



# ASBESTOS ABATEMENT CLOSE-OUT REPORT – Goodfellow Federal Center – Building #122B (MO0620)

Prepared for:



Mr. Gary Adams, GSA Heartland  
Region

Certified Industrial Hygienist

GSA Heartland Region Safety &  
Environmental Management Office  
1500 East Bannister Road, Room 2101

Kansas City, Missouri 64131-3088

Project Number: 91101.02

November 29, 2011



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- A: Accreditation Documentation
- B: Daily Field Reports
- C: Asbestos Air Monitoring Reports (PCM)
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## 1. INTRODUCTION

As authorized by GSA-Heartland, OCCU-TEC provided third-party air monitoring and project oversight services for an asbestos abatement project located at the Goodfellow Federal Center – Building #122B, located at 4300 Goodfellow Blvd., in St. Louis, Missouri. This final report contains the OCCU-TEC representatives’ air sampling data, laboratory results, and accreditation documentation. This report has been prepared to document completion of the project in accordance with the Task Order prepared for the project.

## 2. PROJECT DESCRIPTION

The abatement project at the Goodfellow Federal Center – Building #122B, located at 4300 Goodfellow Blvd. took place to pro-actively abate potential asbestos hazards before potential exposures to GSA personnel and/or building tenants occur. Materials selected for abatement were determined by accessing the present condition and the potential for future disturbance. Global Environmental Inc. (GEI), of St. Charles, Missouri, a sub-contractor for Terracon Consultants, Inc. (Terracon) of Lenexa, Kansas, performed the asbestos abatement activities in the building from November 4, 2011 through November 5, 2011. GEI abated the following asbestos-containing materials while OCCU-TEC was on-site:

Floor Number	Location	Description	Quantity	Units
Basement	Ice Machine Room	Pipe Fittings -3-4"	45	Each
Basement	Ice Machine Room	Pipe Fittings - 5"	9	Each
Basement	Ice Machine Room	Pipe Fittings - 6"	4	Each
Basement	Ice Machine Room	Pipe Insulation - 3-4"	90	Ln. Ft
Basement	Ice Machine Room	Pipe insulation - 5"	25	Ln. Ft
Basement	Ice Machine Room	Pipe Fittings - 8"	4	Each
Basement	Ice Machine Room	Pipe Insulation - 6"	8	Ln. Ft
Basement	Ice Machine Room	Pipe Insulation - 8"	8	Ln. Ft
Basement	Air Handler Room	Pipe Insulation - 3-4"	310	Ln. Ft
Basement	Air Handler Room	Pipe Fittings -3-4"	117	Each
Basement	Air Handler Room	Pipe insulation - 5"	45	Ln. Ft

Floor Number	Location	Description	Quantity	Units
Basement	Air Handler Room	Pipe Insulation - 6"	45	Ln. Ft
Basement	Air Handler Room	Tank Insulation - White	24	Sq. Ft.
Basement	Air Handler Room	Pipe Fittings - 12"	15	Each

OCCU-TEC was on-site during the entire abatement process. Appendix A contains accreditation documentation for OCCU-TEC staff on-site during asbestos abatement activities.

### 3. OBSERVATIONS

Airborne fiber concentrations measured outside the work area by OCCU-TEC ranged from between < 0.001 fibers per cubic centimeter (f/cc) to 0.007 f/cc.

Following completion of asbestos abatement, OCCU-TEC conducted clearance air monitoring using phase contract microscopy (PCM) and transmission electron microscopy (TEM). These procedures were performed to indicate successful completion of the abatement activities. Airborne fiber concentrations in the clearance samples were less than 0.01 f/cc by PCM. This indicated that the area were ready for re-occupancy. Visual inspections and clearance air monitoring indicated successful completion of the asbestos abatement actions. OCCU-TEC authorized the abatement contractor to remove the containment enclosures following analysis of the PCM clearance samples.

Daily field reports are attached as Appendix B. Photos were taken during the abatement activities per GSA's request. A photo log is attached as Appendix E.

### 4. AIR SAMPLING

#### ASBESTOS PCM AREA AND CLEARANCE SAMPLING

PCM air samples were collected on 25 millimeter, 0.8-micron pore size mixed cellulose ester membrane filters. The filters were contained in three piece cassettes equipped with electrically conductive 50-mm cowls. Sample flow rates ranged from 3.08 liters per minute to 10.11 liters per minute. This flow rate was selected to provide a low detection limit with minimal likelihood of overloading the filter.

PCM analyses were performed according to the analysis procedures specified in the National Institute of Occupational Safety and Health, Protocol 7400, Asbestos Fibers, using the "A" counting rules. This method does not permit discrimination between asbestos fibers and non-asbestos fibers. Asbestos air monitoring PCM reports are provided in Appendix C.

## **ASBESTOS TEM CLEARANCE SAMPLING**

TEM clearance sampling took place following completion of the visual inspections and encapsulation of the work areas. All asbestos clearances were collected on 25 millimeter; 0.45-micron pore size mixed cellulose ester membrane filters. The filters were contained in three-piece cassettes equipped with electrically conductive 50-mm cowls. Samples are currently being held by OCCU-TEC pending further instruction by GSA. TEM sampling data tables are attached as Appendix D.

### **5. RECOMMENDATIONS**

OCCU-TEC recommends that the building management undertake the following:

1. Update the building asbestos management program to include the completed abatement action.
2. Continued implementation of the building's asbestos management program.

**Appendix A**

**Accreditation Documentation**

**CERTIFICATION  
NUMBER: 7011091511MOIR11347**

(b) (6)

**THIS CERTIFIES  
Patricia J. Garcia  
HAS COMPLETED THE CERTIFICATION  
REQUIREMENTS FOR  
Inspector**

**APPROVED: 10/19/2011 TRAINING DATE: 9/15/2011**

**EXPIRES: 10/18/2012**

(b) (6)

Director of Air Pollution Control Program

Expiration Date: **N/A**

Certificate Number: 7031008MOAS11347

Training Date: **3/10/2008**

**Missouri State Certificate for Asbestos Related Occupations**

issued by Department of Natural Resources

P.O. Box 176

Jefferson City, MO 65102

Phone (573) 751-4817

**Patricia J. Garcia**

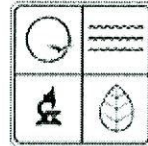
has successfully completed the requirements for certification as a AIR SAMPLING PROFESSIONAL. This Missouri State Certification is subject to review and the director may deny, suspend or revoke the certification per RSMo chapter 643.230.

