

## PRODOC™ PROJECT CLOSEOUT DOCUMENTATION

Corporate Office 5904 Florence Ave NE, Albuquerque, NM 87113 P: (505) 823-9006 F: (505) 823-2766 www.Keers.com

**JOB: GIBSON MEDICAL CENTER** 

(✓) DOCUMENTATION CONTAINED WITHIN:
NESHAP Notification/Permit
QualPRO® Daily Project Logs
QualPRO Visual Inspection Report
<b>M</b> QualPRO° Final Inspection Report
✓ QualPRO <sup>®</sup> Air Sampling Forms & Results
QualPRO® Negative Exposure Assessment
▼ Final Clearance Laboratory Results
Differential Pressure Recordings/Printout
✓ Waste Manifest(s)
Insurance Certificate
✓ Emergency Response Plan
☐ Employee Medicals
Employee Respirator Fit Test
☐ Employee Training Certificates
Certified Payroll
Other Project Documentation (Describe)

## **IMPORTANT NOTICE - PLEASE READ**

THE DOCUMENTATION CONTAINED WITHIN THIS FILE REPRESENTS IMPORTANT REGULATORY INFORMATION ON YOUR ENVIRONMENTAL ABATEMENT/REMEDIATION PROJECT. THIS INFORMATION SHOULD BE KEPT IN SECURE, LONG-TERM STORAGE FOR 30 YEARS.

ProDOC™ is Keers proprietary project documentation system that documents important regulatory/liability information for the protection of the facility owner.

ProDoc™ is Keers proprietary quality assurance program.



## City of Albuquerque Environmental Health Department Air Quality Program



1 Civic Plaza NW, Room 3047 Albuquerque, NM 87102

April 21, 2022

KEERS REMEDITION
5904 FLORENCE AVENUE NE
ALBUQUERQUE, NM 87113-

RE: NOTICE OF ASBESTOS REMOVAL AND/OR BUILDING DEMOLITION 40 CFR PART 61, SUBPART M

Dear Christopher Lara,

This is to confirm receipt of the notification from KEERS REMEDITION postmarked 04/20/2022, submitting an original notice of asbestos removal and/or demolition for the GIBSON MEDICAL CENTER, 5400 GIBSON BLVD SE. The Air Quality Program, Environmental Health Department, City of Albuquerque, enforces the regulations as established under the New Mexico Air Quality Act, NM1978 74-2-4, 74-2-5.C; the Joint Air Quality Control Board Ordinance 94-5; the Joint Air Quality Control Board Ordinance, revised Ordinances of Albuquerque 1994-5-5-1-4. The Program's jurisdiction includes the City of Albuquerque and all of Bernalillo County.

The notice submitted includes all the information required by NESHAPS - the National Emission Standards for Hazardous Air Pollutants for removal and/or building demolition of friable asbestos material as contained in 40 CFR, Part 61.145 and is hereby deemed complete. The notification targets the following asbestos material(s) to be removed (as applicable):

4859 sq. ft. of CAT II

An inspection of this process may be conducted to determine field compliance with any applicable regulations. Reference Permit # A2022-041 on any correspondence with the City of Albuquerque concerning this removal and/or demolition.

Sincerely,

MICHAEL ANAYA,

AIR QUALITY PROGRAM, ENFORCEMENT



## City of ...ouquerque, Environmental Health Dep...ment Air Quality Program

## Asbestos Renovation\Demolition NESHAP Notification Form

Version 1 Effective Date: 01/01/2022

I. Type of Notification:	Courtesy		Revision #:		Date i	Received:		AQP Not	fication #:		
Re	[	☐ Quantity of ☐ Quantity of ☐ Quantity of	Cat I	0	Asbestos R	emoval Start Date emoval Completion ovation Start Date			ovation Com Comments	pletion Date	•
Comments:											
II. Facility Information:											
Owner Name	: City of Albuquerque	(Facilities Divis	sion)								
Add ess	: 1801 4th St. NW					City: Alb	uquerque	State:	NM	Zip Code:	87102
Owner Contact	t Mr. Vicente Martinez	z Work Phone:	505-7	768-5312	Cell Phone;	505-933-2842	E-mail.		vmart@c	von.pde	
Removal Contractor	Keers Remediati	on									
Addmes	: 5904 Florence A	vo NE				City: Albu	uquerque	State:	NM	75- C-#44	87113
	inchino di Santana di	Market Control of the				City. Aibt	ndneidne	Siale.	0.7770	Zip Code:	0/113
Contac	: Christopher Lara	Work Phone:	505-8	323-9006	Cell Phone:	505-507-0838	E-mail:		clara@ke	ers.com	The same
<u>Demolition</u> Contractor	r N/A										
Address	: N/A					City:		State:		Zip Code:	
Contact	: N/A	Work Phone;			Cell Phone:		E-mail				
III. Type Of Operation:	Renova	tion									
IV. Facility Description:		don									
Building Name	: Gibson Medical (	Center									
Address	: 5400 Gibson Blvd. S	SE .				City: Alb	uquerque	State:	NM	Zip Code:	87108
	U <sup>-</sup> M Northing: 3880620	.06 N				UTM Easti	ing: 355791.68	E			
Age (Years)	. 55+ Building Si	ize: 570 000	# Floors	s: 4	Present Use:	Medical Fa		Prior	Me	edical Facilit	h,
V. Asbestos Present?	Yes (Square Fe	eet) 570,000	#11001		Treating Ode.	Medical Fe	zomty	Use:	IAIC	PURCEI I BORNI	.,
	2nd Floor New Gibs	on Health Hub.									
Location(s) of Asbesto Remova											
VI. Method of Asbestos De											
Bulk Sampling and PL	M Analysis										
VII. RACM Fee Calculation			Tota	IRACM	Fee =	No Fee					
	checks payable to:			RACN	to be Remove	d	<u>Fee = </u>	<u>\$26.00</u>	x (LF/260	+ SF/160 +	CF/35)
"City of A	Ibuquerque Fund 24	12"		Pipes	0	Linear Feet		LF = Linear	Feet		
				of RACM Off	0	Square Feet		SF = Square			
				Component	0	Cubic Feet		CF = Cubic	Feet		
	Non-Fria	ble Asbestos to b	e <u>Removed</u>		1 [	Non-Friable Asi	bestos to <u>Remai</u>	n During Den	olition		
		Cet I	Cat II		1 1		Cat I	Cat II			
	Pipes	0	0	Linear Fest		Pipes	0	0	Linear Feet		
	Surface Area	0	4859	Square Feet	[	Surface Area	0	0	Square Feet		
	Volume of ACM Off Facility Component	0	0	Cubic Feet		Volume of ACM Off Facility Component	0	0	Cubic Feet		
VIII. Asbestos Removal	Schedule (MM/DD/YY):		Start	: <b>05/0</b>	3/22	Finish: 05	5/16/22				
IX. Demolition/Reno Sci	hedule (MM/DD/YY):		Start	n N	/A	Finish:	N/A				

X. Description of planned work, methods to be used, & description of affected facility components (i.e. acoustical celling scrape, whole pipe removal, TSI removal, roofing removal, etc.):

Remove asbestos containing floor mastic and recontaining material will be removed by persone manifested and disposed of at an Asbestos Wa	trained in asl	bestos abatement ar								
XI. Description of work practices & engineering of 6 mil and 4 mil polyethalene sheeting used to carea will be used to remove the black floor mas after the asbestos has been abated. PCM final	reate a full contic. All ACM v	ntainment regulated will be wetted and an	work area with d removed by	negative a trained per	ir pressure	.02 inches w	ater colour	n. A non-ii	solated regi	
VIII Dans states Ondered Dr. & Courses and Assessment										
XII. Demolition Ordered By A Government Agency	/:	Title		Audhardin			D	ala of Ordon		
Name: N/A	A TEN	Title:		Authority:			DE	ale of Order:		
Justification for ordered demolition (i.e. in danger of immine N/A	nt collapse)									
XIII. Emergency Renovation: Date Description of the sudden and/or unexpected event: N/A	of Emergency :		(MM/DD/YY)	Hour of	Emergency:					
Explanation of how the sudden unexpected event, if not im	mediately attends	ed to, presents a safety o	r public health haz	ard, is necess	ary to protect e	equipment from	damage, or is	necessary to	avoid imposing	an
unreasonable financial burden:										
N/A										
XIV. Description of procedures to be followed in to powder:  Stop work, notify appropriate regulatory agencies				eviously no	n-friable asb	estos materi	al becomes	crumbled,	pulverized, o	r reduced
VII Illianta Tennanantan HA.										
XV. Waste Transporter #1:  Contractor name: Keers Remediation Inc	100	Address: 5904 Flore	ence Ave. NE	City:	Albuqu	erque	State:	NM	Zip Code:	87113
Contact: Christopher Lara	Work Phone:	505-823-9006	Cell Phone:	505-507		E-mail:		clara@ke	ers.com	
Waste Transporter #2:										
Contractor name: Special Waste Disposa	1	Address: 5904 Flor	ence Ave. NE	City:	Albuqu	erque	State:	NM	Zip Code:	87113
Contact: Adrian Montano	Work Phone:	505-828-2650	Cell Phone:	505-486	)-5648	E-mail:	amon	tano@spec	ialwastenm.	com
XVI. Waste Disposal Site:										
Name: Special Waste Disposa										
Marie. Special Waste Dispuse	MILLIAN TO A									
Location/ Address: 91 Liberty Valley Road			City:	Mount	ainair	State:	NM	Zip Code:	87036	
Contact: Mr. Ray Hendricks	Wark Phone:	505-847-2917	Cell Phone:	505-544	<b>-6333</b>	Email:	amon	tano@spec	ialwastenm.	com
XVII. Certifications:										
I certify that asbestos remediation will be carried out b Asbestos NESHAP regulation (40 CFR Part 61, Subpart available for inspection during normal business hours.	M) will be on-sit	te during the asbestos r	removal process,	and evidence	that the requ	iired training h				
Electronic Signature of Owner / Operator.	Christopher L	ara								
Date:	04/20/22									

