



**PROTECTING PEOPLE'S HEALTH
BY REMOVING TOXIC MATERIALS**



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™ 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 component;	0 sq. ft. RACM surface area	0 cubic ft. vol. RACM off facility
0 linear ft. of ACM pipes;	3484 square ft. of ACM surface area;	0 vol. cubic ft. ACM off facility compo
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



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 Notification #:

- Reason(s) for Revision:
- Quantity of RACM
 - Quantity of Cat I
 - Quantity of Cat II
 - Asbestos Removal Start Date
 - Asbestos Removal Completion Date
 - Demo/Renovation Start Date
 - Demo/Renovation Completion Date
 - Other: See Comments

Comments:

II. Facility Information:

Owner Name: City of Albuquerque (Facilities Division)
Address: 1801 4th St. NW City: Albuquerque State: NM Zip Code: 87102

Owner Contact: Mr. Vicente Martinez Work Phone: 505-768-5312 Cell Phone: 505-933-2842 E-mail: vmart@cabq.gov

Removal Contractor: Keers Remediation, Inc.
Address: 5904 Florence Ave. NE City: Albuquerque State: NM Zip Code: 87113

Contact: Christopher Lara Work Phone: 505-823-9006 Cell Phone: 505-507-0838 E-mail: clara@keers.com

Demolition Contractor: N/A
Address: N/A 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: **Renovation**

IV. Facility Description:
Building Name: Gibson Medical Center

Address: 5400 Gibson Blvd. SE City: Albuquerque State: NM Zip Code: 87108

Age (Years): 55+ Building Size: (Square Feet) 570,000 # Floors: 4 Present Use: Medical Facility Prior Use: Medical Facility

V. Asbestos Present? **Yes**

Location(s) of Asbestos Removal: Throughout the medical facility-Sub-Basement and Mechanical Room Main Building.

VI. Method of Asbestos Determination:

VII. RACM Fee Calculation

Total RACM Fee = No Fee

Make checks payable to:
"City of Albuquerque Fund 242"

RACM to be Removed		
Pipes	50	Linear Feet
Surface Area	0	Square Feet
Volume of RACM Off Facility Component	0	Cubic Feet

Fee = \$25.00 x (LF/260 + SF/160 + CF/35)

LF = Linear Feet
SF = Square Feet
CF = Cubic Feet

Non-Friable Asbestos to be Removed			
	Cat I	Cat II	
Pipes	0	0	Linear Feet
Surface Area	3484	0	Square Feet
Volume of ACM Off Facility Component	0	0	Cubic Feet

Non-Friable Asbestos to Remain During Demolition			
	Cat I	Cat II	
Pipes	0	0	Linear Feet
Surface Area	0	0	Square Feet
Volume of ACM Off Facility Component	0	0	Cubic Feet

VIII. Asbestos Removal Schedule (MM/DD/YY): Start: 06/15/21 Finish: 06/30/21

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

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.):

Asbestos Containing Materials (ACBM) will be abated utilizing wet removal methods within a negative pressure enclosure. Some floor tile and mastic may be removed utilizing

RFCI wet removal methods. Glove bag removal methods will be utilized to remove/abate the TSI hard fittings. All abatement will be completed by personnel trained in asbestos abatement and donning appropriate PPE. Asbestos waste will be properly packaged, manifested, transported and disposed as per all applicable regulations. Independent final air clearance will be taken as per all applicable EPA regulations.

XI. Description of work practices & engineering controls used to prevent emissions of asbestos site (i.e. containment, glove bagging, wetting, filtration devices, etc.):

Full containment procedures with negative air pressure will be utilized to remove the asbestos containing floor tile and black adhesive mastics. 6 mill & 4 mill poly will be used to create the full enclosures, 2000 CFM negative air machines will be used to create negative air pressure at or above 0.02 inches WC. Admended water will be applied to the ACM floor tile during abatement. Solvents and low speed buffers will be used to remove the black adhesive floor mastic. Glove bag removal methods will be utilized to remove/abate the TSI hard fittings.

XII. Demolition Ordered By A Government Agency:

Name: N/A Title: Authority: Date of Order:

Justification for ordered demolition (i.e. in danger of imminent collapse)

XIII. Emergency Renovation:

Date of Emergency : (MM/DD/YY) Hour of Emergency :

Description of the sudden and/or unexpected event:

N/A

Explanation of how the sudden, unexpected event, if not immediately attended to, presents a safety or public health hazard, is necessary to protect equipment from damage, or is necessary to avoid imposing an unreasonable financial burden:

XIV. Description of procedures to be followed in the event that unexpected asbestos is found or previously non-friable asbestos material becomes crumbled, pulverized, or reduced to powder:

Stop work, notify appropriate regulatory agencies. File an amended notification as necessary.

XV. Waste Transporter #1:

Contractor name: Keers Remediation, Inc. Address: 5904 Florence Ave. NE City: Albuquerque State: NM Zip Code: 87113
Contact: Mr. Christopher Lara Work Phone: 505-823-9006 Cell Phone: 505-507-0838 E-mail: clara@keers.com

Waste Transporter #2:

Contractor name: Special Waste Disposal Inc. Address: 5904 Florence Ave. NE City: Albuquerque State: NM Zip Code: 87113
Contact: Mr. Ray Hendricks Work Phone: 505-847-2917 Cell Phone: 505-544-6333 E-mail: amontano@specialwastenm.com

XVI. Waste Disposal Site:

Name: Special Waste Landfill

Location/ Address: 91 Liberty Valley Road City: Mountainair State: NM Zip Code: 87036

Contact: Mr. Ray Hendricks Work Phone: 505-847-2917 Cell Phone: 505-544-6333 Email: amontano@specialwastenm.com

XVII. Certifications:

I certify that asbestos remediation will be carried out by a contractor with a valid New Mexico GS-29 license. I also certify that an individual trained and currently certified in the provisions of the Asbestos NESHAP regulation (40 CFR Part 61, Subpart M) will be on-site during the asbestos removal process, and evidence that the required training has been accomplished by this person will be made available for inspection during normal business hours. Lastly, I certify that the information contained in this notification is true and accurate.

Electronic Signature of Owner / Operator: Christopher Lara

Date: 06/08/21

KEERS QUALPRO® DAILY PROJECT LOG

Job No. 210321 Date 6/14/21

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	20302 LEAD: Removal	20504 SITE: Touchup/Restore
20102 ASB: Removal	20303 LEAD: Cleanup/Detail	20505 SITE: Supervision
20103 ASB: Cleanup/Detail	20304 LEAD: Touchup/Restore	20701 SPEC/IND: Site Prep
20104 ASB: Touchup/Restore	20305 LEAD: Site Supervision	20702 SPEC/IND: Removal
20105 ASB: Site Supervision	20501 SITE: Preparation	20703 SPEC/IND: Cleanup/Detail
20301 LEAD: Site Preparation	20502 SITE: Removal	20704 SPEC/IND: Touchup/Res
	20503 SITE: Cleanup/Detail	20705 SPEC/IND: Site Supervision

EMPLOYEES: SIGN-IN LOG

Name (Print)	Signature	Time In/Out	Work Code	Time In/Out	Work Code	Total Hrs
1. Ruben Kats	<i>[Signature]</i>	9:00 12:5	20701 20701	12:30 4:30	20701	7
2. FRANCISCO LOZORA	FRANCISCO L.	9:00 12:5	10750 20701	12:30 4:30	20701	7
3. ISAAC GONZALEZ	ISAAC GONZALEZ	9:00 12:5	10750 20701	12:30 4:30	20701	7
4. Fernando Ramirez	F. R.	10:00 12:5	20701	12:30 4:30	20701	6
5. Tristen Garcia Ortega	<i>[Signature]</i>	10:00 12:5	20701	12:30 3:30	20701	5
6.						
7. Ruben Kats	<i>[Signature]</i>	4:30 9:00	10750			4.5
8.						
9.						
10.						

