S.#							

PERSONAL SAMPLE WORN BY: \_\_\_\_\_

EXCURSION SAMPLE WORN BY: \_\_\_\_\_

FOREMAN: \_\_\_\_\_

AMOUNT AND TYPE OF ASBESTOS REMOVED: \_\_\_\_\_

AMOUNT OF ASBESTOS DISPOSED OF: \_\_\_\_\_ BAGS \_\_\_\_\_ WRAP  
\_\_\_\_\_  
DRUMS \_\_\_\_\_ OTHER \_\_\_\_\_

DIVE SHEET

A.A.I.S. Corp.

JOB Durant BuildingLOCATION Loading Dock Entry

NAME	DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIM:
J. Gomez	8/12/15	7:15	9:20	9:50	10:50		
S.S.# 6257							
Honero Quezada		7:13	9:24	9:49	11-		
S.S.# 1423							
S.S.#							
S.S.#							
S.S.#							
S.S.#							

PERSONAL SAMPLE WORN BY: QuezadaEXCURSION SAMPLE WORN BY: SameFOREMAN: me

AMOUNT AND TYPE OF ASBESTOS REMOVED: \_\_\_\_\_

AMOUNT OF ASBESTOS DISPOSED OF: \_\_\_\_\_ BAGS \_\_\_\_\_ WRAPPE  
DRUMS \_\_\_\_\_ OTHER**DIVE SHEET**

A.A.I.S. Corp.

JOB Durant Building

LOCATION Tent 1A

NAME	DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME
H. Quezada	8/13/15	7:10	9:20	9:47	10:35		
S.S.#	1423						
S.S.#							
S.S.#							
S.S.#							
S.S.#							

PERSONAL SAMPLE WORN BY: \_\_\_\_\_

EXCURSION SAMPLE WORN BY: \_\_\_\_\_

FOREMAN: \_\_\_\_\_

AMOUNT AND TYPE OF ASBESTOS REMOVED: \_\_\_\_\_

AMOUNT OF ASBESTOS DISPOSED OF: \_\_\_\_\_ BAGS \_\_\_\_\_ WRAPPED  
\_\_\_\_\_ DRUMS \_\_\_\_\_ OTHER

**DIVE SHEET**

A.A.I.S. Corp.

JOB Durant BuildingLOCATION Tent #412

NAME	DATE	TIME IN	TIME OUT						
Jesus Gomez	8/13/15	7:10	9:20	9:50	12:20	1:06			3
S.S.# <u>6257</u>									
H. Quezada		11	12:23	1:05	3:15				
S.S.# <u>1423</u>									
S.S.#									
S.S.#									
S.S.#									
S.S.#									

PERSONAL SAMPLE WORN BY: \_\_\_\_\_

EXCURSION SAMPLE WORN BY: \_\_\_\_\_

FOREMAN: \_\_\_\_\_

AMOUNT AND TYPE OF ASBESTOS REMOVED: \_\_\_\_\_

AMOUNT OF ASBESTOS DISPOSED OF: \_\_\_\_\_ BAGS \_\_\_\_\_ WRAP  
DRUMS \_\_\_\_\_ OTHER**DIVE SHEET**

A.A.I.S. Corp.

JOB Dumont Building

LOCATION L. Level Cl. Rm. Storage

NAME	DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT
H. Quezada	8/17/15	7:25	9:20	9:48	9:55		
S.S.#	1423						
S.S.#							
S.S.#							
S.S.#							
S.S.#							

PERSONAL SAMPLE WORN BY: \_\_\_\_\_

EXCURSION SAMPLE WORN BY: \_\_\_\_\_

FOREMAN: \_\_\_\_\_

AMOUNT AND TYPE OF ASBESTOS REMOVED: \_\_\_\_\_

AMOUNT OF ASBESTOS DISPOSED OF: \_\_\_\_\_ BAGS \_\_\_\_\_ WRAP  
\_\_\_\_\_ DRUMS \_\_\_\_\_ OTHER

**DIVE SHEET**

A.A.I.S. Corp.

JOB Durant Building

LOCATION Lower level Conm

NAME	DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME
J. Gomez.	8/17/15	7:30	9:20				
S.S.#							
S.S.#							
S.S.#							
S.S.#							
S.S.#							

PERSONAL SAMPLE WORN BY: \_\_\_\_\_

EXCURSION SAMPLE WORN BY: \_\_\_\_\_

FOREMAN: \_\_\_\_\_

AMOUNT AND TYPE OF ASBESTOS REMOVED: \_\_\_\_\_

AMOUNT OF ASBESTOS DISPOSED OF: \_\_\_\_\_ BAGS \_\_\_\_\_ WRAPPE  
\_\_\_\_\_ DRUMS \_\_\_\_\_ OTHER

**DIVE SHEET**

A.A.I.S. Corp.

JOB Durant BuildingLOCATION Mech Rm 1. Level

NAME	DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME
J. Gomez	8/18/15	7:31	9:24	9:50	12:16	1:10	3:
S.S.# 6257							
Susi Calvopina		7:30	9:26	9:54	12:21	1:07	3:
S.S.# 3567							
Rocio Cagilema		7:32	9:28	9:53	12:23	1:06	3:
S.S.# 2980							
Nom. Quezada		7:33	9:22	9:49	12:19	1:09	3:
S.S.# 1413							
S.S.#							
S.S.#							

PERSONAL SAMPLE WORN BY: TSS SusiEXCURSION SAMPLE WORN BY: S. Calvopina

FOREMAN: \_\_\_\_\_

AMOUNT AND TYPE OF ASBESTOS REMOVED: \_\_\_\_\_

AMOUNT OF ASBESTOS DISPOSED OF: 42 BAGS \_\_\_\_\_ WRAPPED \_\_\_\_\_

DRUMS \_\_\_\_\_ OTHER \_\_\_\_\_

**DIVE SHEET**

A.A.I.S. Corp.

JOB Durant Building LOCATION Mech Rm 1. Level

NAME	DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TI
J. Gomez	8/18/15	7:31	9:24	9:50	12:16	1:10	3
S.S.# 6257							
Susi Calvopina		7:30	9:26	9:54	12:21	1:07	:
S.S.# 3567							
Rocio Cagilema		7:32	9:28	9:53	12:23	1:06	3
S.S.# 2980							
Hon. Quezada		7:33	9:22	9:49	12:14	1:09	:
S.S.# 1423							
S.S.#							
S.S.#							

PERSONAL SAMPLE WORN BY: TSS SusiEXCURSION SAMPLE WORN BY: S. Calvopina

FOREMAN: \_\_\_\_\_

AMOUNT AND TYPE OF ASBESTOS REMOVED: \_\_\_\_\_

AMOUNT OF ASBESTOS DISPOSED OF: 42 BAGS \_\_\_\_\_ WRAP  
\_\_\_\_\_  
DRUMS \_\_\_\_\_ OTHER

DIVE SHEET

A.A.I.S. Corp.

JOB Durant Building LOCATION Rm 2 \$3 Storage in be

NAME	DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT
Moises Morales	8/18/15	7:25	9:20				
S.S.#							
S.S.#							
S.S.#							
S.S.#							
S.S.#							

PERSONAL SAMPLE WORN BY: \_\_\_\_\_

EXCURSION SAMPLE WORN BY: \_\_\_\_\_

FOREMAN: \_\_\_\_\_

AMOUNT AND TYPE OF ASBESTOS REMOVED: \_\_\_\_\_

AMOUNT OF ASBESTOS DISPOSED OF: \_\_\_\_\_ BAGS \_\_\_\_\_ WRAPP  
\_\_\_\_\_  
DRUMS \_\_\_\_\_ OTHER \_\_\_\_\_**DIVE SHEET**

A.A.I.S. Corp.

JOB Durant Building

LOCATION Rm 2 Front storage

NAME	DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME
E. Braga Jr	8/10/15	7:25	9:22	9:46	10:20		
S.S.#	0632						
S.S.#							
S.S.#							
S.S.#							
S.S.#							

PERSONAL SAMPLE WORN BY: \_\_\_\_\_

EXCURSION SAMPLE WORN BY: \_\_\_\_\_

FOREMAN: \_\_\_\_\_

AMOUNT AND TYPE OF ASBESTOS REMOVED: \_\_\_\_\_

AMOUNT OF ASBESTOS DISPOSED OF: \_\_\_\_\_ BAGS \_\_\_\_\_ WRAPP  
\_\_\_\_\_  
DRUMS \_\_\_\_\_ OTHER \_\_\_\_\_

**DIVE SHEET**

A.A.I.S. Corp.

JOB

Damnit Building

LOCATION

Lower level

NAME	DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME
Wayne Riccatelli - Containment CARNO ATC S.S.# 8336 # 15	8/19/15	7:45AM	8:05	9:15AM	9:20		
S.S.#	#16		9:25AM	9:35	10:45	10:55	
S.S.#	#17		11:00AM	11:15	11:30AM	11:35	12:45
S.S.#							
S.S.#							
S.S.#							

PERSONAL SAMPLE WORN BY: \_\_\_\_\_

EXCURSION SAMPLE WORN BY: \_\_\_\_\_

FOREMAN: \_\_\_\_\_

AMOUNT AND TYPE OF ASBESTOS REMOVED: \_\_\_\_\_

AMOUNT OF ASBESTOS DISPOSED OF: \_\_\_\_\_ BAGS \_\_\_\_\_ WRAPPED

\_\_\_\_\_  
DRUMS \_\_\_\_\_ OTHER \_\_\_\_\_

DIVE SHEET

A.A.I.S. Corp.

JOB

Dorant BuildingLOCATION Lower level Reich Rd

NAME	DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIM
J. Govez	8/19/15	7:15	9:16	9:55	10:17		
S.S.# <u>6251</u>							
S. Calvapina		7:20	9:22				
S.S.# <u>3667</u>							
R. Cagitema		7:21	9:24				
S.S.# <u>2980</u>							
H. Quezada		7:16	9:18	9:54	10:15		
S.S.# <u>1423</u>							
( S.S.# _____)							
S.S.# _____)							

PERSONAL SAMPLE WORN BY: J. Govez

EXCURSION SAMPLE WORN BY: \_\_\_\_\_

FOREMAN: \_\_\_\_\_

AMOUNT AND TYPE OF ASBESTOS REMOVED: \_\_\_\_\_

AMOUNT OF ASBESTOS DISPOSED OF: \_\_\_\_\_ BAGS \_\_\_\_\_ WRAP  
DRUMS \_\_\_\_\_ OTHER

DIVE SHEET

A.A.I.S. Corp.

JOB Durant Building LOCATION L.L. Janitor closet

NAME	DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT
Rocio Cagilema	8/19/15	1:06	3:20				
S.S.# 2980							
S. Calupina		1:05	3:18				
S.S.# 3567							
S.S.#							
S.S.#							
S.S.#							
S.S.#							

PERSONAL SAMPLE WORN BY: \_\_\_\_\_

EXCURSION SAMPLE WORN BY: \_\_\_\_\_

FOREMAN: \_\_\_\_\_

AMOUNT AND TYPE OF ASBESTOS REMOVED: \_\_\_\_\_

AMOUNT OF ASBESTOS DISPOSED OF: \_\_\_\_\_ BAGS \_\_\_\_\_ WRAPP  
\_\_\_\_\_ DRUMS \_\_\_\_\_ OTHER**DIVE SHEET**

A.A.I.S. Corp.

JOB Dumont Building

LOCATION L-L Tent #19 End

NAME	DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIM
M. Morales	8/19/15	1:45	3:12				
S.S.# 3428							
S.S.#							
S.S.#							
S.S.#							
S.S.#							
S.S.#							

PERSONAL SAMPLE WORN BY: \_\_\_\_\_

EXCURSION SAMPLE WORN BY: \_\_\_\_\_

FOREMAN: \_\_\_\_\_

AMOUNT AND TYPE OF ASBESTOS REMOVED: \_\_\_\_\_

AMOUNT OF ASBESTOS DISPOSED OF: \_\_\_\_\_ BAGS \_\_\_\_\_ WRAPP  
\_\_\_\_\_ DRUMS \_\_\_\_\_ OTHER

**DIVE SHEET**

A.A.I.S. Corp.

JOB Durant Building

LOCATION L1. Storage Bn @ Rm

NAME	DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIM
M Morales	8/19/15	7:12	9:15				
S.S.# 3928							
S.S.#							
S.S.#							
S.S.#							
S.S.#							

PERSONAL SAMPLE WORN BY: \_\_\_\_\_

EXCURSION SAMPLE WORN BY: \_\_\_\_\_

FOREMAN: \_\_\_\_\_

AMOUNT AND TYPE OF ASBESTOS REMOVED: \_\_\_\_\_

AMOUNT OF ASBESTOS DISPOSED OF: \_\_\_\_\_ BAGS \_\_\_\_\_ WRAPP  
\_\_\_\_\_  
DRUMS \_\_\_\_\_ OTHER \_\_\_\_\_

DIVE SHEET

A.A.I.S. Corp.

