



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 ✓ QualPRO® Final Inspection Report ✓ QualPRO® Air Sampling Forms & Results ✓ QualPRO® Negative Exposure Assessment ✓ Final Clearance Laboratory Results ☐ Differential Pressure Recordings/Printout ✓ Waste Manifests ✓ 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.

 $ProDOC^{TM}$ 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

June 09, 2021

KEERS REMEDIATION, INC. 5904 FLORENCE AVE NE ALBUQUERQUE, NM 87113-

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

Dear Chris Lara,

This is to confirm receipt of the notification from KEERS REMEDIATION, INC. postmarked 06/08/2021, submitting an original notice of asbestos removal and/or demolition for the GIBSON MEDICAL CENTER, 5400 GIBSON BLVD NE. 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):

50 linear ft. RACM pipes

0 sq. ft. RACM surface area

0 cubic ft. vol. RACM off facility

component;

3484 square ft. of ACM surface area;

0 vol. cubic ft. ACM off facility compo

0 linear ft. of ACM pipes;0 linear ft. of CAT I pipes

0 cubic ft. vol CAT I off facility component

3484 sq. ft. of CAT I

0 linear ft. of CAT II pipes

0 sq. ft. of CAT II

0 cubic ft. CAT II off facility component

An inspection of this process may be conducted to determine field compliance with any applicable regulations. Reference Permit # A2021-094 on any correspondence with the City of Albuquerque concerning this removal and/or demolition.

Sincerely.

MICHAEL ANAYA,

AIR QUALITY PROGRAM, ENFORCEMENT



IX. Demolition/Reno Schedule (MM/DD/YY):

City of Albuquerque, Environmental Health Department Air Quality Program

Asbestos Renovation\Demolition Notification Form NESHAP

Version 1 Effective Date: 1/1/2021

I. Type of Notification:	Courtesy		Revision #:	Date	Received:		AQP Not	ification #:		
R	eason(s) for Revision:	☐ Quantity of ☐ Quantity of ☐ Quantity of ☐	Cat I	☐ Asbestos F	Removal Start Date Removal Completion I novation Start Date	Date 🗆		novation Con Comments	npletion Dat	te
Comments:										
II. Facility Information:										
Owner Name	: City of Albuquerque	e (Facilities Divis	ion)							
Address	1801 4th St. NW				City: Albu	querque	State:	NM	Zip Code:	87102
Owner Contac	t Mr. Vicente Martine	Work Phone:	505-768-5312	2 Cell Phone:	505-933-2842	E-mail:		vmart@c	abq.gov	
Removal Contractor	Keers Remediat	tion, Inc.								
Address	5904 Florence A	ve. NE			City: Albud	querque	State:	NM	Zip Code:	87113
Contac	: Christopher Lara	Work Phone:	505-823-9006	6 Cell Phone:	505-507-0838	E-mail		clara@ke	ers com	
Demolition Contractor	r: N/A							0.272.60		
Address					City:	N/A	State:	N/A	Zip Code:	N/A
Contact	: N/A	Work Phone:	N/A	Cell Phone:	N/A	E-mail:		N/	A	
III. Type Of Operation:	Renova	ation								
IV. Facility Description:	Renove	20011								
Building Name	Gibson Medical	Center								
Address	: 5400 Gibson Blvd.	SE			City: Albu	querque	State:	NM	Zip Code:	87108
Age (Years)	: 55+ Building S	Size: 570,000	# Floors: 4	Present Use:	Medical Fac		Prior Use:		edical Facili	
V. Asbestos Present?	Yes (Square F	-eet)							Jaiour Faoin	.9
Location(s) of Asbestos Removal		dical facility-Sub-	Basement and Me	echanical Room I	Main Building.					
	termination:									
VI. Method of Aspestos De	termination:									
VII. RACM Fee Calculation	termination:		Total RAC	:M Fee =	No Fee	1				
VII. RACM Fee Calculation	termination:]		CM Fee =] Fee =	\$25.00	x (LF/260	+ SF/160 +	· CF/35)
VII. RACM Fee Calculation <u>Make</u>		[42"] <u>Fee</u> =	<u>\$25.00</u> LF = Linear F	<u>x (LF/260</u> Feet	+ SF/160 +	· <u>CF/35)</u>
VII. RACM Fee Calculation <u>Make</u>	checks payable to:	42"	F	RACM to be Remove	ed			Feet	+ <u>SF/160</u> +	· CF/35)
VII. RACM Fee Calculation <u>Make</u>	checks payable to:	42"	Pipes	FACM to be Remove	ed Linear Feet		LF = Linear F	Feet Feet	+ SF/160 +	· CF/35)
VII. RACM Fee Calculation <u>Make</u>	checks payable to:		Pipes Surface Area Volume of RACM Of Facility Component	FACM to be Remove	ed Linear Feet Square Feet Cubic Feet		LF = Linear F SF = Square CF = Cubic F	Feet Feet Feet	+ SF/160 +	· CF/35)
VII. RACM Fee Calculation <u>Make</u>	checks payable to:	able Asbestos to be	Pipes Surface Area Volume of RACM Of Facility Component	FACM to be Remove	Linear Feet Square Feet	stos to <u>Remain</u>	LF = Linear F SF = Square CF = Cubic F During Demo	Feet Feet Feet	+ <u>SF/160</u> +	· <u>CF/35)</u>
VII. RACM Fee Calculation <u>Make</u>	checks payable to:	able Asbestos to be	Pipes Surface Area Volume of RACM Of Facility Component Removed Cat II	RACM to be Remove 50 0 1 0	Linear Feet Square Feet Cubic Feet Non-Friable Asbes	stos to <u>Remain</u>	LF = Linear F SF = Square CF = Cubic F During Demo	Feet Feet Feet	+ <u>SF/160</u> +	· CF/35)
VII. RACM Fee Calculation <u>Make</u>	checks payable to: Ibuquerque Fund 2	able Asbestos to be	Pipes Surface Area Volume of RACM Of Facility Component Removed Cat II University Linear	Feet	Linear Feet Square Feet Cubic Feet Non-Friable Asbes	cat I	LF = Linear F SF = Square CF = Cubic F During Demo	Feet Feet Feet Feet Dittion Linear Feet	+ <u>SF/160</u> +	· CF/35)
VII. RACM Fee Calculation <u>Make</u>	checks payable to: Ibuquerque Fund 2	able Asbestos to be	Pipes Surface Area Volume of RACM Of Facility Component Removed Cat II	Feet	Linear Feet Square Feet Cubic Feet Non-Friable Asbes	stos to <u>Remain</u>	LF = Linear F SF = Square CF = Cubic F During Demo Cat II	Feet Feet Feet	+ SF/160 +	· <u>CF/35)</u>

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

Finish:

TBD

TBD

Start:

RFCI wet removal methods. asbestos abatement and don Independent final air clearance	ing appropriate P	PE. Asbestos	waste will be prope	rly packaged, n	SI hard fitting nanifested, tr	s. All abe ent was ansported and disported	II be complete osed as per a	ed by person Il applicable	nel trained regulations	in 3.
XI. Description of work practic Full containment procedures to create the full enclosures, ACM floor tile during abatemeremove/abate the TSI hard fit	will negative air p 2000 CFM negat ent. Solvents and	ressure will be ive air machine	e utilized to remove to es will be used to cr	the asbestos co eate negative a	ntaining floo ir pressure a	r tile and black adhe t or above 0.02 inch	esive mastics. les WC. Adm	6 mill & 4 m	nill poly will r will be api	plied to the
XII. Demolition Ordered By A G	overnment Agenc	y:								
Name: N/A			Title:		Authority:		Da	ate of Order:		
Justification for ordered demolition (i.	e, in danger of immine	ent collapse)			,					
XIII. Emergency Renovation: Description of the sudden and/or une N/A		of Emergency ;		(MM/DD/YY)	Hour of E	mergency				
Explanation of how the sudden, unex unreasonable financial burden:	pected event, if not in	nmediately attende	ed to, presents a safety o	r public health haza	rd, is necessary	to protect equipment fro	m damage, or is	necessary to av	oid imposing	an
XIV. Description of procedures to powder:					viously non-f	riable asbestos mate	rial becomes	crumbled, pu	ılverized, or	r reduced
Stop work, notify appropriate	egulatory agenci	es. File an am	nended notification a	is necessary.						
XV. Waste Transporter #1:										
Contractor name: Keers Contact: Mr. C	Remediation, Ind	Work Phone:	Address: 5904 Flor 505-823-9006	Cell Phone:	City: 505-507-0	Albuquerque 0838 E-mail	State:	NM clara@kee	Zip Code:	87113
								olai a @ neo	10.00111	
Waste Transporter #2:										
Contractor name: Speci	I VI II VI III VI II VI II VI II VI II VI II VI V	Work Phone:	Address: 5904 Flor 505-847-2917	Cell Phone:	City: 505-544-6	Albuquerque	State:	NM ano@specia	Zip Code:	87113
	ay i forial tolla	Work Frionc.	000 047 2017	Cell I Horie.	303-344-0	6333 E-mail	amont	anowspecia	wasteriii.	COIII
XVI. Waste Disposal Site:										
Name: Special	Waste Landfill									
Location/ Address: 91 Liber	ty Valley Road			City:	Mountair	nair State:	NM	Zip Code:	87036	
Contact: Mr. Ra	y Hendricks	Work Phone:	505-847-2917	Cell Phone:	505-544-6	Email:	amont	ano@specia	lwastenm.	com
XVII. Certifications:										
I certify that asbestos remediation of Asbestos NESHAP regulation (40 C available for inspection during norm	FR Part 61, Subpart	M) will be on-site	during the asbestos re	emoval process, a	nd evidence th	at the required training	nd currently cert has been accor	ified in the pro nplished by th	visions of th is person wil	e Il be made
Electronic Signature	of Owner / Operator:	Christopher La	ara							
	Date:	06/08/21								