VISITORS AND SUBCONTRACTORS: SIGN-IN LOG Total Hours: 36.5

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

COMPLETED WORK DESCRIPTION Note: Actual Quantities Removed

Today we load material, then at job site start to prep cartilage on doors windows and vents. Then prep splash words on walls

PROBLEMS/DELAYS/UNUSUAL EVENTS/ACCIDENTS/SAFETY HAZARDS

No Problems

NEXT DAY PLAN/GOALS

Tomorrow set up Neg Airs and Decon Unit and start to remove floor tile and block mastic

RECORD OF JOBSITE COMMUNICATION/EXTRA WORK

N/A

Locate on Drawing	Pre-Existing Damage & Fixture Condition Log		
Regulated Work Area <input type="checkbox"/>	Item	Condition	Location
Critical Barriers <input type="checkbox"/>			
Neg. Air Machines <input type="checkbox"/>			
Exhaust Locations <input type="checkbox"/>			
Decon Station <input type="checkbox"/>			

Removal Method Used
<input type="checkbox"/> Negative Pressure Enclosure
<input type="checkbox"/> Mini-Enclosure
<input type="checkbox"/> Glove Bag
<input type="checkbox"/> Component Removal
<input type="checkbox"/> Outdoor Removal
<input type="checkbox"/> RFCI Method
<input type="checkbox"/> Disposal
<input checked="" type="checkbox"/> Prep
<input checked="" type="checkbox"/> Other (Describe) <u>MSB</u>

Contaminant
 Asbestos Lead
 Mold Other (Specify Below) Prep

Project
6155N Med Center

Location
ABQ, N.M.

Customer
CITY OF ABQ

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
 - Confined Space & Lock-out/tag-out
 - Necessary Equip/Supplies

BEGINNING OF WORK SHIFT/DAY

- Safety Meeting
- Production Worksheet: Record actual 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 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
- 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
- Leave job site clean
- Punch list items completed
- Rentals returned
- K-Team score cards completed
- Close-out documentation submitted

Ruben Kats
Project Leader/Supervisor (Printed Name)

[Signature]
Signed

KEERS QUALPRO® DAILY PROJECT LOG

Job No. **210321** Date **6/15/21**

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.

Contaminant
 Asbestos **Lead**
 Mold **Other (Specify Below)** *Prep*

Work Classification Codes

20101 ASB: Site Preparation	20302 LEAD: Removal	20504 SITE: Touchup/Restore
20102 ASB: Removal	20303 LEAD: Cleanup/Detail	20505 SITE: Supervision
20103 ASB: Cleanup/Detail	20304 LEAD: Touchup/Restore	20701 SPEC/IND: Site Prep
20104 ASB: Touchup/Restore	20305 LEAD: Site Supervision	20702 SPEC/IND: Removal
20105 ASB: Site Supervision	20501 SITE: Preparation	20703 SPEC/IND: Cleanup/Detail
20301 LEAD: Site Preparation	20502 SITE: Removal	20704 SPEC/IND: Touchup/Res
	20503 SITE: Cleanup/Detail	20705 SPEC/IND: Site Supervision

Project
Gibson, Med Center

Location
ABQ, N.M

Customer
CITY OF APQ

EMPLOYEES: SIGN-IN LOG

Name (Print)	Signature	Time In/Out	Work Code	Time In/Out	Work Code	Total Hrs
1. <i>Ruben Kato</i>	<i>[Signature]</i>	<i>6:30 / 12:00</i>	<i>20101</i>	<i>12:30 / 5:30</i>	<i>20101</i>	<i>10.5</i>
2. <i>ISAAC GONZALEZ</i>	<i>[Signature]</i>	<i>7:00 / 12:00</i>	<i>20101</i>	<i>12:30 / 5:30</i>	<i>20102</i>	<i>10</i>
3. <i>FRANCISCO LOZoya</i>	<i>[Signature]</i>	<i>7:00 / 12:00</i>	<i>20101</i>	<i>12:30 / 5:30</i>	<i>20102</i>	<i>10</i>
4. <i>Tristen Garcia</i>	<i>[Signature]</i>	<i>7:00 / 12:00</i>	<i>20101</i>	<i>12:30 / 5:30</i>	<i>20102</i>	<i>10</i>
5. <i>Eduar Duran</i>	<i>[Signature]</i>	<i>8:30 / 12:00</i>	<i>20102</i>	<i>12:30 / 5:30</i>	<i>20102</i>	<i>8.5</i>
6.						
7.						
8.						
9.						
10.						

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
 - Confined Space & Lock-out/tag-out
 - Necessary Equip/Supplies

VISITORS AND SUBCONTRACTORS: SIGN-IN LOG Total Hours *49*

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

- BEGINNING OF WORK SHIFT/DAY**
- Safety Meeting
 - Production Worksheet: Record actual 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 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

COMPLETED WORK DESCRIPTION Note: Actual Quantities Removed
Today finish prep, set up Neg Airs and Decon Unit then remove floor tile base, start to cut black mastic, also remove approx 1100 SQ FT of Carpet

- 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

PROBLEMS/DELAYS/UNUSUAL EVENTS/ACCIDENTS/SAFETY HAZARDS
No problems

NEXT DAY PLAN/GOALS
Tomorrow continue with Black Mastic removal

- 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 on production worksheet

RECORD OF JOBSITE COMMUNICATION/EXTRA WORK
None

Locate on Drawing	Pre-Existing Damage & Fixture Condition Log
Regulated Work Area <i>[Dotted]</i>	Item Condition Location
Critical Barriers <input type="checkbox"/>	
Neg. Air Machines <input checked="" type="checkbox"/> N →	
Exhaust Locations <input type="checkbox"/>	
Decon Station <input type="checkbox"/>	

Removal Method Used
<input checked="" type="checkbox"/> Negative Pressure Enclosure
<input type="checkbox"/> Mini-Enclosure
<input type="checkbox"/> Glove Bag
<input type="checkbox"/> Component Removal
<input type="checkbox"/> Outdoor Removal
<input type="checkbox"/> RFCI Method
<input type="checkbox"/> Disposal
<input checked="" type="checkbox"/> Prep
<input type="checkbox"/> Other (Describe)

- END OF JOB**
- Visual inspection form completed/signed off
 - Final inspection form completed/signed
 - Disposal manifest signed (by owner) & call for disposal pickup
 - Leave job site clean
 - Punch list items completed
 - Rentals returned
 - K-Team score cards completed
 - Close-out documentation submitted

Ruben Kato
Project Leader/Supervisor (Printed Name)

[Signature]
Signed

01-28-05

KEERS QUALPRO® DAILY PROJECT LOG

Job No. 210321 Date 6/16/21

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.

Contaminant
 Asbestos Lead
 Mold Other (Specify Below)

Work Classification Codes		
20101 ASB: Site Preparation	20302 LEAD: Removal	20504 SITE: Touchup/Restore
20102 ASB: Removal	20303 LEAD: Cleanup/Detail	20505 SITE: Supervision
20103 ASB: Cleanup/Detail	20304 LEAD: Touchup/Restore	20701 SPEC/IND: Site Prep
20104 ASB: Touchup/Restore	20305 LEAD: Site Supervision	20702 SPEC/IND: Removal
20105 ASB: Site Supervision	20501 SITE: Preparation	20703 SPEC/IND: Cleanup/Detail
20301 LEAD: Site Preparation	20502 SITE: Removal	20704 SPEC/IND: Touchup/Res
	20503 SITE: Cleanup/Detail	20705 SPEC/IND: Site Supervision

Project
GIBSON MED. CENTER
Location
ABQ, N.M.
Customer
CITY OF ABQ

EMPLOYEES: SIGN-IN LOG						
Name (Print)	Signature	Time In/Out	Work Code	Time In/Out	Work Code	Total Hrs
1. <u>Ruben Kato</u>	<u>[Signature]</u>	<u>6:30 / 12:30</u>	<u>20105</u>	<u>12:30 / 3:30</u>	<u>20105</u>	<u>10.5</u>
2. <u>ISAAC GONZALEZ</u>	<u>[Signature]</u>	<u>7:5 / 12:00</u>	<u>20102</u>	<u>12:30 / 5:30</u>	<u>20102</u>	<u>10</u>
3. <u>FRANCISCO LOZOYA</u>	<u>[Signature]</u>	<u>7:00 / 12:00</u>	<u>20102</u>	<u>12:30 / 5:30</u>	<u>20102</u>	<u>10</u>
4. <u>Edgar Oscar</u>	<u>[Signature]</u>	<u>7:00 / 12:00</u>	<u>20102</u>	<u>12:30 / 5:30</u>	<u>20102</u>	<u>10</u>
5. <u>Tristen Garcia Ortega</u>	<u>[Signature]</u>	<u>7:00 / 12:00</u>	<u>20102</u>	<u>12:30 / 5:30</u>	<u>20102</u>	<u>10</u>
6.						
7.						
8.						
9.						
10.						