JOB Durant Building

LOCATION L.L. Tent #175

NAME	DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME
E. Draga Jr.	8/19/15	7:15	8:30				
S.S.#	0632						
S.S.#							
S.S.#							
S.S.#							
S.S.#							

PERSONAL SAMPLE WORN BY: \_\_\_\_\_

EXCURSION SAMPLE WORN BY: \_\_\_\_\_

FOREMAN: \_\_\_\_\_

AMOUNT AND TYPE OF ASBESTOS REMOVED: \_\_\_\_\_

AMOUNT OF ASBESTOS DISPOSED OF: \_\_\_\_\_ BAGS \_\_\_\_\_ WRAPP.  
\_\_\_\_\_  
DRUMS \_\_\_\_\_ OTHER \_\_\_\_\_

**DIVE SHEET**

A.A.I.S. Corp.

JOB Dorant BuildingLOCATION L.L. Tent #21

NAME	DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME
R. Cogihema	8/29/15	7:10					
S.S.# 2980							
S. Calugrina		7:11					
S.S.# 3567							
S.S.#							
S.S.#							
S.S.#							
S.S.#							

PERSONAL SAMPLE WORN BY: \_\_\_\_\_

EXCURSION SAMPLE WORN BY: \_\_\_\_\_

FOREMAN: \_\_\_\_\_

AMOUNT AND TYPE OF ASBESTOS REMOVED: \_\_\_\_\_

AMOUNT OF ASBESTOS DISPOSED OF: \_\_\_\_\_ BAGS \_\_\_\_\_ WRAPPED  
\_\_\_\_\_ DRUMS \_\_\_\_\_ OTHER**DIVE SHEET**

A.A.I.S. Corp.

JOB Dumont Building

LOCATION L. L. Storage Rm @ P

NAME	DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME
M. Morales	8/20/15	7:15					
S.S.# 3428							
S.S.#							
S.S.#							
S.S.#							
(							
S.S.#							

PERSONAL SAMPLE WORN BY: \_\_\_\_\_

EXCURSION SAMPLE WORN BY: \_\_\_\_\_

FOREMAN: \_\_\_\_\_

AMOUNT AND TYPE OF ASBESTOS REMOVED: \_\_\_\_\_

AMOUNT OF ASBESTOS DISPOSED OF: \_\_\_\_\_ BAGS \_\_\_\_\_ WRAPPED

\_\_\_\_\_ DRUMS \_\_\_\_\_ OTHER

**DIVE SHEET**

A.A.I.S. Corp.

JOB

Durant BuildingContainments #15 18-22

LOCATION

Lower level

NAME	DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME
Wayne Riccitelli Containment #18 S.S.# 8336	8/20/15	9:10AM	9:15	10:30AM	10:35		
# 19 S.S.#		9:18AM	9:23	10:37AM	10:40		
# 20 S.S.#		10:59AM	11:02	12:15PM	12:22		
# 21 S.S.#		11:12AM	11:19	12:30PM	12:40		
# 22 S.S.#		1:00PM	1:10	2:15PM	2:25		
S.S.#							

PERSONAL SAMPLE WORN BY: \_\_\_\_\_

EXCURSION SAMPLE WORN BY: \_\_\_\_\_

FOREMAN: \_\_\_\_\_

AMOUNT AND TYPE OF ASBESTOS REMOVED: \_\_\_\_\_

AMOUNT OF ASBESTOS DISPOSED OF: \_\_\_\_\_ BAGS \_\_\_\_\_ WRAPPED

\_\_\_\_\_ DRUMS \_\_\_\_\_ OTHER

DIVE SHEET

A.A.I.S. Corp.

f Bldg LOCATION Sky Lite Room lower level

DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT	TOTAL
8/24/15	7:30	8:30 <sub>AM</sub>					
8/24/15	7:30	8:30 <sub>AM</sub>					
	8:45 <sub>AM</sub>	9:30 <sub>AM</sub>					
	8:47 <sub>AM</sub>	9:30 <sub>AM</sub>					
	10:03 <sub>AM</sub>	11:02 <sub>AM</sub>					
	10:05 <sub>AM</sub>	11:05 <sub>AM</sub>					

BE WORN BY: Daniel Givzum

BE WORN BY: Daniel Givzum

Bray

ASBESTOS REMOVED: Black board glue blobs

ASBESTOS DISPOSED OF: \_\_\_\_\_ BAGS \_\_\_\_\_ WRAPPED

\_\_\_\_\_ DRUMS \_\_\_\_\_ OTHER

DIVE SHEET

A.A.I.S. Corp.

JOB Desert BldgLOCATION Skyline Room 101

TENT #	NAME	DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TJ
	Daniel Guzman S.S.# 4762	8/24/15	7:30	8:30 AM				
	Manuel Marca S.S.# 6982	8/24/15	7:30	8:30 AM				
TENT #2	Daniel Gutierrez S.S.#		8:45 AM	9:30 AM				
	Manuel Flores S.S.# 6982		8:47 AM	9:30 AM				
TENT #3	Daniel Gutierrez S.S.#		10:03 AM	11:02 AM				
	Manuel Flores S.S.# 6982		10:05 AM	11:05 AM				

PERSONAL SAMPLE WORN BY: Daniel GuzmanEXCURSION SAMPLE WORN BY: Daniel GuzmanFOREMAN: Ed BragaAMOUNT AND TYPE OF ASBESTOS REMOVED: Black board glue tabsAMOUNT OF ASBESTOS DISPOSED OF: \_\_\_\_\_ BAGS \_\_\_\_\_ WRAPPINGS  
\_\_\_\_\_  
DRUMS \_\_\_\_\_ OTHER \_\_\_\_\_**DIVE SHEET**

A.A.I.S. Corp.

JOB Durant Blkys

LOCATION S.E. (middle level) Rooms A

NAME	DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME
MANUEL MACAO S.S.# 6982	Mon 8.24.15	11:30	12:00	12:45	1:15	/	/
Daniel Gurum S.S.# 4762	8.24.15	11:30	12:05	12:45	1:13	/	/
S.S.#							
Manuel Macao S.S.# 6982	Mon 8.24.15	1:30	3:12	/	/	/	/
Daniel Gurum S.S.# 4762	8.24.15	1:30	3:15	/	/	/	/
S.S.#							

PERSONAL SAMPLE WORN BY: Manuel MacaoEXCURSION SAMPLE WORN BY:   FOREMAN: Ed BragaAMOUNT AND TYPE OF ASBESTOS REMOVED: Black board glue dabsAMOUNT OF ASBESTOS DISPOSED OF: \_\_\_\_\_ BAGS \_\_\_\_\_ WRAPPED  
\_\_\_\_\_  
DRUMS \_\_\_\_\_ OTHER \_\_\_\_\_

DIVE SHEET

A.A.I.S. Corp.

JOB Durant BuildingLOCATION Main flr N.E. Rei

NAME	DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIM
J. Gomez	8/29/15	7:20	8:45				
S.S.# 6257							
R. Perez		7:24	8:40				
S.S.# 8153							
J. Calvorina		7:22	8:42				
S.S.# 3567							
S.S.#							
S.S.#							
S.S.#							

PERSONAL SAMPLE WORN BY: GomezEXCURSION SAMPLE WORN BY: SantFOREMAN: F.C.AMOUNT AND TYPE OF ASBESTOS REMOVED: 6 live jobs.AMOUNT OF ASBESTOS DISPOSED OF: \_\_\_\_\_ BAGS \_\_\_\_\_ WRAPPED  
\_\_\_\_\_  
DRUMS \_\_\_\_\_ OTHER \_\_\_\_\_

DIVE SHEET

A.A.I.S. Corp.

Building

LOCATION Lower level Rm 778 Glue Dabs Rm 596

DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT	TOTAL
12/15	7:20	9:18	9:51	11:5			
	7:18	9:20	9:50	11:56			
	7:16	9:24	9:48	11:50			
	1:32	3:10					
	1:34	3:13					
✓	1:30	3:18					

WORN BY: S. Colby

E WORN BY: Sonja

We Dabs

6. ASBESTOS REMOVED: \_\_\_\_\_

7. TOS DISPOSED OF: \_\_\_\_\_ BAGS \_\_\_\_\_ WRAPPED  
DRUMS \_\_\_\_\_ OTHER

A.A.I.S. Corp.

JOB Durant Building LOCATION Lower level Rm 7F

NAME	DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TI
In <sup>7AB</sup> Fredy Sasido S.S.# 5433	8/26/15	7:20	9:18	9:51	11:5		
J. Gomez S.S.# 6257		7:18	9:20	9:50	11:56		
S. Caluopina S.S.# 3567		7:16	9:24	9:48	11:50		
J. Gomez S.S.# 6257		1:32	3:10				
Fredy Sasido S.S.# 5433		1:34	3:13				
S. Caluopina S.S.# 3567	✓	1:30	3:18				

PERSONAL SAMPLE WORN BY: S. CaluopinaEXCURSION SAMPLE WORN BY: SonFOREMAN: Glue Dobs

AMOUNT AND TYPE OF ASBESTOS REMOVED:

AMOUNT OF ASBESTOS DISPOSED OF: \_\_\_\_\_ BAGS \_\_\_\_\_ WRAPP

DRUMS

OTHER

DIVE SHEET

A.A.I.S. Corp.

JOB Durant BuildingLOCATION Lower level.

NAME	DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME
J. Gomez S.S.# 6257	8/27/15	7:20	9:20	9:50	12:20	1:06	
S. Calvopina S.S.# 3507		7:22	9:24	9:48	12:23	1:04	
S.S.#							
Fredy Saucido S.S.# 8433	8/27/15	8-	9:24	9:50	11:20		
S.S.#							
S.S.#							

PERSONAL SAMPLE WORN BY: \_\_\_\_\_

EXCURSION SAMPLE WORN BY: \_\_\_\_\_

FOREMAN: \_\_\_\_\_

AMOUNT AND TYPE OF ASBESTOS REMOVED: One doosAMOUNT OF ASBESTOS DISPOSED OF: \_\_\_\_\_ BAGS \_\_\_\_\_ WRAPPED  
\_\_\_\_\_ DRUMS \_\_\_\_\_ OTHER**DIVE SHEET**

A.A.I.S. Corp.

JOB Durant BuildingLOCATION Lowerlevel glue job

NAME	DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME
Daniel Guzman S.S.# 4762	8/28/15	8:02	9:20	9:50	12:22	3:14	
S. Calvapina S.S.# 3567		8:04	9:17	9:51	12:18	3:10	
S.S.#							
Fredy Saucido S.S.# 3453		7:10	8:35				
S.S.#							
S.S.#							

PERSONAL SAMPLE WORN BY: \_\_\_\_\_

EXCURSION SAMPLE WORN BY: \_\_\_\_\_

FOREMAN: \_\_\_\_\_

AMOUNT AND TYPE OF ASBESTOS REMOVED: \_\_\_\_\_

AMOUNT OF ASBESTOS DISPOSED OF: \_\_\_\_\_ BAGS \_\_\_\_\_ WRAPPED  
\_\_\_\_\_ DRUMS \_\_\_\_\_ OTHER**DIVE SHEET**

A.A.I.S. Corp.

Building LOCATION Lowerlevel glue jobs

DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT	TOTAL
9/28/15	8:02	9:20	9:50	12:22	3:14		
	8:04	9:17	9:51	12:18	3:10		
	7:10	8:35					

WORN BY: \_\_\_\_\_

E WORN BY: \_\_\_\_\_

6. ASBESTOS REMOVED: \_\_\_\_\_

TOS DISPOSED OF: \_\_\_\_\_ BAGS \_\_\_\_\_ WRAPPED  
\_\_\_\_\_  
DRUMS \_\_\_\_\_ OTHER

A.A.I.S. Corp.

JOB Durant Building LOCATION Lowerlevel G

NAME	DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	TIM
Daniel Gozman	8/28/15	8:02	9:20	9:50	12:22	3:1
S.S.# 4762						
J. Calvagna		8:04	9:17	9:51	12:18	3:
S.S.# 3567						
S.S.#						
Fredy Saucido		7:10	8:35			
S.S.# 3453						
S.S.#						
S.S.#						

PERSONAL SAMPLE WORN BY: \_\_\_\_\_

EXCURSION SAMPLE WORN BY: \_\_\_\_\_

FOREMAN: \_\_\_\_\_

AMOUNT AND TYPE OF ASBESTOS REMOVED: \_\_\_\_\_

AMOUNT OF ASBESTOS DISPOSED OF: \_\_\_\_\_ BAGS \_\_\_\_\_

DRUMS \_\_\_\_\_

DIVE SHEET

A.A.I.S. Corp.