MPORTANT NOTICE-PLEASE R SSHA/EPA regulations, and Keers am fully aware of the potential de avolved. By my signature below to Work Classification C	s standard operating etrimental effects of c I acknowledge that I	procedures/safety recontamination and I as	quirements when we sume all inherent o	orking in occupatio	this area.	☐ Asbestos ☐ Lead ☐ Mold ☐ Other (Specify Below)
0101 ASB: Site Preparation 0102 ASB: Removal 0103 ASB: Cleanup/Detail 0104 ASB: Touchup/Restore 0105 ASB: Site Supervision 0301 LEAD: Site Preparation	20302 LEAD: R 20303 LEAD: C 20304 LEAD: T 20305 LEAD: S 20501 SITE: Pre 20502 SITE: Re 20503 SITE: Cle	leanup/Detail ouchup/Restore ite Supervision eparation moval	20504 SITE: Touc 20505 SITE: Supe 20701 SPEC/IND 20702 SPEC/IND 20703 SPEC/IND 20704 SPEC/IND 20705 SPEC/IND	rvision Site Prep Removal Cleanup/I Touchup/I	Detail Res	Project 61550 Med Cente Location ABQIN,M
EMPLOYEES: SIGN-IN ame (Print)	V LOG Signature	Time	Work Time	Work	Total	Customer CITY OF ABQ
21 114		In/Out	Code In/Out	Code	Hrs	SUPÉRVISOR'S CHECKLIST
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MANUTSCO LOZOKA	FANCESCE	12 12	745	23131	7	Uniforms/ID Badges/PPE
SARE GONTAL	Jana Co	man 900 5 1	23750	ropl	7	Training Certs & Medicals Notifications/Updates
1 DI	FA			22/21	6	Start Pack, Production Worksheet QualPRO Manual, Abatement Plan
marks (Fol 1)	2 9. V	0 100 7		-		and/or Project Specs Safety Planning
nstenbura d'Hey	2	10/10	333	22121	5	Emergency Response Plan Posted Negative Exposure Assessment
		//				OSHA's Required Confined Space & Lock-out/tag-out
July Vato	0/1	43900 1	0750		4.5	Necessary Equip/Supplies
oper par		1				BEGINNING OF WORK SHIFT/DAY Safety Meeting
			-			Production Worksheet: Record actu hours and production rate/hour.
).						Set-up Air-Monitoring & Post Previous Day's Results (unless NEA
						sign & date manometer printout Organize workers into work teams
ISITORS AND SUBCON ame (Print) Sig			tal Hours# Purpose of visit	or work	36.)	with goals/tasks Review/train workers on correct
		In/Out J	performed			work practices
l l						HAT Charle is brite /incorporation
						Check jobsite/inventory Check staging area & job board
						Check staging area & job board
			s Removed		T.+	Check staging area & job board Change primary/secondary filters of Neg airs DURING WORK SHIFT/DAY 2-Hours in containment
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EXT DAY PLAN/GOALS To mo row self	SUAL EVENTS/A	Then at J VIALOW 1 Walls ACCIDENTS/SAFE TILE QUE EXTRA WORK	Remarks Rem	oval Meti egative P osure lini-Enclo love Bag omponen oval jutdoor Ro FCI Meth isposal rep ther (Des	hed Used ressure t temoval hod cribe)	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 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 production worksheet END OF JOB Visual inspection form completed/signed off Final inspection form completed/signed Disposal manifest signed (by owner)

REERS	QUAL	PRO® I	DAIL	Y P	ROJE	ECT	Log		Date 6/15/21
IMPORTANT NOTICE-PLEA OSHA/EPA regulations, and I am fully aware of the poten	l Keers standard o tial detrimental ei	operating procedure ffects of contamina	es/safety tion and I	requiremei assume al	nts when w Il inherent d	orking in occupatio	this area.	Contaminar Asbestos Mold Below)	□ Lead
involved. By my signature by Work Classification		lge that I have read	and fully	understan	d the above	e notice,			
20101 ASB: Site Preparation 20102 ASB: Removal	20303	LEAD: Removal LEAD: Cleanup/Deta		20505	SITE: Touc SITE: Supe	rvision	е	Project	
20103 ASB: Cleanup/Detail 20104 ASB: Touchup/Restore 20105 ASB: Site Supervision	20305	LEAD: Touchup/Res LEAD: Site Supervis SITE: Preparation		20702 20703	SPEC/IND: SPEC/IND: SPEC/IND:	Removal Cleanup/E		Elocation, Me	d Center
20301 LEAD: Site Preparation	20503	SITE: Removal SITE: Cleanup/Detai	I		SPEC/IND: SPEC/IND:			ABQ. N.	N
EMPLOYEES: SIGName (Print)	N-IN LOG Signatur	re	Time	Work	Time	Work	Total	CITA OF	APD
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Neg. Air Machines

Decon Station

Exhaust Locations

ect Leader/Supervisor (F rinted Name)

Punch list items completed

K-Team score cards completed

Close-out documentation submitted

Rentals returned

KEERS	QUALF	PRO®	DAIL	Y P	ROJI	ECT	Log	Job No. Date 6/12/24	!
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MPORTANT NOTICE-PLEASE OSHA/EPA regulations, and Kee am fully aware of the potential covolved. By my signature below Work Classification (1)	READI agree ters standard opeders standard opeder in acknowledge. Codes 20302 LE	to comply with appraising procedures the of contamination that I have read a factor. AD: Removal	plicable si Safety re on and I a and fully u	tate regu equireme essume a understan 20504	lation, proje nts when w Il inherent o d the above	ect specificorking in accupation on tice	cations, this area nal risks	Job No. 2/0321 Contaminant Asbestos Lead Mold Other (Specify Below)
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Project Leader/Supervisor (Printed Name)

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Project Leader/Supervisor (Printed Name)

KEERS	QUALPRO®	DAII	y Pr	RO.JF	-ст	Log	Job No. Date 210321 6/22/21
							Contaminant Asbestos Lead
IMPORTANT NOTICE-PLEASE R OSHA/EPA regulations, and Keers I am fully aware of the potential de	s standard operating proce strimental effects of contam	dures/safety re iination and I a	equiremen Issume all	ts when w	orking in a	this area.	☐ Mold ☐ Other (Specify Below)
Work Classification C	acknowledge that I have r	ead and fully u	ınderstand	the abov	e notice.	- , ,] =]	1
20101 ASB: Site Preparation 20102 ASB: Removal	20302 LEAD: Removal 20303 LEAD: Cleanup/	Detail	20505	SITE: Touc	rvision	2	Project
20103 ASB: Cleanup/Detail 20104 ASB: Touchup/Restore 20105 ASB: Site Supervision	20304 LEAD: Touchup. 20305 LEAD: Site Supe 20501 SITE: Preparatio	ervision	20702 20703	SPEC/IND: SPEC/IND: SPEC/IND:	Removal Cleanup/D		GIBSON MED CENTER
20301 LEAD: Site Preparation	20502 SITE: Removal 20503 SITE: Cleanup/D	etail		SPEC/IND: SPEC/IND:			ABO, N,M Customer
EMPLOYEES: SIGN-IN Name (Print)	V LOG Signature	Time In/Out	Work Code	Time In/Out	Work Code	Total Hrs	Coty OF ABO
12/ 65	- 1/1	630/2	2005		22125	10.5	SUPERVISOR'S CHECKLIST
2.		200/2	,0101	15/12	22301	10	☑ BEGINNING OF JOB
3.11	15000 Carris	-20/2	301	132/5	203-2	10	Uniforms/ID Badges/PPE Training Certs & Medicals
Harry / Yazzic	Herry Hary	4710	20302/	530	20300	, -	Notifications/Updates Start Pack, Production Worksheet
5.				Ζ,			QualPRO Manual, Abatement Plan and/or Project Specs
	36						Safety Planning Emergency Response Plan Posted
6.				/			☐ Negative Exposure Assessment ☐ OSHA's Required
7.							☐ Confined Space & Lock-out/tag-out ☐ Necessary Equip/Supplies
8.							BEGINNING OF WORK SHIFT/DAY Safety Meeting
9.		\forall					Production Worksheet: Record actual hours and production rate/hour.
10.							Set-up Air-Monitoring & Post Previous Day's Results (unless NEA)
VISITORS AND SUBCOM	NTRACTORS: SIGN	LINLOGT	ntal Hours	<i>n</i>		30.5	sign & date manometer printout Organize workers into work teams
	gnature Employer		Purpose	of visit		209	with goals/tasks Review/train workers on correct
1.			•				work practices Check jobsite/inventory
2.							Check staging area & job board Change primary/secondary filters on
3.							Neg airs DURING WORK SHIFT/DAY
COMPLETED WORK DESC	RIPTION Note: Actu	al Quantitie	es Remo	oved	But	ο/1	☐ 2-Hours in containment ☐ Check work progress vs. goal
/ - /	4 Power Plan	15	200		- un t	<i>v</i> (Work organized for productivity Prep/abatement work NOT damaging
				14			surfaces, equipment, etc. Work practices in compliance with
PROBLEMS/DELAYS/UNUS	SUAL EVENTS/ACCIE	DENTS/SAF	ETY HA	ZARDS			QualPRO, Abatement Plan and/or Specifications
							Jobsite safety hazards noted for safety meeting
							QA/QC checklist filled out Check equipment Progress report to superintendent
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							Collect air cassettes/overnight Daily paperwork complete
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					osure lini-Enclos love Bag	sure	Work area secure/locked ☐ Security called
				□ C Rem	omponent oval		Record and analyze day's production on production worksheet
				Ø O □ R	utdoor Re FCI Meth		END OF JOB
				□ P	isposal rep ther (Desc	eribe)	☐ Visual inspection form completed/ signed off ☐ Final inspection form completed/signed
1		datin - 5					completed/signed 5
Locate on Drawing Regulated Work Area		Cor				ıı Log	& call for disposal pickup Leave job site clean
Critical Barriers Neg. Air Machines							☐ Punch list items completed ☐ Rentals returned
Exhaust Locations → → → Decon Station							☐ K-Team score cards completed ☐ Close-out documentation submitted
Page / of /	Whon	lak			_	1	111

Project Leader/Supervisor (Printed Name)

ct Leader/Supervisor (Printed Name)

