

**APPENDIX D**

**MATERIAL LOCATION DRAWING**



Expiration Date 5/21/2013

Certificate Number: 7119051812MOSI13531

Training Date: 5/18/2012

**Missouri State Certificate for Asbestos Related Occupations**

issued by Department of Natural Resources

P.O. Box 176

Jefferson City, MO 65102

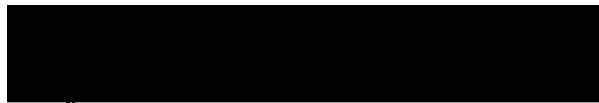
Phone (573) 751-4817

**Michael C. Aleksick**

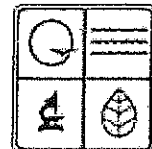
has successfully completed the requirements for certification as a SUPERVISOR. This Missouri State Certification is subject to review and the director may deny, suspend or revoke the certification per RSMo chapter 643.230.

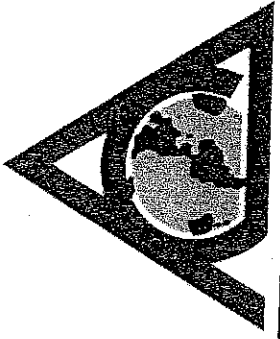
5/22/2012

Date



Director of Air Pollution Control Program





**Farmer  
Environmental  
Services, LLC**

108 Emerald Hills, Edwardsville, IL 62025 Phone: (618) 656-6988 Fax: (618) 656-8353

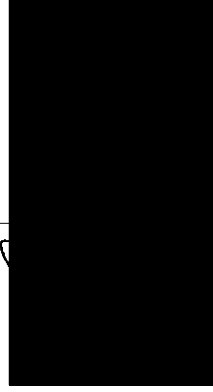
*Does hereby certify that*

**Michael Aleksick**  
[Redacted]

*has successfully completed and passed the course examination with a minimum score of 70 percent for re-accreditation under AHERA (TSCA Title II)*

**Asbestos Contractor/ Supervisor Refresher**

Class Date: May 18, 2012  
Examination Date: May 18, 2012  
Certification Number: ACS2012-05-18-0003



*Rick Menser- Training Instructor*

Certificate Expiration: May 18, 2013

*This training course is accredited by the Missouri Department of Natural Resources and the Illinois Department of Public Health*



**BarnesCare St Peters**  
1901 Trade Center, AFTER HOURS #314-995-0999  
St Peters, MO 63376-1262  
(636) 978-1008, Fax: (636) 978-1926

**Encounter Summary**

<b>Company:</b> Midwest Service Group (2716C) 560 Turner Blvd St Peters, MO 63376-1082	<b>Employee:</b> [REDACTED]
<b>Attention:</b> Pauline Bessie	<b>Ident:</b> [REDACTED] <b>DOB:</b> [REDACTED]
<b>Telephone:</b> (636) 926-7800	<b>Department:</b> [REDACTED]
<b>Fax:</b> (636) 926-7802 mwatkins@maa-stl.com	<b>Job Title:</b> [REDACTED]
<b>Provider:</b> Tobiasz, Andrea T, APRN, BC	<b>Phone:</b> [REDACTED]
<b>Visit Date:</b> 5/21/12 <b>Time In:</b> 8:23AM <b>Out:</b> 9:41AM	<b>Purpose:</b> Occ Med Physical: Post Offer

**Description of Services**

	<b>Auth</b>	<b>Authorization for Visit</b>
99199-700	Asbestos-P	Asbestos Periodic Medical Questionnaire
	BCHealthHis	BarnesCare Health Hist & Rev of Sys Quest
	BCPE Ex Form	BarnesCare Physical Examination Form
	Biometric	Biometrics Form
94010	PFT	Spirometry - PFT
84202	ZPP	Zinc Protoporphyrin Blood
99499-BHW99499-BHWE		BarnesCare Hazardous Waste Exam
83655	Lead	Lead Metal Screen (Urine/Serum)
76499-345	XrayBRead	X-Ray B Reader

**Orders & Instructions**

**Instructions:** Basic Physical Clearance

**SPECIFIC INSTRUCTIONS OF PLACEMENT**

Based on the information provided to me by the employer and my medical findings, I find this employee is capable of working without any identified restriction(s).

The Preceding classification is based on available information and is subject to the accuracy and depth of the essential job functions.

**Encounter Summary**

Company: Midwest Service Group (2716C)  
560 Turner Blvd  
St Peters, MO 63376-1082

Employee:

Attention: Pauline Bessie  
Telephone: (636) 926-7800  
Fax: (636) 926-7802  
mwatkins@maa-stl.com

Ident:  
Department:  
Job Title:

DOB:

Provider: Tobiasz, Andrea T, APRN, BC  
Visit Date: 5/21/12 Time In: 8:23AM Out: 9:41AM

Purpose: Occ Med Physical: Post Offer

Phone:

Instructions: RESP CLEARANCE EXAMINER WRITTEN OPINION

This employee has been examined for the following exposures or assignments:  
RESPIRATOR CLEARANCE (29 CFR 1910.134)

This employee has been examined under the provisions of OSHA standard for Respirator Usage and the following fulfill the provisions for the PROVIDER'S WRITTEN OPINION.

There are no limitations recommended upon the employee's use of respiratory protective equipment, protective clothing or personal protective equipment. The employee has been informed by the provider of the results of the medical examination and any medical conditions which require further examination.

PFT reviewed by: Andrea Tobiasz, NP

The employee has been provided a copy of this statement.

Comments

Waiting on Labs



SBA 8(a) CERTIFIED  
W/DBE & S/DBE

### QUALITATIVE RESPIRATORY FIT TEST

DATE OF TEST: 7/18/12 CONDUCTED BY: \_\_\_\_\_

NAME: MIKE ALEKSICK \_\_\_\_\_

The fit tests were conducted according to procedures outlined in the OSHA Asbestos Standards for Construction Industry, 29 CFR 1910.1101 Appendix C. Each respirator was successfully tested based on each employee, accurately reporting to the test conductor that the challenge agent was not detected during testing. It is the responsibility of the employee to assess the comfort of the chosen respirator and to use the respirator properly.

PASS: X FAIL: \_\_\_\_\_

- Respirator is selected by the employer on the basis of hazards to which the employee is exposed. Proper selection of respirators shall be made according to guidelines set by the American National Standard Practices for Respiratory Protection.
- Employees will not be assigned to tasks requiring the use of respirators unless it has been declared that he/she is able to perform the work and use the equipment. A written opinion must be obtained first.
- Employees are instructed to clean their respirators on a regular basis, disinfecting them after each use.
- All respirators shall be inspected routinely before and after use. Inspections include checking face piece for cracks and leaks, headband for elasticity, and valves.
- Respirators shall be stored in air-tight plastic bags to protect against dust, sunlight, heat, extreme cold, and chemical damages.
- Employees must change the filter cartridge daily or sooner if the filter is wet or if there is restrictive airflow.
- Employees will not be allowed to work with facial hair that may obstruct the seal of the respirator.
- Employees are instructed to don their masks and breathe normally, and then breathe deeply while the test conductor discharges irritant smoke around the seal.
- Employees are instructed to turn their head from side to side, up/down, and then jog in place for one minute. Repeating after the test conductor, employees will state the rainbow passage. Upon completion of the test, employees shall slightly break their seal taking a small smell of the smoke to ensure that they are not immune to it.

**RESPIRATOR (CIRCLE ONE)**

Negative pressure half/face      Negative pressure full/face      PAPR      Supplied air

**BRAND (CIRCLE ONE)**

North      MSA      Glen Air      Pro Tech      Wilson      Other \_\_\_\_\_

**SIZE (CIRCLE ONE)**

Small      Medium      Large      One size fits all      Cartridge # \_\_\_\_\_



SBA 8(a) CERTIFIED  
W/DBE & S/DBE

### CERTIFICATE OF WORKER'S ACKNOWLEDGMENT

PROJECT NAME: Federal Center

PROJECT ADDRESS: 4300 GDDDFEILDW

CONTRACTOR'S NAME: GEI

WORKING WITH ASBESTOS CAN BE DANGEROUS. INHALING ASBESTOS FIBERS HAS BEEN LINKED WITH VARIOUS TYPES OF CANCER. IF YOU SMOKE AND INHALE ASBESTOS FIBERS THE CHANCE THAT YOU WILL DEVELOP LUNG CANCER IS GREATER THAN THAT OF THE NON-SMOKING PUBLIC.

Your employer's contract with the Owner for the above Project requires that: You be supplied with the proper respirator and be trained in its use. You be trained in safe work practices and in the use of the equipment found on the job. You receive a medical examination. These things are to have been done at no cost to you.

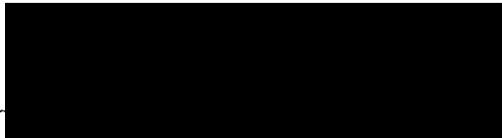
RESPIRATORY PROTECTION: You must have been trained in the proper use of respirators and informed of the type respirator to be used on the above referenced Project. You must be given a copy of the written respiratory protection manual issued by your employer. You must be equipped at no cost with the respirator to be used on the above Project.

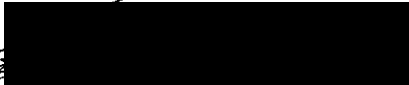
TRAINING COURSE: You must have been trained in the dangers inherent in handling asbestos and breathing asbestos dust and in proper Work procedures and personal and area protective measures. The topics covered in the course must have included the following:

- Physical characteristics of asbestos
- Respiratory protection
- Pressure Differential Systems
- Training
- Air monitoring, personal and area
- Health hazards associated with asbestos
- Use of protective equipment
- Work Practices including hands on or on-Job
- Personal decontamination procedures

MEDICAL EXAMINATION: You must have had a medical examination within the past 12 months at no cost to you. This examination must have included: health history, pulmonary function tests and may have included an evaluation of a chest x-ray.

By signing this document you are acknowledging only that the Owner of the building you are about to Work in has advised you of your rights to training and protection relative to your employer, the Contractor.

SIGNATURE: 

PRINTED NAME: Michael Aleksick WITNESS: 

Expiration Date 5/13/2013

Certificate Number: 7118050412MOSR11560

Training Date: 5/4/2012

**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

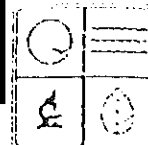
**Michael Blaine**

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

5/14/2012

Date

Director of Air Pollution Control Program



**SAFETY TRAINING CENTER**

6520 Manchester Ave., St. Louis, MO 63139 • Phone: 314 652 497C

Environmental and Occupational Safety & Health Training

Does hereby certify

**Michael Blaine**

Has successfully completed and passed for certification under AHERA (Title II)

**Asbestos Contractor/  
Supervisor Refresher**

Class Date: May 04, 2012

Exam Date: May 04, 2012

STC Cert. No.: STC-05042012-000518ACSR

Cert. Expiration: 05/04/2013

David M. Mendoza, CES Director of Training

This training course is accredited by the Illinois Department of Public Health and the Missouri Department of Natural Resources

CERTIFICATION

NUMBER: **7118050412MOSR11560**

THIS CERTIFIES

**Michael Blaine**

HAS COMPLETED THE CERTIFICATION  
REQUIREMENTS FOR

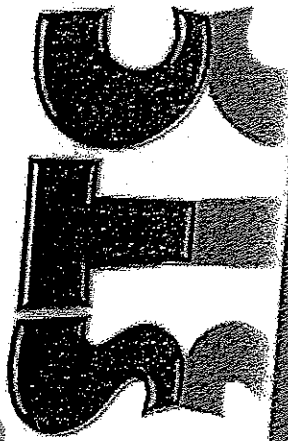
**Supervisor**

APPROVED: 5/14/2012

TRAINING DATE: 5/4/2012

EXPIRES: 5/13/2013

Director of Air Pollution Control Program



# SAFETY TRAINING CENTER

6520 Manchester Avenue, St. Louis, MO 63139 \* Phone: 314-652-4STC

Environmental and Occupational Safety & Health Training

*Does hereby certify*

**Michael Blaine**

*Has successfully completed and passed the course examination with  
at least 70% for re-accréditation under AHERA (Title II)*

**Asbestos Contractor/Supervisor Refresher**

**Class Date:** May 04, 2012  
**Examination Date:** 05/04/2012  
**STC Certificate Number:** STC-05042012-000518ACSR  
**Certification Expiration:** 05/04/2013

David M. Mendoza - President/Training Director  
Certified Environmental Specialist  
OSHA Authorized Instructor

**Encounter Summary**

Company: Global Environmental Inc (1738C)  
7225 St Charles Rock Rd  
Pagedale, MO 63133

Employee: [REDACTED]

Attention: Vicki Dunn  
Telephone: (314) 575-5769  
Fax: (636) 928-6599  
vdunnglobal@gmail.com

Ident: [REDACTED] DOB: [REDACTED]  
Department:  
Job Title:

Provider: Tobiasz, Andrea T, APRN, BC

Phone: [REDACTED]

Visit Date: 6/14/12 Time In: 12:58PM Out: 2:05PM Purpose: Respirator Exam

**Description of Services**

- 94799-885 94799-885 Respirator Clearance Exam
- 99499-BHW99499-BHWE BarnesCare Hazardous Waste Exam
- RespQ OSHA Respirator Med Eval Questionnaire
- 99199-700 Asbestos-P Asbestos Periodic Medical Questionnaire
- BCPE Ex Form BarnesCare Physical Examination Form
- BCHealthHis BarnesCare Health Hist & Rev of Sys Quest
- Biometric Biometrics Form
- Auth Authorization for Visit

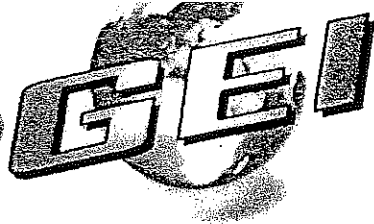
**Orders & Instructions**

Instructions: Basic Physical Clearance

**SPECIFIC INSTRUCTIONS OF PLACEMENT**

Based on the information provided to me by the employer and my medical findings, I find this employee is capable of working without any identified restriction(s).

The Preceding classification is based on available information and is subject to the accuracy and depth of the essential job functions.



SBA 8(a) CERTIFIED  
W/DBE & S/DBE

### QUALITATIVE RESPIRATORY FIT TEST

DATE OF TEST: 4/20/12 CONDUCTED BY: \_\_\_\_\_

NAME: Mike Blaine \_\_\_\_\_

The fit tests were conducted according to procedures outlined in the OSHA Asbestos Standards for Construction Industry, 29 CFR 1910.1101 Appendix C. Each respirator was successfully tested based on each employee, accurately reporting to the test conductor that the challenge agent was not detected during testing. It is the responsibility of the employee to assess the comfort of the chosen respirator and to use the respirator properly.

PASS: X FAIL: \_\_\_\_\_

- Respirator is selected by the employer on the basis of hazards to which the employee is exposed. Proper selection of respirators shall be made according to guidelines set by the American National Standard Practices for Respiratory Protection.
- Employees will not be assigned to tasks requiring the use of respirators unless it has been declared that he/she is able to perform the work and use the equipment. A written opinion must be obtained first.
- Employees are instructed to clean their respirators on a regular basis, disinfecting them after each use.
- All respirators shall be inspected routinely before and after use. Inspections include checking face piece for cracks and leaks, headband for elasticity, and valves.
- Respirators shall be stored in air-tight plastic bags to protect against dust, sunlight, heat, extreme cold, and chemical damages.
- Employees must change the filter cartridge daily or sooner if the filter is wet or if there is restrictive airflow.
- Employees will not be allowed to work with facial hair that may obstruct the seal of the respirator.
- Employees are instructed to don their masks and breathe normally, and then breathe deeply while the test conductor discharges irritant smoke around the seal.
- Employees are instructed to turn their head from side to side, up/down, and then jog in place for one minute. Repeating after the test conductor, employees will state the rainbow passage. Upon completion of the test, employees shall slightly break their seal taking a small smell of the smoke to ensure that they are not immune to it.

#### RESPIRATOR (CIRCLE ONE)

Negative pressure half/face      Negative pressure full/face      PAPR      Supplied air

#### BRAND (CIRCLE ONE)

North      MSA      Glen Air      Pro Tech      Wilson      Other \_\_\_\_\_

#### SIZE (CIRCLE ONE)

Small      Medium      Large      One size fits all      Cartridge # \_\_\_\_\_





SBA 8(a) CERTIFIED  
W/DBE & S/DBE

### CERTIFICATE OF WORKER'S ACKNOWLEDGMENT

PROJECT NAME: Federal Center

PROJECT ADDRESS: 4300 GDDDFELLOW

CONTRACTOR'S NAME: GEI

WORKING WITH ASBESTOS CAN BE DANGEROUS. INHALING ASBESTOS FIBERS HAS BEEN LINKED WITH VARIOUS TYPES OF CANCER. IF YOU SMOKE AND INHALE ASBESTOS FIBERS THE CHANCE THAT YOU WILL DEVELOP LUNG CANCER IS GREATER THAN THAT OF THE NON-SMOKING PUBLIC.

Your employer's contract with the Owner for the above Project requires that: You be supplied with the proper respirator and be trained in its use. You be trained in safe work practices and in the use of the equipment found on the job. You receive a medical examination. These things are to have been done at no cost to you.

RESPIRATORY PROTECTION: You must have been trained in the proper use of respirators and informed of the type respirator to be used on the above referenced Project. You must be given a copy of the written respiratory protection manual issued by your employer. You must be equipped at no cost with the respirator to be used on the above Project.

TRAINING COURSE: You must have been trained in the dangers inherent in handling asbestos and breathing asbestos dust and in proper Work procedures and personal and area protective measures. The topics covered in the course must have included the following:

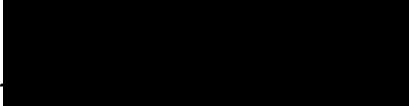
- Physical characteristics of asbestos
- Respiratory protection
- Pressure Differential Systems
- Training
- Air monitoring, personal and area

- Health hazards associated with asbestos
- Use of protective equipment
- Work Practices including hands on or on-Job
- Personal decontamination procedures

MEDICAL EXAMINATION: You must have had a medical examination within the past 12 months at no cost to you. This examination must have included: health history, pulmonary function tests and may have included an evaluation of a chest x-ray.

By signing this document you are acknowledging only that the Owner of the building you are about to Work in has advised you of your rights to training and protection relative to your employer, the Contractor.

SIGNATURE: 

PRINTED NAME: Mike Blaine WITNESS: 

Expiration Date **9/30/2013**

Certificate Number: 7118091512MOSR3213

Training Date: **9/15/2012**

**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

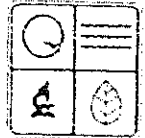
**Patricia S. Briguglio**

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

10/1/2012

Date

Director of Air Pollution Control Program



CERTIFICATION  
NUMBER: **7118091512MOSR3213**

THIS CERTIFIES

**Patricia S. Briguglio**

HAS COMPLETED THE CERTIFICATION  
REQUIREMENTS FOR

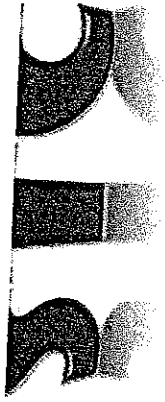
**Supervisor**

APPROVED: **10/1/2012**

TRAINING DATE **9/15/2012**

EXPIRES: **9/30/2013**

Director of Air Pollution Control Program



# SAFETY TRAINING CENTER

6520 Manchester Avenue, St. Louis, MO 63139 \* Phone: 314-652-4STC

Environmental and Occupational Safety & Health Training

*Does hereby certify*

**Patricia S. Briguglio**



*Has successfully completed and passed the course examination with  
at least 70% for re-accreditation under AHERA (Title II)*

**Asbestos Contractor/Supervisor Refresher**



David M. Mendoza – President/Training Director  
Certified Environmental Specialist  
OSHA Authorized Instructor

**Class Date:** September 15, 2012  
**Examination Date:** 09/15/2012  
**STC Certificate Number:** STC-09152012-000718ACSR  
**Certification Expiration:** 09/15/2013

*This training course is accredited by the Illinois Department of Public Health and the Missouri Department of Natural Resources*

11501 Page Service, AFTER HOURS #314-995-0999

St Louis, MO 63146-3530

(314) 993-3014, Fax: (314) 993-7031

### Encounter Summary

Company: Global Environmental Inc (1738C)  
7225 St Charles Rock Rd  
Pagedale, MO 63133

Employee: [REDACTED]

Attention: Vicki Dunn  
Telephone: (314) 575-5769  
Fax: (636) 928-6599  
vdunnglobal@ymail.com

Ident: [REDACTED] DOB: [REDACTED]  
Department:  
Job Title: Field Operations

Provider: Kibby, Thomas B, MD  
Visit Date: 8/10/12 Time In: 2:39PM Out: 3:45PM

Phone: [REDACTED]  
Purpose: Respirator Exam

#### Description of Services

Auth	Authorization for Visit
Biometric	Biometrics Form
BCHealthHis	BarnesCare Health Hist & Rev of Sys Quest
BCPE Ex Form	BarnesCare Physical Examination Form
99199-700 Asbestos-P	Asbestos Periodic Medical Questionnaire
94010 PFT	Spirometry - PFT
99499-BHW99499-BHWE	BarnesCare Hazardous Waste Exam
71010.TC 71010	X-Ray Chest PA 1 View

#### Orders & Instructions

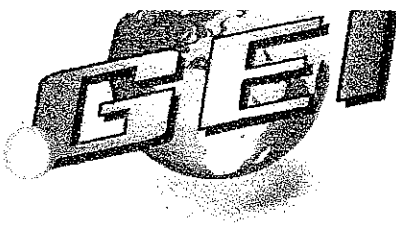
Instructions: ALL-HAZARD EXAM WRITTEN OPINION

This employee has been examined for the following exposures or assignments: Specific Hazards

Asbestos 1910.1001, 1926.1101

There are no detected medical conditions that may place this employee at increased risk of material impairment of the employee's health from this work or further exposure. There are no recommended special protective measures or limitations upon the employee's exposure to this material. There are no limitations recommended upon the employee's use of respiratory protective equipment, protective clothing or other personal protective equipment. The employee has been informed by the provider of the results of the medical examination and any medical conditions which require further examination. The employee has been informed by the provider of the increased risk of lung cancer attributable to the combined effect of smoking and asbestos exposure. The provider has determined that no non-routine follow-up evaluations are needed.

The employee has been provided a copy of this statement.



SBA 8(a) CERTIFIED  
W/DBE & S/DBE

### QUALITATIVE RESPIRATORY FIT TEST

DATE OF TEST: 1-26-12 CONDUCTED BY: [REDACTED]

NAME: PATTY BRIGUGLIO [REDACTED]

The fit tests were conducted according to procedures outlined in the OSHA Asbestos Standards for Construction Industry, 29 CFR 1910.1101 Appendix C. Each respirator was successfully tested based on each employee, accurately reporting to the test conductor that the challenge agent was not detected during testing. It is the responsibility of the employee to assess the comfort of the chosen respirator and to use the respirator properly.

PASS: X FAIL: \_\_\_\_\_

- Respirator is selected by the employer on the basis of hazards to which the employee is exposed. Proper selection of respirators shall be made according to guidelines set by the American National Standard Practices for Respiratory Protection.
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#### RESPIRATOR (CIRCLE ONE)

Negative pressure half/face    Negative pressure full/face    PAPR    Supplied air

#### BRAND (CIRCLE ONE)

North    MSA    Glen Air    Pro Tech    Wilson    Other \_\_\_\_\_

#### SIZE (CIRCLE ONE)

Small    Medium    Large    One size fits all    Cartridge # \_\_\_\_\_



# CERTIFICATE OF WORKER'S ACKNOWLEDGMENT

PROJECT NAME: Federal Center

PROJECT ADDRESS: 43DD GDDDFE/IDW

CONTRACTOR'S NAME: GEI

WORKING WITH ASBESTOS CAN BE DANGEROUS. INHALING ASBESTOS FIBERS HAS BEEN LINKED WITH VARIOUS TYPES OF CANCER. IF YOU SMOKE AND INHALE ASBESTOS FIBERS THE CHANCE THAT YOU WILL DEVELOP LUNG CANCER IS GREATER THAN THAT OF THE NON-SMOKING PUBLIC.

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- Health hazards associated with asbestos
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- Work Practices including hands on or on-Job
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By signing this document you are acknowledging only that the Owner of the building you are about to Work in has advised you of your rights to training and protection relative to your employer, the Contractor.

SIGNATURE

[Redacted signature area]

PRINTED NAME: Patty Briguglio WITNESS: [Redacted]

Expiration Date: 5/13/2013

Certificate Number: 7118050412MOSR12086

Training Date: 5/4/2012

**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

**Joseph R. Dunn**

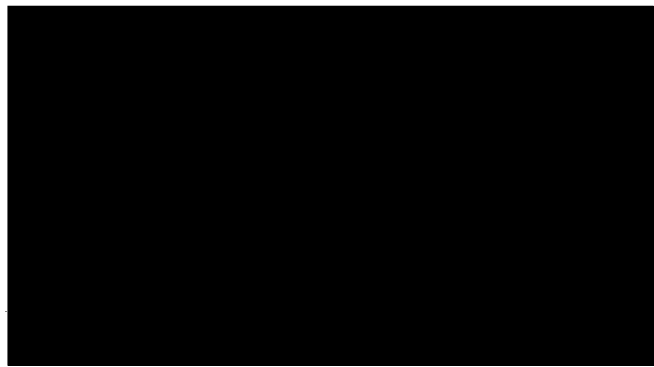
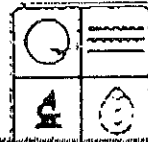
has successfully completed the requirements for certification as a SUPERVISOR. This Missouri State Certification is subject to review and the director may deny, suspend or revoke the certification per RSMo chapter 643.230.

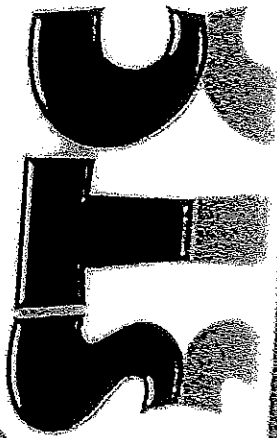
5/14/2012

Date



Director of Air Pollution Control Program





# SAFETY TRAINING CENTER

6520 Manchester Avenue, St. Louis, MO 63139 \* Phone: 314-652-4STC

Environmental and Occupational Safety & Health Training

*Does hereby certify*

**Joe Dunn**

*Has successfully completed and passed the course examination with  
at least 70% for re-accreditation under AHERA (Title II)*

**Asbestos Contractor / Supervisor Refresher**

Class Date: May 04, 2012  
Examination Date: 05/04/2012  
STC Certificate Number: STC-05042012-000517ACSR  
Certification Expiration: 05/04/2013

David M. Mendoza - President/Training Director  
Certified Environmental Specialist  
OSHA Authorized Instructor



**Encounter Summary**

Company: Global Environmental Inc (1738C)  
7225 St Charles Rock Rd  
Pagedale, MO 63133

Employee: [REDACTED]

Attention: Vicki Dunn  
Telephone: (314) 575-5769  
Fax: (636) 928-6599  
vdunnglobal@ymail.com

Ident: [REDACTED]  
Department:  
Job Title: Supervisor

DOB: [REDACTED]

Provider: Tobiasz, Andrea T, APRN, BC  
Visit Date: 9/06/12 Time In: 10:42AM Out: 11:51AM

Purpose: Respirator Exam

Phone: [REDACTED]

Instructions: RESP CLEARANCE EXAMINER WRITTEN OPINION

This employee has been examined for the following exposures or assignments:  
RESPIRATOR CLEARANCE (29 CFR 1910.134)

This employee has been examined under the provisions of OSHA standard for Respirator Usage and the following fulfill the provisions for the PROVIDER'S WRITTEN OPINION.

There are no limitations recommended upon the employee's use of respiratory protective equipment, protective clothing or personal protective equipment. The employee has been informed by the provider of the results of the medical examination and any medical conditions which require further examination.

PFT reviewed by: Andrea Tobiasz, NP

The employee has been provided a copy of this statement.

**Encounter Summary**

Company: Global Environmental Inc (1738C)  
7225 St Charles Rock Rd  
Pagedale, MO 63133

Employee: [REDACTED]

Attention: Vicki Dunn  
Telephone: (314) 575-5769  
Fax: (636) 928-6599  
vdunnglobal@ymail.com

Ident: [REDACTED] DOB: [REDACTED]  
Department:  
Job Title: Supervisor

Provider: Tobiasz, Andrea T, APRN, BC

Phone: [REDACTED]

Visit Date: 9/06/12 Time In: 10:42AM Out: 11:51AM Purpose: Respirator Exam

**Description of Services**

Auth	Authorization for Visit
Biometric	Biometrics Form
BCHealthHis	BarnesCare Health Hist & Rev of Sys Quest
BCPE Ex Form	BarnesCare Physical Examination Form
99199-700 Asbestos-P	Asbestos Periodic Medical Questionnaire
94010 PFT	Spirometry - PFT
99499-BHW99499-BHWE	BarnesCare Hazardous Waste Exam

**Orders & Instructions**

Instructions: Basic Physical Clearance

**SPECIFIC INSTRUCTIONS OF PLACEMENT**

Based on the information provided to me by the employer and my medical findings, I find this employee is capable of working without any identified restriction(s).

The Preceding classification is based on available information and is subject to the accuracy and depth of the essential job functions.



SBA 8(a) CERTIFIED  
W/DBE & S/DBE

### QUALITATIVE RESPIRATORY FIT TEST

DATE OF TEST: 12/6/11 CONDUCTED BY: [REDACTED]

NAME: Joseph Dunn [REDACTED]

The fit tests were conducted according to procedures outlined in the OSHA Asbestos Standards for Construction Industry, 29 CFR 1910.1101 Appendix C. Each respirator was successfully tested based on each employee, accurately reporting to the test conductor that the challenge agent was not detected during testing. It is the responsibility of the employee to assess the comfort of the chosen respirator and to use the respirator properly.

PASS: X FAIL: \_\_\_\_\_

- Respirator is selected by the employer on the basis of hazards to which the employee is exposed. Proper selection of respirators shall be made according to guidelines set by the American National Standard Practices for Respiratory Protection.
- Employees will not be assigned to tasks requiring the use of respirators unless it has been declared that he/she is able to perform the work and use the equipment. A written opinion must be obtained first.
- Employees are instructed to clean their respirators on a regular basis, disinfecting them after each use.
- All respirators shall be inspected routinely before and after use. Inspections include checking face piece for cracks and leaks, headband for elasticity, and valves.
- Respirators shall be stored in air-tight plastic bags to protect against dust, sunlight, heat, extreme cold, and chemical damages.
- Employees must change the filter cartridge daily or sooner if the filter is wet or if there is restrictive airflow.
- Employees will not be allowed to work with facial hair that may obstruct the seal of the respirator.
- Employees are instructed to don their masks and breathe normally, and then breathe deeply while the test conductor discharges irritant smoke around the seal.
- Employees are instructed to turn their head from side to side, up/down, and then jog in place for one minute. Repeating after the test conductor, employees will state the rainbow passage. Upon completion of the test, employees shall slightly break their seal taking a small smell of the smoke to ensure that they are not immune to it.

#### RESPIRATOR (CIRCLE ONE)

Negative pressure half/face

Negative pressure full/face      PAPR      Supplied air

#### BRAND (CIRCLE ONE)

North      MSA      Glen Air      Pro Tech      Wilson      Other \_\_\_\_\_

#### SIZE (CIRCLE ONE)

Small      Medium      Large      (One size fits all)      Cartridge # \_\_\_\_\_



SBA 8(a) CERTIFIED  
W/DBE & S/DBE

### CERTIFICATE OF WORKER'S ACKNOWLEDGMENT

PROJECT NAME: Federal Center

PROJECT ADDRESS: 4300 GDDDFELLDW

CONTRACTOR'S NAME: GEI

WORKING WITH ASBESTOS CAN BE DANGEROUS. INHALING ASBESTOS FIBERS HAS BEEN LINKED WITH VARIOUS TYPES OF CANCER. IF YOU SMOKE AND INHALE ASBESTOS FIBERS THE CHANCE THAT YOU WILL DEVELOP LUNG CANCER IS GREATER THAN THAT OF THE NON-SMOKING PUBLIC.

Your employer's contract with the Owner for the above Project requires that: You be supplied with the proper respirator and be trained in its use. You be trained in safe work practices and in the use of the equipment found on the job. You receive a medical examination. These things are to have been done at no cost to you.

RESPIRATORY PROTECTION: You must have been trained in the proper use of respirators and informed of the type respirator to be used on the above referenced Project. You must be given a copy of the written respiratory protection manual issued by your employer. You must be equipped at no cost with the respirator to be used on the above Project.