JOB Durant BuildingLOCATION lower level Rm 1

NAME	DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT
Susana Calvorina	8/31/15	8:05	9:22	9:51	12:22	1:07	
S.S.# 30567							
Daniel Guzman	↓	8-	9:25	9:50	12:23	1:05	
S.S.# 4762							
S.S.#							
Reyna Perez	8/31/15	9:50	11:26				
S.S.# 8153							
Fredy Saucido	↓	9:48	11:30				
S.S.# 8433							
S.S.#							

PERSONAL SAMPLE WORN BY: \_\_\_\_\_

EXCURSION SAMPLE WORN BY: \_\_\_\_\_

FOREMAN: \_\_\_\_\_

AMOUNT AND TYPE OF ASBESTOS REMOVED: \_\_\_\_\_

AMOUNT OF ASBESTOS DISPOSED OF: \_\_\_\_\_ BAGS \_\_\_\_\_ WRAPPED

\_\_\_\_\_ DRUMS \_\_\_\_\_ OTHER

**DIVE SHEET**

A.A.I.S. Corp.

JOB Dorant Building <1% LOCATION Main Flr U.E. Hall

NAME	DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIM
Daniel Guzman S.S.# 4762	8/3/15	9:52	12:20	1:04	3:15		
Manuel Macao S.S.# 6982		9:50	12:25	1:03	3:19		
Fredy Saucedo S.S.# 5433				1:06	3:17		
Reyna Perez S.S.# 8155		9:55	12:22	1:09	3:12		
J. Gomez S.S.# 6257		9:53	12:24	1:05	3:21		
Caluopina S.S.# 3567	↓			1:08	3:10		

PERSONAL SAMPLE WORN BY: MacaoEXCURSION SAMPLE WORN BY:   FOREMAN: EAMOUNT AND TYPE OF ASBESTOS REMOVED: <1%

AMOUNT OF ASBESTOS DISPOSED OF: \_\_\_\_\_ BAGS \_\_\_\_\_ WRAPPED

\_\_\_\_\_  
DRUMS \_\_\_\_\_ OTHER \_\_\_\_\_

DIVE SHEET

A.A.I.S. Corp.

JOB Durant Building 1/90 LOCATION U.E Main Flr Hall

NAME	DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT
S. Blackstone S.S.# 4857	9/4/15	7:13	9:15	9:53	12:18	1:05	3:00
D. Guzman S.S.# 4782		7:14	9:17	9:50	12:16	1:07	3:00
Luis Guzman S.S.# 0674		7:15	9:22	9:51	12:20	1:06	3:00
M. Macao S.S.# 6982		7:16	9:20	9:54	12:22	1:09	3:00
Rocio Cajilena S.S.# 2980		7:17	9:23	9:55	12:14	1:10	3:00
F. Saucedo S.S.# 8437	↓	7:12	9:25	9:49	12:24	1:04	3:00

PERSONAL SAMPLE WORN BY: F. Saucedo

EXCURSION SAMPLE WORN BY: \_\_\_\_\_

FOREMAN: E.C.AMOUNT AND TYPE OF ASBESTOS REMOVED: <1/90AMOUNT OF ASBESTOS DISPOSED OF: \_\_\_\_\_ BAGS \_\_\_\_\_ WRAPPED  
\_\_\_\_\_  
DRUMS \_\_\_\_\_ OTHER \_\_\_\_\_

DIVE SHEET

A.A.I.S. Corp.

JOB Dacent Building 510LOCATION NE Hall Main St

NAME	DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME
Sam Blackstone S.S.# 4857	9/8/15	7:17	9:26	9:53	12:16	1:07	8
Daniel Guzman S.S.# 4762		7:16	9:25	9:50	12:23	1:03	3
Manuel Macao S.S.# 6982		7:18	9:24	9:51	12:18	1:06	3
Fredy Saucedo S.S.# 8432		7:19	9:22	9:52	12:20	1:04	3
J. Calvorina S.S.# 3567		7:20	9:20	9:49	12:14	1:05	3
S.S.#							

PERSONAL SAMPLE WORN BY: D. Guzman

EXCURSION SAMPLE WORN BY: \_\_\_\_\_

FOREMAN: C.AMOUNT AND TYPE OF ASBESTOS REMOVED: 21%AMOUNT OF ASBESTOS DISPOSED OF: \_\_\_\_\_ BAGS \_\_\_\_\_ WRAPS  
\_\_\_\_\_  
DRUMS \_\_\_\_\_ OTHER \_\_\_\_\_**DIVE SHEET**

A.A.I.S. Corp.

JOB Durant BuildingLOCATION Main Hall N.E. E

NAME	DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT
Sam Blackstone S.S.# 9857	9/9/15	7:30	9:20	9:54	12:20	1:07	3:
D. Guzman S.S.# 4162		7:26	9:22	9:50	12:23	1:10	3:
S. Sorango S.S.# 7031		7:20	9:24	9:51	12:27	1:05	3:
Manuel Macao S.S.# 6982		7:24	9:18	9:53	2:18	1:09	3:
S Calugpina S.S.# 3567		7:31	9:14	9:56	12:16	1:12	3:
F. Saucido S.S.# 8433	✓	7:28	9:16	9:52	12:15	1:08	3:

PERSONAL SAMPLE WORN BY: Sandro Sorango

EXCURSION SAMPLE WORN BY: \_\_\_\_\_

FOREMAN: EAMOUNT AND TYPE OF ASBESTOS REMOVED: < 1% Drywall & CompoundAMOUNT OF ASBESTOS DISPOSED OF: \_\_\_\_\_ BAGS \_\_\_\_\_ WRAPPED  
\_\_\_\_\_ DRUMS \_\_\_\_\_ OTHER**DIVE SHEET**

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

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**APPENDIX G**

**Contractor Personal Air Sampling Logs**

PO#

## AIR SAMPLING / NIOSH METHOD 7400 SAMPLE RECORD

Hilly\_H  
 Faxed \_\_\_\_\_  
 Called \_\_\_\_\_  
 Logged \_\_\_\_\_

sample source Durant Blg. 240 Acad school Rd Mystic CTJob # 158036sampled by Ed Braga Date Sampled Mon 8-24-15 Customer Name A.A.I.S. Corp.Analyst Wayne

Date Received \_\_\_\_\_ Date Tested \_\_\_\_\_

Sample #/ Description	Time Start End		Flow l/m Start End		Liters	f/ flds	f/ mm <sup>2</sup>	f/cc	LOD f/cc	
Text #1	Date: 8-24-15 Mask: 1/2 Face Name: Daniel Guzman SS# Task: Remove Black board glue jobs	7:30	8:30	2.9	2.9	504	3/100	3.8	0.009	0.0053
Text #2	Date: 8-24-15 Mask: 1/2 Face Name: Daniel Guzman SS# Task: Remove Black board glue jobs	8:45	9:30	2.9	2.9	130	7/100	8.9	0.026	0.020
	Date: 8-24-15	10:00	11:00	2.9	2.9		2/100			

PO# \_\_\_\_\_

AIR SAMPLING / NIOSH METHOD 7400 SAMPLE RECORD

HILL.Y\_H\_  
faxed \_\_\_\_\_  
Called \_\_\_\_\_  
logged \_\_\_\_\_

Sample Source Durant Building Lower level Rm 748 Job # 155036  
Sampled by Ela Date Sampled 9/26/15 Customer Name A.A.I.S. Corp.  
Date Tested \_\_\_\_\_

Analyst \_\_\_\_\_ Date Received \_\_\_\_\_ Date Tested \_\_\_\_\_

PO#

## AIR SAMPLING / NIOSH METHOD 7400 SAMPLE RECORD

Milly\_R  
 Faxed \_\_\_\_\_  
 Called \_\_\_\_\_  
 Logged \_\_\_\_\_

sample Source Durant BuildingJob # 155036sampled by Wayne R.Date Sampled 8/25/15 Customer Name

A.A.I.S. Corp.

Analyst Wayne R.

Date Received

Date Tested

Sample #/ Description	Time Start End	Flow l/m Start End	Liters	f/ flds	f/ mm2	f/cc	LOD f/cc
Date: <u>8/25/15</u> Mask: <u>HF</u> Name: <u>J. Gomez</u> SS# <u>6257</u> Code: <u>5</u> Task: <u>Gloedabs-BB</u>	7:20	7:55	2.7	2.7	94.5	3/100	3.8
Date: <u>8/25/15</u> Mask: <u>S</u> Name: <u>Sam</u> SS# <u>1</u> Code: <u>1</u> Task:	7:55	8:45	2.7	2.7	135	5/100	6.3
Date: <u>8/25/15</u>					0%		

PO# \_\_\_\_\_

AIR SAMPLING / NIOSH METHOD 7400 SAMPLE RECORD

MILLY\_N  
Faxed \_\_\_\_\_  
Called \_\_\_\_\_  
Logged \_\_\_\_\_

Sample Source Durant Building Rm 748 Job # 155036  
Sampled by \_\_\_\_\_ Date Sampled \_\_\_\_\_ Customer Name A.A.I.S. Corp.

Analyst Wayne Riccielli Date Received \_\_\_\_\_ Date Tested \_\_\_\_\_

Sample #/ Description	Time Start End	Flow l/m Start End	Liters	f/ flds	f/ mm2	f/cc	LOD f/cc
Date: <u>2/25/15</u> Mask: <u>H-F</u> Name: <u>R. Perez</u> SS# <u>8153</u> Code: <u>1</u> Task: <u>Glydeobs</u>	1:06 3:14	2.6 2.6	128 332L	2/100	2.54	0.00015	0.0018
Date: Mask: Name: SS# Task:							
Date: Mask: Name: SS# Task:							



PO#

AIR SAMPLING / NIOSH METHOD 7400 SAMPLE

sample source Durent Building Loading Dock E  
sampled by EC Date sampled 8/12/15 customer 1

Analyst Wayne Date Received \_\_\_\_\_ Da

Sample #/ Description	Date:	Time Start End	Flow l/m Start End	Liters	f/ flds
	Date: <u>8/12/15</u> Mask: H.F	7:13 11-	2.6 2.6	590	15/10
Name: Quezada SS# 1413 Code: <u>1</u>					
Task: FIRE + Plastic					
	Date: Mask:				%
Name: SS# Task:	Code: <u>F B</u>				10
	Date: Mask:				0%

PO#

## AIR SAMPLING / NIOSH METHOD 7400 SAMPLE RECORD

Hilly\_H  
Faxed  
Called  
Logged

Sample Source Durant Building (loading Dock Ent) Job # 155036

Sampled by EC Date Sampled 8/12/15 Customer Name A.A.I.S. Corp.

Analyst Wayne Date Received \_\_\_\_\_ Date Tested \_\_\_\_\_

Sample #/ Description	Time Start End	Flow l/m Start End	Liters	f/ flds	f/ mm <sup>2</sup>	f/cc	LOD f/cc
Date: <u>8/12/15</u> Mask: <u>H.F</u> Name: <u>Quetzada</u> SS# <u>1423</u> Code: <u>1</u> Task: <u>FIRST Plastic</u>	<u>7:13</u> <u>11-</u>	<u>2.6</u> <u>2.6</u>	<u>590</u>	<u>15</u> <u>100</u>	<u>19.1</u>	<u>0.012</u>	<u>0.0045</u>
Date: Mask: Name: SS# Code: Task:	<u>FB</u>			<u>%</u> <u>100</u>			
Date: Mask: Name: SS# Code: Task:	<u>LB</u>			<u>%</u> <u>100</u>			
Date: Mask: Name: SS# Code: Task:							
Date: Mask: Name: SS# Code: Task:							

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

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

Project <u>Durant Building (loading dock ent)</u>	Sample Codes:
Location <u>Mystic Oral School</u>	1-Personal 2-Work Area 3-Outside Area 4-Final Clearance 5-Excursion
Foreman <u>/</u>	
Superintendent <u>/</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\_H\_  
Faxed \_\_\_\_\_  
Called \_\_\_\_\_  
Logged \_\_\_\_\_

Sample Source Durant Building (Mech Rm L Level) Job # 155036  
 Sampled by E.C. Date Sampled 8/18/15 Customer Name A.A.I.S. Corp.  
 Analyst Mayle Date Received \_\_\_\_\_ Date Tested \_\_\_\_\_

Sample #/ Description	Date Start	Date End	Flow l/m Start	Flow l/m End	Liters	f/ flds	f/ mm <sup>2</sup>	f/cc	LOD f/cc
<u>Name: S. Calugopina SS# 3567 Code: 5 Task: TST</u>	<u>Date: 8/18/15 Mask: PAPR</u>	<u>7:30</u>	<u>8:00</u>	<u>2.7</u>	<u>2.7</u>	<u>81</u>	<u>4/100</u>	<u>5.095</u>	<u>0.024</u>
<u>Name: Sam SS# Code: 1 Task:</u>	<u>Date: 8-</u>	<u>3:05</u>	<u>2.7</u>	<u>2.1</u>	<u>1,008</u>	<u>19/100</u>	<u>24.2</u>	<u>0.0092</u>	<u>0.0026</u>
<u>Name: SS# Task:</u>	<u>Date: Mask:</u>					<u>%/100</u>			
<u>Name: SS# Task:</u>	<u>Date: Mask:</u>					<u>%/100</u>			
<u>Name: SS# Task:</u>	<u>Date: Mask:</u>								
<u>Report Reviewed by _____</u>	<u>Date _____</u>	<u>Blank(s) Received? Y <input checked="" type="checkbox"/> N <input type="checkbox"/></u>							
<u>Field Blanks</u>	<u>L</u>	<u>Reference Slide #:</u>							
<u>Laboratory Blank</u>									
<u>Project: Durant Building, Mech Rm L-Level</u>	<u>Location: Mystic Oral School</u>	<u>Sample Codes:</u>							
<u>Foreman: E.C.</u>		<u>1-Personal 2-Work Area 3-Outside Area 4-Final Clearance 5-Excursion</u>							
<u>Superintendent: E.C.</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

Mail Y N  
Faxed \_\_\_\_\_  
Called \_\_\_\_\_  
Logged \_\_\_\_\_

Sample Source Durant Building Job # 155036

Sampled by E. Date Sampled 7/15/15 Customer Name A.A.I.S. Corp.

