September 20, 2012

City of Youngstown
Department of Public works
26 South Phelps Street
Fifth floor
Youngstown, Ohio

Attn: Mr. Charles T. Shasho
Deputy Director of Public Works

Re: **Asbestos Abatement Monitoring Report**
City Hall Annex**- September 6 – September 17, 2012**
9 West Front Street
Youngstown, Ohio
PSI Project No. 0137760

Dear Mr. Shasho:

Please find enclosed an electronic copy of the final report for the Asbestos Abatement Air Monitoring and Oversight conducted by Professional Service Industries (PSI), Inc., during the above referenced Asbestos Abatement Project. All of the asbestos abatement activities were performed by Safeco, 147 Greater Point Marion Road, Point Marion, Pennsylvania.

We appreciate the opportunity to provide our services on this project and would be pleased to continue our role as your consultant for future projects. If we can be of further assistance, or if you have any questions regarding this report, please feel free to call our office at (216) 447-1335.

Respectfully submitted,

PROFESSIONAL SERVICE INDUSTRIES, INC.

Jill L. Myers-Alsip
Project Manager

Jeff Chapman
Principal Consultant

Enclosure

ASBESTOS ABATEMENT MONITORING REPORT

ASBESTOS ABATEMENT PROJECT

September 6 thru September 17, 2012

AT:

CITY HALL ANNEX
9 WEST FRONT STREET
YOUNGSTOWN, OHIO

REPORT DATE: SEPTEMBER 20, 2012

PREPARED FOR:

CITY OF YOUNGSTOWN
DEPARTMENT OF PUBLIC WORKS
26 SOUTH PHELPS STREET
FIFTH FLOOR
YOUNGSTOWN, OHIO

PREPARED BY:

PSI, INC
5555 CANAL ROAD
CLEVELAND, OHIO 44125

PHONE # (216) 447-1335
FAX # (216) 642-7008

PSI PROJECT NO.: 0137760

TABLE OF CONTENTS

ATTACHMENTS

1.0 PROJECT SUMMARY

Professional Service Industries (PSI), Inc., was retained by City of Youngstown to perform air monitoring and project management services during the removal of the asbestos-containing materials (ACM) in the City Hall Annex, 9 West Front Street, Youngstown, Ohio.

The project began on September 6, 2012 and was completed on September 17, 2012. SafeCo of Point Marion, Pennsylvania was contracted to perform the abatement, which included proper removal and disposal of:

- 1,182 square feet of boiler insulation
- 374 square feet of boiler breeching
- 1,357 linear feet of 6" or greater pipe insulation throughout basement, first and second floor fan room
- 4,203 linear feet of 4" or less pipe insulation throughout building
- 773 pipe joints throughout building
- 100 square feet of tank insulation located in the boiler room
- 70 square feet of 9" x 9" floor tile and mastic from the basement equipment room
- 6,200 square feet of 12" x 24" floor tile and mastic from the basement post office area
- 475 square feet of 12" x 12" off white floor tile and mastic located in the restroom area on the first floor
- 2,160 square feet of 9" x 9" floor tile and mastic from the money order, postal area, inquiry, and supt. of mails on the first floor
- 308 square feet of radiator backing paper located on the third floor
- 268 square feet of corrugated radiator backing paper located on the third floor
- 1.500 square feet of 9" x 9" floor tile and mastic from the internal revenue collector offices on the second floor
- 28 square feet of window caulking in room 223
- 1,250 square feet of tar insulation on rooftop units

The project consisted of seven regulated work areas, with critical barriers, remote three-stage decontamination chamber, HEPA filtered negative pressure air filtration devices and appropriate signage labels. The project also consisted of two containment areas with full containment, three-stage decontamination chamber, HEPA filtered negative pressure air filtration devices and appropriate signage labels.

A summary of the containment/regulated areas are listed below:

Regulated area #1: September 7 – September 9 - Third floor Judge rooms and court room (radiators removed in mini containments)
Regulated area #2: September 7, 2012 – Second floor internal revenue collector area
Regulated area #3: September 7-9, 2012 – First floor Money order area
Regulated area #4: September 7-9, 2012 – First floor Supt of mails
Regulated area #5: September 8, 2012 – First floor restroom

Regulated area #6: September 8-14, 2012 – Basement areas (glove bag of pipe insulation)
Regulated area #7 - September 14, 2012 – Roof top unit area

Containment #1: September 9-14, 2012 - Post office area
Containment #2: September 12-15, 2012 – Boiler room

Background, daily and final clearance air samples were collected by PSI's technician and analyzed on-site or at PSI's AIHA accredited lab by Phase Contrast Microscopy (PCM) in accordance with NIOSH Method 7400.

All of the final clearance air samples collected in the work areas indicated airborne fiber concentrations below the accepted EPA/AHERA and project workplan specifications clearance/reoccupancy level of ≤0.010 airborne fibers per cubic centimeter (≤0.010 f/cc).

At the completion of each phase of the project, the work areas were inspected for reoccupancy.

Based on visual observation and the results of the air monitoring, the asbestos abatement appeared to have been performed in accordance with applicable Federal, State and Local Regulations and Guidelines.

This summary does not contain all the information presented in the full report. The report should be read in its entirety to obtain a more complete understanding of the information provided and to aid in any decisions made or actions taken based on this information.

2.0 INTRODUCTION

2.1 SCOPE OF SERVICES

Professional Service Industries, Inc. (PSI) was retained by the City of Youngstown to provide air monitoring and oversight services during the removal of the defined asbestos containing materials.

SafeCo of Point Marion, PA performed the removal. Removal of the materials identified in section 1.0 from throughout the basement, first, second, third floors and the roof top area within the subject facility were performed using industry standard methods and proper personal protective equipment.

PSI's on-site representatives Jon England, Jaimie King and Joseph Adelman; Ohio Department of Health licensed, provided on-site project management and continuous air monitoring of the abatement activity for this project. Jon England NIOSH-582 trained, asbestos analyst registry (AAR) certified conducted the onsite analysis.

This report is prepared for the exclusive use of the City of Youngstown.

2.2 AUTHORIZATION

Authorization to perform this project was given on March 22, 2012 by a signed copy of PSI Proposal Number 01376447R1 between City of Youngstown and PSI.

2.3 PURPOSE

The purpose of the Asbestos Abatement Air Monitoring Services was to help confirm that the airborne fiber concentrations in the ambient air remain within regulatory limits and accepted standards, and to help ensure that the project was conducted in general accordance with standard regulatory practices and requirements.

2.4 WARRANTY

The field and laboratory results reported herein are considered sufficient in detail and scope to determine the presence of ambient airborne fiber concentrations. PSI warrants that the findings contained herein have been prepared in general accordance with accepted professional practices at the time of its preparation, as applied to professionals in the community.

The monitoring and analytical methods have been used to provide the Client with information regarding the presence of ambient airborne fiber concentrations in the facility at the time of the work. The report is also limited to the information available from the Client at the time it was prepared. There is a possibility that conditions may exist which could not be identified within the scope of the Air Monitoring Services or which were not apparent during the work.

This asbestos related activity was performed for the sole benefit of the City of Youngstown and may not be relied upon by any other person or entity without express written permission of the client and PSI. The information and reported results in this report is based on limited sampling events for specific locations that were scheduled by the client for renovation.

No other warranties are implied or expressed.

3.0 METHODOLOGY

3.1 ABATEMENT METHODOLOGY

The abatement contractor's workers were certified and trained according to applicable guidelines for the removal method and wore the appropriate clothing and protective equipment during the removal, including HEPA filtered P-100 half-mask respirators, "tyvek" coveralls and boots.

The area was regulated with full or critical barrier containment, including a remote three-stage decontamination chamber, a HEPA filtered air-filtration device (AFD) unit, danger signs and barrier tape. Good housekeeping practices were utilized throughout the project. The abatement contractor monitored the workers for personal exposure limits during removal activities.

3.2 SAMPLING METHODOLOGY

Air sampling pumps were calibrated before and after sampling with the filter cassette assemblies in line. Sampling was conducted using 25-mm cassettes with 50-mm extension cowls (electrically conductive) using mixed cellulose ester, 0.8 um filters for PCM sample analysis. Flow measurement was performed with a calibrated flowmeter. Background and daily air samples were collected using low and/or high volume sampling pumps at flow rates between 2.0 and 15.0 liters per minute (LPM). The aggressive final clearance air samples were collected using high volume sampling pumps at a flow rate between 12.0 and 15.0 LPM, with a minimum volume of 1,200 liters per sample.

3.3 ANALYTICAL METHODOLOGY

Background, daily and final clearance air samples were analyzed on-site via Phase Contrast Microscopy (PCM) by PSI representative Jon England in accordance with the National Institute for Occupational Safety and Health (NIOSH) 7400 Method. The PSI Field Technicians are NIOSH 582 trained and Asbestos Analyst Registry (AAR) certified analysts.

Final clearance air samples were analyzed at PSI's NVLAP accredited lab, Pittsburgh, PA via Phase Contrast Microscopy (PCM) in accordance with the National Institute for Occupational Safety and Health (NIOSH) 7400 Method. PSI's NVLAP accredited lab is accredited for PCM fiber analysis by the National Voluntary Laboratory Accreditation Program (NVLAP).

Copies of the analytical reports are included in Appendix A.

4.0 CONCLUSION

SafeCo was responsible for the waste manifest and transportation of the waste. Proper disposal of waste, including completion of waste manifest by transporter and disposal site, was conducted by the contractor per project specifications.

Throughout the duration of the project SafeCo personnel used approved work practices and operated in compliance with laws and requirements set forth by the regulations and project specifications.

The daily air samples collected outside of the work areas indicated airborne fiber concentrations below the accepted clearance/reoccupancy level of 0.010 f/cc, indicating the barrier containment and HEPA filtration was operating correctly.

The air samples collected inside the work areas indicated airborne fiber concentrations below the OSHA Permissible Exposure Limit of 0.1 f/cc, indicating that HEPA filtered half-mask respirators were appropriate for this project.

All of the final clearance air samples collected in the work areas indicated airborne fiber concentrations below the accepted 40 CFR 763, Subpart E EPA/AHERA and project workplan/specifications clearance/reoccupancy level of ≤0.010 airborne fibers per cubic centimeter (≤0.010 f/cc).

At the completion of each phase of the project, the work areas were inspected and cleared for reoccupancy.

Based on visual observation and the results of the air monitoring, the asbestos abatement appeared to have been performed in accordance with Federal, State and Local Regulations and Guidelines.

Copies of the preliminary background, daily, and final clearance air sample analytical results can be found in Appendix A. Daily Project Logs, which contain summaries of each day's activities, can be found in Appendix B. Appendix C contains copies of the Waste Shipment Records for the asbestos waste disposal. Appendix D contains copies of the Contractor's submittals. PSI's certifications and Licenses are included in Appendix E.