am fully aware of the potent nvolved. By my signature be Work Classification	elow I acknowledge	erating procedur cts of contamina	applicable res/safety ration and l	state regu requiremei assume ai	lation, proj nts when w Il inherent d	ect specifi orking in occupation	ications, this area.	Contaminant Asbestos Lead Mold Other (Specify Below)
0101 ASB: Site Preparation 0102 ASB: Removal 0103 ASB: Cleanup/Detail 0104 ASB: Touchup/Restore 0105 ASB: Site Supervision 0301 LEAD: Site Preparation	20303 L 20304 L 20305 L 20501 S 20502 S	EAD: Removal EAD: Cleanup/Det EAD: Touchup/Res EAD: Site Supervis ITE: Preparation ITE: Removal ITE: Cleanup/Detai	store sîon	20505 20701 20702 20703 20704	SITE: Touc SITE: Supe SPEC/IND: SPEC/IND: SPEC/IND: SPEC/IND: SPEC/IND:	rvision : Site Prep : Removal : Cleanup/D : Touchup/F	Petail Res	Project CIBSON MED, CENTER Location ALBUQUELQUE N.M Customer
EMPLOYEES: SIGI	N-IN LOG Signature		Time	Work	Time	Work	Total	City of ABQ
inine (, , , , , , , , , , , , , , , , , , ,	Olghataic	111	In/Out	Code	In/Out	Code	Hrs	SUPERVISOR'S
UBEN KATO	5 - Far		N.	Lala	30	221 ²⁵⁾	14.5	CHECKLIST
ENDE GONTAL	EL TSON	1 all	TNS	20509	12830	2 3504	/ P	■ BEGINNING OF JOB Uniforms/ID Badges/PPE
die a West	2/1	7		2-504	123/	2019	10	Training Certs & Medicals
Anril MIZZI	E stay	Jeffe	ען צ	L'	1/25	Co	10	Notifications/Updates Start Pack, Production Worksheet
								QualPRO Manual, Abatement Plan and/or Project Specs
								Safety Planning Emergency Response Plan Posted
#X								☐ Negative Exposure Assessment
			/_,		/			☐ OSHA's Required ☐ Confined Space & Lock-out/tag-out
								Necessary Equip/Supplies BEGINNING OF WORK SHIFT/DAY
								Safety Meeting
L.			-		-			Production Worksheet: Record actu hours and production rate/hour.
0.								☐ Set-up Air-Monitoring & Post
0.								Previous Day's Results (unless NEA sign & date manometer printout
ISITORS AND SUB						3	2.5	Organize workers into work teams with goals/tasks
lame (Print)	Signature	Employer	Time In/Out	Purpos	e of visit oned	or work		Review/train workers on correct work practices
								Check jobsite/inventory
		ĺ						 ✓ Check staging area & job board ☐ Change primary/secondary filters or
								Neg airs
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Contaminant Asbestos Lead Asbestos Lead Mold Other (specify Proplement acronicitores Lead Mold Other (specify Proplement acronicity Lead Lead Mold Other (specify Proplement acronicity Lead Mold Other (specify Proplement acronicity Lead L	KEERS	QUAL	PRO®	DΔII	ΥP	RO.II	=CT	Log	Job No. Date (29/2)
## Common Principle State Project State Project Project		4 GOAL							Contaminant
Work Classification Codes Signature Notes Description Description	OSHA/EPA regulations, and	d Keers standard o	perating proced	ures/safety r	equireme	nts when v	vorking in	this area.	☐ Mold ☐ Other (Specify
Section Sect	involved. By my signature to	below I acknowledg	ects of contaminge that I have re	nation and I ad and fully	assume a understan	ll inherent nd the abov	occupatio e notice.	nal risks	Below)
Solid And Technique Control And Technique Co			LEAD: Removal		20504	SITE: Tou	hup/Restor	re]
2010 14.05 Set production 2010 14.05 Set pro	20102 ASB: Removal 20103 ASB: Cleanup/Detail	20304	LEAD: Touchup/R	lestore	20701	SPEC/IND	: Site Prep		GIPSON MED CENTER
Customer Press SIGN-IN LOG Topological Press	20105 ASB: Site Supervision	20501 20502	SITE: Preparation SITE: Removal		20703 20704	SPEC/IND SPEC/IND	: Cleanup/E : Touchup/I	Res	Location
SUPERVISOR'S CHECKLIST BEGINNING OF JOB Children Property ID slages PPE Training Certs & Madicals Monitoration I, Dates Monitoration I			SITE: Cleanup/De	tail	20705	SPEC/IND	: Site Super	vision	0
Check LIST Depote Aways S. S. S. Check CALLIST Depote Aways S. S. Depote Aways S. S. Depote Aways S. S. Selection Consistency Response Plan Posted Aways Notice Exposure Assessment Consistency Response Plan Posted Depote Speces Safety Planning Fencescope, Response Plan Posted Consistency Response Plan Posted Depote Speces Safety Planning Fencescope, Response Plan Posted Depote Manual, Abstactor Plan Response Response			14	In/Out	Code				
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Training Certa & Medicals 4.	Bereldo Divore	and	Nian	7/18	, osoy				,
Start Pack, Production Worksheet Start Pack, Production Worksheet Start Pack, Production Worksheet To the production of the protect of the production of the protect of	3.	0.0-4	-IND-	110	L			2.)	Training Certs & Medicals
5. 8. 7. 8. 9. 10. Wisitors AND SUBCONTRACTORS: SIGN-IN LOG Tout Hours! 10. Wisitors AND SUBCONTRACTORS: SIGN-IN LOG Tout Hours! 11. 12. 13. Signature Employer Imme Purpose of visit or work Information And Production Production and Production Production And Production Production And Production P	4.					_			Start Pack, Production Worksheet
6. Suppose The Possible Assisted OSIA's Required Location Worksheet Record actually a confined Space & Lock-outing-out Necessary Equip Supplies 8. Selson Most OF Work SHIFT/DAY 10. Signature Employer Time Purpose of visit or work Info to work from the Production Worksheet Record actually a confined space in the production Worksheet Record actually a confined space of the production Worksheet Record actually a confined space of the production Worksheet Record actually a confined production Worksheet Record actually a confined production work from the production Worksheet Record actually a confined production work from the production work	-								and/or Project Specs
7. Confined Space & Lock-outing-out Necessary Enginesing Production Work SHIFT/DAY 9. Safety Meeting Production Work SHIFT/DAY 10. Safety Meeting Production Work SHIFT/DAY Digital Safety Meeting Production Work SHIFT/DAY Digital Safety Meeting Production Work SHIFT/DAY Safety Meeting Production Work SHIFT/DAY Safety Meeting Production Work SHIFT/DAY Digital Safety Meeting Production Work SHIFT/DAY Safety Meeting Production Work SHIFT/DAY Digital Safety Meeting Production Work SHIFT/DAY Safety Meeting Production Work SHIFT/DAY Digital Safety Meeting Production Work SHIFT/DAY Safety Meeting Production Work SHIFT/DAY Digital Safety Meeting Production Work SHIFT/DAY Safety Meeting Pr	5.								Emergency Response Plan Posted
7. Confined Space & Lock-outlag-out Necssars Pethyspipelis Secondary Production work Necssars Pethyspipelis Secondary Production Work SHIFT/DAY	6.								
Sellowing of Work SHIFT/DAY Safety Meeting Production rate floor. Set up Air Morkinger, Record actual bows and production rate hours. Set up Air Morkinger, & Post Previous Day's Result Indies NEA sign, & date manufact printent The performed of the performed	7.								Confined Space & Lock-out/tag-out
9. 10. VISITORS AND SUBCONTRACTORS: SIGN-IN LOG Took Normal Name (Print) Signature Employer Time Imployer Time I	8.			\leftarrow		_			BEGINNING OF WORK SHIFT/DAY
10. ### Millor Sand Subcontractors: Sich-in Log Tool Hours ### Purpose of Visit or work Image: Purpose of Visit or Work or Visit or Vi	9			/		/_,			Production Worksheet: Record actual
VISITORS AND SUBCONTRACTORS: SIGN-IN LOG Total Hours# Name (Print) Signature Employer Index (Index Name Print) Signature Index (Index Na	J.								□ Set-up Air-Monitoring & Post
Mily goals/rasks **Removal Method Lace Jupin Plans and Jupin Programs report to superintendent Programs	10.								Previous Day's Results (unless NEA) sign & date manometer printout
1.							/	1.5	Organize workers into work teams
2. 3. Check jobsic/finxentory Change primary/secondary filters on Neg airs DURING WORK SHIFT/DAY 2-Hours in containment Check work progress vs. goal Work organized for productivity Preplabatement Work NOT damagin, strates, equipment, etc. Work practices in compliance with QualPRO, Abatement Plan and/or Specifications Jobes safety hazards noted for safety meeting QA/C checklist filled out Check work progress vs. goal Work organized for productivity Preplabatement Work NOT damagin, specifications Jobes safety hazards noted for safety meeting QA/C checklist filled out Check equipment Progress report to superintendent Progress report to superinten		Signature	Employer				or work		Review/train workers on correct
COMPLETED WORK DESCRIPTION Note: Actual Quantities Removed D. K. DALLY W. HAVE TO SOLD THE PROPERTY HAZARDS PROBLEMS/DELAYS/UNUSUAL EVENTS/ACCIDENTS/SAFETY HAZARDS DESCRIPTION Note: Actual Quantities Removed Conductor of the Property									Check jobsite/inventory
DURING WORK SHIFT/DAY DURING WORK SHIFT/DAY DURING WORK SHIFT/DAY 2-Hours in containment Work organized for productivity Preplabatement work NOT damagin, Specifications Jobsite safety hazards noted for safety meeting QA/QC checklist filled out Check equipment etc. Work practices in compliance with Dobite 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 Tools checked-in-secure Collect air cassettes/overnight Daily papervok complete End of Final inspection form completed/ signed off Final									☐ Change primary/secondary filters on
Check work progress vs. goal Work organized for productivity Preplabatement 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/OC checklist filled out Check equipment Progress resport to superintendent END OF WORK SHIFT/DAY All wet waste in containers Containment/staging area clean Sign and date manometer printout Tools checked-in/secure Infini-Enclosure Infini-Enclosur	3.								
Work organized for productivity Proplabatement work NOT damaging Surfaces, equipment, etc. Work practices in compliance with OualPRO, Abatement Plan and/or Specifications Jobsite safety hazards noted for safety meeting OA/OC 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 Tools checked-in/secure Collect air cassettes/overnight Daily paperwork complete Equip/Disposal Trailer Locked Jum 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 Disposal manifest signed (by owner) & call for disposal pickup Leave job site clean Progress resource Locate on Drawing Pre-Existing Damage & Fixture Condition Log Regulated Work Area Item Condition Location Critical Barriers Regulated Work Area Item Condition Location Regulated Work Area Item Condition Location Regulated Work Area Item Condition Regulated Work Area Item Condition Regulated Work Area Resource on Drawing Regulated Work Area Item Condition Regulated Work Area Resource on Drawing R		0.74				and the same and	Th 109	كعيا	
Surfaces, equipment, etc. Work practices in compliance with QualPRO, Abatement Plan and/or Specifications Josites safety hazards noted for safety meeting QA/OC checklist filled out Check equipment 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 Tools checked -in/secure Collect air cassettes/overnight Daily papervork 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 Disposal Prep Other (Describe) Locate On Drawing Pre-Existing Damage & Fixture Condition Log Regulated Work Area Illem Condition Location Prep Locate On Drawing Pre-Existing Damage & Fixture Condition Log Regulated Work Area Regulated	_ 1.	7	Hive	_ ~	. 1	sm	116	3/1	Work organized for productivity
PROBLEMS/DELAYS/UNUSUAL EVENTS/ACCIDENTS/SAFETY HAZARDS QualPRO, Abatement Plan and/or Specifications Jobsite safety hazards noted for safety meeting QA/OC checklist filled out Check equipment Progress report to superintendent	out side	of 76-	Bla	د					surfaces, equipment, etc.
Jobsite safety hazards noted for safety meeting QA/QC checklist filled out Check equipment Progress report to superintendent	M . 21	UNUSUAL EVE	ENTS/ACCID	ENTS/SAF	ETY HA	AZARDS			QualPRO, Abatement Plan and/or
Check equipment Progress report to superintendent	100 105	je —							Jobsite safety hazards noted for
RECORD OF JOBSITE COMMUNICATION/EXTRA WORK Removal Method Used Removal Method Used Regular Pressure Enclosure Glove Bag Component Regnoval Prep Other (Describe) Prep Other (Describe) Regulated Work Area Item Condition Location Location Location Leave job site clean Punch list items completed Rentals returned Rent									QA/QC checklist filled out
RECORD OF JOBSITE COMMUNICATION/EXTRA WORK Removal Method Used Sign and date manometer printout Tools checked-in/secure Collect air cassettes/overnight Daily paperwork complete Equip/Disposal Tailer Locked Turn off water/lights Work area secure/locked Security called Record and analyze day's production on production worksheet END OF JOB			2/						
Removal Method Used Removal Method Used Negative Pressure Collect air cassettes/overnight	J2 72 1	Swy 121	e,						
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	RECORD OF JOBSITE	COMMUNICA	TION/EXTRA	WORK					Containment/staging area clean
Removal Method Used Negative Pressure Full Disposal Trailer Locked Turn off water/lights Work area secure/locked Security called Record and analyze day's production on production worksheet	101								Tools checked-in/secure
Negative Pressure Enclosure Mini-Enclosure Glove Bag Component Regnoval RFCI Method Disposal Prep Other (Describe) Disposal manifest signed (by owner) Regulated Work Area Item Condition Location Leave job site clean Punch list items completed Renals returned Renals						1 p	1 N 4 . 41	L	Daily paperwork complete
Mini-Enclosure Glove Bag Component Removal RFCI Method Disposal Prep Other (Describe) Condition Location Location Location Leave job site clean Punch list items completed Reacond and analyze day's production on production worksheet Security called Record and analyze day's production on production worksheet END OF JOB							legative P		Turn off water/lights
Component Removal Outdoor Removal RFCI Method Disposal Prep Other (Describe) Completed/signed on production worksheet							1ini-Enclo	sure	Security called
Regulated Work Area Critical Barriers \(\) Neg. Air Machines Exhaust Location Crock Condition Condition	m .					Rep	omponen ioval		
Locate on Drawing Pre-Existing Damage & Fixture Condition Log Regulated Work Area Item Condition Location Pre-Existing Damage & Fixture Condition Log Regulated Work Area Leave job site clean Punch list items completed Rentals returned Rentals returned K-Team score cards completed Close-out documentation submitted						□ R	FCI Meth		
Locate on Drawing Pre-Existing Damage & Fixture Condition Log Regulated Work Area Item Condition Location Location Leave job site clean Punch list items completed Rentals returned Rentals returned K-Team score cards completed Close-out documentation submitted						□ P	rep	criba)	/signed off
Regulated Work Area Item Condition Location Leave job site clean Punch list items completed Rentals returned K-Team score cards completed Close-out documentation submitted	7 20								/ completed/signed
Critical Barriers Neg. Air Machines Exhaust Locations Decon Station Close-out documentation submitted								n Log	& call for disposal pickup
Exhaust Locations Decon Station	Critical Barriers	:			- 11 - 11				Punch list items completed
Close-out documentation submitted	Exhaust Locations 🛶 ->	\rightarrow							☐ K-Team score cards completed
21. 65 216			,						Close-out documentation submitted