Analyst Wayne K Date Received \_\_\_\_\_ Date Tested \_\_\_\_\_

Sample #/ Description	Time Start End	Flow l/m Start End	Liters	f/ flds	f/ mm <sup>2</sup>	f/cc	LOD f/cc
Name: E. Long Jr SS# 0692 Code: <u>1</u> Task: Shutterock	Date: 7/15/15 Mask: H/F 7:20 3-	2.7 2.1	1,104	23/100	29.2	0.0102	0.0024
Name: SS# Task:	Date: Mask: Code: FB			%/100			
Name: SS# Task:	Date: Mask: Code: LB			%/100			
Name: SS# Task:	Date: Mask: Code:						
Name: SS# Task:	Date: Mask: Code:						
Report Reviewed by _____	Date _____	Blank(s) Received? Y <input checked="" type="checkbox"/> N <input type="checkbox"/>					
Field Blanks							Reference Slide #: _____
Laboratory Blank							
Project <u>Durant Building</u>							Sample Codes:
Location <u>240 Oral School Rd Mystic Ct.</u>							1-Personal 2-Work Area 3-Outside Area 4-Final Clearance 5-Excursion
Foreman <u>S.</u>							
Superintendent <u>S.</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

Mail     
Fax     
Called     
Logged   

Sample Source Dust Building Plain FIR Sheetrock Job # 155036

Sampled by EC Date Sampled 7/14/15 Customer Name A.A.I.S. Corp.

Analyst Mayer Date Received \_\_\_\_\_ Date Tested \_\_\_\_\_

Sample #/ Description	Time Start End	Flow l/m Start End	Liters	f/ flds	f/ mm <sup>2</sup>	f/cc	LOD f/cc
Date: <u>7/14/15</u> Mask: <u>H.F.</u> Name: <u>M. Mayer</u> SS# <u>5042</u> Code: <u>2</u> Task: <u>Sheetrock</u>	<u>7:15</u> <u>3:10</u>	<u>2.7</u> <u>2.2</u>	<u>1,163</u>	<u>15/100</u>	<u>19.1</u>	<u>0.0063</u>	<u>0.0023</u>
Date: Mask: Name: SS# Code: Task:	<u>FB</u>			<u>%/100</u>			
Date: Mask: Name: SS# Code: Task:	<u>LB</u>			<u>0/100</u>			
Date: Mask: Name: SS# Code: Task:							
Date: Mask: Name: SS# Code: Task:							
Date: Mask: Name: SS# Code: Task:							

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

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

Project <u>Dust Building</u>	Sample Codes:
Location <u>240 Old School Rd. Mystic CT</u>	1-Personal 2-Work Area 3-Outside Area 4-Final Clearance 5-Excursion
Foreman <u>EC</u>	
Superintendent <u>JF</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

Mail   
 Faxed   
 Called   
 Logged

Sample Source Duwart Building Main Flr demo Job # 155036

Sampled by  Date Sampled 7/13/15 Customer Name A.A.I.S. Corp.

Analyst Mary Date Received  Date Tested

Sample #/ Description	Date Start	Date End	Flow l/m Start	Flow l/m End	Liters	f/ flds	f/ mm <sup>2</sup>	f/cc	LOD f/cc
<u></u> Date: <u>7/13/15</u> Mask: <u>H.R</u> Name: <u>S. Calugina</u> SS# <u>3567</u> Code: <u>1</u> Task: <u>Sheetrock</u>	<u>7/20</u>	<u>3:14</u>	<u>2.6</u>	<u>2.2</u>	<u>1.137</u>	<u>9/100</u>	<u>1146</u>	<u>0.0038</u>	<u>0.0023</u>
<u></u> Date: Mask: Name: SS# Code: Task:						<u>%/100</u>			
<u></u> Date: Mask: Name: SS# Code: Task:						<u>%/100</u>			
<u></u> Date: Mask: Name: SS# Code: Task:						<u>%/100</u>			
<u></u> Date: Mask: Name: SS# Code: Task:									
<u></u> Date: Mask: Name: SS# Code: Task:									
<u></u> Date: Mask: Name: SS# Code: Task:									
<u></u> Date: Mask: Name: SS# Code: Task:									
Report Reviewed by _____	Date _____			Blank(s) Received? Y <input checked="" type="checkbox"/> N <input type="checkbox"/>					

Field Blanks  Laboratory Blank  Reference Slide #: \_\_\_\_\_

Project Duwart Building, Mystic Oral School  
 Location 240 Oral School Rd, Mystic CT  
 Foreman EC  
 Superintendent

## 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

Sample Source Dumont Building Main FIR demoSampled by EC Date Sampled 7/10/15 Customer Name \_\_\_\_\_Analyst Mayes Date Received \_\_\_\_\_ Date Teste

Sample #/ Description	Date:	Time Start End	Flow l/m Start End	Liters	f/ flds	f/ mm2
	Date: <u>7/10/15</u> Mask: <u>H.F</u>	<u>7:30</u> 3-	<u>2.7</u> <u>2.0</u>	<u>587</u>	<u>12/100</u>	<u>15.2</u>
Name: <u>Primo Jr</u> SS# <u>0632</u> Code: <u>1</u> Task: <u>Shop talk demo</u>						
	Date: Mask:				<u>%/100</u>	
Name: SS# Task:	Code: <u>FB</u>					
	Date: Mask:				<u>%/100</u>	
Name: SS# Task:	Code: <u>LD</u>					
	Date: Mask:					
Name: SS# Task:	Code: <u></u>					
	Date: Mask:					
Name: SS# Task:	Code: <u></u>					

Report Reviewed by \_\_\_\_\_ Date \_\_\_\_\_ Blank(s) Rece

Field Blanks X Laboratory Blank X Refer \_\_\_\_\_Project Dumont Building / Mystic oral School SamplLocation 240 Oral School Rd. 1-PexForeman EC 2-WorSuperintendent C.P 3-Out

4-Fir

5-Esc

I, \_\_\_\_\_, hereby swear that all information true and if applicable all personal air samples were worn by me above.

PO#

## AIR SAMPLING / NIOSH METHOD 7400 SAMPLE RECORD

Mail Y N  
Fax ed  
Called  
Logged

Sample Source Durant Building / Mystic oral School Job # 155036

Sampled by EC Date Sampled 7/23/15 Customer Name A.A.I.S. Corp.

Analyst CARMEN JACKS Date Received 7-28-15 Date Tested 7-28-15

Sample #/ Description	Time Start End	Flow l/m Start End	Liters	f/ flds	f/ mm <sup>2</sup>	f/cc	LOD f/cc
  Name: Reyna Perez SS# 8153 Code: <u>1</u> Task: FIR file / Mystic	Date: 7/23/15 Mask: H,F Code: <u>FB</u>	1:10 3:12 2.7 2.7	329.4	3/ 100	—	—	0.004 0.008
  Name: SS# Task:	Date: Mask: Code: <u>FB</u>	— —	—	% 100	—	—	—
  Name: SS# Task:	Date: Mask: Code: <u>LB</u>	— —	—	% 100	—	—	—
  Name: SS# Task:	Date: Mask: Code: <u>LB</u>	— —	—	—	—	—	—
  Name: SS# Task:	Date: Mask: Code: <u>LB</u>	— —	—	—	—	—	—
  Name: SS# Task:	Date: Mask: Code: <u>LB</u>	— —	—	—	—	—	—
Report Reviewed by _____ Date _____				Blank(s) Received? Y <input checked="" type="checkbox"/> N <input type="checkbox"/>			
Field Blanks	<u>/</u>			Reference Slide #: RS181			
Laboratory Blank	<u>/</u>						
Project <u>Durant Building</u>				Sample Codes:			
Location <u>Mystic oral school (East Stairway)</u>				1-Personal 2-Work Area 3-Outside Area 4-Final Clearance 5-Excursion			
Foreman <u>EC</u>							
Superintendent <u>CF</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

Hilly\_H  
Faxied  
Called  
Logged

Sample Source Durant Building / East Stair Job # 155036

Sampled by Z.C. Date Sampled 7/24/15 Customer Name A.A.I.S. Corp.

Analyst CARMEN JACKY Date Received 7-28-15 Date Tested 7-28-15

Sample #/ Description	Time Start End	Flow l/m Start End	Liters	f/ flds	f/ mm <sup>2</sup>	f/cc	LOD f/cc
Date: 7/24/15 Mask: H/F Name: J. Gomez SS# 6251 Code: 5 Task: FIRtile/Masti	7:10 7:40	2.7 2.7	81	1/ 100	—	0.006	0.03
Date: Mask: Name: SS# Code: Task:	7:40 9:23 9:49 10:03 1:04 3:19	2.7 2.7 2.5 2.5 2.5 2.2	278.1 400.4 317.25 995.75	7/ 100	—	0.003	0.003
Date: Mask: Name: SS# Code: Task:	FB	— —	—	0/ 100	—	—	—
Date: Mask: Name: SS# Code: Task:	LB	— —	—	0/ 100	—	—	—
Date: Mask: Name: SS# Code: Task:							
Report Reviewed by _____	Date _____	Blank(s) Received? Y <input checked="" type="checkbox"/> N <input type="checkbox"/>					
Field Blanks <u>✓</u> Laboratory Blank <u>✓</u>				Reference Slide #: <u>RS181</u>			
Project <u>Mystic Oral School</u>				Sample Codes:			
Location <u>East Stair</u>				1-Personal 2-Work Area 3-Outside Area 4-Final Clearance 5-Excursion			
Foreman <u>J.C.</u>							
Superintendent <u>CP</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

Mail Y/N  
Faxied \_\_\_\_\_  
Called \_\_\_\_\_  
Logged \_\_\_\_\_

Sample Source Durant Building (East Stair) Job # 155036

Sampled by El Date Sampled 7/27/15 Customer Name A.A.I.S. Corp.

Analyst CARWEN JACK Date Received 7-28-15 Date Tested 7-28-15

Sample #/ Description	Time Start End	Flow l/m Start End	Liters	f/ flds	f/ mm2	f/cc	LOD f/cc
Date: <u>7/17/15</u> Mask: <u>H/F</u> Name: <u>Susan Collepinen</u> SS# <u>35C7</u> Code: <u>5</u> Task: <u>Mastic</u>	<u>7/12</u> <u>7:45</u>	<u>2.8</u> <u>2.8</u>	<u>92.4</u>	<u>2/</u> <u>100</u>	—	<u>0.01</u>	<u>0.029</u>
Date: <u>7/45</u> Mask: <u>Sand</u> Name: <u>Sand</u> SS# <u>1</u> Code: <u>1</u> Task:	<u>3.24</u>	<u>2.8</u> <u>2.2</u>	<u>1147.5</u>	<u>5/</u> <u>100</u>	—	<u>0.002</u>	<u>0.002</u>
Date: Mask: Name: SS# Task:	<u>FB</u>	<u>—</u> <u>—</u> <u>—</u>	<u>0/</u> <u>100</u>	—	—	—	—
Date: Mask: Name: SS# Task:	<u>LB</u>	<u>—</u> <u>—</u> <u>—</u>	<u>0/</u> <u>100</u>	—	—	—	—
Date: Mask: Name: SS# Task:							
Report Reviewed by _____	Date _____	Blank(s) Received? Y <input checked="" type="checkbox"/> N <input type="checkbox"/>					
Field Blanks <u>/</u> Laboratory Blank <u>/</u>							Reference Slide #: RS182
Project <u>Durant Building / Mystic Owl School</u> Location <u>East Stair</u> Foreman <u>El</u> Superintendent <u>CF</u>							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

Hilly\_N  
Faxied  
Called  
Logged

Sample Source Durant Building (Storage Rms x2) Job # 155436

Sampled by L.C. Date Sampled 7/28/15 Customer Name A.A.I.S. Corp.