APPENDIX A

PCM *"Report of Air Sample Analysis"*

AIRBORNE FIBER CONCENTRATION REPORT OF ANALYSIS

Client Information

Name: City Hall Annex
Address: 9 West Front Street
City: Youngstown State: OH Zip Code:
Contact: Chuck Shasho

Project Information

Project Site Location: City Hall Annex
Project Name: City Hall Annex
Project Number: 0137760 Batch Number: n/a

Date Collected: 9/7/2012
Date Received: 9/7/2012
Date Analyzed: 9/7/2012
Date Reported: 9/7/2012

Sample Information *Do not enter field blank information in this section.*

Lab #	Client #	Location/Description/Activity/Type
090712-1	1	1st floor -1
090712-2	2	1st floor -2

Blank Information *Blanks entered in this section apply only to samples listed in the "Sample Information" section.*

Lab #	Client #	fibers	fields	fibers/field
090712-3	3-LB	0	100	0.000
090712-4	4-FB	0	100	0.000
			Average fibers/field	0.000

Method / Filter Information

Method: NIOSH 7400, Issue 2, 8/15/94 Type: MCE, 0.8 μm pore size
LOD: 5.5 fibers/100 fields Graticule Field Area mm^2: 0.00785

Lab Sample Number	Client Sample Number	ECA (mm^2)	Flow Rate (l/min.)	Collection Time (min.)	Volume Collected (liters)	Sample Filter # of fibers	Sample Filter # of fields	Limit of Detection (f/cm^3)	**Airborne Fiber Conc. (f/cm^3)**
090712-1	1	385	3.00	390	1170	7	100	0.0023	**0.0029**
090712-2	2	385	3.00	392	1176	8	100	0.0023	**0.0033**

Comments: All final airborne fiber concentrations have been calculated using the sampling data as report to PSI by the client.

Analyst : Project Manager: Jill Myers

AIRBORNE FIBER CONCENTRATION REPORT OF ANALYSIS

Client Information

Name: City Hall Annex
Address: 9 West Front Street
City: Youngstown State: OH Zip Code:
Contact: Chuck Shasho

Project Information

Project Site Location: City Hall Annex
Project Name: City Hall Annex
Project Number: 0137760 Batch Number: n/a

Date Collected: 9/8/2012
Date Received: 9/8/2012
Date Analyzed: 9/8/2012
Date Reported: 9/8/2012

Sample Information *Do not enter field blank information in this section.*

Lab #	Client #	Location/Description/Activity/Type
090812-1	1	Final Clearance - 1st floor NW - 1
090812-2	2	Final Clearance - 1st floor NW - 2
090812-3	3	Final Clearance - 1st floor NW - 3
090812-4	4	Final Clearance - 1st floor N - 1
090812-5	5	Final Clearance - 1st floor N - 2
090812-6	6	Final Clearance - 1st floor N - 3
090812-7	7	Final Clearance - 2nd floor N - 1
090812-8	8	Final Clearance - 2nd floor N - 2
090812-9	9	Final Clearance - 2nd floor N - 3

Blank Information *Blanks entered in this section apply only to samples listed in the "Sample Information" section.*

Lab #	Client #	fibers	fields	fibers/field
090812-10	10	0	100	0.000
090812-11	11	0	100	0.000
			Average fibers/field	0.000

Method / Filter Information

Method: NIOSH 7400, Issue 2, 8/15/94 Type: MCE, 0.8 μm pore size
LOD: 5.5 fibers/100 fields Graticule Field Area mm^2: 0.00785

Lab Sample Number	Client Sample Number	ECA (mm^2)	Flow Rate (l/min.)	Collection Time (min.)	Volume Collected (liters)	Sample Filter # of fibers	Sample Filter # of fields	Limit of Detection (f/cm^3)	**Airborne Fiber Conc. (f/cm^3)**
090812-1	1	385	10.00	150	1500	8.0	100	0.0018	**0.0026**
090812-2	2	385	10.00	150	1500	8.5	100	0.0018	**0.0028**
090812-3	3	385	10.00	150	1500	7.5	100	0.0018	**0.0025**
090812-4	4	385	10.00	150	1500	6.0	100	0.0018	**0.0020**
090812-5	5	385	10.00	125	1250	7.0	100	0.0022	**0.0027**
090812-6	6	385	10.00	125	1250	7.5	100	0.0022	**0.0029**
090812-7	7	385	10.00	150	1500	6.5	100	0.0018	**0.0021**
090812-8	8	385	10.00	125	1250	5.5	100	0.0022	**0.0022**
090812-9	9	385	10.00	125	1250	6.0	100	0.0022	**0.0024**

Comments: All final airborne fiber concentrations have been calculated using the sampling data as report to PSI by the client.

Analyst : Jon England Project Manager: Jill Myers-Alsip

AIRBORNE FIBER CONCENTRATION REPORT OF ANALYSIS

Client Information

Name: City Hall Annex
Address: 9 West Front Street
City: Youngstown State: OH Zip Code:
Contact: Chuck Shasho

Project Information

Project Site Location: City Hall Annex
Project Name: City Hall Annex
Project Number: 0137760 Batch Number: n/a

Date Collected: 9/9/2012
Date Received: 9/9/2012
Date Analyzed: 9/9/2012
Date Reported: 9/9/2012

Sample Information *Do not enter field blank information in this section.*

Lab #	Client #	Location/Description/Activity/Type
090912-1	1	1st floor W
090912-2	2	1st floor W2

Blank Information *Blanks entered in this section apply only to samples listed in the "Sample Information" section.*

Lab #	Client #	fibers	fields	fibers/field
090912-3	3- LB	0	100	0.000
090912-4	4-FB	0	100	0.000
			Average fibers/field	0.000

Method / Filter Information

Method: NIOSH 7400, Issue 2, 8/15/94 Type: MCE, 0.8 μm pore size
LOD: 5.5 fibers/100 fields Graticule Field Area mm^2: 0.00785

Lab Sample Number	Client Sample Number	ECA (mm^2)	Flow Rate (l/min.)	Collection Time (min.)	Volume Collected (liters)	Sample Filter # of fibers	Sample Filter # of fields	Limit of Detection (f/cm^3)	**Airborne Fiber Conc. (f/cm^3)**
090912-1	1	385	3.00	410	1230	9	100	0.0022	**0.0036**
090912-2	2	385	3.00	410	1230	11	100	0.0022	**0.0044**

Comments: All final airborne fiber concentrations have been calculated using the sampling data as report to PSI by the client.

Analyst : Jon England Project Manager: Jill Myers - Alsip

AIRBORNE FIBER CONCENTRATION REPORT OF ANALYSIS

Client Information

Name: City Hall Annex
Address: 9 West Front Street
City: Youngstown State: OH Zip Code:
Contact: Chuck Shasho

Project Information

Project Site Location: City Hall Annex
Project Name: City Hall Annex
Project Number: 0137760 Batch Number: n/a

Date Collected: 9/10/2012
Date Received: 9/10/2012
Date Analyzed: 9/11/2012
Date Reported: 9/11/2012

Sample Information *Do not enter field blank information in this section.*

Lab #	Client #	Location/Description/Activity/Type
091012-1	1	Court Room - 3rd floor - 1
091012-2	2	Court Room - 3rd floor - 2
091012-3	3	Court Room - 3rd floor - 3
091012-4	4	1st floor NE
091012-5	5	1st floor SE
091012-6	6	1st floor NW
091012-7	7	1st floor NW

Blank Information *Blanks entered in this section apply only to samples listed in the "Sample Information" section.*

Lab #	Client #	fibers	fields	fibers/field
091012-8	8-LB	0	100	0.000
091012-9	9-FB	0	100	0.000
			Average fibers/field	0.000

Method / Filter Information

Method: NIOSH 7400, Issue 2, 8/15/94 Type: MCE, 0.8 μm pore size
LOD: 5.5 fibers/100 fields Graticule Field Area mm^2: 0.00785

Lab Sample Number	Client Sample Number	ECA (mm^2)	Flow Rate (l/min.)	Collection Time	Volume Collected (liters)	Sample Filter # of fibers	Sample Filter # of fields	Limit of Detection (f/cm^3)	**Airborne Fiber Conc. (f/cm^3)**
091012-1	1	385	2.00	390	780	10.0	100	0.0035	**0.0063**
091012-2	2	385	10.00	245	2450	11.5	100	0.0011	**0.0023**
091012-3	3	385	10.00	245	2450	10.5	100	0.0011	**0.0021**
091012-4	4	385	3.00	420	1260	12.5	100	0.0021	**0.0049**
091012-5	5	385	3.00	420	1260	10.0	100	0.0021	**0.0039**
091012-6	6	385	3.00	420	1260	10.0	100	0.0021	**0.0039**
091012-7	7	385	3.00	410	1230	9.0	100	0.0022	**0.0036**

Comments: All final airborne fiber concentrations have been calculated using the sampling data as report to PSI by the client.

Analyst : Jon England Project Manager: Jill Myers - Alsip

AIRBORNE FIBER CONCENTRATION REPORT OF ANALYSIS

Client Information

Name: City Hall Annex
Address: 9 West Front Street
City: Youngstown State: OH Zip Code:
Contact: Chuck Shasho

Project Information

Project Site Location: City Hall Annex
Project Name: City Hall Annex
Project Number: 0137760 Batch Number: n/a

Date Collected: 9/11/2012
Date Received: 9/11/2012
Date Analyzed: 9/11/2012
Date Reported: 9/11/2012

Sample Information *Do not enter field blank information in this section.*

Lab #	Client #	Location/Description/Activity/Type
091112-1	1	West Basement
091112-2	2	East Basement

Blank Information *Blanks entered in this section apply only to samples listed in the "Sample Information" section.*

Lab #	Client #	fibers	fields	fibers/field
091112-3	3 - LB	0	100	0.000
091112-4	4 - FB	0	100	0.000
			Average fibers/field	0.000

Method / Filter Information

Method: NIOSH 7400, Issue 2, 8/15/94 Type: MCE, 0.8 μm pore size
LOD: 5.5 fibers/100 fields Graticule Field Area mm^2: 0.00785

Lab Sample Number	Client Sample Number	ECA (mm^2)	Flow Rate (l/min.)	Collection Time (min.)	Volume Collected (liters)	Sample Filter # of fibers	Sample Filter # of fields	Limit of Detection (f/cm^3)	**Airborne Fiber Conc. (f/cm^3)**
091112-1	1	385	3.00	400	1200	7	100	0.0022	**0.0029**
091112-2	2	385	3.00	400	1200	9.5	100	0.0022	**0.0039**

Comments: All final airborne fiber concentrations have been calculated using the sampling data as report to PSI by the client.

Analyst : Jon England Project Manager: Jill Myers - Alsip

AIRBORNE FIBER CONCENTRATION REPORT OF ANALYSIS

Client Information

Name: City Hall Annex
Address: 9 West Front Street
City: Youngstown State: OH Zip Code:
Contact: Chuck Shasho

Project Information

Project Site Location: City Hall Annex
Project Name: City Hall Annex
Project Number: 0137760 Batch Number: n/a

Date Collected: 9/12/2012
Date Received: 9/12/2012
Date Analyzed: 9/12/2012
Date Reported: 9/12/2012

Sample Information *Do not enter field blank information in this section.*

Lab #	Client #	Location/Description/Activity/Type
091212-1	1	West basement
091212-2	2	East basement

Blank Information *Blanks entered in this section apply only to samples listed in the "Sample Information" section.*

Lab #	Client #	fibers	fields	fibers/field
091212-3	3-LB	0	100	0.000
091212-4	4-FB	0	100	0.000
			Average fibers/field	0.000

Method / Filter Information

Method: NIOSH 7400, Issue 2, 8/15/94 Type: MCE, 0.8 μm pore size
LOD: 5.5 fibers/100 fields Graticule Field Area mm^2: 0.00785

Lab Sample Number	Client Sample Number	ECA (mm^2)	Flow Rate (l/min.)	Collection Time (min.)	Volume Collected (liters)	Sample Filter # of fibers	Sample Filter # of fields	Limit of Detection (f/cm^3)	**Airborne Fiber Conc. (f/cm^3)**
091212-1	1	385	3.00	410	1230	10	100	0.0022	**0.0040**
091212-2	2	385	3.00	410	1230	9	100	0.0022	**0.0036**

Comments: All final airborne fiber concentrations have been calculated using the sampling data as report to PSI by the client.

