environmental group

www.archenvgroup.com
healthAIR - Industrial Hygiene Services
cleanWATER - Consulting & Testing Services
safeEARTH - Hazardous Waste & Recycling Services

March 1, 2022

Mr. Bernie Rice
Executive Director, Physical Properties
Ann Arbor Public Schools
2555 South State Street
Ann Arbor, Michigan 48104

RE: **Project #AE210780**
Asbestos Abatement Report
Community High School

Dear Mr. Rice:

Per your request, Arch Environmental Group, Inc. (AEG) conducted project coordination and air monitoring activities for a small-scale, short duration asbestos abatement project at Community High School on February 25-26, 2022. Environmental Maintenance Engineers, a State of Michigan licensed asbestos abatement contractor, drilled holes asbestos ceiling plaster to install unistruts in the 1st and 2nd Floor Hallways. The asbestos ceiling plaster was removed using Class II procedures and wet methods inside of a full negative enclosure. The asbestos ceiling plaster was properly disposed of as asbestos waste.

AEG conducted air monitoring during abatement activities during the abatement activities. The collected air samples have been analyzed utilizing Phase Contrast Microscopy (PCM) in accordance with NIOSH 7400 Methodologies. AEG uses the following nomenclature for referencing different types of air samples:

FB	Field Blank
SS	Set-Up Sample
AS	Area Sample
PS	Personal Sample
PA	Clearance (Post-Abatement) Sample

Following a thorough visual inspection of the project area, the PCM clearance samples collected in the 1st and 2nd Floor Hallways at Community High School on February 25-26, 2022, were analyzed below the AHERA PCM Clearance Level of 0.01 fibers per cubic centimeter (f/cc). The project areas shall be considered safe for re-occupancy.

Arch Environmental Group, Inc. looks forward to working with you in the future and helping you to address any concerns regarding environmental health and safety. If you have any questions regarding this report, or if I can be of further assistance please feel free to contact me at (248) 426-0165.

Sincerely,

Arch Environmental Group, Inc.
Environmental Services

Thinh Nguyen
Field Technician, healthAIR

Attachments: Asbestos Daily Project Reports
Contractor Documentation

File: AE210780

Attachment

Asbestos Daily Project Reports

environmental group

ASBESTOS DAILY PROJECT REPORTS
On-Site Activity Summary

Client:	Ann Arbor Public Schools	**Date:** 2.26.2022	**Consultant:**	Arch Environmental Group, Inc.
Building:	Community High School		**Project Technician:**	Thinh Nguyen
Location:	First and Second Floor Hallway		**Abatement Contractor:**	Environmental Maintenance Engineers, Inc.
Project #:	AE210780		**Competent Person:**	Shane Niblock

Abatement Information

OSHA Work Class	II
Contractor Activities	
Set-up procedures conducted:	Yes
Abatement procedures conducted:	
Removal:	Yes
Encapsulation:	No
Repair:	NO
Enclosure:	No
Wet methods used:	Yes
Clean up procedures:	Yes
Waste bags checked:	Yes
Conducted by:	<x>
# of Waste Bags:	<#>
Final cleaning procedures:	Yes
Visual inspection:	Yes
Conducted by:	
Lock-down activities:	Yes
Tear-down procedures:	Yes
Abatement Method(s)	
Set-up Only	
Criticals set-up:	Yes
Shower set-up:	No - Per Contractor
AFDs used:	Yes

Regulated Area Information

Enclosure Integrity Check (start of work shift):	Yes
Corrections necessary:	No
Corrections made:	no
Enclosure Integrity Check (middle of work shift):	Yes
Corrections necessary:	No
Corrections made:	No
Enclosure Integrity Check (end of work shift):	Yes
Corrections necessary:	No
Corrections made:	No
Negative air maintained:	Yes
Manometer reading:	<#>
Smoke testing conducted:	Yes
Conducted by:	<x>
Asbestos signs in place:	Yes
Asbestos banner tape in place:	Yes
Shower operational:	Yes
Dumpster secure at end of day:	Yes
PPE - Disposable coveralls (Contractor):	Yes
PPE - Respirators (Contractor):	Yes
Type:	HFNPR
PPE - Disposable coveralls (Consultant):	Yes
PPE - Respirators (Consultant):	Yes
Type:	HFNPR
Did Consultant enter enclosure:	No
Time (A.M.):	<##:## a.m. - ##:## a.m.>
Time (P.M.):	<##:## p.m. - ##:## p.m.>

Air Sample Information

Air samples collected:	Yes
Calibrated pumps:	Yes
Baseline samples (BL)	No
Set-up samples (SS)	Yes
Personal samples (8 hr TWA) (PS)	No
Above/Below PEL:	N/A
Personal samples (STEL) (PS)	No
Above/Below PEL:	N/A
Above/Below STEL:	N/A
Area samples (AS)	No
PCM Clearance samples (PA)	No
Passed:	N/A
Aggressive:	N/A
TEM Clearance samples (PA)	No
Passed:	N/A
Aggressive:	N/A

Personal Samples Collected On:

Name(s): <x>

Required Postings

Notification:	Yes
Supervisor/Competent Person Training:	Yes
OSHA Personal Sampling Posting:	Yes

ASBESTOS DAILY PROJECT REPORTS
Contractor and Materials Information

Client:	Ann Arbor Public Schools	**Date:** 2.26.2022	**Consultant:**	Arch Environmental Group, Inc.
Building:	Community High School		**Project Technician:**	Thinh Nguyen
Location:	First and Second Floor Hallway		**Abatement Contractor:**	Environmental Maintenance Engineers, Inc.
Project #:	AE210780		**Competent Person:**	Shane Niblock

Abatement Personnel Information

Workers / Accreditation Numbers

Name:	Shane Niblock	Type:	Supervisor
Accred #:	A43597	Training:	10/24/2021
Exp. Date:	12/18/2022	Fit test:	7/15/2021
Activity:	Supervisor	PWO:	6/24/2021
Personal #:	N/A (No abate. activities)		

Name:	Bradley Altherr	Type:	Supervisor
Accred #:	A45730	Training:	5/15/2021
Exp. Date:	6/4/2022	Fit test:	7/15/2021
Activity:	Set-up Only	PWO:	5/14/2021
Personal #:	N/A (No abate. activities)		

Name:		Type:	
Accred #:		Training:	
Exp. Date:		Fit test:	
Activity:		PWO:	
Personal #:			

Abatement Personnel Information

Workers / Accreditation Numbers

Name:		Type:	
Accred #:		Training:	
Exp. Date:		Fit test:	
Activity:		PWO:	
Personal #:			

Name:		Type:	
Accred #:		Training:	
Exp. Date:		Fit test:	
Activity:		PWO:	
Personal #:			

Name:		Type:	
Accred #:		Training:	
Exp. Date:		Fit test:	
Activity:		PWO:	
Personal #:			

Materials Abated - Quantity & Location

Material	sf/lf/#	Locations
		Set-Up

Additonal Work Activities

Were work activities conducted that were not included in original scope-of-work or that need to be tracked on a T&M basis?