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KEERS	.Ωu	Δι Ρ	RO®	DAII	ΥP	RO.I	FCT	Log	Job No. Date 5/5/22
	4 40	<b>~L</b> I				1100			Contaminant
IMPORTANT NOTICE-PLE	ASE READ-	l aaree t	o comply with	applicable	state rea	ulation. pro	oiect specif	fications.	☐ Asbestos ☐ Lead
OSHA/EPA regulations, and I am fully aware of the poten	Keers stan	ndard ope	rating procedu	res/safety	requireme	ents when	working in	this area.	□ Mold □ Other (Specify Below)
involved. By my signature b	elow I ackn	owledge	that I have rea	d and fully	understa	nd the abo	ve notice.		
Work Classification	on Code		AD: Removal		2050	4 SITE: Tou	ichun/Posto	~	
20101 ASB: Site Preparation 20102 ASB: Removal		20303 LE	AD: Cleanup/De AD: Touchup/Re		2050	5 SITE: Sup 1 SPEC/IND	ervision	TC .	Project GIBSON Med Center
20103 ASB: Cleanup/Detail 20104 ASB: Touchup/Restore		20305 LE	AD: Site Supervi	ision	20702	2 SPEC/IND 3 SPEC/IND	D: Removal	Octail	Lacation
20105 ASB: Site Supervision 20301 LEAD: Site Preparation		20502 SIT	E: Removal E: Cleanup/Deta	il	20704	4 SPEC/IND	: Touchup/I	Res	ABQ NIM
EMPLOYEES: SIG	N-IN LC	)G							Customer
Name (Print)	8	ignature	1	Time In/Out	Work Code	Time In/Qut	Work Code	Total Hrs	SUPERVISOR'S
Tube Kt	- 1			65%	21/25	1210/35	2-15	9.5	CHECKLIST
2	100	-		21		10/		-	☑ BEGINNING OF JOB
LSAAC (con)	plast	Soa	closed	1/2	20/21	1/1	v.1.1	9	Uniforms/ID Badges/PPE
Tement h	1 mi	T=.	-0017	7/5	22/21	1217	22121	9	Training Certs & Medicals Notifications/Updates
FILLE	17	150	1	110	0.	42 /			Start Pack, Production Worksheet
yoshua leb	2005	Ym	Jul.			14	221,1	4	QualPRO Manual, Abatement Plan and/or Project Specs
CON WIN.	10	~	(1	/		1230	p 121	4	Safety Planning Emergency Response Plan Posted
6.		<b>\</b>	-(	1		1	,	·	☐ Negative Exposure Assessment
7.				/_,		/	_		☐ OSHA's Required ☐ /Confined Space & Lock-out/tag-out
,·				/		/	3		Necessary Equip/Supplies
8.				/		/			BEGINNING OF WORK SHIFT/DAY
9.				/_,		/	_		Safety Meeting Production Worksheet: Record actual
0.					1	/			hours and production rate/hour.  Set-up Air-Monitoring & Post
10.				/		/			Previous Day's Results (unless NEA)
VISITORS AND SUB	CONTR	ACTO	S. SIGN-I	NLOG	Total Hay		7	5.5	sign & date manometer printout Organize workers into work teams
Name (Print) .	Signatu		Employer	Time	Purpos	se of visi		J	with goals/tasks  Review/train workers on correct
1.				In/Out	perfor	med			work practices
2.	-			-	-			•	Check jobsite/inventory Check staging area & job board
				/,					☐ Change primary/secondary filters on Neg airs
3.									DURING WORK SHIFT/DAY
COMPLETED WORK				Quantit	ies Ren	noved	: OW	)	2-Hours in containment
Tody Arrise	5TVT	73	SITE, 1	Cata		-	ndous,	Hoors	Check work progress vs. goal Work organized for productivity
and Vents.	2141	-/-	1	C/1 //	. 17	07 01	1000	400.	Prep/abatement work NOT damaging surfaces, equipment, etc.
									Work practices in compliance with
PROBLEMS/DELAYS/		L EVEN	TS/ACCIDE	NTS/SA	FETY H	AZARDS	5		QualPRO, Abatement Plan and/or Specifications
									Jobsite safety hazards noted for safety meeting
									QA/QC checklist filled out
NEXT DAY PLAN/GOA	LS	_	الدد						Check equipment Progress report to superintendent
Next Mondy	Con	7,100	with	prof					END OF WORK SHIFT/DAY
									All wet waste in containers  Containment/staging area clean
RECORD OF JOBSITE	СОММИ	INICATI	ON/EXTRA	WORK					Sign and date manometer printout
							-		Tools checked-in/secure  Collect air cassettes/overnight
						Re	moval Met	hod Used	Daily paperwork complete Equip/Disposal Trailer Locked
							Negative P closure		Turn off water/lights
							Mini-Encle		✓ Work area secure/locked  ☐ Security called
							Glove Bag Componen		Record and analyze day's production on production worksheet
							moval Outdoor R		END OF JOB
							RFCI Meti Disposal	nod	☐ Visual inspection form completed/
						8	Frep Other (Des	scribe)	signed off S
Locate on Dr Regulated Work Area	rawing		Pre-Exis	sting Dar	mage & ondition		Condition ocation	on Log	☐ Disposal manifest signed (by owner) & call for disposal pickup
Critical Barriers									☐ Leave job site clean ☐ Punch list items completed
Neg. Air Machines N →	$\rightarrow$								☐ Rentals returned ☐ K-Team score cards completed
Decon Station									☐ Close-out documentation submitted
				200 .					con d

Page \_\_\_\_ot/\_\_\_

Project Leader/Supervisor (Printed Name)

KEERS	QUAL	PRO®	DAIL	Y P	ROJI	ECT	Log	Job No. Date 5/9/22
IMPORTANT NOTICE-PLE OSHA/EPA regulations, and I am fully aware of the poted	d Keers standard o ntial detrimental et	perating procedu fects of contamin	res/safety i ation and I	requireme assume a	ents when w all inherent	vorking in occupatio	this area.	Contaminant  ☐ Asbestos ☐ Lead  ☐ Mold ② Other (Specify Below)
involved. By my signature in Work Classification		ge that I have res	ad and fully	understa	nd the abov	e notice.		
20101 ASB: Site Preparation		LEAD: Removal LEAD: Cleanup/De	tail		SITE: Touc		re	Project // /
20102 ASB: Removal 20103 ASB: Cleanup/Detail 20104 ASB: Touchup/Restore 20105 ASB: Site Supervision 20301 LEAD: Site Preparation	20304 20305 20501 20502	LEAD: Touchup/R LEAD: Site Superv SITE: Preparation SITE: Removal SITE: Cleanup/Det	estore rision	2070 2070 2070 2070	SPEC/IND SPEC/IND SPEC/IND SPEC/IND SPEC/IND	: Site Prep : Removal : Cleanup/I : Touchup/	Res	Cibson Med Canti- Location 180 N.M.
EMPLOYEES: SIG		StrE: Cleanup/Det	aii	2070.	5 SPEC/IND	: Site Supe	rvision	Customer
Name (Print)	Signatur		Time In/Out	Work Code	Time In/Out	Work Code	Total Hrs	SUPERVISOR'S
The Kat	5	16	90/15	20105	1232/430	101.2	7	CHECKLIST
2 / //			90/0	22101	1.27/	601-4	7	BEGINNING OF JOE
3.	Net ST	1cel 10	900/	lala į	12/	17060	<u> </u>	Uniforms/ID Badges/PPE Training Certs & Medicals
SAIR GONTAL	2 .60	ac (was	N		1430		7	Training Certs & Medicals Notifications/Updates Start Pack, Production Worksheet
4. SERVADO MIRE	les CI	4	9/25	22691	1232	PPL	7	QualPRO Manual, Abatement Plan
5.		-(	/	1	/	1	<u> </u>	and/or Project Specs Safety Planning
6.		arti	1,00/		/		-	Emergency Response Plan Posted  Negative Exposure Assessment
Ruber Kato	To	1111	4/8/30	6750			4.5	OSHA's Required Confined Space & Lock-out/tag-ou
7.	52		/		/			Necessary Equip/Supplies
В.			/		/			BEGINNING OF WORK SHIFT/DA
9.				-	/	-		Production Worksheet: Record actu
								hours and production rate/hour.  Set-up Air-Monitoring & Post
10.			/		/			Previous Day's Results (unless NE.
VISITORS AND SUL							32.5	Organize workers into work teams with goals/tasks
Name (Print)	Signature	Employer	Time In/Out	Purpo perfor	se of visit med	or work		Review/train workers on correct work practices
1.								Check jobsite/inventory
2.			/					Check staging area & job board  Change primary/secondary filters or
3.								Neg airs DURING WORK SHIFT/DAY
COMPLETED WORK		Note: Actua	d Quantit	ies Rer	noved ,	_	C-80-	2-Hours in containment
rady Contin	a with		Tical	5 qu	d sta	51	15	Check work progress vs. goal Work organized for productivity
ing splash	Wares	on my/						Prep/abatement work NOT damagi
								Work practices in compliance with
PROBLEMS/DELAYS	UNUSUAL EV	ENTS/ACCID	ENTS/SA	How	AZARDS	Ctx	Matus	QualPRO, Abatement Plan and/or Specifications
								safety meeting
						_	_	QA/QC checklist filled out Check equipment
NEXT DAY PLAN/GO		12						Progress report to superintendent
3 M Java W	74 pu	_						END OF WORK SHIFT/DAY
RECORD OF JOBSITI	E COMMUNICA	ATION/EXTR	WORK					All wet waste in containers Containment/staging area clean
								Sign and date manometer printout Tools checked-in/secure
								Collect air cassettes/overnight Daily paperwork complete
						Negative 1	thod Used Pressure	Equip/Disposal Trailer Locked Turn off water/lights
						losure Mini-Encl		Work area secure/locked  Security called
						Glove Bag Componer		Record and analyze day's production on production worksheet
						noval Outdoor R		END OF JOB
					ره	RFCI Met Disposal	nod	☐ Visual inspection form completed/
					18	Prop Other (De	scribe)	signed off  Final inspection form
Locate on D	rawing	Pro_Evi	sting Da	mane R	Fixture 4	Conditi	on Log	completed/signed  Disposal manifest signed (by owne
Regulated Work Area		Item		ondition		ocation		& call for disposal pickup  Leave job site clean
Critical Barriers								Punch list items completed
	<b>→</b>							□ Punch list items completed     □ Rentals returned     □ K-Team score cards completed     □ Close-out documentation submitted

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Project Leader/Supervisor (Printed Name)

Page \_\_\_\_\_\_of\_\_\_\_\_

Project Leader/Supervisor (Printed Name)

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r	ERS	OHAL DE	O® DAIL	V Dno I	ECT L OC
نے		QUALPR	ODAIL	IFRUJ	ECI LUG

Job No. Date 5/11/22 220182 Contaminant ☑ Asbestos ☐ Lead ☐ Mold ☐ Other (Specify Project Gibson Med Center Location ABQ, N.M Customer CITY OF SUPERVISOR'S CHECKLIST ☑ BEGINNING OF JOB Uniforms/ID Badges/PPE Training Certs & Medicals Notifications/Updates Start Pack, Production Worksheet QualPRO Manual, Abatement Plan and/or Project Specs Safety Planning Emergency Response Plan Posted Negative Exposure Assessment OSHA's Required П Confined Space & Lock-out/tag-out 12 Necessary Equip/Supplies BEGINNING OF WORK SHIFT/DAY Safety Meeting Production Worksheet: Record actual hours and production rate/hour. Sct-up Air-Monitoring & Post Previous Day's Results (unless NEA) sign & date manometer printout Organize workers into work teams with goals/tasks Review/train workers on correct work practices Check jobsite/inventory Check staging area & job board Change primary/secondary filters on Neg airs **DURING WORK SHIFT/DAY** 2-Hours in containment Check work progress vs. goal Work organized for productivity Prep/abatement work NOT damaging surfaces, equipment, etc. Work practices in compliance with QualPRO, Abatement Plan and/or Specifications Jobsite safety hazards noted for safety meeting QA/QC checklist filled out Check equipment Progress report to superintendent END OF WORK SHIFT/DAY All wet waste in containers Containment/staging area clean Sign and date manometer printout Do 13 Tools checked-in/secure Collect air cassettes/overnight Daily paperwork complete Equip/Disposal Trailer Locked Turn off water/lights Work area secure/locked Security called Record and analyze day's production on production worksheet **END OF JOB** Visual inspection form completed/ signed off Final inspection form completed/signed

Disposal manifest signed (by owner)

& call for disposal pickup

Punch list items completed

K-Team score cards completed

Close-out documentation submitted

Leave job site clean

Rentals returned

IMPORTANT NOTICE-PLEASE READ--I agree to comply with applicable state regulation, project specifications, OSHA/EPA regulations, and Keers standard operating procedures/safety requirements when working in this area I am fully aware of the potential detrimental effects of contamination and I assume all inherent occupational risks involved. By my signature below I acknowledge that I have read and fully understand the above notice.