Analyst :

Project Manager: Jill Myers

AIRBORNE FIBER CONCENTRATION REPORT OF ANALYSIS

Client Information

Name: City Hall Annex
Address: 9 West Front Street
City: Youngstown State: OH Zip Code:
Contact: Chuck Shasho

Project Information

Project Site Location: City Hall Annex
Project Name: City Hall Annex
Project Number: 0137760 Batch Number: n/a

Date Collected: 9/13/2012
Date Received: 9/13/2012
Date Analyzed: 9/13/2012
Date Reported: 9/13/2012

Sample Information *Do not enter field blank information in this section.*

Lab #	Client #	Location/Description/Activity/Type
091312-1	1	1st floor West
091312-2	2	1st floor Center
091312-3	3	2nd floor West

Blank Information *Blanks entered in this section apply only to samples listed in the "Sample Information" section.*

Lab #	Client #	fibers	fields	fibers/field
091312-4	4-LB	0	100	0.000
091312-5	5-FB	0	100	0.000
			Average fibers/field	0.000

Method / Filter Information

Method: NIOSH 7400, Issue 2, 8/15/94 Type: MCE, 0.8 μm pore size
LOD: 5.5 fibers/100 fields Graticule Field Area mm^2: 0.00785

Lab Sample Number	Client Sample Number	ECA (mm^2)	Flow Rate (l/min.)	Collection Time (min.)	Volume Collected (liters)	Sample Filter # of fibers	Sample Filter # of fields	Limit of Detection (f/cm^3)	**Airborne Fiber Conc. (f/cm^3)**
091312-1	1	385	3.00	410	1230	10	100	0.0022	**0.0040**
091312-2	2	385	3.00	415	1245	9	100	0.0022	**0.0035**
091312-3	3	385	3.00	405	1215	9.5	100	0.0022	**0.0038**

Comments: All final airborne fiber concentrations have been calculated using the sampling data as report to PSI by the client.

Analyst : Jon England Project Manager: Jill Myers - Alsip

Airborne Fiber Concentration Report of Analysis

TESTED FOR: **PSI, Inc**
5555 Canal Road
Cleveland, OH 44125
Attn: Jill Alsip

Project ID: **0137760**
Youngstown Annex

Date Received: **9/18/2012** **Date Completed:** **9/18/2012** **Date Reported:** **9/18/2012**

Analyst: CM **Work Order:** 1209367

Sample Type: Air **Graticle Area:** 0.00785 **mm²**

Method Reference: NIOSH 7400, Issue 2, 8/15/1994 **LOD:** 5.5 fibers/100 fields

Lab Sample #	Client Sample #	Collection Date	Air Volume (L)	Fiber/ Fields	Fiber Concentration Fibers/mm²	LOD (f/cc)	(fibers/cc)
001	3RD-HALL	9/17/2012	1200	4.5/100	<LOD	0.0022	<LOD
002	3RD-ST.	9/17/2012	1200	4/100	<LOD	0.0022	<LOD
003	3RD-EL.	9/17/2012	1200	1/100	<LOD	0.0022	<LOD
004	2ND-HALL	9/17/2012	1200	12/100	15	0.0022	0.0049
005	2ND-ST.	9/17/2012	1200	5.5/100	7.0	0.0022	0.0022
006	2ND-EL.	9/17/2012	1200	7/100	8.9	0.0022	0.0029
007	1ST-HALL	9/17/2012	1200	0/100	<LOD	0.0022	<LOD
008	1ST-ST.	9/17/2012	1200	3/100	<LOD	0.0022	<LOD
009	1ST-EL.	9/17/2012	1200	0/100	<LOD	0.0022	<LOD
010	BOILER-1	9/17/2012	1200		VOID - Filter Damage		
011	BOILER-2	9/17/2012	1200	0/100	<LOD	0.0022	<LOD
012	BOILER-3	9/17/2012	1200	0.5/100	<LOD	0.0022	<LOD
013	HALL-1	9/17/2012	1200	1.5/100	<LOD	0.0022	<LOD
014	HALL-2	9/17/2012	1200	2.5/100	<LOD	0.0022	<LOD
015	HALL-3	9/17/2012	1200	2/100	<LOD	0.0022	<LOD
016	POST-1	9/17/2012	1200	0/100	<LOD	0.0022	<LOD
017	POST-2	9/17/2012	1200	0/100	<LOD	0.0022	<LOD
018	POST-3	9/17/2012	1200	1/100	<LOD	0.0022	<LOD

The verifiability of the laboratory results is limited to the reported fibers per millimeter square. The attached Chain of Custody is incorporated into and becomes a part of the final report. Samples are in good condtion upon receipt unless otherwise noted. Results relate only to the items tested. Results have been corrected for blank counts.

Intralaboratory Cv Ranges
fibers per 100 fields
5-20 --- 0.23
>20-50 --- 0.33
>50-100 --- 0.19

Respectfully submitted,
PSI, Inc.

Maureen L. Sammons

Approved Signatory
Maureen Sammons

AIHA Lab ID # 100373 ; NYELAP Lab ID # 10930.

Sample Type: Air **Graticle Area:** 0.00785 **mm²**

Method Reference: NIOSH 7400, Issue 2, 8/15/1994 **LOD:** 5.5 fibers/100 fields

Lab Sample #	Client Sample #	Collection Date	Air Volume (L)	Fiber/ Fields	Fibers/mm²	Fiber Concentration LOD (f/cc)	Fiber Concentration (fibers/cc)
019	FB-1	9/17/2012	0	0/100	<LOD		
020	FB-2	9/17/2012	0	0/100	<LOD		

The verifiability of the laboratory results is limited to the reported fibers per millimeter square. The attached Chain of Custody is incorporated into and becomes a part of the final report. Samples are in good condtion upon receipt unless otherwise noted. Results relate only to the items tested. Results have been corrected for blank counts.

Intralaboratory Cv Ranges
fibers per 100 fields
5-20 --- 0.23
>20-50 --- 0.33
>50-100 --- 0.19

Respectfully submitted,
PSI, Inc.

Maureen L. Sammons

Approved Signatory
Maureen Sammons

AIHA Lab ID # 100373 ; NYELAP Lab ID # 10930.

1209367(2)

CHAIN OF CUSTODY RECORD

PSI Information To Build On
Engineering • Consulting • Testing

PROJECT NAME	REPORT TO	INVOICE TO
Youngstown Annex	PSI	0137
PROJECT NUMBER	**PROJECT MANAGER**	**ADDRESS**
0137760	Jill Myers Alsip	
P.O. NUMBER	**ADDRESS**	**CITY / STATE / ZIP**
	5555 Canal Rd	
REQUIRED DUE DATE (MM-DD-YY)	**CITY / STATE / ZIP**	**ATTENTION**
9-18-12	Cleveland, OH	
SAMPLES TO LAB VIA	**TELEPHONE** 216-447-1335	**TELEPHONE**
Fed Ex	**FAX**	
NUMBER OF COOLERS/PACKAGES	**REPORT DATA VIA** ☐ VERBAL ☐ EMAIL* ☐ FAX ☐ U.S. MAIL	
1		

LABORATORY SUBMITTED TO:

☐ 850 Poplar Street
Pittsburgh, PA 15220
412/922-4000

☐ OTHER _____

873640943840

RELINQUISHED BY DATE / TIME	ACCEPTED BY DATE / TIME	SEAL NUMBER
J. Adelman 9-17-12 1700	SWuensch 9/18/12 913a	

LABORATORY USE ONLY

SAMPLE CUSTODIAN	DATE / TIME

LABORATORY USE ONLY

FIELD SERVICES	SHIPPING
Y/N $	Y/N $

LABORATORY USE ONLY

ANALYTICAL DUE DATE
REPORT DUE DATE
PSI PROJECT NAME
PSI PROJECT NUMBER
PSI BATCH NUMBER

PARAMETER LIST

SAMPLE IDENTIFICATION	DATE / TIME	AIR-A BULK-B DUST-D NOB-N PAINT-P SOIL-S VACUUM-V WASTE-X WATER-W WIPE-WP	LAB USE ONLY LAB NUMBER	NUMBER OF CONTAINERS	PCM	
3rd - Hall	9-17-12 1400	A		1	X	120 min @ 10L = 1,200 Liters Bottom cap o/b
3rd - Stairs				1	X	
3rd - Elevator				1	X	
2nd - Hall				1	X	
2nd - Stairs				1	X	
2nd - Elevator				1	X	
1st - Hall				1	X	
1st - Stairs				1	X	
1st - Elevator				1	X	Bottom cap o/b
Boiler - 1				1	X	

ADDITIONAL REMARKS RUSH

*EMAIL ADDRESS _____ SAMPLER'S SIGNATURE Joe Adelman

PSI A-600-10 (7)

Your signature denotes agreement with the PSI General Conditions which are printed on the back side of this document.

1209367

CHAIN OF CUSTODY RECORD

psi Information To Build On
Engineering • Consulting • Testing

PROJECT NAME	REPORT TO	INVOICE TO
Youngstown Annex	PSI	037
PROJECT NUMBER	**PROJECT MANAGER**	**ADDRESS**
0137760	Jill Myers Als P	
P.O. NUMBER	**ADDRESS**	**CITY / STATE / ZIP**
REQUIRED DUE DATE (MM-DD-YY)	**CITY / STATE / ZIP**	**ATTENTION**
9-18-12	Cleveland, OH	
SAMPLES TO LAB VIA	**TELEPHONE**	**TELEPHONE**
Fed Ex	FAX	
NUMBER OF COOLERS/PACKAGES	**REPORT DATA VIA**	
1	☐ VERBAL ☐ EMAIL* ☐ FAX ☐ U.S. MAIL	

LABORATORY SUBMITTED TO:

☐ 850 Poplar Street
Pittsburgh, PA 15220
412/922-4000

☐ OTHER _____

RELINQUISHED BY DATE / TIME	ACCEPTED BY DATE / TIME	SEAL NUMBER
J. Adelman 9-17-12 700	SW 9/18/12 9:31a	

LABORATORY USE ONLY	
FIELD SERVICES	Y/N $
SHIPPING	Y/N $

LABORATORY USE ONLY	
ANALYTICAL DUE DATE	
REPORT DUE DATE	
PSI PROJECT NAME	
PSI PROJECT NUMBER	
PSI BATCH NUMBER	

LABORATORY USE ONLY	
SAMPLE CUSTODIAN	DATE / TIME

SAMPLE IDENTIFICATION	DATE / TIME	AIR-A BULK-B DUST-D NOB-N PAINT-P SOIL-S VACUUM-V WASTE-X WATER-W WIPE-WP	LAB USE ONLY LAB NUMBER	NUMBER OF CONTAINERS	PARAMETER LIST: PCM	
Bailer-2	9-17-12 1400	A		1	X	120 min @ 10 L = 1,200 Liters
Bailer-3				1	X	
Hall-1				1	X	
Hall-2				1	X	
Hall-3				1	X	
Post-1				1	X	
Post-2				1	X	Bottle cap after receipt
Post-3				1	X	
FB-1				1	X	Field Blank
FB-2				1	X	

ADDITIONAL REMARKS RUSH

*EMAIL ADDRESS _____ SAMPLER'S SIGNATURE Joe Adelman

Your signature denotes agreement with the PSI General Conditions which are printed on the back side of this document.