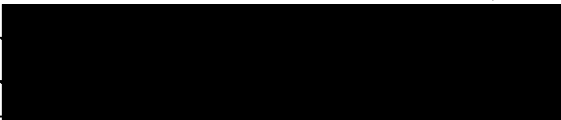

TRAINING COURSE: You must have been trained in the dangers inherent in handling asbestos and breathing asbestos dust and in proper Work procedures and personal and area protective measures. The topics covered in the course must have included the following:

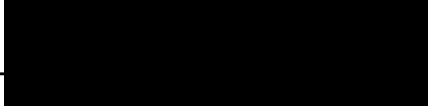
- Physical characteristics of asbestos
- Respiratory protection
- Pressure Differential Systems
- Training
- Air monitoring, personal and area

- Health hazards associated with asbestos
- Use of protective equipment
- Work Practices including hands on or on-Job
- Personal decontamination procedures

MEDICAL EXAMINATION: You must have had a medical examination within the past 12 months at no cost to you. This examination must have included: health history, pulmonary function tests and may have included an evaluation of a chest x-ray.

By signing this document you are acknowledging only that the Owner of the building you are about to Work in has advised you of your rights to training and protection relative to your employer, the Contractor.

SIGNATURE:  

PRINTED NAME: Joe Dunn WITNESS: 

Expiration Date 12/4/2012  
Training Date: 11/23/2011

Certificate Number: 7112112311MOSR2221

**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

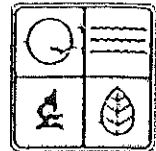
**Vicki J. Dunn-Wolfe**

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

12/5/2011

Date

Director of Air Pollution Control Program



CERTIFICATION  
NUMBER: 7112112311MOSR2221

THIS CERTIFIES  
**Vicki J. Dunn-Wolfe**

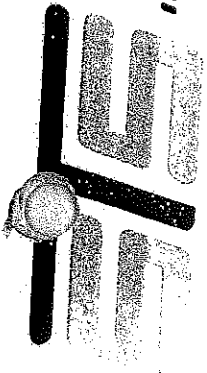
HAS COMPLETED THE CERTIFICATION  
REQUIREMENTS FOR  
**Supervisor**

APPROVED: 12/5/2011

TRAINING DATE: 11/23/2011

EXPIRES: 12/4/2012

Director of Air Pollution Control Program



**SAFETY TECHNOLOGIES & SOLUTIONS**  
**"EXCELLENCE IN SAFETY ENGINEERING"**

Environmental Health and Occupational Safety Consultants

6520 Manchester Avenue  
St. Louis, Missouri 63139  
Phone: (314) 644-3323  
Fax: (314) 644-3303

Does hereby certify that

Vicki Dunn-Wolfe

has successfully completed and passed the course examination  
with a minimum score of 70 percent for re-accreditation  
under AHERA (TSCA Title II)

Asbestos Contractor/Supervisor Refresher

Class Date: NOVEMBER 23, 2011  
Examination Date: 11/23/2011  
Certificate Number: STS20111123-2175ACSR  
Certificate Expiration: 11/23/2012  
Student SSN: [REDACTED]

[REDACTED]  
Douglas L. Mueller, MS, CSP  
Training Manager  
STS Safety Technologies & Solutions

Patient: Dunn, Vicki

Company: GLOBAL ENVIRONMENTAL

### Asbestos Clearance

This letter confirms that the above individual was examined in compliance with the OSHA asbestos standard (CFR 1910.1001 and 1926.58). The required asbestos questionnaire, a medical and work history, and a complete physical examination were performed. Pulmonary function tests (PFT) were administered.

CHEST X-RAY WITH "B" READING RESULT: Normal  Abnormal   
Should have B Reader in \_\_\_\_\_

PULMONARY FUNCTION TEST RESULT: Normal  Abnormal

COMMENTS: Borderline obstructive pattern.

None: \_\_\_\_\_

The following conditions were identified which may place this employee at increased risk of health impairment from asbestos exposure: Smoker:  None:

Patient was cautioned regarding the increased risk of lung cancer when asbestos exposure and cigarette smoking are combined.

The following limitations on personal protective equipment, including respirators, are indicated:

NONE: The patient is medically qualified to wear all personal protective equipment.

PATIENT LIMITATIONS: \_\_\_\_\_

The employee has been informed of the results of the medical examination, both with regard to occupational and general medical conditions. In accordance with the Standard, findings and diagnoses unrelated to asbestos exposure may not be communicated to the employer. Also, in accordance with the Standard, a copy of this opinion is being forwarded to the employee.

Examining Provider [Signature]

Signature \_\_\_\_\_

CC: Employee [Signature]



SBA 8(a) CERTIFIED  
W/DBE & S/DBE

### QUALITATIVE RESPIRATORY FIT TEST

DATE OF TEST: 12/4/11 CONDUCTED BY: [REDACTED]  
NAME: VICKI DUNN-WOLFE [REDACTED]

The fit tests were conducted according to procedures outlined in the OSHA Asbestos Standards for Construction Industry, 29 CFR 1910.1101 Appendix C. Each respirator was successfully tested based on each employee, accurately reporting to the test conductor that the challenge agent was not detected during testing. It is the responsibility of the employee to assess the comfort of the chosen respirator and to use the respirator properly.

PASS: X FAIL: \_\_\_\_\_

- Respirator is selected by the employer on the basis of hazards to which the employee is exposed. Proper selection of respirators shall be made according to guidelines set by the American National Standard Practices for Respiratory Protection.
- Employees will not be assigned to tasks requiring the use of respirators unless it has been declared that he/she is able to perform the work and use the equipment. A written opinion must be obtained first.
- Employees are instructed to clean their respirators on a regular basis, disinfecting them after each use.
- All respirators shall be inspected routinely before and after use. Inspections include checking face piece for cracks and leaks, headband for elasticity, and valves.
- Respirators shall be stored in air-tight plastic bags to protect against dust, sunlight, heat, extreme cold, and chemical damages.
- Employees must change the filter cartridge daily or sooner if the filter is wet or if there is restrictive airflow.
- Employees will not be allowed to work with facial hair that may obstruct the seal of the respirator.
- Employees are instructed to don their masks and breathe normally, and then breathe deeply while the test conductor discharges irritant smoke around the seal.
- Employees are instructed to turn their head from side to side, up/down, and then jog in place for one minute. Repeating after the test conductor, employees will state the rainbow passage. Upon completion of the test, employees shall slightly break their seal taking a small smell of the smoke to ensure that they are not immune to it.

**RESPIRATOR (CIRCLE ONE)**

Negative pressure half/face      Negative pressure full/face      PAPR      Supplied air

**BRAND (CIRCLE ONE)**

North      MSA      Glen Air      Pro Tech      Wilson      Other \_\_\_\_\_

**SIZE (CIRCLE ONE)**

Small      Medium      Large      (One size fits all)      Cartridge #





SBA 8(a) CERTIFIED  
W/DBE & S/DBE

### CERTIFICATE OF WORKER'S ACKNOWLEDGMENT

PROJECT NAME: Federal Center

PROJECT ADDRESS: 4300 G ODD FELLOW

CONTRACTOR'S NAME: GEI

WORKING WITH ASBESTOS CAN BE DANGEROUS. INHALING ASBESTOS FIBERS HAS BEEN LINKED WITH VARIOUS TYPES OF CANCER. IF YOU SMOKE AND INHALE ASBESTOS FIBERS THE CHANCE THAT YOU WILL DEVELOP LUNG CANCER IS GREATER THAN THAT OF THE NON-SMOKING PUBLIC.

Your employer's contract with the Owner for the above Project requires that: You be supplied with the proper respirator and be trained in its use. You be trained in safe work practices and in the use of the equipment found on the job. You receive a medical examination. These things are to have been done at no cost to you.

RESPIRATORY PROTECTION: You must have been trained in the proper use of respirators and informed of the type respirator to be used on the above referenced Project. You must be given a copy of the written respiratory protection manual issued by your employer. You must be equipped at no cost with the respirator to be used on the above Project.

TRAINING COURSE: You must have been trained in the dangers inherent in handling asbestos and breathing asbestos dust and in proper Work procedures and personal and area protective measures. The topics covered in the course must have included the following:

Physical characteristics of asbestos  
Respiratory protection  
Pressure Differential Systems  
Training  
Air monitoring, personal and area

Health hazards associated with asbestos  
Use of protective equipment  
Work Practices including hands on or on-Job  
Personal decontamination procedures

MEDICAL EXAMINATION: You must have had a medical examination within the past 12 months at no cost to you. This examination must have included: health history, pulmonary function tests and may have included an evaluation of a chest x-ray.

By signing this document you are acknowledging only that the Owner of the building you are about to Work in has advised you of your rights to training and protection relative to your employer, the Contractor.

SIGNATURE: Vicki DUNN 

PRINTED NAME:  WITNESS: 

CERTIFICATION  
NUMBER: 7118031012MOWR12283

THIS CERTIFIES  
**Kenneth Gage**  
HAS COMPLETED THE CERTIFICATION  
REQUIREMENTS FOR  
**Worker**

APPROVED: 4/3/2012

EXPIRES: 4/2/2013

TRAINING DATE 3/10/2012

Director of Air Pollution Control Program

Expiration Date 4/2/2013

Certificate Number: 7118031012MOWR12283

Training Date: 3/10/2012

**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

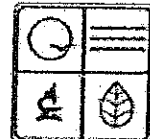
**Kenneth Gage**

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

4/3/2012

Date

Director of Air Pollution Control Program



# STC

## SAFETY TRAINING CENTER

6520 Manchester Avenue, St. Louis, MO 63139 \* Phone: 314-652-4STC

Environmental and Occupational Safety & Health Training

*Does hereby certify*

**Kenneth Gage**

*Has successfully completed and passed the course examination with  
at least 70% for re-accreditation under AHERA (Title II)*

**Asbestos Contractor / Supervisor Refresher**

**Class Date:** March 10, 2012  
**Examination Date:** 03/10/2012  
**STC Certificate Number:** STC-03102012-000387ACSR  
**Certification Expiration:** 03/10/2013

David M. Mendoza – President/Training Director  
Certified Environmental Specialist  
OSHA Authorized Instructor

# Physician's Written Opinion Asbestos Worker's Physical

In accordance with the requirements of Section (m) of the OSHA Asbestos Construction Standard, 29 CFR 1926.1101, the examining physician will provide the employer with a written opinion which shall contain the following:

1. This is to certify that on this date, 4/25/12, (and in accordance with the OSHA Asbestos Construction Standard, 29 CFR 1926.1101), I have examined Kenneth Gage, whose Social Security number is [REDACTED].
2. Based on my findings, I have determined this individual:  
 May use a respiratory device while performing his/her required employment services.  
 May NOT use a respiratory device while performing his/her required employment services.
3. The results of my examination:  
 Have detected a medical condition which would place the employee at an increased risk of material health impairment from exposure to asbestos.  
 Have NOT detected a medical condition which would place the employee at an increased risk of material health impairment from exposure to asbestos.
4. In accordance with the OSHA requirements, I have informed the above named individual of the results of his/her medical examination and of any medical condition that may result from his/her exposure to asbestos.  
 Yes  No
5. The employee has been advised of increased risk of lung cancer attributable to the combined effect of smoking and asbestos exposure.  
 Yes  No
6. As attending Physician, I have determined that a chest Roentgenogram:  
 Was necessary and done  
 Was NOT necessary
7. Recommended limitations (if any):  
 Use of respirator is conditional upon examinee's ability to pass required respirator testing.  
 Remove facial hair which interferes with respirator fit.  
 Do not wear contact lenses while using respirator.  
 Corrective lenses worn with the respirator shall be worn as not to adversely affect the fit of the face piece.
8. Other comments, additional testing, or referral: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Physician's Signature: [REDACTED]

George Dirkers, M.D. Bob Burris, M.D. Andrew Colon, PA-C  
Keith Byler, D.O. Kia Swan-Moore, M.D. Lynn Brown, NP

Date: 4-25-12



SBA 8(a) CERTIFIED  
W/DBE & S/DBE

### QUALITATIVE RESPIRATORY FIT TEST

DATE OF TEST: 6/22/12 CONDUCTED BY:

NAME: Kenan Gage

The fit tests were conducted according to procedures outlined in the OSHA Asbestos Standards for Construction Industry, 29 CFR 1910.1101 Appendix C. Each respirator was successfully tested based on each employee, accurately reporting to the test conductor that the challenge agent was not detected during testing. It is the responsibility of the employee to assess the comfort of the chosen respirator and to use the respirator properly.

PASS: X FAIL: \_\_\_\_\_

- Respirator is selected by the employer on the basis of hazards to which the employee is exposed. Proper selection of respirators shall be made according to guidelines set by the American National Standard Practices for Respiratory Protection.
- Employees will not be assigned to tasks requiring the use of respirators unless it has been declared that he/she is able to perform the work and use the equipment. A written opinion must be obtained first.
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- Respirators shall be stored in air-tight plastic bags to protect against dust, sunlight, heat, extreme cold, and chemical damages.
- Employees must change the filter cartridge daily or sooner if the filter is wet or if there is restrictive airflow.
- Employees will not be allowed to work with facial hair that may obstruct the seal of the respirator.
- Employees are instructed to don their masks and breathe normally, and then breathe deeply while the test conductor discharges irritant smoke around the seal.
- Employees are instructed to turn their head from side to side, up/down, and then jog in place for one minute. Repeating after the test conductor, employees will state the rainbow passage. Upon completion of the test, employees shall slightly break their seal taking a small smell of the smoke to ensure that they are not immune to it.

#### RESPIRATOR (CIRCLE ONE)

Negative pressure half/face      Negative pressure full/face      PAPR      Supplied air

#### BRAND (CIRCLE ONE)

North      MSA      Glen Air      Pro Tech      Wilson      Other \_\_\_\_\_

#### SIZE (CIRCLE ONE)

Small      Medium      Large      One size fits all      Cartridge # \_\_\_\_\_



SBA 8(a) CERTIFIED  
W/DBE & S/DBE

### CERTIFICATE OF WORKER'S ACKNOWLEDGMENT

PROJECT NAME: Federal Center

PROJECT ADDRESS: 4300 GODDARD

CONTRACTOR'S NAME: GEI

WORKING WITH ASBESTOS CAN BE DANGEROUS. INHALING ASBESTOS FIBERS HAS BEEN LINKED WITH VARIOUS TYPES OF CANCER. IF YOU SMOKE AND INHALE ASBESTOS FIBERS THE CHANCE THAT YOU WILL DEVELOP LUNG CANCER IS GREATER THAN THAT OF THE NON-SMOKING PUBLIC.

Your employer's contract with the Owner for the above Project requires that: You be supplied with the proper respirator and be trained in its use. You be trained in safe work practices and in the use of the equipment found on the job. You receive a medical examination. These things are to have been done at no cost to you.

**RESPIRATORY PROTECTION:** You must have been trained in the proper use of respirators and informed of the type respirator to be used on the above referenced Project. You must be given a copy of the written respiratory protection manual issued by your employer. You must be equipped at no cost with the respirator to be used on the above Project.

**TRAINING COURSE:** You must have been trained in the dangers inherent in handling asbestos and breathing asbestos dust and in proper Work procedures and personal and area protective measures. The topics covered in the course must have included the following:

Physical characteristics of asbestos  
Respiratory protection  
Pressure Differential Systems  
Training  
Air monitoring, personal and area

Health hazards associated with asbestos  
Use of protective equipment  
Work Practices including hands on or on-Job  
Personal decontamination procedures

**MEDICAL EXAMINATION:** You must have had a medical examination within the past 12 months at no cost to you. This examination must have included: health history, pulmonary function tests and may have included an evaluation of a chest x-ray.

By signing this document you are acknowledging only that the Owner of the building you are about to Work in has advised you of your rights to training and protection relative to your employer, the Contractor.

SIGNATURE:

PRINTED NAME: Kenneth Gage WITNESS:

Expiration Date **10/1/2013** Certificate Number: 7118092612MOWR13313  
Training Date: **9/26/2012**

**Missouri State Certificate for Asbestos Related Occupations**

Issued by Department of Natural Resources  
P.O. Box 176  
Jefferson City, MO 65102  
Phone (573) 761-4817

**John E. Hensley**

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

10/2/2012

Date

Director of Air Pollution Control Program



*Attn: Mark  
Watkins*



# SAFETY TRAINING CENTER

6520 Manchester Avenue, St. Louis, MO 63139 \* Phone: 314-652-4STC

Environmental and Occupational Safety & Health Training

*Does hereby certify*

**John Hensley**

*Has successfully completed and passed the course examination with  
at least 70% for re-accreditation under AHERA (Title II)*

**Asbestos Worker Refresher**

**Class Date:** September 26, 2012  
**Examination Date:** 09/26/2012  
**STC Certificate Number:** STC-09262012-000083AWR  
**Certification Expiration:** 09/26/2013



David M. Mendoza - President/Training Director  
Certified Environmental Specialist  
OSHA Authorized Instructor

*This training course is accredited by the Illinois Department of Public Health and the Missouri Department of Natural Resources*



St Louis, MO 63146-3530  
(314) 993-3014, Fax: (314) 993-7031

**Encounter Summary**

Company: Midwest Service Group (2716C)  
560 Turner Blvd  
St Peters, MO 63376-1082

Employee: [REDACTED]

Attention: Pauline Bessie  
Telephone: (636) 926-7800  
Fax: (636) 926-7802  
mwatkins@maa-stl.com

Ident: [REDACTED]  
Department:  
Job Title: Labor

DOB: [REDACTED]

Provider: Kibby, Thomas B, MD  
Visit Date: 4/06/12 Time In: 8:15AM Out: 10:36AM

Phone: [REDACTED]  
Purpose: Respirator Exam

**Description of Services**

- 76499-345 XrayBRead X-Ray B Reader
- 71010.TC 71010 X-Ray Chest PA 1 View
- Auth Authorization for Visit
- Biometric Biometrics Form
- BCHealthHis BarnesCare Health Hist &Rev of Sys Quest
- BCPE Ex Form BarnesCare Physical Examination Form
- 99199-970 Asbestos-I Asbestos Initial Medical Questionnaire
- 94010 PFT Spirometry - PFT
- 99499-BHW99499-BHWE BarnesCare Hazardous Waste Exam
- 84202 ZPP Zinc Protoporphyrin Blood
- 83655 Lead Lead Metal Screen (Urine/Serum)

**Orders & Instructions**



SBA 8(a) CERTIFIED  
W/DBE & S/DBE

### QUALITATIVE RESPIRATORY FIT TEST

DATE OF TEST: 7/18/12 CONDUCTED BY:

NAME: John Hensley

The fit tests were conducted according to procedures outlined in the OSHA Asbestos Standards for Construction Industry, 29 CFR 1910.1101 Appendix C. Each respirator was successfully tested based on each employee, accurately reporting to the test conductor that the challenge agent was not detected during testing. It is the responsibility of the employee to assess the comfort of the chosen respirator and to use the respirator properly.

PASS:  FAIL:

- Respirator is selected by the employer on the basis of hazards to which the employee is exposed. Proper selection of respirators shall be made according to guidelines set by the American National Standard Practices for Respiratory Protection.
- Employees will not be assigned to tasks requiring the use of respirators unless it has been declared that he/she is able to perform the work and use the equipment. A written opinion must be obtained first.
- Employees are instructed to clean their respirators on a regular basis, disinfecting them after each use.
- All respirators shall be inspected routinely before and after use. Inspections include checking face piece for cracks and leaks, headband for elasticity, and valves.
- Respirators shall be stored in air-tight plastic bags to protect against dust, sunlight, heat, extreme cold, and chemical damages.
- Employees must change the filter cartridge daily or sooner if the filter is wet or if there is restrictive airflow.
- Employees will not be allowed to work with facial hair that may obstruct the seal of the respirator.
- Employees are instructed to don their masks and breathe normally, and then breathe deeply while the test conductor discharges irritant smoke around the seal.
- Employees are instructed to turn their head from side to side, up/down, and then jog in place for one minute. Repeating after the test conductor, employees will state the rainbow passage. Upon completion of the test, employees shall slightly break their seal taking a small smell of the smoke to ensure that they are not immune to it.

#### RESPIRATOR (CIRCLE ONE)

Negative pressure half/face      Negative pressure full/face      PAPR      Supplied air

#### BRAND (CIRCLE ONE)

North      MSA      Glen Air      Pro Tech      Wilson      Other \_\_\_\_\_

#### SIZE (CIRCLE ONE)

Small      Medium      Large      One size fits all      Cartridge # \_\_\_\_\_



SBA 8(a) CERTIFIED  
W/DBE & S/DBE

### CERTIFICATE OF WORKER'S ACKNOWLEDGMENT

PROJECT NAME: Federal Center

PROJECT ADDRESS: 4300 GDDDFE/DW

CONTRACTOR'S NAME: GEI

WORKING WITH ASBESTOS CAN BE DANGEROUS. INHALING ASBESTOS FIBERS HAS BEEN LINKED WITH VARIOUS TYPES OF CANCER. IF YOU SMOKE AND INHALE ASBESTOS FIBERS THE CHANCE THAT YOU WILL DEVELOP LUNG CANCER IS GREATER THAN THAT OF THE NON-SMOKING PUBLIC.

Your employer's contract with the Owner for the above Project requires that: You be supplied with the proper respirator and be trained in its use. You be trained in safe work practices and in the use of the equipment found on the job. You receive a medical examination. These things are to have been done at no cost to you.

RESPIRATORY PROTECTION: You must have been trained in the proper use of respirators and informed of the type respirator to be used on the above referenced Project. You must be given a copy of the written respiratory protection manual issued by your employer. You must be equipped at no cost with the respirator to be used on the above Project.

TRAINING COURSE: You must have been trained in the dangers inherent in handling asbestos and breathing asbestos dust and in proper Work procedures and personal and area protective measures. The topics covered in the course must have included the following:

- Physical characteristics of asbestos
- Respiratory protection
- Pressure Differential Systems
- Training
- Air monitoring, personal and area
- Health hazards associated with asbestos
- Use of protective equipment
- Work Practices including hands on or on-Job
- Personal decontamination procedures

MEDICAL EXAMINATION: You must have had a medical examination within the past 12 months at no cost to you. This examination must have included: health history, pulmonary function tests and may have included an evaluation of a chest x-ray.

By signing this document you are acknowledging only that the Owner of the building you are about to Work in has advised you of your rights to training and protection relative to your employer, the Contractor.

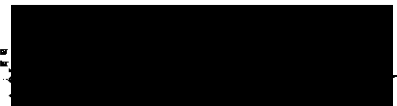
SIGNATURE:



PRINTED NAME:

John Hensley

WITNESS:



OCT 25 2011

Expiration Date: 10/20/2012

Certificate Number: 7112100611MOSR4890

Training Date: 10/6/2011

**Missouri State Certificate for Asbestos Related Occupations**

issued by Department of Natural Resources

P.O. Box 176

Jefferson City, MO 65102

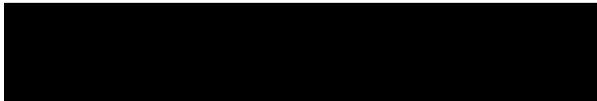
Phone (573) 751-4817

**Thomas P. Kadlez**

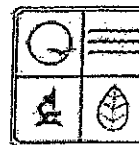
has successfully completed the requirements for certification as a SUPERVISOR. This Missouri State Certification is subject to review and the director may deny, suspend or revoke the certification per RSMo chapter 643.230.

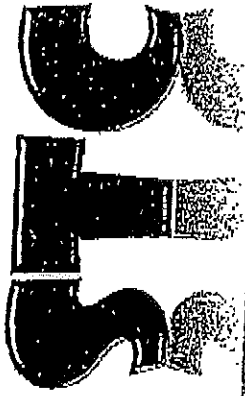
10/21/2011

Date



Director of Air Pollution Control Program





# SAFETY TRAINING CENTER

6520 Manchester Avenue, St. Louis, MO 63139 \* Phone: 314-652-4STC

Environmental and Occupational Safety & Health Training

*Does hereby certify*

**Tom Kadlez**

*Has successfully completed and passed the course examination with  
at least 70% for re-accreditation under AHERA (Title II)*

**Asbestos Contractor/Supervisor Refresher**

Class Date: October 5, 2012  
Examination Date: 10/05/2012  
STC Certificate Number: STC-10052012-000759ACSR  
Certification Expiration: 10/05/2013

David M. Mendoza – President/Training Director  
Certified Environmental Specialist  
OSHA Authorized Instructor

*This training course is accredited by the Illinois Department of Public Health and the Missouri Department of Natural Resources*

Date 09/18/12

**BarnesCare St Peters**  
1901 Trade Center, AFTER HOURS #314-995-0999  
St Peters, MO 63376-1262  
(636) 978-1008, Fax: (636) 978-1926

Page 1

**Encounter Summary**

Company: Midwest Service Group (2716C)  
560 Turner Blvd  
St Peters, MO 63376-1082

Employee: [REDACTED]

Attention: Pauline Bessie  
Telephone: (636) 926-7800  
Fax: (636) 926-7802  
mwatkins@maa-stl.com

Ident: [REDACTED] DOB: [REDACTED]  
Department:  
Job Title:

Provider: Butler, Felicia NP-C

Phone: [REDACTED]

Visit Date: 9/18/12 Time In: 11:30AM Out: 12:45PM Purpose: Respirator Exam

**Description of Services**

76499-345	XrayBRead	X-Ray B Reader
	Auth	Authorization for Visit
	Biometric	Biometrics Form
	BCHealthHis	BarnesCare Health Hist & Rev of Sys Quest
	BCPE Bx Form	BarnesCare Physical Examination Form
94010	PFT	Spirometry - PFT
99499-BHW99499-BHWE		BarnesCare Hazardous Waste Exam
84202	ZPP	Zinc Protoporphyrin Blood
83655	Lead	Lead Metal Screen (Urine/Serum)
99199-700	Asbestos-P	Asbestos Periodic Medical Questionnaire

**Orders & Instructions**

**BarnesCare St Peters**  
1901 Trade Center, AFTER HOURS #314-995-0999  
St Peters, MO 63376-1262  
(636) 978-1008, Fax: (636) 978-1926

**Encounter Summary**

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Attention: Pauline Bessie  
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Fax: (636) 926-7802  
mwatkins@maa-stl.com

Ident: [REDACTED] DOB: [REDACTED]  
Department:  
Job Title:

Provider: Butler, Felicia NP-C  
Visit Date: 9/18/12 Time In: 11:30AM Out: 12:45PM

Phone: [REDACTED]  
Purpose: Respirator Exam

Instructions: RESPIRATORY CLEARANCE PHYS EXAM

**PROVIDER'S WRITTEN OPINION - RESPIRATOR CLEARANCE**

This employee has been examined under the provision of OSHA Standard for Respiratory Protection (29 CFR 1910.134) and the following provisions for the Provider's written opinion:

There are no limitations recommended upon the employee's use of respiratory protective equipment, protective clothing and personal protective equipment.

The employee has been informed by the Provider of the results of the medical examinations and any medical conditions which require further examination. The employee has been provided a copy of the statement.

Any attached information on medical conditions should be treated as confidential medical information in accordance with Section 102C of the AMERICANS WITH DISABILITIES ACT.

PFT reviewed by: Felicia Butler, NP

Instructions: Basic Physical Clearance

**SPECIFIC INSTRUCTIONS OF PLACEMENT**

Based on the information provided to me by the employer and my medical findings, I find this employee is capable of working without any identified restriction(s).

The Preceding classification is based on available information and is subject to the accuracy and depth of the essential job functions.

Normal Exam



SBA 8(a) CERTIFIED  
W/DBE & S/DBE

### QUALITATIVE RESPIRATORY FIT TEST

DATE OF TEST: 10/6/11 CONDUCTED BY: [REDACTED]

NAME: Thomas Kadletz [REDACTED]

The fit tests were conducted according to procedures outlined in the OSHA Asbestos Standards for Construction Industry, 29 CFR 1910.1101 Appendix C. Each respirator was successfully tested based on each employee, accurately reporting to the test conductor that the challenge agent was not detected during testing. It is the responsibility of the employee to assess the comfort of the chosen respirator and to use the respirator properly.

PASS: X FAIL: \_\_\_\_\_

- Respirator is selected by the employer on the basis of hazards to which the employee is exposed. Proper selection of respirators shall be made according to guidelines set by the American National Standard Practices for Respiratory Protection.
- Employees will not be assigned to tasks requiring the use of respirators unless it has been declared that he/she is able to perform the work and use the equipment. A written opinion must be obtained first.
- Employees are instructed to clean their respirators on a regular basis, disinfecting them after each use.
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**RESPIRATOR (CIRCLE ONE)**

Negative pressure half/face

Negative pressure full/face

PAPR

Supplied air

**BRAND (CIRCLE ONE)**

North

MSA

Glen Air

Pro Tech

Wilson

Other \_\_\_\_\_

**SIZE (CIRCLE ONE)**

Small

Medium

Large

One size fits all

Cartridge # \_\_\_\_\_





SBA 8(a) CERTIFIED  
W/DBE & S/DBE

### CERTIFICATE OF WORKER'S ACKNOWLEDGMENT

PROJECT NAME: Federal Center

PROJECT ADDRESS: 4300 GDDDFELLOW

CONTRACTOR'S NAME: GEI

WORKING WITH ASBESTOS CAN BE DANGEROUS. INHALING ASBESTOS FIBERS HAS BEEN LINKED WITH VARIOUS TYPES OF CANCER. IF YOU SMOKE AND INHALE ASBESTOS FIBERS THE CHANCE THAT YOU WILL DEVELOP LUNG CANCER IS GREATER THAN THAT OF THE NON-SMOKING PUBLIC.

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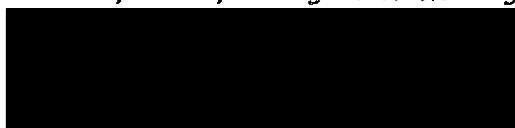
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TRAINING COURSE: You must have been trained in the dangers inherent in handling asbestos and breathing asbestos dust and in proper Work procedures and personal and area protective measures. The topics covered in the course must have included the following:

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- Health hazards associated with asbestos
- Use of protective equipment
- Work Practices including hands on or on-Job
- Personal decontamination procedures

MEDICAL EXAMINATION: You must have had a medical examination within the past 12 months at no cost to you. This examination must have included: health history, pulmonary function tests and may have included an evaluation of a chest x-ray.

By signing this document you are acknowledging only that the Owner of the building you are about to Work in has advised you of your rights to training and protection relative to your employer, the Contractor.

SIGNATURE: 

PRINTED NAME: Tommy Kadler

WITNESS: 

Expiration Date 8/16/2013

Certificate Number: 7118072112MOSR109744

Training Date: 7/21/2012

**Missouri State Certificate for Asbestos Related Occupation**

issued by Department of Natural Resources

P.O. Box 176

Jefferson City, MO 65102

Phone (573) 751-4817

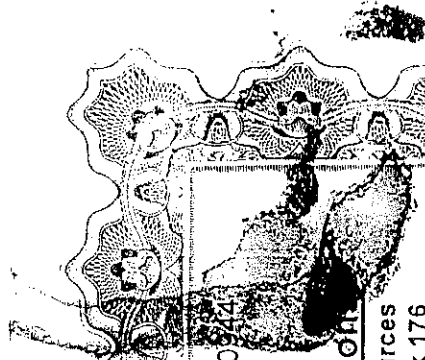
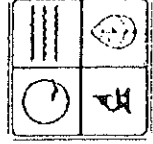
**Andrew Charles Kellerman**

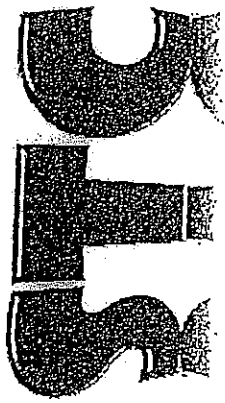
has successfully completed the requirements for certification as a SUPERVISOR. This Missouri State Certification is subject to review and the director may deny, suspend or revoke the certification per RSMo chapter 643.230.