## Work Classification Codes

20101 ASB: Site Preparation

20102 ASB; Removal 20103 ASB; Cleanup/Detail 20104 ASB; Touchup/Restore 20105 ASB: Site Supervision 20301 LEAD: Site Preparation 20302 LEAD: Removal 20303 LEAD: Cleanup/Detail 20304 LEAD: Touchup/Restore 20305 LEAD: Site Supervision 20501 SITE: Preparation 20502 SITE: Removal 20503 SITE: Cleanup/Detail

20504 SITE: Touchup/Restore 20505 SITE: Supervision 20701 SPEC/IND: Site Prep 20702 SPEC/IND: Removal 20703 SPEC/IND: Cleanup/Detail 20704 SPEC/IND: Touchup/Res 20705 SPEC/IND: Site Supervision

**EMPLOYEES: SIGN-IN LOG** Time In/Out Hrs 1630 201.5 11 H8. 9. 10. VISITORS AND SUBCONTRACTORS: SIGN-IN LOG Total Hours-445

Signature Employer Time Purpose of visit or work In/Out performed 1. 2. 3.

we themore Carpet and start B COMPLETED WORK DESCRIPTION Note: Actual Quantities Removed

PROBLEMS/DELAYS/UNUSUAL EVENTS/ACCIDENTS/SAFETY HAZARDS

NEXT DAY PLAN/GOALS Gatiam with Class tile Removal

## RECORD OF JOBSITE COMMUNICATION/EXTRA WORK

Removal Method Used

Polyage Pressure ☐ Mini-Enclosure ☐ Glove Bag ☐ Component Removal ☐ Outdoor Removal

☐ RFCI Method □ Disposal ☐ Prep ☐ Other (Describe)

Locate on Drawing Pre-Existing Damage & Fixture Condition Log Condition Location Regulated Work Area .... Critical Barriers ∩ Neg. Air Machines Exhaust Locations Decon Station

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

oject Leader/Supervisor (Printed Name)

	<u>-</u>	_		_	_				Job No. Date
H& HE HE LE	S QU	ALP	RO®	DAIL	Y P	ROJI	ECT	Log	220182 5/12/22 Contaminant
LIDODTANT MOTOF		4 4	. 1. 21					7 . 41	Z Asbestos □ Lead
MPORTANT NOTICE SHA/EPA regulation	s, and Keers stand	dard oper	ating procedu	res/safety i	requireme	nts when v	vorking in	this area.	☐ Mold ☐ Other (Specify
am fully aware of the nvolved. By my signa	potential detrimer sture below I ackno	ntal effect owledge t	's of contemin hat I have rea	ation and I ad and fully	assume a understar	all inherent and the abov	occupation re notice.	nal risks	Below)
Vork Classific									
0101 ASB: Site Preparat 0102 ASB: Removal	ion	20303 LE	AD: Removal AD: Cleanup/De		20505	SITE: Tope SITE: Supe	ervision	e	Project Grason Med Centen
0103 ASB; Cleanup/Deta 0104 ASB; Touchup/Res	au .		AD: Touchup/Re AD: Site Superv			SPEC/IND SPEC/IND			GLASON MED CENTER
0105 ASB: Site Supervis 0301 LEAD Site Prepar	sion		E: Preparation E: Removal			SPEC/IND SPEC/IND			Location ABQ, N.M
			E: Cleanup/Deta	ail		SPEC/IND			Customer
MPLOYEES:		) <i>G</i> Ignature		Time	Work	Time	Work	Total	City OF ABO
7 1	1/	_	/11	63°	Code	In/Out	Code	Hrs	SUPÉRVISOR'S
John K	a/5 /	Las		12	20195	/4	27/25	9	CHECKLIST
=	0	_		73	20102	1230	20132	8.5	BEGINNING OF JOB
SMCP/	MITC	1517	9/4	NV		14	20.	6.1	Uniforms/ID Badges/PPE
POYLOGA	100	5 8	1	3/2	2,4,2	1230	محواص	8.5	Training Certs & Medicals Notifications/Updates
7	1412	7		3/	2-1-2	123%	23700	1	Start Pack, Production Worksheet
SAIR COM	1741-2)	Shi	las	IV		140	52,	8.5	QualPRO Manual, Abatement Plan and/or Project Specs
				/		/			Safety Planning Emergency Response Plan Posted
				/	-	/		-	Negative Exposure Assessment
						/			OSHA's Required
				/		/			☐ Confined Space & Lock-out/tag-out ☐ Necessary Equip/Supplies
				/	-	/	-		BEGINNING OF WORK SHIFT/DA
				/		/			Safety Meeting
				/		1			Production Worksheet: Record actu hours and production rate/hour.
).				/_		/_	_		Set-up Air-Monitoring & Post
	E			/		/			Previous Day's Results (unless NEA sign & date manometer printout
ISITORS AND	SUBCONTRA	ACTOR	S: SIGN-	IN LOG	Total Hou	rs→	7	14.5	Organize workers into work teams with goals/tasks
ame (Print)	Signatu	ire	Employer	Time					
						se of visit	or work		Review/train workers on correct
				In/Out	Purpos		or work		Review/train workers on correct work practices
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Project Leader/Supervisor (Printed Name)

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KEERS	QUAL	PRO®	DAIL	Y P	ROJ	ECT	Log	220182 5/16/22
,								Comaninant
IMPORTANT NOTICE-PLE OSHA/EPA regulations, and	ASE READ—I agr Keers standard	ee to comply with	applicable	state regi	ulation, pro	ject spech vorking in	fications, this area	✓ Asbestos ☐ Lead ☐ Mold ☐ Other (Specify
I am fully aware of the poten involved. By my signature b	tial detrimental e	ffects of contamir	nation and I	assume a	all inherent	occupatio	nal risks	Below)
Work Classification								
20101 ASB: Site Preparation 20102 ASB: Removal	20303	LEAD: Removal LEAD: Cleanup/D		20503	4 SITE: Tou- 5 SITE: Supe	ervision	е	Project
20103 ASB: Cleanup/Detail 20104 ASB: Touchtp/Restore	20305	LEAD: Touchup/R LEAD: Site Super SITE: Preparation		20702	SPEC/IND SPEC/IND SPEC/IND	: Removal	N-4-1	GIBSON Ned Certies
20105 ASB: Site Supervision 20301 LEAD: Site Preparation	20502	SITE: Preparation SITE: Removal SITE: Cleanup/Del	ail	20704	SPEC/IND SPEC/IND SPEC/IND	: Touchup/	Res	Froject 61850N Mes Center Location ABQ, N.M
EMPLOYEES: SIG		·						Customer CTX of ABQ
Name (Print)	Signatu	re	Time In/Out	Work Code	Time In/Out	Work Code	Total Hrs	SUPERVISOR'S
Evb Kat	3 -7	1	30/3	20125	1235	22108	9	CHECKLIST
20136	0	a	3/	20122	130	2,1,2	G	☑ BEGINNING OF JOE
3	1		8 1	20/02	15		9	Uniforms/ID Badges/PPE Training Certs & Medicals
ISAAC (TOA)	20/8/50	ac Cera	137		10	23/22	9	Notifications/Updates Start Pack, Production Worksheet
CHALLE	SI	-4	300	2012	1230	212	9	QualPRO Manual, Abatement Plan
5. /M	) TE	neal	3	22122	1233	2313	9	and/or Project Specs Safety Planning
6.	~ 43,	1/CE/V	VIV		15)	v	1	Emergency Response Plan Posted Negative Exposure Assessment
7 1								OSHA's Required Confined Space & Lock-out/tag-ou
Roben Kato	2	1/10	300	10750	/		4.5	Necessary Equip/Supplies
8.			/		/			BEGINNING OF WORK SHIFT/DA Safety Meeting
9.	_		/	-		_		Production Worksheet: Record actu
40			/					hours and production rate/hour.  Set-up Air-Monitoring & Post
10.			/		/			Previous Day's Results (unless NE. sign & date manometer printout
VISITORS AND SUB						- 4	195	Organize workers into work teams with goals/tasks
Name (Print)	Signature	Employer	Time In/Out	Purpos	se of visit ned	or work	10070	Review/train workers on correct work practices
1.								Check jobsite/inventory
2.								Check staging area & job board Change primary/secondary filters o
3.								Neg airs  DURING WORK SHIFT/DAY
COMPLETED WORK D	ESCRIPTION	Note: Actua	i Quantiti	ies Ren	noved			2-Hours in containment
519.T TO 1	Row un	Klaux	Most	Mas	7,0	Alg	ext	Check work progress vs. goal Work organized for productivity
and BIRL.		121.46 1			زمرر	ابد	~~ "	Prep/abatement work NOT damagi surfaces, equipment, etc.
PROBLEMS/DELAYS/L	INUSUAL EV	ENTSIACCIO	NTO/CA	ETV	474DD6			Work practices in compliance with QualPRO, Abatement Plan and/or
no poble			-NTS/SAF	CIT FL	AZARUS			Specifications
			,					safety meeting
DEVI D								QA/QC checklist filled out Check equipment
TS purpour	Conti	m 427	The s	5	_			Progress report to superintendent  END OF WORK SHIFT/DAY
								All wet waste in containers
RECORD OF JOBSITE	COMMUNICA	TION/EXTRA	WORK					Containment/staging area clean Sign and date manometer printout
								ools checked-in/secure Collect air cassettes/overnight
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						iosure Iini-Enclo Ilove Bag	sure	Work area sccure/locked  Security called
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						utdoor Re FCI Meth		END OF JOB
						isposal		☐ Visual inspection form completed/ signed off
						ther (Desc	ribe)	☐ Final inspection form
Locate on Dr			sting Dan				n Log	completed/signed  Disposal manifest signed (by owner
Regulated Work Area		Item	Co	ndition	Lo	cation		& call for disposal pickup  Leave job site clean
Critical Barriers   Neg. Air Machines  Exhaust Locations  →	<b>→</b>							<ul> <li>□ Punch list items completed</li> <li>□ Rentals returned</li> </ul>
Decon Station								<ul> <li>□ K-Team score cards completed</li> <li>□ Close-out documentation submitted</li> </ul>
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Prefect Leader/Supervisor (Printed Name)