Analyst CARMEN JACK Date Received 7-29-15 Date Tested 7-29-15

Sample #/ Description	Time Start End	Flow l/m Start End	Liters	f/ flds	f/ mm2	f/cc	LOD f/cc
Date: <u>7/28/15</u> Mask: <u>H/F</u> Name: <u>Braga Jr</u> SS# <u>0632</u> Code: <u>5</u> Task: <u>FIRTiled &amp; Mastic</u>	<u>7:45</u> <u>8:15</u>	<u>2.7</u> <u>2.7</u>	<u>81</u>	<u>2/100</u>	—	<u>0.012</u>	<u>0.03</u>
Date: <u>8:15</u> Mask: <u>Same</u> Name: <u>Same</u> SS# <u>Code: 1</u> Task:	<u>8:15</u> <u>1:30</u>	<u>2.7</u> <u>2.9</u>	<u>771.75</u>	<u>3/100</u>	—	<u>0.002</u>	<u>0.004</u>
Date: Mask: Name: SS# Task:	<u>R/B</u>	—	—	<u>0/100</u>	—	—	—
Date: Mask: Name: SS# Task:	<u>L/B</u>	—	—	<u>6/100</u>	—	—	—
Date: Mask: Name: SS# Task:							
Report Reviewed by _____	Date _____	Blank(s) Received? Y <input checked="" type="checkbox"/> N <input type="checkbox"/>					
Field Blanks <u>/</u> Laboratory Blank <u>/</u>							Reference Slide #: RS182
Project <u>Durant Building / Mystic Owl School</u>							Sample Codes:
Location <u>Main Fl Storage</u>							1-Personal 2-Work Area 3-Outside Area 4-Final Clearance 5-Excursion
Foreman <u>E.L.</u>							
Superintendent <u>C.P.</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

Mail Y N  
Faxied \_\_\_\_\_  
Called \_\_\_\_\_  
Logged \_\_\_\_\_

Sample Source Dent Building / South Stairs Job # 153036Sampled by E.C. Date Sampled 7/28/15 Customer Name A.A.I.S. Corp.Analyst CARMEN JACK Date Received 7-29-15 Date Tested 7-29-15

Sample #/ Description	Time Start End	Flow l/m Start End	Liters	f/ flds	f/ mm2	f/cc	LOD f/cc
<u>Name: Susana Calapina SS# 3567 Code: 5 Task: FIRTile/Mastic</u>	<u>Date: 7/28/15 Mask: HF</u> <u>Susana</u> <u>Code: 1</u>	<u>10:33 11:10</u> <u>11:10 3:17</u>	<u>2.4 2.4</u> <u>2.4 2.0</u>	<u>88.8</u> <u>543.4</u>	<u>3/ 100</u> <u>3/ 100</u>	<u>—</u> <u>—</u>	<u>0.011</u> <u>0.003</u> <u>0.005</u>
<u>Name: SS# Task:</u>	<u>Date: Mask:</u>	<u>FB</u>	<u>— — —</u>	<u>% 100</u>	<u>—</u>	<u>—</u>	<u>—</u>
<u>Name: SS# Task:</u>	<u>Date: Mask:</u>	<u>LB</u>	<u>— — —</u>	<u>% 100</u>	<u>—</u>	<u>—</u>	<u>—</u>
<u>Name: SS# Task:</u>	<u>Date: Mask:</u>	<u>✓</u>	<u>— — —</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>
Report Reviewed by _____			Date _____	Blank(s) Received? Y <input checked="" type="checkbox"/> N <input type="checkbox"/>			
Field Blanks <u>✓</u>			Reference Slide #: RS 182				
Laboratory Blank <u>✓</u>							
<u>Project Dent Building Mystic Oral School</u>			Sample Codes:				
<u>Location South Stairs</u>			1-Personal 2-Work Area 3-Outside Area 4-Final Clearance 5-Excursion				
<u>Foreman</u>							
<u>Superintendent</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

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Faxed  
Called  
Logged

Sample Source Durant Building / S. Stair - Tent #3 Job # \_\_\_\_\_

Sampled by Z.C. Date Sampled 7/29/15 Customer Name A.A.I.S. Corp.

Analyst Carmen Jacobs Date Received 7-31-15 Date Tested 7-31-15

Sample #/ Description	Time Start End	Flow l/m Start End	Liters	f/ flds	£/ mm2	f/cc	LOD f/cc
Date: <u>7/29/15</u> Mask: <u>H/F</u> Name: <u>K. Beagle</u> SS# <u>5733</u> Code: <u>5</u> Task: <u>FIR tiles/Mastic</u>	<u>7:13</u> <u>7:45</u>	<u>2.6</u> <u>2.6</u>	<u>83.2</u>	<u>2/100</u>	—	<u>0.012</u>	<u>0.012</u>
Date: Mask: Name: SS# Code: Task:	<u>7:45</u> <u>3:12</u>	<u>2.6</u> <u>2.0</u>	<u>1028.1</u>	<u>2/100</u>	—	<u>0.00</u>	<u>0.002</u>
Date: Mask: Name: SS# Code: Task:	<u>FB</u>	<u>—</u> <u>—</u> <u>—</u>	<u>0/100</u>	—	—	—	—
Date: Mask: Name: SS# Code: Task:	<u>LB</u>	<u>—</u> <u>—</u> <u>—</u>	<u>0/101</u>	—	—	—	—
Date: Mask: Name: SS# Code: Task:							
Report Reviewed by _____	Date _____	Blank(s) Received? Y <input checked="" type="checkbox"/> N <input type="checkbox"/>					
Field Blanks <u>✓</u> Laboratory Blank <u>✓</u>							Reference Slide #: <u>PS 181</u>
Project <u>Durant Building / mystic Oral School</u> Location <u>South Stair (3 FIRs)</u> Foreman <u>Z.C.</u> Superintendent <u>CP</u>							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

Printed \_\_\_\_\_  
 Faxed \_\_\_\_\_  
 Called \_\_\_\_\_  
 Logged \_\_\_\_\_

Sample Source Durant Building / S. Stair - Tent #3 Job # 155026

Sampled by Z.L. Date Sampled 7/30/15 Customer Name A.A.I.S. Corp.

Analyst CAROLYN JACK Date Received 7-31-15 Date Tested 7-31-15

Sample #/ Description	Time Start End	Flow l/m Start End	Liters	f/ flds	f/ mm <sup>2</sup>	f/cc	LOD f/cc
Date: <u>7/30/15</u> Mask: <u>H.F.</u> Name: <u>Susana Caloopina</u> SS# <u>3567</u> Code: <u>5</u> Task: <u>Mastic</u>	2:12 7:45	2.7 2.7	62.1	02	—	—	0.043
Date: <u>7/30/15</u> Mask: <u>Gauze</u> Name: <u>Sand</u> SS# <u>Code: 1</u> Task:	7:45 9:49	2.7 2.6	328.1	2/100	—	0.003	0.008
Date: Mask: Name: SS# Task:	<u>HP</u>	— —	—	%/100	—	—	—
Date: Mask: Name: SS# Task:	<u>LB</u>	— —	—	%/100	—	—	—
Date: Mask: Name: SS# Task:							

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

Field Blanks	<u>✓</u>	Reference Slide #:
Laboratory Blank		<u>RS 184</u>

Project Durant Build / Mystic Oral School

Location South Stair (3FIRS)

Foreman ✓

Superintendent GD

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

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Faxied  
Called  
Logged

Sample Source Durant Building N.E. Stair Job # 155036

Sampled by E.C. Date Sampled 8/3/15 Customer Name A.A.I.S. Corp.

Analyst BONITA JACK Date Received 8-7-15 Date Tested 8-7-15

Sample #/ Description	Time Start End	Flow l/m Start End	Liters	f/ flids	f/ mm2	f/cc	LOD f/cc
Date: <u>8/3/15</u> Mask: <u>H/F</u> Name: <u>Guzman</u> SS# <u>4766</u> Code: <u>2</u> Task: <u>FIRT.-Mastic</u>	7:50 1:03	2.6 2.0	719.9	0L	—	—	0.063
Date: <u>8/3/15</u> Mask: <u>gauze</u> Name: <u>Jane</u> SS# <u></u> Code: <u>5</u> Task:	7:18 7:50	2.6 2.6	83.2	7/100	—	0.041	0.032
Date: Mask: Name: SS# Code: Task:	<u>FB</u>	— —	—	%/100	—	—	—
Date: Mask: Name: SS# Code: Task:	<u>LB</u>	— —	—	%/100	—	—	—
Date: Mask: Name: SS# Code: Task:							

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

Field Blanks	<u>—</u>	Reference Slide #:
Laboratory Blank	<u>—</u>	<u>RS184</u>

Project Durant Building (N.E. Stair)

Location Mystic Oral School

Foreman E.C.

Superintendent P

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

HILL,Y\_H\_  
Faxed\_\_\_\_\_  
Called\_\_\_\_\_  
Logged\_\_\_\_\_

sample source: Dugout Building (FanRoy - T-7) Job # 155036

Sampled by E.C. Date Sampled 8/4/15 Customer Name A.I.S. Corp.

Analyst Carsten J. Arbo Date Received 8-7-15 Date Tested 8-7-15

Sample #/ Description	Time Start End	Flow l/m Start End	Liters	f/ flds	f/ mm2	f/cc	LOD f/cc
Date: 8/4/15 Mask: HF Name: J. Gomez SS# C257 Code: 2 Task: FIRT + Mastic	8:20 11:30	2.5 2.3	437	2/ 100	—	0.002	0.002
Date: Mask: Name: SS# Code: Task:		FB	— — —	0/ 100	—	—	—
Date: Mask: Name: SS# Code: Task:		LB	— — —	0/ 100	—	—	)
Date: Mask: Name: SS# Code: Task:							
Date: Mask: Name: SS# Code: Task:							
Report Reviewed by _____ Date _____ Blank(s) Received? Y <input checked="" type="checkbox"/> N <input type="checkbox"/>							
Field Blanks Laboratory Blank	/	/					Reference Slide #: RS 184
Project <u>Durant Building (Fan Rm. T-7)</u>							Sample Codes:
Location <u>Mystic oral School</u>							1-Personal 2-Work Area 3-Outside Area 4-Final Clearance 5-Excursion
Foreman <u>SC</u>							
Superintendent <u>SC</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

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Faxed \_\_\_\_\_  
Called \_\_\_\_\_  
Logged \_\_\_\_\_

Sample Source Durant Building (Tent #8) Job # 155036

Sampled by E.C. Date Sampled 8/4/15 Customer Name A.A.I.S. Corp.

Analyst CARLTON JACK Date Received 8-7-15 Date Tested 8-7-15

Sample #/ Description	Time Start End	Flow l/m Start End	Liters	f/ flds	f/ mm <sup>2</sup>	f/cc	LOD f/cc
Date: <u>8/4/15</u> Mask: <u>H.F</u> Name: <u>S. Calupina</u> SS# <u>3567</u> Code: <u>1</u> Task: <u>Tank + ARTIC</u>	1:35 3-	2.7 2.7	229.5	1/ <sub>100</sub>	-	0.002	0.012
Date: Mask: Name: SS# Task:	<u>FB</u>	- - -		0/ <sub>100</sub>	-	-	-
Date: Mask: Name: SS# Task:	<u>LB</u>	- - -		0/ <sub>100</sub>	-	-	-
Date: Mask: Name: SS# Task:							
Date: Mask: Name: SS# Task:							
Date: Mask: Name: SS# Task:							
Report Reviewed by _____		Date _____	Blank(s) Received? Y <input checked="" type="checkbox"/> N <input type="checkbox"/>				
Field Blanks	<u>/</u>		Reference Slide #: <u>RS184</u>				
Laboratory Blank							
Project <u>Durant Building (Tent #8)</u>		Sample Codes:					
Location <u>Mystic Oral School</u>		1-Personal 2-Work Area 3-Outside Area 4-Final Clearance 5-Excursion					
Foreman <u>E.C.</u>							
Superintendent <u>CP</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

 Hilly\_H  
 Faxed  
 Called  
 Logged

 Sample Source Durant Building (Ent #6) Job #

 Sampled by L.C. Date Sampled 8/4/15 Customer Name A.A.I.S. Corp.

 Analyst Carrie Jackson Date Received 8-7-15 Date Tested 8-7-15

Sample #/ Description	Time Start End	Flow l/m Start End	Liters	f/ flds	f/ mm2	f/cc	LOD f/cc
Date: <u>8/4/15</u> Mask: <u>H/F</u> Name: <u>S. Calvopina</u> SS# <u>3567</u> Code: <u>1</u> Task: <u>FIR Tilet Mast</u>	7:15 9-	2.2 2.7	283.5	2/ 100	—	0.003	0.010
Date: Mask: Name: SS# Task:	<u>FB</u>	— —	—	6/ 100	—	—	—
Date: Mask: Name: SS# Task:	<u>LB</u>	— —	—	0/ 100	—	—	—
Date: Mask: Name: SS# Task:							
Date: Mask: Name: SS# Task:							
Date: Mask: Name: SS# Task:							

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

 Field Blanks  Reference Slide #: RS184  
 Laboratory Blank 

Project <u>Durant Building T#6</u>	Sample Codes:
Location <u>Mystic Oral School</u>	1-Personal 2-Work Area 3-Outside Area 4-Final Clearance 5-Excursion
Foreman <u>K</u>	
Superintendent <u>S</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

Hilly\_H  
Faxied  
Called  
Logged

Sample Source Durant Building (Tent 9 Nurses Storage) Job # 155036

Sampled by E.C. Date Sampled 8/5/15 Customer Name A.A.I.S. Corp.