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
 Confined Space & Lock-out/tag-out
 Necessary Equip/Supplies

VISITORS AND SUBCONTRACTORS: SIGN-IN LOG					Total Hours
Name (Print)	Signature	Employer	Time In/Out	Purpose of visit or work performed	
1.					
2.					
3.					

BEGINNING OF WORK SHIFT/DAY
 Safety Meeting
 Production Worksheet: Record actual 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 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

COMPLETED WORK DESCRIPTION Note: Actual Quantities Removed
Today continue with cutting Black Mastic, also finish with Remove Black Mastic using Buffer. Also start with detail on edges of the floor

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

PROBLEMS/DELAYS/UNUSUAL EVENTS/ACCIDENTS/SAFETY HAZARDS
NO PROBLEMS

NEXT DAY PLAN/GOALS
Tomorrow we will finish detail, wash floor, remove splash walls and run final clearances. Also start to remove cutting using glow bags in Mech Room

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 on production worksheet

RECORD OF JOBSITE COMMUNICATION/EXTRA WORK
None

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

END OF JOB
 Visual inspection form completed/signed off
 Final inspection form completed/signed
 Disposal manifest signed (by owner) & call for disposal pickup
 Leave job site clean
 Punch list items completed
 Rentals returned
 K-Team score cards completed
 Close-out documentation submitted

Ruben Kato
 Project Leader/Supervisor (Printed Name)

[Signature]
 Signed

01-28-05

KEERS QUALPRO® DAILY PROJECT LOG

Job No. **21021** Date **6/17/21**

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	20302 LEAD: Removal	20504 SITE: Touchup/Restore
20102 ASB: Removal	20303 LEAD: Cleanup/Detail	20505 SITE: Supervision
20103 ASB: Cleanup/Detail	20304 LEAD: Touchup/Restore	20701 SPEC/IND: Site Prep
20104 ASB: Touchup/Restore	20305 LEAD: Site Supervision	20702 SPEC/IND: Removal
20105 ASB: Site Supervision	20501 SITE: Preparation	20703 SPEC/IND: Cleanup/Detail
20301 LEAD: Site Preparation	20502 SITE: Removal	20704 SPEC/IND: Touchup/Res
	20503 SITE: Cleanup/Detail	20705 SPEC/IND: Site Supervision

EMPLOYEES: SIGN-IN LOG

Name (Print)	Signature	Time In/Out	Work Code	Time In/Out	Work Code	Total Hrs
1. Ruben Kato	<i>[Signature]</i>	6:30 / 12:00	20105	12:50 / 2:15	20105	10.5
2. Isaac Gonzalez	<i>[Signature]</i>	7:00 / 12:00	20107	12:50 / 2:15	20107	10
3. FRANCISCO LOZOTA	FRANCISCO L.	7:00 / 12:00	20107	12:50 / 2:15	20107	10
4. <i>[Signature]</i>	<i>[Signature]</i>	7:30 / 12:00	20107	12:30 / 2:30	20107	9.5
5. <i>[Signature]</i>	<i>[Signature]</i>	7:30 / 12:00	20107	12:30 / 2:30	20107	9.5
6.						
7.						
8.						
9.						
10.						

VISITORS AND SUBCONTRACTORS: SIGN-IN LOG

Name (Print)	Signature	Employer	Time In/Out	Purpose of visit or work performed	Total Hours
1.					
2.					
3.					

COMPLETED WORK DESCRIPTION

Note: Actual Quantities Removed
 Today finish Detail, ground cleanup, wash floor, remove splash walls, Bag out. Then run final clearance, Also start to remove fittings on Mech Room using Glove Bags wet method.

PROBLEMS/DELAYS/UNUSUAL EVENTS/ACCIDENTS/SAFETY HAZARDS

No Problems

NEXT DAY PLAN/GOALS

Tomorrow continue with Glove Bags removal fittings on Mech Room

RECORD OF JOBSITE COMMUNICATION/EXTRA WORK

None

Locate on Drawing	Pre-Existing Damage & Fixture Condition Log		
Regulated Work Area <input type="checkbox"/>	Item	Condition	Location
Critical Barriers <input type="checkbox"/>			
Neg. Air Machines <input checked="" type="checkbox"/>			
Exhaust Locations <input type="checkbox"/>			
Decon Station <input type="checkbox"/>			

Locate on Drawing

Regulated Work Area
 Critical Barriers
 Neg. Air Machines
 Exhaust Locations
 Decon Station

Pre-Existing Damage & Fixture Condition Log

Item	Condition	Location

Contaminant

- Asbestos Lead
 Mold Other (Specify Below)

Project

GIBSON MED. CENTER

Location

ABQ, N.M.

Customer

CITY OF ABQ

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
- Confined Space & Lock-out/tag-out
- Necessary Equip/Supplies

BEGINNING OF WORK SHIFT/DAY

- Safety Meeting
- Production Worksheet: Record actual 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 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
- 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
- Leave job site clean
- Punch list items completed
- Rentals returned
- K-Team score cards completed
- Close-out documentation submitted

01-28-05

[Signature]
 Project Leader/Supervisor (Printed Name)

[Signature]
 Signed

KEERS QUALPRO® DAILY PROJECT LOG

Job No. **210321** Date **6/18/21**

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	20302 LEAD: Removal	20504 SITE: Touchup/Restore
20102 ASB: Removal	20303 LEAD: Cleanup/Detail	20505 SITE: Supervision
20103 ASB: Cleanup/Detail	20304 LEAD: Touchup/Restore	20701 SPEC/IND: Site Prep
20104 ASB: Touchup/Restore	20305 LEAD: Site Supervision	20702 SPEC/IND: Removal
20105 ASB: Site Supervision	20501 SITE: Preparation	20703 SPEC/IND: Cleanup/Detail
20301 LEAD: Site Preparation	20502 SITE: Removal	20704 SPEC/IND: Touchup/Res
	20503 SITE: Cleanup/Detail	20705 SPEC/IND: Site Supervision

EMPLOYEES: SIGN-IN LOG

Name (Print)	Signature	Time In/Out	Work Code	Time In/Out	Work Code	Total Hrs
1. Ruben Kato	<i>[Signature]</i>	7:50 / 10:00	20105			3.5
2. FRANCISCO LOZAYA	FRANCISCO L.	7:00 / 10:00	20101			3
3. Tristen Garcia Ortega	<i>[Signature]</i>	7:00 / 10:00	20101			3
4. ISRAEL LEONARDO	<i>[Signature]</i>	7:00 / 10:00	20101			3
5.						
6.						
7.						
8.						
9.						
10.						

VISITORS AND SUBCONTRACTORS: SIGN-IN LOG

Name (Print)	Signature	Employer	Time In/Out	Purpose of visit or work performed	Total Hours
1.					
2.					
3.					

COMPLETED WORK DESCRIPTION

Note: Actual Quantities Removed
 Today Finish Remove pipe fittings, using wet glue bag method. Remove approx 190 fittings

PROBLEMS/DELAYS/UNUSUAL EVENTS/ACCIDENTS/SAFETY HAZARDS

No problems

NEXT DAY PLAN/GOALS

Next Monday tear down and start with lead scrape loose paint on Mech Room

RECORD OF JOBSITE COMMUNICATION/EXTRA WORK

Remove approx 1100 SQ FT of Ca p.t., 3390 SQ FT of floor tile and black mastic and approx 190 pipe fittings on Mech Room

- Removal Method Used
- Negative Pressure Enclosure
 - Mini-Enclosure
 - Glove Bag
 - Component Removal
 - Outdoor Removal
 - RFI Method
 - Disposal
 - Prep
 - Other (Describe)

Locate on Drawing

Regulated Work Area
 Critical Barriers
 Neg. Air Machines
 Exhaust Locations →
 Decon Station

Pre-Existing Damage & Fixture Condition Log

Item	Condition	Location

Contaminant

- Asbestos Lead
- Mold Other (Specify Below)

Project

GIBSON MED. CENTER

Location

ABQ, N.M.