8/17/2012

Date

Director of Air Pollution Control Program





# SAFETY TRAINING CENTER

6520 Manchester Avenue, St. Louis, MO 63139 \* Phone: 314-652-4STC

Environmental and Occupational Safety & Health Training

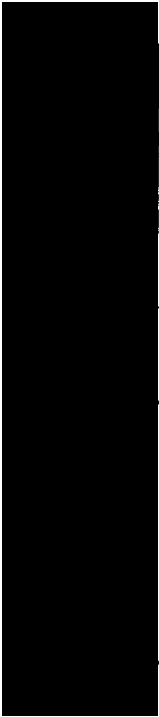
*Does hereby certify*

**Andrew Kellerman**

*Has successfully completed and passed the course examination with at least 70% for re-accreditation under AHERA (Title II)*

**Asbestos Contractor/Supervisor Refresher**

Class Date: July 21, 2012  
Examination Date: 07/21/2012  
STC Certificate Number: 5TC-07212012-00641ACSR  
Certification Expiration: 07/21/2013



David M. Mendoza – President/Training Director  
Certified Environmental Specialist  
OSHA Authorized Instructor

BarnesCare Westport  
11501 Page Service, AFTER HOURS #314-995-0999  
St Louis, MO 63146-3530  
(314) 993-3014, Fax: (314) 993-7031

**Encounter Summary**

Company: Midwest Service Group (2716C)  
560 Turner Blvd  
St Peters, MO 63376-1082

Employee: [Redacted]

Attention: Pauline Bessie  
Telephone: (636) 926-7800  
Fax: (636) 926-7802  
mwatkins@maa-stl.com

Ident: [Redacted] DOB: [Redacted]  
Department:  
Job Title: Laborer  
Phone:

Provider: Kibby, Thomas B, MD  
Visit Date: 4/06/12 Time In: 2:52PM Out: 3:04PM Purpose: Respirator Exam

**Orders & Instructions**

Instructions: ALL-HAZARD EXAM WRITTEN OPINION

This employee has been examined for the following exposures or assignments: Specific Hazards

Asbestos 1910.1001, 1926.1101 and Lead 1910.1025

There are no detected medical conditions that may place this employee at increased risk of material impairment of the employee's health from this work or further exposure. There are no recommended special protective measures or limitations upon the employee's exposure to this material. There are no limitations recommended upon the employee's use of respiratory protective equipment, protective clothing or other personal protective equipment. The employee has been informed by the provider of the results of the medical examination and any medical conditions which require further examination. The employee has been informed by the provider of the increased risk of lung cancer attributable to the combined effect of smoking and asbestos exposure. The provider has determined that no non-routine follow-up evaluations are needed.

The employee has been provided a copy of this statement.

Signature: [Redacted]

Date: 4/06/12



SBA 8(a) CERTIFIED  
W/DBE & S/DBE

### QUALITATIVE RESPIRATORY FIT TEST

DATE OF TEST: 7/18/12 CONDUCTED BY: [REDACTED]

NAME: Andy Kellerman [REDACTED]

The fit tests were conducted according to procedures outlined in the OSHA Asbestos Standards for Construction Industry, 29 CFR 1910.1101 Appendix C. Each respirator was successfully tested based on each employee, accurately reporting to the test conductor that the challenge agent was not detected during testing. It is the responsibility of the employee to assess the comfort of the chosen respirator and to use the respirator properly.

PASS: X FAIL: \_\_\_\_\_

- Respirator is selected by the employer on the basis of hazards to which the employee is exposed. Proper selection of respirators shall be made according to guidelines set by the American National Standard Practices for Respiratory Protection.
- Employees will not be assigned to tasks requiring the use of respirators unless it has been declared that he/she is able to perform the work and use the equipment. A written opinion must be obtained first.
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**RESPIRATOR (CIRCLE ONE)**

Negative pressure half/face      Negative pressure full/face      PAPR      Supplied air

**BRAND (CIRCLE ONE)**

North      MSA      Glen Air      Pro Tech      Wilson      Other \_\_\_\_\_

**SIZE (CIRCLE ONE)**

Small      Medium      Large      One size fits all      Cartridge # \_\_\_\_\_



SBA 8(a) CERTIFIED  
W/DBE & S/DBE

## CERTIFICATE OF WORKER'S ACKNOWLEDGMENT

PROJECT NAME: Federal Center

PROJECT ADDRESS: 4300 GDDDFEILDW

CONTRACTOR'S NAME: GEI

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Training  
Air monitoring, personal and area

Health hazards associated with asbestos  
Use of protective equipment  
Work Practices including hands on or on-Job  
Personal decontamination procedures

**MEDICAL EXAMINATION:** You must have had a medical examination within the past 12 months at no cost to you. This examination must have included: health history, pulmonary function tests and may have included an evaluation of a chest x-ray.

By signing this document you are acknowledging only that the Owner of the building you are about to Work in has advised you of your rights to training and protection relative to your employer, the Contractor.

SIGNATURE: [REDACTED]

PRINTED NAME: Andrew C. Kellerman WITNESS: [REDACTED]

Expiration Date: 1/17/2013

Certificate Number: 7011011412MOSR8958

Training Date: 1/14/2012

**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

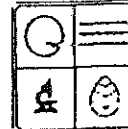
**Matthew E. Lour**

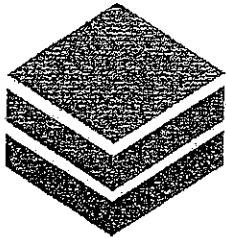
has successfully completed the requirements for certification as a SUPERVISOR. This Missouri State Certification is subject to review and the director may deny, suspend or revoke the certification per RSMo chapter 643.230.

1/18/2012

Date

Director of Air Pollution Control Program





**META**  
 Mayhew Environmental Training Associates  
 I N C O R P O R A T E D

Certificate # 7ME01141210ASR0004

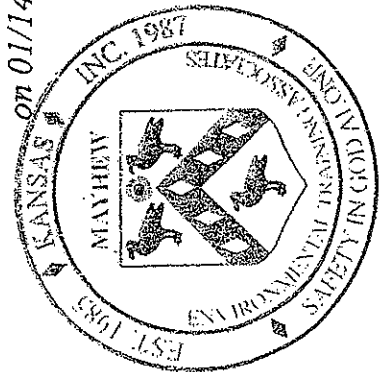
*This is to certify that*

**Matthew E. Lour**

*has on 01/14/2012, in St. Charles, MO completed the requirements for asbestos accreditation under Section 206 of TSCA Title II, 15 U.S.C. 2646*

**AHERA Asbestos Supervisor Refresher Course**

*as approved by the U.S.E.P.A. under 40 C.F.R. 763 (AHERA) on 01/14/2012 - 01/14/2012 and passed the associated examination on 01/14/2012 with a score of 70% or better*  
 CM = 0.00 Pts.



[Redacted]

*Instructor  
 Dean Althage*

[Redacted]

*President  
 Thomas Bradford Mayhew*

Accreditation Expires: 1/14/13

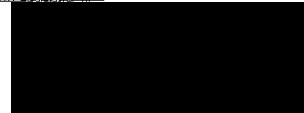
META - P.O. Box 786 - Lawrence KS 66044 - 800-444-6382



**Encounter Summary**

Company: Midwest Service Group (2716C)  
560 Turner Blvd  
St Peters, MO 63376-1082

Employee:



Attention: Pauline Bessie  
Telephone: (636) 926-7800  
Fax: (636) 926-7802  
mwatkins@maa-stl.com

Ident:  
Department:  
Job Title:



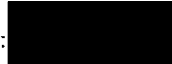
DOB:



Provider: Kibby, Thomas B, MD  
Visit Date: 4/06/12 Time In: 10:54AM Out: 1:40PM

Purpose: Respirator Exam

Phone:



**Description of Services**

Auth	Authorization for Visit
Biometric	Biometrics Form
BCHealthHis	BarnesCare Health Hist & Rev of Sys Quest
BCPE Ex Form	BarnesCare Physical Examination Form
99199-970	Asbestos-I Asbestos Initial Medical Questionnaire
94010	PFT Spirometry - PFT
99499-BHW99499-BHWE	BarnesCare Hazardous Waste Exam
84202	ZPP Zinc Protoporphyrin Blood
83655	Lead Lead Metal Screen (Urine/Serum)
71010.TC 71010	X-Ray Chest PA 1 View
76499-345	XrayBRead X-Ray B Reader
80100-865	P710 Drug Screen 10/50

RECEIVED

APR 27 2012

MIDWEST SERVICE GROUP

**Orders & Instructions**



SBA 8(a) CERTIFIED  
W/DBE & S/DBE

### QUALITATIVE RESPIRATORY FIT TEST

DATE OF TEST: 7/12/12 CONDUCTED BY: \_\_\_\_\_

NAME: MATTHEW LOUR



The fit tests were conducted according to procedures outlined in the OSHA Asbestos Standards for Construction Industry, 29 CFR 1910.1101 Appendix C. Each respirator was successfully tested based on each employee, accurately reporting to the test conductor that the challenge agent was not detected during testing. It is the responsibility of the employee to assess the comfort of the chosen respirator and to use the respirator properly.

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SBA 8(a) CERTIFIED  
W/DBE & S/DBE

### CERTIFICATE OF WORKER'S ACKNOWLEDGMENT

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PROJECT ADDRESS: 4300 G D D A F E L L O W

CONTRACTOR'S NAME: GEI

WORKING WITH ASBESTOS CAN BE DANGEROUS. INHALING ASBESTOS FIBERS HAS BEEN LINKED WITH VARIOUS TYPES OF CANCER. IF YOU SMOKE AND INHALE ASBESTOS FIBERS THE CHANCE THAT YOU WILL DEVELOP LUNG CANCER IS GREATER THAN THAT OF THE NON-SMOKING PUBLIC.

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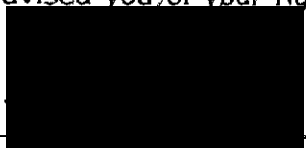
RESPIRATORY PROTECTION: You must have been trained in the proper use of respirators and informed of the type respirator to be used on the above referenced Project. You must be given a copy of the written respiratory protection manual issued by your employer. You must be equipped at no cost with the respirator to be used on the above Project.

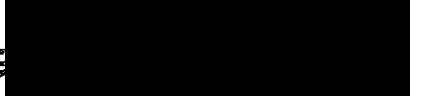
TRAINING COURSE: You must have been trained in the dangers inherent in handling asbestos and breathing asbestos dust and in proper Work procedures and personal and area protective measures. The topics covered in the course must have included the following:

- Physical characteristics of asbestos
- Respiratory protection
- Pressure Differential Systems
- Training
- Air monitoring, personal and area
- Health hazards associated with asbestos
- Use of protective equipment
- Work Practices including hands on or on-Job
- Personal decontamination procedures

MEDICAL EXAMINATION: You must have had a medical examination within the past 12 months at no cost to you. This examination must have included: health history, pulmonary function tests and may have included an evaluation of a chest x-ray.

By signing this document you are acknowledging only that the Owner of the building you are about to Work in has advised you of your rights to training and protection relative to your employer, the Contractor.

SIGNATURE:  

PRINTED NAME: Matt Loo WITNESS: 

CERTIFICATION  
NUMBER: **7117081712MOSR7614**

THIS CERTIFIES

**Sean M. McCarthy**  
HAS COMPLETED THE CERTIFICATION  
REQUIREMENTS FOR  
**Supervisor**

APPROVED: **8/23/2012** TRAINING DATE **8/17/2012**

EXPIRES: **8/22/2013**

Director of Air Pollution Control Program

Expiration Date **8/22/2013** Certificate Number: **7117081712MOSR7614**

Training Date: **8/17/2012**

**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

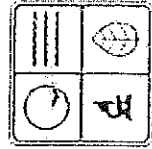
**Sean M. McCarthy**

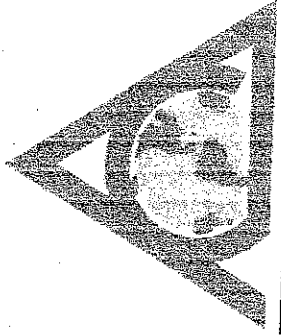
has successfully completed the requirements for certification as a SUPERVISOR. This Missouri State Certification is subject to review and the director may deny, suspend or revoke the certification per RSMo chapter 643.230.

**8/23/2012**

Date

Director of Air Pollution Control Program





**Farmer  
Environmental  
Services, LLC**

108 Emerald Hills, Edwardsville, IL 62025 Phone: (618) 656-6988 Fax: (618) 656-8353

Does hereby certify that

**Sean McCarthy**

**[REDACTED]**  
has successfully completed and passed the course examination with a minimum score of 70 percent for re-accreditation under AHERA (TSCA Title II)

**Asbestos Contractor/ Supervisor Refresher**

Class Date: August 17, 2012

Examination Date: August 17, 2012

Certification Number: ACS2012-08-17-0002

Certificate Expiration: August 17, 2013

**[REDACTED]**  
Rick Menser- Training Instructor

This training course is accredited by the Missouri Department of Natural Resources and the Illinois Department of Public Health

BarnesCare St Peters  
1901 Trade Center, AFTER HOURS #314-995-0999  
St Peters, MO 63376-1262  
(636) 978-1008, Fax: (636) 978-1926

**Encounter Summary**

Company: Midwest Service Group (2716C)  
560 Turner Blvd  
St Peters, MO 63376-1082

Employee: [REDACTED]

Attention: Pauline Bessie  
Telephone: (636) 926-7800  
Fax: (636) 926-7802  
mwatkins@maa-stl.com

Ident: [REDACTED]  
Department:  
Job Title: Supervisor

DOB: [REDACTED]

Provider: Tobiasz, Andrea T, APRN, BC

Phone: [REDACTED]

Visit Date: 9/10/12 Time In: 12:08PM Out: 1:12PM Purpose: Post Offer Exam

**Description of Services**

	Auth	Authorization for Visit
	Biometric	Biometrics Form
	BCHealthHis	BarnesCare Health Hist & Rev of Sys Quest
	BCPE Ex Form	BarnesCare Physical Examination Form
94010	PFT	Spirometry - PFT
99499-BHW99499-BHWE		BarnesCare Hazardous Waste Exam
84202	ZPP	Zinc Protoporphyrin Blood
83655	Lead	Lead Metal Screen (Urine/Serum)
99199-700	Asbestos-P	Asbestos Periodic Medical Questionnaire
76499-345	XrayBRead	X-Ray B Reader
71010.TC	71010	X-Ray Chest PA 1 View

**Orders & Instructions**

Instructions: Basic Physical Clearance

**SPECIFIC INSTRUCTIONS OF PLACEMENT**

Based on the information provided to me by the employer and my medical findings, I find this employee is capable of working without any identified restriction(s).

The Preceding classification is based on available information and is subject to the accuracy and depth of the essential job functions.

**Encounter Summary**

Company: Midwest Service Group (2716C)  
560 Turner Blvd  
St Peters, MO 63376-1082

Employee: [REDACTED]

Attention: Pauline Bessie  
Telephone: (636) 926-7800  
Fax: (636) 926-7802  
mwatkins@maa-stl.com

Ident: [REDACTED]  
Department:  
Job Title: Supervisor

DOB: [REDACTED]

Provider: Tobiasz, Andrea T, APRN, BC  
Visit Date: 9/10/12 Time In: 12:08PM Out: 1:12PM

Purpose: Post Offer Exam

Phone: [REDACTED]

Instructions: RESPIRATORY CLEARANCE PHYS EXAM

**PROVIDER'S WRITTEN OPINION - RESPIRATOR CLEARANCE**

This employee has been examined under the provision of OSHA Standard for Respiratory Protection (29 CFR 1910.134) and the following provisions for the Provider's written opinion:

There are no limitations recommended upon the employee's use of respiratory protective equipment, protective clothing and personal protective equipment.

The employee has been informed by the Provider of the results of the medical examinations and any medical conditions which require further examination. The employee has been provided a copy of the statement.

Any attached information on medical conditions should be treated as confidential medical information in accordance with Section 102C of the AMERICANS WITH DISABILITIES ACT.

PFT reviewed by: Andrea Tobiasz, NP



SBA 8(a) CERTIFIED  
W/DBE & S/DBE

### QUALITATIVE RESPIRATORY FIT TEST

DATE OF TEST: 7/18/12 CONDUCTED BY: \_\_\_\_\_

NAME: Sean McCarthy \_\_\_\_\_

The fit tests were conducted according to procedures outlined in the OSHA Asbestos Standards for Construction Industry, 29 CFR 1910.1101 Appendix C. Each respirator was successfully tested based on each employee, accurately reporting to the test conductor that the challenge agent was not detected during testing. It is the responsibility of the employee to assess the comfort of the chosen respirator and to use the respirator properly.

PASS: X FAIL: \_\_\_\_\_

- Respirator is selected by the employer on the basis of hazards to which the employee is exposed. Proper selection of respirators shall be made according to guidelines set by the American National Standard Practices for Respiratory Protection.
- Employees will not be assigned to tasks requiring the use of respirators unless it has been declared that he/she is able to perform the work and use the equipment. A written opinion must be obtained first.
- Employees are instructed to clean their respirators on a regular basis, disinfecting them after each use.
- All respirators shall be inspected routinely before and after use. Inspections include checking face piece for cracks and leaks, headband for elasticity, and valves.
- Respirators shall be stored in air-tight plastic bags to protect against dust, sunlight, heat, extreme cold, and chemical damages.
- Employees must change the filter cartridge daily or sooner if the filter is wet or if there is restrictive airflow.
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**RESPIRATOR (CIRCLE ONE)**

Negative pressure half/face

Negative pressure full/face

PAPR

Supplied air

**BRAND (CIRCLE ONE)**

North

MSA

Glen Air

Pro Tech

Wilson

Other \_\_\_\_\_

**SIZE (CIRCLE ONE)**

Small

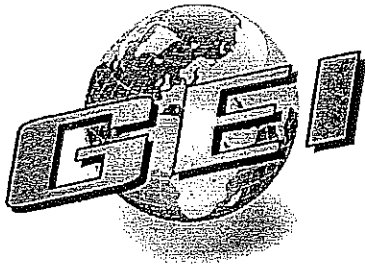
Medium

Large

One size fits all

Cartridge # \_\_\_\_\_





SBA 8(a) CERTIFIED  
W/DBE & S/DBE

### CERTIFICATE OF WORKER'S ACKNOWLEDGMENT

PROJECT NAME: Federal Center

PROJECT ADDRESS: 4300 GDDDFELLOW

CONTRACTOR'S NAME: GEI

WORKING WITH ASBESTOS CAN BE DANGEROUS. INHALING ASBESTOS FIBERS HAS BEEN LINKED WITH VARIOUS TYPES OF CANCER. IF YOU SMOKE AND INHALE ASBESTOS FIBERS THE CHANCE THAT YOU WILL DEVELOP LUNG CANCER IS GREATER THAN THAT OF THE NON-SMOKING PUBLIC.

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Pressure Differential Systems  
Training  
Air monitoring, personal and area

Health hazards associated with asbestos  
Use of protective equipment  
Work Practices including hands on or on-Job  
Personal decontamination procedures

MEDICAL EXAMINATION: You must have had a medical examination within the past 12 months at no cost to you. This examination must have included: health history, pulmonary function tests and may have included an evaluation of a chest x-ray.

By signing this document you are acknowledging only that the Owner of the building you are about to Work in has advised you of your rights to training and protection relative to your employer, the Contractor.

SIGNATURE:

PRINTED NAME: Sean McCarthy WITNESS:

Expiration Date: **1/17/2013**

Certificate Number: 7011011412MOSR6769

Training Date: **1/14/2012**

**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

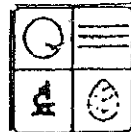
**Thomas A. Miller**

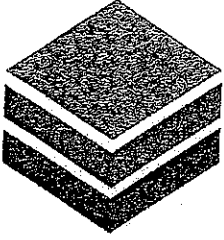
has successfully completed the requirements for certification as a SUPERVISOR. This Missouri State Certification is subject to review and the director may deny, suspend or revoke the certification per RSMo chapter 643.230.

**1/18/2012**

Date

Director of Air Pollution Control Program





**M·E·T·A**  
Mayhew Environmental Training Associates  
I N C O R P O R A T E D

Certificate # 7ME01141208ASR0013

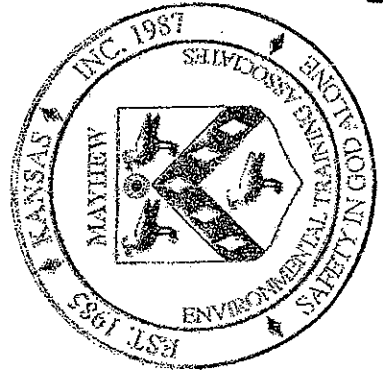
*This is to certify that*

**Thomas A. Miller**

*has on 01/14/2012, in St. Charles, MO  
completed the requirements for asbestos accreditation under Section 206 of TSCA Title II, 15 U.S.C. 2646*

**AHERA Asbestos Supervisor Refresher Course**

*as approved by the State of Missouri and the U.S.E.P.A. under 40 C.F.R. 763 (AHERA)  
on 01/14/2012 - 01/14/2012 and passed the associated examination on 01/14/2012  
with a score of 70% or better*



*Instructor  
Dean Althage*



*President  
Thomas Bradford Mayhew*



Accreditation Expires: 1/14/13

META - P.O. Box 786 - Lawrence KS 66044 - 800-444-6382

Date 04/17/12

Page 2

**BarnesCare St Peters**  
1901 Trade Center, AFTER HOURS #314-995-0999  
St Peters, MO 63376-1262  
(636) 978-1008, Fax: (636) 978-1926

**Encounter Summary**

Company:	Midwest Service Group (2716C) 560 Turner Blvd St Peters, MO 63376-1082	Employee:	[REDACTED]
Attention:	Pauline Bessie	Ident:	[REDACTED]
Telephone:	(636) 926-7800	Department:	[REDACTED]
Fax:	(636) 926-7802	Job Title:	[REDACTED]
Provider:	mwatkins@maa-stl.com Butler, Felicia NP-C	DOB:	[REDACTED]
Visit Date:	4/17/12 Time In: 1:58PM Out: 2:59PM	Purpose:	Respirator Exam
Phone:		[REDACTED]	

Instructions: RESPIRATORY CLEARANCE PHYS EXAM

**PROVIDER'S WRITTEN OPINION - RESPIRATOR CLEARANCE**

This employee has been examined under the provision of OSHA Standard for Respiratory Protection (29 CFR 1910.134) and the following provisions for the Provider's written opinion:

There are no limitations recommended upon the employee's use of respiratory protective equipment, protective clothing and personal protective equipment.

Normal Exam

The employee has been informed by the Provider of the results of the medical examinations and any medical conditions which require further examination. The employee has been provided a copy of the statement.

Any attached information on medical conditions should be treated as confidential medical information in accordance with Section 102C of the AMERICANS WITH DISABILITIES ACT.

PFT reviewed by: Felicia Butler, NP



SBA 8(a) CERTIFIED  
W/DBE & S/DBE

### QUALITATIVE RESPIRATORY FIT TEST

DATE OF TEST: 7/12/12 CONDUCTED BY: [REDACTED]

NAME: Thomas Miller [REDACTED]

The fit tests were conducted according to procedures outlined in the OSHA Asbestos Standards for Construction Industry, 29 CFR 1910.1101 Appendix C. Each respirator was successfully tested based on each employee, accurately reporting to the test conductor that the challenge agent was not detected during testing. It is the responsibility of the employee to assess the comfort of the chosen respirator and to use the respirator properly.

PASS: X FAIL: \_\_\_\_\_

- Respirator is selected by the employer on the basis of hazards to which the employee is exposed. Proper selection of respirators shall be made according to guidelines set by the American National Standard Practices for Respiratory Protection.
- Employees will not be assigned to tasks requiring the use of respirators unless it has been declared that he/she is able to perform the work and use the equipment. A written opinion must be obtained first.
- Employees are instructed to clean their respirators on a regular basis, disinfecting them after each use.
- All respirators shall be inspected routinely before and after use. Inspections include checking face piece for cracks and leaks, headband for elasticity, and valves.
- Respirators shall be stored in air-tight plastic bags to protect against dust, sunlight, heat, extreme cold, and chemical damages.
- Employees must change the filter cartridge daily or sooner if the filter is wet or if there is restrictive airflow.
- Employees will not be allowed to work with facial hair that may obstruct the seal of the respirator.
- Employees are instructed to don their masks and breathe normally, and then breathe deeply while the test conductor discharges irritant smoke around the seal.
- Employees are instructed to turn their head from side to side, up/down, and then jog in place for one minute. Repeating after the test conductor, employees will state the rainbow passage. Upon completion of the test, employees shall slightly break their seal taking a small smell of the smoke to ensure that they are not immune to it.

**RESPIRATOR (CIRCLE ONE)**

Negative pressure half/face

Negative pressure full/face

PAPR

Supplied air

**BRAND (CIRCLE ONE)**

North

MSA

Glen Air

Pro Tech

Wilson

Other \_\_\_\_\_

**SIZE (CIRCLE ONE)**

Small

Medium

Large

One size fits all

Cartridge # \_\_\_\_\_



SBA 8(a) CERTIFIED  
W/DBE & S/DBE

### CERTIFICATE OF WORKER'S ACKNOWLEDGMENT

PROJECT NAME: Federal Center

PROJECT ADDRESS: 4300 GODDARD FELLOW

CONTRACTOR'S NAME: GEI

WORKING WITH ASBESTOS CAN BE DANGEROUS. INHALING ASBESTOS FIBERS HAS BEEN LINKED WITH VARIOUS TYPES OF CANCER. IF YOU SMOKE AND INHALE ASBESTOS FIBERS THE CHANCE THAT YOU WILL DEVELOP LUNG CANCER IS GREATER THAN THAT OF THE NON-SMOKING PUBLIC.

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RESPIRATORY PROTECTION: You must have been trained in the proper use of respirators and informed of the type respirator to be used on the above referenced Project. You must be given a copy of the written respiratory protection manual issued by your employer. You must be equipped at no cost with the respirator to be used on the above Project.

TRAINING COURSE: You must have been trained in the dangers inherent in handling asbestos and breathing asbestos dust and in proper Work procedures and personal and area protective measures. The topics covered in the course must have included the following:

Physical characteristics of asbestos  
Respiratory protection  
Pressure Differential Systems  
Training  
Air monitoring, personal and area

Health hazards associated with asbestos  
Use of protective equipment  
Work Practices including hands on or on-Job  
Personal decontamination procedures

MEDICAL EXAMINATION: You must have had a medical examination within the past 12 months at no cost to you. This examination must have included: health history, pulmonary function tests and may have included an evaluation of a chest x-ray.

By signing this document you are acknowledging only that the Owner of the building you are about to Work in has advised you of your rights to training and protection relative to your employer, the Contractor.

SIGNATURE:

PRINTED NAME: Thomas Miller WITNESS: Nicolina Briguglio

Expiration Date 1/12/2013  
Training Date: 1/6/2012

Certificate Number: 7118010612MOSR10847

**Missouri State Certificate for Asbestos Related Occupations**

issued by Department of Natural Resources

P.O. Box 176  
Jefferson, Cjty, MO 65102  
Phone (573) 751-4817

**Anthony S. Missel**

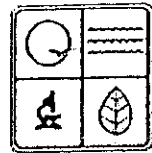
has successfully completed the requirements for certification as a SUPERVISOR. This Missouri State Certification is subject to review and the director may deny, suspend or revoke the certification per RSMo chapter 643.230.

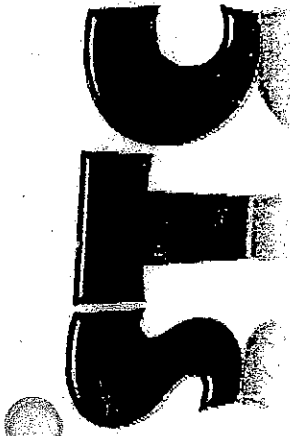
1/13/2012

Date



Director of Air Pollution Control Program





# SAFETY TRAINING CENTER

4512 Manchester Avenue, Suite 101, St. Louis, MO 63110 \* Phone: 314-652-4STC

Environmental and Occupational Safety & Health Training

*Does hereby certify*

**Anthony Missel**

*Has successfully completed and passed the course examination with  
at least 70% for re-accreditation under AHERA (Title II)*

**Asbestos Contractor/Supervisor Refresher**

**Class Date:** January 06, 2012  
**Examination Date:** 01/06/2012  
**STC Certificate Number:** STC-01062012-000248ACSR  
**Certification Expiration:** 01/06/2013

David M. Mendoza - President/Training Director  
Certified Environmental Specialist  
OSHA Authorized Instructor



**Encounter Summary**

Company: Global Environmental Inc (1738C)  
7225 St Charles Rock Rd  
Pagedale, MO 63133

Employee: [REDACTED]

Attention: Vicki Dunn  
Telephone: (314) 575-5769  
Fax: (636) 928-6599  
vdunnglobal@ymail.com

Ident: [REDACTED] DOB: [REDACTED]  
Department:  
Job Title:

Provider: Butler, Felicia NP-C  
Visit Date: 7/02/12 Time In: 8:02AM Out: 9:08AM

Phone: [REDACTED]  
Purpose: Respirator Exam

Instructions: RESPIRATORY CLEARANCE PHYS EXAM

**PROVIDER'S WRITTEN OPINION - RESPIRATOR CLEARANCE**

This employee has been examined under the provision of OSHA Standard for Respiratory Protection (29 CFR 1910.134) and the following provisions for the Provider's written opinion:

There are no limitations recommended upon the employee's use of respiratory protective equipment, protective clothing and personal protective equipment.

The employee has been informed by the Provider of the results of the medical examinations and any medical conditions which require further examination. The employee has been provided a copy of the statement.

Any attached information on medical conditions should be treated as confidential medical information in accordance with Section 102C of the AMERICANS WITH DISABILITIES ACT.

PFT reviewed by: Felicia Butler, NP



SBA 8(a) CERTIFIED  
W/DBE & S/DBE

### QUALITATIVE RESPIRATORY FIT TEST

DATE OF TEST: 7-2-12 CONDUCTED BY:

NAME: Anthony missel

The fit tests were conducted according to procedures outlined in the OSHA Asbestos Standards for Construction Industry, 29 CFR 1910.1101 Appendix C. Each respirator was successfully tested based on each employee, accurately reporting to the test conductor that the challenge agent was not detected during testing. It is the responsibility of the employee to assess the comfort of the chosen respirator and to use the respirator properly.

PASS:  FAIL:

- Respirator is selected by the employer on the basis of hazards to which the employee is exposed. Proper selection of respirators shall be made according to guidelines set by the American National Standard Practices for Respiratory Protection.
- Employees will not be assigned to tasks requiring the use of respirators unless it has been declared that he/she is able to perform the work and use the equipment. A written opinion must be obtained first.
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**RESPIRATOR (CIRCLE ONE)**

Negative pressure half/face

Negative pressure full/face

PAPR

Supplied air

**BRAND (CIRCLE ONE)**

Morh

MSA

Glen Air

Pro Tech

Wilson

Other \_\_\_\_\_

**SIZE (CIRCLE ONE)**

Small

Medium

Large

One size fits all

Cartridge # P100



SBA 8(a) CERTIFIED  
W/DBE & S/DBE

### CERTIFICATE OF WORKER'S ACKNOWLEDGMENT

PROJECT NAME: Federal Center

PROJECT ADDRESS: 43DD GDDDFEILDW

CONTRACTOR'S NAME: GEI

WORKING WITH ASBESTOS CAN BE DANGEROUS. INHALING ASBESTOS FIBERS HAS BEEN LINKED WITH VARIOUS TYPES OF CANCER. IF YOU SMOKE AND INHALE ASBESTOS FIBERS THE CHANCE THAT YOU WILL DEVELOP LUNG CANCER IS GREATER THAN THAT OF THE NON-SMOKING PUBLIC.

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RESPIRATORY PROTECTION: You must have been trained in the proper use of respirators and informed of the type respirator to be used on the above referenced Project. You must be given a copy of the written respiratory protection manual issued by your employer. You must be equipped at no cost with the respirator to be used on the above Project.

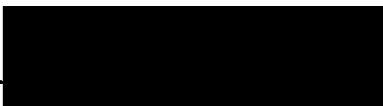

TRAINING COURSE: You must have been trained in the dangers inherent in handling asbestos and breathing asbestos dust and in proper Work procedures and personal and area protective measures. The topics covered in the course must have included the following:


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- Pressure Differential Systems
- Training
- Air monitoring, personal and area

- Health hazards associated with asbestos
- Use of protective equipment
- Work Practices including hands on or on-Job
- Personal decontamination procedures

MEDICAL EXAMINATION: You must have had a medical examination within the past 12 months at no cost to you. This examination must have included: health history, pulmonary function tests and may have included an evaluation of a chest x-ray.

By signing this document you are acknowledging only that the Owner of the building you are about to Work in has advised you of your rights to training and protection relative to your employer, the Contractor.