3/11/2008

Date

(b) (6)

Director of Air Pollution Control Program



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THIS CERTIFIES THAT

*Patricia Garcia*

has successfully completed a NIOSH 582 Equivalency Course in

**SAMPLING & EVALUATING  
AIRBORNE ASBESTOS DUST**

Presented by:

**OCCU-TEC, Inc.**

6501 E. Commerce, Suite 230  
Kansas City, Missouri 64120  
(816) 231-5580

May 3 – May 7, 2004

Course Date

  
Training Coordinator

**Appendix B**

**Daily Field Reports**



4151 N. Mulberry Drive, Suite 275  
 KANSAS CITY, MO 64116  
 PH: (816) 231-5580  
 TOLL FREE: (800) 950-1953  
 FAX: (816) 231-5641

**DAILY FIELD REPORT**  
 (Please print information clearly)

<b>CLIENT:</b> GSA		<b>PROJECT NAME:</b> 3rd Party Air Monitoring Project Oversight	
<b>PROJECT NUMBER.:</b> 91101.02		<b>DATE:</b> 11-04-11	
<b>CONTRACTOR:</b> Global Environmental			
<b>OCCU-TEC PERSONNEL:</b> Patricia Garcia			
<b>IN:</b> 11:00		<b>OUT:</b> 23:15	
<b>CONTRACTOR SUPERVISOR:</b> Chris Townsend/Vicki Dunn		<b>NUMBER OF WORKERS:</b> 6	
<b>IN:</b> 15:00		<b>OUT:</b> 20:00/23:15	
<b>VISITORS ON SITE:</b> Kevin Arnold w/Terracon Onsite as GC			
<b>OBSERVED WEATHER CONDITIONS:</b> Temperature: <u>56</u> Degrees Conditions: Clear <input checked="" type="checkbox"/> , Cloudy <input type="checkbox"/> , Rain / Snow <input type="checkbox"/>			
<b>TODAY'S ACTIVITIES:</b> Prep. <input checked="" type="checkbox"/> , Removal <input checked="" type="checkbox"/> , Cleanup <input checked="" type="checkbox"/> , Encap. <input checked="" type="checkbox"/> , Enclosure <input type="checkbox"/> , Demo. <input type="checkbox"/> , Teardown/Demob. <input checked="" type="checkbox"/>			
<b>Area of Activity:</b> <u>Basement Ice Machine Room</u>		Quantity Removed: <u>45</u> Fittings	
Material Description: <u>3" to 4" Pipe Fittings</u>		Quantity Remaining: <u>0</u>	
<b>Area of Activity:</b> <u>Basement Ice Machine Room</u>		Quantity Removed: <u>9</u> Fittings	
Material Description: <u>5" Pipe Fitting</u>		Quantity Remaining: <u>0</u>	
<b>Area of Activity:</b> <u>Basement Ice Machine Room</u>		Quantity Removed: <u>4</u> Fittings	
Material Description: <u>6" Pipe Fitting</u>		Quantity Remaining: <u>0</u>	
<b>WORK PROCEDURES:</b> Gross Removal <input type="checkbox"/> , Glovebag <input checked="" type="checkbox"/> , Friable <input checked="" type="checkbox"/> , Non-Friable <input type="checkbox"/> , Exterior <input type="checkbox"/> , Other (Explain) <input type="checkbox"/>			
<b>ENGINEERING CONTROLS:</b> Full Containment <input type="checkbox"/> , Critical Barriers <input checked="" type="checkbox"/> , Splash Guards <input type="checkbox"/> , Drop Cloth <input checked="" type="checkbox"/> , Barrier Tape <input type="checkbox"/>			
<b>NEGATIVE AIR SYSTEM:</b> Yes <input checked="" type="checkbox"/> , No <input type="checkbox"/> , # of Units <u>2</u> , Manometer on site <input type="checkbox"/> , Manometer Reading (if < 0.02") <input type="checkbox"/>			
<b>DECONTAMINATION UNIT:</b> Yes <input checked="" type="checkbox"/> , No <input type="checkbox"/> , # of Stages <u>3</u> Shower: Yes <input checked="" type="checkbox"/> , No <input type="checkbox"/>			
<b>PROJECT SITE CHECKLIST</b>		<b>PERSONAL PROTECTIVE EQUIPMENT</b>	
<input checked="" type="checkbox"/> Emergency Info. Posted	<input checked="" type="checkbox"/> Disposable Suits	<b>RESPIRATORY PROTECTION</b>	
<input checked="" type="checkbox"/> Fire Extinguishers On-Site	<input checked="" type="checkbox"/> Boots	<input checked="" type="checkbox"/> Half-Face Air Purifying Respirator	
<input checked="" type="checkbox"/> GFCI's Used	<input checked="" type="checkbox"/> Gloves	<input type="checkbox"/> Full-Face Air Purifying Respirator	
<input type="checkbox"/> OSHA Info. Posted	<input type="checkbox"/> Safety Glasses/ Goggles	<input type="checkbox"/> Powered Air Purifying Respirator	
<input checked="" type="checkbox"/> Personal Sampling Conducted	<input type="checkbox"/> Hard Hat	<input type="checkbox"/> Other: _____	
<input checked="" type="checkbox"/> Entrance Warning Signs Posted	<input type="checkbox"/> Safety Vest	<b>SIGNIFICANT EVENTS</b>	
<input type="checkbox"/> Entry/Exit Logs Posted	<input type="checkbox"/> Hearing Protection	_____	
<input type="checkbox"/> Storage Bins Labeled	<input type="checkbox"/> Other: _____	_____	
<input checked="" type="checkbox"/> Bags Labeled		_____	
<input checked="" type="checkbox"/> Floor and Walls Covered	<b>WORK PRACTICES</b>		
<input checked="" type="checkbox"/> Area Ventilation Off	<input checked="" type="checkbox"/> Wet Methods Used	_____	
<input checked="" type="checkbox"/> All Edges Sealed	<input checked="" type="checkbox"/> HEPA Vacuums Used	_____	
<input checked="" type="checkbox"/> Penetrations Sealed	<input checked="" type="checkbox"/> Waste Double-Bagged or Barreled	_____	
<input checked="" type="checkbox"/> Entry Curtains	<input checked="" type="checkbox"/> Wastewater Filtered or Barreled	_____	
<input checked="" type="checkbox"/> Critical Barriers	<input type="checkbox"/> Negative Air Pressure Achieved	_____	
<input type="checkbox"/> Containment Smoke Tested	<input checked="" type="checkbox"/> Equipment Decontaminated	_____	
<input checked="" type="checkbox"/> Work Area Secured	Other: _____	_____	
<b>AIR MONITORING PERFORMED BY OCCU-TEC INC. :</b>		PCM <input checked="" type="checkbox"/> , TEM <input type="checkbox"/>	
<b>Type</b>			
No. of Background Samples <u>5</u>	No. of Personal Samples <u>0</u>		
No. of Area Samples <u>3</u>	No. of Clearance Samples <u>0</u>		