Customer

CITY OF ABQ

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
- Confined Space & Lock-out/tag-out
- Necessary Equip/Supplies

BEGINNING OF WORK SHIFT/DAY

- Safety Meeting
- Production Worksheet: Record actual 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 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
- 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
- Leave job site clean
- Punch list items completed
- Rentals returned
- K-Team score cards completed
- Close-out documentation submitted

[Signature]
 Project Leader/Supervisor (Printed Name)

[Signature]
 Signed



QUALPRO® DAILY PROJECT LOG

Job No. 210321 Date 6/21/21

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	20302 LEAD: Removal	20504 SITE: Touchup/Restore
20102 ASB: Removal	20303 LEAD: Cleanup/Detail	20505 SITE: Supervision
20103 ASB: Cleanup/Detail	20304 LEAD: Touchup/Restore	20701 SPEC/IND: Site Prep
20104 ASB: Touchup/Restore	20305 LEAD: Site Supervision	20702 SPEC/IND: Removal
20105 ASB: Site Supervision	20501 SITE: Preparation	20703 SPEC/IND: Cleanup/Detail
20301 LEAD: Site Preparation	20502 SITE: Removal	20704 SPEC/IND: Touchup/Res
	20503 SITE: Cleanup/Detail	20705 SPEC/IND: Site Supervision

EMPLOYEES: SIGN-IN LOG

Name (Print)	Signature	Time In/Out	Work Code	Time In/Out	Work Code	Total Hrs
1. <u>Ruben Kato</u>	<u>[Signature]</u>	<u>8:00</u>	<u>20105</u>	<u>12:30</u>	<u>20105</u>	<u>8</u>
2. <u>ISAAC GONZALEZ</u>	<u>[Signature]</u>	<u>8:35</u>	<u>20301</u>	<u>12:30</u>	<u>20301</u>	<u>7.5</u>
3. <u>HARVEY YAZZIC</u>	<u>[Signature]</u>	<u>10:50</u>	<u>20301</u>	<u>12:30</u>	<u>20301</u>	<u>5.5</u>
4. <u>[Signature]</u>						
5.						
6.						
7.						
8.						
9.						
10.						

VISITORS AND SUBCONTRACTORS: SIGN-IN LOG

Name (Print)	Signature	Employer	Time In/Out	Purpose of visit or work performed	Total Hours
1.					<u>21</u>
2.					
3.					

COMPLETED WORK DESCRIPTION

Note: Actual Quantities Removed
 Today we TEAR DOWN, load equip, final cleanup and detail. Then start to scrape losing paint on concrete slabs at Mech Room.

PROBLEMS/DELAYS/UNUSUAL EVENTS/ACCIDENTS/SAFETY HAZARDS

No Problems

NEXT DAY PLAN/GOALS

To morrow continue with scrape losing paint on concrete slabs at Mech Room.

RECORD OF JOBSITE COMMUNICATION/EXTRA WORK

No

Removal Method Used

- Negative Pressure Enclosure
- Mini-Enclosure
- Glove Bag
- Component Removal
- Outdoor Removal
- RFCI Method
- Disposal
- Prep
- Other (Describe)

Locate on Drawing

Regulated Work Area
 Critical Barriers
 Neg. Air Machines
 Exhaust Locations → →
 Decon Station

Pre-Existing Damage & Fixture Condition Log

Item	Condition	Location

Contaminant

- Asbestos Lead
- Mold Other (Specify Below)

Project

GIBSON MED. CENTER

Location

ABO, N.M

Customer

CITY OF ABO

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
 - Confined Space & Lock-out/tag-out
 - Necessary Equip/Supplies
- BEGINNING OF WORK SHIFT/DAY
 - Safety Meeting
 - Production Worksheet: Record actual 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 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
 - 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
- Leave job site clean
- Punch list items completed
- Rentals returned
- K-Team score cards completed
- Close-out documentation submitted

01-28-05

Ruben Kato
 Project Leader/Supervisor (Printed Name)

[Signature]
 Signed

KEERS QUALPRO® DAILY PROJECT LOG

Job No. 210321 Date 6/22/21

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.

Contaminant
 Asbestos Lead
 Mold Other (Specify Below)

Work Classification Codes		
20101 ASB: Site Preparation	20302 LEAD: Removal	20504 SITE: Touchup/Restore
20102 ASB: Removal	20303 LEAD: Cleanup/Detail	20505 SITE: Supervision
20103 ASB: Cleanup/Detail	20304 LEAD: Touchup/Restore	20701 SPEC/IND: Site Prep
20104 ASB: Touchup/Restore	20305 LEAD: Site Supervision	20702 SPEC/IND: Removal
20105 ASB: Site Supervision	20501 SITE: Preparation	20703 SPEC/IND: Cleanup/Detail
20301 LEAD: Site Preparation	20502 SITE: Removal	20704 SPEC/IND: Touchup/Res
	20503 SITE: Cleanup/Detail	20705 SPEC/IND: Site Supervision

Project
GIBSON MED CENTER

Location
ABQ, N,M

EMPLOYEES: SIGN-IN LOG

Name (Print)	Signature	Time In/Out	Work Code	Time In/Out	Work Code	Total Hrs
1. <u>Ruben Kato</u>	<u>[Signature]</u>	<u>6:30</u> <u>12:30</u>	<u>20105</u>	<u>12:30</u> <u>5:30</u>	<u>20105</u>	<u>10.5</u>
2. <u>ISAAC GONZALEZ</u>	<u>[Signature]</u>	<u>7:00</u> <u>12:30</u>	<u>20101</u> <u>20302</u>	<u>12:30</u> <u>5:30</u>	<u>20301</u> <u>20302</u>	<u>10</u>
3. <u>Harvey Yazzie</u>	<u>[Signature]</u>	<u>7:00</u> <u>12:30</u>	<u>20301</u> <u>20302</u>	<u>12:30</u> <u>5:30</u>	<u>20301</u> <u>20302</u>	<u>10</u>
4.						
5.						
6.						
7.						
8.						
9.						
10.						

Customer
CITY OF ABQ

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
 - Confined Space & Lock-out/tag-out
 - Necessary Equip/Supplies

VISITORS AND SUBCONTRACTORS: SIGN-IN LOG Total Hours: 30.5

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

BEGINNING OF WORK SHIFT/DAY

- Safety Meeting
- Production Worksheet: Record actual 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 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

COMPLETED WORK DESCRIPTION Note: Actual Quantities Removed

Today continue with wet scrape coating paint on concrete slabs on Power plants

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

PROBLEMS/DELAYS/UNUSUAL EVENTS/ACCIDENTS/SAFETY HAZARDS

NO PROBLEMS

NEXT DAY PLAN/GOALS

Tomorrow continue with wet scrape coating paint on concrete slabs

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 on production worksheet

RECORD OF JOBSITE COMMUNICATION/EXTRA WORK

None

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

- Removal Method Used**
- Negative Pressure Enclosure
 - Mini-Enclosure
 - Glove Bag
 - Component Removal
 - Outdoor Removal
 - RFCI Method
 - Disposal
 - Prep
 - Other (Describe)

END OF JOB

- Visual inspection form completed/signed off
- Final inspection form completed/signed
- Disposal manifest signed (by owner) & call for disposal pickup
- Leave job site clean
- Punch list items completed
- Rentals returned
- K-Team score cards completed
- Close-out documentation submitted

Ruben Kato
Project Leader/Supervisor (Printed Name)

[Signature]
Signed

01-28-05



QUALPRO® DAILY PROJECT LOG

Job No. 210321 Date 6/23/21

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	20302 LEAD: Removal	20504 SITE: Touchup/Restore
20102 ASB: Removal	20303 LEAD: Cleanup/Detail	20505 SITE: Supervision
20103 ASB: Cleanup/Detail	20304 LEAD: Touchup/Restore	20701 SPEC/IND: Site Prep
20104 ASB: Touchup/Restore	20305 LEAD: Site Supervision	20702 SPEC/IND: Removal
20105 ASB: Site Supervision	20501 SITE: Preparation	20703 SPEC/IND: Cleanup/Detail
20301 LEAD: Site Preparation	20502 SITE: Removal	20704 SPEC/IND: Touchup/Res
	20503 SITE: Cleanup/Detail	20705 SPEC/IND: Site Supervision

EMPLOYEES: SIGN-IN LOG

Name (Print)	Signature	Time In/Out	Work Code	Time In/Out	Work Code	Total Hrs
1. RUBEN KATO	<i>[Signature]</i>	6:30 / 12:00	20101	12:30 / 5:30	20101	10.5
2. ISAAC GONZALEZ	<i>[Signature]</i>	7:00 / 12:00	20301 20302	12:30 / 5:30	20301 20302	10
3. HARVEY YAZZIE	<i>[Signature]</i>	7:00 / 12:00	20301 20302	12:30 / 5:30	20301 20302	10
4.						
5.						
6.						
7.						
8.						
9.						
10.						