SIGNATURE:  

PRINTED NAME: Anthony missel WITNESS: 

Expiration Date: **1/17/2013**

Certificate Number: 7011011412MOSR7615

Training Date: **1/14/2012**

**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

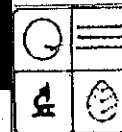
**John Gregory Perkins**

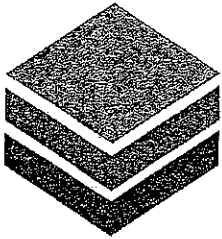
has successfully completed the requirements for certification as a SUPERVISOR. This Missouri State Certification is subject to review and the director may deny, suspend or revoke the certification per RSMo chapter 643.230.

1/18/2012

Date

Director of Air Pollution Control Program





**M·E·T·A**  
 Mayhew Environmental Training Associates  
 I N C O R P O R A T E D

Certificate # 7ME01141208ASR0020

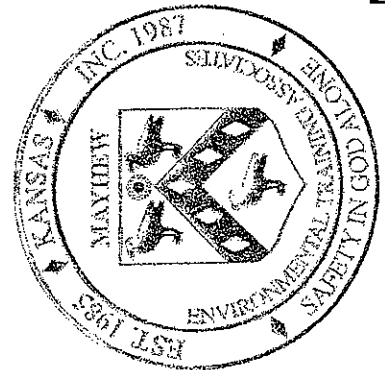
*This is to certify that*

**John Perkins**

*has on 01/14/2012, in St. Charles, MO  
 completed the requirements for asbestos accreditation under Section 206 of TSCA Title II, 15 U.S.C. 2646*

**AHERA Asbestos Supervisor Refresher Course**

*as approved by the State of Missouri and the U.S.E.P.A. under 40 C.F.R. 763 (AHERA)  
 on 01/14/2012 - 01/14/2012 and passed the associated examination on 01/14/2012  
 with a score of 70% or better*



*Instructor  
 Dean Althaus*



*President  
 Thomas Bradford Mayhew*



*Accreditation Expires: 1/14/13*

**META - P.O. Box 786 - Lawrence KS 66044 - 800-444-6382**

Concentra Medical Centers (MO)

128 Matrix Commons Dr FENTON, MO 63026
Phone: (636) 349-6850 Fax: (636) 349-6641

EMPLOYER AUTHORIZATION AND INFORMATION FOR RESPIRATORY EVALUATION

EMPLOYER TO COMPLETE THE FOLLOWING :

Employee Name: Perkins, John G.

Employer: Cenpro Services Inc

Check Type of Respirator(s) To Be Used (Check ALL that apply)

- Air-purifying (non-powered)
Air-purifying (powered)
Atmosphere supplying Respirator
Combination air-line and SCBA
Continuous-Flow Respirator
Supplied-Air Respirator
Open Circuit SCBA
Closed Circuit SCBA
Dust Mask
1/2 Face with Canisters
Full Face with Canisters

Make: Model: Cartridge:

Special Work Conditions (Check ALL That Apply When Wearing Respirator)

- High Places
Enclosed Places
Protective Clothing
Temperature Extremes
Mostly Cold
Mostly Hot
Other:

Questionare will be: HAND CARRIED MAILED OTHER

Address:

Employee SSN:

Extent of Usage (Check ALL that apply)

- On a daily basis Total Hours
Occasionally - but not more than twice a week Total Hours
Rarely - or for Emergency situations only Total Hours

Expected Physical Effort Required (Check ALL that apply)

- Light
Moderate
Heavy

Exposure to Hazardous Materials (Check ALL that apply)

- Arsenic
Benzene
Coke Oven
Cotton Seed / Dust
Cadmium
Formaldehyde
Methylene Chloride
Lead
Textiles
Chromium

Other(s):

EVALUATION AUTHORIZATION BY: Signature of Employer Representative

DO NOT WRITE BELOW THIS LINE

DO NOT WRITE BELOW THIS LINE

DO NOT WRITE BELOW THIS LINE

PLHCP WRITTEN STATEMENT for RESPIRATORS (EMPLOYER)

PHYSICIAN WILL COMPLETE THE FOLLOWING

This report may contain confidential medical information and is intended for the designated employer contact only. The Americans with Disabilities Act (ADA) imposes very strict limitations on the use of information obtained during physical examination of qualified individuals with disabilities.

- Supervisors and managers may be informed about necessary restrictions on the work or duties of an employee and necessary accommodations.
First aid and safety personnel may be informed, when appropriate, if the disability might require emergency treatment.

Based upon my findings, I have determined that this individual (Check ALL that apply)

- Employee must schedule a medical examination with Concentra Medical Centers (MO) prior to respirator approval and usage.
Class I - No Restrictions on Respirator Use
Class II - Some Specific Use Restrictions
Class III - Respirator Use is NOT PERMITTED
Further Testing / Evaluation is Required.
Fit Test Required
Fit Test Performed Satisfactorily
Fit Test Performed Unsatisfactorily
Fit Test NOT Performed at: Concentra Medical Centers (M)
Special prescription eyewear needed to accommodate respirator
Special prescription eyewear needed to accommodate respirator
Facial hair needs to be shaved to assure tight seal on certain face masks.
Physician or other Licensed Healthcare Professional
Employee must seek further medical evaluation by a private physician who must submit a report to Concentra Medical Centers (MO) of his/her findings to

(Check ALL that apply)

- The above individual HAS been examined for respirator fitness in accordance with 29 CFR 1910.134. This limited evaluation is specific to respirator use only.
The above individual HAS NOT been examined by me for respirator fitness.
In accordance with specific OSHA requirements, I have informed the above named individual of the results of this evaluation and of any medical conditions resulting from exposures that may require further explanation or treatment.

Physician's Signature
Physician's License Number (Optional in Most States)

Physician's Name (Printed)
Date of Exam
Expires On



SBA 8(a) CERTIFIED  
W/DBE & S/DBE

### QUALITATIVE RESPIRATORY FIT TEST

DATE OF TEST: 7/18/12 CONDUCTED BY: [REDACTED]

NAME: John Perkins [REDACTED]

The fit tests were conducted according to procedures outlined in the OSHA Asbestos Standards for Construction Industry, 29 CFR 1910.1101 Appendix C. Each respirator was successfully tested based on each employee, accurately reporting to the test conductor that the challenge agent was not detected during testing. It is the responsibility of the employee to assess the comfort of the chosen respirator and to use the respirator properly.

PASS: X FAIL: \_\_\_\_\_

- Respirator is selected by the employer on the basis of hazards to which the employee is exposed. Proper selection of respirators shall be made according to guidelines set by the American National Standard Practices for Respiratory Protection.
- Employees will not be assigned to tasks requiring the use of respirators unless it has been declared that he/she is able to perform the work and use the equipment. A written opinion must be obtained first.
- Employees are instructed to clean their respirators on a regular basis, disinfecting them after each use.
- All respirators shall be inspected routinely before and after use. Inspections include checking face piece for cracks and leaks, headband for elasticity, and valves.
- Respirators shall be stored in air-tight plastic bags to protect against dust, sunlight, heat, extreme cold, and chemical damages.
- Employees must change the filter cartridge daily or sooner if the filter is wet or if there is restrictive airflow.
- Employees will not be allowed to work with facial hair that may obstruct the seal of the respirator.
- Employees are instructed to don their masks and breathe normally, and then breathe deeply while the test conductor discharges irritant smoke around the seal.
- Employees are instructed to turn their head from side to side, up/down, and then jog in place for one minute. Repeating after the test conductor, employees will state the rainbow passage. Upon completion of the test, employees shall slightly break their seal taking a small smell of the smoke to ensure that they are not immune to it.

**RESPIRATOR (CIRCLE ONE)**

Negative pressure half/face      Negative pressure full/face      PAPR      Supplied air

**BRAND (CIRCLE ONE)**

North      MSA      Glen Air      Pro Tech      Wilson      Other \_\_\_\_\_

**SIZE (CIRCLE ONE)**

Small      Medium      Large      One size fits all      Cartridge # \_\_\_\_\_



SBA 8(a) CERTIFIED  
W/DBE & S/DBE

### CERTIFICATE OF WORKER'S ACKNOWLEDGMENT

PROJECT NAME: Federal Center

PROJECT ADDRESS: 4300 GDDDFtllDW

CONTRACTOR'S NAME: GEI

WORKING WITH ASBESTOS CAN BE DANGEROUS. INHALING ASBESTOS FIBERS HAS BEEN LINKED WITH VARIOUS TYPES OF CANCER. IF YOU SMOKE AND INHALE ASBESTOS FIBERS THE CHANCE THAT YOU WILL DEVELOP LUNG CANCER IS GREATER THAN THAT OF THE NON-SMOKING PUBLIC.

Your employer's contract with the Owner for the above Project requires that: You be supplied with the proper respirator and be trained in its use. You be trained in safe work practices and in the use of the equipment found on the job. You receive a medical examination. These things are to have been done at no cost to you.

RESPIRATORY PROTECTION: You must have been trained in the proper use of respirators and informed of the type respirator to be used on the above referenced Project. You must be given a copy of the written respiratory protection manual issued by your employer. You must be equipped at no cost with the respirator to be used on the above Project.

TRAINING COURSE: You must have been trained in the dangers inherent in handling asbestos and breathing asbestos dust and in proper Work procedures and personal and area protective measures. The topics covered in the course must have included the following:

- Physical characteristics of asbestos
- Respiratory protection
- Pressure Differential Systems
- Training
- Air monitoring, personal and area
- Health hazards associated with asbestos
- Use of protective equipment
- Work Practices including hands on or on-Job
- Personal decontamination procedures

MEDICAL EXAMINATION: You must have had a medical examination within the past 12 months at no cost to you. This examination must have included: health history, pulmonary function tests and may have included an evaluation of a chest x-ray.

By signing this document you are acknowledging only that the Owner of the building you are about to Work in has advised you of your rights to training and protection relative to your employer, the Contractor.

SIGNATURE:  

PRINTED NAME: John Perkins WITNESS: 



Expiration Date: 1/17/2013

Certificate Number: 7011011412MOSR7650

Training Date: 1/14/2012

**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

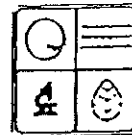
**Ethan S. Polete**

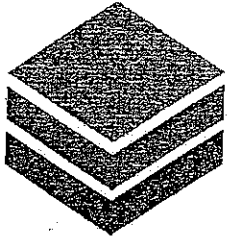
has successfully completed the requirements for certification as a SUPERVISOR. This Missouri State Certification is subject to review and the director may deny, suspend or revoke the certification per RSMo chapter 643.230.

1/18/2012

Date

Director of Air Pollution Control Program





# META

Mayhew Environmental Training Associates

INCORPORATED

Certificate # 7ME01141210ASR0006

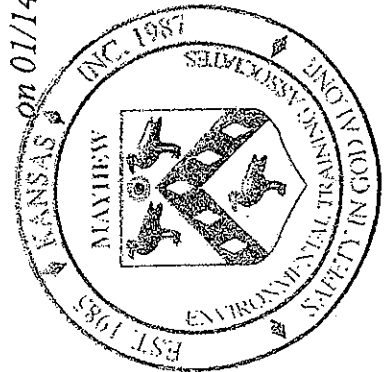
*This is to certify that*

## Ethan S. Polete

*has on 01/14/2012, in St. Charles, MO completed the requirements for asbestos accreditation under Section 206 of TSCA Title II, 15 U.S.C. 2646*

### AHERA Asbestos Supervisor Refresher Course

*as approved by the U.S.E.P.A. under 40 C.F.R. 763 (AHERA) on 01/14/2012 - 01/14/2012 and passed the associated examination on 01/14/2012 with a score of 70% or better*  
CM = 0.00 Pts.



*Instructor  
Dean Althage*



*President  
Thomas Bradford Mayhew*

Accreditation Expires: 1/14/13

META - P.O. Box 786 - Lawrence KS 66044 - 800-444-6382

Date 07/23/12

**BarnesCare Westport**  
11501 Page Service, AFTER HOURS #314-995-0999  
St Louis, MO 63146-3530  
(314) 993-3014, Fax: (314) 993-7031

Page 1

**Encounter Summary**

Company:	Midwest Service Group (2716C) 560 Turner Blvd St Peters, MO 63376-1082	Employee:	[REDACTED]
Attention:	Pauline Bessie	Ident:	[REDACTED]
Telephone:	(636) 926-7800	Department:	[REDACTED]
Fax:	(636) 926-7802	Job Title:	[REDACTED]
Provider:	mwatkins@maa-stl.com Butler, Felicia NP-C	DOB:	[REDACTED]
Visit Date:	7/23/12 Time In: 7:42AM Out: 10:19AM	Phone:	[REDACTED]
		Purpose:	Respirator Exam

**Description of Services**

Auth	Authorization for Visit
Biometric	Biometrics Form
BCHealthHis	BarnesCare Health Hist & Rev of Sys Quest
BCPE Ex Form	BarnesCare Physical Examination Form
99199-970 Asbestos-I	Asbestos Initial Medical Questionnaire
94010 PFT	Spirometry - PFT
99499-BHW99499-BHWE	BarnesCare Hazardous Waste Exam
84202 ZPP	Zinc Protoporphyrin Blood
83655 Lead	Lead Metal Screen (Urine/Serum)
71010.TC 71010	X-Ray Chest PA 1 View
76499-345 XrayBRead	X-Ray B Reader

**Orders & Instructions**

Date 07/23/12

Page 2

**BarnesCare Westport**  
11501 Page Service, AFTER HOURS #314-995-0999  
St Louis, MO 63146-3530  
(314) 993-3014, Fax: (314) 993-7031

**Encounter Summary**

Company: Midwest Service Group (2716C)  
560 Turner Blvd  
St Peters, MO 63376-1082

Employee:

Attention: Pauline Bessie  
Telephone: (636) 926-7800  
Fax: (636) 926-7802  
mwatkins@maa-stl.com

Ident:

DOB:

Department:

Job Title:

Provider: Butler, Felicia NP-C

Phone:

Visit Date: 7/23/12 Time In: 7:42AM Out: 10:19AM Purpose: Respirator Exam

Instructions: RESPIRATORY CLEARANCE PHYS EXAM

**PROVIDER'S WRITTEN OPINION - RESPIRATOR CLEARANCE**

This employee has been examined under the provision of OSHA Standard for Respiratory Protection (29 CFR 1910.134) and the following provisions for the Provider's written opinion:

There are no limitations recommended upon the employee's use of respiratory protective equipment, protective clothing and personal protective equipment.

The employee has been informed by the Provider of the results of the medical examinations and any medical conditions which require further examination. The employee has been provided a copy of the statement.

Any attached information on medical conditions should be treated as confidential medical information in accordance with Section 102C of the AMERICANS WITH DISABILITIES ACT.

PFT reviewed by: Felicia Butler, NP

Instructions: Basic Physical Clearance

**SPECIFIC INSTRUCTIONS OF PLACEMENT**

Based on the information provided to me by the employer and my medical findings, I find this employee is capable of working without any identified restriction(s).

The Preceding classification is based on available information and is subject to the accuracy and depth of the essential job functions.



SBA 8(a) CERTIFIED  
W/DBE & S/DBE

### QUALITATIVE RESPIRATORY FIT TEST

DATE OF TEST: 7/18/12 CONDUCTED BY: [REDACTED]

NAME: Ethan PDiette [REDACTED]

The fit tests were conducted according to procedures outlined in the OSHA Asbestos Standards for Construction Industry, 29 CFR 1910.1101 Appendix C. Each respirator was successfully tested based on each employee, accurately reporting to the test conductor that the challenge agent was not detected during testing. It is the responsibility of the employee to assess the comfort of the chosen respirator and to use the respirator properly.

PASS: X FAIL: \_\_\_\_\_

- Respirator is selected by the employer on the basis of hazards to which the employee is exposed. Proper selection of respirators shall be made according to guidelines set by the American National Standard Practices for Respiratory Protection.
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- Respirators shall be stored in air-tight plastic bags to protect against dust, sunlight, heat, extreme cold, and chemical damages.
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#### RESPIRATOR (CIRCLE ONE)

Negative pressure half/face

Negative pressure full/face

PAPR

Supplied air

#### BRAND (CIRCLE ONE)

North

MSA

Glen Air

Pro Tech

Wilson

Other \_\_\_\_\_

#### SIZE (CIRCLE ONE)

all

Medium

Large

One size fits all

Cartridge # \_\_\_\_\_



SBA 8(a) CERTIFIED  
W/DBE & S/DBE

### CERTIFICATE OF WORKER'S ACKNOWLEDGMENT

PROJECT NAME: Federal Center

PROJECT ADDRESS: 4300 GDDDFELLOW

CONTRACTOR'S NAME: GEI

WORKING WITH ASBESTOS CAN BE DANGEROUS. INHALING ASBESTOS FIBERS HAS BEEN LINKED WITH VARIOUS TYPES OF CANCER. IF YOU SMOKE AND INHALE ASBESTOS FIBERS THE CHANCE THAT YOU WILL DEVELOP LUNG CANCER IS GREATER THAN THAT OF THE NON-SMOKING PUBLIC.

Your employer's contract with the Owner for the above Project requires that: You be supplied with the proper respirator and be trained in its use. You be trained in safe work practices and in the use of the equipment found on the job. You receive a medical examination. These things are to have been done at no cost to you.

RESPIRATORY PROTECTION: You must have been trained in the proper use of respirators and informed of the type respirator to be used on the above referenced Project. You must be given a copy of the written respiratory protection manual issued by your employer. You must be equipped at no cost with the respirator to be used on the above Project.

TRAINING COURSE: You must have been trained in the dangers inherent in handling asbestos and breathing asbestos dust and in proper Work procedures and personal and area protective measures. The topics covered in the course must have included the following:

- Physical characteristics of asbestos
- Respiratory protection
- Pressure Differential Systems
- Training
- Air monitoring, personal and area

- Health hazards associated with asbestos
- Use of protective equipment
- Work Practices including hands on or on-Job
- Personal decontamination procedures

MEDICAL EXAMINATION: You must have had a medical examination within the past 12 months at no cost to you. This examination must have included: health history, pulmonary function tests and may have included an evaluation of a chest x-ray.

By signing this document you are acknowledging only that the Owner of the building you are about to Work in has advised you of your rights to training and protection relative to your employer, the Contractor.

SIGNATURE:

PRINTED NAME: Ethan Rakete

WITNESS:

Thomas Scamro, Training Manager  
 STS Safety Technologies & Solutions  
 6520 Manchester Avenue  
 Saint Louis, Missouri 63139  
 Phone 314-644-3323 • Fax 314-644-3303

The training course is approved by the Missouri Department of Natural Resources and the State Department of Public Health

**Asbestos Worker Refresher**

under AHERA (TSCA Title II)  
 with a minimum score of 70 percent for re-education  
 has successfully completed and passed the course examination



Does hereby certify that

Environmental and Occupational Safety & Health Consultants

SAFETY TECHNOLOGIES & SOLUTIONS  
 "EXCELLENCE IN SAFETY ENGINEERING"  
 PHONE (314) 544-3323 • FAX (314) 544-3303

Name: Scott Rose  
 Class Date: November 4, 2011  
 Exam Date: 11/04/2011  
 Cert. Number: STS20111104-0452AWR  
 Expires: 11/04/2012  
 Student SSN: [Redacted]



Environmental Health  
 See Reverse for Endorsements

ASBESTOS WORKER LICENSE  
 PUBLIC HEALTH  
 Missouri Department of  
 WORKER ID [Redacted]  
 ISSUED 12/6/2011  
 EXPIRES 2/4/2013

Director of Air Pollution Control Program



CERTIFICATION NUMBER: 7112110411MOWR14302  
 THIS CERTIFIES  
 Scott A. Rose  
 HAS COMPLETED THE CERTIFICATION  
 REQUIREMENTS FOR  
 Worker  
 APPROVER: 11/14/2011 TRAINING DATE: 11/4/2011  
 EXPIRES: 11/13/2012

Expiration Date 11/13/2012

Certificate Number: 7112110411MOWR14302

Training Date: 11/4/2011

**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

**Scott A. Rose**

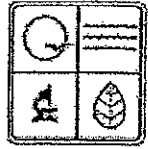
has successfully completed the requirements for certification as a WORKER. This Missouri State Certification is subject to review and the director may deny, suspend or revoke the certification per RSMo chapter 643.230.

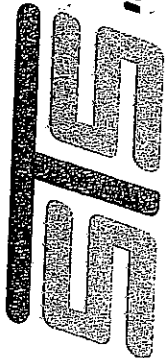
11/14/2011

Date



Director of Air Pollution Control Program





**SAFETY TECHNOLOGIES & SOLUTIONS**  
**"EXCELLENCE IN SAFETY ENGINEERING"**

Environmental Health and Occupational Safety Consultants

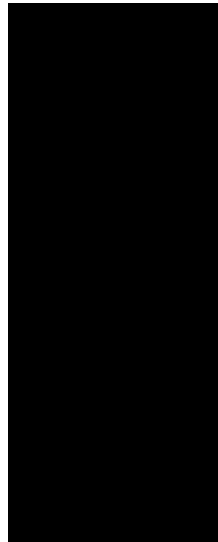
6520 Manchester Avenue  
St. Louis, Missouri 63139  
Phone: (314) 644-3323  
Fax: (314) 644-3303

Does hereby certify that

\_\_\_\_\_  
Scott Rose

\_\_\_\_\_  
has successfully completed and passed the course examination  
with a minimum score of 70 percent for reaccreditation  
under AHERA (TSCA Title II)

Asbestos Worker Refresher



Class Date: November 4, 2011  
Examination Date: 11/04/2011  
Certificate Number: STS20111104-0452AWR  
Certificate Expiration: 11/04/2012  
Student SSN: \_\_\_\_\_

Thomas Scaturro  
Training Manager  
STS Safety Technologies & Solutions



**Encounter Summary**

Company: Midwest Service Group (2716C)  
560 Turner Blvd  
St Peters, MO 63376-1082

Employee: [REDACTED]

Attention: Pauline Bessie  
Telephone: (636) 926-7800  
Fax: (636) 926-7802  
mwatkins@maa-stl.com

Ident: [REDACTED]  
Department:  
Job Title: Laborer

DOB: [REDACTED]

Provider: Butler, Felicia NP-C  
Visit Date: 12/20/11 Time In: 11:45AM Out: 12:50PM

Purpose: Respirator Exam

Phone: [REDACTED]

Instructions: RESPIRATORY CLEARANCE PHYS EXAM

**PROVIDER'S WRITTEN OPINION - RESPIRATOR CLEARANCE**

This employee has been examined under the provision of OSHA Standard for Respiratory Protection (29 CFR 1910.134) and the following provisions for the Provider's written opinion:

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Any attached information on medical conditions should be treated as confidential medical information in accordance with Section 102C of the AMERICANS WITH DISABILITIES ACT.

Normal Exam

Instructions: Basic Physical Clearance

**SPECIFIC INSTRUCTIONS OF PLACEMENT**

Based on the information provided to me by the employer and my medical findings, I find this employee is capable of working without any identified restriction(s).

The Preceding classification is based on available information and is subject to the accuracy and depth of the essential job functions.



SBA 8(a) CERTIFIED  
W/DBE & S/DBE

### QUALITATIVE RESPIRATORY FIT TEST

DATE OF TEST: 7/12/12 CONDUCTED BY: [REDACTED]

NAME: SCOTT ROSE [REDACTED]

The fit tests were conducted according to procedures outlined in the OSHA Asbestos Standards for Construction Industry, 29 CFR 1910.1101 Appendix C. Each respirator was successfully tested based on each employee, accurately reporting to the test conductor that the challenge agent was not detected during testing. It is the responsibility of the employee to assess the comfort of the chosen respirator and to use the respirator properly.

PASS: X FAIL:           

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#### SIZE (CIRCLE ONE)

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SBA 8(a) CERTIFIED  
W/DBE & S/DBE

### CERTIFICATE OF WORKER'S ACKNOWLEDGMENT

PROJECT NAME: Federal Center

PROJECT ADDRESS: 4300 GDDDFtH1DW

CONTRACTOR'S NAME: GEI

WORKING WITH ASBESTOS CAN BE DANGEROUS. INHALING ASBESTOS FIBERS HAS BEEN LINKED WITH VARIOUS TYPES OF CANCER. IF YOU SMOKE AND INHALE ASBESTOS FIBERS THE CHANCE THAT YOU WILL DEVELOP LUNG CANCER IS GREATER THAN THAT OF THE NON-SMOKING PUBLIC.

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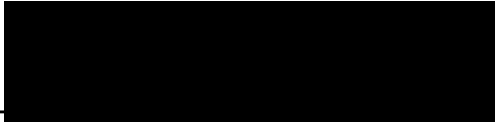
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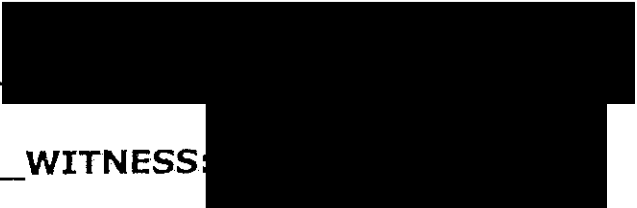
- Health hazards associated with asbestos
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- Personal decontamination procedures

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By signing this document you are acknowledging only that the Owner of the building you are about to Work in has advised you of your rights to training and protection relative to your employer, the Contractor.

SIGNATURE: 

PRINTED NAME: SCOTT RDSE

WITNESS: 

Expiration Date 10/9/2013  
Training Date: 9/26/2012

Certificate Number: 7118092612MOSR337

**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

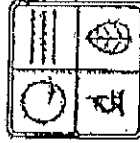
**Christopher Townsend**

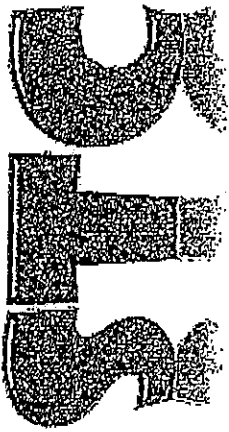
has successfully completed the requirements for certification as a SUPERVISOR. This Missouri State Certification is subject to review and the director may deny, suspend or revoke the certification per RSMo chapter 643.230.

10/10/2012

Date

Director of Air Pollution Control Program





# SAFETY TRAINING CENTER

6520 Manchester Avenue, St. Louis, MO 63139 \* Phone: 314-652-4STC

Environmental and Occupational Safety & Health Training

*Does hereby certify*

**Chris Townsend**

*Has successfully completed and passed the course examination with  
at least 70% for re-accreditation under AHERA (Title II)*

**Asbestos Contractor / Supervisor Refresher**

**Class Date:** September 26, 2012  
**Examination Date:** 09/26/2012  
**STC Certificate Number:** STC-09262012-000724ACSR  
**Certification Expiration:** 09/26/2013

David M. Mendoza – President/Training Director  
Certified Environmental Specialist  
OSHA Authorized Instructor

*This training course is accredited by the Illinois Department of Public Health and the Missouri Department of Natural Resources*

BarnesCare Westport  
11501 Page Service, AFTER HOURS #314-995-0999  
St Louis, MO 63146-3530  
(314) 993-3014, Fax: (314) 993-7031

**Encounter Summary**

Company: Midwest Service Group (2716C)  
560 Turner Blvd  
St Peters, MO 63376-1082

Employee: [REDACTED]

Attention: Pauline Bessie  
Telephone: (636) 926-7800  
Fax: (636) 926-7802  
mwatkins@maa-stl.com

Ident: [REDACTED]  
Department:  
Job Title: Field Superintendent

DOB: [REDACTED]

Provider: Kibby, Thomas B, MD

Phone: [REDACTED]

Visit Date: 4/06/12 Time In: 8:50AM Out: 10:22AM Purpose: Respirator Exam

Instructions: ALL-HAZARD EXAM WRITTEN OPINION

This employee has been examined for the following exposures or assignments: Specific Hazards

Asbestos 1910.1001, 1926.1101

There are no detected medical conditions that may place this employee at increased risk of material impairment of the employee's health from this work or further exposure. There are no recommended special protective measures or limitations upon the employee's exposure to this material. There are no limitations recommended upon the employee's use of respiratory protective equipment, protective clothing or other personal protective equipment. The employee has been informed by the provider of the results of the medical examination and any medical conditions which require further examination. The employee has been informed by the provider of the increased risk of lung cancer attributable to the combined effect of smoking and asbestos exposure. The provider has determined that no non-routine follow-up evaluations are needed. Laboratory testing is being performed per provisions of this standard. The results will be provided and explained to the employee as well as the employer as soon as they become available.

The employee has been provided a copy of this statement.

Signature:

[REDACTED]

Date: 4/06/12



SBA 8(a) CERTIFIED  
W/DBE & S/DBE

### QUALITATIVE RESPIRATORY FIT TEST

DATE OF TEST: 7/18/12 CONDUCTED BY: [REDACTED]

NAME: CHRIS TOWNSEND [REDACTED]

The fit tests were conducted according to procedures outlined in the OSHA Asbestos Standards for Construction Industry, 29 CFR 1910.1101 Appendix C. Each respirator was successfully tested based on each employee, accurately reporting to the test conductor that the challenge agent was not detected during testing. It is the responsibility of the employee to assess the comfort of the chosen respirator and to use the respirator properly.

PASS: X FAIL: \_\_\_\_\_

- Respirator is selected by the employer on the basis of hazards to which the employee is exposed. Proper selection of respirators shall be made according to guidelines set by the American National Standard Practices for Respiratory Protection.
- Employees will not be assigned to tasks requiring the use of respirators unless it has been declared that he/she is able to perform the work and use the equipment. A written opinion must be obtained first.
- Employees are instructed to clean their respirators on a regular basis, disinfecting them after each use.
- All respirators shall be inspected routinely before and after use. Inspections include checking face piece for cracks and leaks, headband for elasticity, and valves.
- Respirators shall be stored in air-tight plastic bags to protect against dust, sunlight, heat, extreme cold, and chemical damages.
- Employees must change the filter cartridge daily or sooner if the filter is wet or if there is restrictive airflow.
- Employees will not be allowed to work with facial hair that may obstruct the seal of the respirator.
- Employees are instructed to don their masks and breathe normally, and then breathe deeply while the test conductor discharges irritant smoke around the seal.
- Employees are instructed to turn their head from side to side, up/down, and then jog in place for one minute. Repeating after the test conductor, employees will state the rainbow passage. Upon completion of the test, employees shall slightly break their seal taking a small smell of the smoke to ensure that they are not immune to it.

#### RESPIRATOR (CIRCLE ONE)

Negative pressure half/face

Negative pressure full/face

PAPR

Supplied air

#### BRAND (CIRCLE ONE)

North

MSA

Glen Air

Pro Tech

Wilson

Other \_\_\_\_\_

#### SIZE (CIRCLE ONE)

Small

Medium

Large

One size fits all

Cartridge # \_\_\_\_\_



SBA 8(a) CERTIFIED  
W/DBE & S/DBE

### CERTIFICATE OF WORKER'S ACKNOWLEDGMENT

PROJECT NAME: Federal Center

PROJECT ADDRESS: 4300 GDDDFEII DW

CONTRACTOR'S NAME: GEI

WORKING WITH ASBESTOS CAN BE DANGEROUS. INHALING ASBESTOS FIBERS HAS BEEN LINKED WITH VARIOUS TYPES OF CANCER. IF YOU SMOKE AND INHALE ASBESTOS FIBERS THE CHANCE THAT YOU WILL DEVELOP LUNG CANCER IS GREATER THAN THAT OF THE NON-SMOKING PUBLIC.

Your employer's contract with the Owner for the above Project requires that: You be supplied with the proper respirator and be trained in its use. You be trained in safe work practices and in the use of the equipment found on the job. You receive a medical examination. These things are to have been done at no cost to you.

RESPIRATORY PROTECTION: You must have been trained in the proper use of respirators and informed of the type respirator to be used on the above referenced Project. You must be given a copy of the written respiratory protection manual issued by your employer. You must be equipped at no cost with the respirator to be used on the above Project.

TRAINING COURSE: You must have been trained in the dangers inherent in handling asbestos and breathing asbestos dust and in proper Work procedures and personal and area protective measures. The topics covered in the course must have included the following:

- Physical characteristics of asbestos
- Respiratory protection
- Pressure Differential Systems
- Training
- Air monitoring, personal and area

- Health hazards associated with asbestos
- Use of protective equipment
- Work Practices including hands on or on-Job
- Personal decontamination procedures

MEDICAL EXAMINATION: You must have had a medical examination within the past 12 months at no cost to you. This examination must have included: health history, pulmonary function tests and may have included an evaluation of a chest x-ray.

By signing this document you are acknowledging only that the Owner of the building you are about to Work in has advised you of your rights to training and protection relative to your employer, the Contractor.