Decon Station

ct Leader/Supervisor (Printed Name

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K-Team score cards completed

Close-out documentation submitted

							W
KEERS Q		DAIL	Y Pr	ROJI	ECT	Log	220/82 S/18/22
		_,					Contaminant  ✓ Asbestos □ Lead
IMPORTANT NOTICE-PLEASE RE OSHA/EPA regulations, and Keers s	standard operating proced	lures/safety r	equiremen.	ts when и	vorking in	this area.	☐ Mold ☐ Other (Specify
I am fully aware of the potential detri involved. By my signature below I a	cknowledge that I have re	ead and fully t	assume all understand	inherent of the abov	occupatio e notice.	nal risks	Below)
Work Classification Co	20302 LEAD: Removal		20504	SITE: Touc	:hup/Resto	re	
20102 ASB: Removal 20103 ASB: Clcanup/Detail	20303 LEAD: Cleanup/E 20304 LEAD: Touchup/I 20305 LEAD: Site Super	Restore	20701	SITE: Supe SPEC/IND: SPEC/IND:	Site Prep		Project GIRSON Med Center
20104 ASB: Touchup/Restore 20105 ASB: Site Supervision 20301 LEAD: Site Preparation	20501 SITE: Preparation 20502 SITE: Removal		20703 : 20704 :	SPEC/IND: SPEC/IND:	Cleanup/I Touchup/	Res	Location ABQ, N.M
EMPLOYEES: SIGN-IN	20503 SITE: Cleanup/De	stail	20705	SPEC/IND:	Site Super	rvision	Customer
Name (Print)	Signature	Time In/Out	Work Code	Time In/Out	Work Code	Total Hrs	CITY OF ABO
Ruban Kats	all.	R	175°	20	2219	145	CHECKLIST
ISAAC GULDAL	Tracker	3/23	ו לייוני	233	2-125	14	✓ BEGINNING OF JOB Uniforms/ID Badges/PPE
3. Something	CAC	73/3	23675	ريدا	2-127	10	Training Certs & Medicals Notifications/Updates
4.	24	72/2	-	233/10	2.12.3	d	Start Pack, Production Worksheet QualPRO Manual, Abatement Plan
5.0 0.1 17	+317CP1-	NI	273 2017	/ 1/		10	and/or Project Specs Safety Planning
6.	m	120	Zuli Z	1630	20/05	10	Emergency Response Plan Posted Negative Exposure Assessment
7.				_,			OSHA's Required Confined Space & Lock-out/tag-out
							Necessary Equip/Supplies BEGINNING OF WORK SHIFT/DAY
8.				/			Safety Meeting
9.				/			Production Worksheet: Record actual hours and production rate/hour.
10.				-			Sct-up Air-Monitoring & Post Previous Day's Results (unless NEA)
VISITORS AND SUBCONT						5.5	sign & date manometer printout Organize workers into work teams with goals/tasks
Name (Print) Sign	ature Employer	Time In/Out	Purpose performe		or work		Review/train workers on correct work practices
2.							Check jobsite/inventory  Check staging area & job board
3.							Change primary/secondary filters on Neg airs
	Tax David No. A .						DURING WORK SHIFT/DAY
COMPLETED WORK DESCR	with Ma		es Remo		nd		2-Hours in containment Check work progress vs. goal
Valul, The	n 155 1016 19	1 Ru	n Fi	m/ (	1/27-	~ァレブ	Work organized for productivity Prep/abatement work NOT damaging
PROBLEMS/DELAYS/UNUSU	IAL EVENTSIA OCID	ENTO/OAE					surfaces, equipment, etc.  Work practices in compliance with QualPRO, Abatement Plan and/or
no Proflers	JAL EVENTS/ACCID	ENTS/SAF	EITHA	ZARDS			Specifications  Jobsite safety hazards noted for
							safety meeting OA/OC checklist filled out
NEXT DAY PLAN/GOALS	1/					- 1	Check equipment Progress report to superintendent
10 mornou un	Detil To	DIV	Dw M	qu	d )	Circl	END OF WORK SHIFT/DAY
RECORD OF JOBSITE COMM	MUNICATION/EXTRA	WORK					All wet waste in containers Containment/staging area clean
now							Sign and date manometer printout Tools checked-in/secure
				La	111		Collect air cassettes/overnight Daily paperwork complete
				JE N	oval Meth egative Pr osure	ressure	Equip/Disposal Trailer Locked Turn off water/lights Work area secure/locked
				□ G	ini-Enclo love Bag		Work area secure/locked  Security called  Record and analyze day's production
				Rem	omponent oval utdoor Re	- 1	on production worksheet
				□ RI	FCI Meth isposal		END OF JOB  ☐ Visual inspection form completed/
				□ Pr		cribe)	signed off  Final inspection form
Locate on Drawing	Pre-Exi	sting Dam	age & Fi	xture C	onditio	n Log	completed/signed  □ Disposal manifest signed (by owner)
Regulated Work Area	Item		ndition		ation		& call for disposal pickup  Leave job site clean
Neg. Air Machines N → →							☐ Punch list items completed ☐ Rentals returned
Decon Station							☐ K-Team score cards completed ☐ Close-out documentation submitted

Page of Project Leader/Supervisor (Printed Name)

								7/1
KEERS	. Ουδι Ι	PRO®	DAII	ΥP	RO.II	ECT	Loc	Job No. Date 5/19/22
	- COAL				11001	-01		Contaminant
IMPORTANT NOTICE-PLEA	SE READ-I agree	to comply wi	th applicable	state regu	ulation, proj	ect specifi	ications,	☐ Asbestos ☐ Lead
OSHA/EPA regulations, and I am fully aware of the potent								Below) TEAR DOWN find char
involved. By my signature be		e that I have I	ead and fully	understar	nd the abov	e notice.		non beer
Work Classificatio		.EAD: Removal		2050	SITE: Tour	hun/Destor	•	
20101 ASB: Site Preparation 20102 ASB: Removal	20303 1	EAD: Cleanup/ LEAD: Touchup	Detail	20503	SITE: Supe	rvision		Project
20103 ASB: Cleanup/Detail 20104 ASB: Touchup/Restore	20305 1	LEAD: Site Supe SITE: Preparatio	ervision	20702	SPEC/IND SPEC/IND	Removal	and I	Location CENTER
20105 ASB: Site Supervision 20301 LEAD: Site Preparation	20502 5	SITE: Removal SITE: Cleanup/E		2070	SPEC/IND SPEC/IND	Touchup/F	Res	ABQ N.M
EMPLOYEES: SIG		я т.с. Стевниря	ACIAII	2070.	3 SECOMO	. Site Super	VISIOII	Customer
Name (Print)	Signature		Time In/Out	Work Code	Time In/Out	Work Code	Total Hrs	CITY OF ABQ
1-1/1/1		16	530/2	1 3	232/	20105	805	SUPERVISOR'S
Kiben Kello	for	-0	12	20.62	1333		200	CHECKLIST
An Belo	A.	11	6 /30	2017	12373	401.	8	BEGINNING OF JOB
1	1-1	-	130%	words.	123%	345		Uniforms/ID Badges/PPE Training Certs & Medicals
LSAAC (COR	7do /5	the case	163/12	213	13	4010	8	Notifications/Updates
4.	0		,633/	-	123%	<b>STEEDING</b>	3	Start Pack, Production Worksheet QualPRO Manual, Abatement Plan
ISMCY MT	45.	VICP	12	34,3	332	yere	0	and/or Project Specs
				1	/			Safety Planning Emergency Response Plan Posted
6.			1	1	/			Negative Exposure Assessment
								OSHA's Required Confined Space & Lock-out/tag-out
7.			/		/			Necessary Equip/Supplies
В.	_		/	1	/	_		BEGINNING OF WORK SHIFT/DAY
								Safety Meeting Production Worksheet: Record actual
9.			/		/			/ hours and production rate/hour.
10.				-		_		Sci-up Air-Monitoring & Post Previous Day's Results (unless NEA)
								sign & date manometer printout
VISITORS AND SUB							25	Organize workers into work teams with goals/tasks
Name (Print)	Signature	Employe	r Time In/Out	Purpo	se of visit med	or work		Review/train workers on correct
1.								work practices  Check jobsite/inventory
2.								Check staging area & job board
1.								Change primary/secondary filters on Neg airs
								DURING WORK SHIFT/DAY
COMPLETED WORK D							n 1/	2-Hours in containment
10 dy un	Tear	ACM	7	9	Re	6/3	Ps/1	Check work progress vs. goal Work organized for productivity
William C	Ter	d. P	que de	1 140	114	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1/	Prep/abatement work NOT damaging
7740- 4 31	no pa		///	1113	004		, , , ,	surfaces, equipment, etc.  Work practices in compliance with
PROBLEMS/DELAYS/L		NTS/ACCI	DENTS/SA	FETY H	AZARDS			QualPRO, Abatement Plan and/or Specifications
NO Probe	le service					0		Jobsite safety hazards noted for
								safety meeting OA/OC checklist filled out
								Check equipment
NEXT DAY PLAN/GOA	E/Lt	1+						Progress report to superintendent
135 1- (1	1100	* D						END OF WORK SHIFT/DAY
RECORD OF JOSCIE	COMMUNICA	TIONEY	o was					All wet waste in containers  Containment/staging area clean
RECORD OF JOBSITE	COMMUNICA	HON/EXTR	A WURK					Sign and date manometer printout
								Tools checked-in/secure  Collect air cassettes/overnight
					Dow	noval Met	had Head	Daily panerwork complete
					10	Negative P		Equip/Disposal Trailer Locked Turn off water/lights
						losure Vini-Enclo	osure	Work area secure/locked Security called
						Blove Bag Componen		Record and analyze day's production
					Ren	noval Dutdoor R		on production worksheet
					D1	RFCI Meth		END OF JOB
					11 🗆 1	Disposal Prep		☐ Visual inspection form completed/ signed off
					70	Other (Des	cribe)	☐ Final inspection form
Locate on Dr	awina	Pre-F	xisting Da	mage &	Fixture 6	Condition	n Lor	☐ Disposal manifest signed (by owner)
Regulated Work Area		Item		ondition		cation	=-78	& call for disposal pickup  Leave job site clean
Critical Barriers	al Barriers							☐ Punch list items completed
Exhaust Locations → →	$\rightarrow$							☐ Rentals returned ☐ K-Team score cards completed
Decon Station								Close-out documentation submitted
4 .	1	.1	1	1				211

Ruben Kats Project Leader/Supervisor (Printed Name)