Analyst CAROLYN JACKO Date Received 8-7-15 Date Tested 8-7-15

Sample #/ Description	Time Start End	Flow l/m Start End	Liters	f/ flds	f/ mm2	f/cc	LOD f/cc
Date: <u>8/5/15</u> Mask: <u>H.F</u> Name: <u>J. Gomez</u> SS# <u>6251</u> Code: <u>1</u> Task: <u>FIRTile/Mastic</u>	<u>7:12</u> <u>10:50</u>	<u>2.6</u> <u>2.4</u>	<u>555</u>	<u>2/100</u>	—	<u>0.018</u>	<u>0.005</u>
Date: Mask: Name: SS# Code: Task:	<u>FB</u>	— — —	—	<u>%100</u>	—	—	—
Date: Mask: Name: SS# Code: Task:	<u>LB</u>	— — —	—	<u>%100</u>	—	—	—
Date: Mask: Name: SS# Code: Task:							
Date: Mask: Name: SS# Code: Task:							
Report Reviewed by _____ Date _____				Blank(s) Received? Y <u>✓</u> N _____			
Field Blanks Laboratory Blank				Reference Slide #: <u>RS184</u>			
<u>Project Durant Building (Tent 9)</u>				Sample Codes:			
<u>Location Mystic Oral School</u>				1-Personal 2-Work Area 3-Outside Area 4-Final Clearance 5-Excursion			
<u>Foreman</u>							
<u>Superintendent</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

Hilly\_H  
Faxed \_\_\_\_\_  
Called \_\_\_\_\_  
Logged \_\_\_\_\_

Sample Source Durant Building Tent #10 loading dock Job # 15503C

Sampled by EC Date Sampled 8/11/15 Customer Name A.A.I.S. Corp.

Analyst CARMEN JACKS Date Received 8-12-15 Date Tested 8-12-15

Sample #/ Description	Time Start End	Flow l/m Start End	Liters	f/ f/lbs	f/ mm <sup>2</sup>	f/cc	LOD f/cc	
Date: <u>8/11/15</u> Mask: <u>H.F</u> Name: <u>J. Lopez</u> SS# <u>6257</u> Code: <u>5</u> Task: <u>F/F tile + Plastic</u>	<u>9:55</u>   <u>10:30</u>	<u>2.7</u>   <u>2.7</u>	<u>94.5</u>	<u>2/100</u>	—	<u>0.010</u>	<u>0.029</u>	
Date: Mask: Name: SS# Task:	<u>10:30</u>	<u>3:16</u>   <u>2.7</u>	<u>2.0</u>	<u>672.1</u>	<u>3/100</u>	—	<u>0.002</u>	<u>0.004</u>
Date: Mask: Name: SS# Task:		<u>FB</u>	—	—	<u>0/100</u>	—	—	
Date: Mask: Name: SS# Task:		<u>LB</u>	—	—	<u>0/100</u>	—	—	
Date: Mask: Name: SS# Task:								
Report Reviewed by _____	Date _____	Blank(s) Received? Y <input checked="" type="checkbox"/> N <input type="checkbox"/>						
Field Blanks <u>(</u>	<u>)</u>						Reference Slide #: RS181	
Laboratory Blank								
Project <u>Durant Building (loading Deck Tent #10)</u>							Sample Codes:	
Location <u>Mystic Oral School</u>							1-Personal 2-Work Area 3-Outside Area 4-Final Clearance 5-Excursion	
Foreman <u>(</u>								
Superintendent <u>(</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.

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

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**APPENDIX H**

**State of Connecticut Notification**



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   
D. REVISED   
E. EMERGENCY

B. BLANKET  C. CANCELLATION/POSTPONED  C  P   
(ITEMS REVISED) \_\_\_\_\_  
REVISION # \_\_\_\_\_  
DESCRIBE NATURE OF EMERGENCY \_\_\_\_\_

2. ABATEMENT CONTRACTOR

NAME AAIS Corporation  
ADDRESS PO BOX 26066  
CITY West Haven  
PHONE # (203) 932-2992

LICENSE # 000017  
STATE CT ZIP 06516  
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  
PHONE # (860) 713-5702

STATE CT ZIP 06106  
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 Durant Bldg)  
CITY Mystic STATE CT ZIP 06355

5. PROJECT DATES

5.(A) ABATEMENT START DATE 03/19/15 5.(B) COMPLETION DATE 05/22/15

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 58,223

NUMBER OF FLOORS 3

AGE 42

## 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 &amp; LICENSE #

DPW Blanket - Scenarios , , ,

## C. EXTERIOR ABATEMENT

D. SPOT REPAIR (&gt; 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)	
Sheetrock Joint Compound	80,000 Ft.
Cloth Pipe Wrapping	23 If Ft.
Heat Exchanger Insulation	130 Ft.
	- Ft.

## NON-FRIABLE MATERIAL

Category I: I. FLOOR COVERING - FLOOR TILES AND MASTIC	3,470 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.
	- Ft.

## H.\* PIPE INSULATION

## Use conversion table

## TOTAL SQUARE FEET

(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.

## 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 Hakes Landfill

ADDRESS 4376 Manning Ridge Rd.

CITY, ST, ZIP Painted Post, NY 14870

PHONE # 607-937-6044

OWNER/OPERATOR Bonnie

NAME Minerva Enterprises

ADDRESS 9000 Minerva Rd.

CITY, ST, ZIP Pike Township, OH 44688

PHONE # 603-330-0217

OWNER/OPERATOR Steve Chandler

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 USA Hauling

ADDRESS 15 Mullen Road

CITY, ST, ZIP Enfield, CT 06082

NAME Transwaste, Inc.

ADDRESS 3 Barker Street

CITY, ST, ZIP Wallingford, CT 16492

## INDIVIDUAL COMPLETING THIS FORM

Joe Villano, VP Demo

Name &amp; 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	
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	<input type="checkbox"/>
D. REVISED	<input checked="" type="checkbox"/>
E. EMERGENCY	<input type="checkbox"/>

B. BLANKET

C. CANCELLATION/POSTPONED

P

(ITEMS REVISED) 5(B)

REVISION # 1

DESCRIBE NATURE OF EMERGENCY \_\_\_\_\_

**2. ABATEMENT CONTRACTOR**

NAME AAIS Corporation  
 ADDRESS PO BOX 26066  
 CITY West Haven  
 PHONE # (203) 932-2992

LICENSE # 000017

STATE CT ZIP 06516  
 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  
 PHONE # (860) 713-5702

STATE CT ZIP 06106  
 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 Durant Bldg)  
 CITY Mystic STATE CT ZIP 06355

**5. PROJECT DATES**

5.(A) ABATEMENT START DATE 03/19/15 5.(B) COMPLETION DATE 09/25/15

*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)   
 F. COMMERCIAL   
 (I. SPECIFY) Vacant School

B. PUBLIC BUILDING   
 G. CHURCH/SYNAGOGUE

C. MANUFACTURING   
 H. RESIDENTIAL, # OF DWELLINGS

D. OFFICE  E. COLLEGE   
 I. OTHER

## 8. BUILDING DATA

SQUARE FEET	58,223	NUMBER OF FLOORS	3	AGE	42
9. ABATEMENT CLASSIFICATION					
RENOVATION	<input type="checkbox"/>	DEMOLITION	<input checked="" type="checkbox"/>	ORDERED DEMO	<input type="checkbox"/>
(AGENCY ISSUING ORDER) MUST ATTACH COPY OF DEMO ORDER					
10. ABATEMENT TECHNIQUE					
A. FULL CONTAINMENT WITH NEGATIVE AIR (If AWP, include)		<input checked="" type="checkbox"/>	B. ALTERNATIVE WORK PRACTICE <input type="checkbox"/> (PRE-APPROVAL REQUIRED)		
PROJECT DESIGNER & LICENSE #		DPW Blanket - Scenarios , , ,			
C. EXTERIOR ABATEMENT		<input type="checkbox"/>	D. SPOT REPAIR (> 25 SF Total) <input type="checkbox"/>		

## 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		NON-FRIABLE MATERIAL	
A. SPRAYED OR TROWELED ON	- Ft.	Category I: I. Floor Covering - Floor Tiles and Mastic	3,470 Ft.
B. BOILER INSULATION	- Ft.	Linoleum	- Ft.
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.	Category II: L. TRANSITE BOARD	- Ft.
G. OTHER (Specify)	- Ft.	M. OTHER (Specify)	- Ft.
Sheetrock Joint Compound	80,000 Ft.		
Cloth Pipe Wrapping	23 lf Ft.		
Heat Exchanger Insulation	130 Ft.		
	- Ft.		
H.* PIPE INSULATION <i>(Pipe Diameter)"</i>	Use conversion table	TOTAL SQUARE FEET	
In	Linear Feet	X	CF <sup>2</sup> = 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.

## 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 16492

NAME USA Hauling

ADDRESS 15 Mullen Road

CITY, ST, ZIP Enfield, CT 06082

## INDIVIDUAL COMPLETING THIS FORM

Joe Villano, VP Demo

Name &amp; 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

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1. TYPE OF NOTIFICATION

- A. NEW   
D. REVISED   
E. EMERGENCY

B. BLANKET  C. CANCELLATION/POSTPONED

P

(ITEMS REVISED) 13 (G)

REVISION # 2

DESCRIBE NATURE OF EMERGENCY \_\_\_\_\_

2. ABATEMENT CONTRACTOR

NAME AAIS Corporation  
ADDRESS PO BOX 26066  
CITY West Haven  
PHONE # (203) 932-2992

LICENSE # 000017

STATE CT ZIP 06516  
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  
PHONE # (860) 713-5702

STATE CT ZIP 06106  
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 Durant Bldg)  
CITY Mystic STATE CT ZIP 06355

5. PROJECT DATES

5.(A) ABATEMENT START DATE 03/19/15 5.(B) COMPLETION DATE 09/25/15

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

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 58,223NUMBER OF FLOORS 3AGE 42**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 &amp; LICENSE #

DPW Blanket - Scenarios ,,,

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)	
Sheetrock Joint Compound	80,000 Ft.
Cloth Pipe Wrapping	23 lf Ft.
Heat Exchanger Insulation	130 Ft.
Window Caulking	796 lf
Glue Daubs	948 Ft.

**H.\* PIPE INSULATION**

(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.

**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 USA Hauling

ADDRESS 15 Mullen Road

CITY, ST, ZIP Enfield, CT 06082

NAME Transwaste, Inc.

ADDRESS 3 Barker Street

CITY, ST, ZIP Wallingford, CT 16492

INDIVIDUAL COMPLETING THIS FORM

Joe Villano, VP Demo

Name &amp; 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.	_____

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**1. TYPE OF NOTIFICATION**

A. NEW	<input type="checkbox"/>
D. REVISED	<input checked="" type="checkbox"/> X
E. EMERGENCY	<input type="checkbox"/>

B. BLANKET

C. CANCELLATION/POSTPONED

 C P

(ITEMS REVISED) 5(B)

REVISION # 3

DESCRIBE NATURE OF EMERGENCY \_\_\_\_\_

**2. ABATEMENT CONTRACTOR**

NAME AAIS Corporation  
ADDRESS PO BOX 26066  
CITY West Haven  
PHONE # (203) 932-2992

LICENSE # 000017

STATE CT

ZIP 06516

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  
PHONE # (860) 713-5702

LICENSE # 000017

STATE CT

ZIP 06106

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 Durant Bldg)  
CITY Mystic

STATE CT

ZIP 06355

**5. PROJECT DATES**

5.(A) ABATEMENT START DATE 03/19/15

5.(B) COMPLETION DATE 10/30/15

*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)   
F. COMMERCIAL   
(I. SPECIFY) Vacant School

B. PUBLIC BUILDING   
G. CHURCH/SYNAGOGUE

C. MANUFACTURING   
H. RESIDENTIAL, # OF DWELLINGS

D. OFFICE   
E. COLLEGE   
I. OTHER  X

Phone: (860) 509-7367 / Fax (860) 509-7378

Telephone Device for the Deaf (860) 509-7191

410 Capitol Avenue, MS #S1-AIR

P.O. Box 340308 Hartford, CT 06135

An Equal Opportunity Employer

**8. BUILDING DATA**SQUARE FEET 58,223NUMBER OF FLOORS 3AGE 42**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 &amp; LICENSE #

DPW Blanket - Scenarios , , ,

(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)	
Sheetrock Joint Compound	80,000 Ft.
Cloth Pipe Wrapping	23 lf Ft.
Heat Exchanger Insulation	130 Ft.
Window Caulking	796 lf
Glue Daubs	948 Ft.