PSI A-600-10 (7)

APPENDIX B

PSI Daily Project Logs

Information To Build On
Engineering • Consulting • Testing

Oversight Log

Client: City of Youngstown

Project Number: 0137760

Location: City Hall Annex

Date: 9-6-12

O.D.H. Certified Personnel:

Page: 1 of 1

TIME	WORK DESCRIPTION
0800	On-site (PSI) met w/ Jon (security) + Roger (maintenance) set up office and reviewed scope of work. Checked out rooms where work was to be performed.
16:20	(Safeco) Contractor arrived on-site, reviewed scope of work w/ contractor.

CONTRACTOR PERSONNEL CREDENTIAL LOG

PSI Project Name: City Hall Annex

PSI Project Number: 0137760

Contractor Name: SafeCo Date: 9/7/2012

Personnel Name	Position (worker or supervisor)	Expiration Dates			
		State Cert./License	Training Cert.	Physical	Fit Test
Eric R Robinson	Supervisor	SV525618	x	x	x
Nelson Cruz	Worker	WK516127	x	x	x
Isavel Amaya	Worker	WK513473	x	x	x
Marcio Marcia	Worker	WK525279	x	x	x
Ed Lopez	Worker	WK516250	x	x	x
Delia Izaquirre	Worker	WK521874	x	x	x
Fransisco Aguilera	Worker	AS31224	x	x	x
Paul Salisbury	Worker	WK525621	x	x	x

PSI Information To Build On
Engineering • Consulting • Testing

DAILY FIELD LOG

Project Name: City Hall Annex
Project Number: 0137760
Client Name: City of Youngstown
Contractor Name: SafeCo
Supervisor(s):
Number of Workers:
PSI Personnel:
Visitor(s):

Date: 9-7-12
Shift:

Air Samples Collected [type and number]:

A: Area Isolation	Y	N	NA
Barricades:	✓		
Signs:	✓		
Decon:			
Personnel:	✓		
Load Out:	✓		
Edge Seals:			
Coverings on:			
Floors:			✓
Walls:			✓
Equipment:			✓
Sealed Openings:			
Doors:	✓		
Windows:	✓		
Vents:	✓		
Negative Air Equipment:			
Functioning:	✓		
HEPA Filter:	✓		
Negative Pressure:	✓		
Sealed:	✓		

B: Work Methods	Y	N	NA
Wetting:			
Prior:	✓		
Removal:	✓		
Debris:	✓		
Small Areas:	✓		
Housekeeping:			
Excessive Debris:	✓		
Bag Placement:	✓		
Vacuum:	✓		
Wipe Up:	✓		
Use of:			
Wetting Agents:	✓		
Encapsulent:			✓
Glove Bag:			
Sealed:			✓
Wetting:			
Cleaning:			
Vacuum:			
Encapsulent:			
Damaged:			
Leaking:			✓

C: Disposal	Y	N	NA
Bagging:			
Double/6 mil:	✓		
Labeled:	✓		
Sealed:	✓		
Ripped:		✓	
Storage:	✓		
Transfer Out:	✓		
Registered Hauler:	✓		
D: Personal Hygiene			
Respirator Use:	✓		
Clothing:	✓		
Decon Cond.	✓		
Material Handling:	✓		
Decontamination:	✓		
Respirator Type:	✓		
E: Daily Inspection			
Dust/Debris:	✓		
Wipe Down:	✓		
Smoke Test:	✓		
Abated Surfaces:	✓		
F: Clearance Inspection			
Visible Dust/Debris:	✓	N/A	
Wipe Down:	✓		
Containment Seals:	✓		
Abated Surfaces:	✓		

Comments (A-F)

Discussions/Conferences
See Oversight Log

SAMPLE TYPE: **WA**=inside work area; **BAR**=barrier; **ENV**=environmental; **BG**=background; **CL**=clearance

psi Information To Build On
Engineering • Consulting • Testing

Oversight Log

Client: City of Youngstown

Project Number: 0137760

Location: City Hall Annex

Date: 9-7-12

O.D.H. Certified Personnel: JA, JE

Page: 1 of 1

TIME	WORK DESCRIPTION
0700	On-site, Safeco mobilizing. Game plan is to work from the top down.
0830	SafeCo prepping floor tile areas on 2nd and 1st Floors. Beginning Floor tile removal.
1000	Radiator areas on 3rd Fl. will have to be coordinated when not occupied
1200-1:00	lunch
1:00	Continuing with floor tile removal, the mastic beneath the floor tile is on masonite, which ~~with~~ is stapled to the original hardwood floor. Staples will remain after ~~hardwood~~ masonite is removed
3:00	Floor tile areas on 1st & 2nd Floors
4:00	Finished and visual inspection performed Air samples will be ran tomorrow
4:00pm	off-site

CERTIFICATION OF VISUAL INSPECTION

Building Name: City Hall Annex

Building Owner: City of Youngstown

Specific Area: First Floor, NE 3 rooms, Floor tile + mastic

In accordance with contract documents, the Contractor hereby certifies that he has visually inspected the work area (all surfaces including pipes, beams, ledges, walls, ceiling and floor, decontamination unit, sheet plastic, etc.) and has found no dust, debris, or residue.

By: (Signature) [signature] Date: 9-7-12

(Print Name) Anthony Jordan Title: CAHAS

Company Name: SafeCo

PSI REPRESENTATIVE'S CERTIFICATION

The PSI Representative hereby certifies that he has accompanied the Contractor on his visual inspection and verifies that this inspection has been thorough and to the best of his knowledge and belief, the Contractor's certification above is a true and honest one.

The final air sampling has been completed and the sample results are in accordance with the Contract Documents. The final air samples were analyzed by:

__X__ PCM _____ TEM

Clearance air sample numbers are:

_____

_____

By: (Signature) [signature] Date: 9-7-12

(Print Name) JOE ADELMAN Title: CAHAS

CERTIFICATION OF VISUAL INSPECTION

Building Name: City Hall Annex

Building Owner: City of Youngstown

Specific Area: 2nd Floor, Internal Revenue Collector Area (5 Rooms), Floor tile

In accordance with contract documents, the Contractor hereby certifies that he has visually inspected the work area (all surfaces including pipes, beams, ledges, walls, ceiling and floor, decontamination unit, sheet plastic, etc.) and has found no dust, debris, or residue.

By: (Signature) Anthony Jordan Date: 9-7-12

(Print Name) Anthony Jordan Title: CAHAS

Company Name: Safe Co

PSI REPRESENTATIVE'S CERTIFICATION

The PSI Representative hereby certifies that he has accompanied the Contractor on his visual inspection and verifies that this inspection has been thorough and to the best of his knowledge and belief, the Contractor's certification above is a true and honest one.

The final air sampling has been completed and the sample results are in accordance with the Contract Documents. The final air samples were analyzed by:

X PCM _____ TEM

Clearance air sample numbers are:

By: (Signature) Joe Adelman Date: 9-7-12

(Print Name) JOE ADELMAN Title: CAHAS

CONTRACTOR PERSONNEL CREDENTIAL LOG

PSI Project Name: City Hall Annex

PSI Project Number: 0137760

Contractor Name: SafeCo Date: 9/8/2012

Personnel Name	Position (worker or supervisor)	Expiration Dates			
		State Cert./License	Training Cert.	Physical	Fit Test
Eric R Robinson	Supervisor	SV525618	x	x	x
Nelson Cruz	Worker	WK516127	x	x	x
Isavel Amaya	Worker	WK513473	x	x	x
Marcio Marcia	Worker	WK525279	x	x	x
Ed Lopez	Worker	WK516250	x	x	x
Delia Izaquirre	Worker	WK521874	x	x	x
Fransisco Aguilera	Worker	AS31224	x	x	x
Paul Salisbury	Worker	WK525621	x	x	x

PSI Information To Build On
Engineering • Consulting • Testing

DAILY FIELD LOG

Project Name: City Hall Annex
Project Number: 0137760
Client Name: City of Youngstown
Contractor Name: SafeCo
Supervisor(s): Anthony
Number of Workers: 8-9
PSI Personnel: JON
Visitor(s):

Date: 9/6 0/2
Shift: 1
Air Samples Collected [type and number]: 8

A: Area Isolation	Y	N	NA
Barricades:			
Signs:			
Decon:			
Personnel:			
Load Out:			
Edge Seals:			
Coverings on:			
Floors:			X
Walls:			X
Equipment:			
Sealed Openings:			
Doors:			
Windows:			
Vents:			
Negative Air Equipment:			
Functioning:			
HEPA Filter:			
Negative Pressure:			
Sealed:			X

B: Work Methods			
Wetting:			
Prior:			
Removal:			
Debris:			
Small Areas:			
Housekeeping:			
Excessive Debris:		X	
Bag Placement:			
Vacuum:			
Wipe Up:			
Use of:			
Wetting Agents:	X		
Encapsulent:			X
Glove Bag:			
Sealed:			
Wetting:			
Cleaning:			
Vacuum:			
Encapsulent:			
Damaged:			
Leaking:			

C: Disposal	Y	N	NA
Bagging:			
Double/6 mil:			
Labeled:			
Sealed:			
Ripped:		X	
Storage:			
Transfer Out:			
Registered Hauler:			

D: Personal Hygiene			
Respirator Use:			
Clothing:			
Decon Cond.			
Material Handling:			
Decontamination:			
Respirator Type:			

E: Daily Inspection			
Dust/Debris:		X	
Wipe Down:	X		
Smoke Test:		X	
Abated Surfaces:	X		

F: Clearance Inspection			
Visible Dust/Debris:		X	
Wipe Down:	X		
Containment Seals:	X		
Abated Surfaces:	X		

Comments (A-F)
TYVEK
½ APR

Discussions/Conferences

SAMPLE TYPE: **WA**=inside work area; **BAR**=barrier; **ENV**=environmental; **BG**=background; **CL**=clearance

PSI Information To Build On
Engineering • Consulting • Testing

Oversight Log

Client: City of Youngstown
Project Number: 0137760
Location: City Hall Annex
Date: 9 & 01 25
O.D.H. Certified Personnel: Jon
Page: of

TIME	WORK DESCRIPTION
630	@ office
800	@ Site a Mon.
	Do another QUICK visual on 2ND FLR + start final air pumps.
	SafeCo working on floor on 1st floor + working on removing Radiators
	Run perimeter sample
1035	Stop final on 2ND floor floor Tile work.
1100	start final air on 1st flr. flr. tile work after visual inspection.
140	Stop final air on 1st flr work
200	Do PCM MICROSCOPY for 1st FLR NW., 1st FLR N., 2ND FLR N.
333	All PCM finals pass
	SafeCo is removing Radiators on 3RD
530	Stop SafeCo cleans up
555	EXIT
730	@ office

CERTIFICATION OF VISUAL INSPECTION

Building Name: City Hall Annex

Building Owner: City of Youngstown

Specific Area: Floors 1ST flR Post Office Area North + 3RD FlooR Radiators shields

In accordance with contract documents, the Contractor hereby certifies that he has visually inspected the work area (all surfaces including pipes, beams, ledges, walls, ceiling and floor, decontamination unit, sheet plastic, etc.) and has found no dust, debris, or residue.