## QUALPRO® VISUAL INSPECTION REPORT

TASK SEQUENCING		Project Leade	ع	(PC LAN	at.
1. Preparation	6. Re-Inspection (if necessary)	Project Number	Date/Hou		<i>T</i>
2. Removal/Abatement	7. Lockdown Encapsulate	220182	5/19/	2	
3. Detail Final Cleaning	8. Final Clearance Air-Monitoring	Project Title			
4. Post-Abatement Visual Inspection	9. Enclosure/Containment Takedown	GIBSON MED	CENT	sh.	
5. Recleaning (if necessary)	10. Final Inspection	Location			
		ABQ, N.M			
Post Abatement Visual Inspection C	hecklist	Owner/Client			
Objective: absence of residue, dust, or deb	ris on surfaces in work area (any	City of Al	50		
residue, dust, or debris found during inspec	tion must be assumed to contain	Equipment needs	∍d: flash	light, s	mall
ACM/LBP - reclean)		screwdriver, putty	knife, P	PE, lac	ider,
		scat	folding		
	·	A: Not Applicable	(3)	(3)	(3)
<ol> <li>Check surfaces from which ACM/LBP has</li> </ol>				-	
2. Enter all spaces where ACM/LBP abatem		s at close range.	/	/	
(Close enough to touch) use a ladder/scaff		' ' ' ' ' ' C ' ( T D D		<u></u>	
<ol> <li>Touch and rub substrates from which ACI residue.</li> </ol>	M/LBP have been removed to identify any	remaining ACM/LBP		,	
4. Use a flashlight for areas of inadequate ill residue casts shadows.	umination. Shine it across surfaces and no	otice if any remaining	/	/	
5. Inspect areas that are difficult to reach or	see, or have been covered/enclosed prior	o demolition:	/		/
Check inside electrical J-boxes (pull c	overs) and behind conduit.				//
'Check inside air register covers of HV	AC system (clean as far into duct as can	be reached)		/	/
Check entire surface area to make sure	nothing is covering surface that prevents	adequate removal.	/		/
'Check air duct flanges, pipe hangers &	suspended ceiling wall angle.				//
Check around/behind surface mounted					//
'Check by poking screwdriver into spa	ces between steel beams and roof deck.			/	1
Check backside of steel beams includi	ng building corners.		/		
Check bolts, nuts, hangars on steel bea	ms and deck.				//
Check all the area around pipe elbows	tees, bolts and valves where ACM was n	nudded-on.			1
Check all surface area corners and per-	imeters, etc.		1		
Check all surface area holes, crevices	and openings.		/		
'Check to see if floor tile/sheeting and	mastic extend under wall plates or other f	ixed objects.		1	
'Check tops of door jambs, window sil	ls, etc.		11	1	
'Check wall studs/cavities, J-boxes, an	d ceiling openings/deck for over spray.		11		
6. Inspect poly barriers for residue and water	between or behind layers of poly.				/
7. Inspect crawl spaces on hands and knees	with flashlight checking soil carefully for	remaining debris.		/	
Note: No pieces of ACM/LBP shall be pro					
8. Report location of any inaccessible ACM			/		
The undersigned, having inspected the regulate				that no	
visible ACM/LBP residue/dust/debris was disco		vork area prior to clear	ince		
sampling/analytical and containment/regulated	work area barrier removal.				
-11-					
SIGNED: The late	SIGNED:				
SIGNED: The Late  Project Leader  DATE: 19/12		spector Conducting Visual I	nspection		5
) .					
The La					
DATE:	Com	tification/License Number (if	annliechl-1		-
	Cert	-уканом ысенье Number (IJ	аррасивіе)		



## QUALPRO® FINAL INSPECTION REPORT

CONTRACTOR	RESERVED OF STREET, AND STREET, STREET
Customer Representative	Project Leader Service Coordinator
Vason Petts	RUREN KATO CARIS LARA
Company/Organization	Project Number Date/Hour
City of Albaquerque DMD FAMD/Gibson	220162 5/19/2
Address	Project Title
5400 Gibson Blud.	GIBSON MED CENTER
City State Zip	Project Location
Albaquerque NM 87108	ABQ, NIM
Phone Number Fax Number	Service(s) Provided (Check)
(505)931-8472	
The undersigned, having completed the scope of work, and af Keers QualPRO® quality inspection procedures, and reviewing applicable) authorize release of the work area.  Signed:	ter carefully inspecting the work area in accordance with g the final clearance sampling/analytical results (if Checked by:
Project Leader	
Project Completion Briefing Checklist ✓	Final Clearance Results (Asbestos & Lead Projects Only)
Work area left clean and neat.	Analytical clearance results ASSINGE HAY Results
Job walk-thru with customer representative	(asbestos release criteria: .01 fibers/cc PCM or 70
explaining/reviewing all work completed.  Keys and any owner provided items returned.	structures/mm <sup>2</sup> TEM). <b>Lead release</b> : interior floors 40 µg/ft <sup>2</sup> ; interior windowsills 250 µg/ft <sup>2</sup> ; window trough 400
Closeout documentation importance discussion (Owner will receive within 4 weeks).	μg/ft². <b>Soil</b> : play areas 400 ppm; remainder of yard 1200 ppm.
Repairs needed due to destructive nature of work, to be	Important-Asbestos Projects Only
repaired at Keers' expense	☐ Location and quantity of ACM/PACM remaining in the
☐ Other information or concerns customer should know	work area, not scheduled for abatement (required per OSHA 29 CFR 1926.1101).
Other:	
	Responsibility of building owner to post warning signs at entrances to areas which employees enter, identifying class 1 ACM/PACMs present, location and work practices required to ensure no disturbance (OSHA 29 CFR 1926.1101).
Comments	
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
acknowledge that the applicable items on the project complete	
ntth ntart	
Environmental representative to my satisfaction. I have inspe	etion-briefing checklist have been reviewed with me by my Keers ected the job-site and work completed. All work contracted has the proposal/agreement and/or contract/specifications, other than
Signed: Lank-AM	Date: _5/19/2022
wher or Authorized Representative	

06/21/03

White Sheet: Keers

Yellow Sheet: Closeout

Pink: Customer

	ORN				
Cus		07		2 MI	Proj
Customer/Owner	Project Location M	SIRSON MEN CAME-	Project Title	18/022 MI	Project Number
COM		Came	1	11/5	Date
	On-Site Competent Perso	-		1	,
	belent Person	DCM TEM		Asbestos	Analysis Required (Circle One)
Rotometer #	Signature			Lead	ired (Circl
elor#	ature			Oth	c One)
Calibration Date	1			Other (Specify)	

	ENG. CONTROL CORES		MUDA VARIA VADAM	WORK AI		TARK COMER ARBERTOR & FRAN		,		Date		hed by:	Samples Relinquished by:
	1				Name of the last o				m,	a.m., p.m.	#	idin, pin.	
			West - Commission			The supportation of the support of t			<u></u> ]	am pun	Ē	a.a., p.a.	
7						The second secon			100	ana bus	₹	20. pm	
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	1								3	Ham, pam.	3	a.m. p.m.	
4				0	⋖	American descriptions	)		(	a.m., p.m.	1/2	a.m. p.m.	200
		The Colon		2			.\	1	\   \	am. p.m.	S S	und lund	20
N 9 17	3/8		0.004	9	1/2/	Gennil	1680	cth	85 40 420 1680	(A) {	ر.4 د الم	11.	10 August
ASB Eng. Work ACM Controls Areas Type Code Code	1 %	8 Hour	Lab Results	Sample Code	Task Code	Employee Name Social Sec. #	Total Air Volume	Total Minutes	Flow Rate Minutes (1.PM)	lte Off	Starting Flow Rate (LPM)	Time On	Sumple No. (Job#DateSample#)
Shlin	JAH WHE				MBQ	City of							

Required Turn Around (Hrs)  Purch	Lab Signature	Lab Sent to:	Samples Relinquished by: Date	Samples Received by:	Samples Relinquished by: Date
Purchase Order #	Date/ 6/22	Date	7	Date	dillo
MATERIAL D (See Back)	MM -Mech. Mastic R PA - Preparation Acti RF - RPCI Method SE - Soil Excavation	FM -Fluid Mastic Rep MF - Manual Floority MD - Munual Demoli	CR - Cement Transite DR - Drywall Remov	AR - Asphalt Roof Re CA - Clean-up Activi CS - Ceiling Scrape	TASK COD

TASK CODES (ASBESTOS & LEAD)	STOS & LEAD)	WORK AREA CODES	
phalt Roof Removal	SR - Sprayed Fireprooling Removal 1 - Indoor	1 - Indoor	
ean-up Activities	TR - TSI Removal	CS - Crawl Space	
iling Scrape	AB - Abrasive Blasting	AP - Attie Plenum	
ment Transite Removal	ment Transite Removal AV - Abrasive Vacuum blasting	BR - Boiler Room	

S - Ceiling Scrape

AB - Abrasive Blasting

R- Cennent Transite Removal

RO - Enywall Removal

AV - Abrasive Vacuum blasting

CO - Component Removal

CO - Component Removal

CO - Component Removal

CO - Component Removal

CI - Chemical Scripping

EE - Encap/Enclosure

MF - Manual Flooring Removal

MS - Manual Scraping

MD - Munual Demolition

PS - Pneumatic Scaling/Scabbler A - Preparation Activities

G-RPCI Method IM -Mech. Mustic Removal WB - Waterblasting BS - Bulk Sampling OT - Other

## (See Back) MATERIAL DESCRIPTION CODES

Pink - Monitoring Binder

White - Job File Yellow - Closeout

# ENG. CONTROL CORES NPE - Neg. Pressure Enclosure ME - Mini Enclosure CiB - Glove Bag W - Wet O'I - Other (Specify)

O - Outdoor OT - Other (Specify)

R - Roof

ANALYSIS CODELLAB RESULTS  A - Fee	OT - Other (Specify)
SAMPLING CODES  B - Field Blank	
ASHES C - Chip	

## la - Excursion G - General Environ. P - Personal ASHESTON TYPE CODES C - Chrysotile A - Amosile CR - Crocidolite T - Tremolite AC - Actinolite AN - Anthophyllite

C - Clearance

f. +keers remediation\sampling form 01-04

OT - Other (Specify)

S - Soil
C - Composite
T- TCLP

W - Wipc

O - Overloaded ND - None Detected NA - Not Analyzed D - Damaged Filter

L - µ/m

mm/s - T



13291 Montana Ave. EL Paso, TX 79938 Phone (915) 838-1188 Fax (915) 838-1166 www.lpscentific.com

June 6, 2022

Keers Remediation Inc. Attn: Mr. Chris Lara 5904 Florence Ave. NE Albuquerque, NM 87113

Dear Mr. Lara:

The following samples were brought to our laboratory on June 3, 2022. Analysis was performed on June 6, 2022 using Phase Contrast Microscopy (PCM) in accordance with the NIOSH 7400 method.