Page ____ of ___

Project Leader/Supervisor (Printed Name)

Figned 160



QUALPRO® VISUAL INSPECTION REPORT

TASK SEQUENCING		Project Lander 4 4 1		E (D.O.			
		Project Leader Kat	5 6	E/PC	nn		
1. Preparation	6. Re-Inspection (if necessary)	Project Numbér	Date/Ho	ur	1.01		
2. Removal/Abatement	7. Lockdown Encapsulate	210321					
3. Detail Final Cleaning	8. Final Clearance Air-Monitoring	Project Title					
4. Post-Abatement Visual Inspection	9. Enclosure/Containment Takedown	GIBSON W	1 29	CEN	120		
5. Recleaning (if necessary)	10. Final Inspection	CIBSON MED CENTO Location ALBURUELUE, NOTO Owner/Client					
Post Abatement Visual Inspection C	hecklist	Owner/Client	-VE	N.F.			
Objective: absence of residue, dust, or deb	ris on surfaces in work area (any	Owner/Client	1 CRU	DUEN	duc		
residue, dust, or debris found during inspect ACM/LBP – reclean)	etion must be assumed to contain	Equipment neede	d: flasl	hlight, s	mall		
10010uily			olding	TL, Iac	ider,		
		IA: Not Applicable	AC (3)	CA (3)	NA (3)		
1. Check surfaces from which ACM/LBP ha	s been removed (with the unaided eye) for	r remaining residue.	10				
2. Enter all spaces where ACM/LBP abatem	ent was performed and inspect all surface	s at close range.	1				
(Close enough to touch) use a ladder/scaf	folding to reach high areas.		1	/			
3. Touch and rub substrates from which AC residue.							
4. Use a flashlight for areas of inadequate ill residue casts shadows.	umination. Shine it across surfaces and no	otice if any remaining	1				
5. Inspect areas that are difficult to reach or	see, or have been covered/enclosed prior t	o demolition:	1	-			
Check inside electrical J-boxes (pull co	overs) and behind conduit.						
'Check inside air register covers of HV	AC system (clean as far into duct as can l	pe reached)			-/		
Check entire surface area to make sure	nothing is covering surface that prevents	adequate removal	-/	/	· C		
'Check air duct flanges, pipe hangers &	suspended ceiling wall angle	adequate removar.	1	G			
Check around/behind surface mounted	fixtures		-				
	ces between steel beams and roof deck.		5"				
Check backside of steel beams including	ng building corners						
Check bolts, nuts, hangars on steel bea			4/				
	tees, bolts and valves where ACM was m	uidded on	1				
Check all surface area corners and per		iudded-oii.	3"				
Check all surface area holes, crevices a			-/				
	mastic extend under wall plates or other for	ved objects	-				
'Check tops of door jambs, window sill	s etc	ixed objects.	//				
'Check wall studs/cavities, J-boxes, and					-4		
6. Inspect poly barriers for residue and water				2	-		
 Inspect party curriers for residue and water Inspect crawl spaces on hands and knees water 		romoinino debuie	1				
Note: No pieces of ACM/LBP shall be pre	sent on top or mixed in with loose soil	emaining debris.	-				
8. Report location of any inaccessible ACM/	LBP on final inspection report form (brief	- owner/consultant)					
The undersigned, having inspected the regulated	work area according to industry guidelin	es and ASTM standards	certify	that no			
visible ACM/LBP residue/dust/debris was disco	vered within the containment/regulated w	ork area prior to clearan	, certify	mai no			
sampling/analytical and containment/regulated v	work area barrier removal.	orn area prior to eleatur					
2							
COURT TO 1 / 15	-						
SIGNED: When Project Ledder	SIGNED:	spector Conducting Visual Ins			.		
Project Leader	In:	spector Conducting Visual Ins	pection				
DATE:							
	Certi	fication/License Number (if ap	plicable)				
		1.5	- /				



QUALPRO® FINAL INSPECTION REPORT

CONTRACTOR		KEREN SAME
Customer Representative	Project Leader	Service Coordinator
Vicente Martin 12	RUBEN KATO	CHRIS LARA
Company/Organization	Project Number	Date/Hour
Address Alberguergue	210321	6/29/21
71447000	Project Title	7-11-0
1901 4th SI NW ALL NOW	GIBSON MEDICAL	CENTER
City State Zip	Project Location	
87102 505.933-2842	ALBUQUERQUE, NIM	
Phone Number Fax Number	Service(s) Provided (Check)	
	Asbestos Abatement	☐ Decontamination
	✓ Lead Abatement ☐ UST Removal	☐ Site Remediation☐ Demolition
	☐ HVAC Air Duct Cleaning	
The undersigned, having completed the scope of work, and a	fter carefully inspecting the work	area in accordance with
Keers QualPRO® quality inspection procedures, and reviewin applicable) authorize release of the work area.	g the final clearance sampling/a	nalytical results (if
Signed: 705e, kt = Date: 1/21 Qualit	y Checked by:	Date:
Project Leader		
Project Completion Briefing Checklist ✓	Final Clearar (Asbestos & Lead	
Work area left clean and neat.	✓ Analytical clearance results	
Job walk-thru with customer representative	(asbestos release criteria: .01	
explaining/reviewing all work completed.	structures/mm ² TEM). Lead r	elease: interior floors 40
Keys and any owner provided items returned.	μg/ft²; interior windowsills 250	
Closeout documentation importance discussion (Owner	μg/ft². Soil : play areas 400 pp ppm.	om; remainder of yard 1200
will receive within 4 weeks). Repairs needed due to destructive nature of work, to be	Important-Asbesto	os Proiects Only
repaired at Keers' expense	Location and quantity of AC	
✓ Other information or concerns customer should know	work area, not scheduled for	r abatement (required per
☐ Other:	OSHA 29 CFR 1926.1101).	·
	Responsibility of building owner	or to pact warning cians at
	entrances to areas which emp	
-	class 1 ACM/PACMs present,	location and work practices
	required to ensure no disturba 1926.1101).	nce (OSHA 29 CFR
Comments	1 1020.1101).	
Pe		
rize		
S #		
÷ @		
I acknowledge that the applicable items on the project compl	letion-briefing checklist have been re	eviewed with me by my Keers
I acknowledge that the applicable items on the project compl Environmental representative to my satisfaction. I have insp been performed in an acceptable manner in accordance with	ected the job-site and work complet	ed. All work contracted has
I acknowledge that the applicable items on the project complete Environmental representative to my satisfaction. I have inspect to my satisfaction.	ected the job-site and work complet	ed. All work contracted has
I acknowledge that the applicable items on the project compl Environmental representative to my satisfaction. I have insp been performed in an acceptable manner in accordance with noted above.	ected the job-site and work complet the proposal/agreement and/or cor	ed. All work contracted has htract/specifications, other than
I acknowledge that the applicable items on the project complete Environmental representative to my satisfaction. I have inspecen performed in an acceptable manner in accordance with noted above. Signed: Owner or Authorized Representative	ected the job-site and work complet the proposal/agreement and/or cor	ed. All work contracted has

06/21/03

White Sheet: Keers Yellow Sheet: Closeout Pink: Customer

SAMPLING FOR RS QualPR

	\leq	(
Customer/Owner	Project Location ACRUQUEAQUE, NM	GIBSOM, MED (ENTEN	TM 2/0321	Project Number
Buduenak	Nin Rober Ros	CENTER	913/14	
	ent Person	TEM	Asbestos	Analysis Required (Circle One)
Rotor	Sig		Lead	ured (Cir
Rotomoter # Calibration Date	Signature		Other (Specify)	cle One)