No

ASBESTOS DAILY PROJECT REPORTS
Air Sample Analysis Information

Client:	Ann Arbor Public Schools	**Samples Collected By:**	Thinh Nguyen
Building:	Community High School	**Sample Collection Date:**	2.26.2022
Location:	First and Second Floor Hallway	**Samples Analyzed By:**	Thinh Nguyen
Project #:	AE210780	**Sample Analysis Date:**	2.26.2022

Sample ID	Sample Location	Start/End	Total Time (min)	Flow Rate (Lpm)	Volume (L)	Concentration (f/cc)	Density (f/mm^2)
FB1	Sample prepared on-site.	--	--	--	--	--	2.55
FB2	Sample prepared on-site.	--	--	--	--	--	1.27
SS1	Middle of first floor east hallway	6:00 PM 8:00 PM	120	8.580	1030	0.003	5.10
SS1R1	Middle of first floor east hallway	8:00 PM 10:45 PM	165	8.580	1416	0.002	7.01

AHERA PCM Clearance Level = 0.010 f/cc
AHERA TEM Clearance Level = 70 AS/mm2
State of Michigan PCM Clearance Level = 0.050 f/cc

Project Area Clearance Information
N/A

ASBESTOS DAILY PROJECT REPORTS
On-Site Activity Summary

Client:	Ann Arbor Public Schools	**Date:** 2.26.2022	**Consultant:**	Arch Environmental Group, Inc.
Building:	Community High School		**Project Technician:**	Thinh Nguyen
Location:	First and Second Floor Hallway		**Abatement Contractor:**	Environmental Maintenance Engineers, Inc.
Project #:	AE210780		**Competent Person:**	Shane Niblock

Abatement Information

OSHA Work Class	II
Contractor Activities	
Set-up procedures conducted:	Yes
Abatement procedures conducted:	
Removal:	Yes
Encapsulation:	No
Repair:	NO
Enclosure:	No
Wet methods used:	Yes
Clean up procedures:	Yes
Waste bags checked:	Yes
Conducted by:	<x>
# of Waste Bags:	<#>
Final cleaning procedures:	Yes
Visual inspection:	Yes
Conducted by:	
Lock-down activities:	Yes
Tear-down procedures:	Yes
Abatement Method(s)	
Full Enclosure	
Non-Friable Project	
Criticals set-up:	Yes
Shower set-up:	No - Per Contractor
AFDs used:	Yes

Regulated Area Information

Enclosure Integrity Check (start of work shift):	Yes
Corrections necessary:	No
Corrections made:	no
Enclosure Integrity Check (middle of work shift):	Yes
Corrections necessary:	No
Corrections made:	No
Enclosure Integrity Check (end of work shift):	Yes
Corrections necessary:	No
Corrections made:	No
Negative air maintained:	Yes
Manometer reading:	<#>
Smoke testing conducted:	Yes
Conducted by:	<x>
Asbestos signs in place:	Yes
Asbestos banner tape in place:	Yes
Shower operational:	Yes
Dumpster secure at end of day:	Yes
PPE - Disposable coveralls (Contractor):	Yes
PPE - Respirators (Contractor):	Yes
Type:	HFNPR
PPE - Disposable coveralls (Consultant):	Yes
PPE - Respirators (Consultant):	Yes
Type:	HFNPR
Did Consultant enter enclosure:	No
Time (A.M.):	<##:## a.m. - ##:## a.m.>
Time (P.M.):	<##:## p.m. - ##:## p.m.>

Air Sample Information

Air samples collected:	Yes
Calibrated pumps:	Yes
Baseline samples (BL)	No
Set-up samples (SS)	No
Personal samples (8 hr TWA) (PS)	Yes
Above/Below PEL:	Below
Personal samples (STEL) (PS)	Yes
Above/Below PEL:	Below
Above/Below STEL:	Below
Area samples (AS)	Yes
PCM Clearance samples (PA)	Yes
Passed:	Yes
Aggressive:	Yes
TEM Clearance samples (PA)	No
Passed:	N/A
Aggressive:	N/A

Personal Samples Collected On:

Name(s): Bradley Alterr

A worker/workers who is/are representative of all workers within the work area (all workers are conducting similar activities)

Required Postings

Notification:	Yes
Supervisor/Competent Person Training:	Yes
OSHA Personal Sampling Posting:	Yes

ASBESTOS DAILY PROJECT REPORTS
Contractor and Materials Information

Client:	Ann Arbor Public Schools	**Date:** 2.26.2022	**Consultant:**	Arch Environmental Group, Inc.
Building:	Community High School		**Project Technician:**	Thinh Nguyen
Location:	First and Second Floor Hallway		**Abatement Contractor:**	Environmental Maintenance Engineers, Inc.
Project #:	AE210780		**Competent Person:**	Shane Niblock

Abatement Personnel Information

Workers / Accreditation Numbers

Name:	Shane Niblock	Type:	Supervisor
Accred #:	A43597	Training:	10/24/2021
Exp. Date:	12/18/2022	Fit test:	7/15/2021
Activity:	Supervisor	PWO:	6/24/2021
Personal #:	N/A (No abate. activities)		

Name:	Bradley Altherr	Type:	Supervisor
Accred #:	A45730	Training:	5/15/2021
Exp. Date:	6/4/2022	Fit test:	7/15/2021
Activity:	Removal of misc. NF	PWO:	5/14/2021
Personal #:	PS1		

Name:	Andrew Ptak	Type:	Supervisor
Accred #:	A25587	Training:	5/15/2021
Exp. Date:	6/16/2022	Fit test:	7/15/2021
Activity:	Removal of misc. NF	PWO:	6/17/2021
Personal #:	PS1		

Abatement Personnel Information

Workers / Accreditation Numbers

Name:	Erik Richardson	Type:	Supervisor
Accred #:	A52387	Training:	5/15/2021
Exp. Date:	6/5/2022	Fit test:	7/15/2021
Activity:	Removal of misc. NF	PWO:	12/3/2021
Personal #:	PS1		

Name:	Thomas Ptak	Type:	Supervisor
Accred #:	A16288	Training:	10/17/2021
Exp. Date:	1/15/2023	Fit test:	7/15/2021
Activity:	Equipment & supplies	PWO:	6/21/2021
Personal #:	N/A (No abate. activities)		

Name:	Brent Cheney	Type:	Supervisor
Accred #:	A41305	Training:	5/15/2021
Exp. Date:	5/25/2022	Fit test:	7/15/2021
Activity:	Removal of misc. NF	PWO:	7/12/2021
Personal #:	PS1		

Materials Abated - Quantity & Location

Material	sf/lf/#	Locations
Other Class II	10	First and second floor east hallways
Other Class II	10	Second floor hallway

Additonal Work Activities

Were work activities conducted that were not included in original scope-of-work or that need to be tracked on a T&M basis?

No

ASBESTOS DAILY PROJECT REPORTS
Air Sample Analysis Information

Client:	Ann Arbor Public Schools	**Samples Collected By:**	Thinh Nguyen
Building:	Community High School	**Sample Collection Date:**	2.26.2022
Location:	First and Second Floor Hallway	**Samples Analyzed By:**	Thinh Nguyen
Project #:	AE210780	**Sample Analysis Date:**	2.26.2022

Sample ID	Sample Location	Start/End	Total Time (min)	Flow Rate (Lpm)	Volume (L)	Concentration (f/cc)	Density (f/mm^2)
FB1	Sample prepared on-site.	--	--	--	--	--	2.55
FB2	Sample prepared on-site.	--	--	--	--	--	1.27
AS1	Middle of first floor east hallway	8:30 AM 11:30 AM	180	8.580	1544	0.002	5.10
AS1R1	Middle of first floor east hallway	11:30 AM 2:30 PM	180	8.580	1544	0.002	7.64
PA1	First floor east hallway by north custodial closet	9:00 AM 11:15 AM	135	14.2	1917	0.002	9.55
PA2	First floor east hallway by south custodial closet	11:30 AM 1:15 PM	135	14.62	1974	0.002	12.74
PA3	Second floor east hallway	1:30 PM 3:45 PM	135	14.2	1917	0.002	10.83