Project Name:

Gibson Medical Center Albuquerque, NM 87108

Project: 22,276

Field Sample No.	Volume (L)	Fibers/mm <sup>2</sup>	Fibers/cc
220182-5-11-22#1	1680	15.92	0.004
220182-5-11-22#2	N/A	<7.00	ND*
220182-5-11-22#3	N/A	<7.00	ND*

\*None Detected

Sampling Date: May 11, 2022

The samples indicate asbestos fibers below the OSHA Permissible Exposure level of 0.1 fibers per cubic centimeter (f/cc). We appreciate the opportunity to be of service to you. Please call if you have any questions or if we may be of further assistance.

Sincerely.

Fernando Ocana

Analyst

# COL

					こことによっている。	
0	11 N 08W	Project Location,	GISSIN MED Center	Project Title	220181	Project Number
Mea	R.		Center	1	21/2/12	Date,
b	16:45	On-Site Competent Person	PCM) TEM		Asbestos	Analysis Required (Circle One)
Kolometer#	M	Signature			Lead	red (Circle (
er# Calipration D		ire //			Other (Specify)	)ne)

Samples Relinquished by: Date	aun p.m.	a.m. p.m. a.m. p.m.	a.m. p.m. a.m. p.m.	ann pan:	um, par, um pan,	վար ինու այր թվե	nam, pans a.m. pans.	3 am panell am pam.	9	25 12-7- HOI 30 Ah multiple 104 -2-11-5	ing Starting Starting Starting Starting Flow Rate (LPM)		SAMTLING TORM		
TASK CODES (ASBESTOS & LEAD)								The state of the s		(Denas)	Employee Name Social Sec. #	CT+ oF		C/SS/~	
WORK AREA CODES						1		8	1 18	EN 6 0.003	Task Sample Lab 811our Code Code Results TWA	MBQ	On-Site Competent Person	MES Center GENTE	risocstos risocstos
ENC. (TINTIA) CYMES			1	1				# T		I san I wan	STEL Material % ASB Eng. Work (Asb.) Code ACM Controls Areas	Rotometer # Calibration Date # 15/2/21	n Signature	_	

White - Job File Yellow - Closeout	Required Turn Around (Hrs)	Chain of Custody continued internally within Lab	Lab Signature T	Lab Sent to:	Samples Relinquished by:	Samples Received by:	Samples Relinquished by:
		rnally wi	T		Date		Date
	Purchase Order #	thin Lab	Date/	Date	12/2	Date /27	die/r
		SIE	₹ ₹ <del>?</del>	3526	3 Z C	352	;

- Asphalt Roof Removal SR - Sprayed Fire

CS - Ceiling Scrape
CR - Cement Iransite Removal
DR - Drywall Removal
DR - Drywall Removal
ED - Equipment Demolition
EMI - Huid Mastic Removal
MF - Manual Flooting Removal
MF - Manual Flooting Removal
MF - Manual Scraping
MD - Manual Demolition
MM - Mech, Mastic Removal
MS - Preparation Activities
PA - Prepar 'A - Clean-up Activities
'S - Ceiling Scrape
'R - Cement Transite Removal
'R - Drywall Removal
'R - Drywall Removal SR - Sprayed Fireproofing Removal 1 - Indoor
TR - TSI Removal CS - Craw

## MATERIAL DESCRIPTION CODES

Soil Excavation

(See Back)

Pink - Monitoring Binder

## WORK AREA CODES

AP - Auic Plenum BR - Boiler Room CS - Crawl Space

## VAVATARIS CODESTABLES BESTELLE

I. - µm

ND - None Detected

NA - Not Analyzed

O - Overloaded O'l' - Other (Specify) D - Damaged Filter A - 1/cc G - General Favion,
P - Personal
W - Wipe
S - Soil C - Composite E - Excursion C - Clearance

ENG. CONTROL. CONES

NPE - Neg. Pressure Enclosure
ME - Mini Enclosure
GB - Glove Bug
W - Wet
O1 - Other (Specify)

## SAMPLING CODES B - Field Blank

R - Roof O - Outdoor OT - Other (Specify)

A Amosite
CR - Crocidolite
f' - Tremolite
AC - Actinolite
AN - Anthophyllite C - Chrysotile VSBLSTOS TABE CODES

Evokeers remediation/sampling form 01-04



13291 Montana Ave. EL Paso, TX 79938 Phone (915) 838-1188 Fax (915) 838-1166 www.lpscentific.com

June 6, 2022

Keers Remediation Inc. Attn: Mr. Chris Lara 5904 Florence Ave. NE Albuquerque, NM 87113

Dear Mr. Lara:

The following samples were brought to our laboratory on June 3, 2022. Analysis was performed on June 6, 2022 using Phase Contrast Microscopy (PCM) in accordance with the NIOSH 7400 method.

**Project Name:** 

Gibson Medical Center Albuquerque, NM 87108

Project: 22,276

Field Sample No.	Volume (L)	Fibers/mm <sup>2</sup>	Fibers/cc
220182-5-12-22#1	1920	17.20	0.003
220182-5-12-22#2	N/A	<7.00	ND*
220182-5-12-22#3	N/A	<7.00	ND*

\*None Detected Sampling Date: May 12, 2022

The samples indicate asbestos fibers below the OSHA Permissible Exposure level of 0.1 fibers per cubic centimeter (f/cc). We appreciate the opportunity to be of service to you. Please call if you have any questions or if we may be of further assistance.

Sincerely,

Fernando Ocana

Analyst

# ഗിച

					THE WORLD		
CTV OF	Customer/Owner	MBQ NIMI	Project Location	`	Project Title	TM 220/82	Project Number
1180		R. Ku	On-Site Comp	Mes Center		5/16/22	Date)
		175	erson	TEM		Asbestos	Analysis Requi
HUHOI	Kotometer#	1	Signature			Lead	aired (Circle One)
5/2/22	# Calibration D	1 h	1			Other (Specify)	10)

The state of the s		I tolect tamine	TOWN !	Tribans or a seed on	The Course Com	
	2000 ™ 210/82	TM 220/82	5/16/22	ilos	Lead	Other (Specify)
IN BUILDING	Qual IV	Project Title	100 200	)	T	
SAMPLING	IG FORM	Project Location  ARO 1/M	-Site C	ompcient Person	Signature	1
		Customer/Owner  CTV 0F	MED	4	Rotometer#	Calibration Date
Sample No. Time Plow Rate (Joh#DateSample#) On (LPM)	Time Flow Rate Minutes Volume	Employee Name Social Sec. #	Task Sample Lab Code Code Results	8 Hour STEL (Asb.)	Material Code	% ASB Hng, Work ACM Controls Areas Type Code Code
C.h 10 10 10 10 100	22 40 480 ld Bosen	6765	Mur 6 0.005		ST.	I show
8 June 10	nam, pan	deministration of the control of the	- 55	7	_	
A 03 amilian	u.m. p.nt		8			
nat, pan	u.m. p.m.				4	4
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a.m. p.m.	A.M. P.M.					4
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ant. pm.	a.m. p.m.	The section of the se			1	
a.m. p.m	a.n.   y.m.				*	
and but	Halls (N.H.).	Andrew (Albert (Albert) — epin				_

			_		
Chain of Custody continued internally within Lab Required Turn Around (Hrs)  Purch	Lab Signature	Lab Sent to: / + P	Samples Relinquished by:	Samples Received by:	Samples Relinquished by:
nally w		Transfer.	Date		Date
ase Order#	Date 6/22	Date	12 feets	,	Stube
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A Sprayed Fireprooling k.

TR. TSI Removal

AB - Abrasive Blassing

AB - Abrasive Pacuum blassing

AB - Abrasive Vacuum blassing

AB - Abrasive Vacuum blassing

CO - Component Removal

AB - Abrasive Vacuum blassing

CO - Component Removal

CI - Chemical Stripping

AB - Adrantal Flooring Removal

AB - Manual Scraping

AB - Mach. Mastic Removal

WB - Waterblassing

Seatation Activities

BS - Bulk Sampling

Abelhod

Valion

OESC/BIPTION COPY

OESC/BIPTION COPY

Pink - Monitoring Binder

White - Job File Yellow - Closcout

# b) work AREA CODES Fireproofing Removal 1-Indoor foval CS - Crawl Space AP - Attle Plenum AP - Attle Plenum ENG. CONTROLL COMES NPE - Neg. Pressure Enclosure ME - Mini Enclosure GB - Glove Bag

BR - Boiler Room
R - Roof
O - Outdoor
OT - Other (Specify)

## ANALYSIS CODE/LAB RESULTS A - free D - Damaged Filter

O · Overloaded T · s/mm OT · Other (Specify) NA - Not Analyzed ND - Nane Detected P - Personal
W - Wipe
S - Soil
C - Composite
T- TCLP C - Clearance E - Excursion G - General Environ.

L - μ/m

W - Wet
Off - Other (Specify)

SAMPLING CODES

B - Field Blank A - Amosite CR - Croeidolite T - Tremolite ASBESTOS TYPE CODES
C - Chrysotile

AC - Actinolite AN - Anthophyllite

13) - keers remediation/sampling form 01-04



13291 Montana Ave. EL Paso, TX 79938 Phone (915) 838-1188 Fax (915) 838-1166 www.lpscentific.com

June 6, 2022

Keers Remediation Inc. Attn: Mr. Chris Lara 5904 Florence Ave, NE Albuquerque, NM 87113

Dear Mr. Lara:

The following samples were brought to our laboratory on June 3, 2022. Analysis was performed on June 6, 2022 using Phase Contrast Microscopy (PCM) in accordance with the NIOSH 7400 method.

Project Name:

Gibson Medical Center Albuquerque, NM 87108

Project: 22,276

Field Sample No.	Volume (L)	Fibers/mm <sup>2</sup>	Fibers/cc
220182-5-16-22#1	1920	24.20	0.005
220182-5-16-22#2	N/A	<7.00	ND*
220182-5-16-22#3	N/A	<7.00	ND*

\*None Detected

Sampling Date: May 16, 2022

The samples indicate asbestos fibers below the OSHA Permissible Exposure level of 0.1 fibers per cubic centimeter (f/cc). We appreciate the opportunity to be of service to you. Please call if you have any questions or if we may be of further assistance.