SIGNATURE: Patricia Garcia



4151 N. Mulberry Drive, Suite 275  
 KANSAS CITY, MO 64116  
 PH: (816) 231-5580  
 TOLL FREE: (800) 950-1953  
 FAX: (816) 231-5641

**DAILY FIELD REPORT**  
 (Please print information clearly)

<b>CLIENT:</b> GSA		<b>PROJECT NAME:</b> 3rd Party Air Monitoring Project Oversight	
<b>PROJECT NUMBER.:</b> 91101.02		<b>DATE:</b> 11-04-11	
<b>CONTRACTOR:</b> Global Environmental			
<b>OCCU-TEC PERSONNEL:</b> Patricia Garcia			
<b>IN:</b> 11:00		<b>OUT:</b> 23:15	
<b>CONTRACTOR SUPERVISOR:</b> Chris Townsend/Vicki Dunn		<b>NUMBER OF WORKERS:</b> 6	
<b>IN:</b> 15:00		<b>OUT:</b> 20:00/23:15	
<b>VISITORS ON SITE:</b> Kevin Arnold w/Terracon Onsite as GC			
<b>OBSERVED WEATHER CONDITIONS:</b> Temperature: <u>56</u> Degrees Conditions: Clear <input checked="" type="checkbox"/> , Cloudy <input type="checkbox"/> , Rain / Snow <input type="checkbox"/>			
<b>TODAY'S ACTIVITIES:</b> Prep. <input checked="" type="checkbox"/> , Removal <input checked="" type="checkbox"/> , Cleanup <input checked="" type="checkbox"/> , Encap. <input checked="" type="checkbox"/> , Enclosure <input type="checkbox"/> , Demo. <input type="checkbox"/> , Teardown/Demob. <input type="checkbox"/>			
<b>Area of Activity:</b> <u>Basement Ice Machine Room</u>		Quantity Removed: <u>90</u> LF	
Material Description: <u>3" to 4" Pipe Insulation</u>		Quantity Remaining: <u>0</u>	
<b>Area of Activity:</b> <u>Basement Ice Machine Room</u>		Quantity Removed: <u>25</u> LF	
Material Description: <u>5" Pipe Insulation</u>		Quantity Remaining: <u>0</u>	
<b>Area of Activity:</b> <u>Basement Ice Machine Room</u>		Quantity Removed: <u>4</u> Fittings	
Material Description: <u>8" Pipe Fitting</u>		Quantity Remaining: <u>0</u>	
<b>WORK PROCEDURES:</b> Gross Removal <input type="checkbox"/> , Glovebag <input checked="" type="checkbox"/> , Friable <input checked="" type="checkbox"/> , Non-Friable <input type="checkbox"/> , Exterior <input type="checkbox"/> , Other (Explain) <input type="checkbox"/>			
<b>ENGINEERING CONTROLS:</b> Full Containment <input type="checkbox"/> , Critical Barriers <input checked="" type="checkbox"/> , Splash Guards <input type="checkbox"/> , Drop Cloth <input checked="" type="checkbox"/> , Barrier Tape <input type="checkbox"/>			
<b>NEGATIVE AIR SYSTEM:</b> Yes <input checked="" type="checkbox"/> , No <input type="checkbox"/> , # of Units <u>2</u> , Manometer on site <input type="checkbox"/> , Manometer Reading (if < 0.02") <input type="checkbox"/>			
<b>DECONTAMINATION UNIT:</b> Yes <input checked="" type="checkbox"/> , No <input type="checkbox"/> , # of Stages <u>3</u> Shower: Yes <input checked="" type="checkbox"/> , No <input type="checkbox"/>			
<b><u>PROJECT SITE CHECKLIST</u></b>		<b><u>PERSONAL PROTECTIVE EQUIPMENT</u></b>	
<input checked="" type="checkbox"/> Emergency Info. Posted	<input checked="" type="checkbox"/> Disposable Suits	<b><u>RESPIRATORY PROTECTION</u></b>	
<input checked="" type="checkbox"/> Fire Extinguishers On-Site	<input checked="" type="checkbox"/> Boots	<input checked="" type="checkbox"/> Half-Face Air Purifying Respirator	
<input checked="" type="checkbox"/> GFCI's Used	<input checked="" type="checkbox"/> Gloves	<input type="checkbox"/> Full-Face Air Purifying Respirator	
<input type="checkbox"/> OSHA Info. Posted	<input type="checkbox"/> Safety Glasses/ Goggles	<input type="checkbox"/> Powered Air Purifying Respirator	
<input checked="" type="checkbox"/> Personal Sampling Conducted	<input type="checkbox"/> Hard Hat	<input type="checkbox"/> Other: _____	
<input checked="" type="checkbox"/> Entrance Warning Signs Posted	<input type="checkbox"/> Safety Vest	<b><u>SIGNIFICANT EVENTS</u></b>	
<input type="checkbox"/> Entry/Exit Logs Posted	<input type="checkbox"/> Hearing Protection	_____	
<input type="checkbox"/> Storage Bins Labeled	<input type="checkbox"/> Other: _____	_____	
<input checked="" type="checkbox"/> Bags Labeled		_____	
<input checked="" type="checkbox"/> Floor and Walls Covered	<b><u>WORK PRACTICES</u></b>		
<input checked="" type="checkbox"/> Area Ventilation Off	<input checked="" type="checkbox"/> Wet Methods Used	_____	
<input checked="" type="checkbox"/> All Edges Sealed	<input checked="" type="checkbox"/> HEPA Vacuums Used	_____	
<input checked="" type="checkbox"/> Penetrations Sealed	<input checked="" type="checkbox"/> Waste Double-Bagged or Barreled	_____	
<input checked="" type="checkbox"/> Entry Curtains	<input checked="" type="checkbox"/> Wastewater Filtered or Barreled	_____	
<input checked="" type="checkbox"/> Critical Barriers	<input type="checkbox"/> Negative Air Pressure Achieved	_____	
<input type="checkbox"/> Containment Smoke Tested	<input checked="" type="checkbox"/> Equipment Decontaminated	_____	
<input checked="" type="checkbox"/> Work Area Secured	<input type="checkbox"/> Other: _____	_____	
<b>AIR MONITORING PERFORMED BY OCCU-TEC INC. :</b>		PCM <input checked="" type="checkbox"/> , TEM <input type="checkbox"/>	
<b><u>Type</u></b>			
No. of Background Samples <u>5</u>	No. of Personal Samples <u>0</u>		
No. of Area Samples <u>3</u>	No. of Clearance Samples <u>0</u>		