AHERA PCM Clearance Level = 0.010 f/cc
AHERA TEM Clearance Level = 70 AS/mm2
State of Michigan PCM Clearance Level = 0.050 f/cc

Project Area Clearance Information
Passed

ASBESTOS DAILY PROJECT REPORTS
OSHA Personal Air Sample Analysis

Client:	Ann Arbor Public Schools	**Samples Collected By:**	Thinh Nguyen
Building:	Community High School	**Sample Collection Date:**	2.26.2022
Location:	First and Second Floor Hallway	**Samples Analyzed By:**	Thinh Nguyen
Project #:	AE210780	**Sample Analysis Date:**	2.26.2022

Sample ID	Sample Location	Start/End	Total Time (min)	Flow Rate (Lpm)	Volume (L)	Concentration (f/cc)	Density (f/mm^2)
PS1 Series	Bradley Altherr	9:00 AM 1:00 PM	270	2.0	540	0.025 0.014	*
Activity:	removal of plaster and installation of unistruts						
PS1	Bradley Altherr	8:30 AM 9:00 AM	30	2.0	60	0.045	8.92
PS1R1	Bradley Altherr	9:00 AM 11:30 AM	150	2.0	300	0.019	16.56
PS1R2	Bradley Altherr	11:30 AM 1:00 PM	90	2.0	180	0.030	15.92

OSHA Permissible Exposure Limit = 0.100 f/cc, 8 hr TWA
OSHA STEL Limit = 1.0 f/cc
* = 8 hr Time Weighted Average

Attachment

Contractor Documentation

Contractor Number
C2684

Expiration Date
12/8/2022

State of Michigan

Department of Labor and Economic Opportunity

Environmental Maintenance Engineers, Inc.

has satisfactorily met the requirements of Michigan Public Act 135 of 1986, as amended, and is hereby recognized as a

LICENSED ASBESTOS ABATEMENT CONTRACTOR

Type II (5 + employees)

The issuance of this license does not ensure that asbestos indemnification insurance coverage has been acquired by the licensee. This license is nontransferable.

MIO 3003 (03/2019)
Authority: Michigan Public Act 135 of 1986, as amended

155663

Environmental Maintenance Engineers, Inc.
25851 Trowbridge Street
Inkster, MI 48141

The Michigan Department of Labor and Economic Opportunity (LEO) has reviewed and approved your application for a Michigan Asbestos Abatement Contractors License. The License Certificate is valid for a period of one year.

The Department is requiring each licensed asbestos abatement contractor to notify the Department of any asbestos abatement project exceeding 10 linear feet or 15 square feet of friable asbestos containing material. This notification must reach the office of the Asbestos Program at least 10 days before the beginning of each project. If for any reason there are revisions or modifications to a notification, your company must notify LEO by FAX (517.284.7700), telephone, or email (asbestos@michigan.gov). If the revision is via telephone, your company must follow-up with a formal written revision.

Please be advised, your company must continue to maintain records of post-abatement air monitoring results. LEO can and may request these post asbestos abatement monitoring results periodically. Please be reminded that any additional or new employees must be accredited before they engage in any asbestos abatement activities.

To apply for renewal of this license, please submit an application no sooner than 90 days and no later than 30 days before the license expires. The Department must also be notified of any address or ownership changes. Project notifications and questions regarding your license should be directed to the Michigan Department of Labor and Economic Opportunity, MIOSHA Asbestos Program, P.O. Box 30671, Lansing, Michigan 48909, 517.284.7698.

Dan W. Maki

Dan W. Maki
Safety and Health Manager

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 1/27/2022

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

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

PRODUCER VTC Insurance Group 37000 Grand River Ave Ste 150 Farmington Hills MI 48335	CONTACT NAME: Deborah Gale PHONE (A/C, No, Ext): (248)888-0370 FAX (A/C, No): E-MAIL ADDRESS: dgale@vtcins.com
INSURED Environmental Maintenance Engineers, Inc. 25851 Trowbridge Inkster MI 48141	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A: Nautilus Insurance Company — 17370 INSURER B: Charter Oak Fire Insurance — 25615 INSURER C: Great Divide Insurance Company — 25224 INSURER D: INSURER E: INSURER F:

COVERAGES **CERTIFICATE NUMBER:** 21-22 Liab **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE [ ] OCCUR [X] GEN'L AGGREGATE LIMIT APPLIES PER: POLICY [X] PRO-JECT [ ] LOC OTHER:	X		ECP203022912	10/1/2021	10/1/2022	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 2,000,000 $ 100,000 $ 5,000 $ 2,000,000 $ 2,000,000 $ 2,000,000
B	AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS [ ] SCHEDULED AUTOS X HIRED AUTOS [X] NON-OWNED AUTOS			BA0135C519	10/1/2021	10/1/2022	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $
A	UMBRELLA LIAB [X] OCCUR X EXCESS LIAB [ ] CLAIMS-MADE DED [ ] RETENTION $			FFX203023112	10/1/2021	10/1/2022	EACH OCCURRENCE AGGREGATE	$ 3,000,000 $ 3,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N [ ] N/A If yes, describe under DESCRIPTION OF OPERATIONS below			WCA203020812	10/1/2021	10/1/2022	X PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 1,000,000 $ 1,000,000 $ 1,000,000
A	Contractors Pollution Liab.			ECP203022912	10/1/2021	10/1/2022	Claims Made - Limit Each Claim:	$2,000,000
A	Professional Liability			ECP203022912	10/1/2021	10/1/2022	Claims Made - Limit Each Claim:	$2,000,000

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

Project:Community and Burns Park Where required by written contract, Ann Arbor Public Schools, its officers, officials, employees, and volunteers are additional insured on the CGL policy with respect to liability arising out of work or operations performed by or on behalf of the Contractor including materials, parts or equipment furnished in connection with such work or operations. It is understood and agreed that thirty (30) days advance notice of cancellation, non-renewal, reduction.

CERTIFICATE HOLDER

Finance Department
Ann Arbor Public Schools
2555 S. State Street
Ann Arbor, MI 48104

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

P Williams/DGALE

Juneau Property Maintenance

870 Capitol Ave., Lincoln Park, Michigan 48146 (313) 383-1468

Brad Altherr

XXX-XX-

Has successfully completed a Michigan and EPA approved course in accordance with Title II of the Toxic Substance Control Act, 40 CFR 763 (AHERA) as amended 1994, MI P.A. 440 0f 1988 as amended and 40 CFR Part 61 (NESHAP Revision).

FOR:
EIGHT (8) - HOUR REFRESHER ASBESTOS ABATEMENT TRAINING FOR WORKERS

Course Dates: May 15, 2021

Certificate Number: WR-2021 0005

Expiration Date: May 15, 2022

Jim Watts

Training Location: 870 Capitol Ave; Lincoln Park, MI

Jim Watts, Instructor

State of Michigan

Department of Labor and Economic Opportunity

Michigan Occupational Safety & Health Administration - Asbestos Program

Asbestos Abatement Worker

Bradley F. Altherr

Accreditation Number A45730

Expiration Date 06/04/2022

DOB:

This individual has satisfactorily met or exceeded the requirements of Section 206 of the Toxic Substances Control Act to be accredited in the above discipline.