VISITORS AND SUBCONTRACTORS: SIGN-IN LOG

Name (Print)	Signature	Employer	Time In/Out	Purpose of visit or work performed	Total Hours
1.					
2.					
3.					

COMPLETED WORK DESCRIPTION

Note: Actual Quantities Removed
 Today continue with wet scrape on lead paint on concrete slabs on plant also scrape paint on outside of the Bldg

PROBLEMS/DELAYS/UNUSUAL EVENTS/ACCIDENTS/SAFETY HAZARDS

NO PROBLEMS

NEXT DAY PLAN/GOALS

Tomorrow we paint concrete slabs and outside of the Bldg

RECORD OF JOBSITE COMMUNICATION/EXTRA WORK

None

Locate on Drawing	Pre-Existing Damage & Fixture Condition Log
Regulated Work Area <input type="checkbox"/>	Item
Critical Barriers <input type="checkbox"/>	Condition
Neg. Air Machines <input type="checkbox"/>	Location
Exhaust Locations <input type="checkbox"/>	
Decon Station <input type="checkbox"/>	

Removal Method Used
<input type="checkbox"/> Negative Pressure Enclosure
<input type="checkbox"/> Mini-Enclosure
<input type="checkbox"/> Glove Bag
<input type="checkbox"/> Component Removal
<input checked="" type="checkbox"/> Outdoor Removal
<input type="checkbox"/> RFCI Method
<input type="checkbox"/> Disposal
<input type="checkbox"/> Prep
<input type="checkbox"/> Other (Describe)

Contaminant
 Asbestos Lead
 Mold Other (Specify Below)

Project
 EIBSON MED. CENTER

Location
 ABQ, N.M.

Customer
 CITY OF ABQ

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
 - Confined Space & Lock-out/tag-out
 - Necessary Equip/Supplies

BEGINNING OF WORK SHIFT/DAY

- Safety Meeting
- Production Worksheet: Record actual 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 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
- 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
- Leave job site clean
- Punch list items completed
- Rentals returned
- K-Team score cards completed
- Close-out documentation submitted

01-28-05

[Signature]
 Project Leader/Supervisor (Printed Name)

[Signature]
 Signed

KEERS QUALPRO® DAILY PROJECT LOG

Job No. 210321 Date 6/24/21

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.

Contaminant
 Asbestos Lead
 Mold Other (Specify Below)

Work Classification Codes		
20101 ASB: Site Preparation	20302 LEAD: Removal	20504 SITE: Touchup/Restore
20102 ASB: Removal	20303 LEAD: Cleanup/Detail	20505 SITE: Supervision
20103 ASB: Cleanup/Detail	20304 LEAD: Touchup/Restore	20701 SPEC/IND: Site Prep
20104 ASB: Touchup/Restore	20305 LEAD: Site Supervision	20702 SPEC/IND: Removal
20105 ASB: Site Supervision	20501 SITE: Preparation	20703 SPEC/IND: Cleanup/Detail
20301 LEAD: Site Preparation	20502 SITE: Removal	20704 SPEC/IND: Touchup/Res
	20503 SITE: Cleanup/Detail	20705 SPEC/IND: Site Supervision

Project
GIBSON MED. CENTER

Location
ALBUQUERQUE, N.M.

Customer
CITY OF ABO

EMPLOYEES: SIGN-IN LOG						
Name (Print)	Signature	Time In/Out	Work Code	Time In/Out	Work Code	Total Hrs
1. RUBEN KATO	[Signature]	6:30 12:30	20505	12:30 6:30	20505	11.5
2. ISMAEL GONZALEZ	[Signature]	7:00 12:30	20504	12:30 6:30	20504	10
3. HANAYL YAZZIE	[Signature]	7:00 12:30	20504	12:30 5:30	20504	10
4.						
5.						
6.						
7.						
8.						
9.						
10.						

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
 - Confined Space & Lock-out/tag-out
 - Necessary Equip/Supplies

VISITORS AND SUBCONTRACTORS: SIGN-IN LOG					Total Hours
Name (Print)	Signature	Employer	Time In/Out	Purpose of visit or work performed	
1.					
2.					
3.					

- BEGINNING OF WORK SHIFT/DAY**
- Safety Meeting
 - Production Worksheet: Record actual 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 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

COMPLETED WORK DESCRIPTION Note: Actual Quantities Removed
 Today paint concrete slabs and outside of The Bldg

- 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

PROBLEMS/DELAYS/UNUSUAL EVENTS/ACCIDENTS/SAFETY HAZARDS
 No Problems

NEXT DAY PLAN/GOALS
 Next Monday we will get final Insp.

- 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 on production worksheet

RECORD OF JOBSITE COMMUNICATION/EXTRA WORK
 None

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

- Removal Method Used**
- Negative Pressure Enclosure
 - Mini-Enclosure
 - Glove Bag
 - Component Removal
 - Outdoor Removal
 - RFCI Method
 - Disposal
 - Prep
 - Other (Describe)

- END OF JOB**
- Visual inspection form completed/ signed off
 - Final inspection form completed/signed
 - Disposal manifest signed (by owner) & call for disposal pickup
 - Leave job site clean
 - Punch list items completed
 - Rentals returned
 - K-Team score cards completed
 - Close-out documentation submitted

01-28-05

KEERS QUALPRO® DAILY PROJECT LOG

Job No. 210321 Date 6/29/21

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	20302 LEAD: Removal	20504 SITE: Touchup/Restore
20102 ASB: Removal	20303 LEAD: Cleanup/Detail	20505 SITE: Supervision
20103 ASB: Cleanup/Detail	20304 LEAD: Touchup/Restore	20701 SPEC/IND: Site Prep
20104 ASB: Touchup/Restore	20305 LEAD: Site Supervision	20702 SPEC/IND: Removal
20105 ASB: Site Supervision	20501 SITE: Preparation	20703 SPEC/IND: Cleanup/Detail
20301 LEAD: Site Preparation	20502 SITE: Removal	20704 SPEC/IND: Touchup/Res
	20503 SITE: Cleanup/Detail	20705 SPEC/IND: Site Supervision

EMPLOYEES: SIGN-IN LOG						
Name (Print)	Signature	Time In/Out	Work Code	Time In/Out	Work Code	Total Hrs
1. <u>Ruben Kato</u>	<u>[Signature]</u>	<u>6:30 / 12:30</u>	<u>20504</u>			<u>6</u>
2. <u>Oswaldo Amore</u>	<u>[Signature]</u>	<u>7:00 / 12:30</u>	<u>20504</u>			<u>5.5</u>
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

VISITORS AND SUBCONTRACTORS: SIGN-IN LOG					Total Hours
Name (Print)	Signature	Employer	Time In/Out	Purpose of visit or work performed	
1.					
2.					
3.					

COMPLETED WORK DESCRIPTION Note: Actual Quantities Removed
Today we have a final insp. everything was D.K. only we have to point small part out side of the Bldg

PROBLEMS/DELAYS/UNUSUAL EVENTS/ACCIDENTS/SAFETY HAZARDS
NO Problem

NEXT DAY PLAN/GOALS
Job is complete!