Sincerely,

Fernando Ocana

Analyst

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CA OF ABO	Customer/Owner	ARQ NIM	Project Location	GIRSON MEN CEMEN	Project Title	220/82	Project Number
DEO		The KINTS	On-Site Competent Person	CEMEN	\	57177	Date /
		M'S	elem Person	PEM JEM		Asbestos	Analysis Requ
MAN	Rotometer #	Made	Signature			Lead	malysis Required (Circle One)
5/2/21	Calibration E	1	1	1		Other (Specify)	

Lan. p.m.	ant pan and pan	a.m. p.m.	am pm; am pm	and pan	a.m. p.m.	a.m. p.m.	33 am, pan, 48 am, pan,	am pm & am pm.	1000 9 14/40 12-61-5 chs chs cit aff 10 # 12-61-5	Time Flow Rate Off (LPM)  Time Flow Rate Off (LPM)  Total Employee Name Task Sample Lab 8 Hour Social Sec. # Code Code Results TWA	City of ABO	SAMPLING FORM  Project Location  On-Site Competent Person  Real Notes	CIDEN MEN CEDIS	Project Title
						4	4		NAS X	STEL (Asb.)	Rotometer # Calibration Date  Muthol S/2/2	Signature	4	

White - Job File Yellow - Closeout	Required Turn Around (Hrs)	Chain of Custody continued internally within Lab	Lab Signature:	Lab Sent to: CF D	Samples Relinquished by:	Samples Received by:	Samples Relinquished by:
		rnally wit	P		Date	7	Date
	Purchase Order#	thin Lab	Date/レイン	Date	0/0/0	Date /2/22	Maile

~	
₹ - Asphali Ri	TASK
Ĕ,	CODE
Removal	SAS
SR - S	FSTOS
sprayed	& LEA
Ξ	E

AR - Asphalt Roof Removal

AR - Asphalt Roof Removal

CA - Clean-up Activities

CS - Ceiling Scrape

CR - Celining Scrape

CR - Cement Transite Removal

CR - Cement Transite Removal

AP - Attrice Plant

CR - Cement Transite Removal

AP - Attrice Plant

CR - Cement Transite Removal

AP - Attrice Plant

CR - Component Removal

CP - Component Removal

CP - Component Removal

CP - Chemical Stripping

EE - EncaptEnclosure

MF - Manual Plooring Removal

MB - Manual Plooring Removal

CP - Chemical Stripping

EE - EncaptEnclosure

MR - Manual Demolition

MM - Mach, Mastic Removal

ANALYSIS CO

ANALYSIS C PA - Preparation Activities
R1' - R1-C1 Method
SE - Soil Excavation

## (See Back) MATERIAL DESCRIPTION CODES

D - Damaged Filter
L - µ/m
ND - None Detected
NA - Not Analyzed
O - Overloaded
T - s/mm

OT - Other (Specify)

Pink - Monitoring Binder

ENG. CONTROL CODES

NPE - Neg. Pressure Enclosure
ME - Mini Enclosure
GB - Clove Bag OT - Other (Specify)\_\_\_ W - Wet

# ANALYSIS CODE/LAB RESULTS

R - Roof O - Ouldoor OT - Other (Specify)

BR - Boiler Room AP - Attic Plenum CS - Crawl Space MORK AREA CODES

E - Excursion
G - General Environ.
P - Personal
W - Wipe
S - Soil
C - Composite
T- TCLP C - Clearance SAMPLING CODES

B - Field Blank

A - Amosite
CR - Crocidolite
T - Tremolite
AC - Actinolite
AN - Anthophyllite ASHESTOS TYPE CODES
C - Chrysotile

f: +keers remediation/sampling form 01-04



13291 Montana Ave. EL Paso, TX 79938 Phone (915) 838-1188 Fax (915) 838-1166 www.lpscentific.com

June 6, 2022

Keers Remediation Inc. Attn: Mr. Chris Lara 5904 Florence Ave. NE Albuquerque, NM 87113

Dear Mr. Lara:

The following samples were brought to our laboratory on June 3, 2022. Analysis was performed on June 6, 2022 using Phase Contrast Microscopy (PCM) in accordance with the NIOSH 7400 method.

Project Name:

Gibson Medical Center Albuquerque, NM 87108

Project: 22,276

Field Sample No.	Volume (L)	Fibers/mm <sup>2</sup>	Fibers/cc
220182-5-17-22#1	2160	20.38	0.004
220182-5-17-22#2	N/A	<7.00	ND*
220182-5-17-22#3	N/A	<7.00	ND*

\*None Detected

Sampling Date: May 17, 2022

The samples indicate asbestos fibers below the OSHA Permissible Exposure level of 0.1 fibers per cubic centimeter (f/cc). We appreciate the opportunity to be of service to you. Please call if you have any questions or if we may be of further assistance.

Sincerely,

Fernando Ocana

Analyst

# 

		G TOTAL			Cadil IV	<b>○ □ □ □ □ □ □ □ □ □ □</b>	
OF THOSE	Customer/Owner	ABE N.M	Project Location	Giasor Med Center	Project Title		
1960		R. K.	On-Site Competent Person	Center		57/8/2	Date
		CAR	etent Person	TEM TEM		Asbestos	Analysis Required (Circle O
NO HOL	Rolometer	M	Signatu			Lead	ired (Circle
2/2/2	ter#   Calibration Dat	1	ture			Other (Specify)	One)

SAMPLING	G FORM	Project Title  G 1835  Project Location  Project Location  Customer/Overner	Med Cente TEM  On-Site Competent Person  M  On-Site Competent Person	Signature Signature Calibration Date	n Date
Sample No. Time Starting (Job#DateSample#) On (LPM)	Time Flow Rate Total Air Off (1.PM) Minutes Volume	Employee Name Social Sec. #	Task Sample Lab 8 Hour-Code Code Results TWA	STEL Material % ASB. Eng. ACM/Controls (Asb.) Code Type Code	Work Areas Code
5-18-22 fo 1750 400	1912 chs City Coly 11111	Geren	EN/NE 6 0:004	Me Man	4
-	n.m., p.m.		8		_
tard our CO	a.m. p.m.	The state of the s	8	<b>3</b>	3
am, pan	a.m. [p.m.				<
ikm, p.m	a.n., p. m.				
a.m. p.m	a.m.j p.m.	Ŷ.			
ám. pan.	A.M. p.m.				
a.m. p.m	a.m., p.m.				
(2.11), (2.11)	a.m., p.m.	de nome.			
ia,m, p.m,	nm- pun				

Date U3/22 CG C	Chain of Custody continued internally within Lab Required Turn Around (Hrs) Purch	Lab Signature	Lab Sent to:		(S. F	Samples Belinquished by Date
	ase Order#	122.		43/22	21/8/22	-

TASK CODES (ASBESTOS & LEAD)	STOS & LEAD)	WORK AREA CODES
AR - Asphalt Roof Removal	SR - Sprayed Fireproofing Removal 1 - Indoor	I - Indoor
CA - Clean-up Activities	TR - TSI Removal	CS - Crawl Space
CS - Ceiling Scrape	AB - Abrasive Blasting	AP - Attic Plenum
CR - Cement Transite Removal	AV - Abrasive Vacuum blasting	BR - Boiler Room
DR - Drywall Removal	CO - Component Removal	R - Roof
ED - Equipment Demolition	CII - Chemical Stripping	O - Outdoor
FM -Fluid Mastic Removal	EE - Encap/Enclosure	OT - Other (Specify)
MF - Manual Flooring Removal MS - Manual Scraping	MS - Manual Scraping	
MD - Manual Demolition	PS - Pneumatic Scaling/Scabbler	ANALYSIS CODE/LAR
MM -Mech. Mastic Removal	WB - Waterblasting	A - ffee
PA - Preparation Activities	BS - Bulk Sampling	D - Damaged Filter
RI' - RI'CI Method	OT - Other	L-µ/m
SI: - Soll Excavation		ND - None Detected

## (See Back) MATERIAL DESCRIPTION CODES

L - µ'm
NIJ - None Detected
NA - Not Analyzed
O - Overloaded

O'l' - Other (Specify)

)' - s/mm

ANALYSIS CODE/LAB RESULTS

Pink - Monitoring Binder

White - Job File Yellow - Closeout

## ENG. CONTROL CODES NPE. Neg. Pressure Enclosure ME - Mini Enclosure GB - Glove Bug W - Wet O'F - Other (Specify)\_ ----

## SAMPLING CODES B - Field Blank

C - Clearance
E - Excursion
G - General Environ.
P - Personal
W - Wipe
S - Soil
C - Composite
T- TCLP A - Amusite
CR - Crocidolite
1 - Tremolite
AC - Actinolite
AN - Authophyllite ASBESTOS TYPE CODES
C - Chrysolile

five keers remediation/sampling form 01-44



13291 Montana Ave. EL Paso, TX 79938 Phone (915) 838-1188 Fax (915) 838-1166 www.lpscentific.com

June 6, 2022

Keers Remediation Inc. Attn: Mr. Chris Lara 5904 Florence Ave. NE Albuquerque, NM 87113

Dear Mr. Lara:

The following samples were brought to our laboratory on June 3, 2022. Analysis was performed on June 6, 2022 using Phase Contrast Microscopy (PCM) in accordance with the NIOSH 7400 method.

Project Name:

Gibson Medical Center Albuquerque, NM 87108

Project: 22,276

Field Sample No.	Volume (L)	Fibers/mm <sup>2</sup>	Fibers/cc		
220182-5-18-22#1	2160	22.93	0.004		
220182-5-18-22#2	N/A	<7.00	ND*		
220182-5-18-22#3	N/A	<7.00	ND*		

\*None Detected

Sampling Date: May 18, 2022

The samples indicate asbestos fibers below the OSHA Permissible Exposure level of 0.1 fibers per cubic centimeter (f/cc). We appreciate the opportunity to be of service to you. Please call if you have any questions or if we may be of further assistance.

Sincerely,

Fernando Ocana Analyst





May 18, 2022

Ms. Emily Sanchez Project Manager Keers Remediation, Inc. 5904 Florence Avenue NE Albuquerque, NM 87113

Re:

PCM Final Air Clearance

Southwest 2<sup>nd</sup> Floor Containment

Gibson Medical Center 5400 Gibson Blvd SE Albuquerque, NM 87108

## Dear Ms. Sanchez:

Final clearance air monitoring was performed by Andres Baca on Tuesday, May 17, 2022 within the Southwest 2<sup>nd</sup> floor containment in the Gibson Medical Center located at 5400 Gibson Blvd SE in Albuquerque, NM. Air samples and associated field blanks have been collected and analyzed utilizing procedures as specified by the NIOSH 7400 methodology. Job assignment information and sample locations follow:

Assaigai (AAL) Project Number	FS-22-602-0517				
Location:	Southwest 2 <sup>nd</sup> Floor Containment – Gibson Medical Center – 5400 Gibson Blvd SE in Albuquerque, NM 87108				
Task:	PCM Final Air Clearance Sampling				
Sampling Date:	5/17/2022				
Remediation Project Supervisor:	Ruben Kato				
AAL Sampling Technician:	Andres Baca				
AAL PCM Analyst:	Chris Rodriguez				





Air Sample Number	Sample Location				
FS-22-602-0517-1	Field Blank				
FS-22-602-0517-2	Field Blank				
FS-22-602-0517-3	Inside Containment – Northeast Area				
FS-22-602-0517-4	Inside Containment – Northwest Area				
FS-22-602-0517-5	Inside Containment – Central Area				
FS-22-602-0517-6	Inside Containment – Southwest Area				
FS-22-602-0517-7	Inside Containment – Southeast Area				

In excess of 1200 liters of air was passed through each of the final clearance air samples. Samples were analyzed by Chris Rodriguez of AirWell by Assaigai using NIOSH 7400 Phase Contrast Microscopy (PCM) procedures. The analytical results are presented in the enclosed laboratory report.