By: (Signature) _____ Date: _____

(Print Name) _____ Title: _____

Company Name: SafECo

PSI REPRESENTATIVE'S CERTIFICATION

The PSI Representative hereby certifies that he has accompanied the Contractor on his visual inspection and verifies that this inspection has been thorough and to the best of his knowledge and belief, the Contractor's certification above is a true and honest one.

The final air sampling has been completed and the sample results are in accordance with the Contract Documents. The final air samples were analyzed by:

X PCM _____ TEM

Clearance air sample numbers are:

_____

_____

By: (Signature) J England Date: 9/8/12

(Print Name) J England Title: hygienist

CONTRACTOR PERSONNEL CREDENTIAL LOG

PSI Project Name: City Hall Annex

PSI Project Number: 0137760

Contractor Name: SafeCo Date: 9/9/2012

Personnel Name	Position (worker or supervisor)	Expiration Dates			
		State Cert./License	Training Cert.	Physical	Fit Test
Eric R Robinson	Supervisor	SV525618	x	x	x
Nelson Cruz	Worker	WK516127	x	x	x
Isavel Amaya	Worker	WK513473	x	x	x
Marcio Marcia	Worker	WK525279	x	x	x
Ed Lopez	Worker	WK516250	x	x	x
Delia Izaquirre	Worker	WK521874	x	x	x
Fransisco Aguilera	Worker	AS31224	x	x	x
Paul Salisbury	Worker	WK525621	x	x	x

PSI Information To Build On
Engineering • Consulting • Testing

DAILY FIELD LOG

Project Name: City Hall Annex
Project Number: 0137760
Client Name: City of Youngstown
Contractor Name: SafeCo
Supervisor(s): Anthony
Number of Workers: 8-9
PSI Personnel: Jon Jaime
Visitor(s):

Date: 9 9 02
Shift: 1
Air Samples Collected [type and number]: 2

A: Area Isolation	Y	N	NA
Barricades:			
Signs:			
Decon:			
Personnel:			
Load Out:			
Edge Seals:			
Coverings on:			
Floors:			
Walls:			
Equipment:			
Sealed Openings:			
Doors:			
Windows:			
Vents:			
Negative Air Equipment:			
Functioning:			
HEPA Filter:			
Negative Pressure:			
Sealed:		X	

B: Work Methods			
Wetting:			
Prior:			
Removal:			
Debris:			
Small Areas:			
Housekeeping:			
Excessive Debris:		X	
Bag Placement:			
Vacuum:			
Wipe Up:			
Use of:			
Wetting Agents:	X		
Encapsulent:			X
Glove Bag:			
Sealed:			
Wetting:			
Cleaning:			
Vacuum:			
Encapsulent:			
Damaged:		X	
Leaking:		X	

C: Disposal	Y	N	NA
Bagging:			
Double/6 mil:	X		
Labeled:	X		
Sealed:	X		
Ripped:		X	
Storage:	X		
Transfer Out:	X		
Registered Hauler:	X		

D: Personal Hygiene			
Respirator Use:			
Clothing:			
Decon Cond.			
Material Handling:			
Decontamination:			
Respirator Type:			

E: Daily Inspection			
Dust/Debris:		X	
Wipe Down:	X		
Smoke Test:		X	
Abated Surfaces:	X		

F: Clearance Inspection			
Visible Dust/Debris:			
Wipe Down:			
Containment Seals:			
Abated Surfaces:			

Comments (A-F)

Discussions/Conferences

SAMPLE TYPE: **WA**=inside work area; **BAR**=barrier; **ENV**=environmental; **BG**=background; **CL**=clearance

psi Information To Build On
Engineering • Consulting • Testing

Oversight Log

Client: City of Youngstown

Project Number: 0137760

Location: City Hall Annex

Date: 4 9 02 S

O.D.H. Certified Personnel: Jon Jaime

Page: of

TIME	WORK DESCRIPTION
630	@ office
800	@ site 8-9 Men
	Inspect Radiator Removal on 3rd floor. looks good there are however 4-5 covers previously removed w/th suspicious gray paper on them; they were on the front Radator covers in the side Rooms.
	Running pumps In area
10	Prepping Pipes in basement
1100	Prepping Decon Unit Basement. clearing debris In Boiler Room. Moving stuff In Boiler Room. Final Cleaning on Radiators on 3RD.
	Tear down poly on 2ND & 1ST flRS.
100	Same Activity
	Pumps Running In Radator areas
	STOP Pumps
540	EXIT
700	@ office

CONTRACTOR PERSONNEL CREDENTIAL LOG

PSI Project Name: City Hall Annex

PSI Project Number: 0137760

Contractor Name: SafeCo Date: 9/10/2012

Personnel Name	Position (worker or supervisor)	Expiration Dates			
		State Cert./License	Training Cert.	Physical	Fit Test
Eric R Robinson	Supervisor	SV525618	x	x	x
Nelson Cruz	Worker	WK516127	x	x	x
Isavel Amaya	Worker	WK513473	x	x	x
Marcio Marcia	Worker	WK525279	x	x	x
Ed Lopez	Worker	WK516250	x	x	x
Delia Izaquirre	Worker	WK521874	x	x	x
Fransisco Aguilera	Worker	AS31224	x	x	x
Paul Salisbury	Worker	WK525621	x	x	x

PSI Information To Build On
Engineering • Consulting • Testing

DAILY FIELD LOG

Project Name: City Hall Annex
Project Number: 0137760
Client Name: City of Youngstown
Contractor Name: SafeCo
Supervisor(s):
Number of Workers:
PSI Personnel:
Visitor(s):

Date: 9-10-12
Shift:

Air Samples Collected [type and number]:

A: Area Isolation	Y	N	NA
Barricades:	✓		
Signs:		✓	
Decon:			
Personnel:		✓	
Load Out:		✓	
Edge Seals:			✓
Coverings on:			
Floors:			✓
Walls:			✓
Equipment:			✓
Sealed Openings:			
Doors:	✓		
Windows:			✓
Vents:		✓	
Negative Air Equipment:			
Functioning:	✓		
HEPA Filter:	✓		
Negative Pressure:	✓		
Sealed:	✓		

B: Work Methods			
Wetting:			
Prior:		✓	
Removal:		✓	
Debris:		✓	
Small Areas:		✓	
Housekeeping:			
Excessive Debris:	✓		
Bag Placement:	✓		
Vacuum:		✓	
Wipe Up:		✓	
Use of:			
Wetting Agents:		✓	
Encapsulent:			✓
Glove Bag:			
Sealed:		✓	
Wetting:		✓	
Cleaning:		✓	
Vacuum:		✓	
Encapsulent:		✓	
Damaged:			✓
Leaking:			✓

C: Disposal	Y	N	NA
Bagging:			
Double/6 mil:	✓		
Labeled:	✓		
Sealed:	✓		
Ripped:		✓	
Storage:	✓		
Transfer Out:	✓		
Registered Hauler:	✓		
D: Personal Hygiene			
Respirator Use:	✓		
Clothing:	✓		
Decon Cond.	✓		
Material Handling:	✓		
Decontamination:	✓		
Respirator Type:	✓		
E: Daily Inspection			
Dust/Debris:		✓	
Wipe Down:		✓	
Smoke Test:			✓
Abated Surfaces:		✓	
F: Clearance Inspection			
Visible Dust/Debris:		✓	
Wipe Down:		✓	
Containment Seals:		✓	
Abated Surfaces:		✓	

Comments (A-F)

Discussions/Conferences
see daily log

SAMPLE TYPE: **WA**=inside work area; **BAR**=barrier; **ENV**=environmental; **BG**=background; **CL**=clearance

psi Information To Build On
Engineering • Consulting • Testing

Oversight Log

Client: City of Youngstown

Project Number: 0137760

Location: City Hall Annex

Date: 9-10-12

O.D.H. Certified Personnel:

Page: of

TIME	WORK DESCRIPTION
0700	On-site w/ SafeCo
0730	Walked through unsealed poly wall where AFDS were located in large basement "Post Office Work Room". Saw abatement worker ripping off pipe insulation and throwing it on the floor with no water. I asked the supervisor if the area was a glovebag area or full containment. He responded full containment.
	Problems
	- Poly wall was unsealed
	- No signs on any of the poly walls
	- No shower/decon, water heater, etc.
	- Entrance/Exit @ Freight elevator had no airlock, signage, or anything
	- Dry removal
	- Debris on floor of small rooms where "glovebag" removal was supposedly performed over the weekend.
	- No manometer (only 3 AFDs) for 6,000 ft²
	I told the crew they could either start glovebagging or set up a proper containment. They chose to go to the hotel and return tomorrow.
0830	Running air samples throughout bldg. to document airborne fiber concentration.

PSI Information To Build On
Engineering • Consulting • Testing

DAILY FIELD LOG

Project Name: City Hall Annex
Project Number: 0137760
Client Name: City of Youngstown
Contractor Name: SafeCo
Supervisor(s): FRANCISCO
Number of Workers: 9
PSI Personnel: JON
Visitor(s):

Date: 9/10/2012
Shift: 1 T
Air Samples Collected [type and number]: 2

A: Area Isolation	Y	N	NA
Barricades:			
Signs:			
Decon:			
Personnel:			
Load Out:			
Edge Seals:			
Coverings on:			
Floors:			X
Walls:			
Equipment:			
Sealed Openings:			
Doors:			
Windows:			
Vents:			
Negative Air Equipment:			
Functioning:			
HEPA Filter:			
Negative Pressure:			
Sealed:			

B: Work Methods	Y	N	NA
Wetting:			
Prior:			
Removal:			
Debris:			
Small Areas:			
Housekeeping:			
Excessive Debris:		X	
Bag Placement:			
Vacuum:			
Wipe Up:			
Use of:			
Wetting Agents:	X		
Encapsulent:			X
Glove Bag:			
Sealed:			
Wetting:			
Cleaning:			
Vacuum:			
Encapsulent:			
Damaged:			
Leaking:			

C: Disposal	Y	N	NA
Bagging:			
Double/6 mil:			
Labeled:			
Sealed:			
Ripped:		X	
Storage:			
Transfer Out:			
Registered Hauler:			

D: Personal Hygiene	Y	N	NA
Respirator Use:			
Clothing:			
Decon Cond.			
Material Handling:			
Decontamination:			
Respirator Type:			

E: Daily Inspection	Y	N	NA
Dust/Debris:		X	
Wipe Down:	X	X	
Smoke Test:		X	
Abated Surfaces:	X		

F: Clearance Inspection	Y	N	NA
Visible Dust/Debris:			
Wipe Down:			
Containment Seals:			
Abated Surfaces:			