152926

Environmental Maintenance Engineers, Inc.
25851 Trowbridge St., Inkster, MI 48141
313.791.2600 Office - 313.701.2601 Fax
www.teameme.com

Qualitative Fit Testing Record

Bradley Altherr
Employee Name

7/15/2021
Date of Test

7/15/2022
Expiration Date

1) Have you had any respiratory problems in the last week?	☐ Yes	☑ No
2) Testing agent used: Irritant Smoke	☐ Yes	☐ No
3) Employee sensitive?	☑ Yes	☐ No
4) Positive - Negative facepiece to face test passed?	☑ Yes	☐ No
5) Qualitative Fit Test passed?	☑ Yes	☐ No

Tester Signature: _____ Date: 7/15/2021

Tester Printed Name: David Silva

Approved Respirator(s):

Size: ☐ Small ☑ Medium ☑ Large

1) Brand: Honeywell / North Model #: RU 8800 Type: ½ Fac.

2) Brand: _____ Model #: _____ Type: _____

Respiratory Protection Training Program:

Before signing, be sure you understand each of the following items:

1) Explanation of the ramifications of misuse
2) Why the particular respirator was selected
3) Limitations of the selected respirator
4) Putting on the respirator
5) Wearing the respirator
6) Maintenance of the respirator
7) Recognize & handling emergency situations
8) Inspecting the respirator
9) Use of air purifying respirator
10) Purpose of medical evaluation
11) Proper fit-testing techniques

I understand the use, care and inspection of the respirator(s) I may use.
I have had the opportunity to war and fit-test the respirator(s) I use.

_____ 7/15/2021
Employee Signature Date

v62016

Test valid for 1 year from date of test

OSHA Physician Written Opinion for Asbestos Medical Surveillance in accordance with CFR Part 1910.1001 (1)(7)

The following individual has been examined in accordance with the Occupational Safety and Health Administration (OSHA) Asbestos Construction Standard, 29 CFR 1910.1001:

Name of Individual: Bradley Altherr
Date of Examination: 5/14/21
Name of Examining Physician: [illegible]
Name of Medical Facility: St Mary Mercy
Address of Medical Facility: 36475 Five Mile
Livonia, MI 48154
Phone Number of Facility: (734) 655-4800

In accordance with the requirements of Section (l) of the OSHA Asbestos standard, 29 CFR 1910.1001, the examining physician will provide the employer with a written opinion which shall contain the following: (the physician much check a box for each statement below)

1. Based on the results of the medical examination, I have determined this individual:
   X May or ___ May NOT use a respirator while performing asbestos work

2. Recommended limitations for respirator use if any:
   ___ Use of Respirator is conditional upon passing a respirator fit test
   ___ Remove facial hair which interferes with respirator fit
   ___ Do not wear contact lenses while using respirator
   ___ Corrective lenses worn with the shall be worn so as not to adversely affect the fit of the face piece

3. The results of my examination today
   ___ Have or ___ Have NOT detected a medical condition which would place the employee at an increased risk of material health impairment from exposure to asbestos.

4. ___ I HAVE informed the above-named individual of the results of the medical examination and of any medical conditions that may result from asbestos exposure

5. ___ The employee HAS been advised of the increased risk of lung cancer attributable to the combined effect of smoking and asbestos exposure

6. As attending Physician, I have determined that a Chest Roentgenogram (X-Ray) ___ was NOT necessary ___ was necessary and performed

The complete medical examination report on the above-named individual will be forwarded to the employer pending conclusion and interpretation of any additional testing performed during the examination

_____ 5-14-21
Signature of Examining Physician Date

NOVA

ENVIRONMENTAL, INC.

This Certifies That

Brent Cheney

has successfully completed the

Contractor/Supervisor Refresher Course

This fulfills the requirements under TSCA Title II and is in compliance with 40 CFR 763 and Michigan Public Act 440 of 1988, as amended.

Date of Training: 05/15/2021 Date of Expiration: 05/15/2022 Certificate Number: 5444CSR0521

Instructor

Nova Environmental, Inc. 5300 Plymouth Road, Ann Arbor, Michigan 48105 (734) 930-0995

State of Michigan

Department of Labor and Economic Opportunity

Michigan Occupational Safety & Health Administration - Asbestos Program

Asbestos Contractor/Supervisor

Brent L. Cheney

Accreditation Number A41305

Expiration Date 05/25/2022

DOB:

This individual has satisfactorily met or exceeded the requirements of Section 206 of the Toxic Substances Control Act to be accredited in the above discipline.

152849

Environmental Maintenance Engineers, Inc.
25851 Trowbridge St., Inkster, MI 48141
313.791.2600 Office - 313.701.2601 Fax
www.teameme.com

Qualitative Fit Testing Record

Brent Cheney
Employee Name

7/15/2021
Date of Test

7/15/2022
Expiration Date

1) Have you had any respiratory problems in the last week?	☐ Yes	☑ No
2) Testing agent used: Irritant Smoke	☐ Yes	☐ No
3) Employee sensitive?	☑ Yes	☐ No
4) Positive - Negative facepiece to face test passed?	☑ Yes	☐ No
5) Qualitative Fit Test passed?	☑ Yes	☐ No

Tester Signature: _____ Date: 7/15/2021

Tester Printed Name: David Silva

Approved Respirator(s):

Size: ☐ Small ☐ Medium ☐ Large

1) Brand: Honeywell / North Model #: RU 8500 Type: ½ Face

2) Brand: _____ Model #: _____ Type: _____

Respiratory Protection Training Program:

Before signing, be sure you understand each of the following items:

1) Explanation of the ramifications of misuse
2) Why the particular respirator was selected
3) Limitations of the selected respirator
4) Putting on the respirator
5) Wearing the respirator
6) Maintenance of the respirator
7) Recognize & handling emergency situations
8) Inspecting the respirator
9) Use of air purifying respirator
10) Purpose of medical evaluation
11) Proper fit-testing techniques

I understand the use, care and inspection of the respirator(s) I may use.
I have had the opportunity to war and fit-test the respirator(s) I use.

_____ 7/15/2021
Employee Signature Date

v62016

Test valid for 1 year from date of test

OSHA Physician Written Opinion for Asbestos Medical Surveillance in accordance with CFR Part 1910.1001 (1)(7)

The following individual has been examined in accordance with the Occupational Safety and Health Administration (OSHA) Asbestos Construction Standard, 29 CFR 1910.1001.

Name of Individual: [illegible]

Date of Examination: _____

Name of Examining Physician: Emily Leech PA-C

Name of Medical Facility: 1st Choice

Address of Medical Facility: 31450 Ford Rd Garden City, MI 48135

Phone Number of Facility: 734 333 8001

In accordance with the requirements of Section (l) of the OSHA Asbestos standard, 29 CFR 1910.1001, the examining physician will provide the employer with a written opinion which shall contain the following: (the physician much check a box for each statement below)

1. Based on the results of the medical examination, I have determined this individual:
   X May or ___ May NOT use a respirator while performing asbestos work
2. Recommended limitations for respirator use if any:
   ___ Use of Respirator is conditional upon passing a respirator fit test
   ___ Remove facial hair which interferes with respirator fit
   ___ Do not wear contact lenses while using respirator
   ___ Corrective lenses worn with the shall be worn so as not to adversely affect the fit of the face piece
3. The results of my examination today:
   ___ have or X I have NOT detected a medical condition which would place the employee at an increased risk of material health impairment from exposure to asbestos.
4. X I HAVE informed the above-named individual of the results of the medical examination and of any medical conditions that may result from asbestos exposure.
5. X The employee HAS been advised of the increased risk of lung cancer attributable to the combined effect of smoking and asbestos exposure
6. As attending Physician, I have determined that a Chest Roentgenogram (X-Ray) X was NOT necessary ___ was necessary and performed.