SIGNATURE: Patricia Garcia



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<b>CONTRACTOR:</b> Global Environmental			
<b>OCCU-TEC PERSONNEL:</b> Patricia Garcia			
<b>IN:</b> 11:00		<b>OUT:</b> 23:15	
<b>CONTRACTOR SUPERVISOR:</b> Chris Townsend/Vicki Dunn		<b>NUMBER OF WORKERS:</b> 6	
<b>IN:</b> 15:00		<b>OUT:</b> 20:00/23:15	
<b>VISITORS ON SITE:</b> Kevin Arnold w/Terracon Onsite as GC			
<b>OBSERVED WEATHER CONDITIONS:</b> Temperature: <u>56</u> Degrees Conditions: Clear <input checked="" type="checkbox"/> , Cloudy <input type="checkbox"/> , Rain / Snow <input type="checkbox"/>			
<b>TODAY'S ACTIVITIES:</b> Prep. <input checked="" type="checkbox"/> , Removal <input checked="" type="checkbox"/> , Cleanup <input checked="" type="checkbox"/> , Encap. <input checked="" type="checkbox"/> , Enclosure <input type="checkbox"/> , Demo. <input type="checkbox"/> , Teardown/Demob. <input type="checkbox"/>			
<b>Area of Activity:</b> <u>Basement Ice Machine Room</u>		Quantity Removed: <u>8</u> LF	
Material Description: <u>6" Pipe Insulation</u>		Quantity Remaining: <u>0</u>	
<b>Area of Activity:</b> <u>Basement Ice Machine Room</u>		Quantity Removed: <u>8</u> LF	
Material Description: <u>8" Pipe Insulation</u>		Quantity Remaining: <u>0</u>	
<b>Area of Activity:</b> _____		Quantity Removed: _____	
Material Description: _____		Quantity Remaining: _____	
<b>WORK PROCEDURES:</b> Gross Removal <input type="checkbox"/> , Glovebag <input checked="" type="checkbox"/> , Friable <input checked="" type="checkbox"/> , Non-Friable <input type="checkbox"/> , Exterior <input type="checkbox"/> , Other (Explain) _____			
<b>ENGINEERING CONTROLS:</b> Full Containment <input type="checkbox"/> , Critical Barriers <input checked="" type="checkbox"/> , Splash Guards <input type="checkbox"/> , Drop Cloth <input checked="" type="checkbox"/> , Barrier Tape <input type="checkbox"/>			
<b>NEGATIVE AIR SYSTEM:</b> Yes <input checked="" type="checkbox"/> , No <input type="checkbox"/> , # of Units <u>2</u> , Manometer on site <input type="checkbox"/> , Manometer Reading (if < 0.02") _____			
<b>DECONTAMINATION UNIT:</b> Yes <input checked="" type="checkbox"/> , No <input type="checkbox"/> , # of Stages <u>3</u> Shower: Yes <input checked="" type="checkbox"/> , No <input type="checkbox"/>			
<b>PROJECT SITE CHECKLIST</b>		<b>PERSONAL PROTECTIVE EQUIPMENT</b>	
<input checked="" type="checkbox"/> Emergency Info. Posted	<input checked="" type="checkbox"/> Disposable Suits	<b>RESPIRATORY PROTECTION</b>	
<input checked="" type="checkbox"/> Fire Extinguishers On-Site	<input checked="" type="checkbox"/> Boots	<input checked="" type="checkbox"/> Half-Face Air Purifying Respirator	
<input checked="" type="checkbox"/> GFCI's Used	<input checked="" type="checkbox"/> Gloves	<input type="checkbox"/> Full-Face Air Purifying Respirator	
<input type="checkbox"/> OSHA Info. Posted	<input type="checkbox"/> Safety Glasses/ Goggles	<input type="checkbox"/> Powered Air Purifying Respirator	
<input checked="" type="checkbox"/> Personal Sampling Conducted	<input type="checkbox"/> Hard Hat	Other: _____	
<input checked="" type="checkbox"/> Entrance Warning Signs Posted	<input type="checkbox"/> Safety Vest	<b>SIGNIFICANT EVENTS</b>	
<input type="checkbox"/> Entry/Exit Logs Posted	<input type="checkbox"/> Hearing Protection	_____	
<input type="checkbox"/> Storage Bins Labeled	<input type="checkbox"/> Other: _____	_____	
<input checked="" type="checkbox"/> Bags Labeled		_____	
<input checked="" type="checkbox"/> Floor and Walls Covered	<b>WORK PRACTICES</b>		
<input checked="" type="checkbox"/> Area Ventilation Off	<input checked="" type="checkbox"/> Wet Methods Used	_____	
<input checked="" type="checkbox"/> All Edges Sealed	<input checked="" type="checkbox"/> HEPA Vacuums Used	_____	
<input checked="" type="checkbox"/> Penetrations Sealed	<input checked="" type="checkbox"/> Waste Double-Bagged or Barreled	_____	
<input checked="" type="checkbox"/> Entry Curtains	<input checked="" type="checkbox"/> Wastewater Filtered or Barreled	_____	
<input checked="" type="checkbox"/> Critical Barriers	<input type="checkbox"/> Negative Air Pressure Achieved	_____	
<input type="checkbox"/> Containment Smoke Tested	<input checked="" type="checkbox"/> Equipment Decontaminated	_____	
<input checked="" type="checkbox"/> Work Area Secured	Other: _____	_____	
<b>AIR MONITORING PERFORMED BY OCCU-TEC INC. :</b>		PCM <input checked="" type="checkbox"/> , TEM _____	
<b>Type</b>			
No. of Background Samples <u>5</u>	No. of Personal Samples <u>0</u>		
No. of Area Samples <u>3</u>	No. of Clearance Samples <u>0</u>		