						7 30 X113	11300	Bowoch	(an	Joseph .	6/	11/6	L
Sample No. (Job#DateSample#)	-	Starting Time low Rate Off		Total Minutes	Total Air Volume	Employee Name Social Sec. #	Task S	Sample Code	Lab Results	8 Hour TWA	STEL (Asb.)	Material Code	% ASB Eng. ACM Controls Type Code		Work Areas Code
5/5/21 Hol B30	2, 1 mrd (m	3 S. C.		5/0	cho?	40 510 2040 General	All was	0	Max 6 10,00094			75	>	340	├ \
102	a.m. rem.	a.m., p.m.	э.	\	ı			B							
7 03	a.m., p.m.	a,m, p,m.)	1			4	6				\$		4	4
	a.m. p.m.	a.m. p.m.	n.				<					~	/		
	a.m. p.m.	a.m. p.m.	B										/		
V.	a.m. p.m.	a.m. p.m.	m.										/		
	a.m., p.m.	a.m. p.m.	m.												
	a,m. p.m.	a.m. p.m.	m							0.5			/		
	a.m. p.m.	a.m. p.m.	In,												
	a.m. p.m.	a.m., p.m.	<u> </u>									-	/		

hin Lab Purchase Order # 紀り33ト06	nternally wit	Chain of Custody continued internally within Lab Required Turn Around (Hrs) Purch White - Job File Yellow - Closeout
Date Date		Lab Sent to: A SSQU COU Lab Signature:
	Date	Samples Relinquished by:
Date		Samples Received by:
6/11/21	Date	Samples Relinquished by:

	TASK CODES (ASBESTOS & LEAD)	STOS & LEAD)
	AR - Asphalt Roof Removal	SR - Sprayed Firepo
	CA - Clean-up Activities	TR - TSI Removal
	CS - Ceiling Scrape	AB - Abrasive Blas
_	CR - Cement Transite Removal AV - Abrasive Vacu	AV - Abrasive Vacu
	-)

DR - Drywall Removal

PA - Preparation Activities RF - RFCI Method SE - Soil Excavation MF - Manual Flooring Removal MS - Manual Scraping MM -Mech. Mastic Removal MD - Manual Demolition FM -Fluid Mastic Removal ED - Equipment Demolition BS - Bulk Sampling OT - Other EE - Encap/Enclosure WB - Waterblasting

(See Back) MATERIAL DESCRIPTION CODES

Pink - Monitoring Binder

d Fireproofing Removal I - Indoor WORK AREA CODES

PS - Pneumatic Scaling/Scabbler CH - Chemical Stripping CO - Component Removal AV - Abrasive Vacuum blasting AB - Abrasive Blasting CS - Crawl Space OT - Other (Specify) BR - Boiler Room AP - Attic Plenum A - f/cc O - Outdoor R - Roof

ANALYSIS CODE/LAB RESULTS

OT - Other (Specify) T - s/mm O - Overloaded NA - Not Analyzed ND - None Detected L - µ/m D - Damaged Filter

GB - Glove Bag ENG. CONTROL CODES

NPE - Neg. Pressure Enclosure
ME - Mini Enclosure W - Wet

OT - Other (Specify)

SAMPLING CODES

B - Field Blank

E - Excursion C - Clearance

CR - Crocidolite

T - Tremolite

P - Personal G - General Environ.

S - Soil W - Wipe

T- TCLP C - Composite

ASBESTOS TYPE CODES

A - Amosite C - Chrysotile

AC - Actinolite

AN - Anthophyllite



To:

KEERS REMEDIATION, INC.

5904 FLORENCE AVE. NE

ALBUQUERQUE, NM 87113

Fax:

505-823-2766

Attn:

Emily Sanchez

Date Received:

7/1/2021

Date Completed: 7/6/2021

Airborne Fiber Analysis

Workorder:

A59802

No. of Analyses: 03

Method: Each filter has been analyzed following the NIOSH 7400 Method. A wedge from each filter has been

Location:

210321-Gibson Med Center/Sample Date: 06/15/21

Sample ID
210321-06/15/21-1
210321-06/15/21-2

210321-06/15/21-3

Fiber	Count
(f/cc)	(f/flds)
<0.00094	0.5/100
	0/100
	0/100

examined using a phase contrast microscope. Set "A" counting rules were used.

	Volume
	(liters)
	2040
	Field Blank
ij	Field Blank

r	
1	Det. Limit
l	(f/cc)
	0.00094
ĺ	****
ſ	

Comments

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, Asbestos Laboratory Manager

Page 1 of 1

Asbestos Client Reports 2.0.090806142300

Report Date:

7/6/2021 2:41:27 PM

					j
Customer/Owner City of ARA	Aubustanaue N. m On-Site Compo	GIBSON MED CENTER	Project Title	IM 210321 6/16/21	Project Number Date
	petent Peyson	CM) TEM		Asbestos	nalysis Requ
Rotometer #	Sigr			Lead	nired (Circle One)
neter # Calibration Date $ f_{\mu} ^{\mu}$ $ f_{\nu} ^{\nu}$ $ f_{\nu} ^{\nu}$ $ f_{\nu} ^{\nu}$ $ f_{\nu} ^{\nu}$	Signature			Other (Specify)	le One)

							7	7				1.00	1.1		171	1
	Time S	Starting Flow Rate (LPM)	Time Off F	Ending Flow Rate (LPM)	Total Minutes	Total Air Volume	Employee Name Social Sec. #	Task Code	Sample Code	Lab Results	8 Hour TWA	STEL (Asb.)	Material Code	% ASB	B Eng. ACM Controls Type Code	Work Areas Code
51621 HO1	C. 1 . w.d . 23.	1.0	@ /v	S 6,0 540	ch3	2160	(Sepero)	FIMAR	6	EN C (0.000 89	7		12		DPG.	+1
7.0	a.m. p.m.	E.	a.m. p.m.	5	5	\			D.							
30 03	a.m. p.m.		a.m. p.m.	(((B	8				λ		4	4
0.00	a.m. p.m.	70.	a.m. p.m.					<					~			_
	a.m. p.m.		a.m. p.m.													
	a.ın. p.m.	03.1	a.m. p.m.													
	a.m. p.m.		a.m. p.m.													
	a.m. p.m.		a.m. p.m.													
	a.m. p.m		a.m. p.m.													
	a.m. p.m.	02.1	a.m. p.m.													

White - Job File Required Turn Around (Hrs) Chain of Custody continued internally within Lab The Contract of the Contract o Yellow - Closeout 210321-06 Purchase Order #

Pink - Monitoring Binder

PA - Preparation Activities RF - RFCI Method SE - Soil Excavation MATERIAL DESCRIPTION CODES BS - Bulk Sampling OT - Other

(See Back)

WORK AREA CODES ENG. CONTROL CODES

SR - Sprayed Fireproofing Removal I - Indoor CS - Crawl Space AP - Attic Plenum

O - Outdoor R - Roof

OT - Other (Specify)

BR - Boiler Room

AV - Abrasive Vacuum blasting

AB - Abrasive Blasting TR - TSI Removal

CO - Component Removal

EE - Encap/Enclosure CH - Chemical Stripping Samples Relinquished by:

Date

ED - Equipment Demolition DR - Drywall Removal CR - Cement Transite Removal CA - Clean-up Activities CS - Ceiling Scrape

FM -Fluid Mastic Removal

MM -Mech. Mastic Removal MD - Manual Demolition

WB - Waterblasting

MF - Manual Flooring Removal MS - Manual Scraping

Lab Signature:

Lab Sent to: 155ai

Samples Received by:

Date 7 7

AR - Asphalt Roof Removal

TASK CODES (ASBESTOS & LEAD)

Samples Relinquished by:

Date

PS - Pneumatic Scaling/Scabbler ANALYSIS CODE/LAB RESULTS

A - f/cc

NA - Not Analyzed ND - None Detected L - µ/m D - Damaged Filter

O - Overloaded

OT - Other (Specify)

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

SAMPLING CODES

B - Field Blank

G - General Environ E - Excursion C - Clearance

W - Wipe P - Personal

S - Soil C - Composite

T- TCLP

ASBESTOS TYPE CODES

CR - Crocidolite C - Chrysotile

AN - Anthophyllite AC - Actinolite

T - Tremolite



Date Received:

Workorder:

Date Completed: 7/6/2021

Airborne Fiber Analysis

No. of Analyses: 03

Det. Limit (f/cc) 0.00089

To: KEERS REMEDIATION, INC.

5904 FLORENCE AVE. NE

ALBUQUERQUE, NM 87113

Fax: 505-823-2766

Attn: Emily Sanchez

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: 210321-Gibson Med Center/Sample Date: 06/16/21

	Sample ID
ĺ	210321-06/16/21-1
1	210321-06/16/21-2
1	210321-06/16/21-3

Fiber	Count
(f/cc)	(f/flds)
<0.00089	1/100
****	0/100
****	0/100

Volume
(liters)
2160
Field Blank
Field Blank

Comments	

7/1/2021

A59803

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, Asbestos Laboratory Manager

C 42	Customer/Owner	ALBUGIERAUS, NA		GIBSON,	Project Title	U U U C TM 2/3/2/	Project Num
City of ALBOOLEAGUE	vner	aus, wir Roberton	On-Site Con	GIBSON MED. CENTER		6/17/2	Date ,
		2	petent Person	TEM TEM		Asbestos	Analysis Required (Circle One)
coHo In	Roton	h	Sign			Lead	ired (Circ
wto 6/2/21	otometer # Calibration Date	1	Signature			Other (Specify)	le One)

											- 11				
Sample No. (Job#DateSample#)	Time Starting Flow Rate On (LPM)	Time Off	Ending Flow Rate (LPM)	Total Minutes	Total Air Volume	Employee Name Social Sec. #	Task Code	Sample Code	Lab Results	8 Hour TWA	STEL (Asb.)	Material Code	% ASB ACM Type	SB Eng. ACM Controls Type Code	Work Areas Code
10 # 125012	770 p.m. 2.0	0 1 p.m. 20		2	60	Francis County	1/2	in	CS. 0.30			HF A		68	H
102	63 C 2.0	a.m. Sh. Y.O	45	912	ديدر	Known Coroya		7	0.0019						
\$0		C. h 62 we	40	460	1920	Genea)		\ \ \	6 <0,0010						
40	a.m. p.m.	a.m. p.m.	\)	\			B				1	/		
20 0	a.m. p.m.	a.m. p.m.	/		(4	00						4	4
	a.m. p.m.	a.m. p.m.					_					_		-	
	a.m. p.m.	a.m. p.m.													
	a.m. p.m.	a.m. p.m.											/		
	a.m. p.m.	a.m. p.m.													
	a.m. p.m.	a.m. p.m.													