RECORD OF JOBSITE COMMUNICATION/EXTRA WORK
NO

Locate on Drawing	Pre-Existing Damage & Fixture Condition Log		
Regulated Work Area <input type="checkbox"/>	Item	Condition	Location
Critical Barriers <input type="checkbox"/>			
Neg. Air Machines <input type="checkbox"/>			
Exhaust Locations <input type="checkbox"/>			
Decon Station <input type="checkbox"/>			

- Removal Method Used
- Negative Pressure Enclosure
 - Mini-Enclosure
 - Glove Bag
 - Component Removal
 - Outdoor Removal
 - RFCI Method
 - Disposal
 - Prep
 - Other (Describe)

Contaminant
 Asbestos Lead
 Mold Other (Specify Below)

Project
GIBSON MED CENTER

Location
ABA

Customer
CITY OF ABA

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
 - Confined Space & Lock-out/tag-out
 - Necessary Equip/Supplies

- BEGINNING OF WORK SHIFT/DAY**
- Safety Meeting
 - Production Worksheet: Record actual 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 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
 - 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
 - Leave job site clean
 - Punch list items completed
 - Rentals returned
 - K-Team score cards completed
 - Close-out documentation submitted

Ruben Kato
 Project Leader/Supervisor (Printed Name)

[Signature]
 Signed

01-28-05



QUALPRO® VISUAL INSPECTION REPORT

TASK SEQUENCING 1. Preparation 2. Removal/Abatement 3. Detail Final Cleaning 4. Post-Abatement Visual Inspection 5. Recleaning (if necessary)		Project Leader <i>Ruben Kato</i>		E/PC <i>CILANA</i>	
		Project Number <i>210321</i>		Date/Hour	
Post Abatement Visual Inspection Checklist Objective: absence of residue, dust, or debris on surfaces in work area (any residue, dust, or debris found during inspection must be assumed to contain ACM/LBP – reclean)		Project Title <i>GIBSON MED CENTER</i>			
		Location <i>ALBUQUERQUE, NM</i>			
		Owner/Client <i>CITY OF ALBUQUERQUE</i>			
		Equipment needed: flashlight, small screwdriver, putty knife, PPE, ladder, scaffolding			
AC: Affirmative/Complete		CA: Corrective Action Required		NA: Not Applicable	
				AC (3)	CA (3)
				NA (3)	NA (3)
1. Check surfaces from which ACM/LBP has been removed (with the unaided eye) for remaining residue.				<input checked="" type="checkbox"/>	
2. Enter all spaces where ACM/LBP abatement was performed and inspect all surfaces at close range. (Close enough to touch) use a ladder/scaffolding to reach high areas.				<input checked="" type="checkbox"/>	
3. Touch and rub substrates from which ACM/LBP have been removed to identify any remaining ACM/LBP residue.				<input checked="" type="checkbox"/>	
4. Use a flashlight for areas of inadequate illumination. Shine it across surfaces and notice if any remaining residue casts shadows.				<input checked="" type="checkbox"/>	
5. Inspect areas that are difficult to reach or see, or have been covered/enclosed prior to demolition:				<input checked="" type="checkbox"/>	
Check inside electrical J-boxes (pull covers) and behind conduit.				<input checked="" type="checkbox"/>	
'Check inside air register covers of HVAC system (clean as far into duct as can be reached)				<input checked="" type="checkbox"/>	
Check entire surface area to make sure nothing is covering surface that prevents adequate removal.				<input checked="" type="checkbox"/>	
'Check air duct flanges, pipe hangers & suspended ceiling wall angle.				<input checked="" type="checkbox"/>	
Check around/behind surface mounted fixtures.				<input checked="" type="checkbox"/>	
'Check by poking screwdriver into spaces between steel beams and roof deck.				<input checked="" type="checkbox"/>	
Check backside of steel beams including building corners.				<input checked="" type="checkbox"/>	
Check bolts, nuts, hangars on steel beams and deck.				<input checked="" type="checkbox"/>	
Check all the area around pipe elbows, tees, bolts and valves where ACM was mudded-on.				<input checked="" type="checkbox"/>	
Check all surface area corners and perimeters, etc.				<input checked="" type="checkbox"/>	
Check all surface area holes, crevices and openings.				<input checked="" type="checkbox"/>	
'Check to see if floor tile/sheeting and mastic extend under wall plates or other fixed objects.				<input checked="" type="checkbox"/>	
'Check tops of door jambs, window sills, etc.				<input checked="" type="checkbox"/>	
'Check wall studs/cavities, J-boxes, and ceiling openings/deck for over spray.				<input checked="" type="checkbox"/>	
6. Inspect poly barriers for residue and water between or behind layers of poly.				<input checked="" type="checkbox"/>	
7. Inspect crawl spaces on hands and knees with flashlight checking soil carefully for remaining debris. Note: No pieces of ACM/LBP shall be present on top or mixed in with loose soil.				<input checked="" type="checkbox"/>	
8. Report location of any inaccessible ACM/LBP on final inspection report form (brief: owner/consultant).				<input checked="" type="checkbox"/>	
The undersigned, having inspected the regulated work area according to industry guidelines and ASTM standards, certify that no visible ACM/LBP residue/dust/debris was discovered within the containment/regulated work area prior to clearance sampling/analytical and containment/regulated work area barrier removal.					
SIGNED: <u><i>Ruben Kato</i></u> <i>Project Leader</i>		SIGNED: _____ <i>Inspector Conducting Visual Inspection</i>			
DATE: _____		_____ <i>Certification/License Number (if applicable)</i>			



QUALPRO® FINAL INSPECTION REPORT

CONTRACTOR

Customer Representative <i>Vicente Martinez</i>	Project Leader <i>RUBEN KATO</i>	Service Coordinator <i>CHRIS LARA</i>
Company/Organization <i>City of Albuquerque</i>	Project Number <i>210321</i>	Date/Hour <i>6/29/21</i>
Address <i>1801 4th St NW Alb NM</i>	Project Title <i>GIBSON MEDICAL CENTER</i>	
City <i>87102</i>	State <i>SOS</i>	Zip <i>933-2842</i>
Phone Number <i>87102</i>	Fax Number <i>933-2842</i>	
	Service(s) Provided (Check)	
	<input checked="" type="checkbox"/> Asbestos Abatement <input type="checkbox"/> Decontamination <input checked="" type="checkbox"/> Lead Abatement <input type="checkbox"/> Site Remediation <input type="checkbox"/> UST Removal <input type="checkbox"/> Demolition <input type="checkbox"/> HVAC Air Duct Cleaning	

The undersigned, having completed the scope of work, and after carefully inspecting the work area in accordance with Keers QualPRO® quality inspection procedures, and reviewing the final clearance sampling/analytical results (if applicable) authorize release of the work area.
 Signed: *Ruben Kato* Date: *6/29/21* Quality Checked by: _____ Date: _____
Project Leader

Project Completion Briefing Checklist ✓

- Work area left clean and neat.
- Job walk-thru with customer representative explaining/reviewing all work completed.
- Keys and any owner provided items returned.
- Closeout documentation importance discussion (Owner will receive within 4 weeks).
- Repairs needed due to destructive nature of work, to be repaired at Keers' expense
- Other information or concerns customer should know
- Other: _____

Final Clearance Results (Asbestos & Lead Projects Only)

Analytical clearance results *ASSAIKAI HMC RESULTS*
 (asbestos release criteria: .01 fibers/cc PCM or 70 structures/mm² TEM). **Lead release:** interior floors 40 µg/ft²; interior windowsills 250 µg/ft²; window trough 400 µg/ft². **Soil:** play areas 400 ppm; remainder of yard 1200 ppm.

Important-Asbestos Projects Only

Location and quantity of ACM/PACM remaining in the work area, not scheduled for abatement (required per OSHA 29 CFR 1926.1101). _____

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

I acknowledge that the applicable items on the project completion-briefing checklist have been reviewed with me by my Keers Environmental representative to my satisfaction. I have inspected the job-site and work completed. All work contracted has been performed in an acceptable manner in accordance with the proposal/agreement and/or contract/specifications, other than noted above.