SIGNATURE: Patricia Garcia



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**DAILY FIELD REPORT**  
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<b>CLIENT:</b> GSA		<b>PROJECT NAME:</b> 3rd Party Air Monitoring Project Oversight	
<b>PROJECT NUMBER.:</b> 91101.02		<b>DATE:</b> 11-05-11	
<b>CONTRACTOR:</b> Global Environmental			
<b>OCCU-TEC PERSONNEL:</b> Patricia Garcia			
<b>IN:</b> 7:00		<b>OUT:</b> 20:00	
<b>CONTRACTOR SUPERVISOR:</b> Chris Townsend/Vicki Dunn		<b>NUMBER OF WORKERS:</b> 7	
<b>IN:</b> 7:00		<b>OUT:</b> 13:00/20:00	
<b>VISITORS ON SITE:</b> Kevin Arnold w/Terracon Onsite as GC			
<b>OBSERVED WEATHER CONDITIONS:</b> Temperature: <u>56</u> Degrees Conditions: Clear <input checked="" type="checkbox"/> , Cloudy <input type="checkbox"/> , Rain / Snow <input type="checkbox"/>			
<b>TODAY'S ACTIVITIES:</b> Prep. <input checked="" type="checkbox"/> , Removal <input checked="" type="checkbox"/> , Cleanup <input checked="" type="checkbox"/> , Encap. <input checked="" type="checkbox"/> , Enclosure <input type="checkbox"/> , Demo. <input type="checkbox"/> , Teardown/Demob. <input checked="" type="checkbox"/>			
<b>Area of Activity:</b> <u>Basement Air Handler Room</u>		Quantity Removed: <u>117</u> LF	
Material Description: <u>3" or 4" Pipe Insulation</u>		Quantity Remaining: <u>0</u>	
<b>Area of Activity:</b> <u>Basement Air Handler Room</u>		Quantity Removed: <u>310</u> LF	
Material Description: <u>3" or 4" Pipe Fitting</u>		Quantity Remaining: <u>0</u>	
<b>Area of Activity:</b> <u>Basement Air Handler Room</u>		Quantity Removed: <u>45</u> Each	
Material Description: <u>5" Pipe Fitting</u>		Quantity Remaining: <u>0</u>	
<b>WORK PROCEDURES:</b> Gross Removal <input type="checkbox"/> , Glovebag <input checked="" type="checkbox"/> , Friable <input checked="" type="checkbox"/> , Non-Friable <input type="checkbox"/> , Exterior <input type="checkbox"/> , Other (Explain) <input type="checkbox"/>			
<b>ENGINEERING CONTROLS:</b> Full Containment <input type="checkbox"/> , Critical Barriers <input checked="" type="checkbox"/> , Splash Guards <input type="checkbox"/> , Drop Cloth <input checked="" type="checkbox"/> , Barrier Tape <input type="checkbox"/>			
<b>NEGATIVE AIR SYSTEM:</b> Yes <input checked="" type="checkbox"/> , No <input type="checkbox"/> , # of Units <u>2</u> , Manometer on site <input type="checkbox"/> , Manometer Reading (if < 0.02") <input type="checkbox"/>			
<b>DECONTAMINATION UNIT:</b> Yes <input checked="" type="checkbox"/> , No <input type="checkbox"/> , # of Stages <u>3</u> Shower: Yes <input checked="" type="checkbox"/> , No <input type="checkbox"/>			
<b>PROJECT SITE CHECKLIST</b>		<b>PERSONAL PROTECTIVE EQUIPMENT</b>	
<input checked="" type="checkbox"/> Emergency Info. Posted	<input checked="" type="checkbox"/> Disposable Suits	<b>RESPIRATORY PROTECTION</b>	
<input checked="" type="checkbox"/> Fire Extinguishers On-Site	<input checked="" type="checkbox"/> Boots	<input checked="" type="checkbox"/> Half-Face Air Purifying Respirator	
<input checked="" type="checkbox"/> GFCI's Used	<input checked="" type="checkbox"/> Gloves	<input type="checkbox"/> Full-Face Air Purifying Respirator	
<input type="checkbox"/> OSHA Info. Posted	<input type="checkbox"/> Safety Glasses/ Goggles	<input type="checkbox"/> Powered Air Purifying Respirator	
<input checked="" type="checkbox"/> Personal Sampling Conducted	<input type="checkbox"/> Hard Hat	Other: _____	
<input checked="" type="checkbox"/> Entrance Warning Signs Posted	<input type="checkbox"/> Safety Vest	<b>SIGNIFICANT EVENTS</b>	
<input type="checkbox"/> Entry/Exit Logs Posted	<input type="checkbox"/> Hearing Protection	_____	
<input type="checkbox"/> Storage Bins Labeled	Other: _____	_____	
<input checked="" type="checkbox"/> Bags Labeled		_____	
<input checked="" type="checkbox"/> Floor and Walls Covered	<b>WORK PRACTICES</b>		
<input checked="" type="checkbox"/> Area Ventilation Off	<input checked="" type="checkbox"/> Wet Methods Used	_____	
<input checked="" type="checkbox"/> All Edges Sealed	<input checked="" type="checkbox"/> HEPA Vacuums Used	_____	
<input checked="" type="checkbox"/> Penetrations Sealed	<input checked="" type="checkbox"/> Waste Double-Bagged or Barreled	_____	
<input checked="" type="checkbox"/> Entry Curtains	<input checked="" type="checkbox"/> Wastewater Filtered or Barreled	_____	
<input checked="" type="checkbox"/> Critical Barriers	<input type="checkbox"/> Negative Air Pressure Achieved	_____	
<input type="checkbox"/> Containment Smoke Tested	<input checked="" type="checkbox"/> Equipment Decontaminated	_____	
<input checked="" type="checkbox"/> Work Area Secured	Other: _____	_____	
<b>AIR MONITORING PERFORMED BY OCCU-TEC INC. :</b>		PCM <input checked="" type="checkbox"/> , TEM <input checked="" type="checkbox"/>	
<b>Type</b>			
No. of Background Samples <u>0</u>	No. of Personal Samples <u>0</u>		
No. of Area Samples <u>3</u>	No. of Clearance Samples <u>5</u>		

SIGNATURE: Patricia Garcia



4151 N. Mulberry Drive, Suite 275  
 KANSAS CITY, MO 64116  
 PH: (816) 231-5580  
 TOLL FREE: (800) 950-1953  
 FAX: (816) 231-5641