The complete medical examination report on the above-named individual will be forwarded to the employer pending conclusion and interpretation of any additional testing performed during the examination.

_____ 7-12-21
Signature of Examining Physician Date

Juneau Property Maintenance

870 Capitol Ave., Lincoln Park, Michigan 48146 (313) 383-1468

Shane Niblock

XXX-X[V]-

Has successfully completed a Michigan and EPA approved course in accordance with Title II of the Toxic Substance Control Act, 40 CFR 763 (AHERA) as amended 1994, MI P.A. 440 0f 1988 as amended and 40 CFR Part 61 (NESHAP Revision).

FOR:
EIGHT (8) - HOUR REFRESHER ASBESTOS ABATEMENT TRAINING FOR CONTRACTORS AND SUPERVISORS

Course Dates: October 24, 2021

Certificate Number: CSR-2021 0240

Expiration Date: October 24, 2022

Jim Watts

Training Location: 870 Capitol Ave., Lincoln Park, MI

Jim Watts, Instructor

State of Michigan

Department of Labor and Economic Opportunity

Michigan Occupational Safety & Health Administration - Asbestos Program

Asbestos Contractor/Supervisor

Shane W. Niblock

Accreditation Number A43597

Expiration Date 12/18/2022

DOB:

This individual has satisfactorily met or exceeded the requirements of Section 206 of the Toxic Substances Control Act to be accredited in the above discipline.

Accreditation card is not valid if altered

155353

Environmental Maintenance Engineers, Inc.
25851 Trowbridge St., Inkster, MI 48141
313.791.2600 Office - 313.701.2601 Fax
www.teameme.com

Qualitative Fit Testing Record

Shane Niblock
Employee Name

7/15/2021
Date of Test

7/15/2022
Expiration Date

1) Have you had any respiratory problems in the last week?	☐ Yes	☑ No
2) Testing agent used: Irritant Smoke	☐ Yes	☐ No
3) Employee sensitive?	☑ Yes	☐ No
4) Positive - Negative facepiece to face test passed?	☑ Yes	☐ No
5) Qualitative Fit Test passed?	☑ Yes	☐ No

Tester Signature: _____ Date: 7/15/2021
Tester Printed Name: David Silva

Approved Respirator(s):

Size: ☐ Small ☐ Medium ☑ Large

1) Brand: North Model #: 7700 Type: ½ Face
2) Brand: _____ Model #: _____ Type: _____

Respiratory Protection Training Program:

Before signing, be sure you understand each of the following items:

1) Explanation of the ramifications of misuse
2) Why the particular respirator was selected
3) Limitations of the selected respirator
4) Putting on the respirator
5) Wearing the respirator
6) Maintenance of the respirator
7) Recognize & handling emergency situations
8) Inspecting the respirator
9) Use of air purifying respirator
10) Purpose of medical evaluation
11) Proper fit-testing techniques

I understand the use, care and inspection of the respirator(s) I may use.
I have had the opportunity to wear and fit-test the respirator(s) I use.

_____ 7/15/2021
Employee Signature Date

v62016

Test valid for 1 year from date of test

OSHA Physician Written Opinion for Asbestos Medical Surveillance in accordance with CFR Part 1910.1001 (1)(7)

The following individual has been examined in accordance with the Occupational Safety and Health Administration (OSHA) Asbestos Construction Standard, 29 CFR 1910.1001:

Name of Individual: Shane N. Niblock
Date of Examination: 6/24/21
Name of Examining Physician: Ali Ayub / Ali Hyder MD
Name of Medical Facility: _____
Address of Medical Facility: _____
Phone Number of Facility: _____

In accordance with the requirements of Section (l) of the OSHA Asbestos standard, 29 CFR 1910.1001, the examining physician will provide the employer with a written opinion which shall contain the following: (the physician much check a box for each statement below)

1. Based on the results of the medical examination, I have determined this individual:
   ✓ May or ___ May NOT use a respirator while performing asbestos work
2. Recommended limitations for respirator use if any:
   ___ Use of Respirator is conditional upon passing a respirator fit test
   ___ Remove facial hair which interferes with respirator fit
   ___ Do not wear contact lenses while using respirator
   ___ Corrective lenses worn with the shall be worn so as not to adversely affect the fit of the face piece
3. The results of my examination today:
   ___ Have or ✓ Have NOT detected a medical condition which would place the employee at an increased risk of material health impairment from exposure to asbestos.
4. ✓ I HAVE informed the above-named individual of the results of the medical examination and of any medical conditions that may result from asbestos exposure.
5. ✓ The employee HAS been advised of the increased risk of lung cancer attributable to the combined effect of smoking and asbestos exposure.
6. As attending Physician, I have determined that a Chest Roentgenogram (X-Ray) ___ was NOT necessary ___ was necessary and performed.

The complete medical examination report on the above-named individual will be forwarded to the employer pending conclusion and interpretation of any additional testing performed during the examination.

Ali Hyder MD 6/24/21
Signature of Examining Physician Date

NOVA

ENVIRONMENTAL, INC.

This Certifies That

Andrew Ptak

has successfully completed the

Contractor/Supervisor Refresher Course

This fulfills the requirements under TSCA Title II and is in compliance with 40 CFR 763 and Michigan Public Act 440 of 1988, as amended.

Date of Training: 05/15/2021 Date of Expiration: 05/15/2022 Certificate Number: 9213CSR0521

Instructor

Nova Environmental, Inc. 5300 Plymouth Road, Ann Arbor, Michigan 48105 (734) 930-0995

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State of Michigan

Department of Labor and Economic Opportunity

Michigan Occupational Safety & Health Administration - Asbestos Program

Asbestos Contractor/Supervisor

Andrew A. Ptak

Accreditation Number **Expiration Date**

A25587 06/16/20

DOB:

This individual has satisfactorily met or exceeded the requirements of Section 206 of the Toxic Substances Control Act to be accredited in the above discipline.

valid if altered

152855

Environmental Maintenance Engineers, Inc.
25851 Trowbridge St., Inkster, MI 48141
313.791.2600 Office - 313.701.2601 Fax
www.teameme.com

Qualitative Fit Testing Record

Andrew Ptak
Employee Name

7/15/2021
Date of Test

7/15/2022
Expiration Date

1) Have you had any respiratory problems in the last week?	☐ Yes	☑ No
2) Testing agent used: Irritant Smoke	☐ Yes	☐ No
3) Employee sensitive?	☑ Yes	☐ No
4) Positive - Negative facepiece to face test passed?	☑ Yes	☐ No
5) Qualitative Fit Test passed?	☑ Yes	☐ No

Tester Signature: D Silva Date: 7/15/2021

Tester Printed Name: David Silva

Approved Respirator(s):

Size: ☐ Small ☑ Medium ☑ Large

1) Brand: Honeywell/North Model #: RU 8500 Type: 1/2 Face

2) Brand: _____ Model #: _____ Type: _____

Respiratory Protection Training Program:

Before signing, be sure you understand each of the following items:

1) Explanation of the ramifications of misuse
2) Why the particular respirator was selected
3) Limitations of the selected respirator
4) Putting on the respirator
5) Wearing the respirator
6) Maintenance of the respirator
7) Recognize & handling emergency situations
8) Inspecting the respirator
9) Use of air purifying respirator
10) Purpose of medical evaluation
11) Proper fit-testing techniques

I understand the use, care and inspection of the respirator(s) I may use.
I have had the opportunity to war and fit-test the respirator(s) I use.