<b>Category I:</b>	I. Floor Covering - Floor Tiles and Mastic	<u>3,470</u> Ft.
	Linoleum	- Ft.
J. ROOFING (Specify)		- Ft.
Specify (Flashing/Field/Etc...)		- Ft.
K. GASKETS, PACKINGS		- Ft.
<b>Category II:</b>	L. TRANSITE BOARD	- Ft.
M. OTHER (Specify)		- Ft.
		- Ft.
		- Ft.
		- Ft.

**H. PIPE INSULATION**

(Pipe Diameter) "

Use conversion table

Linear Feet	X	CF <sup>2</sup>	=	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.

**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

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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 16492

INDIVIDUAL COMPLETING THIS FORM

Joe Villano, VP Demo

Name &amp; 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	_____
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Amount	_____
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**1. TYPE OF NOTIFICATION**

A. NEW	<input type="checkbox"/>
D. REVISED	<input checked="" type="checkbox"/> X
E. EMERGENCY	<input type="checkbox"/>

B. BLANKET <input type="checkbox"/>	C. CANCELLATION/POSTPONED <input type="checkbox"/> C <input type="checkbox"/>	P <input type="checkbox"/>
(ITEMS REVISED) 5(B)		REVISION # 4
DESCRIBE NATURE OF EMERGENCY _____		

**2. ABATEMENT CONTRACTOR**

NAME	AAIS Corporation
ADDRESS	PO BOX 26066
CITY	West Haven
PHONE #	(203) 932-2992

LICENSE #	000017		
STATE	CT	ZIP	06516
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
PHONE #	(860) 713-5702

STATE	CT	ZIP	06106
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 Durant Bldg)
CITY	Mystic
STATE	CT
ZIP	06355

**5. PROJECT DATES**

5.(A) ABATEMENT START DATE 03/19/15      5.(B) COMPLETION DATE 12/04/15

*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) <input type="checkbox"/>	B. PUBLIC BUILDING <input type="checkbox"/>	C. MANUFACTURING <input type="checkbox"/>	D. OFFICE <input type="checkbox"/>	E. COLLEGE <input type="checkbox"/>
F. COMMERCIAL <input type="checkbox"/>	G. CHURCH/SYNAGOGUE <input type="checkbox"/>	H. RESIDENTIAL, # OF DWELLINGS <input type="checkbox"/>	I. OTHER <input checked="" type="checkbox"/> X	
(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

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**8. BUILDING DATA**SQUARE FEET 58,223NUMBER OF FLOORS 3AGE 42**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 &amp; LICENSE #

DPW Blanket - Scenarios , , ,

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)	
Sheetrock Joint Compound	80,000 Ft.
Cloth Pipe Wrapping	23 lf Ft.
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Window Caulking	796 lf
Glue Daubs	948 Ft.

## H.\* PIPE INSULATION

(Pipe Diameter)"	Use conversion table
In	Linear Feet
In	- Ft.

## NON-FRIABLE MATERIAL

Category I:	I. FLOOR COVERING - Floor Tiles and Mastic	3,470 Ft.
	Linoleum	- Ft.
J.	ROOFING (Specify)	- Ft.
	Specify (Flashing/Field/Etc...)	- Ft.
K.	GASKETS, PACKINGS	- Ft.
Category II:	L. TRANSITE BOARD	-
	M. OTHER (Specify)	Ft.
		- Ft.
		- Ft.
		- Ft.
		- Ft.

## TOTAL SQUARE FEET

CF*	=	Total Square Ft.
In	X	=

**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 Hakes Landfill

ADDRESS 4376 Manning Ridge Rd.

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OWNER/OPERATOR Bonnie

NAME WMNH, Inc.

ADDRESS 97 Rochester Neck Rd

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PHONE # x2108

OWNER/OPERATOR John Monaco

**15. HAULER/WASTE TRANSPORTER**

NAME RTL Enterprises

ADDRESS 173 Pickering Street

CITY, ST, ZIP Portland, CT 06480

NAME USA Hauling

ADDRESS 15 Mullen Road

CITY, ST, ZIP Enfield, CT 06082

NAME Transwaste, Inc.

ADDRESS 3 Barker Street

CITY, ST, ZIP Wallingford, CT 16492

INDIVIDUAL COMPLETING THIS FORM

Joe Villano, VP Demo

Name &amp; 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   
D. REVISED  X  
E. EMERGENCY

B. BLANKET  C. CANCELLATION/POSTPONED  C  P   
(ITEMS REVISED) 5(B)

REVISION # 5

DESCRIBE NATURE OF EMERGENCY \_\_\_\_\_

2. ABATEMENT CONTRACTOR

NAME AAIS Corporation  
ADDRESS PO BOX 26066  
CITY West Haven  
PHONE # (203) 932-2992

LICENSE # 000017

STATE CT ZIP 06516  
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  
PHONE # (860) 713-5702

STATE CT ZIP 06106  
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 Durant Bldg)  
CITY Mystic

STATE CT ZIP 06355

5. PROJECT DATES

5.(A) ABATEMENT START DATE 03/19/15 5.(B) COMPLETION DATE 01/08/16

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)   
F. COMMERCIAL   
(I. SPECIFY) Vacant School

B. PUBLIC BUILDING  G. CHURCH/SYNAGOGUE  H. RESIDENTIAL, # OF DWELLINGS   
C. MANUFACTURING  D. OFFICE  E. COLLEGE   
I. OTHER

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 58,223NUMBER OF FLOORS 3AGE 42**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 &amp; LICENSE #

DPW Blanket - Scenarios , , ,

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)	
Sheetrock Joint Compound	80,000 Ft.
Cloth Pipe Wrapping	23 lf
Heat Exchanger Insulation	130 Ft.
Window Caulking	796 lf
Glue Daubs	948 Ft.

**NON-FRIABLE MATERIAL**

Category I: I. Floor Covering - Floor Tiles and Mastic	3,470 Ft.
Linoleum	- Ft.
J. ROOFING (Specify)	- Ft.
Specify (Flashing/Field/Etc...)	- Ft.
K. GASKETS, PACKINGS	- Ft.
Category II: L. TRANSITE BOARD	-
M. OTHER (Specify)	- Ft.
	- Ft.
	- Ft.
	- Ft.

**H.\* PIPE INSULATION**

(Pipe Diameter) "

## Use conversion table

Linear Feet

X

## TOTAL SQUARE 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.

**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 USA Hauling

ADDRESS 15 Mullen Road

CITY, ST, ZIP Enfield, CT 06082

NAME Transwaste, Inc.

ADDRESS 3 Barker Street

CITY, ST, ZIP Wallingford, CT 16492

## INDIVIDUAL COMPLETING THIS FORM

Joe Villano, VP Demo

Name &amp; 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

155036

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	<input type="checkbox"/>
D. REVISED	<input checked="" type="checkbox"/> X
E. EMERGENCY	<input type="checkbox"/>

B. BLANKET  C. CANCELLATION/POSTPONED  C  P   
(ITEMS REVISED) 5(B) REVISION # 6

DESCRIBE NATURE OF EMERGENCY \_\_\_\_\_

2. ABATEMENT CONTRACTOR

NAME AAIS Corporation  
ADDRESS PO BOX 26066  
CITY West Haven  
PHONE # (203) 932-2992

LICENSE # 000017  
STATE CT ZIP 06516  
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  
PHONE # (860) 713-5702

STATE CT ZIP 06106  
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 Durant Bldg)  
CITY Mystic STATE CT ZIP 06355

5. PROJECT DATES

5.(A) ABATEMENT START DATE 03/19/15 5.(B) COMPLETION DATE 12/09/15

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)	<input type="checkbox"/>	B. PUBLIC BUILDING	<input type="checkbox"/>	C. MANUFACTURING	<input type="checkbox"/>	D. OFFICE	<input type="checkbox"/>	E. COLLEGE	<input type="checkbox"/>
F. COMMERCIAL	<input type="checkbox"/>	G. CHURCH/SYNAGOGUE	<input type="checkbox"/>	H. RESIDENTIAL, # OF DWELLINGS	<input type="checkbox"/>	I. OTHER	<input checked="" type="checkbox"/> X		

(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



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

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**APPENDIX I**

**Asbestos Disposal & Documentation Forms**



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

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

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

# New London E.P.A. AGENCY

NY GENERATORS

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

# TW54  
188285

EMERGENCY RESPONSE  
TELEPHONE  
#203-269-8300

TK#

## ASBESTOS DISPOSAL & DOCUMENTATION FORM

Job Number 155036 P.O. # 67177

Contractor AATIS Corporation

Address PO Box 26066

City West Haven State CT Zip 06516

Telephone Number 803-932-2992

Date Container Del. 10-13-15 Date of Pickup 10-19-15

Type of Container 30 yard

**VOLUME** 30 CY Friable  Non-Friable

MUST BE IN CUBIC YARDS

Bag  Drum  Wrapped  Other

RG, NA2212, ASPECTOS, 9, PG III

### GENERATOR/BUILDING OWNER

State of CT Dept of Construction Services

Address 165 Capitol Ave

City Hartford, CT State CT Zip 06108

Phone Number 860-713-5702

### GENERATING LOCATION

Mystic Education Center Durant Bldg

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

B. D. Blane

#### 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: Mike Gauthier Registration #: 45292A CT Date: 10-18-15  
Signature \_\_\_\_\_ State / # \_\_\_\_\_  
Acknowledgement of receipt of materials.

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

Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone # \_\_\_\_\_  
Driver: \_\_\_\_\_ Registration #: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature \_\_\_\_\_ State / # \_\_\_\_\_  
Acknowledgement of receipt of materials.

Site <input type="checkbox"/> Modern Landfill	Site <input type="checkbox"/> Minerva Enterprises	Site <input type="checkbox"/> Hakes Landfill	Site <input type="checkbox"/> _____
Address: <u>4400 Mount Pisgah Rd.</u>	Address: <u>9000 Minerva S.E.</u>	Address: <u>4376 Manning Ridge Rd.</u>	Address: _____
<u>York, PA 17402</u>	<u>Waynesburg, OH 44688</u>	<u>Painted Post, NY 14870</u>	_____
Phone: <u>717-246-4615</u>	Phone: <u>330-866-3435</u>	Phone: <u>607-937-6044</u>	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

Signature

Receipt Date

GENERATOR

10/20/15



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

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

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

### E.P.A. AGENCY

NY GENERATORS

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

TR1570 # 2646  
EMERGENCY RESPONSE  
TELEPHONE  
#203-269-8300

TK#

### ASBESTOS DISPOSAL & DOCUMENTATION FORM

323319

Job Number 155036 P.O. #67177

Contractor AAIS Corporation

Address PO Box 26066

City West Haven State CT Zip 06516

Telephone Number 203-932-2992

Date Container Del. 4-10-2015 Date of Pickup 11/18/2015

Type of Container 100 Yard Trailer

**VOLUME** 50 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 Cep. 1st Ave

City Hartford CT State CT Zip 06106

Phone Number 860-713-5702

### GENERATING LOCATION

Durant Building Mystic Educ Center

Address 240 Oval School Road

City Mystic CT 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:   
Signature \_\_\_\_\_ Registration #: SG475-ACT Date: 11-23-15

Acknowledgement of receipt of materials.

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

Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone # \_\_\_\_\_

Driver: \_\_\_\_\_ Registration #: \_\_\_\_\_ Date: \_\_\_\_\_

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.

Signature

GENERATOR

Receipt Date

11/24/15



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

# New London County E.P.A. AGENCY

30PRI2965  
# 2899

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

NY GENERATORS

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

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

EMERGENCY RESPONSE  
TELEPHONE  
1.800#203-269-8300

TK#

## ASBESTOS DISPOSAL & DOCUMENTATION FORM

Job Number	155036	P.O. #	67177
Contractor	AAIS Corporation		
Address	PO Box 26066		
City	West Haven	State	CT Zip 06516
Telephone Number	203-932-2992		
Date Container Del.	6-5-2015	Date of Pickup	11-18-2015
Type of Container	30 Yard		
VOLUME	30 Yard	CY	Friable <input type="checkbox"/> Non-Friable <input checked="" type="checkbox"/>
MUST BE IN CUBIC YARDS			
Bag <input type="checkbox"/>	Drum <input type="checkbox"/>	Wrapped <input type="checkbox"/>	Other <input type="checkbox"/>
PC, N/A2212, 100E8700, S, 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			
Dwight Building 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 NESHP 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: Michael Gauthier	Registration #: CT 45292A	Date: 11/19/15
Signature	State / #	Acknowledgement of receipt of materials.

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

Name	Address	Telephone #
Driver: _____	Registration #: _____	Date: _____
Signature	State / #	Acknowledgement of receipt of materials.