**DAILY FIELD REPORT**  
 (Please print information clearly)

<b>CLIENT:</b> GSA		<b>PROJECT NAME:</b> 3rd Party Air Monitoring Project Oversight	
<b>PROJECT NUMBER.:</b> 91101.02		<b>DATE:</b> 11-05-11	
<b>CONTRACTOR:</b> Global Environmental			
<b>OCCU-TEC PERSONNEL:</b> Patricia Garcia			
<b>IN:</b> 7:00		<b>OUT:</b> 20:00	
<b>CONTRACTOR SUPERVISOR:</b> Chris Townsend/Vicki Dunn		<b>NUMBER OF WORKERS:</b> 7	
<b>IN:</b> 7:00		<b>OUT:</b> 13:00/20:00	
<b>VISITORS ON SITE:</b> Kevin Arnold w/Terracon Onsite as GC			
<b>OBSERVED WEATHER CONDITIONS:</b> Temperature: <u>56</u> Degrees Conditions: Clear <input checked="" type="checkbox"/> , Cloudy <input type="checkbox"/> , Rain / Snow <input type="checkbox"/>			
<b>TODAY'S ACTIVITIES:</b> Prep. <input checked="" type="checkbox"/> , Removal <input checked="" type="checkbox"/> , Cleanup <input checked="" type="checkbox"/> , Encap. <input checked="" type="checkbox"/> , Enclosure <input type="checkbox"/> , Demo. <input type="checkbox"/> , Teardown/Demob. <input checked="" type="checkbox"/>			
<b>Area of Activity:</b> <u>Basement Air Handler Room</u>		Quantity Removed: <u>45</u> Each	
Material Description: <u>6" Pipe Fitting</u>		Quantity Remaining: <u>0</u>	
<b>Area of Activity:</b> <u>Basement Air Handler Room</u>		Quantity Removed: <u>24</u> SF	
Material Description: <u>Tank Insulation</u>		Quantity Remaining: <u>0</u>	
<b>Area of Activity:</b> <u>Basement Air Handler Room</u>		Quantity Removed: <u>15</u> Each	
Material Description: <u>12" Pipe Fitting</u>		Quantity Remaining: <u>0</u>	
<b>WORK PROCEDURES:</b> Gross Removal <input type="checkbox"/> , Glovebag <input checked="" type="checkbox"/> , Friable <input checked="" type="checkbox"/> , Non-Friable <input type="checkbox"/> , Exterior <input type="checkbox"/> , Other (Explain) <input type="checkbox"/>			
<b>ENGINEERING CONTROLS:</b> Full Containment <input type="checkbox"/> , Critical Barriers <input checked="" type="checkbox"/> , Splash Guards <input type="checkbox"/> , Drop Cloth <input checked="" type="checkbox"/> , Barrier Tape <input type="checkbox"/>			
<b>NEGATIVE AIR SYSTEM:</b> Yes <input checked="" type="checkbox"/> , No <input type="checkbox"/> , # of Units <u>2</u> , Manometer on site <input type="checkbox"/> , Manometer Reading (if < 0.02") <input type="checkbox"/>			
<b>DECONTAMINATION UNIT:</b> Yes <input checked="" type="checkbox"/> , No <input type="checkbox"/> , # of Stages <u>3</u> Shower: Yes <input checked="" type="checkbox"/> , No <input type="checkbox"/>			
<b>PROJECT SITE CHECKLIST</b>		<b>PERSONAL PROTECTIVE EQUIPMENT</b>	
<input checked="" type="checkbox"/> Emergency Info. Posted	<input checked="" type="checkbox"/> Disposable Suits	<b>RESPIRATORY PROTECTION</b>	
<input checked="" type="checkbox"/> Fire Extinguishers On-Site	<input checked="" type="checkbox"/> Boots	<input checked="" type="checkbox"/> Half-Face Air Purifying Respirator	
<input checked="" type="checkbox"/> GFCI's Used	<input checked="" type="checkbox"/> Gloves	<input type="checkbox"/> Full-Face Air Purifying Respirator	
<input type="checkbox"/> OSHA Info. Posted	<input type="checkbox"/> Safety Glasses/ Goggles	<input type="checkbox"/> Powered Air Purifying Respirator	
<input checked="" type="checkbox"/> Personal Sampling Conducted	<input type="checkbox"/> Hard Hat	Other: _____	
<input checked="" type="checkbox"/> Entrance Warning Signs Posted	<input type="checkbox"/> Safety Vest	<b>SIGNIFICANT EVENTS</b>	
<input type="checkbox"/> Entry/Exit Logs Posted	<input type="checkbox"/> Hearing Protection	_____	
<input type="checkbox"/> Storage Bins Labeled	Other: _____	_____	
<input checked="" type="checkbox"/> Bags Labeled		_____	
<input checked="" type="checkbox"/> Floor and Walls Covered	<b>WORK PRACTICES</b>		
<input checked="" type="checkbox"/> Area Ventilation Off	<input checked="" type="checkbox"/> Wet Methods Used	_____	
<input checked="" type="checkbox"/> All Edges Sealed	<input checked="" type="checkbox"/> HEPA Vacuums Used	_____	
<input checked="" type="checkbox"/> Penetrations Sealed	<input checked="" type="checkbox"/> Waste Double-Bagged or Barreled	_____	
<input checked="" type="checkbox"/> Entry Curtains	<input checked="" type="checkbox"/> Wastewater Filtered or Barreled	_____	
<input checked="" type="checkbox"/> Critical Barriers	<input type="checkbox"/> Negative Air Pressure Achieved	_____	
<input type="checkbox"/> Containment Smoke Tested	<input checked="" type="checkbox"/> Equipment Decontaminated	_____	
<input checked="" type="checkbox"/> Work Area Secured	Other: _____	_____	
<b>AIR MONITORING PERFORMED BY OCCU-TEC INC. :</b>		PCM <input checked="" type="checkbox"/> , TEM <input checked="" type="checkbox"/>	
<b>Type</b>			
No. of Background Samples <u>0</u>	No. of Personal Samples <u>0</u>		
No. of Area Samples <u>3</u>	No. of Clearance Samples <u>5</u>		