					_	_
Required Furn Around (Hrs) All Care White - Job File Yellow - Closeout	Chain of Custody continued internally within Lab	Lab Signature:	Lab Sent to:	Samples Relinquished by:	Samples Received by:	Samples Relinquished by:
	nally wi			Date		Date
Purchase Order # 210321-010	thin Lab	Date	Date		Date	6/19/21

CS - Ceiling Scrape CR - Cement Transite Removal RF - RFCI Method SE - Soil Excavation MF - Manual Flooring Removal MS - Manual Scraping DR - Drywall Removal PA - Preparation Activities MM -Mech. Mastic Removal MD - Manual Demolition FM -Fluid Mastic Removal ED - Equipment Demolition WB - Waterblasting BS - Bulk Sampling OT - Other AV - Abrasive Vacuum blasting PS - Pneumatic Scaling/Scabbler EE - Encap/Enclosure CH - Chemical Stripping CO - Component Removal AB - Abrasive Blasting

MATERIAL DESCRIPTION CODES

(See Back)

Pink - Monitoring Binder

WORK AREA CODES

SR - Sprayed Fireproofing Removal 1 - Indoor TR - TSI Removal CS - Craw CS - Crawl Space AP - Attic Plenum

AR - Asphalt Roof Removal CA - Clean-up Activities

TASK CODES (ASBESTOS & LEAD)

BR - Boiler Room R - Roof

OT - Other (Specify) O - Outdoor

ANALYSIS CODE/LAB RESULTS

A - f/cc

ND - None Detected L - µ/m D - Damaged Filter

O - Overloaded NA - Not Analyzed

OT - Other (Specify) T - s/min

ENG. CONTROL CODES

GB - Glove Bag NPE - Neg. Pressure Enclosure ME - Mini Enclosure

OT - Other (Specify) W - Wet

SAMPLING CODES

B - Field Blank

C - Clearance

E - Excursion

P - Personal G - General Environ.

C - Composite S - Soil W - Wipe

T-TCLP

ASBESTOS TYPE CODES

T - Tremolite CR - Crocidolite A - Amosite C - Chrysotile

AC - Actinolite AN - Anthophyllite

f\\+keers remediation\sampling form 01-04



To: KEERS REMEDIATION, INC.

5904 FLORENCE AVE. NE ALBUQUERQUE, NM 87113

Fax: 505-823-2766

Attn: **Emily Sanchez** Date Received:

7/1/2021

Date Completed: 7/6/2021

Airborne Fiber Analysis

Workorder:

A59804 No. of Analyses: 05

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: 210321-Gibson Med Center/Sample Date: 06/17/21

	Sample ID
Ì	210321-06/17/21-1
	210321-06/17/21-2
	210321-06/17/21-3
	210321-06/17/21-4
	210321-06/17/21-5

Fiber	Count
(f/cc)	(f/flds)
<0.032	1/100
<0.0019	0.5/100
<0.0010	1/100
	0/100
****	0.5/100

Volume	Det. Limit
(liters)	(f/cc)
60	0.032
1020	0.0019
1920	0.0010
ield Blank	
ield Blank	

Comments	
23	

COMMENTS:

23: Actual Time Weighted Average (TWA) for Francisco Lozoya ≤ 0.0036 f/cc

Analyst:

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

Respectfully submitted.

William P. Biava, Asbestos Laboratory Manager

Page 1 of 1

Asbestos Client Reports 2.0.090806142300

Report Date:

7/6/2021 2:41:37 PM

SAMPLING FORM QualPRO M 2/3321

Project Title Project Location Project Number Customer/Owner GIBSON 1 9130 ٦ MED. ev averave CENTER On-Site Competent Person Analysis Required (Circle One) PCIN TEM Asbestos (UHUH) ICHUI Lead Rotometer # Signature Other (Specify) Calibration Date

					CITY OF ALBU	ALBUBUERGUE	00			1CHU)	10 HOH / 1C)	61	2/2	
Sample No. (Job#DateSample#)	Time Starting Flow Rate (LPM)	Time Off	Ending Total Flow Rate (LPM) Minutes	Iotal Air Volume	Employee Name Social Sec. #	Task Code	Sample Code	Lab Results	8 Hour TWA	STEL (Asb.)	Material Code	% ASB ACM Type	ACM Controls Type Code	Work Areas Code
(0 Apre 81.9	2.0 p.m. 2.0	750 2,0	30 0	60	trister Concin Ortego	TR	Ý	0.037			We T		88	H
10	350 2,3	2.5	100 2	(A)	24 Tristen Garcin-O. Toom		4	\$00.008 1					_	
\$ C	C'h urd 60	230 7,2	120 9	180	490 General		Y e	(0,004)	0					
10 by	a.m. p.m.	a.m. p.m.	/	/		4	Ø	(\$_			
300	a.m., p.m.	a.m. p.m.	((B				<u> </u>		4	
c	a.m. p.m.	am. p.m.		7									-	4
	a.m. p.m.	a.m. p.m.										/		4
	a.m. p.m.	a.m. p.m.												
	a.m. p.m.	a.m. p.m.												
	a.m. p.m.	a.m. p.m.												

Samples Relinguished by:	Date	c/19/21
S R		Date
Samples Relinquished by:	Date	
Lab Sent to: CALLAND Signature:		Date
Chain of Custody continued internally within Lab Required Turn Around (Hrs) Purch	ıally wi	Purchase Order #
White - Job File Yellow - Closeout		

AR - Asphalt Roof Removal TASK CODES (ASBESTOS & LEAD)

DR - Drywall Removal CR - Cement Transite Removal CS - Ceiling Scrape CA - Clean-up Activities ED - Equipment Demolition AV - Abrasive Vacuum blasting CH - Chemical Stripping CO - Component Removal AB - Abrasive Blasting TR - TSI Removal

MF - Manual Flooring Removal MS - Manual Scraping PA - Preparation Activities MM -Mech. Mastic Removal MD - Manual Demolition FM -Fluid Mastic Removal BS - Bulk Sampling OT - Other WB - Waterblasting PS - Pneumatic Scaling/Scabbler EE - Encap/Enclosure

MATERIAL DESCRIPTION CODES

RF - RFCI Method SE - Soil Excavation

(See Back)

Pink - Monitoring Binder

WORK AREA CODES

SR - Sprayed Fireproofing Removal I - Indoor CS - Crawl Space AP - Attic Plenum

BR - Boiler Room R - Roof

OT - Other (Specify) O - Outdoor

ANALYSIS CODE/LAB RESULTS

A - I/cc

D - Damaged Filter ND - None Detected L - µ/m

O - Overloaded NA - Not Analyzed T - s/mm

OT - Other (Specify)

GB - Glove Bag ME - Mini Enclosure NPE - Neg. Pressure Enclosure

ENG. CONTROL CODES

OT - Other (Specify) W - Wet

SAMPLING CODES

C - Clearance B - Field Blank

G - General Environ. E - Excursion

P - Personal

S - Soil W - Wipe

C - Composite T- TCLP

A - Amosite ASBESTOS TYPE CODES C - Chrysotile

CR - Crocidolite

AC - Actinolite T - Tremolite

AN - Anthophyllite

f:\+keers remediation\sampling form 01-04



To: KEERS REMEDIATION, INC.

5904 FLORENCE AVE. NE ALBUQUERQUE, NM 87113

Fax: 505-823-2766

Attn: **Emily Sanchez** Date Received:

7/1/2021

Date Completed: 7/6/2021

Airborne Fiber Analysis Workorder:

No. of Analyses: 05

A59806

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: 210321-Gibson Med Center/Sample Date: 06/18/21

	Sample ID
	210321-06/18/21-1
	210321-06/18/21-2
	210321-06/18/21-3
	210321-06/18/21-4
ĺ	210321-06/18/21-5

Fiber Count	
(f/cc)	(f/flds)
<0.032	1/100
<0.0080	0.5/100
<0.0040	1.5/100
1999	0/100
	0/100

1	Volume		
	(liters)		
	60		
1	240		
	480 Field Blank		
	Field Blank		

	Det. Limit	
	(f/cc)	
	0.032	Ī
	0.0080	ĺ
	0.0040	
Г		7

	Comments
-	21
\vdash	

COMMENTS:

21: 8 Hour Time Weighted Average (TWA) for Tristen Garcia-Ortega ≤ 0.0040 f/cc

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, Asbestos Laboratory Manager

July 28, 2020

Ms. Emily Sanchez Keers Remediation, Inc. 5904 Florence Ave. NE Albuquerque, NM 87113

Re: Asbestos Negative Exposure Assessment

Floor Tile & Associated Mastic Removal

Project No.: FS-20-694-0723

Central New Mexico Community College

2004 Coal Ave SE – Building N Albuquerque, New Mexico 87106

Dear Ms. Sanchez,

In accordance with your request, Assaigai, LLC has reviewed asbestos abatement air monitoring data collected over a one-day work shift by Assaigai personnel at Central New Mexico Community College, Building N, 1700 2004 Coal Ave SE in Albuquerque, New Mexico The personal monitoring was conducted on Thursday, July 26, 2020 from 7:00 A.M. to 14:30 P.M. Review of the data indicates that if work practices and engineering controls implemented during this negative exposure assessment are followed, then the airborne fiber levels determined using the NIOSH 7400 method will not exceed the OSHA short term exposure limit (STEL) of 1.0 f/cc or the OSHA eight-hour time weighted average permissible exposure level of 0.1 f/cc. This determination is being made to satisfy the OSHA requirements for a "Negative Exposure Assessment" pursuant to 29 CFR 1926.1101 (f)(2)(iii)(C).

The following are information and sampling data pertinent to this "Negative Exposure Assessment" (NEA):

Worker Job Tasks:

Workers worked one 7.5 hour shift (7:00 A.M. to 14:30 P.M. - with each worker performing a variety of functions throughout the work shift. The work consisted of removing floor tile and mastic materials. All workers performed removal and the bagging of the abated waste materials.

Work Practices:

Removal of the floor tile and associated mastic was effected using hand/floor scrappers, floor buffers equipped with blades and mastic remover. Materials were wet down with amended water prior to and during removal. The containment area was HEPA vacuumed after the mastic materials were removed. Any debris that was not double bagged was HEPA vacuumed.

Keers Remediation, Inc.
Project No. FS-20-694-0723
Central New Mexico Community College 2004 Coal Ave SE, Bldg. N
Albuquerque, NM
July 28, 2020

Personal Protective Equipment Used:

Disposable Fiber Block coveralls, gloves, steel toed boots and full faced powered air purifying respirators (PAPR) fitted with HEPA cartridges were utilized throughout the removal/abatement procedures.

Engineering Controls:

A three stage decon with two layers of plastic poly sheeting was utilized. Debris from the work was HEPA vacuumed and doubled bagged as it was generated. Several negative air machines were spread throughout containment. Further, materials in the work area were sprayed with amended water during removal operations in order to minimize the generation of asbestos containing airborne particulate.