Comments (A-F)

Discussions/Conferences

Tyles Out

SAMPLE TYPE: **WA**=inside work area; **BAR**=barrier; **ENV**=environmental; **BG**=background; **CL**=clearance

CONTRACTOR PERSONNEL CREDENTIAL LOG

PSI Project Name: City Hall Annex

PSI Project Number: 0137760

Contractor Name: SafeCo Date: 9/11/2012

Personnel Name	Position (worker or supervisor)	Expiration Dates			
		State Cert./License	Training Cert.	Physical	Fit Test
Eric R Robinson	Supervisor	SV525618	x	x	x
Nelson Cruz	Worker	WK516127	x	x	x
Isavel Amaya	Worker	WK513473	x	x	x
Marcio Marcia	Worker	WK525279	x	x	x
Ed Lopez	Worker	WK516250	x	x	x
Delia Izaquirre	Worker	WK521874	x	x	x
Fransisco Aguilera	Worker	AS31224	x	x	x
Paul Salisbury	Worker	WK525621	x	x	x

psi Information To Build On
Engineering • Consulting • Testing

Oversight Log

Client: City of Youngstown | Project Number: 0137760

Location: City Hall Annex | Date: 9 11 12

O.D.H. Certified Personnel: JON JOE | Page: of

TIME	WORK DESCRIPTION
7	@ site 9 for Safeco Men
815	DO PCM Microscopy for 3Rd flr final & perimeters on 1st, 2nd.
0930	Set up perimeter pumps @ Hepa Exhaust in basement and 1st Fl. NE stairs to basement. Postal workroom in basement ~~Basement~~ set up correctly. Pipe insulation and floor tile removal being performed.
10	Popping VAT Tile in basement. Bagging VAT Tile in basement. Bagging out Tile to dempster.
12	break
100	SAME Activity
200	Popping flr tile. Bagging flr tile. Bagging out flr tile. 3 AFDS Running in area
300	Complaints in building about moldy smells
400	Popping flr tile. Bagging flr tile. Bagging out flr tile. Bag out.
545	↓ ↓ ↓
600	EXIT

CONTRACTOR PERSONNEL CREDENTIAL LOG

PSI Project Name: City Hall Annex

PSI Project Number: 0137760

Contractor Name: SafeCo Date: 9/12/2012

Personnel Name	Position (worker or supervisor)	Expiration Dates			
		State Cert./License	Training Cert.	Physical	Fit Test
Eric R Robinson	Supervisor	SV525618	x	x	x
Nelson Cruz	Worker	WK516127	x	x	x
Isavel Amaya	Worker	WK513473	x	x	x
Marcio Marcia	Worker	WK525279	x	x	x
Ed Lopez	Worker	WK516250	x	x	x
Delia Izaquirre	Worker	WK521874	x	x	x
Fransisco Aguilera	Worker	AS31224	x	x	x
Paul Salisbury	Worker	WK525621	x	x	x

PSI Information To Build On
Engineering • Consulting • Testing

DAILY FIELD LOG

Project Name: City Hall Annex
Project Number: 0137760
Client Name: City of Youngstown
Contractor Name: SafeCo
Supervisor(s): Francisco
Number of Workers: 9
PSI Personnel: JON
Visitor(s): Carpet

Date: 9-12-2011
Shift:
Air Samples Collected [type and number]: 2

A: Area Isolation	Y	N	NA
Barricades:			
Signs:			
Decon:			
Personnel:			
Load Out:			
Edge Seals:			
Coverings on:			
Floors:			X
Walls:			
Equipment:			
Sealed Openings:			
Doors:			
Windows:			
Vents:			
Negative Air Equipment:			
Functioning:			
HEPA Filter:			
Negative Pressure:			
Sealed:			

B: Work Methods	Y	N	NA
Wetting:			
Prior:			
Removal:			
Debris:			
Small Areas:			
Housekeeping:			
Excessive Debris:		X	
Bag Placement:			
Vacuum:			
Wipe Up:			
Use of:			
Wetting Agents:			
Encapsulent:			X
Glove Bag:			
Sealed:			
Wetting:			
Cleaning:			
Vacuum:			
Encapsulent:			
Damaged:			
Leaking:			

C: Disposal	Y	N	NA
Bagging:			
Double/6 mil:			
Labeled:			
Sealed:			
Ripped:		X	
Storage:			
Transfer Out:			
Registered Hauler:			

D: Personal Hygiene	Y	N	NA
Respirator Use:			
Clothing:			
Decon Cond.			
Material Handling:			
Decontamination:			
Respirator Type:			

E: Daily Inspection	Y	N	NA
Dust/Debris:		X	
Wipe Down:	X	X	
Smoke Test:		X	
Abated Surfaces:	X		

F: Clearance Inspection	Y	N	NA
Visible Dust/Debris:			
Wipe Down:			
Containment Seals:			
Abated Surfaces:			

Comments (A-F)

Discussions/Conferences
Mastic

SAMPLE TYPE: **WA**=inside work area; **BAR**=barrier; **ENV**=environmental; **BG**=background; **CL**=clearance

PSI Information To Build On
Engineering • Consulting • Testing

Oversight Log

Client: City of Youngstown

Project Number: 0137760

Location: City Hall Annex

Date: 9/20/12

O.D.H. Certified Personnel: JLE

Page: of

TIME	WORK DESCRIPTION
7	@ site Safe CO has 9
730	Starting Mastic South basement. Good Neg. AIR.
830	Starting abating boiler Room. Recon OK Neg AIR is -0.15
	AWaiting new dumpster.
1030	Baffing Mastic in basement.
	Abating boiler Room. Adequate water. Adequate Neg AIR.
12	BReak Camplants about Mastic Smell
115	NEO OEPA Man here. He looks @ air clearance PCM Results. He looks @ boiler Rm containment. He looks @ other FT contain. He looks around basement He leaves happy. Still Abating Mastic Still Abating boiler Neg AIR -0.020
400	SAME Activity 2 Full Dumpsters leave site
545	EXIT

CONTRACTOR PERSONNEL CREDENTIAL LOG

PSI Project Name: City Hall Annex

PSI Project Number: 0137760

Contractor Name: SafeCo Date: 9/13/2012

Personnel Name	Position (worker or supervisor)	Expiration Dates			
		State Cert./License	Training Cert.	Physical	Fit Test
Eric R Robinson	Supervisor	SV525618	x	x	x
Nelson Cruz	Worker	WK516127	x	x	x
Isavel Amaya	Worker	WK513473	x	x	x
Marcio Marcia	Worker	WK525279	x	x	x
Ed Lopez	Worker	WK516250	x	x	x
Delia Izaquirre	Worker	WK521874	x	x	x
Fransisco Aguilera	Worker	AS31224	x	x	x
Paul Salisbury	Worker	WK525621	x	x	x

PSI Information To Build On
Engineering • Consulting • Testing

DAILY FIELD LOG

Project Name: City Hall Annex
Project Number: 0137760
Client Name: City of Youngstown
Contractor Name: SafeCo
Supervisor(s): Francisco
Number of Workers: 9
PSI Personnel: Jon Jamle
Visitor(s):

Date: 9/13/2012
Shift:
Air Samples Collected [type and number]: 2

A: Area Isolation	Y	N	NA
Barricades:			
Signs:			
Decon:			
Personnel:			
Load Out:			
Edge Seals:			
Coverings on:			
Floors:			X
Walls:			X
Equipment:			
Sealed Openings:			
Doors:			
Windows:			
Vents:			
Negative Air Equipment:			
Functioning:			
HEPA Filter:			
Negative Pressure:			
Sealed:			

B: Work Methods	Y	N	NA
Wetting:			
Prior:			
Removal:			
Debris:			
Small Areas:			
Housekeeping:			
Excessive Debris:		X	
Bag Placement:			
Vacuum:			
Wipe Up:			
Use of:			
Wetting Agents:	X		
Encapsulent:			X
Glove Bag:			
Sealed:			
Wetting:			
Cleaning:			
Vacuum:			
Encapsulent:			
Damaged:			
Leaking:			

C: Disposal	Y	N	NA
Bagging:			
Double/6 mil:			
Labeled:			
Sealed:			
Ripped:		X	
Storage:			
Transfer Out:			
Registered Hauler:			

D: Personal Hygiene	Y	N	NA
Respirator Use:			
Clothing:			
Decon Cond.			
Material Handling:			
Decontamination:			
Respirator Type:			

E: Daily Inspection	Y	N	NA
Dust/Debris:			
Wipe Down:			
Smoke Test:			
Abated Surfaces:			

F: Clearance Inspection	Y	N	NA
Visible Dust/Debris:			
Wipe Down:			
Containment Seals:			
Abated Surfaces:			

Comments (A-F)
WM
PAPR
T/Vek

Discussions/Conferences

Bauer

SAMPLE TYPE: **WA**=inside work area; **BAR**=barrier; **ENV**=environmental; **BG**=background; **CL**=clearance

psi Information To Build On
Engineering • Consulting • Testing

Oversight Log

Client: City of Youngstown | Project Number: 0137760

Location: City Hall Annex | Date: 9 13 012R

O.D.H. Certified Personnel: Jon Jamle | Page: of

TIME	WORK DESCRIPTION
7	@ site Safeco has 9
	Abating Mastic basement
	Smelly still
	Abating boiler Rm
	AR -0.019
	bags out Tile
	bags out boiler Rm
900	Complaints about bagging out basement using elevator even though we are allowed to use elevator. Running pump next to elevator
10	Buffing Mastic in Basement
	Abating Boiler Rm
	Adequate water Neg AR -0.019
	Bags out - Floor tile
12	Break
130	Buffing Mastic S. basement
	Abating Boiler Rm
	Adequate water Neg. AR -020
	Mastic Smelly, says occupants
301	5-6 total AFDs in basement
	Buffing Mastics
402	Mastic complete

555 EXIT

CERTIFICATION OF VISUAL INSPECTION

Building Name: City Hall Annex

Building Owner: City of Youngstown

Specific Area: Roof Duct Wrapping

In accordance with contract documents, the Contractor hereby certifies that he has visually inspected the work area (all surfaces including pipes, beams, ledges, walls, ceiling and floor, decontamination unit, sheet plastic, etc.) and has found no dust, debris, or residue.

By: (Signature) _____ Date: _____

(Print Name) _____ Title: _____

Company Name: _____

PSI REPRESENTATIVE'S CERTIFICATION

The PSI Representative hereby certifies that he has accompanied the Contractor on his visual inspection and verifies that this inspection has been thorough and to the best of his knowledge and belief, the Contractor's certification above is a true and honest one.