SIGNATURE: Patricia Garcia

**Appendix C**

**Asbestos Air Monitoring Reports  
(PCM)**





**PCM ANALYSIS OF AIR SAMPLES**

4151 N. Mulberry Drive, Suite 275  
 KANSAS CITY, MO 64116  
 PH: (816) 231-5580  
 FAX: (816) 231-5641

CLIENT NAME: GSA - Heartland  
 ADDRESS: 1500 E. Bannister, Kansas City, MO  
 PROJECT NAME: Goodfellow Federal Center - Bldg. #122B (MO0620)

OCCU-TEC Project # : 91101.02  
 Sample Date: 11/4/2011  
 Analysis Date: 11/4/2011  
 Report Date: 11/29/2011  
 Rotometer # PJG  
 Blank Average = 0

FILTER TYPE: 25mm, 0.8 um MCE

ANALYTICAL METHOD: NIOSH 7400

Client Sample ID	Activity/ Location	Sample Type	Pump ID	Flow Rate (l/min)			Running Time		Total Minutes	Volume Liters	Fibers	Fields	Fibers/ mm2	Fibers/ cc
				Start	End	Avg	Start	Stop						
MO0620-001	Blank	BLK								0	100			
MO0620-002	Blank	BLK								0	100			
MO0620-003	Basement - Ice Machine Room	BGD	401	10.11	10.11	10.11	11:29	14:17	168	1698.5	7.5	100	9.55	0.002
MO0620-004	Basement - Ice Machine Room	BGD	407	10.11	10.11	10.11	11:30	14:18	168	1698.5	3	100	3.82	< 0.002
MO0620-005	Basement - Air Handler Room	BGD	383	10.11	10.11	10.11	11:31	14:19	168	1698.5	4	100	5.10	< 0.002
MO0620-006	Basement - Air Handler Room	BGD	409	10.11	10.11	10.11	11:32	14:20	168	1698.5	4	100	5.10	< 0.002
MO0620-007	Basement - Air Handler Room	BGD	408	10.11	10.11	10.11	11:33	14:21	168	1698.5	4	100	5.10	< 0.002
MO0620-008	Basement - Ice Machine Rm;HM;GLBG	IWA	407	3.08	3.08	3.08	16:30	10:55	1105	3403.4	26.5	100	33.76	0.004
MO0620-009	Basement - Hallway;HM;GLBG	OWA	409	3.08	3.08	3.08	16:31	10:56	1105	3403.4	6	100	7.64	< 0.001
MO0620-010	Basement - Fitness Rm;HM;GLBG	OWA	401	3.08	3.08	3.08	16:32	10:57	1105	3403.4	23.5	100	29.94	0.003

SAMPLE TYPE

PRS=personal IWA=inside work area NAE=negative air exhaust  
 BLK= blank OWA= outside work area CR= clean room  
 CL=clearance BGD=background

ACTIVITY

PREP=site prep. BGLO=bag load out  
 GLBG=glovebag CLN=clean up  
 GREM=gross removal EXC=excursion

RESPIRATOR TYPE

HM=half mask APR=air purifying resp.  
 FF=full face SA=supplied air  
 P=powered PD=pressure demand  
 SCBA=self contained breathing apparatus.

Analyzed By: \_\_\_\_\_

Checked By: \_\_\_\_\_

The NIOSH 7400 counting rules A does not distinguish between asbestos and non-asbestos fibers.  
 The NIOSH 7400 method assumes the lowest quantitative fiber density is 7 fibers / 100 fields at 95% confidence level. OCCUTEC's limit of detection (LOD) is equal to 7 fibers/100 fields.  
 Samples proceeded by a < sign are calculated using a count of 7 fibers per 100 fields.  
 This report should not be reproduced except in full. AIHA PAT Lab # : 101266  
 The estimated intracounter coefficient of variation (CV) for this laboratory is 0.77 (Low Range), 0.27(Medium Range, 0.17 (High Range).  
 Low Range = 5 to 20 Fibers; Medium Range = 20 to 50 Fibers; High Range = 50 to 100 Fibers  
 The estimated interlaboratory CV for the quality control program that this laboratory participates in is 0.45.



**PCM ANALYSIS OF AIR SAMPLES**

4151 N. Mulberry Drive, Suite 275  
 KANSAS CITY, MO 64116  
 PH: (816) 231-5580  
 FAX: (816) 231-5641

CLIENT NAME: GSA - Heartland  
 ADDRESS: 1500 E. Bannister, Kansas City, MO  
 PROJECT NAME: Goodfellow Federal Center - Bldg. #122B (MO0620)

OCCU-TEC Project # : 91101.02  
 Sample Date: 11/5/2011  
 Analysis Date: 11/5/2011  
 Report Date: 11/29/2011  
 Rotometer # PJG  
 Blank Average = 0.5

FILTER TYPE: 25mm, 0.8 um MCE

ANALYTICAL METHOD: NIOSH 7400

Client Sample ID	Activity/ Location	Sample Type	Pump ID	Flow Rate (l/min)			Running Time		Total Minutes	Volume Liters	Fibers	Fields	Fibers/ mm2	Fibers/ cc
				Start	End	Avg	Start	Stop						
MO0620-011	Blank	BLK								1	100			
MO0620-012	Blank	BLK								0	100			
MO0620-013	Basement - Ice Machine Rm;HM;GLBG	IWA	407	3.08	3.08	3.08	7:24	15:45	501	1543.1	30.5	100	38.22	0.010
MO0620-014	Basement - Hallway;HM;GLBG	OWA	409	3.08	3.08	3.08	7:25	15:29	484	1490.7	13	100	15.92	0.004
MO0620-015	Basement - Fitness Rm;HM;GLBG	OWA	401	3.08	3.08	3.08	7:26	15:28	482	1484.6	23	100	28.66	0.007
MO0620-016	Basement - Ice Machine	CL	407	10.11	10.11	10.11	15:45	17:51	126	1273.9	1	100	0.64	< 0.003
MO0620-017	Basement - Ice Machine	CL	392	10.11	10.11	10.11	15:46	17:53	127	1284	1	100	0.64	< 0.003
MO0620-018	Basement - Air Handler	CL	393	10.11	10.11	10.11	15:47	17:54	127	1284	4	100	4.46	< 0.003
MO0620-019	Basement Air Handler	CL	409	10.11	10.11	10.11	15:48	17:55	127	1284	5	100	5.73	< 0.003
MO0620-020	Basement Air Handler	CL	408	10.11	10.11	10.11	15:49	17:56	127	1284	2	100	1.91	< 0.003

SAMPLE TYPE

PRS=personal IWA=inside work area NAE=negative air exhaust  
 BLK= blank OWA= outside work area CR= clean room  
 CL=clearance BGD=background

ACTIVITY

PREP=site prep. BGLB=bag load out  
 GLBG=glovebag CLN=clean up  
 GREM=gross removal EXC=excursion

RESPIRATOR TYPE

HM=half mask APR=air purifying resp.  
 FF=full face SA=supplied air  
 P=powered PD=pressure demand  
 SCBA=self contained breathing apparatus.