All final clearance air samples had fiber concentrations of less than 0.01 fibers per cubic centimeters of air, therefore, satisfying the clearance criteria for the project.

Should you have any questions, please advise.

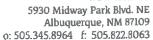
**Andres Baca** 

Sincerely

IAQ and AHERA Inspector

Encl.







## AIRBORNE FIBER ANALYSIS REPORT

KEERS REMEDIATION, INC. To:

5904 FLORENCE AVE NE

ALBUQUERQUE, NM 87113

505-823-2766 Fax:

**EMILY SANCHEZ** Attn:

5/17/2022 Date Received: Date Completed: 5/18/2022

Airborne Fiber Analysis

Workorder: A61945

No. of Analyses: 07

Method: Each filter has been analyzed following the NIOSH 7400 Method. A wedge from each filter has been examined using a phase contrast microscope. Set "A" counting rules were used.

Location: PCM Final Air Clearance, Gibson Medical Center. 5400 Gibson Blvd SE, Albuquerque, NM 87108

Sample ID	Fiber	Count	Volume	De
	(f/cc)	(f/flds)	(liters)	(f/c
FS-22-602-0517-1		0/100	Field Blank	
S-22-602-0517-2		0/100	Field Blank	
S-22-602-0517-3	<0.0016	1/100	1232	0.0016
S-22-602-0517-4	<0.0016	0.5/100	1232	0.0016
FS-22-602-0517-5	<0.0016	1/100	1232	0.0016
S-22-602-0517-6	<0.0016	1.5/100	1232	0.0016
FS-22-602-0517-7	<0.0016	1/100	1232	0.0016

Analyst:

Chris Rodriguez

We appreciate the opportunity to perform analytical work for you. If you have any questions, please call.

Respectfully submitted

William P. Biava, Assestos Laboratory Manager

Page 1 of 1

Asbestos Client Reports 2.0.090806142300

Report Date: 5/18/2022 10:45:13 AM



Special Waste Disposal, Inc 5904 Florence Ave. NE Albuquerque, New Mexico 87113

Office 505.828.2650 Disposal Site: 505.847.2917

## WASTE MANIFEST FOR SHIPMENT OF ASBESTOS WASTES TO SPECIAL WASTE DISPOSAL FACILITY

Located 14 Mi. So. On Highway 55

from Mountainair, New Mexico

GOLD: Generator/Contractor

GREEN: Transporter: #1

All applicable blanks MUST BE COMPLETED, Including signatures

	All applicable of	and wood be come as the same
Part I GENERATOR		the designated facility that
A generator must sign and keep a copy of each manifest in accordance with NMA0 received the waste. Only hand signed copies are legal documents for generators.	20.9.8.19 and retain a hand s	4
Job Number: GIRSON MED CENTER 2201	Tracking Number:	
Project Name: Gi Bin MED. CENTURE	Generator Name: $\bigcirc$ 2	TY OF ALBUQUEROVE
Address: 5400 GIBSON BLUD SE	Address: 1801 48	
City/State/Zip: ALEUDVERDUE N.M 87113	City/State/Zip: Acar:	avertus NIM 8710L
Telephone: (505)99/-8472	Telephone: (1505)	768-5312
CERTIFICATION. I hereby declare that the contents of this consignment a classified, packaged, and labeled in accordance with applicable regulations highway according to applicable international and government regulations	and are in all respects in	proper condition for transport by
Jason lettis Locat- Latt	-	Waste Generation Date
Name of Authorized Agent Signature  CONTRACTO	R. Est. St. Billion	CONTENTS
Tarr		sponsible Agency
Contractor Name: Keers Remediation		90 st. Francis Also
Address: 5-904 FWRAVE A.		N. Ka N. M. 87502 √
City/State/Zip/Phone: PBB N.W. 87113 6-57/823	11/	sight Friable
<b>CERTIFICATION.</b> I hereby declare that the contents of this consignm accurately described by proper shipping name and are classified, packaged	ent are fully and	
accordance with applicable regulations, and are in all respects in proper co	ondition for transport	UN2212 Pkg.
by highway according to applicable international and government regulation	ons and is not a	V.da UN2590 Pkg.
hazardous waste as defined by 40 CFR, Part 261.	- VX	oroup in
Special Handling Instructions:	AC	in is from Tike
	6	EACK MASTE
		NY FRIABLE MAT
Name of Authorized Agent Signature		
Part III TRANSPORT	ER STEEL BEOME	SELECTION OF WEST AND SELECTION
Name of Transporter #1: Keers Reposit, on	Special Waste Haule	er Permit No.: 0/0/265
Mailing Address: 5904 FWRATUR AJ. ABO NON.	Phone No. 505/843	FOR Truck License No. 2-4/0
Name of Transporter #2: 5 Acces (1 > see ) 150056	Special Waste Haule	er Permit No.: Occol
Mailing Address: 590/ Florence A 20 No Albury Cite	don Phone No. 823 9	Truck License No.: K91 K20
The following statement must be signed by the fruck driver prior to unloading a	t the Special waste Disposal r	actity. I certify that no other material has
been placed in this truck since the containers des		
Signature of Transporter #1:	Date Recei	4 0 0 7 7
Signature of Transporter #2:  DISPOSAL S	Date Rece	ved 042325
This is to cartify that the Special Waste Disposal Facility operating under NMED	Solid Waste Bureau Facility ID	No. SWM013035 (SP) has been approved for
the disposal of asbestos waste has received the above	indicated waste (except for note	a cuscrepancies)
Discrepancy		RESPONSIBLE AGENCY New Mexico Environment Department
Explanation:  Oute  Active Area#  Cell #  Date  Received	11029	Solid Waste Bureau 1190 St. Francis Drive
	COLOLOSIC	Santa Fe, NM 87502
Authorized Signature: //-		

YELLOW: Transporter #2

PLEASE PRESS FIRMLY

WHITE: SWD

PINK: NMED-Air Quality Bureau



## QUALPRO® EMERGENCY RESPONSE PLAN

Albuquerque, NM: 505.823.9006

El Paso, TX: 915.772.8157

Job Name: Gibson M	edical Center	Job Site Telephone Number(915) 256-8315							
Job Site Physical Address: 5400	Gibson Blvd. SE	E Job Number: 220182							
Project Leader/Supervisor: Ruben Kato Service Coordinator: Chris Lara									
Customer: C, TY OF ABO		Customer Telephone Number (505) 7 (8 - 571L							
	GENCY TELEPHON								
After Hours Telephone: 1900-323-864 Directions to Jobsite:									
Security Number: 9//	Poiso	n Control No.: 911							
Ambulance No.: 9//	Fire No.: 9/								
	NAME AND ADDRESS OF TAXABLE PARTY.	itely 1-800-327-8642							
Draw Floor Plan of work area and show qu									
Draw Floor Flam of work area and show qu	iickest emergency	y evacuation route for workers.							
NEADEC	T EMERGENCY ME	EDICAL FACILITIES							
Name	Address	Telephone							
UNM HOSPIAN ROOM	22-11 Comps BC								
Or prosperie 1000	טבור נושקנים וויים	(3-4) (3-4)							
A COURTY PROCEEDINGS	May Ni Fai	and the state of t							
The second of th	ACCIDENT PROCEDURES  Directions to nearest emergency medical facility listed above:								
1. If serious injury, stop all work effort									
2. Do not move injured if not in dange									
Render first aid if qualified to do so									
Direct ambulance to injured     Complete accident report									
<ul> <li>a Complete accident report</li> </ul>									

Important Reminder to Project Leader: This plan must be created for every job, and displayed on your job board.

QualPRO® is a registered trademark of Keers Remediation, Inc.



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/15/2022

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

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy certain policies may require an endorsement. A statement on

_	is certificate does not confer rights to	the c	ertifi	cate holder in lieu of such			chanonorma			
PRODUCER					CONTACT Mariah Kochensparger					
Brown & Brown of New Mexico, Inc.					PHONE (505) 821-5888 FAX (A/C, No Ext):					
РО	Box 94450				ADDRES	s: Mariah.Ko	chensparger@	bbrown.com		
								DING COVERAGE		NAIC#
Albuquerque NM 87199					INSURE	RA: Arch Spe	cialty Insurance	e Company		21199
INSURED					INSURE	RB: Arch Insu	irance Compai	ny		11150
	Keers Remediation Inc.				INSURE	RC:				
	5904 Florence Ave NE				INSURE	RD:				
					INSURER E :					
	Albuquerque			NM 87113	INSURER F:					
CO	VERAGES CER	TIFIC	ATE	NUMBER: 22' Keers Mas	ter			REVISION NUMBER:		
IN	THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.									
NSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	•	
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	s 1,00	0,000
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PRÉMISES (Ea occurrence)	\$ 100,000	
				AOTH IMPERS					s 5,00	
Α				12EMP0555106		04/01/2022	04/01/2023		\$ 1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:								\$ 2,000,000	
	POLICY PRO-							PRODUCTS - COMP/OP AGG	\$ 2,00	0,000
	OTHER:								\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$ 1,00	0,000
$\times$	X ANY AUTO							BODILY INJURY (Per person)	\$	
В	OWNED SCHEDULED AUTOS			11CAB9245406		04/01/2022	04/01/2023		\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
									\$	
	X UMBRELLA LIAB X OCCUR							EACH OCCURRENCE	s 5,00	0,000
Α	EXCESS LIAB CLAIMS-MADE		1	12EMX0555206		04/01/2022	04/01/2023	AGGREGATE	\$ 5,00	
	DED X RETENTION \$ 0								\$	
	WORKERS COMPENSATION							➤ PER STATUTE ER	· -	
В	AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?			EDIA/COOMAN AC		0.410.410.000	0.410.4100000		\$ 1,000,000	
D	OFFICER/MEMBER EXCLUDED?	N/A		EBWCC00130-06		04/01/2022	04/01/2023		4 000 000	
	If yes, describe under DESCRIPTION OF OPERATIONS below								s 1,000,000	
								Per Occurence		00,000
Α	Pollution/Professional-Claims Made			12EMP0555106		04/01/2022	04/01/2023	Aggregate	\$2,0	00,000
								Deductible	\$5,0	•
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE	S (AC	ORD 1	01, Additional Remarks Schedule,	may be a	tached if more s	ace is required)			
RE:	Job#220182 Project: CABQ-Gibson Med Ci	r 2nd	Floor							
CFF	RTIFICATE HOLDER				CANC	ELLATION				
-4-1	TO THE PERSON AND THE				- Cristo					
City of Albuquerque 1801 4th St NW Bidg B						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
Albuquerque NM 87102					AUTHORIZED REPRESENTATIVE					
-		_	_				@ 4000 004E	ACOPD CORPORATION	A III 2	