Andrew Ptak
Employee Signature

7/15/2021
Date

v62016

Test valid for 1 year from date of test

OSHA Physician Written Opinion for Asbestos Medical Surveillance in accordance with CFR Part 1910.1001 (1)(7)

The following individual has been examined in accordance with the Occupational Safety and Health Administration (OSHA) Asbestos Construction Standard, 29 CFR 1910.1001:

Name of Individual: Andrew Ptak

Date of Examination: 6-17

Name of Examining Physician: [illegible]

Name of Medical Facility: 1st Choice 23455 Michigan Ave

Address of Medical Facility: [illegible] OccMed Connect [illegible]

Phone Number of Facility: www.firstchoiceocc.com Your occupational health and safety [illegible]

In accordance with the requirements of Section (l) of the OSHA Asbestos standard, 29 CFR 1910.1001, the examining physician will provide the employer with a written opinion which shall contain the following: (the physician much check a box for each statement below)

1. Based on the results of the medical examination, I have determined this individual:
   X May or ___ May NOT use a respirator while performing asbestos work
2. Recommended limitations for respirator use if any:
   X Use of Respirator is conditional upon passing a respirator fit test
   X Remove facial hair which interferes with respirator fit
   X Do not wear contact lenses while using respirator
   X Corrective lenses worn with the shall be worn so as not to adversely affect the fit of the face piece
3. The results of my examination today:
   ___ Have or ___ Have NOT detected a medical condition which would place the employee at an increased risk of material health impairment from exposure to asbestos.
4. X I HAVE informed the above-named individual of the results of the medical examination and of any medical conditions that may result from asbestos exposure.
5. X The employee HAS been advised of the increased risk of lung cancer attributable to the combined effect of smoking and asbestos exposure.
6. As attending Physician, I have determined that a Chest Roentgenogram (X-Ray) X was NOT necessary ___ was necessary and performed.

The complete medical examination report on the above-named individual will be forwarded to the employer pending conclusion and interpretation of any additional testing performed during the examination.

[illegible] 6-17-21

Signature of Examining Physician — Date

Juneau Property Maintenance

870 Capitol Ave., Lincoln Park, Michigan 48146 (313) 383-1468

Thomas Ptak

XXX-XX-

Has successfully completed a Michigan and EPA approved course in accordance with Title II of the Toxic Substance Control Act, 40 CFR 763 (AHERA) as amended 1994, MI P.A. 440 0f 1988 as amended and 40 CFR Part 61 (NESHAP Revision).

FOR:
EIGHT (8) - HOUR REFRESHER ASBESTOS ABATEMENT TRAINING FOR CONTRACTORS AND SUPERVISORS

Course Dates: October 17, 2021

Certificate Number: CSR-2021 0238

Expiration Date: October 17, 2022

Jim Watts

Training Location: 870 Capitol Ave., Lincoln Park, MI

Jim Watts, Instructor

State of Michigan

Department of Labor and Economic Opportunity

Michigan Occupational Safety & Health Administration - Asbestos Program

Asbestos Contractor/Supervisor

Thomas L. Ptak

Accreditation Number A16288

Expiration Date 01/15/2023

DOB:

This individual has satisfactorily met or exceeded the requirements of Section 206 of the Toxic Substances Control Act to be accredited in the above discipline.

155168

Environmental Maintenance Engineers, Inc.
25851 Trowbridge St., Inkster, MI 48141
313.791.2600 Office - 313.701.2601 Fax
www.teameme.com

Qualitative Fit Testing Record

Thomas Ptak
Employee Name

7/15/2021
Date of Test

7/15/2022
Expiration Date

1) Have you had any respiratory problems in the last week?	☐ Yes	☑ No
2) Testing agent used: Irritant Smoke	☐ Yes	☐ No
3) Employee sensitive?	☑ Yes	☐ No
4) Positive - Negative facepiece to face test passed?	☑ Yes	☐ No
5) Qualitative Fit Test passed?	☑ Yes	☐ No

Tester Signature: _____ Date: 7/15/2021
Tester Printed Name: David Silva

Approved Respirator(s):

Size: ☐ Small ☑ Medium ☑ Large

1) Brand: Honeywell North Model #: RU 8800 Type: ½ face
2) Brand: _____ Model #: _____ Type: _____

Respiratory Protection Training Program:

Before signing, be sure you understand each of the following items:

1) Explanation of the ramifications of misuse
2) Why the particular respirator was selected
3) Limitations of the selected respirator
4) Putting on the respirator
5) Wearing the respirator
6) Maintenance of the respirator
7) Recognize & handling emergency situations
8) Inspecting the respirator
9) Use of air purifying respirator
10) Purpose of medical evaluation
11) Proper fit-testing techniques

I understand the use, care and inspection of the respirator(s) I may use.
I have had the opportunity to war and fit-test the respirator(s) I use.

_____ 7/15/2021
Employee Signature Date

v62016

Test valid for 1 year from date of test

OSHA Physician Written Opinion for Asbestos Medical Surveillance in accordance with CFR Part 1910.1001 (1)(7)

The following individual has been examined in accordance with the Occupational Safety and Health Administration (OSHA) Asbestos Construction Standard, 29 CFR 1910.1001:

Name of Individual: Thomas Ptak
Date of Examination: Oct 21 2021
Name of Examining Physician: _____
Name of Medical Facility: First Choice URGENT CARE Dearborn MI
Address of Medical Facility: 23455 Michigan Ave
www.firstchoiceucc.com
Phone Number of Facility: 734-[illegible]

In accordance with the requirements of Section (l) of the OSHA Asbestos standard, 29 CFR 1910.1001, the examining physician will provide the employer with a written opinion which shall contain the following: (the physician much check a box for each statement below)

1. Based on the results of the medical examination, I have determined this individual:
   X May or ___ May NOT use a respirator while performing asbestos work
2. Recommended limitations for respirator use if any:
   X Use of Respirator is conditional upon passing a respirator fit test
   X Remove facial hair which interferes with respirator fit
   X Do not wear contact lenses while using respirator
   X Corrective lenses worn with the shall be worn so as not to adversely affect the fit of the face piece
3. The results of my examination today:
   ___ Have or X Have NOT detected a medical condition which would place the employee at an increased risk of material health impairment from exposure to asbestos.
4. X I HAVE informed the above-named individual of the results of the medical examination and of any medical conditions that may result from asbestos exposure.
5. X The employee HAS been advised of the increased risk of lung cancer attributable to the combined effect of smoking and asbestos exposure.
6. As attending Physician, I have determined that a Chest Roentgenogram (X-Ray) ___ was NOT necessary X was necessary and performed.

The complete medical examination report on the above-named individual will be forwarded to the employer pending conclusion and interpretation of any additional testing performed during the examination.

_____ 6-21-21
Signature of Examining Physician Date

NOVA

ENVIRONMENTAL, INC.

This Certifies That

Erik Richardson

has successfully completed the

Contractor/Supervisor Refresher Course

This fulfills the requirements under TSCA Title II and is in compliance with 40 CFR 763 and Michigan Public Act 440 of 1988, as amended.