Analyzed By: \_\_\_\_\_

Checked By: \_\_\_\_\_

The NIOSH 7400 counting rules A does not distinguish between asbestos and non-asbestos fibers.  
 The NIOSH 7400 method assumes the lowest quantitative fiber density is 7 fibers / 100 fields at 95% confidence level. OCCUTEC's limit of detection (LOD) is equal to 7 fibers/100 fields.  
 Samples proceeded by a < sign are calculated using a count of 7 fibers per 100 fields.  
 This report should not be reproduced except in full. AIHA PAT Lab # : 101266

The estimated intracounter coefficient of variation (CV) for this laboratory is 0.77 (Low Range), 0.27(Medium Range, 0.17 (High Range).  
 Low Range = 5 to 20 Fibers; Medium Range = 20 to 50 Fibers; High Range = 50 to 100 Fibers  
 The estimated interlaboratory CV for the quality control program that this laboratory participates in is 0.45.

**Appendix D**

**Asbestos Clearance Reports (TEM)**



**TEM ANALYSIS OF AIR SAMPLES**

4151 North Mulberry Drive, Suite 275  
 Kansas City, Missouri 64116  
 (816) 231-5580  
 Toll Free: (800) 950-1953  
 Fax: (816) 231-5641

OCCU-TEC Project # : 91101.02  
 Sample Date: 11/5/2011  
 Analysis Date:  
 Report Date: 11/29/2011  
 Rotometer # PJG

CLIENT NAME: GSA - Heartland  
 ADDRESS: 1500 E. Bannister, Kansas City, MO  
 PROJECT NAME: Goodfellow Federal Center - Bldg. #122B (MO0620)

FILTER TYPE: 25mm, 0.45 um

Client Sample ID	Activity/ Location	Sample Type	Pump ID	Flow Rate (l/min)			Running Time		Total Minutes	Volume Liters	# Asbestos Structures	Asbestos Structures/mm <sup>2</sup>	Concentration Structures/cc
				Start	End	Avg	Start	Stop					
MO0620-T001	Blank	BLK											Not Analyzed
MO0620-T002	Blank	BLK											Not Analyzed
MO0620-T003	Blank	BLK											Not Analyzed
MO0620-T004	Basement Ice Machine Room	CL	68	10.11	10.11	10.11	15:50	17:51	121	1223.3			Not Analyzed
MO0620-T005	Basement Ice Machine Room	CL	Terr1	10.11	10.11	10.11	15:51	17:53	122	1233.4			Not Analyzed
MO0620-T006	Basement Fan Room	CL	Terr2	10.11	10.11	10.11	15:52	17:54	122	1233.4			Not Analyzed
MO0620-T007	Basement Fan Room	CL	Terr3	10.11	10.11	10.11	15:53	17:55	122	1233.4			Not Analyzed
MO0620-T008	Basement Fan Room	CL	Terr4	10.11	10.11	10.11	15:54	17:56	122	1233.4			Not Analyzed

**SAMPLE TYPE**

PRS=personal	IWA=inside work area
BLK= blank	OWA= outside work area
ICL=inside clearance	OCL=outside clearance
BGD=background	NAE=negative air exhaust

**ACTIVITY**

PREP=site prep.	BGLO=bag load out
GLBG=glovebag	CLN=clean up
GREM=gross removal	EXC=excursion

**RESPIRATOR TYPE**

HM=half mask	APR=air purifying resp.
FF=full face	SA=supplied air
P=powered	PD=pressure demand
SCBA=self contained breathing apparatus	

Sampled By: Pat Garcia

**Appendix E**

**Photo Log**

Photo #1: Pre-Abatement – Basement Air Handler Room (Thermal Pipe Insulation)



Photo #2: Pre-Abatement – Basement Air Handler Room (Thermal Pipe Insulation)



4151 N Mulberry Drive, Suite 275  
Kansas City, Missouri 64116  
816-231-5580 / 1-800-950-1953

**Client:** GSA Heartland Region  
**Project Location:** Goodfellow Fed. Center. – Bldg. #122B (MO0620)  
**Date:** November 29, 2011  
**Project No:** 91101.02



Photo #3: Pre-Abatement – Air Handler Room (Tank Insulation)



Photo #4: During-Abatement – Air Handler Room (Glovebag Removal)



4151 N Mulberry Drive, Suite 275  
Kansas City, Missouri 64116  
816-231-5580 / 1-800-950-1953

**Client:** GSA Heartland Region  
**Project Location:** Goodfellow Fed. Center. – Bldg. #122B (MO0620)  
**Date:** November 29, 2011  
**Project No:** 91101.02

Photo #5: During-Abatement – Air Handler Room (Glovebag Removal)



Photo #6: During-Abatement – Air Handler Room (Glovebag Removal)



4151 N Mulberry Drive, Suite 275  
Kansas City, Missouri 64116  
816-231-5580 / 1-800-950-1953

**Client:** GSA Heartland Region  
**Project Location:** Goodfellow Fed. Center. – Bldg. #122B (MO0620)  
**Date:** November 29, 2011  
**Project No:** 91101.02



Photo #7: During-Abatement – Air Handler Room (Glovebag Removal)



Photo #8: Post-Abatement – Air Handler Room (Glovebag Removal)



4151 N Mulberry Drive, Suite 275  
Kansas City, Missouri 64116  
816-231-5580 / 1-800-950-1953

**Client:** GSA Heartland Region  
**Project Location:** Goodfellow Fed. Center. – Bldg. #122B (MO0620)  
**Date:** November 29, 2011  
**Project No:** 91101.02

Photo #9: Post-Abatement – Air Handler Room (Tank Insulation Removal)



Photo #10: Post-Abatement – Air Handler Room (Tank Insulation Removal)



4151 N Mulberry Drive, Suite 275  
Kansas City, Missouri 64116  
816-231-5580 / 1-800-950-1953

**Client:** GSA Heartland Region  
**Project Location:** Goodfellow Fed. Center. – Bldg. #122B (MO0620)  
**Date:** November 29, 2011  
**Project No:** 91101.02