The final air sampling has been completed and the sample results are in accordance with the Contract Documents. The final air samples were analyzed by:

_____ PCM _____ TEM

Clearance air sample numbers are:

_____

_____

By: (Signature) J Smith Date: 9/14/012

(Print Name) J England Title: hygienist

CONTRACTOR PERSONNEL CREDENTIAL LOG

PSI Project Name: City Hall Annex

PSI Project Number: 0137760

Contractor Name: SafeCo Date: 9/14/2012

Personnel Name	Position (worker or supervisor)	Expiration Dates			
		State Cert./License	Training Cert.	Physical	Fit Test
Eric R Robinson	Supervisor	SV525618	x	x	x
Nelson Cruz	Worker	WK516127	x	x	x
Isavel Amaya	Worker	WK513473	x	x	x
Marcio Marcia	Worker	WK525279	x	x	x
Ed Lopez	Worker	WK516250	x	x	x
Delia Izaquirre	Worker	WK521874	x	x	x
Fransisco Aguilera	Worker	AS31224	x	x	x
Paul Salisbury	Worker	WK525621	x	x	x

psi Information To Build On
Engineering • Consulting • Testing

Oversight Log

Client: City of Youngstown

Project Number: 0137760

Location: City Hall Annex

Date: 9-14-12

O.D.H. Certified Personnel: JLE JOE

Page: of

TIME	WORK DESCRIPTION
0800	Continuing abatement in boiler room. Small Rooms in basement still needed cleaned in order to pass visual – debris on floors from glovebagging. Going to do visual + finals in large postal room in basement.
10:00	Continuing
12-1	lunch
1:00	Continuing abatement in boiler room
3:00	Hepa vacuuming debris in small rooms in basement
4:30	Visual clearance passed in large postal room in basement – FT + mastic and pipe insulation
6pm	off-site

CERTIFICATION OF VISUAL INSPECTION

Building Name: City Hall Annex

Building Owner: City of Youngstown

Specific Area: Boiler Room

In accordance with contract documents, the Contractor hereby certifies that he has visually inspected the work area (all surfaces including pipes, beams, ledges, walls, ceiling and floor, decontamination unit, sheet plastic, etc.) and has found no dust, debris, or residue.

By: (Signature) Anthony Jordan Date: 9-15-2012

(Print Name) Anthony Jordan Title: 10:30Am

Company Name: SAFECO

PSI REPRESENTATIVE'S CERTIFICATION

The PSI Representative hereby certifies that he has accompanied the Contractor on his visual inspection and verifies that this inspection has been thorough and to the best of his knowledge and belief, the Contractor's certification above is a true and honest one.

The final air sampling has been completed and the sample results are in accordance with the Contract Documents. The final air samples were analyzed by:

_____ PCM _____ TEM

Clearance air sample numbers are:

_____

_____

By: (Signature) [signature] Date: 09/15/12

(Print Name) James A. Inman Title: Pros. Mgr.

APPENDIX C

Waste Manifests

Pending execution from landfill

APPENDIX D

Abatement Contractor Notification

OHIO ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project #	Postmark	Date Received	Notification #

I. Type of Notification (check one): ☑ Original ☐ Revised ☐ Canceled

II. Facility Description (include building name, number, and floor or room number)

Building Name: City Hall Annex Bldg
Address: 9 west Front st.
City: Youngstown State: **OHIO** Zip Code: 44501 County: Mahoning
Site Location (specific): 1st 2nd 3rd floor and basement
Building Size (square feet): 40,000 # of Floors: 3 Age in Years: 50+
Present Use: Office Prior Use: post Office / Offices

III. Type of Operation (check one): ☐ Demo ☐ Ordered Demo ☑ Renovation ☐ Emergency Renovation ☐ Fire Training

IV. Is Asbestos Present? (check one): ☑ Yes ☐ No

V. Facility Information

Owner Name: City of Youngstown
Address: 26 South Phelps st
City: Youngstown State: OH Zip Code: 44501
Contact: Engineers Office / Charles Sams Telephone: (216) 447-1335 Fax: ( )
Removal Contractor Name: SAFECO License # AC1944
Address: 147 Greater Pt. Marions Rd
City: Pt Marions State: PA Zip Code: 15474
Contact: Anthony Jordans Telephone: (304) 906-8938 Fax: ~~(814)~~ (304) 906-8938
Other Operator (demolition/general): NA License #
Address:
City: State: Zip Code:
Contact: Telephone: ( ) Fax: ( )

VI. Procedure, including analytical methods, employed to detect the presence of and to estimate the quantity of RACM and Category I and Category II nonfriable ACM: Bulk Sample / PLM

Ohio Asbestos Hazard Evaluation Specialist: Steven Cianciolo (Name) (Certification #)

VII. Approximate Amount of Asbestos Materials:

See Attached Sheet	RACM to be Removed	Nonfriable Asbestos Material to be Removed		Nonfriable Asbestos Material NOT to be Removed	
		Category I	Category II	Category I	Category II
Pipes (linear feet)	3,560LF	floor tile 11,278sf / mastic			
Surface Area (square feet)	16,56 Soplee				
Facility Components (cubic feet)		Roof Tar roof - 1,250sf			

VIII. Scheduled Dates Demolition or Renovation: Start: [illegible] Complete: [illegible]

IX. Dates for Asbestos Removal (MM/DD/YY) Start: Sept 7th 2012 Complete: Sept 15th 2012

Days of the Week:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours of Operation:	7AM-6pm	7A-6P	7A-6P	7A-6P	7A-6P	7A-6P	7A-6P

Complete all unshaded spaces, except demolitions which involve less than 260 linear feet, 160 square feet, or 35 cubic feet of RACM, need not complete spaces XI, XII ,XIII, XIV, and XV. Notifications for Emergency Demolition or Emergency Renovation must supply attachments.

OHIO ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF DEMOLITION AND RENOVATION

X. Description of planned Demolition or Renovation work to be performed and method(s) to be employed, including demolition or renovation techniques to be used and description of affected facility components: using negative air sleeve bags for removal of pipe insulation, full containment for glove bag work, use amended water, latters, poly and all material to go into double lined containers.

XI. Description of work practices and engineering controls to be used to comply with the requirements, including asbestos removal and waste handling emission control procedures: suits, respirators, amended water, negative air poly - bags - lined dumpster. OSHA monitoring.

XII. Waste Transporter #1

Name: Waste Management
Address: W137 N10187 Grant Dr.
City: Germantown State: WI Zip Code: 53022
Contact: Customer Service Telephone: (800-) 963-4776 Fax: (866) 800-2591

Waste Transporter #2

Name:
Address:
City: State: Zip Code:
Contact: Telephone: ( ) Fax: ( )

XIII. Waste Disposal

Name: American Landfill
Address: 7916 Chapel St.
City: Waynesburg State: OH Zip Code: 44685
Contact: Scale House Telephone: (330) 866-8265 Fax: (330) 866-3707

XIV. Emergency Demolition (complete Item XIV and all other sections, only if this project is an Emergency Demo.)

1. Attach a copy of the Order to this notice.
2. Name of Authority Issuing Order: Title:
3. Authority of Order (Citation of Code):
4. Date of Order (MM/DD/YY): Date Ordered to Begin:

XV. Emergency Renovation (Attach separate sheet with the following information if project is Emergency Reno.)

1. Date and Hour of the Emergency
2. Description of the Sudden, Unexpected Event
3. Explanation of how the event caused unsafe conditions or equipment damage or an unreasonable financial burden.

XVI. Description of procedures to be followed in the event that unexpected RACM is found or nonfriable ACM becomes crumbled, pulverized or reduced to powder. contain area, stop work notify owner

XVII. I certify that an individual trained in the provisions of NESHAPS (40 CFR PART 61, SUBPART M) will be on-site during the Demolition or Renovation and evidence that the required training has been accomplished by this person will be available during normal business hours.

Anthony Jordan — 5-24-2012 — Anthony Jordan Manager
Signature of Owner/Operator | Date | Type or Print Name and Title

XVIII. I acknowledge the existence of laws prohibiting the submission of false or misleading statements and I certify that facts contained in this notification are true, accurate, and complete.

Anthony Jordan — 5-24-2012 — Anthony Jordan Manager
Signature of Owner/Operator | Date | Type or Print Name and Title

Original Notification must be mailed or hand delivered at least ten working days (Monday-Friday excluding weekends) before demolition or renovation begins, except emergency demolitions and emergency renovations (see regulation) which must be submitted as soon as possible before operations begin, but no later than the following work day. (Form Revised 1/5/09)

APPENDIX E

PSI Certifications and Licenses

OHIO DEPARTMENT OF HEALTH

246 North High Street
Columbus, Ohio 43215

614/466-3543
www.odh.ohio.gov

John R. Kasich/Governor

Theodore E. Wymysio, M.D./Director of Health

July 13, 2012

Joseph J Adelman
PSI
5555 Canal Road
Cleveland OH 44125

RE: Asbestos Hazard Evaluation Specialist
Certification Number: ES34564
Expiration Date: 07/13/2013

Dear Joseph J Adelman:

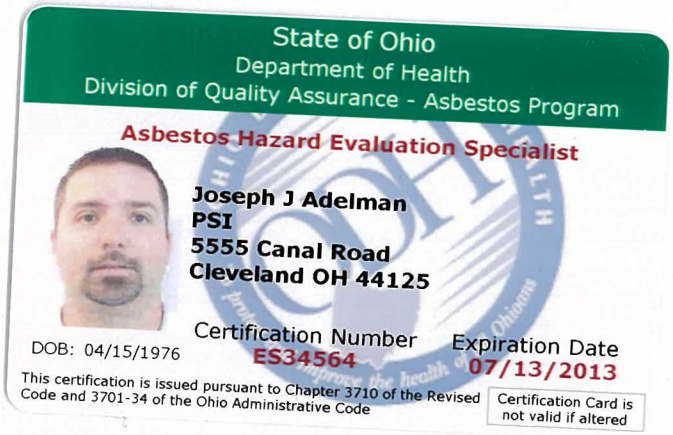
This letter and enclosed certification card approves your request to be certified as an Asbestos Hazard Evaluation Specialist. You must present your card upon request at any project site while performing duties. Copies of cards are not acceptable as proof of certification.

This certification may be revoked by the Director of Health for violation of any of the requirements of 3701-34 of the Ohio Adminstrative Code.

If you have any questions, please call Mary Lucas, Licensure Specailist, at 614-644-0226.

Sincerely,

Bridgette C. Smith
Licensure Program Administrator
Bureau of Information and Operational Support



OHIO DEPARTMENT OF HEALTH
246 North High Street
Columbus, Ohio 43215
614/466-3543
www.odh.ohio.gov
John R. Kasich/Governor
Theodore E. Wymysio, M.D./Director of Health

June 01, 2012

Jon L England
Professional Service Industries Inc
5555 Canal Road
Cleveland OH 44125

RE: Asbestos Hazard Evaluation Specialist
Certification Number: ES32910
Expiration Date: 05/29/2013

Dear Jon L England:

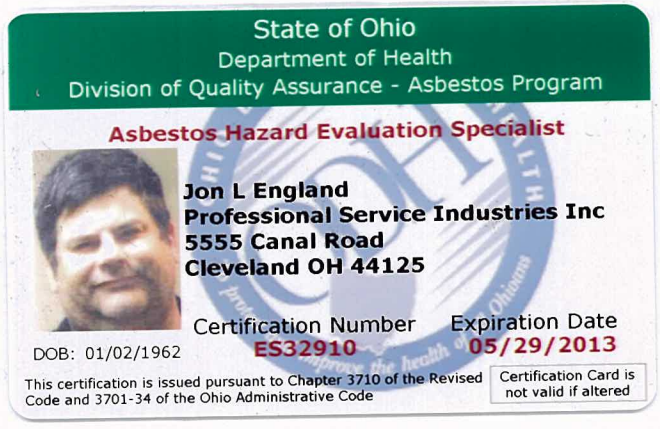
This letter and enclosed certification card approves your request to be certified as an Asbestos Hazard Evaluation Specialist. You must present your card upon request at any project site while performing duties. Copies of cards are not acceptable as proof of certification.