SIGNATURE:

PRINTED NAME: CHRIS TOWNSEND WITNESS:



Expiration Date 10/26/2012

Certificate Number 711240151 MOWR14046

Issuing Date 10/15/2011

**Missouri State Certificate for Asbestos-Related Occupations**

Issued by Department of Natural Resources  
P.O. Box 176  
Jefferson City, MO 65102  
Phone (673) 751-4817

**Luke A. Wagstaff**

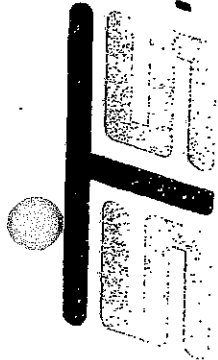
has successfully completed the requirements for certification as a WORKER. This Missouri State Certification is subject to review and the director may deny, suspend or revoke the certification per RSMo Chapter 643.230.

10/27/2011

Date

Director of Air Pollution Control Program





# **SAFETY TECHNOLOGIES & SOLUTIONS** **"EXCELLENCE IN SAFETY ENGINEERING"**

Environmental Health and Occupational Safety Consultants

6520 Manchester Avenue  
St. Louis, Missouri 63139  
Phone: (314) 644-3323  
Fax: (314) 644-3303

Does hereby certify that

Luke Wagstaff  
[REDACTED]

has successfully completed and passed the course examination  
with a minimum score of 70 percent for reaccreditation  
under AHERA (TSCA Title II)

Asbestos Worker Refresher

Class Date: October 15, 2011

Examination Date: 10/15/2011

Certificate Number: STS20111015-0443AWR

Certificate Expiration: 10/15/2012

Student SSN: [REDACTED]

[REDACTED]  
Michael Clark  
Training Manager  
STS Safety Technologies & Solutions

BarnesCare St Peters  
1901 Trade Center, AFTER HOURS #314 995 0999  
St Peters, MO 63376 1262  
(636) 978-1008, Fax: (636) 978-1926

### Encounter Summary

Company: Midwest Service Group (2716C)  
560 Turner Blvd  
St Peters, MO 63376-1082

Employee: [REDACTED]

Attention: Pauline Bessie  
Telephone: (636) 926-7800  
Fax: (636) 926-7802  
mwatkins@maa-stl.com

Ident: [REDACTED]      DOB: [REDACTED]  
Department:  
Job Title:

Provider: Butler, Felicia NP-C

Phone: [REDACTED]

Visit Date: 5/01/12    Time In: 1:39PM    Out: 2:47PM    Purpose: Respirator Exam

Instructions:            RESPIRATORY CLEARANCE PHYS EXAM

#### PROVIDER'S WRITTEN OPINION - RESPIRATOR CLEARANCE

This employee has been examined under the provision of OSHA Standard for Respiratory Protection (29 CFR 1910.134) and the following provisions for the Provider's written opinion:

There are no limitations recommended upon the employee's use of respiratory protective equipment, protective clothing and personal protective equipment.

The employee has been informed by the Provider of the results of the medical examinations and any medical conditions which require further examination. The employee has been provided a copy of the statement.

Any attached information on medical conditions should be treated as confidential medical information in accordance with Section 102C of the AMERICANS WITH DISABILITIES ACT.

PFT reviewed by: Felicia Butler, NP



SBA 8(a) CERTIFIED  
W/DBE & S/DBE

### QUALITATIVE RESPIRATORY FIT TEST

DATE OF TEST: 7/18/12 CONDUCTED BY: [REDACTED]

NAME: LUKE WAGSTAFF [REDACTED]

The fit tests were conducted according to procedures outlined in the OSHA Asbestos Standards for Construction Industry, 29 CFR 1910.1101 Appendix C. Each respirator was successfully tested based on each employee, accurately reporting to the test conductor that the challenge agent was not detected during testing. It is the responsibility of the employee to assess the comfort of the chosen respirator and to use the respirator properly.

PASS: X FAIL: \_\_\_\_\_

- Respirator is selected by the employer on the basis of hazards to which the employee is exposed. Proper selection of respirators shall be made according to guidelines set by the American National Standard Practices for Respiratory Protection.
- Employees will not be assigned to tasks requiring the use of respirators unless it has been declared that he/she is able to perform the work and use the equipment. A written opinion must be obtained first.
- Employees are instructed to clean their respirators on a regular basis, disinfecting them after each use.
- All respirators shall be inspected routinely before and after use. Inspections include checking face piece for cracks and leaks, headband for elasticity, and valves.
- Respirators shall be stored in air-tight plastic bags to protect against dust, sunlight, heat, extreme cold, and chemical damages.
- Employees must change the filter cartridge daily or sooner if the filter is wet or if there is restrictive airflow.
- Employees will not be allowed to work with facial hair that may obstruct the seal of the respirator.
- Employees are instructed to don their masks and breathe normally, and then breathe deeply while the test conductor discharges irritant smoke around the seal.
- Employees are instructed to turn their head from side to side, up/down, and then jog in place for one minute. Repeating after the test conductor, employees will state the rainbow passage. Upon completion of the test, employees shall slightly break their seal taking a small smell of the smoke to ensure that they are not immune to it.

**RESPIRATOR (CIRCLE ONE)**

Negative pressure half/face      Negative pressure full/face      PAPR      Supplied air

**BRAND (CIRCLE ONE)**

North      MSA      Glen Air      Pro Tech      Wilson      Other \_\_\_\_\_

**SIZE (CIRCLE ONE)**

Small      Medium      Large      One size fits all      Cartridge # \_\_\_\_\_



SBA 8(a) CERTIFIED  
W/DBE & S/DBE

### CERTIFICATE OF WORKER'S ACKNOWLEDGMENT

PROJECT NAME: Federal Center

PROJECT ADDRESS: 4300 GDDDFEIIDW

CONTRACTOR'S NAME: GEI

WORKING WITH ASBESTOS CAN BE DANGEROUS. INHALING ASBESTOS FIBERS HAS BEEN LINKED WITH VARIOUS TYPES OF CANCER. IF YOU SMOKE AND INHALE ASBESTOS FIBERS THE CHANCE THAT YOU WILL DEVELOP LUNG CANCER IS GREATER THAN THAT OF THE NON-SMOKING PUBLIC.

Your employer's contract with the Owner for the above Project requires that: You be supplied with the proper respirator and be trained in its use. You be trained in safe work practices and in the use of the equipment found on the job. You receive a medical examination. These things are to have been done at no cost to you.

RESPIRATORY PROTECTION: You must have been trained in the proper use of respirators and informed of the type respirator to be used on the above referenced Project. You must be given a copy of the written respiratory protection manual issued by your employer. You must be equipped at no cost with the respirator to be used on the above Project.

TRAINING COURSE: You must have been trained in the dangers inherent in handling asbestos and breathing asbestos dust and in proper Work procedures and personal and area protective measures. The topics covered in the course must have included the following:

Physical characteristics of asbestos  
Respiratory protection  
Pressure Differential Systems  
Training  
Air monitoring, personal and area

Health hazards associated with asbestos  
Use of protective equipment  
Work Practices including hands on or on-Job  
Personal decontamination procedures

MEDICAL EXAMINATION: You must have had a medical examination within the past 12 months at no cost to you. This examination must have included: health history, pulmonary function tests and may have included an evaluation of a chest x-ray.

By signing this document you are acknowledging only that the Owner of the building you are about to Work in has advised you of your rights to training and protection relative to your employer, the Contractor.

SIGNATURE:  

PRINTED NAME: Luke Wagstaff WITNESS: Nicolina Briguglio

EPA REGION VII/MDNR-APPROVED  
AHERA WORKER REFRESHER COURSE

Name: Elton Wilson

SSN: [REDACTED]

Completed Worker Course: 10/1/2001

Completed Last Refresher: 10/5/2001

Passed Provider Exam: 6/2/2012

Expires (Refresher One): 6/2/2012

Expires (Refresher Two): 6/2/2012

Certificate #: 7-AG-1114

MISSOURI DEPARTMENT OF NATURAL RESOURCES  
AIR POLLUTION CONTROL PROGRAM

CERTIFICATION

NUMBER: 7002060212MOWR8614

THIS CERTIFIES

Elton D. Wilson

HAS COMPLETED THE CERTIFICATION  
REQUIREMENTS FOR

Worker

APPROVED: 6/7/2012

TRAINING DATE 6/2/2012

EXPIRES: 6/6/2013

Director of Air Pollution Control Program

Expiration Date 6/6/2013

Certificate Number: 7002060212MOWR8614

Training Date: 6/2/2012

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

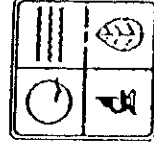
Elton D. Wilson

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

6/7/2012

Date

Director of Air Pollution Control Program



Daté: 6/27/12

BarnesCare Westport  
11501 Page Service, AFTER HOURS #314-995-0999  
St Louis, MO 63146-3530  
(314) 993-3014, Fax: (314) 993-7031

Page 1

**Encounter Summary**

Insurance: Self Pay

Patient: [REDACTED]

Contact:  
Telephone:  
Fax:

Ext:

Telephone: [REDACTED]  
Birth Date: [REDACTED]  
Encounter Date: 6/27/12

Provider: Arekapudi, Jamuna MD

Purpose: Respirator Exam

**Patient should follow these Orders & Instructions**

Instructions: RESPIRATORY CLEARANCE PHYS EXAM

**PROVIDER'S WRITTEN OPINION - RESPIRATOR CLEARANCE**

This employee has been examined under the provision of OSHA Standard for Respiratory Protection (29 CFR 1910.134) and the following provisions for the Provider's written opinion:

There are no limitations recommended upon the employee's use of respiratory protective equipment, protective clothing and personal protective equipment.

The employee has been informed by the Provider of the results of the medical examinations and any medical conditions which require further examination. The employee has been provided a copy of the statement.

Any attached information on medical conditions should be treated as confidential medical information in accordance with Section 102C of the AMERICANS WITH DISABILITIES ACT.

PFT reviewed by: Jamuna Arekapudi, MD

Instructions: Basic Physical Clearance

**SPECIFIC INSTRUCTIONS OF PLACEMENT**

Based on the information provided to me by the employer and my medical findings, I find this employee is capable of working without any identified restriction(s).

The Preceding classification is based on available information and is subject to the accuracy and depth of the essential job functions.



SBA 8(a) CERTIFIED  
W/DBE & S/DBE

### QUALITATIVE RESPIRATORY FIT TEST

DATE OF TEST: 6-29-12 CONDUCTED BY: [REDACTED]

NAME: EITON WILSON [REDACTED]

The fit tests were conducted according to procedures outlined in the OSHA Asbestos Standards for Construction Industry, 29 CFR 1910.1101 Appendix C. Each respirator was successfully tested based on each employee, accurately reporting to the test conductor that the challenge agent was not detected during testing. It is the responsibility of the employee to assess the comfort of the chosen respirator and to use the respirator properly.

PASS: X FAIL: \_\_\_\_\_

- Respirator is selected by the employer on the basis of hazards to which the employee is exposed. Proper selection of respirators shall be made according to guidelines set by the American National Standard Practices for Respiratory Protection.
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**RESPIRATOR (CIRCLE ONE)**

Negative pressure half/face      Negative pressure full/face      PAPR      Supplied air

**BRAND (CIRCLE ONE)**

North      MSA      Glen Air      Pro Tech      Wilson      Other \_\_\_\_\_

**SIZE (CIRCLE ONE)**

Small      Medium      Large      One size fits all      Cartridge # PN-101





SBA 8(a) CERTIFIED  
W/DBE & S/DBE

### CERTIFICATE OF WORKER'S ACKNOWLEDGMENT

PROJECT NAME: Federal Center

PROJECT ADDRESS: 4300 GDDDFEIIOW

CONTRACTOR'S NAME: GEI

WORKING WITH ASBESTOS CAN BE DANGEROUS. INHALING ASBESTOS FIBERS HAS BEEN LINKED WITH VARIOUS TYPES OF CANCER. IF YOU SMOKE AND INHALE ASBESTOS FIBERS THE CHANCE THAT YOU WILL DEVELOP LUNG CANCER IS GREATER THAN THAT OF THE NON-SMOKING PUBLIC.

Your employer's contract with the Owner for the above Project requires that: You be supplied with the proper respirator and be trained in its use. You be trained in safe work practices and in the use of the equipment found on the job. You receive a medical examination. These things are to have been done at no cost to you.

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TRAINING COURSE: You must have been trained in the dangers inherent in handling asbestos and breathing asbestos dust and in proper Work procedures and personal and area protective measures. The topics covered in the course must have included the following:

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Respiratory protection  
Pressure Differential Systems  
Training  
Air monitoring, personal and area

Health hazards associated with asbestos  
Use of protective equipment  
Work Practices including hands on or on-Job  
Personal decontamination procedures

MEDICAL EXAMINATION: You must have had a medical examination within the past 12 months at no cost to you. This examination must have included: health history, pulmonary function tests and may have included an evaluation of a chest x-ray.

By signing this document you are acknowledging only that the Owner of the building you are about to Work in has advised you of your rights to training and protection relative to your employer, the Contractor.

SIGNATURE: [Redacted]

PRINTED NAME: ELTON WILSON WITNESS: [Redacted]

<b>Superintendent:</b>		<b>Trucks:</b>	
<b>Supervisor:</b>		<b>Trac Hoe:</b>	
<b>Foreman:</b>		<b>High Lift:</b>	
<b>Laborer's:</b>		<b>Boom Lift:</b>	
<b>Roofers:</b>		<b>Skid Loader:</b>	

## GEI DAILY LOG

<b>Project No:</b>	ASB2122063			<b>Day:</b>	Monday
<b>Project Name:</b>	Federal Center – 4300 Goodfellow			<b>Temp.:</b>	72'
<b>Date:</b>	9-17-12	<b>Weather:</b>	Rainy	<b>Workers:</b>	12
<b>Supervisor:</b>	Vicki Dunn-Wolfe			<b>Quit Time:</b>	12:30 am
<b>Start Time:</b>	5:00 pm	<b>Lunch:</b>	8:30 pm		

### Materials on Jobsite:

<b>PO #:</b>		<b>Company:</b>		<b>Material Transferred W/H:</b>	
<b>PO #:</b>		<b>Company:</b>		<b>Material Transferred W/H:</b>	

### Area(s)/work performed:

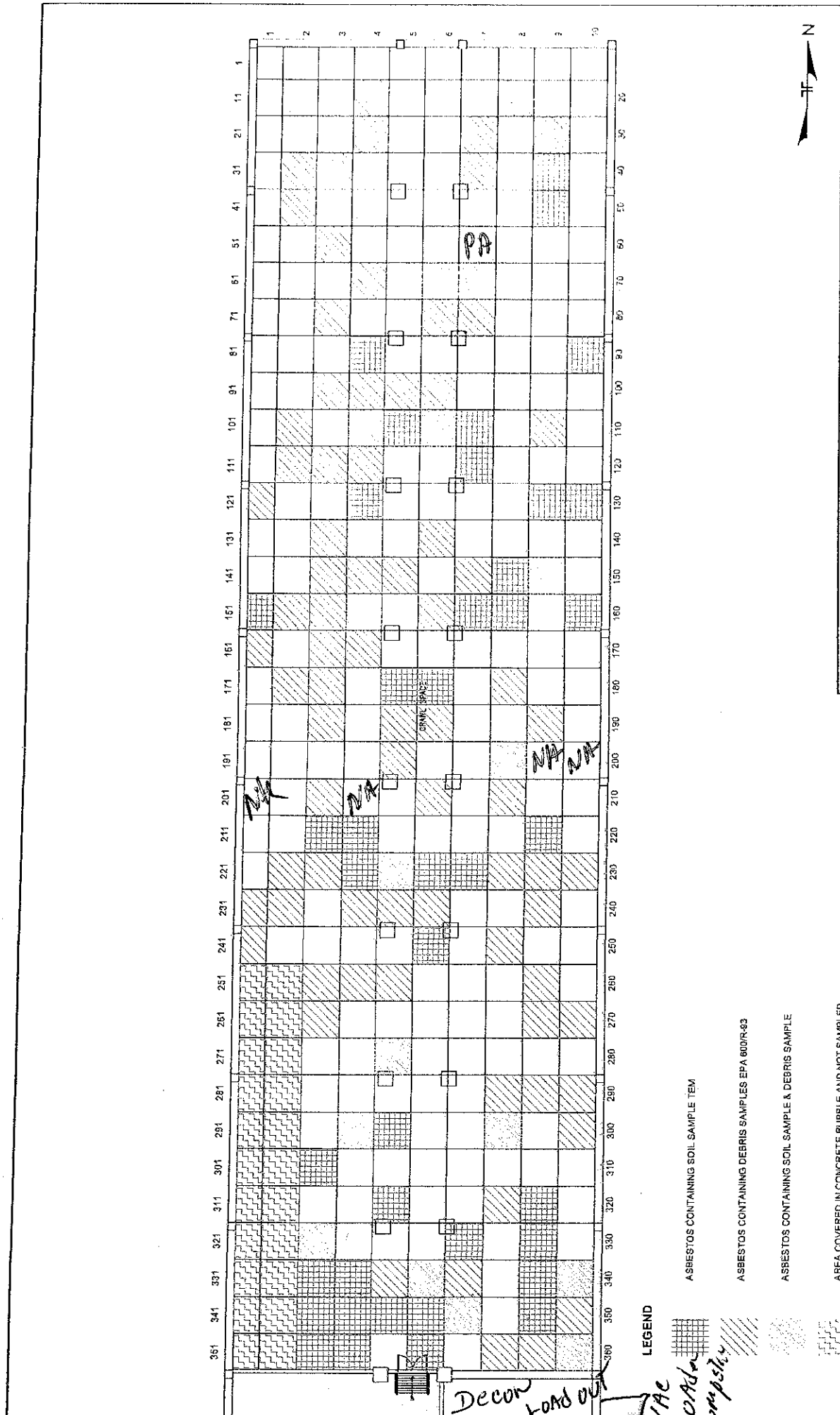
Met with the electrician and hooked up the electrical panel. Obtained a worker parking pass at guard shack; Terry and Gayle signed off. OCCU-TEC onsite and performed backgrounds. Allied Waste spotted (2) 20 yard waste container rollers on plywood. (1) closed 40 yard set for bagged waste. Crew arrived on the jobsite, discussed the scope of work. Reviewed safety topics such as confined space work, working with a buddy, and so on. Unloaded the materials and equipment from the box truck and placed in the basement. Set-up negative air machine to exhaust to exterior of building, shower de-con, and loadout.

### Comments:

**Air Test:** OCCU-TEC (Pat Garcia) & Terracon

### Visitors:

**Schedule and proposed work:** Clean ductwork and wrap; set-up vacuum truck.



- LEGEND**
- ASBESTOS CONTAINING SOIL SAMPLE TEM
  - ASBESTOS CONTAINING DEBRIS SAMPLES EPA 600/R-83
  - ASBESTOS CONTAINING SOIL SAMPLE & DEBRIS SAMPLE
  - AREA COVERED IN CONCRETE RUBBLE AND NOT SAMPLED

<b>SAMPLING DIAGRAM</b> GSA HEARTLAND 4300 GROSS F.E. COA ST. LOUIS, MISSOURI BUILDING 107 (CRAWFORD)		<b>EXHIBIT</b> 1
<b>Terracon</b> Consulting Engineers and Scientists 2012 W. BENTLEY INDEPENDENCE, MISSOURI 64108-0001	Project: 0510200 Date: NTS No.: 4/10/12 Title: 107-106-05, INT.	Project: ASB Location: ASB Date: ASB Name: DBW

THIS DRAWING IS THE PROPERTY OF TERRACON CONSULTING ENGINEERS AND SCIENTISTS. IT IS TO BE USED ONLY FOR THE PROJECT AND SITE SPECIFICALLY IDENTIFIED THEREON. ANY REUSE OR MODIFICATION WITHOUT THE WRITTEN PERMISSION OF TERRACON IS STRICTLY PROHIBITED.

<b>Superintendent:</b>		<b>Trucks:</b>	
<b>Supervisor:</b>		<b>Trac Hoe:</b>	
<b>Foreman:</b>		<b>High Lift:</b>	
<b>Laborer's:</b>		<b>Boom Lift:</b>	
<b>Roofers:</b>		<b>Skid Loader:</b>	

## GEI DAILY LOG

<b>Project No:</b>	ASB2122063			<b>Day:</b>	Tuesday
<b>Project Name:</b>	Federal Center - 4300 Goodfellow			<b>Temp.:</b>	69'
<b>Date:</b>	9-18-12	<b>Weather:</b>	Chilly	<b>Workers:</b>	9
<b>Supervisor:</b>	Vicki Dunn-Wolfe			<b>Quit Time:</b>	12:30 am
<b>Start Time:</b>	5:00 pm	<b>Lunch:</b>	8:30 pm		

### Materials on Jobsite:

<b>PO #:</b>		<b>Company:</b>		<b>Material Transferred W/H:</b>	
<b>PO #:</b>		<b>Company:</b>		<b>Material Transferred W/H:</b>	

### Area(s)/work performed:

Received a call from Terry at 10:45 am requesting sign on back office door and to clean the interior stair treads as they appeared to be dirty. Manometer set-up and measured .23. Gas meter located in NW work area. Crew arrived at jobsite and discussed the scope of work. Work area demarcated with critical barriers/signs. Criticals were sealed and ceiling was penetrated/sealed with foam. Vacuum was loaded, set-up and burial bag was connected. Hose ran inside; gas meter read 21.-9. Crew continued to wrap ductwork; approximately 50% was completed.

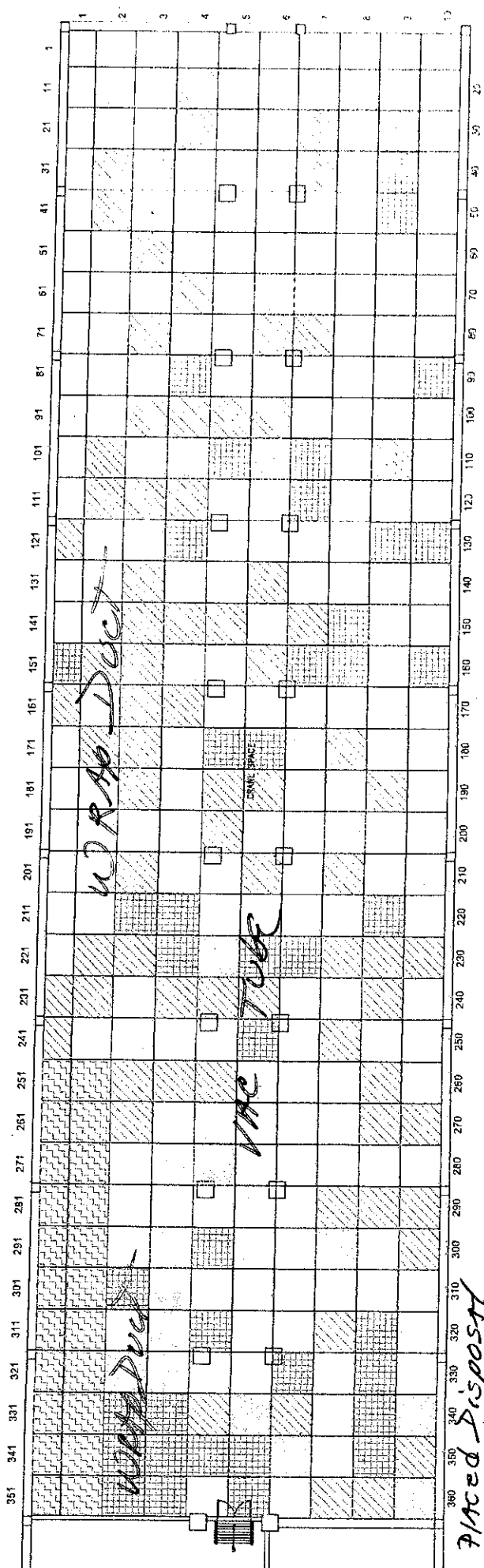
### Comments:

**Air Test:** OCCU-TEC (Pat Garcia) & Terracon





### Visitors:

### Schedule and proposed work:

9-18-12



Placed Disposal  
LEGEND BAR

-  ASBESTOS CONTAINING SOIL SAMPLE TEM
-  ASBESTOS CONTAINING DEBRIS SAMPLES EPA 600IR-93
-  ASBESTOS CONTAINING SOIL SAMPLE & DEBRIS SAMPLE
-  AREA COVERED IN CONCRETE RUBBLE AND NOT SAMPLED

**SAMPLING DIAGRAM**  
 GSA HEARTLAND  
 452 GROSS SQ. FT.  
 ST. JOHNS, MISSOURI  
 BUILDING 57 - COVERED DECK

**Terracon**  
 CONSULTING ENGINEERS AND ARCHITECTS  
 1000 N. MISSOURI  
 ST. JOHNS, MISSOURI 64504  
 PHONE: (417) 531-1234

Project No.	571620
Drawn By	NYS
Checked By	4/8/12
Date	09/18/12
Scale	DBK

EXHIBIT 1

3025 W. WINTERBURN DRIVE, SUITE 100, A.D. S. DIST.  
 CALENDAR, MISSOURI, 64504-1000

<b>Superintendent:</b>		<b>Trucks:</b>	
<b>Supervisor:</b>		<b>Trac Hoe:</b>	
<b>Foreman:</b>		<b>High Lift:</b>	
<b>Laborer's:</b>		<b>Boom Lift:</b>	
<b>Roofers:</b>		<b>Skid Loader:</b>	

## GEI DAILY LOG

<b>Project No:</b>	<b>ASB2122063</b>				
<b>Project Name:</b>	<b>Federal Center – 4300 Goodfellow</b>	<b>Day:</b>	<b>Wednesday</b>		
<b>Date:</b>	<b>9-19-12</b>	<b>Weather:</b>	<b>Chilly</b>		<b>Temp.:</b> <b>74'</b>
<b>Supervisor:</b>	<b>Vicki Dunn-Wolfe</b>			<b>Workers:</b>	<b>8</b>
<b>Start Time:</b>	<b>5:00 pm</b>	<b>Lunch:</b>	<b>8:30 pm</b>	<b>Quit Time:</b>	<b>12:30 am</b>

### Materials on Jobsite:

<b>PO #:</b>		<b>Company:</b>		<b>Material Transferred W/H:</b>	
<b>PO #:</b>		<b>Company:</b>		<b>Material Transferred W/H:</b>	

### Area(s)/work performed:

Terry requested that interior stairs be wet mopped. Crew arrived at jobsite and discussed the scope of work. Crew continued wrapping ductwork. Barrier tape was inspected around dumpster; everything appeared to be in place. OSHA monitoring by John Hensley from 8:15 pm – 11:10 pm. Work area to be inspected by Terracon prior to removal of debris. CO2 monitor reading at 21.9; manometer 0.037 negative pressure. Ductwork wrapped, cleaned and completed.

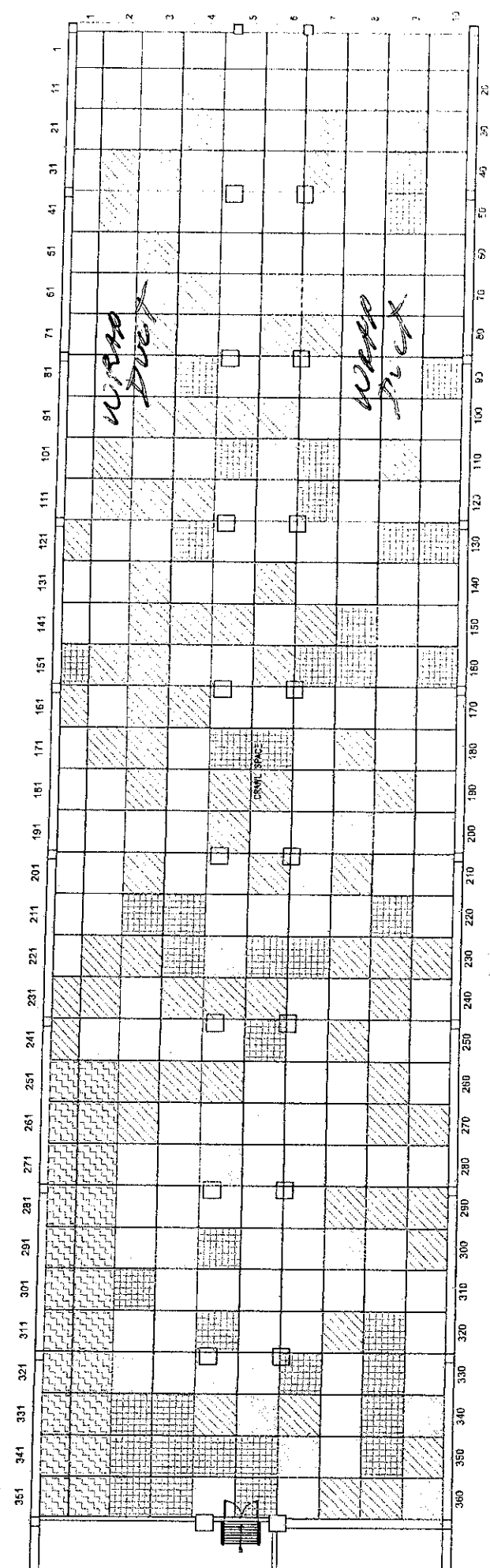
### Comments:

**Air Test:** OCCU-TEC (Pat Garcia) & Terracon

### Visitors:

### Schedule and proposed work:





9-19-12



EX-101
1
<b>SAMPLING DIAGRAM</b>
GSA HEARTLAND
451 GROSS FLOOR
ST. LOUIS, MISSOURI
BUILDING - 3RD FLOOR SPACE

<b>Terracon</b>	CONSTRUCTION SOFTWARE
1000 N. WASHINGTON	ST. LOUIS, MO 63102
PHONE: 314.241.1000	FAX: 314.241.1001
PROJECT: ST115000	DATE: 09/19/12
CLIENT: NTS	DESIGNER: J. B. BROWN
PROJECT: ST115000	DATE: 09/19/12
CLIENT: NTS	DESIGNER: J. B. BROWN

**LEGEND**

-  ASBESTOS CONTAINING SOIL SAMPLE TEM
-  ASBESTOS CONTAINING DEBRIS SAMPLES EPA 600/R-93
-  ASBESTOS CONTAINING SOIL SAMPLE & DEBRIS SAMPLE
-  AREA COVERED IN CONCRETE RUBBLE AND NOT SAMPLED

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<b>Superintendent:</b>		<b>Trucks:</b>	
<b>Supervisor:</b>		<b>Trac Hoe:</b>	
<b>Foreman:</b>		<b>High Lift:</b>	
<b>Laborer's:</b>		<b>Boom Lift:</b>	
<b>Roofers:</b>		<b>Skid Loader:</b>	

## GEI DAILY LOG

<b>Project No:</b>	ASB2122063			<b>Day:</b>	Thursday
<b>Project Name:</b>	Federal Center – 4300 Goodfellow			<b>Temp.:</b>	68'
<b>Date:</b>	9-20-12	<b>Weather:</b>	Sunny	<b>Workers:</b>	9
<b>Supervisor:</b>	Vicki Dunn-Wolfe			<b>Start Time:</b>	5:00 pm
<b>Start Time:</b>	5:00 pm	<b>Lunch:</b>	8:30 pm	<b>Quit Time:</b>	12:30 am

### Materials on Jobsite:

<b>PO #:</b>		<b>Company:</b>		<b>Material Transferred W/H:</b>	
<b>PO #:</b>		<b>Company:</b>		<b>Material Transferred W/H:</b>	

### Area(s)/work performed:

Eric from Terracon entered crawlspace to inspect prior to start up of vacuum. Crew raked the perimeter of (7-10) approximately 6" to slop side. Vacuum clogged at 8:33 pm. Crew continued to rake area. NE side down to SW side raked. Vacuum loaded/sealed and to be moved offsite tomorrow morning. Need 3" hose and diffuser.