Signed: *[Signature]* Date: *6-29-21*
Owner or Authorized Representative

Customer Authorized Representative

KIEBERS QualPRO™ SAMPLING FORM

Project Number 210321	Date 6/15/21	Analysis Required (Circle One)	
Project Title GISSON, MEO CENTER	Project Location ALBUQUERQUE, NM	Asbestos	Lead
Customer/Owner CITY OF ALBUQUERQUE	On-Site Competent Person Ruben Potts	Other (Specify)	Signature <i>[Signature]</i>
Employee Name General	Social Sec. #	Rotomog # CUH014001	Calibration Date 6/2/21

Sample No. (Job#/Date/Sample#)	Time On	Starting Flow Rate (LPM)	Time Off	Ending Flow Rate (LPM)	Total Minutes	Total Air Volume	Task Code	Sample Code	Lab Results	8 Hour TW/A	STEL (Asb.)	Material Code	% ASB	ACM Type Code	Eng. Controls Code	Work Areas Code
210321 6-15/21/01	8:30	410	5:00	410	510	2070	General	6	LO.00094			MSE/RT		NPE		I
02	a.m.	FB						B								
03	a.m.	FB						B								

Samples Relinquished by: Ruben Potts Date: 6/15/21

Samples Received by: _____ Date: _____

Samples Relinquished by: _____ Date: _____

Lab Sent to: Assausai Date: 7/11/21

Lab Signature: [Signature] Date: _____

Chain of Custody continued internally within Lab

Required Turn Around (Hrs) 72 Purchase Order # 210321-06

White - Job File Yellow - Closeout Pink - Monitoring Binder

TASK CODES (ASBESTOS & LEAD)

AR - Asphalt Roof Removal
CA - Clean-up Activities
CS - Ceiling Scrape
CR - Cement/Transite Removal
DR - Drywall Removal
ED - Equipment Demolition
FM - Fluid Mastic Removal
MF - Manual Flooring Removal
MD - Manual Demolition
MM - Mech. Mastic Removal
PA - Preparation Activities
RF - RF/CI Method
SE - Soil Excavation

WORK AREA CODES

I - Indoor
CS - Crawl Space
AP - Attic Plenum
BR - Boiler Room
R - Roof
O - Outdoor
OT - Other (Specify) _____

ENG. CONTROL CODES

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

ANALYSIS CODE/LAB RESULTS

A - f/ce
D - Damaged Filter
L - µm
ND - None Detected
NA - Not Analyzed
O - Overloaded
T - s/m
OT - Other (Specify) _____

SAMPLING CODES

B - Field Blank
C - Clearance
E - Excursion
G - General Environ.
P - Personal
S - Soil
C - Composite

ASBESTOS TYPE CODES

C - Chrysotile
A - Amosite
CR - Crocidolite
T - Tremolite
AC - Actinolite
AN - Anthrophyllite

MATERIAL DESCRIPTION CODES
(See Back)



Assaigai, LLC

5930 Midway Park Blvd NE · Albuquerque, NM 87109 · (505) 345-8964 · Fax (505) 822-8063

AIRBORNE FIBER ANALYSIS REPORT

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

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

Sample ID	Fiber Count		Volume (liters)	Det. Limit (f/cc)	Comments
	(f/cc)	(f/flds)			
210321-06/15/21-1	<0.00094	0.5/100	2040	0.00094	
210321-06/15/21-2	----	0/100	Field Blank	----	
210321-06/15/21-3	----	0/100	Field Blank	----	

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

KEEERS QualPRO™ SAMPLING FORM

Project Number 210321	Date 6/16/21	Analysis Required (Circle One)	
Project Title GIBSON MED CENTER	Asbestos	Lead	Other (Specify)
Project Location ALBURN ROAD N.W.	On-Site Competent Person RIBBON KAIS	Signature	Calibration Date 6/2/21
Customer/Owner CITY OF AEA	Rotometer # C21/01/44701		

Sample No. (Job#/Date/Sample#)	Time On	Starting Flow Rate (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	Eng. Controls Code	Work Areas Code
210321/H/01	8:00	4.3	8:00	4.0	540	2160	Personnel	FM/HP/6	D	<0.00089			MW/OT		PP2	F
02	am, pm	FB	am, pm													
03	am, pm	FB	am, pm													
	am, pm		am, pm													
	am, pm		am, pm													
	am, pm		am, pm													
	am, pm		am, pm													
	am, pm		am, pm													
	am, pm		am, pm													
	am, pm		am, pm													
	am, pm		am, pm													

Samples Relinquished by: Ribbon KAIS Date: 6/16/21

Samples Received by: _____ Date: _____

Samples Relinquished by: _____ Date: _____

Lab Sent to: Assai gen Date: 7/1/21

Lab Signature: _____ Date: _____

Chain of Custody continued internally within Lab

Required Turn Around (Hrs) 24 Purchase Order # 210321-02

Write - Job File Yellow - Closeout

Pink - Monitoring Binder

- TASK CODES (ASBESTOS & LEAD)**
- AR - Asphalt, Roof Removal
 - CA - Clean-up Activities
 - CS - Ceiling Scrape
 - CR - Cement, Transit Removal
 - DR - Drywall Removal
 - ED - Equipment Demolition
 - FM - Fluid Mastic Removal
 - MF - Manual Flooring Removal
 - MD - Manual Demolition
 - MM - Mech. Mastic Removal
 - PA - Preparation Activities
 - RF - RFCl Method
 - SE - Soil Excavation
- WORK AREA CODES**
- I - Indoor
 - CS - Crawlspace
 - AP - Attic Plenum
 - BR - Boiler Room
 - R - Roof
 - O - Outdoor
 - OT - Other (Specify)
- ENG. CONTROL CODES**
- NPE - Neg. Pressure Enclosure
 - ME - Mini Enclosure
 - GB - Glove Bag
 - W - Wet
 - OT - Other (Specify)
- ANALYSIS CODE/LAB RESULTS**
- A - f/cc
 - D - Damaged Filter
 - L - µm
 - ND - None Detected
 - NA - Not Analyzed
 - O - Overloaded
 - T - s/m
 - OT - Other (Specify)
- SAMPLING CODES**
- B - Field Blank
 - C - Clearance
 - E - Excursion
 - G - General Environ.
 - P - Personal
 - W - Wipe
 - S - Soil
 - C - Composite
- ASBESTOS TYPE CODES**
- C - Chrysotile
 - A - Amosite
 - CR - Crocidolite
 - T - Tremolite
 - AC - Actinolite
 - AN - Anthrophyllite
- MATERIAL DESCRIPTION CODES** (See Back)



Assaigai, LLC

5930 Midway Park Blvd NE · Albuquerque, NM 87109 · (505) 345-8964 · Fax (505) 822-8063

AIRBORNE FIBER ANALYSIS REPORT

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: A59803
No. of Analyses: 03

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	Fiber Count		Volume (liters)	Det. Limit (f/cc)	Comments
	(f/cc)	(f/fds)			
210321-06/16/21-1	<0.00089	1/100	2160	0.00089	
210321-06/16/21-2	---	0/100	Field Blank	---	
210321-06/16/21-3	---	0/100	Field Blank	---	

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

IKIERS QualPRO™ SAMPLING FORM

Project Number 210321 210321	Date 6/13/21	Analysis Required (Circle One)	
Project Title GIBSON MED. CENTER	Asbestos	Lead	Other (Specify)
Project Location ALBANY, NY	On-Site Competent Person RICK BISHOP	Signature <i>[Signature]</i>	Calibration Date 6/12/21
Customer/Owner CITY OF ALBANY, NY	Rotometer # 6110114010		

Sample No. (Job#/Date/Sample#)	Time On	Starting Flow Rate (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	Eng. Controls Code	Work Areas Code
210321 #01 6/12/21 #01	3:30 a.m., p.m.	2.0	3:55 a.m., p.m.	2.0	30	60	FRANCIS LOZONA	TL	E	<0.032			H ¹ /R ¹ /H		GB	I
02	3:55 a.m., p.m.	2.0	4:30 a.m., p.m.	2.0	510	1020	FRANCIS LOZONA	TL	P	<0.0019						
03	8:50 a.m., p.m.	4.0	9:50 a.m., p.m.	4.0	480	1920	GENOVA	TL	B	<0.0010						
04	— a.m., p.m.	—	— a.m., p.m.	—	—	—		TL	B							
05	— a.m., p.m.	—	— a.m., p.m.	—	—	—		TL	B							