Date of Training: 05/15/2021 Date of Expiration: 05/15/2022 Certificate Number: 9976CSR0521

Instructor

Nova Environmental, Inc. 5300 Plymouth Road, Ann Arbor, Michigan 48105 (734) 930-0995

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State of Michigan

Department of Labor and Economic Opportunity

Michigan Occupational Safety & Health Administration - Asbestos Program

Asbestos Contractor/Supervisor

Erik GW Richardson

Accreditation Number A52387

Expiration Date 06/05/2022

DOB:

This individual has satisfactorily met or exceeded the requirements of Section 206 of the Toxic Substances Control Act to be accredited in the above discipline.

152856

Environmental Maintenance Engineers, Inc.
25851 Trowbridge St., Inkster, MI 48141
313.791.2600 Office - 313.701.2601 Fax
www.teameme.com

Qualitative Fit Testing Record

Erik Richardson
Employee Name

7/15/2021
Date of Test

7/15/2022
Expiration Date

1) Have you had any respiratory problems in the last week?	☐ Yes	☑ No
2) Testing agent used: Irritant Smoke	☐ Yes	☐ No
3) Employee sensitive?	☑ Yes	☐ No
4) Positive - Negative facepiece to face test passed?	☑ Yes	☐ No
5) Qualitative Fit Test passed?	☑ Yes	☐ No

Tester Signature: _____ Date: 7/15/2021

Tester Printed Name: David Silva

Approved Respirator(s):

Size: ☐ Small ☐ Medium ☑ Large

1) Brand: Honeywell North Model #: _____ Type: ½

2) Brand: _____ Model #: _____ Type: _____

Respiratory Protection Training Program:

Before signing, be sure you understand each of the following items:

1) Explanation of the ramifications of misuse
2) Why the particular respirator was selected
3) Limitations of the selected respirator
4) Putting on the respirator
5) Wearing the respirator
6) Maintenance of the respirator
7) Recognize & handling emergency situations
8) Inspecting the respirator
9) Use of air purifying respirator
10) Purpose of medical evaluation
11) Proper fit-testing techniques

I understand the use, care and inspection of the respirator(s) I may use.
I have had the opportunity to war and fit-test the respirator(s) I use.

Erik Richardson
Employee Signature

7/15/2021
Date

v62016

Test valid for 1 year from date of test

OSHA Physician Written Opinion for Asbestos Medical Surveillance in accordance with CFR Part 1910.1001 (1)(7)

The following individual has been examined in accordance with the Occupational Safety and Health Administration (OSHA) Asbestos Construction Standard, 29 CFR 1910.1001:

Name of Individual: Erick Richardson
Date of Examination: 12.3.21
Name of Examining Physician: A. Hassan MD
Name of Medical Facility: 1st Choice - DRM
Address of Medical Facility: 23455 Michigan Ave Dearborn MI 48124
Phone Number of Facility: 734-333-8001

In accordance with the requirements of Section (l) of the OSHA Asbestos standard, 29 CFR 1910.1001, the examining physician will provide the employer with a written opinion which shall contain the following: (the physician must check a box for each statement below)

1. Based on the results of the medical examination, I have determined this individual:
   √ May or ___ May NOT use a respirator while performing asbestos work
2. Recommended limitations for respirator use if any:
   √ Use of Respirator is conditional upon passing a respirator fit test
   ___ Remove facial hair which interferes with respirator fit
   ___ Do not wear contact lenses while using respirator
   ___ Corrective lenses worn with the shall be worn so as not to adversely affect the fit of the face piece
3. The results of my examination today:
   ___ Have or √ Have NOT detected a medical condition which would place the employee at an increased risk of material health impairment from exposure to asbestos.
4. √ I HAVE informed the above-named individual of the results of the medical examination and of any medical conditions that may result from asbestos exposure.
5. √ The employee HAS been advised of the increased risk of lung cancer attributable to the combined effect of smoking and asbestos exposure.
6. As attending Physician, I have determined that a Chest Roentgenogram (X-Ray) √ was NOT necessary ___ was necessary and performed

The complete medical examination report on the above-named individual will be forwarded to the employer pending conclusion and interpretation of any additional testing performed during the examination

A. Hassan 12.3.21

Signature of Examining Physician — Date

Michigan Department of Natural Resources
Air Quality Division

C Check here if dumpster is located on a jobsite (not at the office)

Internal Job #: 22-025

Landfill Approval #: 30691314442

ASBESTOS WASTE SHIPMENT DOCUMENT

1) Worksite name & address:

Community High School
401 N. Division Street
Ann Arbor, MI 48104

Owner's Name:

Ann Arbor Public Schools
2555 South State St
Ann Arbor, MI 48104

Contact Name

Roosevelt Austin III

Contact Telephone #

(734) 576-0765

2) Operator's Name:

Environmental Maintenance Engineers, Inc.

Operator's Address:

25851 Trowbridge
Inkster, MI 48141

Operator's Telephone #:

(313) 791-2600

3) Waste Disposal Site (WDS) Name:

Carleton Farms Landfill

Waste Disposal Mailing Address:

28800 Clark Rd.
New Boston, MI 48164

Disposal Site Telephone #:

(734) 654-0001

4) Responsible Agency:

Air Quality Division, Michigan Department of Natural Resources
P.O. Box 30028
Lansing, MI 48909

5) Description of Materials:

Hazard Class: 9	**Identification Number:** NA2212	**Packing Group:** III
Additional Description:		

6) Containers:

	# of Containers:	Type of Containers (drums, bags, etc)	Total Qty. (cu ft., cu yds., lbs., tons):
Friable Asbestos			
Non-Friable Asbestos	8	Boxes	
Other:			

7) Special Handling Instructions and Additional Information:

Handled in accordance with all EPA, NESHAP, & OSHA Regulations

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

Printed/Typed Name: Jeff Cheney	**Title:** Project Manager
Signature: J. Cheney	**Date:** 2-26-2022

9) Transporter (Acknowledgement of Receipt of Materials):

Name:	Environmental Maintenance Engineers, Inc.		
Address:	25851 Trowbridge, Inkster, MI 48141	**Phone Number:**	(313) 791-2600
Printed/Typed Name:	[illegible]	**Title:**	Supervisor
Signature:	[signature]	**Date:**	02/26/22

10) Transporter 2 (Acknowledgement of Receipt of Materials):

Name:	Republic Services - Wayne		
Address:	5400 Cogswell, Wayne, MI 48184	**Phone Number:**	(734) 216-8240
Printed/Typed Name:	[illegible]	**Title:**	Driver
Signature:	[signature]	**Date:**	

11) Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 10.

Printed/Typed Name:	**Title:**
Signature:	**Date:** 3.3.22

ENVIRONMENTAL MAINTENANCE ENGINEERS, INC. — 25 YEARS 1997 - 2022

25851 Trowbridge St., Inkster, MI 48141
Voice: 313.791.2600 Fax: 313.791.2601 www.teamEME.com

Daily Construction Report

Today's Date/Day: S M T W T F S 02/25/22	**Job #:** 22-025
Week Ending Date: 02/27/22	**Job Name:** COMMUNITY H.S.
Truck #/Driver: 42 / SHANE	(ACM) / Mold / Lead / Other
Work Area: 1ST & 2ND FLOORS EAST CORRIDOR	
Comments:	

Plaster ACM

General Work Description:

	Y	N	n/a
ACM Pipe/Fitting			
ACM Boiler/Tanks/Breeching			
ACM Acoustical Ceiling			
ACM Ceiling Tiles/Glue Pods			
VAT Mastic Carpet			
Transite Siding/ ____			
Insulation/Vermiculite			
Lead Based Paint			
Mold Remediation			
Industrial/Universal Waste			
Other ____	✓		

The type of abatement conducted:

	Y	N	n/a
Removal			
Encapsulation			
Patch/Repair			
Glove-bag Removal			
Enclosure			
Removal/Replacement			
LBP Removal Chemical			
LBP HEPA Power Tools			
Dry Ice Blasting			
Aggressive Hand Cleaning			
Selective Demolition			

Set-up procedures conducted:

	Y	N	n/a
Signs/Banner Tape	✓		
Criticals Set-up	✓		
Full/Mini Enclosure	✓		
Plywood 2"x4" Structures			
AFD's Set-up Vented	✓		
Isolation of HVAC system	✓		
Poly Walls Floors Drops	✓		
Portable/Full Decon Chamber			
Water System Set-up	✓		
Electric GFCI's/Temp. Panel	✓		
Scaffold/Bakers/5'x7'/Manlift	✓		

Personal protective equipment:

	Y	N	n/a
Respiratory protection			
Half-Face/Full-Face/PAPR's			
Disposable Suits			
Steel Toe/Rubber Boots	✓		
Gloves Rubber/Cotton	✓		
Safety Glasses/Full Face			
Hard hats/Hearing Protection			
Fall Protection	✓		
Scaffold Safety Rails/Manlift	✓		

Clean-up activities:

	Y	N	n/a
Gross/Final Clean-up	✓		
Load Out Activities	✓		
Surfactants/Ledizolv			
Wet Methods IAQ Shockwave			
HEPA Vacuum Sequence			
All Equip./Tools Cleaned			
Final Lockdown			
Work Area Teardown			
Final Worksite Walk-Thru			

Inspections:

3 # of Neg. Air Machines

	Y	N	n/a
Barriers Intact And Sound	✓		
DECON/Shower Inspection			
Employee PPE Used	✓		
Electrical Safety In Place	✓		
OSHA Inspection Site Review			
Consultant/EME Monitoring	✓		
Consultant/Supervisor Visual	✓		
Personnel Decontaminated	✓		
Work Area Inspected/Secure	✓		

Consultant Firm: ARCH
Representative Name: THINH
Visual/Testing: AIR
Accreditation Number:

Manometer Readings — *Start:* - inches water; *Middle:* - inches water; *End:* - inches water; *Notes:*

Employee Name	Accred. #	Class S/W	Time In	Time Out	Time In	Time Out	Total Hrs	Employee Signature
Project Manager:								
Supervisor: SHANE NIZLOCK	A43597	S	3:00	—	—	12:00	9.0	
BRAD ALTHERR	A45730	W	5:00	—	—	11:00	6.10	

Safety Issues: LOAD OUT BARRIERS, LADDERS, SLIP/TRIP HAZ

Asbestos Waste	~~Friable~~	~~Non-Friable~~
Bags		
Drums		
Bundles		

Dumpster ✓ EME ☐ Onsite

Status of Job

- ✓ **Project On-going** - someone to return
- *Note:*
- ☐ **Complete** - no one will need to return

I certify area has been visually inspected, all equipment is off site and there is no debris or other materials left.

Signature: _____

ENVIRONMENTAL MAINTENANCE ENGINEERS, INC. — 25 YEARS 1997 - 2022

25851 Trowbridge St., Inkster, MI 48141
Voice: 313.791.2600 Fax: 313.791.2601 www.teamEME.com

Today's Date/Day: S M T W T F S 02/26/22	Job #: 22-025
Week Ending Date: 02/27/22	Job Name: Community H.S.
Truck #/Driver: 42 / Shane	ACM / Mold / Lead / Other
Work Area: 1ST & 2ND Floor EAST Corridors	
Comments: 1ST FL 2- CUT OUTS / 2ND FL 10 UNISTRUT INSTALL	

Daily Construction Report

PLASTER CEILING

General Work Description:

	Y	N	n/a
ACM Pipe/Fitting			
ACM Boiler/Tanks/Breeching			
ACM Acoustical Ceiling			
ACM Ceiling Tiles/Glue Pods			
VAT Mastic Carpet			
Transite Siding/			
Insulation/Vermiculite			
Lead Based Paint			
Mold Remediation			
Industrial/Universal Waste			
Other	✓		

The type of abatement conducted:

	Y	N	n/a
Removal	✓		
Encapsulation	✓		
Patch/Repair			
Glove-bag Removal			
Enclosure			
Removal/Replacement			
LBP Removal Chemical			
LBP HEPA Power Tools			
Dry Ice Blasting			
Aggressive Hand Cleaning			
Selective Demolition	✓		

Set-up procedures conducted:

	Y	N	n/a
Signs/Banner Tape			
Criticals Set-up			
Full/Mini Enclosure			
Plywood 2"x4" Structures			
AFD's Set-up Vented	✓		
Isolation of HVAC system			
Poly Walls Floors Drops	✓		
Portable/Full Decon Chamber			
Water System Set-up	✓		
Electric GFCI's/Temp. Panel	✓		
Scaffold/Bakers/5'x7'/Manlift	✓		

Personal protective equipment:

	Y	N	n/a
Respiratory protection	✓		
Half-Face/Full-Face/PAPR's	✓		
Disposable Suits	✓		
Steel Toe/Rubber Boots	✓		
Gloves Rubber/Cotton	✓		
Safety Glasses/Full Face	✓		
Hard hats/Hearing Protection	✓		
Fall Protection	✓		
Scaffold Safety Rails/Manlift	✓		

Clean-up activities:

	Y	N	n/a
Gross/Final Clean-up	✓		
Load Out Activities	✓		
Surfactants/Ledizolv	✓		
Wet Methods IAQ Shockwave	✓		
HEPA Vacuum Sequence	✓		
All Equip./Tools Cleaned	✓		
Final Lockdown			
Work Area Teardown	✓		
Final Worksite Walk-Thru	✓		

Inspections:

3 # of Neg. Air Machines

	Y	N	n/a
Barriers Intact And Sound	✓		
DECON/Shower Inspection			
Employee PPE Used	✓		
Electrical Safety In Place	✓		
OSHA Inspection Site Review			
Consultant/EME Monitoring	✓		
Consultant/Supervisor Visual	✓		
Personnel Decontaminated	✓		
Work Area Inspected/Secure	✓		

Consultant Firm: ARCH **Visual/Testing:** AIR / VISUAL

Representative Name: THINH **Accreditation Number:**

Manometer Readings — Start: - inches water; Middle: - inches water; End: - inches water; Notes:

Employee Name	Accred. #	Class S/W	Time In	Time Out	Time In	Time Out	Total Hrs	Employee Signature
Project Manager:								
Supervisor: SHANE NIBLOCK	AH35597	S	7:00	—	—	2:45	7.75	
BRAD ALTHEIDE	AH5730	W	8:00	—	—	2:45	6.75	
ERIK RICHARDSON	A523587	W	8:00	—	—	2:45	6.75	
ANDREW PTAK	A25587	W	8:00	—	—	1:15	5.25	
TOM PTAK	A162282	W	8:00	—	—	1:15	5.25	
BRENT CHENEY	AH1305	W	8:00	—	—	1:15	5.25	

Safety Issues: POWER TOOLS LOAD OUT BAKERS, SLIP / TRIP HAZ, LADDERS

Asbestos Waste ✓

~~Friable~~		~~ Non-Friable~~	
	Bags	8	Bags
	Drums		Drums
	Bundles		Bundles

Dumpster ✓ EME | Onsite

Status of Job

✓ **Project On-going** - someone to return

Note:

Complete - no one will need to return

I certify area has been visually inspected, all equipment is off site and there is no debris or other materials left.

Signature: _____