### Comments:

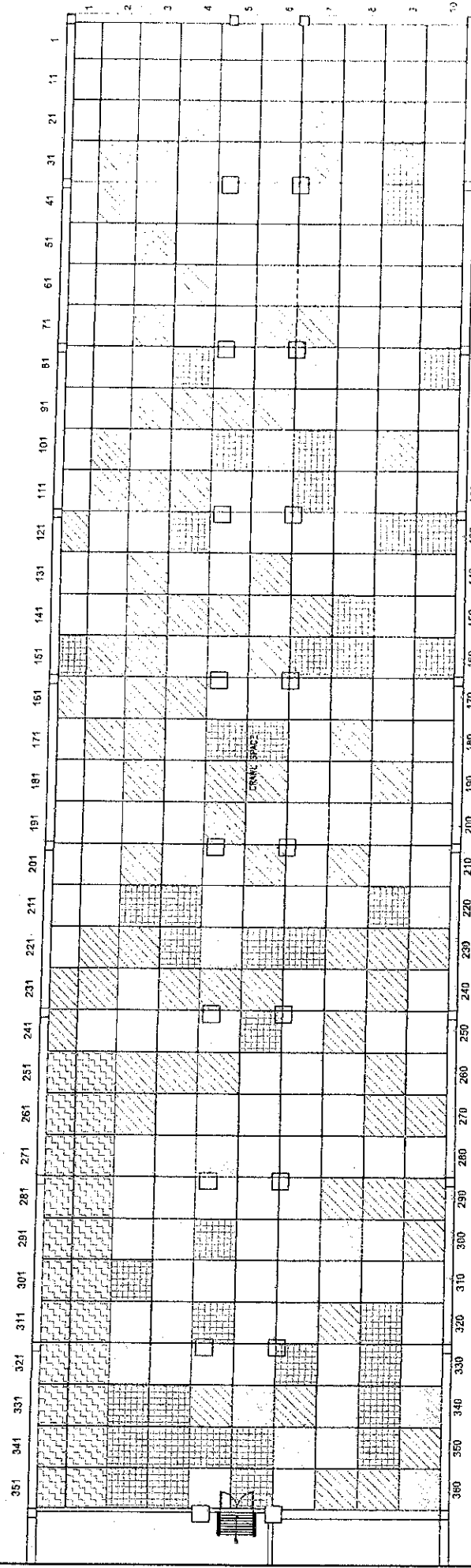
**Air Test:** OCCU-TEC (Pat Garcia) & Terracon

### Visitors:

### Schedule and proposed work:



NE  
9-20-12  
10BA9  
5c/yds  
Dirt RACKed  
Pull down MATERIAL



**SAMPLING DIAGRAM**  
 GSA HEARTLAND  
 4216 GOOD PELLON  
 ST. LOUIS, MISSOURI  
 BUILDING 37 - CORRIDOR 2

**Terracon**  
 Consulting Engineers and Architects  
 222 S. MICHIGAN  
 CHICAGO, IL 60604  
 PHONE: 312.587.8800  
 FAX: 312.587.8801  
 WWW: TERRACON.COM

- LEGEND**
- ASBESTOS CONTAINING SOIL SAMPLE TEM
  - ASBESTOS CONTAINING DEBRIS SAMPLES EPA 600/R-93
  - ASBESTOS CONTAINING SOIL SAMPLE & DEBRIS SAMPLE
  - AREA COVERED IN CONCRETE RUBBLE AND NOT SAMPLED

SCALE: 1" = 10'-0" (VERTICAL DIMENSIONS) - USE THIS SCALE FOR ALL DIMENSIONS UNLESS OTHERWISE SPECIFIED.  
 DATE: 9/20/12  
 DRAWN BY: [Name]  
 CHECKED BY: [Name]

<b>Superintendent:</b>		<b>Trucks:</b>	
<b>Supervisor:</b>		<b>Trac Hoe:</b>	
<b>Foreman:</b>		<b>High Lift:</b>	
<b>Laborer's:</b>		<b>Boom Lift:</b>	
<b>Roofers:</b>		<b>Skid Loader:</b>	

## GEI DAILY LOG

<b>Project No:</b>	<b>ASB2122063</b>			<b>Day:</b>	<b>Friday</b>
<b>Project Name:</b>	<b>Federal Center – 4300 Goodfellow</b>			<b>Temp.:</b>	<b>71'</b>
<b>Date:</b>	<b>9-21-12</b>	<b>Weather:</b>	<b>Overcast</b>	<b>Workers:</b>	<b>9</b>
<b>Supervisor:</b>	<b>Vicki Dunn-Wolfe</b>			<b>Quit Time:</b>	<b>12:30 am</b>
<b>Start Time:</b>	<b>5:00 pm</b>	<b>Lunch:</b>	<b>8:30 pm</b>		

### Materials on Jobsite:

<b>PO #:</b>		<b>Company:</b>		<b>Material Transferred W/H:</b>	
<b>PO #:</b>		<b>Company:</b>		<b>Material Transferred W/H:</b>	

### Area(s)/work performed:

Vacuum up and running at 5:15 pm. Waste hose was connected at the cylinder. Crew began vacuuming spoils that had been raked down from foundation. Eric from Terracon and Vicki from GEI inspected process to approve for final results. It was agreed upon that the area had been raked and vacuuming would be accepted as hard pan. Crew to continue down wall and moved to SW corner until gross on all perimeter walls are down to hard pan.

### Comments:

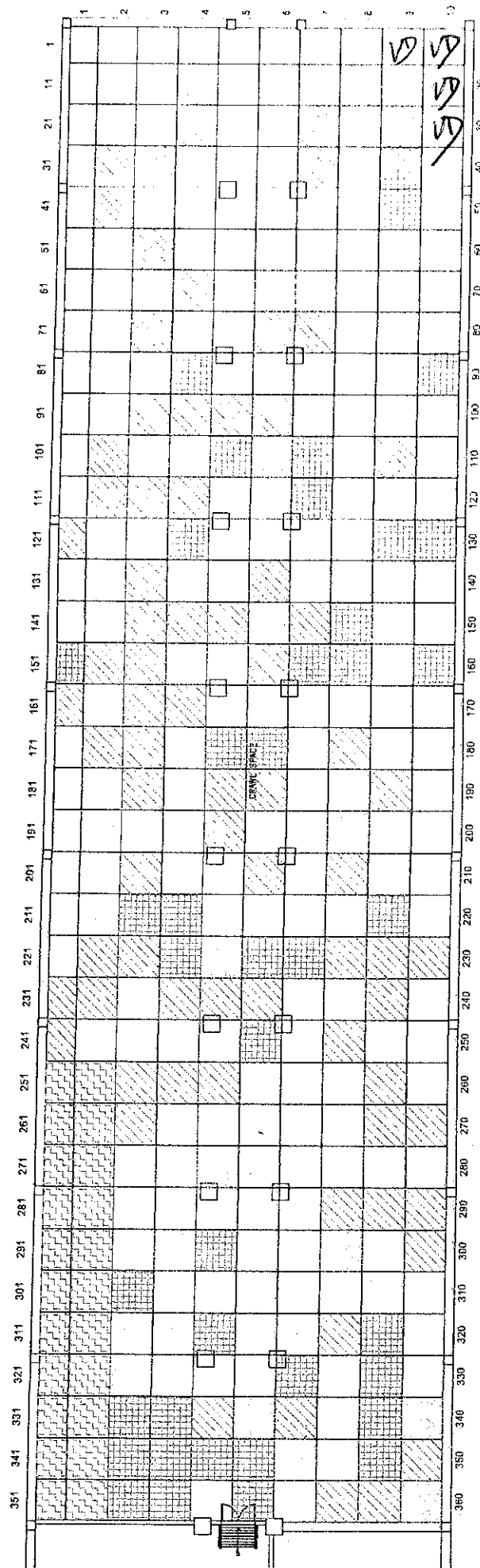
**Air Test:** OCCU-TEC (Pat Garcia) & Terracon

### Visitors:

### Schedule and proposed work:

5

9-21-12  
Process Inspected Approved  
1-20yd  
007790  
shipment



<b>SAMPLING DIAGRAM</b> GSA HEARTLAND 432 E. LOCKE BLVD. ST. LOUIS, MISSOURI BUILDING USE COMPLIANCE	
<b>Terracon</b> Consulting Engineers and Architects 2015 S. MONTGOMERY ST. LOUIS, MO 63104 (314) 436-1000	Project: 071008 Date: N/A Client: #1072 Job: 101-001.5 (REV) Drawing: 101-001.5
AREA: 432 PROJECT: 432 CLIENT: #1072 JOB: 101-001.5 (REV)	DBM

- LEGEND**
- ASBESTOS CONTAINING SOIL SAMPLE TEM
  - ASBESTOS CONTAINING DEBRIS SAMPLES EPA 800R-93
  - ASBESTOS CONTAINING SOIL SAMPLE & DEBRIS SAMPLE
  - AREA COVERED IN CONCRETE RUBBLE AND NOT SAMPLED

THIS PLAN IS PREPARED FOR GENERAL INFORMATION ONLY AND IS NOT TO BE USED FOR CONSTRUCTION PURPOSES WITHOUT THE APPROVAL OF THE ENGINEER.

<b>Superintendent:</b>		<b>Trucks:</b>	
<b>Supervisor:</b>		<b>Trac Hoe:</b>	
<b>Foreman:</b>		<b>High Lift:</b>	
<b>Laborer's:</b>		<b>Boom Lift:</b>	
<b>Roofers:</b>		<b>Skid Loader:</b>	

## GEI DAILY LOG

<b>Project No:</b>	<b>ASB2122063</b>			<b>Day:</b>	<b>Saturday</b>
<b>Project Name:</b>	<b>Federal Center – 4300 Goodfellow</b>			<b>Temp.:</b>	<b>65'</b>
<b>Date:</b>	<b>9-22-12</b>	<b>Weather:</b>	<b>Chilly</b>	<b>Workers:</b>	<b>4</b>
<b>Supervisor:</b>	<b>Vicki Dunn-Wolfe</b>			<b>Quit Time:</b>	<b>12:30 am</b>
<b>Start Time:</b>	<b>5:00 pm</b>	<b>Lunch:</b>	<b>8:30 pm</b>		

### Materials on Jobsite:

<b>PO #:</b>		<b>Company:</b>		<b>Material Transferred W/H:</b>	
<b>PO #:</b>		<b>Company:</b>		<b>Material Transferred W/H:</b>	

### Area(s)/work performed:

Water sweating through bag/fluff and cat litter added to bladder bag; filtered off water that had seeped into double-lined dumpster. Crew arrived at jobsite and discussed the scope of work. As a precaution, cat litter was placed around dumpster to collect any run off. Cat litter was picked up and placed in disposal bags. Bags were placed in a 40 yard closed box. Waste container hauled for site and transported to landfill. Dumpster was secured; manifest and dumpster was shipped without incident.

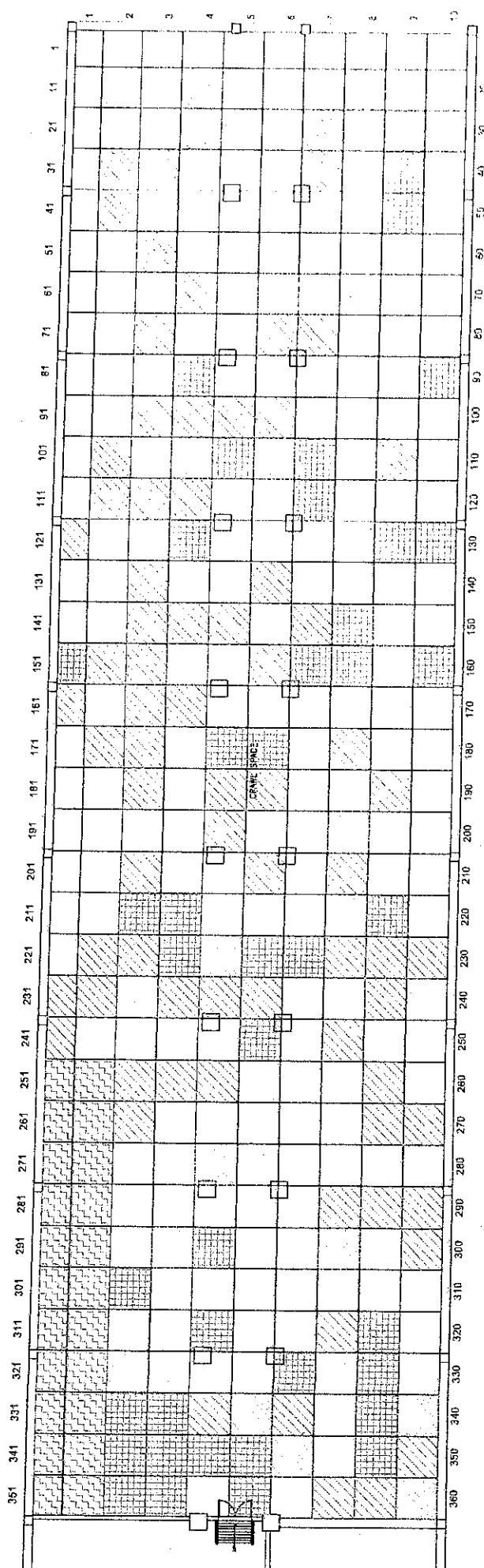
### Comments:

**Air Test:** OCCU-TEC (Pat Garcia) & Terracon





### Visitors:

### Schedule and proposed work:

NO WORK 2  
INSIDE  
CONTAINMENT  
9-22-12



**LEGEND**

-  ASBESTOS CONTAINING SOIL SAMPLE TEM
-  ASBESTOS CONTAINING DEBRIS SAMPLES EPA 600/R-93
-  ASBESTOS CONTAINING SOIL SAMPLE & DEBRIS SAMPLE
-  AREA COVERED IN CONCRETE RUBBLE AND NOT SAMPLED

**SAMPLING DIAGRAM**  
 GSA HEARTLAND  
 4525 GOODE RD., LOA  
 ST. LOUIS, MISSOURI  
 PLODING ST. CRAWFORD, MO

**Terracon**  
 Consulting Engineers and Scientists  
 200 S. BROADWAY  
 ST. LOUIS, MISSOURI 63102

Project	1519206
Site	NTS
Date	4/16/02
Drawn by	JULIUS/SJL
Checked by	ARR
Quantity	DBM

300 S. BROADWAY, ST. LOUIS, MO 63102  
 TEL: 314.241.1100 FAX: 314.241.1101  
 WWW.TERRACON.COM

<b>Superintendent:</b>		<b>Trucks:</b>	
<b>Supervisor:</b>		<b>Trac Hoe:</b>	
<b>Foreman:</b>		<b>High Lift:</b>	
<b>Laborer's:</b>		<b>Boom Lift:</b>	
<b>Roofers:</b>		<b>Skid Loader:</b>	

## GEI DAILY LOG

<b>Project No:</b>	<b>ASB2122063</b>			<b>Day:</b>	<b>Monday</b>
<b>Project Name:</b>	<b>Federal Center – 4300 Goodfellow</b>			<b>Temp.:</b>	<b>68'</b>
<b>Date:</b>	<b>9-24-12</b>	<b>Weather:</b>	<b>Chilly</b>	<b>Workers:</b>	<b>10</b>
<b>Supervisor:</b>	<b>Vicki Dunn-Wolfe</b>			<b>Quit Time:</b>	<b>12:30 am</b>
<b>Start Time:</b>	<b>5:00 pm</b>	<b>Lunch:</b>	<b>8:30 pm</b>		

### Materials on Jobsite:

<b>PO #:</b>		<b>Company:</b>		<b>Material Transferred W/H:</b>	
<b>PO #:</b>		<b>Company:</b>		<b>Material Transferred W/H:</b>	

### Area(s)/work performed:

Green bladder bags delivered to jobsite early afternoon and 2" hose/diffuser. Dumpster lined with 2 layers of 6 mil poly and cat litter in corners. 6 mil was reinforced poly lined dumpster as a third protector barrier. Bladder bags installed and vacuumed hooked up/hose secured. Barrier danger tape and signs in place. Started vacuum at 5:30 pm and continued vacuuming NW wall (41-81).

### Comments:

**Air Test:** OCCU-TEC (Pat Garcia) & Terracon

### Visitors:

### Schedule and proposed work:

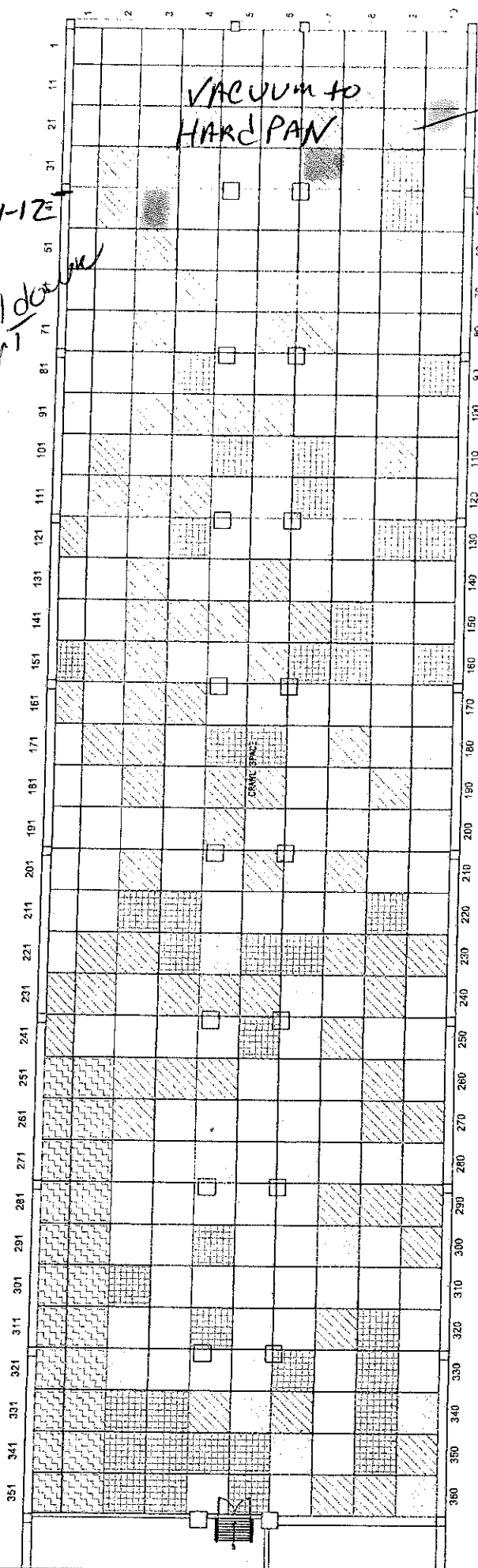
9-24-12

9-24-12





Pool deck  
dirt

VACUUM TO  
HARD PAN

VISUM  
KEVIN  
RACK &  
RE VACUUM



LEGEND

-  ASBESTOS CONTAINING SOIL SAMPLE TEM
-  ASBESTOS CONTAINING DEBRIS SAMPLES EPA 600R-93
-  ASBESTOS CONTAINING SOIL SAMPLE & DEBRIS SAMPLE
-  AREA COVERED IN CONCRETE RUBBLE AND NOT SAMPLED

NOTES: 1. REFER TO SHEET 600R-93 FOR  
2. ALL SAMPLES MUST BE ANALYZED AT A  
3. ALL SAMPLES MUST BE ANALYZED AT A

Priority	ARE	Priority	5-11-2006
Access	USE	NO	
Change	ABB	4/10/07	
Control	DBM	DATE/BU 5, 0000	

**Terracon**  
Consulting Engineers and Architects  
1000 W. 10th St.  
Portland, OR 97204  
503.255.8200

**SAMPLING DIAGRAM**  
GSA HEARTLAND  
4210 GOOD FELLOW  
ST. JAMES MASSACHUSETTS  
BUILDING 33 COMPLETED

EXHIBIT 1

7

<b>Superintendent:</b>		<b>Trucks:</b>	
<b>Supervisor:</b>		<b>Trac Hoe:</b>	
<b>Foreman:</b>		<b>High Lift:</b>	
<b>Laborer's:</b>		<b>Boom Lift:</b>	
<b>Roofers:</b>		<b>Skid Loader:</b>	

## GEI DAILY LOG

<b>Project No:</b>	<b>ASB2122063</b>			<b>Day:</b>	<b>Tuesday</b>
<b>Project Name:</b>	<b>Federal Center – 4300 Goodfellow</b>			<b>Temp.:</b>	<b>82'</b>
<b>Date:</b>	<b>9-25-12</b>	<b>Weather:</b>	<b>Rainy</b>	<b>Workers:</b>	<b>10</b>
<b>Supervisor:</b>	<b>Vicki Dunn-Wolfe</b>			<b>Quit Time:</b>	<b>12:30 am</b>
<b>Start Time:</b>	<b>5:00 pm</b>	<b>Lunch:</b>	<b>8:30 pm</b>		

### Materials on Jobsite:

<b>PO #:</b>		<b>Company:</b>		<b>Material Transferred W/H:</b>	
<b>PO #:</b>		<b>Company:</b>		<b>Material Transferred W/H:</b>	

### Area(s)/work performed:

Crew entered containment area at 5:10 pm. 2 man crew working on W wall raking and pulling down top 8-12" of dirt along foundation wall. 141-to debris pile of concrete 2 man racking area of debris in first area # 1. 2 man crew working on vacuuming E wall 60-. Vacuum truck fueled and hosed.

### Comments:

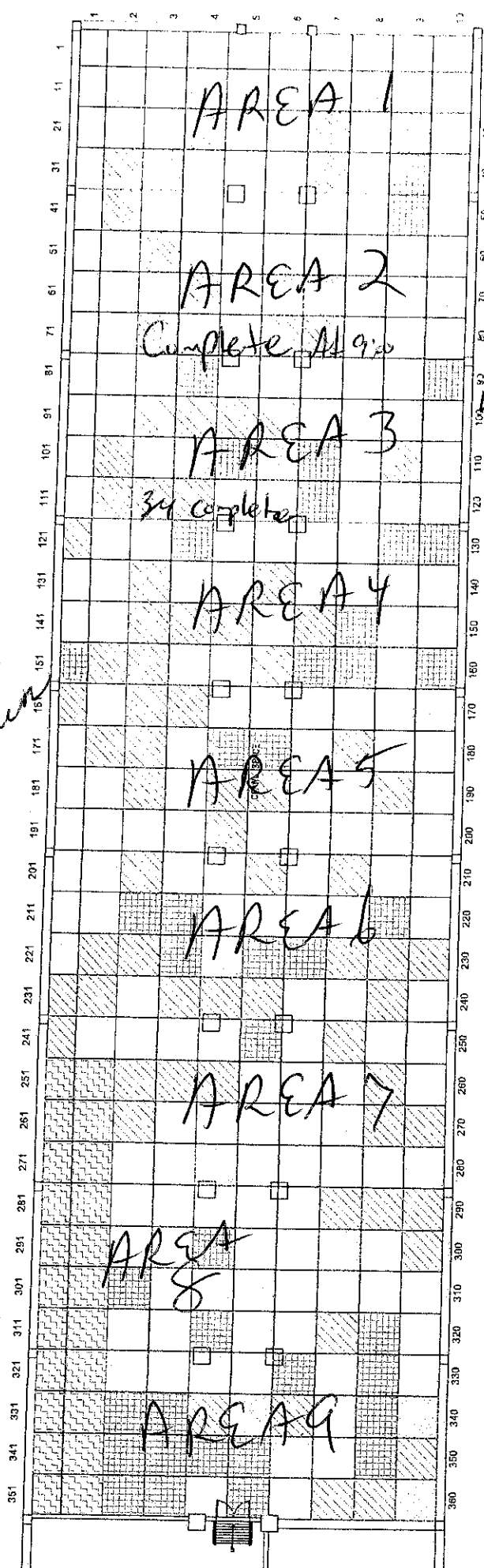
**Air Test:** OCCU-TEC (Pat Garcia) & Terracon

### Visitors:

### Schedule and proposed work:







9-20-10



pull down

vacuuming

LEGEND

-  ASBESTOS CONTAINING SOIL SAMPLE TEM
-  ASBESTOS CONTAINING DEBRIS SAMPLES EPA 600/R-93
-  ASBESTOS CONTAINING SOIL SAMPLE & DEBRIS SAMPLE
-  AREA COVERED IN CONCRETE RUBBLE AND NOT SAMPLED

**SAMPLING DIAGRAM**

SY-187

1

GSA HEARTLAND  
 2500000 E. 10th  
 ST. LOUIS, MISSOURI  
 BUILDING 17 (FORMER SPEC)

**Terracon**

Construction Management and Control

10000 S. 10th  
 ST. LOUIS, MO 63126  
 (314) 291-1000

Project	511000
Site	NTS
Sheet	4 of 12
Date	07/06/06
Drawn by	DB

REVISIONS: 1. 08/10/06: REVISED TO REFLECT ASBESTOS TESTING RESULTS AND DEBRIS REMOVAL. 2. 09/20/06: REVISED TO REFLECT ASBESTOS TESTING RESULTS AND DEBRIS REMOVAL.

8

<b>Superintendent:</b>		<b>Trucks:</b>	
<b>Supervisor:</b>		<b>Trac Hoe:</b>	
<b>Foreman:</b>		<b>High Lift:</b>	
<b>Laborer's:</b>		<b>Boom Lift:</b>	
<b>Roofers:</b>		<b>Skid Loader:</b>	

## GEI DAILY LOG

<b>Project No:</b>	ASB2122063			<b>Day:</b>	Wednesday
<b>Project Name:</b>	Federal Center – 4300 Goodfellow		<b>Weather:</b>	Overcast	<b>Temp.:</b> 75'
<b>Date:</b>	9-26-12	<b>Supervisor:</b>	Vicki Dunn-Wolfe		
<b>Start Time:</b>	5:00 pm	<b>Lunch:</b>	8:30 pm	<b>Workers:</b>	10
		<b>Quit Time:</b>	12:30 am		

### Materials on Jobsite:

<b>PO #:</b>		<b>Company:</b>		<b>Material Transferred W/H:</b>	
<b>PO #:</b>		<b>Company:</b>		<b>Material Transferred W/H:</b>	

### Area(s)/work performed:

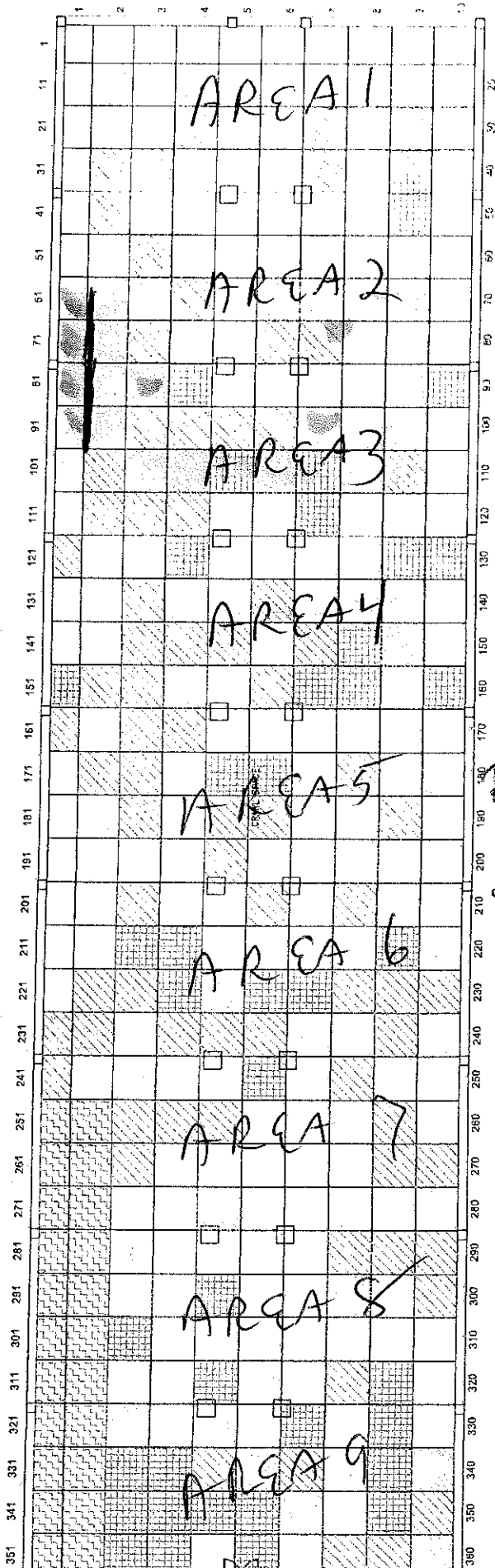
Called for exchange on dumpster for Friday. Last pick-up around 4:00 pm. Crew working on Area # 3. Vacuuming moving to Area # 4. Work area on W side below ductwork. Vacuum loader continued to clog with dirt. Process very slow due to dirt being dampened of clay material. Crew moved down to Area # 8 to vacuum rocks and to clean vacuum hose.

### Comments:

**Air Test:** OCCU-TEC (Pat Garcia) & Terracon

### Visitors:

### Schedule and proposed work:



ReVACUUM  
Other INSPECT  
9-26-12

VACUUM  
9-26-12

VACUUM

Backed  
VACUUM  
& PACKED

- LEGEND**
- ASBESTOS CONTAINING SOIL SAMPLE TEM
  - ASBESTOS CONTAINING DEBRIS SAMPLES EPA 800R-83
  - ASBESTOS CONTAINING SOIL SAMPLE & DEBRIS SAMPLE
  - AREA COVERED IN CONCRETE RUBBLE AND NOT SAMPLED

Project	ARE	515260
Location	ARE	NTE
Client	ARE	46762
Date	ARE	01/19/20 3:00PM
Drawn	ARE	DBM

SAMPLING DIAGRAM	
EVA-51	
GSA HENRIKLAND	
4220 GOSWELL LN	
ST. JAMES PARISH	
EALING, LOUISIANA	
1	

THIS DRAWING IS HEREBY FOR GENERAL USE ONLY. A & S ENVIRONMENTAL CONSULTANTS, L.P. HAS NOT AFFIRMED THE ACCURACY OF THE INFORMATION CONTAINED HEREIN.

9

<b>Superintendent:</b>		<b>Trucks:</b>	
<b>Supervisor:</b>		<b>Trac Hoe:</b>	
<b>Foreman:</b>		<b>High Lift:</b>	
<b>Laborer's:</b>		<b>Boom Lift:</b>	
<b>Roofers:</b>		<b>Skid Loader:</b>	

## GEI DAILY LOG

<b>Project No:</b>	<b>ASB2122063</b>				
<b>Project Name:</b>	<b>Federal Center – 4300 Goodfellow</b>	<b>Day:</b>	<b>Thursday</b>		
<b>Date:</b>	<b>9-27-12</b>	<b>Weather:</b>	<b>Sunny</b>		<b>Temp.:</b> <b>73'</b>
<b>Supervisor:</b>	<b>Vicki Dunn-Wolfe</b>			<b>Workers:</b>	<b>8</b>
<b>Start Time:</b>	<b>5:00 pm</b>	<b>Lunch:</b>	<b>8:30 pm</b>	<b>Quit Time:</b>	<b>12:30 am</b>

### Materials on Jobsite:

<b>PO #:</b>		<b>Company:</b>		<b>Material Transferred W/H:</b>	
<b>PO #:</b>		<b>Company:</b>		<b>Material Transferred W/H:</b>	

### Area(s)/work performed:

20 yard dumpster removed at 5:10 pm. Vacuum loader clogged. Crew triple lined the dumpster and posted generator labels. Vacuum truck shut down and loaded. Bagged dirt.