This certification may be revoked by the Director of Health for violation of any of the requirements of 3701-34 of the Ohio Adminstrative Code.

If you have any questions, please call Mary Lucas, Licensure Specailist, at 614-644-0226.

Sincerely,

Bridgette C. Smith
Licensure Program Administrator
Bureau of Information and Operational Support


State of Ohio
Department of Health
Division of Quality Assurance - Asbestos Program
Asbestos Hazard Evaluation Specialist
Jon L England
Professional Service Industries Inc
5555 Canal Road
Cleveland OH 44125
DOB: 01/02/1962
Certification Number ES32910
Expiration Date 05/29/2013
This certification is issued pursuant to Chapter 3710 of the Revised Code and 3701-34 of the Ohio Administrative Code
Certification Card is not valid if altered

OHIO DEPARTMENT OF HEALTH

246 North High Street
Columbus, Ohio 43215

614/466-3543
www.odh.ohio.gov

John R. Kasich/Governor

Theodore E. Wymyslo, M.D./Director of Health

April 30, 2012

Jon L England
Professional Service Industries, Inc.
5555 Canal Rd
Cleveland OH 44125

RE: Asbestos Hazard Abatement Specialist
Certification Number: AS26178
Expiration Date: 04/27/2013

Dear Jon L England:

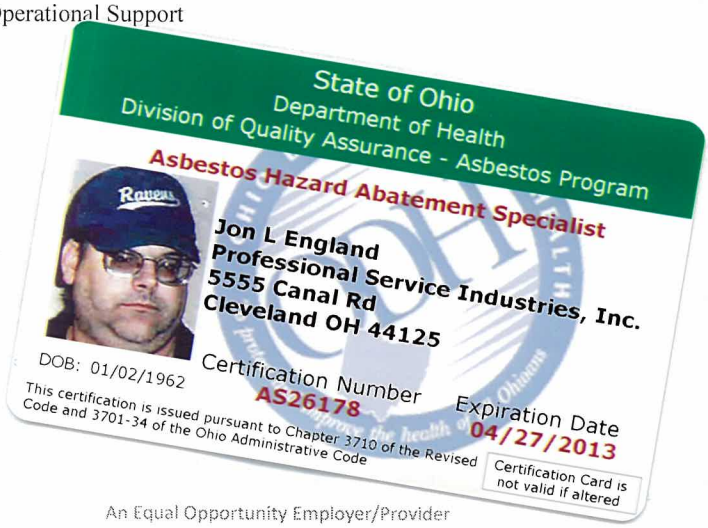
This letter and enclosed certification card approves your request to be certified as an Asbestos Hazard Abatement Specialist. You must present your card upon request at any project site while performing duties. Copies of cards are not acceptable as proof of certification.

This certification may be revoked by the Director of Health for violation of any of the requirements of 3701-34 of the Ohio Adminstrative Code.

If you have any questions, please call Adria Goodwin, Licensure Specailist, at 614-644-0226.

Sincerely,

Bridgette C. Smith
Licensure Program Administrator
Bureau of Information and Operational Support



AIHA
Your Essential Connection

Asbestos Analysts Registry

American Industrial Hygiene Association
2700 Prosperity Ave, Suite 250, Fairfax, VA 22031
Phone: (703) 846-0798 Fax: (703) 207-8558
cdezio@aiha.org

August 22, 2007

Professional Service Industries, Inc.
Jon L. England
850 Poplar Street
Pittsburgh, PA 15220

Organization ID: **101237**
Analyst ID: **8776**

Dear Mr. England:

Welcome back! The American Industrial Hygiene Association (AIHA) welcomes you back into the Asbestos Analyst Registry (AAR) program and its associated proficiency program, the Asbestos Analysts Testing (AAT) program. Thank you for you continued participation in the AAR program.

Each participating analyst has a unique analyst identification (ID) number and a corresponding organization ID number. Please note your analyst ID number, which remains the same, and your new organization ID number, appears on the upper right corner of this letter. Be sure to use your analyst ID and organization ID in all correspondence to AIHA. You must enter your analyst ID and Organization ID numbers when entering the results on the AAT Data Entry Website.

On a quarterly basis, one (1) set of four (4) AAT samples, for every 5 registered analysts, will be mailed to your organization's AAR contact person. The sample box will also include the *Deadlines and Instructions for Asbestos Analysts Testing (AAT) Participants*, the AAT Round Results Worksheet and a retest order form. Your organization should receive **AAT Round # 83** samples the first week in **September, 2007**. It is your responsibility to obtain a copy of a worksheet and prepare a wedge from each sample in a set. AIHA also recommends that each analyst: keep a photocopy of the completed worksheet; print a copy of the results confirmation page from the AAT Data Entry Website (http://www.aiha.org/pat); and obtain the AAT Performance Result Report after each round.

To regain your Analytical Accreditation Board (AAB) approval status and be listed on the registry, you must successfully participate in the AAT program. Successful participation is defined as no more than two (2) outliers in the two (2) most current consecutive rounds. More than a total of two outliers will result in an unacceptable rating. Nonparticipation will be considered as four (4) outliers. Analysts who have been given an unacceptable rating may request additional samples for retesting. A fee will be charged for participation in the retest round (http://www.aiha.org/1documents/lab/2007lqapfees.pdf). Analysts participating in the retest round will be evaluated on the retest sample set and retest results will overwrite the results from the regular round (AAR policy: 3.4 – Retesting).

If you have any questions, please contact me at 703-846-0798.

Sincerely,

Carter Dezio
AAR Program Specialist

OHIO DEPARTMENT OF HEALTH

246 North High Street
Columbus, Ohio 43215

614/466-3543
www.odh.ohio.gov

John R. Kasich/Governor

Theodore E. Wymysio, M.D./Director of Health

April 26, 2012

Jaimie M King
PSI
5555 Canal Road
Cleveland OH 44125

RE: Asbestos Hazard Evaluation Specialist
Certification Number: ES35209
Expiration Date: 04/26/2013

Dear Jaimie M King:

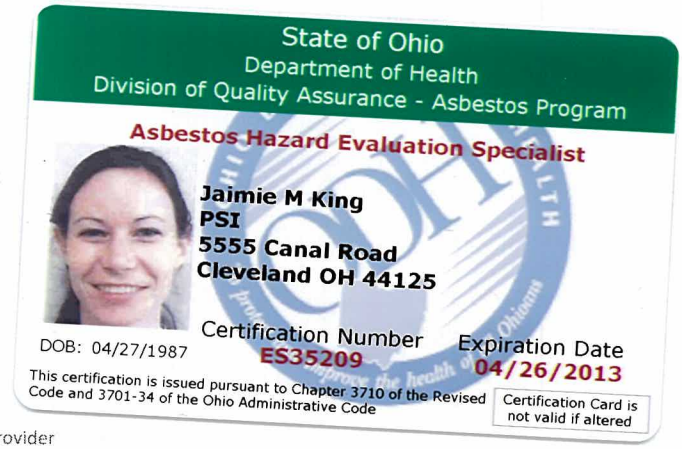
This letter and enclosed certification card approves your request to be certified as an Asbestos Hazard Evaluation Specialist. You must present your card upon request at any project site while performing duties. Copies of cards are not acceptable as proof of certification.

This certification may be revoked by the Director of Health for violation of any of the requirements of 3701-34 of the Ohio Adminstrative Code.

If you have any questions, please call Mary Lucas, Licensure Specailist, at 614-644-0226.

Sincerely,

Bridgette C. Smith
Licensure Program Administrator
Bureau of Information and Operational Support



OHIO DEPARTMENT OF HEALTH

246 North High Street
Columbus, Ohio 43215

614/466-3543
www.odh.ohio.gov

John R. Kasich/Governor

Theodore E. Wymyslo, M.D./Director of Health

August 14, 2012

Jill L Myers-Alsip
PSI
5555 Canal Rd
Cleveland OH 44125

RE: Asbestos Hazard Abatement Project Designer
Certification Number: PD60611
Expiration Date: 08/14/2013

Dear Jill L Myers-Alsip:

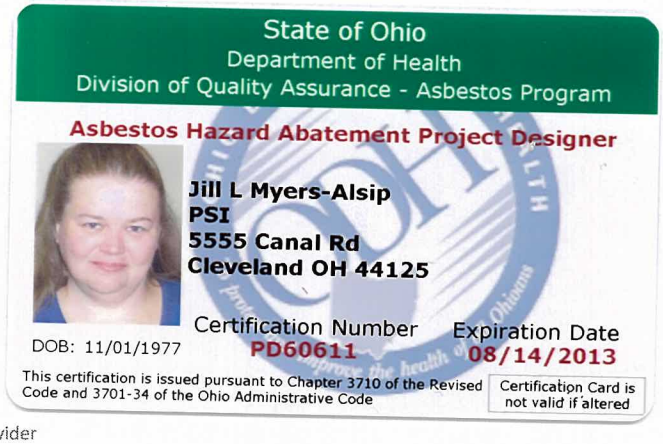
This letter and enclosed certification card approves your request to be certified as an Asbestos Hazard Abatement Project Designer. You must present your card upon request at any project site while performing duties. Copies of cards are not acceptable as proof of certification.

This certification may be revoked by the Director of Health for violation of any of the requirements of 3701-34 of the Ohio Adminstrative Code.

If you have any questions, please call Charlene W. Valentine, Licensure Specailist, at 614-644-0226.

Sincerely,

Bridgette C. Smith
Licensure Program Administrator
Bureau of Information and Operational Support



National Voluntary Laboratory Accreditation Program

SCOPE OF ACCREDITATION TO ISO/IEC 17025:2005

PSI
850 Poplar Street
Pittsburgh, PA 15220
Ms. Catherine McNamee
Phone: 412-922-4010 x286 Fax: 412-922-4014
E-Mail: cathy.mcnamee@psiusa.com
URL: http://www.psiusa.com

AIRBORNE ASBESTOS FIBER ANALYSIS (TEM) **NVLAP LAB CODE 101350-0**

NVLAP Code	*Designation / Description*
18/A02	U.S. EPA's "Interim Transmission Electron Microscopy Analytical Methods-Mandatory and Nonmandatory-and Mandatory Section to Determine Completion of Response Actions" as found in 40 CFR, Part 763, Subpart E, Appendix A.

2012-07-01 through 2013-06-30

Effective dates

For the National Institute of Standards and Technology

United States Department of Commerce
National Institute of Standards and Technology

Certificate of Accreditation to ISO/IEC 17025:2005

NVLAP LAB CODE: 101350-0

PSI
Pittsburgh, PA

is accredited by the National Voluntary Laboratory Accreditation Program for specific services, listed on the Scope of Accreditation, for:

AIRBORNE ASBESTOS FIBER ANALYSIS

This laboratory is accredited in accordance with the recognized International Standard ISO/IEC 17025:2005. This accreditation demonstrates technical competence for a defined scope and the operation of a laboratory quality management system (refer to joint ISO-ILAC-IAF Communique dated January 2009).

2012-07-01 through 2013-06-30

Effective dates

For the National Institute of Standards and Technology