Site <input type="checkbox"/> Modern Landfill	Site <input type="checkbox"/> Minerva Enterprises	Site <input checked="" type="checkbox"/> Hakes Landfill	Site <input type="checkbox"/> _____
Address: 4400 Mount Pisgah Rd. York, PA 17402	Address: 9000 Minerva S.E. Waynesburg, OH 44688	Address: 4376 Manning Ridge Rd. Painted Post, NY 14870	Address: _____
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

Signature

Receipt Date

GENERATOR



3 Barker Drive • Wallingford, CT 06492  
(203) 9-8300 • Fax: (203) 269-8300

3819-Y4-7434

40001775

# 2911

### 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

EMERGENCY RESPONSE  
TELEPHONE  
#203-269-8300

TK#

### ASBESTOS DISPOSAL & DOCUMENTATION FORM

Job Number	155036	P.O. #	
Contractor	AAIS Corporation		
Address	PO Box 26066		
City	West Haven	State	CT Zip 06516
Telephone Number	203-932-2992		
Date Container Del.	10-25-2015	Date of Pickup	12-8-2015
Type of Container	40 Yard		
VOLUME	1.46	CY	Friable <input type="checkbox"/> Non-Friable <input checked="" type="checkbox"/>
MUST BE IN CUBIC YARDS			
Bag <input checked="" type="checkbox"/>	Drum <input type="checkbox"/>	Wrapped <input type="checkbox"/>	Other <input type="checkbox"/>
RQ, NA2212, ASBESTOS, 9, PG III			

### GENERATOR/BUILDING OWNER

State of CT Dept of Construction Services  
Address 165 Capitol Avenue  
City Hartford CT 06106 State Zip  
Phone Number 860 713 5702

### GENERATING LOCATION

Durant Building Mystic Edge Center  
Address 240 Oral School Road  
City Mystic CT 06355 State Zip  
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

*John Alfonso*

#### 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: <i>Mike Alfonso</i>	Registration #: <i>45229A CT</i>	Date: <i>12-9-15</i>
Signature	State / #	Acknowledgement of receipt of materials.

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

Name	Address	Telephone #
Driver: _____	Registration #: _____	Date: _____
Signature	State / #	Acknowledgement of receipt of materials.

Site <input checked="" type="checkbox"/> : Modern Landfill	Site <input type="checkbox"/> : Minerva Enterprises	Site <input type="checkbox"/> : Hakes Landfill	Site <input type="checkbox"/> : _____
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.

*T. Marnell*

Name of Authorized Agent

Signature

Receipt Date

GENERATOR

*12-10-15*



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

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

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

# New London

## E.P.A. AGENCY

NY GENERATORS

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

# 2901

EMERGENCY RESPONSE  
TELEPHONE  
#203-269-8300

TK#

## ASBESTOS DISPOSAL & DOCUMENTATION FORM

Job Number 153086 P.O. # 67177

Contractor AAIS Corporation

Address PO Box 26066

City West Haven State CT Zip 06516

Telephone Number 203-932-2992

Date Container Del. 11-30-2015 Date of Pickup 12-14-2015

Type of Container 30 Yard

**VOLUME** 30 CY Friable  Non-Friable   
MUST BE IN CUBIC YARDS

Bag  Drum  Wrapped  Other

~~RC, NA2212, ASBESTOS, 0, PG. III~~

### GENERATOR/BUILDING OWNER

State of CT Dept of Construction Services

Address 165 Capitol Avenue

City Hartford State CT Zip 06106

Phone Number 860 713 5702

### GENERATING LOCATION

Durant Bldg Mystic Education 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 NESHP 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

Brian O'Leary

#### 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: Brian O'Leary Registration #: 57230A CT Date: 12-18-15  
Signature \_\_\_\_\_ State / # \_\_\_\_\_  
Acknowledgement of receipt of materials.

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

Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone # \_\_\_\_\_  
Driver: \_\_\_\_\_ Registration #: \_\_\_\_\_ Date: \_\_\_\_\_  
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 Sherrie

Signature Sherrie

Receipt Date 12/19/15

GENERATOR



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

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

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

### E.P.A. AGENCY

NY GENERATORS

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

TW17  
# 2974

EMERGENCY RESPONSE  
TELEPHONE  
#203-269-8300

TK#

### ASBESTOS DISPOSAL & DOCUMENTATION FORM

Job Number 153036 P.O. # 67177

Contractor AAIS Corporation

Address PO Box 26066

City West Haven State CT Zip 06516

Telephone Number 203-932-2992

Date Container Del. 2-25-2016 Date of Pickup 3-7-2016

Type of Container 30 Yard

**VOLUME** 30 CY Friable  Non-Friable   
MUST BE IN CUBIC YARDS

Bag  Drum  Wrapped  Other

RG, NA2212, ASBESTOS, 9, PG III

### GENERATOR/BUILDING OWNER

State of CT Dept of Construction Services

Address 160 Capitol Ave

City Hartford CT State 06106 Zip

Phone Number 860 713 5702

### GENERATING LOCATION

Durant Blkdg

Address 240 Oral School Road

City Mystic CT State 06355 Zip

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 NESHP 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: Ju Knowles Registration #: 49663A CT Date: 3-11-16  
Signature \_\_\_\_\_ State / # \_\_\_\_\_  
Acknowledgement of receipt of materials.

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

Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone # \_\_\_\_\_  
Driver: \_\_\_\_\_ Registration #: \_\_\_\_\_ Date: \_\_\_\_\_  
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

Signature

GENERATOR

Receipt Date

3/14/16



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

New London

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

PR151  
# 2973

EMERGENCY RESPONSE  
TELEPHONE  
#203-269-8300

TK#

ASBESTOS DISPOSAL & DOCUMENTATION FORM

Job Number 155036 P.O. # 67177

Contractor AAIS Corporation

Address PO Box 26066

City West Haven State CT Zip 06516

Telephone Number 203-932-2992

Date Container Del. 2-29-2016 Date of Pickup 3-7-2016

Type of Container 30 Yard

**VOLUME** 30 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 Cap. St. Ave

City Hartford CT State CT Zip 06106

Phone Number 860 713 5702

GENERATING LOCATION

Durant Bldg

Address 240 Oral School Road

City Mystic CT 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.

A AUTHORIZED SIGNATURE B. D. DeLancey

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: J. E. Knowles Registration #: 496603A CT Date: 3-11-16  
Signature \_\_\_\_\_ State / # \_\_\_\_\_  
Acknowledgement of receipt of materials.

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

Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone # \_\_\_\_\_

Driver: \_\_\_\_\_ Registration #: \_\_\_\_\_ Date: \_\_\_\_\_  
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

Ph.: 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 Shelley

Signature Shelley

Receipt Date 3/14/16

GENERATOR



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

New London

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

7W46665 #1  
# 2975

EMERGENCY RESPONSE  
TELEPHONE  
#203-269-8300

TK#

ASBESTOS DISPOSAL & DOCUMENTATION FORM

Job Number 155036 P.O. # 67177

Contractor AAIS Corporation

Address PO Box 26066

City West Haven State CT Zip 06516

Telephone Number 203-932-2992

Date Container Del. 3-7-2016 Date of Pickup 3-16-16

Type of Container 30 Yards

**VOLUME** 30 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 CT State 06106 Zip Zip  
Phone Number 860 713 5702

GENERATING LOCATION

Durant Building  
Address 240 Oral School Road  
City Mystic CT State 06353  
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 NESHP 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.

A AUTHORIZED SIGNATURE J. D. Delaney

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: J. Knowles Registration #: 490613A CT Date: 3-21-16  
Signature \_\_\_\_\_ State / # \_\_\_\_\_

Acknowledgement of receipt of materials.

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

Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone # \_\_\_\_\_

Driver: \_\_\_\_\_ Registration #: \_\_\_\_\_ Date: \_\_\_\_\_

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 Shelley

Signature J. J.

Receipt Date 3/22/16

GENERATOR



3 Barker Drive • Wallingford, CT 06492  
(203) 9-8300 • Fax: (203) 269-8600

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

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

New London

E.P.A. AGENCY

NY GENERATORS

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

PR130685 #2  
# 2976

EMERGENCY RESPONSE  
TELEPHONE  
#203-269-8300

TK#

## ASBESTOS DISPOSAL & DOCUMENTATION FORM

Job Number 155036 P.O. # 67177

Contractor AAIS Corporation

Address PO Box 26066

City West Haven State CT Zip 06516

Telephone Number 203-932-2992

Date Container Del. 3-7-2016 Date of Pickup 3/16/16

Type of Container 30 Yard

**VOLUME** 30 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 CT State 06106 Zip

Phone Number 860 713 5702

### GENERATING LOCATION

Durant Building

Address 240 Oral School Road

City Mystic CT State 06355 Zip

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: J. Knowles Registration #: 49663A CT Date: 3-21-16  
Signature \_\_\_\_\_ State / # \_\_\_\_\_

Acknowledgement of receipt of materials.

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

Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone # \_\_\_\_\_

Driver: \_\_\_\_\_ Registration #: \_\_\_\_\_ Date: \_\_\_\_\_

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.

S. Shelley  
Name of Authorized Agent

S. Shelley  
Signature

Receipt Date

GENERATOR

3/22/14



3 Barker Drive • Wallingford, CT 06492  
(203) 9-8300 • Fax: (203) 269-8600

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

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

### E.P.A. AGENCY

NY GENERATORS

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

7W401135  
# 2977

EMERGENCY RESPONSE  
TELEPHONE  
#203-269-8300

TK#

### ASBESTOS DISPOSAL & DOCUMENTATION FORM

Job Number 155036 P.O. # 67177

Contractor AAIS Corporation

Address PO Box 26066

City West Haven State CT Zip 06516

Telephone Number 203-932-2992

Date Container Del. 3-16-2016 Date of Pickup 5/6/16

Type of Container 30 Yard

**VOLUME** 30 CY Friable  Non-Friable   
MUST BE IN CUBIC YARDS

Bag  Drum  Wrapped  Other

RQ, NA2212, ASBESTOS, 0, PG III

### GENERATOR/BUILDING OWNER

State of CT Dept of Construction Services

Address 165 Capitol Ave  
City Hartford CT State 06106 Zip 56073 5702

Phone Number 860 73 5702

### GENERATING LOCATION

Durant Building  
Address 240 Oral school Road

City Mystic CT State 06355 Zip

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 NESHP 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: Beth Blakeslee Registration #: 54247A CT Date: 5-13-16  
Signature \_\_\_\_\_ State / # \_\_\_\_\_  
Acknowledgement of receipt of materials.

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

Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone # \_\_\_\_\_  
Driver: \_\_\_\_\_ Registration #: \_\_\_\_\_ Date: \_\_\_\_\_  
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

Ph: 7-246-4615 Phone: 330-866-3435 Phone: 607-937-6044 Phone: \_\_\_\_\_  
Certification of receipt of materials covered by this manifest.

The above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.

mt

Signature

GENERATOR

Receipt Date

5/21/16



3 Barker Drive • Wallingford, CT 06492  
(203) 98-8300 • Fax: (203) 269-8600

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

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

### E.P.A. AGENCY

NY GENERATORS

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

Tw 13925  
# 2978

EMERGENCY RESPONSE  
TELEPHONE  
#203-269-8300

TK#

### ASBESTOS DISPOSAL & DOCUMENTATION FORM

Job Number 155036 P.O. #67177

Contractor AAIS Corporation

Address PO Box 26066

City West Haven State CT Zip 06516

Telephone Number 203-932-2992

Date Container Del. 3-16-2016 Date of Pickup 5 - 16

Type of Container 30 Yard

**VOLUME** 30 CY Friable  Non-Friable   
MUST BE IN CUBIC YARDS

Bag  Drum  Wrapped  Other

RC NA2012 ASBESTOS, 3, PG III

### GENERATOR/BUILDING OWNER

State of CT Dept of Construction Services

Address 165 Capitol Ave

City Hartford CT State 06106 Zip

Phone Number 860 713 5702

### GENERATING LOCATION

Durant Building

Address 240 Oral School Road

City Mystic CT State 06355 Zip

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 #: SG475ACT Date: 5-30-16  
Signature \_\_\_\_\_ State / # \_\_\_\_\_  
Acknowledgement of receipt of materials.

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

Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone # \_\_\_\_\_  
Driver: \_\_\_\_\_ Registration #: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature \_\_\_\_\_ State / # \_\_\_\_\_  
Acknowledgement of receipt of materials.

Site <input type="checkbox"/> : <u>Modern Landfill</u>	Site <input type="checkbox"/> : <u>Minerva Enterprises</u>	Site <input checked="" type="checkbox"/> : <u>Hakes Landfill</u>	Site <input type="checkbox"/> : _____
Address: <u>4400 Mount Pisgah Rd.</u>	Address: <u>9000 Minerva S.E.</u>	Address: <u>4376 Manning Ridge Rd.</u>	Address: _____
_____ <u>York, PA 17402</u>		_____ <u>Waynesburg, OH 44688</u>	
Phone: <u>717-246-4615</u>	Phone: <u>330-866-3435</u>	Phone: <u>607-937-6944</u>	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

Signature

Receipt Date

GENERATOR

5/31/16

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

---

---

**APPENDIX J**

**Drawings  
(not Included)**