### Comments:

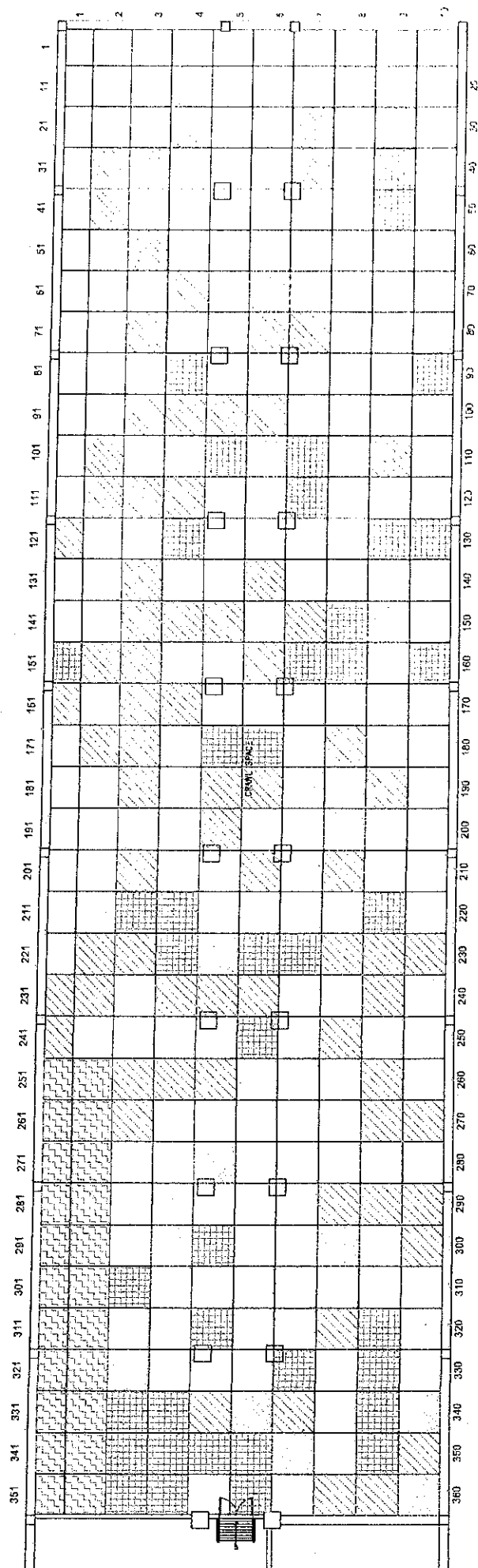
**Air Test:** OCCU-TEC (Pat Garcia) & Terracon

### Visitors:

### Schedule and proposed work:

10

9-27-12



VAC TRUCK  
 BROKE  
 5:00 - 8:01  
 CALLED FOR  
 EXCHANGE  
 BY FRIDAY @  
 5:00 PM

CREW  
 PULLING DOWN  
 SIDE'S

**SAMPLING DIAGRAM**  
 CSA HEARTLAND  
 4536 GOOD RD., CA  
 ST. LOUIS, MISSOURI  
 BUILDING 107 CRAWLSPACE

**Terracon**  
 Consulting Engineers and Architects  
 202 S. WASHINGTON  
 ST. LOUIS, MISSOURI 63102-2022

Project	ABB	ST. LOUIS
Drawn	ABB	NTB
Checked	ABB	4/20/12
Scale	1/4" = 1'-0"	
Date	09/27/12	

- LEGEND**
- ASBESTOS CONTAINING SOIL SAMPLE TEM
  - ASBESTOS CONTAINING DEBRIS SAMPLES EPA 600/R-93
  - ASBESTOS CONTAINING SOIL SAMPLE & DEBRIS SAMPLE
  - AREA COVERED IN CONCRETE RUBBLE AND NOT SAMPLED

ALL DATA INTERPRETED FOR GENERAL USE ONLY. A. E. S. HAS  
 NO LIABILITY FOR ERRORS, OMISSIONS, LACK OF DATA, OR APPROXIMATE

<b>Superintendent:</b>		<b>Trucks:</b>	
<b>Supervisor:</b>		<b>Trac Hoe:</b>	
<b>Foreman:</b>		<b>High Lift:</b>	
<b>Laborer's:</b>		<b>Boom Lift:</b>	
<b>Roofers:</b>		<b>Skid Loader:</b>	

## GEI DAILY LOG

<b>Project No:</b>	ASB2122063			<b>Day:</b>	Friday
<b>Project Name:</b>	Federal Center – 4300 Goodfellow			<b>Temp.:</b>	70'
<b>Date:</b>	9-28-12	<b>Weather:</b>	Sunny	<b>Workers:</b>	9
<b>Supervisor:</b>	Vicki Dunn-Wolfe			<b>Start Time:</b>	5:00 pm
<b>Start Time:</b>	5:00 pm	<b>Lunch:</b>	8:30 pm	<b>Quit Time:</b>	12:30 am

### Materials on Jobsite:

<b>PO #:</b>		<b>Company:</b>		<b>Material Transferred W/H:</b>	
<b>PO #:</b>		<b>Company:</b>		<b>Material Transferred W/H:</b>	

### Area(s)/work performed:

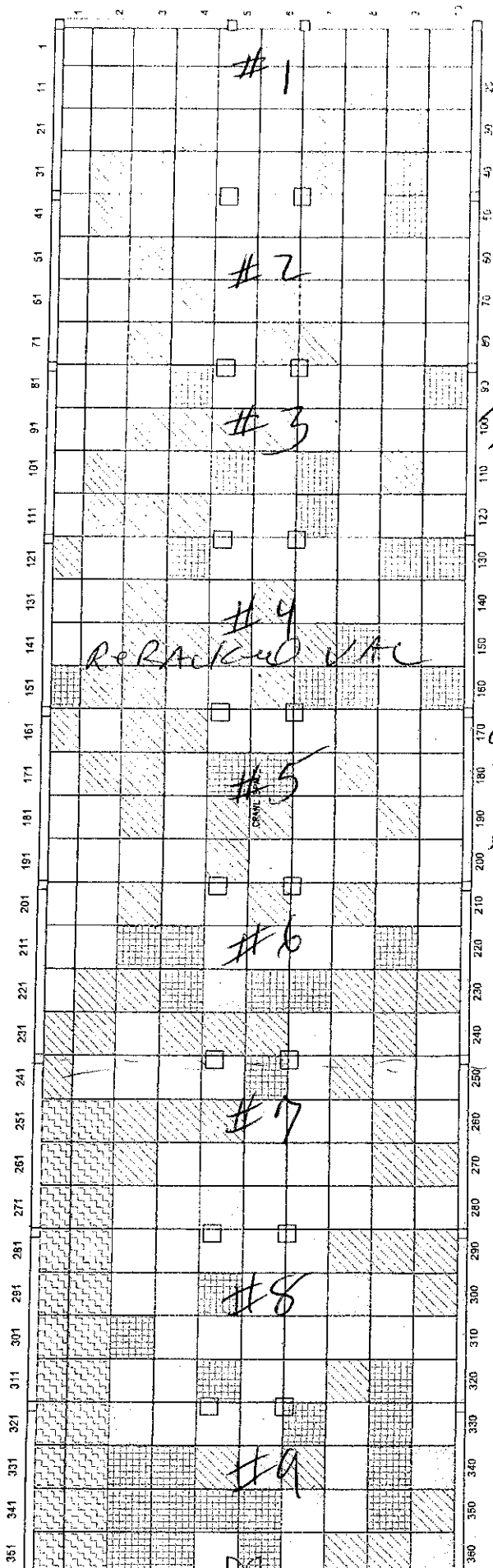
Vac-it-all repaired the vacuum truck. Crew set-up vacuum truck and began vacuuming dirt Area # 4. Work slowed down due to wetting material and clogged hose. Negative pressure remained at .32-.34. Kevin from Terracon and Vicki from GEI inspected Area # 3 & Area # 4 for visuals at 9:30 pm. Several areas needed to be addressed.

### Comments:

**Air Test:** OCCU-TEC (Pat Garcia) & Terracon

### Visitors:

### Schedule and proposed work:







9-29-12

INSPECTED  
VISUAL  
#3 + #4  
CLEANED  
KA / 17

STARTED  
VACUUM ON  
#5 @ 10:00  
HOSE CLOGGED

REPACKED VAC

**LEGEND**

-  ASBESTOS CONTAINING SOIL SAMPLE TEM
-  ASBESTOS CONTAINING DEBRIS SAMPLES EPA 600/R-83
-  ASBESTOS CONTAINING SOIL SAMPLE & DEBRIS SAMPLE
-  AREA COVERED IN CONCRETE RUBBLE AND NOT SAMPLED

<b>SAMPLING DIAGRAM</b> GSA HEARTLAND 4510 GOOD FELLOW ST. LOUIS, MISSOURI BUILDING 02 CAMPUS 025	
<b>Terracon</b> Consulting Engineers and Architects 2015 S. MAIN STREET ST. LOUIS, MO 63104 TEL: 314.241.1234 FAX: 314.241.1235	PROJECT NO.: DATE:
PROPERTY: ARE CLIENT: ARE DRAWN BY: ARE CHECKED BY: ARE DATE: 09/29/12	SHEET NO.: 1 TOTAL SHEETS: 1

THIS DRAWING IS THE PROPERTY OF TERRACON CONSULTING ENGINEERS AND ARCHITECTS. IT IS TO BE USED ONLY FOR THE PROJECT AND SITE SPECIFICALLY IDENTIFIED HEREON. IT IS NOT TO BE REPRODUCED OR TRANSMITTED IN ANY FORM OR BY ANY MEANS, ELECTRONIC OR MECHANICAL, WITHOUT THE WRITTEN PERMISSION OF TERRACON CONSULTING ENGINEERS AND ARCHITECTS.

<b>Superintendent:</b>		<b>Trucks:</b>	
<b>Supervisor:</b>		<b>Trac Hoe:</b>	
<b>Foreman:</b>		<b>High Lift:</b>	
<b>Laborer's:</b>		<b>Boom Lift:</b>	
<b>Roofers:</b>		<b>Skid Loader:</b>	

## GEI DAILY LOG

<b>Project No:</b>	<b>ASB2122063</b>			<b>Day:</b>	<b>Monday</b>
<b>Project Name:</b>	<b>Federal Center – 4300 Goodfellow</b>			<b>Temp.:</b>	<b>66'</b>
<b>Date:</b>	<b>10-1-12</b>	<b>Weather:</b>	<b>Overcast</b>	<b>Workers:</b>	<b>9</b>
<b>Supervisor:</b>	<b>Vicki Dunn-Wolfe</b>			<b>Quit Time:</b>	<b>12:30 am</b>
<b>Start Time:</b>	<b>5:00 pm</b>	<b>Lunch:</b>	<b>8:30 pm</b>		

### Materials on Jobsite:

<b>PO #:</b>		<b>Company:</b>		<b>Material Transferred W/H:</b>	
<b>PO #:</b>		<b>Company:</b>		<b>Material Transferred W/H:</b>	

### Area(s)/work performed:

Crew to complete Area # 4 after inspection. Area # 5 & # 6 to be raked prior to vacuuming. Negative pressure .34-.36. Area # 4 & # 5 completed. Inspection first thing Tuesday. Vacuum down for an hour due to clogging. Area # 6 raked but not vacuumed. Continued having issues with machine clogging at connection.

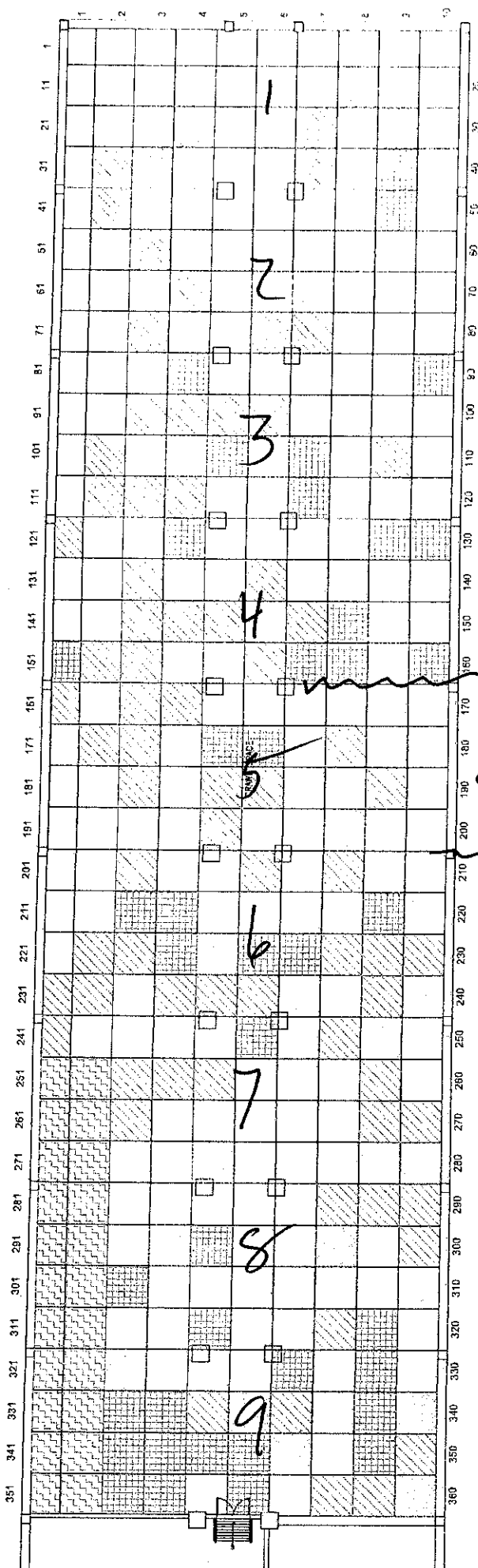
### Comments:

**Air Test:** OCCU-TEC (Pat Garcia) & Terracon

### Visitors:

### Schedule and proposed work:









10-1-12  
Monday

complete

Racked  
& Vacuum  
90 90

Stopped  
vac. C1099 at 9:30

**LEGEND**

-  ASBESTOS CONTAINING SOIL SAMPLE TEM
-  ASBESTOS CONTAINING DEBRIS SAMPLES EPA 800R-93
-  ASBESTOS CONTAINING SOIL SAMPLE & DEBRIS SAMPLE
-  AREA COVERED IN CONCRETE RUBBLE AND NOT SAMPLED

**SAMPLING DIAGRAM**  
GSA HEARTLAND  
4320 GOGG FELICA  
ST. LOUIS, MISSOURI  
EUBING ST. CONSTRUCTION

Priority	ARB	1510200
Project	ARB	NTS
Contract	ARB	41692
Contract	DBM	(P)114860 S.009

**Terracon**  
Construction Management and Estimating  
205 N. Main Street  
St. Louis, MO 63102  
314.241.1000

REVISIONS: INTERFERE THE SERVICES OF THE CONTRACTOR AND HIS SUBS.  
THIS DOCUMENT IS THE PROPERTY OF TERRACON. IT IS TO BE USED ONLY FOR THE PROJECT AND SITE SPECIFICALLY IDENTIFIED HEREIN.

<b>Superintendent:</b>		<b>Trucks:</b>	
<b>Supervisor:</b>		<b>Trac Hoe:</b>	
<b>Foreman:</b>		<b>High Lift:</b>	
<b>Laborer's:</b>		<b>Boom Lift:</b>	
<b>Roofers:</b>		<b>Skid Loader:</b>	

## GEI DAILY LOG

<b>Project No:</b>	<b>ASB2122063</b>			<b>Day:</b>	<b>Tuesday</b>
<b>Project Name:</b>	<b>Federal Center – 4300 Goodfellow</b>			<b>Temp.:</b>	<b>74'</b>
<b>Date:</b>	<b>10-2-12</b>	<b>Weather:</b>	<b>Overcast</b>	<b>Workers:</b>	<b>11</b>
<b>Supervisor:</b>	<b>Vicki Dunn-Wolfe</b>			<b>Quit Time:</b>	<b>12:30 am</b>
<b>Start Time:</b>	<b>5:00 pm</b>	<b>Lunch:</b>	<b>8:30 pm</b>		

### Materials on Jobsite:

<b>PO #:</b>		<b>Company:</b>		<b>Material Transferred W/H:</b>	
<b>PO #:</b>		<b>Company:</b>		<b>Material Transferred W/H:</b>	

### Area(s)/work performed:

Crew started vacuuming at 5:17 pm. Machine clogged down approximately 45 minutes. Crew continued raking Area # 6 & # 7. Crew vacuumed Area # 6. Inspection of Area # 5 & # 6. At the end of the night, the third dumpster was exchanged.

### Comments:

**Air Test:** OCCU-TEC (Pat Garcia) & Terracon

### Visitors:

### Schedule and proposed work:

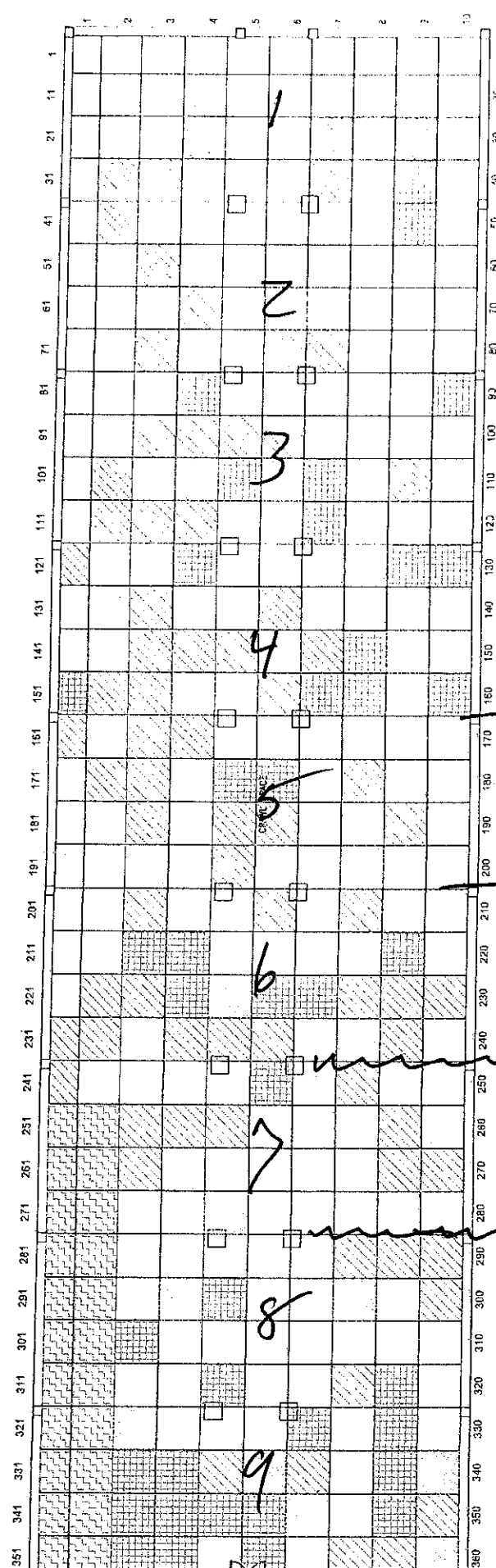
10-2-12  
Tuesday

EXIST  
1

SAMPLING DIAGRAM  
GSA HEARTLAND  
4311 GOOD Pk. CA  
ST. LOUIS, MISSOURI  
BUILDING #1 CORNER SPACE

**Terracon**  
Construction Management and Inspection  
2020 S. Main Street  
St. Louis, MO 63103  
Tel: 314-241-2277 Fax: 314-241-2278

DATE	10/2/12
TIME	NTS
SCALE	AS SHOWN
PROJECT	DBM
CLIENT	UNIVERSITY OF MISSOURI



Visual complete

VAE clogged  
Down 6pm-7pm

Ready for Inspection  
9:00am

RACKED

RACKED

Exchange Dumpster #3

- ASBESTOS CONTAINING SOIL SAMPLE TEM
- ASBESTOS CONTAINING DEBRIS SAMPLES EPA 807/83
- ASBESTOS CONTAINING SOIL SAMPLE & DEBRIS SAMPLE
- AREA COVERED IN CONCRETE RUBBLE AND NOT SAMPLED

LEGEND

UNIVERSITY OF MISSOURI  
CONSTRUCTION MANAGEMENT AND INSPECTION  
2020 S. MAIN STREET  
ST. LOUIS, MO 63103  
TEL: 314-241-2277 FAX: 314-241-2278

<b>Superintendent:</b>		<b>Trucks:</b>	
<b>Supervisor:</b>		<b>Trac Hoe:</b>	
<b>Foreman:</b>		<b>High Lift:</b>	
<b>Laborer's:</b>		<b>Boom Lift:</b>	
<b>Roofers:</b>		<b>Skid Loader:</b>	

## GEI DAILY LOG

<b>Project No:</b>	ASB2122063			<b>Day:</b>	Wednesday
<b>Project Name:</b>	Federal Center – 4300 Goodfellow			<b>Temp.:</b>	70'
<b>Date:</b>	10-3-12	<b>Weather:</b>	Cloudy	<b>Workers:</b>	
<b>Supervisor:</b>	Vicki Dunn-Wolfe			<b>Quit Time:</b>	12:30 am
<b>Start Time:</b>	5:00 pm	<b>Lunch:</b>	8:30 pm		

### Materials on Jobsite:

<b>PO #:</b>		<b>Company:</b>		<b>Material Transferred W/H:</b>	
<b>PO #:</b>		<b>Company:</b>		<b>Material Transferred W/H:</b>	

### Area(s)/work performed:

Moved vacuum for dumpster pick-up and drop off. New dumpster arrived at 5:15 pm, triple lined and labeled with generator labels. Crew connected vacuum hoses into work area and to vacuum. 2 vacuum machines started at 6:15 pm. Loaded out 10 bags of rock and wet dirt. Bags labeled and doubled. Vacuum truck down at 9:00 pm. Kevin from Terracon and Mike Blaine from GEI cleared areas.

### Comments:

**Air Test:** OCCU-TEC (Pat Garcia) & Terracon

### Visitors:

### Schedule and proposed work:

10-3-12



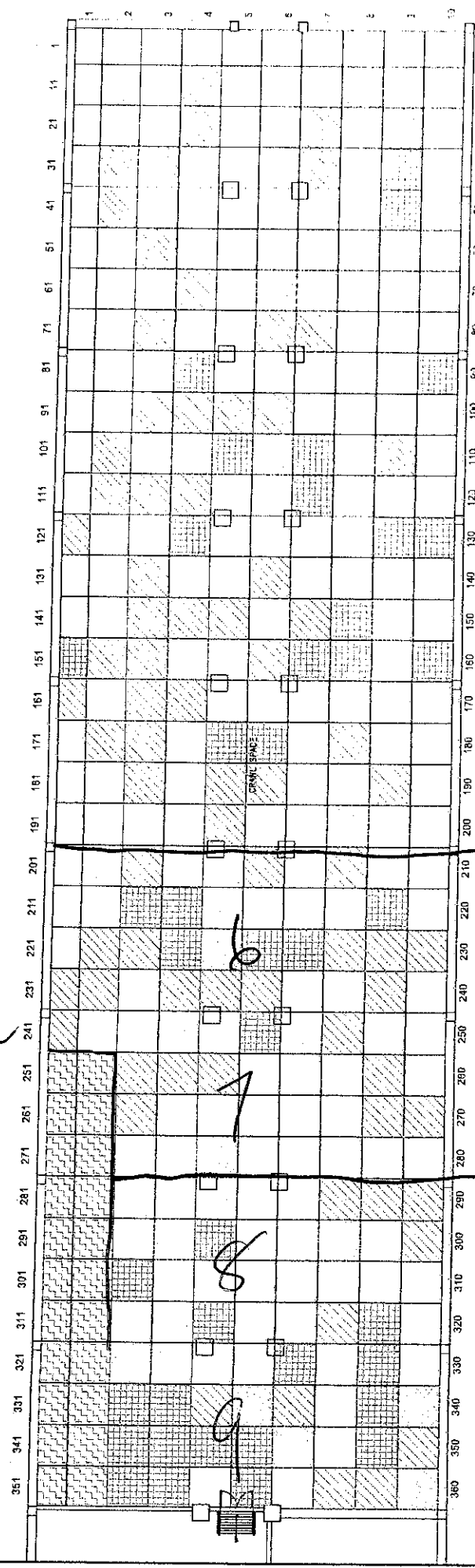
**SAMPLING DIAGRAM**  
 GSA HEARTLAND  
 4502 OZON ST. CHS  
 ST. LOUIS, MISSOURI  
 BUILDING 37 - CORNER OFFICE

**Terracon**  
 Consulting Engineers and Architects  
 100 E. MAIN STREET  
 ST. LOUIS, MO 63102  
 PHONE: 314.433.1234  
 FAX: 314.433.1235  
 WWW: WWW.TERRACON.COM

Project	4511260
Date	10/3/12
Drawn	AKB
Checked	AKB
Reviewed	AKB
Approved	AKB
Scale	AS SHOWN
Sheet No.	1
Total Sheets	1

#2 Vacuum

cleaned  
#1 VACUUM  
#1  
VACUUMING



- LEGEND**
- ASBESTOS CONTAINING SOIL SAMPLE TEM
  - ASBESTOS CONTAINING DEBRIS SAMPLES EPA 600IR-93
  - ASBESTOS CONTAINING SOIL SAMPLE & DEBRIS SAMPLE
  - AREA COVERED IN CONCRETE RUBBLE AND NOT SAMPLED

SCALE: 1/4" = 1'-0" (VERTICAL) 1/4" = 1'-0" (HORIZONTAL) DATE: 10/3/12

<b>Superintendent:</b>		<b>Trucks:</b>	
<b>Supervisor:</b>		<b>Trac Hoe:</b>	
<b>Foreman:</b>		<b>High Lift:</b>	
<b>Laborer's:</b>		<b>Boom Lift:</b>	
<b>Roofers:</b>		<b>Skid Loader:</b>	

## GEI DAILY LOG

<b>Project No:</b>	<b>ASB2122063</b>			<b>Day:</b>	<b>Thursday</b>
<b>Project Name:</b>	<b>Federal Center – 4300 Goodfellow</b>			<b>Temp.:</b>	<b>80'</b>
<b>Date:</b>	<b>10-4-12</b>	<b>Weather:</b>	<b>Sunny</b>	<b>Workers:</b>	<b>10</b>
<b>Supervisor:</b>	<b>Vicki Dunn-Wolfe</b>			<b>Quit Time:</b>	<b>12:30 am</b>
<b>Start Time:</b>	<b>5:00 pm</b>	<b>Lunch:</b>	<b>8:30 pm</b>		

**Materials on Jobsite:**

<b>PO #:</b>		<b>Company:</b>		<b>Material Transferred W/H:</b>	
<b>PO #:</b>		<b>Company:</b>		<b>Material Transferred W/H:</b>	

**Area(s)/work performed:**

New vacuum loaded and exchanged. Bladder bag connected. Crew finished Bay 7 and the 2<sup>nd</sup> crew connected down W wall removing bulk debris.

**Comments:**

**Air Test:** OCCU-TEC (Pat Garcia) & Terracon

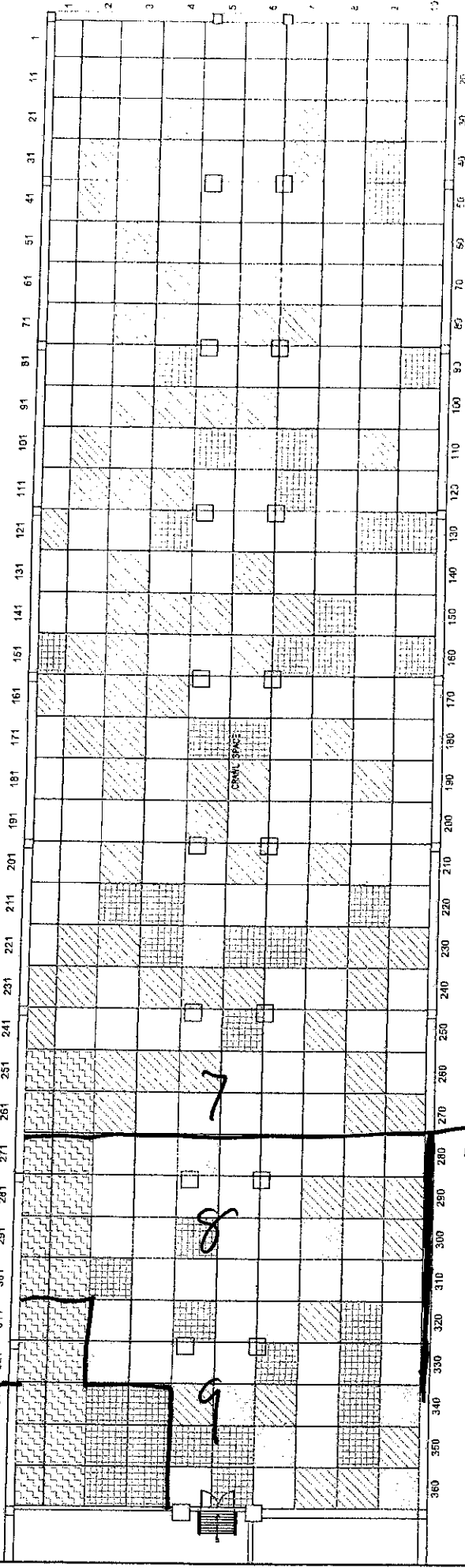
**Visitors:**

**Schedule and proposed work:**

10-4-12  
Thursday

<b>SAMPLING DIAGRAM</b> CSA HEARTLAND 4550 GOLF HILL LN ST. LOUIS, MISSOURI BUILDING OF CONCRETE SPACES	EXIST 1
---	------------





<b>Terracon</b> Consulting Engineers and Architects 202 E. NORTHWIDE P.O. BOX 1000 ST. LOUIS, MO 63103	Project: 4511500 Date: N/A Drawn: ACP Checked: ABB Date: 10/4/12 Title: CONCRETE SPACES
--	--



VAC #  
VAC  
Debris  
Pila  
6:00  
moving  
into  
Bx 9

VAC #

**LEGEND**

-  ASBESTOS CONTAINING SOIL SAMPLE TEM
-  ASBESTOS CONTAINING DEBRIS SAMPLES EPA 800/1000
-  ASBESTOS CONTAINING SOIL SAMPLE & DEBRIS SAMPLE
-  AREA COVERED IN CONCRETE RUBBLE AND NOT SAMPLED

THIS IS A PRELIMINARY REPORT. USE ONLY AS A GUIDE.  
 CONSULT WITH TERRACON ENGINEERS FOR ANY AND ALL APPROPRIATE

<b>Superintendent:</b>		<b>Trucks:</b>	
<b>Supervisor:</b>		<b>Trac Hoe:</b>	
<b>Foreman:</b>		<b>High Lift:</b>	
<b>Laborer's:</b>		<b>Boom Lift:</b>	
<b>Roofers:</b>		<b>Skid Loader:</b>	

## GEI DAILY LOG

<b>Project No:</b>	ASB2122063			<b>Day:</b>	Friday
<b>Project Name:</b>	Federal Center - 4300 Goodfellow			<b>Temp.:</b>	67'
<b>Date:</b>	10-5-12	<b>Weather:</b>	Rainy	<b>Workers:</b>	
<b>Supervisor:</b>	Vicki Dunn-Wolfe			<b>Quit Time:</b>	12:30 am
<b>Start Time:</b>	5:00 pm	<b>Lunch:</b>	8:30 pm		

### Materials on Jobsite:

<b>PO #:</b>		<b>Company:</b>		<b>Material Transferred W/H:</b>	
<b>PO #:</b>		<b>Company:</b>		<b>Material Transferred W/H:</b>	

### Area(s)/work performed:

Crew continued vacuuming Area # 8 & # 9. Called for visuals at 7:30 pm. OCCU-TEC and Terracon inspected areas. Final clean to start Monday morning at 7:00. Area # 9 SW corner loose rock required. Additional vacuuming to be completed by end of shift.

### Comments:

**Air Test:** OCCU-TEC (Pat Garcia) & Terracon

### Visitors:

### Schedule and proposed work:



10-5-12

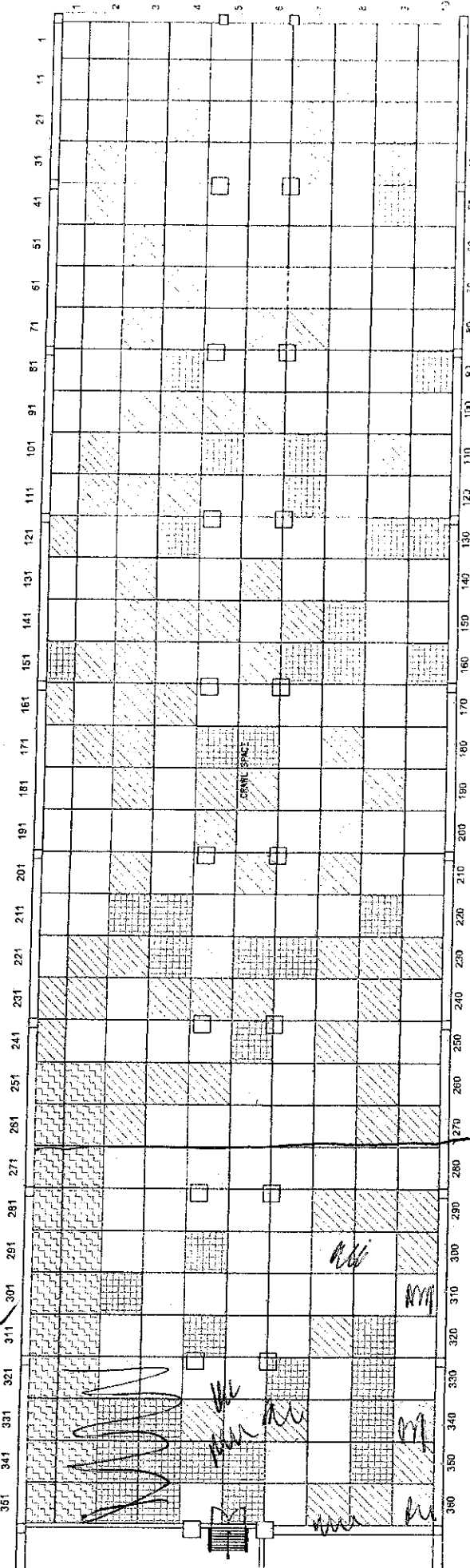
VISUAL  
INSPECTION  
OCCU-TECH  
VACUUM BAG  
& COLUMN  
WIPE PIPE  
10-5-12

SY-BT	1
SAMPLING DIAGRAM	
GSA HEARTLAND	
455,000 SQ. FT.	
ST. LOUIS, MISSOURI	
BUILDING NO. 604-10-1-1	

**Terracon**  
 Consulting, Estimating, and Construction Management  
 2000 N. BROADWAY  
 ST. LOUIS, MO 63103  
 (314) 433-1234

DATE	10/5/12
BY	DBM
PROJECT	ASBESTOS
NO.	10-5-12

DATE	10/5/12
BY	DBM
PROJECT	ASBESTOS
NO.	10-5-12



VACUUM  
ROCK

10-5-12  
TERRACON  
VISUAL  
DEPT  
INSPECTION  
AREA COVERED  
W/ VACUUM BAG  
& COLUMN  
WIPE PIPE  
10-5-12

LEGEND

- ASBESTOS CONTAINING SOIL SAMPLES EPA 8000P
- ASBESTOS CONTAINING DEBRIS SAMPLES EPA 8000P
- ASBESTOS CONTAINING SOIL SAMPLE & DEBRIS SAMPLE
- AREA COVERED IN CONCRETE ROBBING NOT SAMPLED

THIS PLAN IS INTENDED TO BE USED IN CONJUNCTION WITH THE "ASBESTOS ABatement Manual" AND THE "ASBESTOS ABatement Manual" AND THE "ASBESTOS ABatement Manual".