Personal Air Monitoring Data:

Samples were collected using the NIOSH 7400 protocol of at least 25% of the workers for a particular work task. Samples were submitted to Assaigai LLC for analysis. Assaigai is a Proficiency Analytical Testing (PAT) "proficient" participant for asbestos in air samples. See attached report presenting the personal air monitoring data, copy of the applicable sampling log/chain of custody record and the laboratory analytical report.

Please note that this "Negative Exposure Assessment" is applicable only for asbestos abatement activities, which are conducted and performed during the shift utilizing the work practices, and engineering controls cited above. This NEA will not be applicable to situations where the work practices, the time the work was performed or the engineering controls are materially altered or changed.

Should you have any questions or require anything further please contact me.

Sincerely

Andres Baca

Industrial Hygienist Technician

William P. Biava

President & AHERA Inspector

Encl.



To:

KEERS REMEDIATION, INC.

5904 FLORENCE AVE NE

ALBUQUERQUE, NM 87113

Fax:

505-823-2766

Attn:

Date Received:

7/23/2020

Date Completed: 7/24/2020

Airborne Fiber Analysis

Workorder:

A57714

No. of Analyses: 05

EMILY SANCHEZ

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:

Negative Exposure Assessment, Central New Mexico Community College, Building N, 2004 Coal Ave

	Sample ID
ĺ	FS-20-694-0723-1
Ì	FS-20-694-0723-2
j	FS-20-694-0723-3+
	FS-20-694-0723-4
	FS-20-694-0723-5

Fiber	Count
(f/cc)	(f/flds)
	0/100
	1/100
0.040	5.5/100
<0.0049	4/100
0.0087	7/100

Volume (liters) Field Blank Field Blank 60 390 360
Field Blank 60 390
60 390
390
360

1	
I	Det. Limit
I	(f/cc)
Į	****
	185=0
	0.032
	0.0049
ſ	0.0053

	Comments
Ē	
E	
	21
	21

COMMENTS:

21: 8 Hour Time Weighted Average (TWA) for Harryl Yazzie ≤ 0.0058 f/cc

21: 8 Hour Time Weighted Average (TWA) for Benjamin Powell ≤ 0.0020 f/cc

Analyst:

Liliana Castro

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

Respectfully submitted,

William P. Biava, Asbestos Laboratory Manager

Page 1 of 1

Asbestos Client Reports 2.0.090806142300

Report Date:

7/24/2020 11:45:53 AM

June 21, 2021

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

Re: PCM Final Air Clearance

Gibson Medical Center 5400 Gibson Blvd SE Albuquerque, NM

Dear Ms. Sanchez:

Final clearance air monitoring was performed by Jeremy N Sheldrake on Thursday, June 17, 2021, within the Basement 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-21-578-0617
Location:	Gibson Medical Center – 5400 Gibson Blvd SE, Albuquerque, NM
Task:	PCM Final Air Clearance Sampling
Sampling Date:	6/17/2021
Remediation Project Supervisor:	Emily Sanchez
AAL Sampling Technician:	Jeremy N Sheldrake
AAL PCM Analyst:	Chris Rodriguez

Air Sample Number	Sample Location
FS-21-578-0617-1	Field Blank
FS-21-578-0617-2	Field Blank
FS-21-578-0617-3	Inside Containment – Northeast Hallway
FS-21-578-0617-4	Inside Containment – East Area
FS-21-578-0617-5	Inside Containment – Southwest Hallway
FS-21-578-0617-6	Inside Containment – Central Area
FS-21-578-0617-7	Inside Containment – Northeast Area

Keers Remediation, Inc. Project No. FS-21-578-0617 Gibson Medical Center 5400 Gibson Blvd SE Albuquerque, NM June 21, 2021

In excess of 1200 liters of air was passed through each of the final clearance air samples. Samples were analyzed by Chris Rodriguez of Assaigai, LLC 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.

Sincerely,

Jeremy N Sheldrake

Industrial Hygienist & AHERA Inspector

enc.

To:

KEERS REMEDIATION, INC.

5904 FLORENCE AVE. NE

ALBUQUERQUE, NM 87113

Fax: Attn: 505-823-2766

Emily Sanchez

Date Received:

6/17/2021

Date Completed: 6/18/2021

Airborne Fiber Analysis Workorder:

A59719

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 Clearance Sampling & Analysis Gibson Medical Center, 5400 Gibson B;vd SE, Albuquerque, NM

Sample ID	Fiber	Count	Volume	Det. Limit	Comments		
	(f/cc)	(f/flds)	(liters)	(f/cc)			
FS-21-578-0617-1	****	0/100	Field Blank	i i b			
FS-21-578-0617-2	-	0/100	Field Blank				
FS-21-578-0617-3	<0.0016	1/100	1232	0.0016			
FS-21-578-0617-4	<0.0016	2/100	1232	0.0016			
FS-21-578-0617-5	<0.0016	1.5/100	1232	0.0016			
FS-21-578-0617-6	<0.0016	1.5/100	1232	0.0016			
FS-21-578-0617-7	<0.0016	3/100	1232	0.0016			

Analyst:

Chris Rodriquez

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

Respectfully submitted,

wan P. Branz William P. Biava, Asbestos Laboratory Manager

Page 1 of 1

Asbestos Client Reports 2,0.090806142300

Report Date:

6/18/2021 9:03:27 AM



SPECIAL 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

All applicable blanks MUST BE COMPLETED, Including signatures

Part I GENERATO	R)						
A generator must sign and keep a copy of each manifest in accordance with NMA received the waste. Only hand signed copies are legal documents for generators.		nand signed co	opy from the	designated faci	lity that		
Job Number: 210321	Tracking Number:						
Project Name: GIBSON MED CENTER	Generator Name:	BUOVERQU	ε				
Address: 5400 GIBSON BLUD SE	Address: 1801	4 14	57	N.W			
City/State/Zip: nenoverous, NM 37108	City/State/Zip: Ac				2		
Telephone: 605/768-5312 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 a supplicable international and government regulations and supplicable international and government regulations and supplicable international and government regulations and supplicable international and government regulations are supplied to the supplied of the supplied in the su	s, and are in all respect and is not a hazardous	described by s in proper of	y proper she condition for efined by 40	transport by CFR, Part 26			
Contractor Names &	R	Responsib		ENTS			
Contractor Name: Keers Remediation				TE BURE.			
Address: 904 Runauce NJ A				ANCIS OR	/		
City/State/Zip/Phone: ALBUR VERSUS N.M 87103 (505)		SANTA Weight	FE, NI	M 87502 Friable	•		
CERTIFICATION. I hereby declare that the contents of this consignme accurately described by proper shipping name and are classified, packaged		Bags	DURRIT	Non-Friable			
accordance with applicable regulations, and are in all respects in proper co	ndition for transport	Barrels	D'BAG	UN2212 Pkg.			
by highway according to applicable international and government regulation hazardous waste as defined by 40 CFR, Part 261.	ons and is not a	Cu. Yds.	15	Group II UN2590 Pkg.			
Special Handling Instructions:		Waste Description					
		ACM IS REODETIL BLOCK MASTE					
		(ExMOCE & NOW FRIABLE MAT)					
Pho Vito - 1	6	(EXIADLE	ENON FI	HABLE WAS	rt)		
Name of Authorized Agent Signature							
Part III TRANSPORTE							
Name of Transporter #1: Special wasts Caspusal	Special Waste Ha		_	0.00			
Mailing Address: 5904 Flepence AND NEARS Non TI	WPsone No. 823	1006 Tr	uck Licen	ise No.: 19	KROOM		
Name of Transporter #2:	Special Waste Ha	auler Perm	it No.:				
Mailing Address:	Phone No.		uck Licen				
The following statement must be signed by the truck driver prior to unloading at been placed in this truck since the containers described.				no other materi	al has		
Signature of Transporter #1:	Date Re		06	282	, 1		
Signature of Transporter #2:	Date Re						
Part IV DISPOSAL SIT							
This is to certify that the Special Waste Disposal Facility, operating under NMED So the disposal of asbestos waste has received the above in	olid Waste Bureau Facility dicated waste (except for n	ID No. SWM0 noted discrepa	13035 (SP) h	as been approve	d for		
Discrepancy Explanation:			RESPON	ISIBLE AGEN			

WHITE: SWD

23002

Authorized Signature:

Active Area#

PINK: NMED-Air Quality Bureau PLEASE PRESS FIRMLY

YELLOW: Transporter #2

Date

GREEN: Transporter: #1

Santa Fe, NM 87502

New Mexico Environment Department

Solid Waste Bureau

1190 St. Francis Drive

GOLD: Generator/Contractor

		nnt or type signed for use on elite (1	2 phoh) typewn(en)									
4		NON-HAZARDOUS WASTE MANIFEST	1. Generator ID Number NMCESQG		2. Page 1 of 3	3. Emergency Resp	oonse Phone	4. Waste	Tracking Nu 136	mber 3 2 1 - 1		
	5. Generator's Name and Mailing Address City of Albuquerque 5400 Gibson Blvd SE, 5400 Gibson Blvd SE Albuquerque NM 87108 Generator's Phone: 505 768-3856 Att: Vincent Martinez Generator's Site Address (if different than mailing address) City of Albuquerque 5400 Gibson Blvd SE 5400 Gibson Blvd SE Albuquerque NM 87108											
Н	6. T	6. Transporter 1 Company Name U.S. EPA ID Number										
Advanced Environmental Solutions, Inc. NMR 0 0										0065	0 2	
		ransporter 2 Company Nai		U.S. EPA ID	U.S. EPA ID Number							
8. Designated Facility Name and Site Address Advanced Environmental Solutions, Inc. 2318 Roldan Drive Belen NM 87002										3.		
Ш	Facil	lity's Phone:505 86	1-1/00	Wife Block To Section 1		10.6	Containers	I	1	0065	0 2	
		9. Waste Shipping Nam	e and Description	No.	Type	11. Total Quantity	12. Unit Wt./Vol.					
GENERATOR -	X	9, PGIII(CESQ		substance, solid, n	.0.5	0 0 2	DF	50	P			
GEN		2.										
		3.										
		4.										
	13. Special Handling Instructions and Additional Information 1) Profile # AES 0893 ERG#171 — 1 × Z ° gs 1 VSQ (
	14. G	ENERATOR'S/OFFEROR	'S CERTIFICATION: I hereby ded	are that the contents of this c	onsignment are f	ully and accurately	described above	by the proper sh	ipoino name.		packaged,	
		rarkeo and rabeled/piacard rator's/Offeror's Printed/Ty	led, and are in all respects in proportion	er condition for transport acco			national governr	nental regulation	S.	1.1N	D. W.	
*	Gene	JUAN	GOMEZ		Signat	van		(0)			Day Year	
7	15. ln	ternational Shipments	Import to U.S.		Export from U.S.	Port o	f entry/exit:	7			,	
INT'L	-	porter Signature (for expo	rts only):				eaving U.S.:	, ,				
띮		ransporter Acknowledgmer porter 1 Printed/Typed Na			Cirrot							
P E	indis	ENWEST	LUPET		Signati I	"5	1	2		Month	Day Year 9 Z	
TRANSPORTER	Trans	porter 2 Printed/Typed Na			Signafi	ire				Month	Day Year	
뒤	17. Di	screpancy										
	17a.D	Discrepancy Indication Spa	Quantity	Туре		Residue		Partial Reje	ection	Full	Rejection	
Ц						Manifest Reference	e Number:					
틸	17b. A	Itemate Facility (or Genera	ator)					U.S. EPA ID I	Number			
FACI	Facility	y's Phone;					T					
		ignature of Alternate Facili	ity (or Generator)		NF:					Month [Day Year	
DESIGNATED FACILITY												
			Operator: Certification of receipt of	of materials covered by the m	anifest except as	noted in Item 17a						
	Printer	NYIS R	L3A		Signate	(e) (-Ra	, Q		Month C	lay Year	
- 1			1)				1	_			1 00	



WASTE PROFILE FORM

© 2017 Terralink Systems, Inc.