<b>Superintendent:</b>		<b>Trucks:</b>	
<b>Supervisor:</b>		<b>Trac Hoe:</b>	
<b>Foreman:</b>		<b>High Lift:</b>	
<b>Laborer's:</b>		<b>Boom Lift:</b>	
<b>Roofers:</b>		<b>Skid Loader:</b>	

## GEI DAILY LOG

<b>Project No:</b>	<b>ASB2122063</b>			<b>Day:</b>	<b>Monday</b>
<b>Project Name:</b>	<b>Federal Center – 4300 Goodfellow</b>			<b>Temp.:</b>	<b>42'</b>
<b>Date:</b>	<b>10-8-12</b>	<b>Weather:</b>	<b>Chilly</b>	<b>Workers:</b>	
<b>Supervisor:</b>	<b>Vicki Dunn-Wolfe</b>			<b>Quit Time:</b>	<b>12:30 am</b>
<b>Start Time:</b>	<b>5:00 pm</b>	<b>Lunch:</b>	<b>8:30 pm</b>		

### Materials on Jobsite:

<b>PO #:</b>		<b>Company:</b>		<b>Material Transferred W/H:</b>	
<b>PO #:</b>		<b>Company:</b>		<b>Material Transferred W/H:</b>	

### Area(s)/work performed:

Crew started final clean. Area re-inspected at 1:00 pm. Encapsulated black iron and entire space. Clean load-out. Vacuumed Mechanical Room and Boiler Room. Vacuum staircase (exterior and interior). Vacuum trucked loaded out. Waste dumpster to be picked up at 4:30. Closed container will remain until cleared.

### Comments:

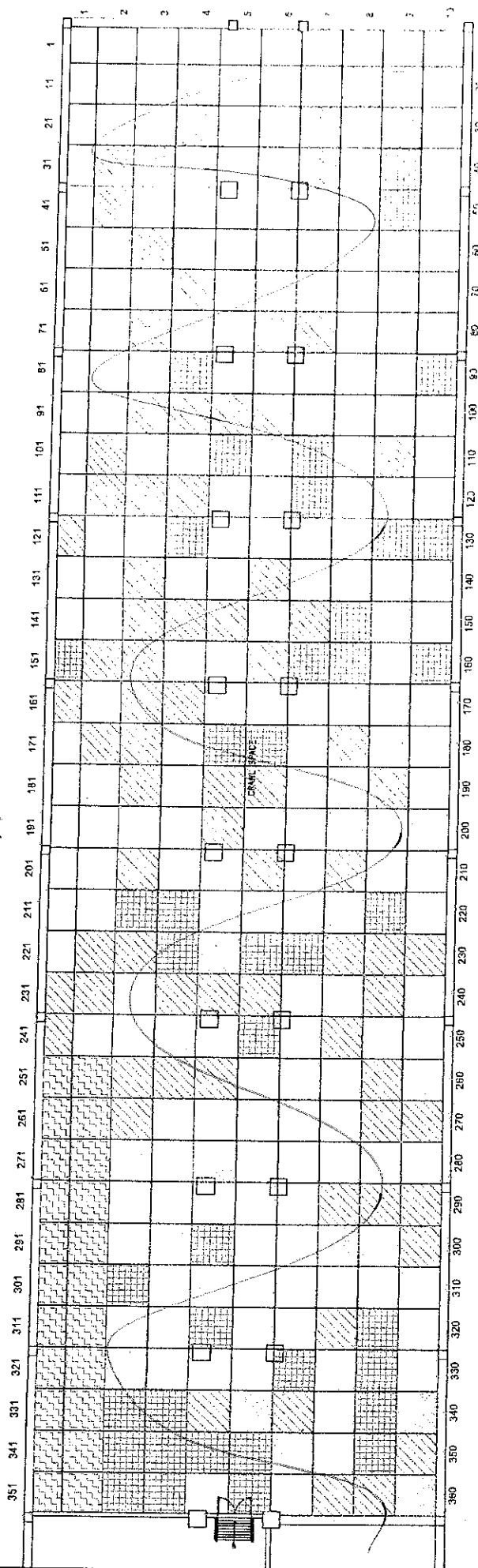
**Air Test:** OCCU-TEC (Pat Garcia) & Terracon

### Visitors:





### Schedule and proposed work:

*EACAP*

10-8-72  
Lockdown



**LEGEND**

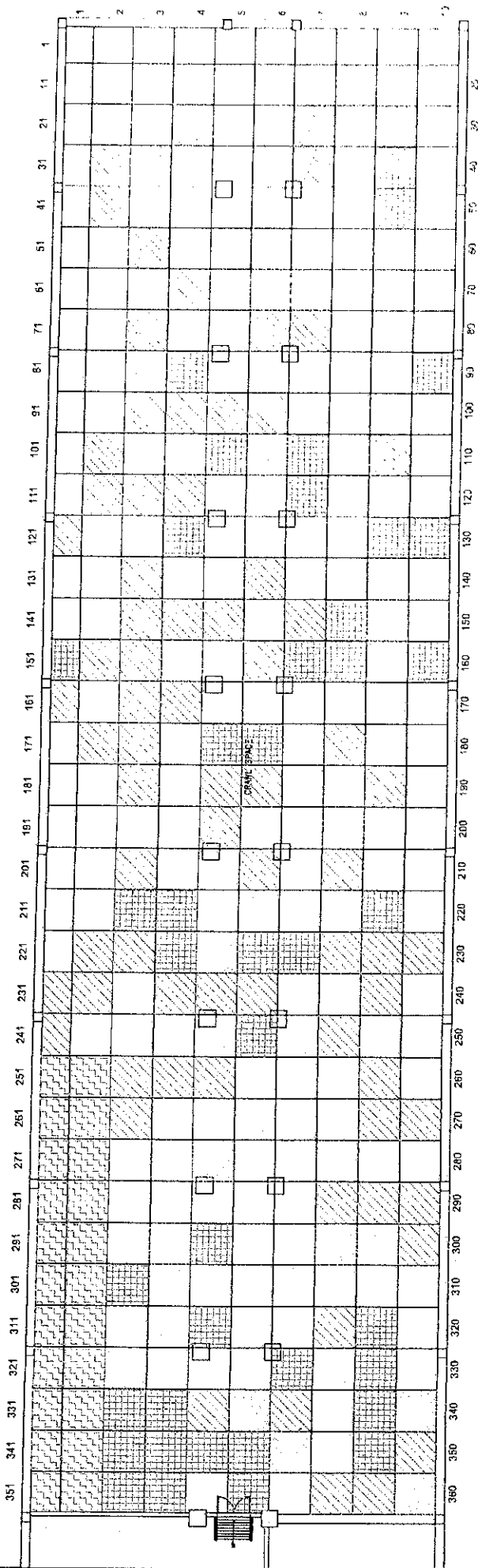
-  ASBESTOS CONTAINING SOIL SAMPLE TEM
-  ASBESTOS CONTAINING DEBRIS SAMPLES EPA 600R-83
-  ASBESTOS CONTAINING SOIL SAMPLE & DEBRIS SAMPLE
-  AREA COVERED IN CONCRETE RUBBLE AND NOT SAMPLED

**SAMPLING DIAGRAM**  
 GSA HEARTLAND  
 1325 OGDON TELLER  
 ST. JOUS, MISSOURI  
 RFDING ST. CRAWLSE-EE







Priority	ARE	DATE	13/15/2006
Property	ARE	NO.	N75
Contract	ARE	DATE	4/18/72
Quantity	DBM	DATE	10/8/72

THESE ARE THE ORIGINALS OF THE RECORD DRAWINGS FOR THE PROJECT. ANY CHANGES TO THE DRAWINGS MUST BE APPROVED BY THE ORIGINAL DESIGNER.



**LEGEND**

-  ASBESTOS CONTAINING SOIL SAMPLE TEM
-  ASBESTOS CONTAINING DEBRIS SAMPLES EPA 600/R-93
-  ASBESTOS CONTAINING SOIL SAMPLE & DEBRIS SAMPLE
-  AREA COVERED IN CONCRETE RUBBLE AND NOT SAMPLED

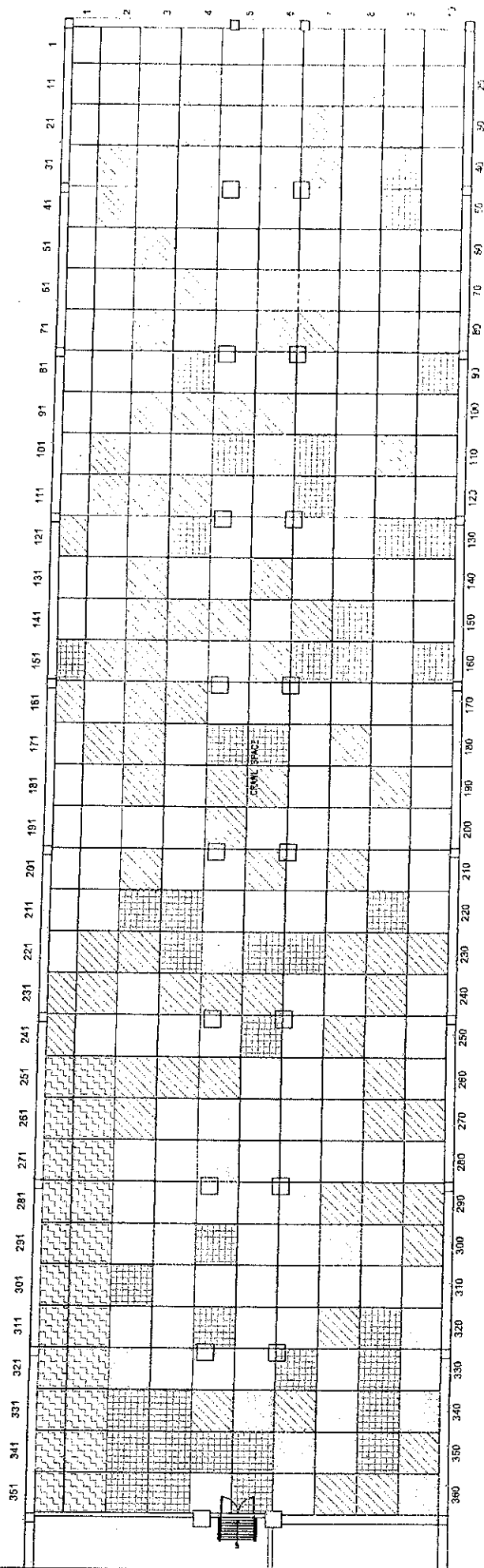
**SAMPLING DIAGRAM**  
 GSA HEARTLAND  
 4330 GOULD FELLOW  
 ST. LOUIS, MISSOURI  
 BUILDING 01 03 RM 51202

**Terracon**  
 Consulting Engineers and Architects  
 1205 N. MISSOURI  
 ST. LOUIS, MISSOURI 63102-2020





Priority	ARE	Priority	5/19/96
Personnel	ARB	Site	NIS
Contract	ARB	Date	4/15/97
Company	DBU	Scale	1/11/96 @ 5:00 PM

300 PAVILION, BREWER PARK, ST. LOUIS, MO. 63102  
 TEL: 314.433.1100 FAX: 314.433.1101

EX-107  
 1



**LEGEND**

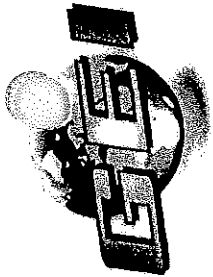
-  ASBESTOS CONTAINING SOIL SAMPLE TEM
-  ASBESTOS CONTAINING DEBRIS SAMPLES EPA 600/R-83
-  ASBESTOS CONTAINING SOIL SAMPLE & DEBRIS SAMPLE
-  AREA COVERED IN CONCRETE RUBBLE AND NOT SAMPLED

**SAMPLING DIAGRAM**  
 GSA HEARTLAND  
 4511 6000 FELLOCA  
 ST. LOUIS, MISSOURI  
 BUILDING 537 CONRAD SP-222

**Terracon**  
 Consulting Engineers and Scientists  
 1000 N. BROADWAY  
 ST. LOUIS, MISSOURI 63102-2020

Project:	ARE	Sheet:	DBM
Drawn:	ARE	Scale:	
Checked:	ARB	Date:	11/11/06
Reviewed:	ARB	By:	ARE
Approved:	ARB	Title:	ASBESTOS

SCALE: 1" = 100' (ASBESTOS) - 1" = 200' (AREA COVERED IN CONCRETE RUBBLE AND NOT SAMPLED)  
 DATE: 11/11/06  
 BY: ARE



# AIR MONITORING FORM

**GEI**  
 7225 ST. CHARLES ROCK ROAD  
 PAGEDALE, MO 63133  
 PHONE #: 636-928-2500  
 FAX #: 636-928-6599

DATE: 9-19 - 9-  
 CLIENT NAME: QSA- #107  
 JOB LOCATION: Crawlspace  
 JOB NUMBER: ASB2122063  
 CONTRACTOR NAME: GEF

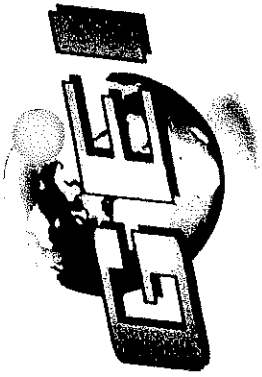
*Personal*

SAMPLE #	PUMP #	WORKER/ACTIVITY	START TIME	FLOW RATE START	FLOW RATE STOP	AVERAGE	RESULT
GEI-1	349 9-19	John Hinson	5:35	2.5	11:25		
GEI-2	349 9-20	Excursion	9:30	2.5	8:00		
GEI-3	ICMS 11 9-21	Andy Kellerman	5:10	2.5	12:00		
GEI-4	ICMS 11 9-24	Mike Alusetti	5:30	2.5	11:40		
GEI-5	ICMS 12 9-25	MATT Lanni	7:00	2.5	11:30		

### CHAIN OF CUSTODY

Sampled by: \_\_\_\_\_ Date: \_\_\_\_\_  
 Received by: \_\_\_\_\_ Date: \_\_\_\_\_  
 Analyzed by: \_\_\_\_\_ Date: \_\_\_\_\_

- SAMPLE TYPE:
- PRS = PERSONNEL
  - ENV = ENVIRONMENTAL
  - BOD = BACKGROUND
  - BLK = FIELD BLANK
  - CL = CLEARANCE
  - HEX = HEPA EXHAUST
  - ACTIVITY: REM = REMOVAL
  - EXC = EXCURSION
  - CLN = CLEAN-UP
  - BGLO = BAG LOAD OUT
  - PREP = SITE PREP
  - IC = INSIDE CONTAINMENT
  - SCBA = SBGA
  - SAPP = SUPPLIED AIR PRESSURE DEMAND
  - FF = FULL FACE NEG.
  - PAPR = POWERED AIR PURIFYING
  - SAC = SUPPLIED AIR CONST.



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2025 Zumbeni Road, PMB # 75  
St. Charles, MO 63303

7225 St. Charles Rock Road  
Pagedale, MO 63133

### CONTAINMENT LOGS

PROJECT NAME: GSA - CAAWspace Bldg 107

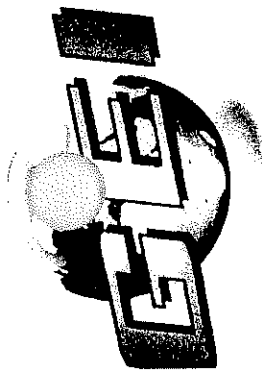
PROJECT NUMBER: ASB 2122063

DAY: Monday DATE: 10/8/2012

NAME	SIGN IN	SIGN OUT	SIGN IN	SIGN OUT
Andy Kellerman	7:15	10:55	12:00	
John Hensley	7:15	10:56	12:00	
John Perkins	7:15	10:57	12:00	
Luke Warglast	7:30	10:58	12:00	
Patricia	1:10	1:30		
Kevin Arnold	10:00	10:15		

#### WORKPLACE ENTRY & EXIT PROCEDURES:

- All personnel and authorized visitors shall enter the work area through the decontamination system.
- All personnel who enter the work area shall sign the entry log located in the clean room upon entry and exit.
- Personnel before entering the work area shall read and be familiar with all posted regulations, Personnel Protection Requirements (including Workplace Entry and Exit Procedures) and Emergency Procedures.



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2025 Zum Road, PMB # 75  
St. Charles, MO 63303

7225 St. Charles Road  
Pagedale, MO 63133

### CONTAINMENT LOGS

PROJECT NAME: GSA - CA AwlSpace Bldg 107

PROJECT NUMBER: ASB 2122063

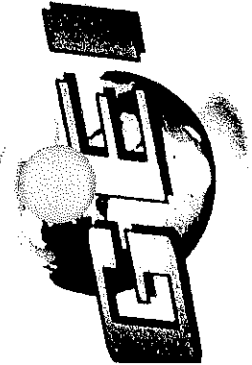
DAY: Friday DATE: 10-5-12

NAME	SIGN IN	SIGN OUT	SIGN IN	SIGN OUT
Andy Kellerman	5:15	10:15		
Luke Wagstaff	5:15	10:15		
John Hearley	5:30	10:15		
Micki Down	7:50	9:30		
Mike Blain	7:50	9:50		
Kevin Arnold	21:50	22:52		
	7:50	9:30		

#### WORKPLACE ENTRY & EXIT PROCEDURES:

- All personnel and authorized visitors shall enter the work area through the decontamination system.
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2025 Zum Road, PMB # 75  
St. Charles, MO 63303

7225 St. Charles Road  
Pagedale, MO 63133

### CONTAINMENT LOGS

PROJECT NAME: GSA-CRAWSPACE Bldg 107

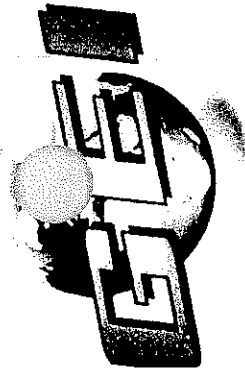
PROJECT NUMBER: ASB 2122063

DAY: Thursday DATE: 10-4-12

NAME	SIGN IN	SIGN OUT	SIGN IN	SIGN OUT
Andy Kelleher	5:10	11:15		
John Hensley	5:10	11:15		
John Perkin	5:10	9:30		
<del>John Perkin</del>	5:10			
Luke Wagstaff	5:10	11:15		

#### WORKPLACE ENTRY & EXIT PROCEDURES:

- All personnel and authorized visitors shall enter the work area through the decontamination system.
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2025 Zum Road, PMB # 75  
St. Charles, MO 63303

7225 St. Charles Road  
Pagedale, MO 63133

### CONTAINMENT LOGS

PROJECT NAME: CSA-CAAWspace Bldg 107

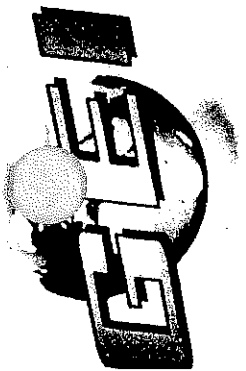
PROJECT NUMBER: ASB 2122063

DAY: Wednesday DATE: 10-3-12

NAME	SIGN IN	SIGN OUT	SIGN IN	SIGN OUT
Andy Kellerman	5:15	11:15		
John Hensley	5:15	11:15		
John Perkins	5:15	11:15		
Luke Wagstaff	5:15	11:15		
Thomas Miller	5:15	11:15		
Mike Blaine	10:15	10:50		
Kevin Arnold	10:15	10:40		

#### WORKPLACE ENTRY & EXIT PROCEDURES:

- All personnel and authorized visitors shall enter the work area through the decontamination system.
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2025 Zum Road, PMB # 75  
St. Charles, MO 63303

7225 St. Charles Road  
Pagedale, MO 63133

### CONTAINMENT LOGS

PROJECT NAME: GSA - CA Workspace Bldg 107

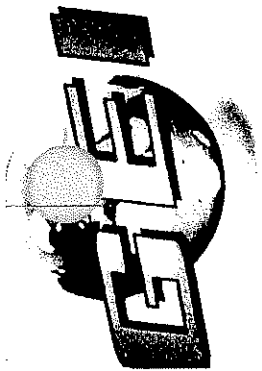
PROJECT NUMBER: ASB 2122063

DAY: Tuesday DATE: 10-2-12

NAME	SIGN IN	SIGN OUT	SIGN IN	SIGN OUT
Andy Kellerman	5:10	10:45		
John Hensley	5:10	10:45		
John Perkins	5:10	10:45		
Luke Wagstaff	5:10	10:45		
Thomas Miller	5:10	10:45		

#### WORKPLACE ENTRY & EXIT PROCEDURES:

- All personnel and authorized visitors shall enter the work area through the decontamination system.
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2025 Zum Road, PMB # 75  
St. Charles, MO 63303

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Pagedale, MO 63133

### CONTAINMENT LOGS

PROJECT NAME: GSA - CRA Workspace Bldg 107

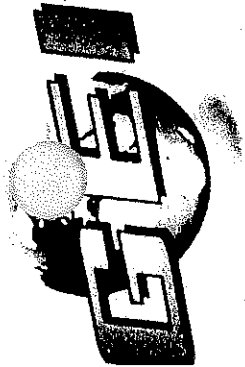
PROJECT NUMBER: ASB 2122063

DAY: Monday DATE: 10-1-12

NAME	SIGN IN	SIGN OUT	SIGN IN	SIGN OUT
Andy Kellerman	5:15	11:30		
John Hensley	5:15	11:30		
John Perkins	5:15	11:30		
Tom Kadlec				
Matt Lave				
Thomas Miller	5:15	11:30		
Luke Wagstaff	5:15	11:30		

#### WORKPLACE ENTRY & EXIT PROCEDURES:

- All personnel and authorized visitors shall enter the work area through the decontamination system.
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2025 Zum Road, PMB # 75  
St. Charles, MO 63303

7225 St. Charles Road  
Pagedale, MO 63133

### CONTAINMENT LOGS

PROJECT NAME: CSA-CRAWSPACE Bldg 107

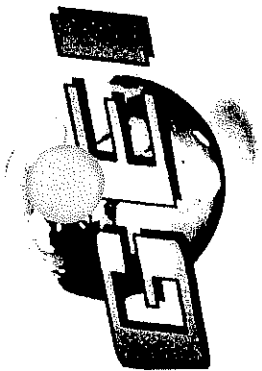
PROJECT NUMBER: ASB 2122063

DAY: Friday DATE: 9-28-12

NAME	SIGN IN	SIGN OUT	SIGN IN	SIGN OUT
Mike Aleksick	5:50	11:20		
Andy Kellerman	5:50	11:20		
John Heasley	5:50	11:20		
Kevin Arnold	9:40	10:36		
Vicki Dunn	9:40	10:36		
John Perkins	9:40	11:20		

#### WORKPLACE ENTRY & EXIT PROCEDURES:

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2025 Zumbrun Road, PMB # 75  
St. Charles, MO 63303

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Pagedale, MO 63133

### CONTAINMENT LOGS

PROJECT NAME: GSA-CRAWSPACE Bldg 107

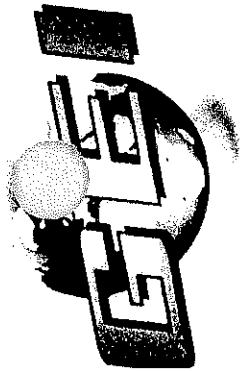
PROJECT NUMBER: ASB 2122063

DAY: Wednesday DATE: 9-26-12

NAME	SIGN IN	SIGN OUT	SIGN IN	SIGN OUT
Mike Aleksick	5:15	11:15		
Andy Kellerman	5:15	11:15		
John Hensley	5:15	11:15		
Luke Wagstaff	5:15	11:15		
Kevin Arnold				
Mike Blaine				

#### WORKPLACE ENTRY & EXIT PROCEDURES:

- All personnel and authorized visitors shall enter the work area through the decontamination system.
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- Personnel before entering the work area shall read and be familiar with all posted regulations, Personnel Protection Requirements (including Workplace Entry and Exit Procedures) and Emergency Procedures.



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2025 Zum Road, PMB # 75  
St. Charles, MO 63303

7225 St. Charles Road  
Pagedale, MO 63133

### CONTAINMENT LOGS

PROJECT NAME: GSA - CA AwlSpace Bldg 107

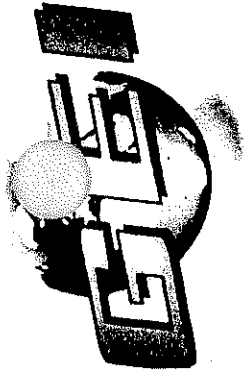
PROJECT NUMBER: ASB 2122063

DAY: Tuesday DATE: 9-25-12

NAME	SIGN IN	SIGN OUT	SIGN IN	SIGN OUT
Mike Aleksick	5:15	11:20		
Andy Kellermer	5:15	11:20		
John Hensley	5:15	11:20		
Luke Wagstaff	5:15	7:15		
Matt Laur				
Kevin Arnold	8:00	8:45		
Mike Blaine	8:00	8:45		

#### WORKPLACE ENTRY & EXIT PROCEDURES:

- All personnel and authorized visitors shall enter the work area through the decontamination system.
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2025 Zum Road, PMB # 75  
St. Charles, MO 63303

7225 St. Charles Road  
Pagedale, MO 63133

### CONTAINMENT LOGS

PROJECT NAME: GSA - CA AwlSpace Bldg 107

PROJECT NUMBER: ASB 2122063

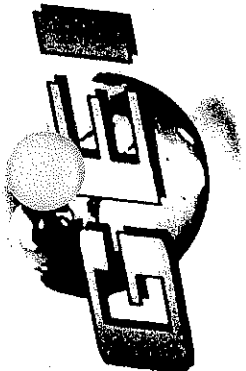
DAY: Monday DATE: 9-24-12

NAME	SIGN IN	SIGN OUT	SIGN IN	SIGN OUT
Mike Aleksick	5:15	11:40		
Andy Kellerman	5:15	11:40		
John Hensley	5:15	11:40		
Luke Wasstaff	5:15	11:40		
Sean McCarthy				
Matt Lave	7:50	11:40		
Kevin Arnold	10:30	11:40		
Vicki Dunn	10:30	11:40		

#### WORKPLACE ENTRY & EXIT PROCEDURES:

- All personnel and authorized visitors shall enter the work area through the decontamination system.
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2025 Zumt Road, PMB # 75  
St. Charles, MO 63303

7225 St. Charles Road  
Pagedale, MO 63133

### CONTAINMENT LOGS

PROJECT NAME: CSA - CA Awl space Bldg 107

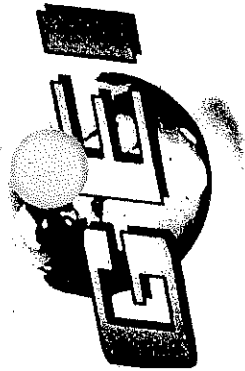
PROJECT NUMBER: ASB 2122063

DAY: Friday DATE: 9-21-12

NAME	SIGN IN	SIGN OUT	SIGN IN	SIGN OUT
Andy Kellerman	5:15	11:30		
Luke Wagstaff	5:15	11:30		
John Hensley	5:15	11:30		
Max Smith	6:20	11:30		
Nicki Davis	6:20	6:45	10:15	10:39
Mike D'Amico	6:30	6:45	10:15	11:00
Eric Schertz	6:15	6:45		

#### WORKPLACE ENTRY & EXIT PROCEDURES:

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2025 Zumtob Road, PMB # 75  
St. Charles, MO 63303

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Pagedale, MO 63133

### CONTAINMENT LOGS

PROJECT NAME: CASA - CA Awl space Bldg 107

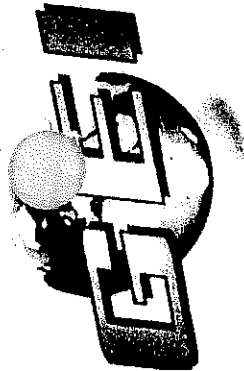
PROJECT NUMBER: ASB 2122063

DAY: Thursday DATE: 9-20-12

NAME	SIGN IN	SIGN OUT	SIGN IN	SIGN OUT
Matt Gour	<del>6:00</del>	9:15		
Andy Kellerman	5:15	11:20		
Luke Wagstaff	5:15	11:20		
John Hensley	5:15	11:20		
Sean McCarthy	<del>6:00</del>			
Vicki Dunn	7:30	9:00	9:12	10:00

**WORKPLACE ENTRY & EXIT PROCEDURES:**

- All personnel and authorized visitors shall enter the work area through the decontamination system.
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2025 Zumbrun Road, PMB # 75  
St. Charles, MO 63303

7225 St. Charles Road  
Pagedale, MO 63133

### CONTAINMENT LOGS

PROJECT NAME: GSA - CA Workspace Bldg 107

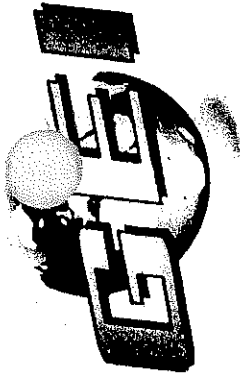
PROJECT NUMBER: ASB 2122063

DAY: Wednesday DATE: 9/19/2012

NAME	SIGN IN	SIGN OUT	SIGN IN	SIGN OUT
Matt Cox	5:15	11:30		
Andy Kellerman	5:15	11:30		
Luke Wagstaff	5:15	11:30		
John Hensley	5:15	11:30		

#### WORKPLACE ENTRY & EXIT PROCEDURES:

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2025 Zumt Road, PMB # 75  
St. Charles, MO 63303

7225 St. Charles Road  
Pagedale, MO 63133

### CONTAINMENT LOGS

PROJECT NAME: GSA - CAAworkspace Bldg 107

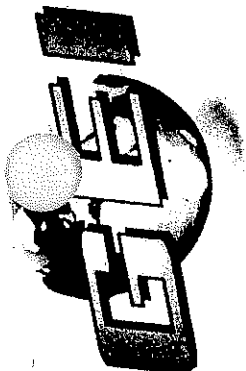
PROJECT NUMBER: ASB 2122063

DAY: Tuesday DATE: 9/18/12

NAME	SIGN IN	SIGN OUT	SIGN IN	SIGN OUT
John Perkins	7:00	9:00	9:55	
Matt Low	6:00	7:50	9:55	11:15
Andy Keller	6:00	9:00	9:55	
Sean McCarthy	7:00	9:00	9:55	
Eric Schatz	6:50	7:10	10:30	1:00
Kevin Arnold	6:50	7:10		
John Heusley	6:00	9:00	9:55	

**WORKPLACE ENTRY & EXIT PROCEDURES:**

- All personnel and authorized visitors shall enter the work area through the decontamination system.
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2025 Zumbach Road, PMB # 75  
St. Charles, MO 63303

7225 St. Charles Road  
Pagedale, MO 63133

**CONTAINMENT LOGS**

PROJECT NAME: GSA - CA Workspace Bldg 107

PROJECT NUMBER: ASB 2122063

DAY: Monday DATE: 9-17-12

NAME	SIGN IN	SIGN OUT	SIGN IN	SIGN OUT
John Hensley	7:30	11:45		
Anny Kellerman	7:30	11:45		
Matt Lowe	7:25	10:12		
Vicki Duvon	9:00	9:15		

**WORKPLACE ENTRY & EXIT PROCEDURES:**

- All personnel and authorized visitors shall enter the work area through the decontamination system.
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