Facility Site Name: Advanced Environmental Solu ENVIRONMENTAL —SOLUTIONS— Approval Code: Profile #: 1. Generator Information: 2. Billing Information: Name: City of Albuquerque Customer Name: Mailing Address: 5400 Gibson Blvd SE 5400 Gibson Blvd SE Address: ___ City: Albuquerque State: NM Zip: 87108 State: Technical Contact: Billing Contact: Site Address: 5400 Gibson Blvd SE Phone: __ City: Albuquerque State: NM Zip: 87108 Email: Site Phone: 505-768-3856 Site EPA ID: NAICS Code NMCESQG 3: Waste Description: Common Name of Waste: Lead Based Paint Process Generating Waste: Scraping lead based paint Layers: Odor & Strength: State @70°: Free Liquid: DYES DNO Liquids_ % Solids 100.00% Sludge % Solubility % Total Halogens DOT Shipping Name: (include PG, UN/NA, and Haz, Class) Regulatory Status (Check all that apply) UN3077, Environmentally hazardous substance, solid, n.o.s ☐ Hazardous Waste per 40 CFR 261 M CESQG per 40 CFR 261.5 9, PGIII(CESQG)(Lead) ☐ Universal Waste per 40 CFR 273 Quantity: Frequency: ☐ Used Oil per 40 CFR 279 Shipment Method:

BULK LIQUID

BULK SOLID

DRUMS □ State Regulated Waste EPA Codes: ☐ HHW per 40 CFR 261.4(b)(1) State Codes: □ Non Hazardous Waste □ Non-RCRA, Regulated Waste **Physical Characteristics:** Other Exempt Waste per 40 CFR 261 Specific Gravity: _____ Viscosity: Describe: Flash Point (°F):__ pH: Form Code Source Code BTUs: PCBs (ppm); **Hazardous and Chemical Properties:** Total Cyanides (ppm):_ Total Sulfides (ppm): KI None □ Oxidizer Waste Composition: (List all haz and non-haz constituents) □ Water Reactive ☐ Ignitable □ Shock Sensitive 0.10 -1.00 ☐ Medical Waste Paint Oil Based ☐ Air Reactive 80.00 40.00 % □ Dioxins ☐ Explosive ☐ Benzene NESHAP % ☐ Pyrophoric ☐ Pesticide/Herbicide % ☐ Reactive Cyanides ☐ Polymerizable % ☐ Reactive Sulfides ☐ Radioactive % ☐ Phenois □ Asbestos Metals (Inorganic): ☐ None ☐ TCLP ☐ SCLP ☐ Totals ☐ Generator Knowledge in mg/l D004 Arsenic (5mg/l) D011 Silver (5mg/l) Manganese D005 Barium (100mg/l) Aluminum Molybdenum D006 Cadmium (1 mg/l) Antimony Nickel D007 Chromium (5mg/l) Beryllium Thallium D008 Lead (5mg/l) Cobalt Tin D009 Mercury (0.2mg/l) Copper Zinc D010 Selenium (1 mg/l) Chromium - Hex Other Compounds (Organic):

None □ TCLP □ SCLP □ Totals □ Generator Knowledge in mg/l D012 Endrin D023 o-Cresol D033 Hexachlorobutadiene D013 Lindane D024 m-Cresol D035 Methyl ethyl ketone D014 Methoxychlor D025 p-Cresol D036 Nitrobenzene D015 Toxaphene D026 Cresol D037 Pentrachlorophenol D016 2.4-D D027 1,4-Dichlorobenzene D039 Tetrachloroethylene D017 2,4, 5 TP (Silvex) D028 1,2-Dichloroethane D040 Trichloroethylene D018 Benzene D029 1, 1-Dichloroethylene D041 2,4,5-Trichlorophenol D019 Carbon Tetrachloride D030 2,4Dinitrotoluene D042 2,4,6-Trichlorophenol D020 Chlordane D031 Heptachlor (& epoxide) _ D043 Vinyl chloride D021 Chlorobenzene D032 Hexachlorobenzene Generator Certification: I hereby certify that I have personally examined and am familiar with the above and attached description. To the best of my knowledge it is complete and accurate. No deliberate or willful omissions of composition or properties exist and all known or suspected hazards have been disclosed. UAN Name: Title: 7,9,2 Signature: Date:



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 05/26/2021

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 this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

	nis certificate does not confer rights to						may require	an endorsement. A stat	ement (on	
PRODUCER					CONTACT Mariah Kochensparger						
Brown & Brown Insurance of New Mexico, Inc.					PHONE (505) 857-2116 FAX (A/C, No, Ext): (505) 291-6366					291-6366	
PO Box 94450					(A/C, No, Ext): (A/C, No): (A/C,						
					INSURER(S) AFFORDING COVERAGE				NAIC#		
Albı	uquerque			NM 87199	INSURER A: Arch Specialty Insurance Company				I THIO W		
INSU	RED				INSURER B: Arch Insurance Company						
	Keers Remediation Inc.				INSURER C:						
	5904 Florence Ave NE				INSURER D :						
					INSURER E ;						
	Albuquerque			NM 87113	INSURE	RF:					
				NUMBER: 2021-22				REVISION NUMBER:			
IN CI E)	HIS IS TO CERTIFY THAT THE POLICIES OF INDICATED. NOTWITHSTANDING ANY REQUIRENTIFICATE MAY BE ISSUED OR MAY PERTAKCLUSIONS AND CONDITIONS OF SUCH PO	REME IN, TI LICIE	NT, TE HE INS S. LIM	ERM OR CONDITION OF ANY SURANCE AFFORDED BY THE	CONTRA	ACT OR OTHER ES DESCRIBEI ED BY PAID CI	R DOCUMENT ' D HEREIN IS S .AIMS.	MITH RESPECT TO WHICH T	HIS		
INSR LTR	TYPE OF INSURANCE	INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT			
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$ 1,00	0,000	
	CLAIMS-MADE X OCCUR		1					DAMAGE TO RENTED PREMISES (Ea occurrence)	_{\$} 100,	000	
								MED EXP (Any one person)	\$ 5,00	0	
Α				12EMP0555105		04/01/2021	04/01/2022	PERSONAL & ADV INJURY	\$ 1,000,000		
	GEN'LAGGREGATE LIMIT APPLIES PER:							GENERALAGGREGATE	\$ 2,000,000		
	POLICY PRO-	ict Loc						PRODUCTS - COMP/OP AGG	4	0,000	
	OTHER:	_						COMBINED SINGLE LIMIT	\$		
	AUTOMOBILE LIABILITY	Υ						(Ea accident)	\$ 1,00	0,000	
В	ANY AUTO OWNED SCHEDULED			44.04.00045405		04/04/0004		BODILY INJURY (Per person)	\$		
ь	AUTOS ONLY AUTOS NON-OWNED			11CAB9245405		04/01/2021	04/01/2022	BODILY INJURY (Per accident) PROPERTY DAMAGE	\$		
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$		
	UMBRELLA LIAB OCCUP	-							\$		
	HEYCESS LIAB HOCCOR							EACH OCCURRENCE	\$		
	CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$ WORKERS COMPENSATION	-						➤ PER STATUTE OTH-	\$		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE								s 1,00	0,000	
В	OFFICER/MEMBER EXCLUDED?	N/A		EBWCC0013005		04/01/2021	04/01/2022	E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE	D '	0,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$ 1,00	0,000	
	Pollution/Professional-Claims Made							L.L. DISEASE - POLICY LIMIT	•		
Α	Politilion/Professional-Craims Made			12EMP0555105		04/01/2021	04/01/2022	Each Event/Occurrence	\$1,0	00,000	
								Aggregate	\$2,0	00,000	
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE	S (AC	ORD 10	01, Additional Remarks Schedule,	may be a	tached if more sp	ace is required)	11			
RE:	Job#210321 Project: CABQ - Gibson Medic	al Ce	nter								
10000000											
CEF	CERTIFICATE HOLDER CANCELLATION										
					SHO	ULD ANY OF T	HE ABOVE DE	SCRIBED POLICIES BE CAN	CELLE) BEFORE	
		THE	EXPIRATION D	ATE THEREO	, NOTICE WILL BE DELIVER		· DEI VILL				
	City of Albuquerque	ACCORDANCE WITH THE POLICY PROVISIONS.									
	1801 4th St NW Bldg B				AUTUODIZED DERDECENTATIVE						
						AUTHORIZED REPRESENTATIVE					

Albuquerque

NM 87102



QUALPRO® EMERGENCY RESPONSE PLAN

Albuquerque, NM: 505.823.9006 El Paso, TX: 915.772.8157

	ENTER	Job Site Telephone Number: (915) 257-8315							
Job Site Physical Address: 5400 Gißson	Job Number: 2/032/								
ALBUQUERQUE PIM									
Project Leader/Supervisor: Ruben Kol				CHRIS LARA					
Customer: CITY OF ALBURYERQUE			hone Number:/s	5057768-53/2					
EMERGENCY TELEPHONE NUMBER 911									
After Hours Telephone: , 800-317-8642 Directions to Jobsite:									
	Deia	- Ot-al Na . G	7)						
Security Number: 9//		on Control No.: 9		,					
Ambulance No.: 9/1	Fire No.: 92								
		ately 1-800-327-8							
Draw Floor Plan of work area and show qu	lickest emergend	cy evacuation rout	e for workers.						
<u> </u>									
		MEDICAL ACILITIES							
Name	Address			Telephone					
GIRSON MED CENTER	SYOU GIRSON	BLUD S.E	(50	5)768-5317					
			V4						
ACCIDENT PROCEDURES	Direct	tions to nearest emerg	ency medical facility	y listed above:					
If serious injury, stop all work efforts									
Do not move injured if not in danger									
Render first aid if qualified to do so									
 Direct ambulance to injured 									
Complete accident report									

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

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