Samples Relinquished by: *[Signature]* Date: 6/13/21

Samples Received by: *[Signature]* Date: _____

Samples Relinquished by: _____ Date: _____

Lab Sent to: *F. Saigai* Date: 7/1/21

Lab Signature: *[Signature]* Date: _____

Chain of Custody continued internally within Lab

Required Turn Around (Hrs) *18 Standard* Purchase Order # *210321-010*

White - Job File Yellow - Closeout Pink - Monitoring Binder

- TASK CODES (ASBESTOS & LEAD)**
- AR - Asphalt/Roof Removal
 - CA - Clean-up Activities
 - CS - Ceiling Scrape
 - CR - Cement Transit Removal
 - DR - Drywall Removal
 - ED - Equipment Demolition
 - FM - Fluid Mastic Removal
 - MF - Manual Demolition
 - MM - Mech. Mastic Removal
 - PA - Preparation Activities
 - RF - RFI Method
 - SE - Soil Excavation
- SR - Sprayed Fireproofing Removal**
- TR - TSI Removal**
- AB - Abrasive Blasting**
- AV - Abrasive Vacuum Blasting**
- CO - Component Removal**
- CH - Chemical Stripping**
- EE - Encap/Enclosure**
- MS - Manual Scraping**
- PS - Pneumatic Sealing/Scabblr**
- WB - Waterblasting**
- BS - Bulk Sampling**
- OT - Other**
- WORK AREA CODES**
- I - Indoor
 - CS - Crawl Space
 - AP - Attic/Plenum
 - BR - Boiler Room
 - R - Roof
 - O - Outdoor
 - OT - Other (Specify)
- ENG. CONTROL CODES**
- NPE - Neg. Pressure Enclosure
 - ME - Minit Enclosure
 - GB - Glove Bag
 - W - Wet
 - OT - Other (Specify)
- SAMPLING CODES**
- B - Field Blank
 - C - Clearance
 - E - Excursion
 - G - General Environ.
 - P - Personal
 - S - Soil
 - C - Composite
- ASBESTOS TYPE CODES**
- A - Amosite
 - CR - Crocidolite
 - T - Tremolite
 - AC - Actinolite
 - AN - Anthrophyllite
- MATERIAL DESCRIPTION CODES** (See Back)



Assaigai, LLC

5930 Midway Park Blvd NE · Albuquerque, NM 87109 · (505) 345-8964 · Fax (505) 822-8063

AIRBORNE FIBER ANALYSIS REPORT

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

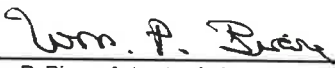
Sample ID	Fiber Count		Volume (liters)	Det. Limit (f/cc)	Comments
	(f/cc)	(f/flds)			
210321-06/17/21-1	<0.032	1/100	60	0.032	
210321-06/17/21-2	<0.0019	0.5/100	1020	0.0019	23
210321-06/17/21-3	<0.0010	1/100	1920	0.0010	
210321-06/17/21-4	----	0/100	Field Blank	----	
210321-06/17/21-5	----	0.5/100	Field Blank	----	

COMMENTS:

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

KIEBERS QualPRO™ SAMPLING FORM

Project Number 210321	Date 6/18/21	Analysis Required (Circle One)	
Project Title GIBSON MED CENTER		Asbestos	Lead
Project Location ABB, RM	On-Site Competent Person Robert Gots	PCB/TEH	
Customer/Owner CITY OF AUGUBURG	Signature <i>[Signature]</i>	Rotometer # 6221/WH01	Calibration Date 6/2/21

Sample No. (Job#/Date/Sample#)	Time On	Starting Flow Rate (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	Eng. Controls Code	Work Areas Code
210321/6-18-21/01	7:50 a.m.	2.0	7:50 p.m.	2.0	30	60	Tarsten Garcia-Ostejo	TN	2	LO.032			WH/PM			
02	7:50 a.m.	2.0	7:50 p.m.	2.0	120	240	Tarsten Garcia-Ostejo		P	LO.008						
03	7:30 a.m.	4.0	7:50 p.m.	4.0	120	480	General		6	LO.004D						
04	7:50 a.m.	4.0	7:50 p.m.	4.0	120	480			B							
05	7:50 a.m.	4.0	7:50 p.m.	4.0	120	480			B							

Samples Relinquished by: *[Signature]* Date: **6/19/21**

Samples Received by: _____ Date: _____

Samples Relinquished by: _____ Date: _____

Lab Sent to: **ASSAIQAI** Date: **7/1/21**

Lab Signature: _____ Date: _____

Chain of Custody continued Internally within Lab

Required Turn Around (Hrs) **24** Purchase Order # **210321-06**

White - Job File Yellow - Closeout Pink - Monitoring Binder

- TASK CODES (ASBESTOS & LEAD)**
- AR - Asphalt Roof Removal
 - CA - Clean-up Activities
 - CS - Ceiling Scrape
 - CR - Cement Transit Removal
 - DR - Drywall Removal
 - ED - Equipment Demolition
 - FM - Fluid Mastic Removal
 - MF - Manual Demolition
 - MM - Mech. Mastic Removal
 - PA - Preparation Activities
 - RF - RFI Method
 - SE - Soil Excavation
 - SR - Sprayed Fireproofing Removal
 - TR - TSI Removal
 - AB - Abrasive Blasting
 - AV - Abrasive Vacuum Blasting
 - CO - Component Removal
 - CH - Chemical Stripping
 - BE - Encap/Enclosure
 - MS - Manual Scraping
 - PS - Pneumatic Sealing/Scabber
 - WB - Waterblasting
 - BS - Bulk Sampling
 - OT - Other
- WORK AREA CODES**
- I - Indoor
 - CS - Crawl Space
 - AP - Attic Plenum
 - BR - Boiler Room
 - R - Roof
 - O - Outdoor
 - OT - Other (Specify) _____
- ENG. CONTROL CODES**
- NPE - Neg. Pressure Enclosure
 - ME - Mini Enclosure
 - GB - Glove Bag
 - W - Wet
 - OT - Other (Specify) _____
- SAMPLING CODES**
- A - f/ce
 - D - Damaged Filter
 - L - µm
 - ND - None Detected
 - NA - Not Analyzed
 - O - Overloaded
 - T - s/mm
 - OT - Other (Specify) _____
- ASBESTOS TYPE CODES**
- C - Chrysotile
 - A - Amosite
 - CR - Crocidolite
 - T - Tremolite
 - P - Personal
 - W - Wipe
 - S - Soil
 - C - Composite
 - T - TCLDP
- MATERIAL DESCRIPTION CODES** (See Back)



Assaigai, LLC

5930 Midway Park Blvd NE · Albuquerque, NM 87109 · (505) 345-8964 · Fax (505) 822-8063

AIRBORNE FIBER ANALYSIS REPORT

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: A59806
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: 06/18/21

Sample ID	Fiber Count		Volume (liters)	Det. Limit (f/cc)	Comments
	(f/cc)	(f/flds)			
210321-06/18/21-1	<0.032	1/100	60	0.032	
210321-06/18/21-2	<0.0080	0.5/100	240	0.0080	21
210321-06/18/21-3	<0.0040	1.5/100	480	0.0040	
210321-06/18/21-4	---	0/100	Field Blank	---	
210321-06/18/21-5	---	0/100	Field Blank	---	

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



Assaigai, LLC

5930 Midway Park Blvd NE · Albuquerque, NM 87109 · (505) 345-8964 · Fax (505) 822-8063

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 scrapers, 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.

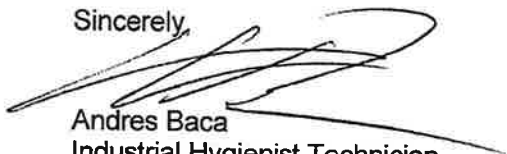
Personal Air Monitoring Data:

Samples were collected using the NIOSH 7400 protocol of at least 25% of the workers for a particular work task. Samples were submitted to Assagai LLC for analysis. Assagai 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.



Assaigai, LLC

5930 Midway Park Blvd NE · Albuquerque, NM 87109 · (505) 345-8964 · Fax (505) 822-8063

AIRBORNE FIBER ANALYSIS REPORT

To: KEERS REMEDIATION, INC.
5904 FLORENCE AVE NE
ALBUQUERQUE, NM 87113
Fax: 505-823-2766
Attn: EMILY SANCHEZ

Date Received: 7/23/2020
Date Completed: 7/24/2020
Airborne Fiber Analysis
Workorder: A57714
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: Negative Exposure Assessment, Central New Mexico Community College, Building N, 2004 Coal Ave

Sample ID	Fiber Count		Volume (liters)	Det. Limit (f/cc)	Comments
	(f/cc)	(f/flds)			
FS-20-694-0723-1	---	0/100	Field Blank	---	
FS-20-694-0723-2	---	1/100	Field Blank	---	
FS-20-694-0723-3+	0.040	5.5/100	60	0.032	
FS-20-694-0723-4	<0.0049	4/100	390	0.0049	21
FS-20-694-0723-5	0.0087	7/100	360	0.0053	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



Assaigai, LLC

5930 Midway Park Blvd NE · Albuquerque, NM 87109 · (505) 345-8964 · Fax (505) 822-8063

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,

A handwritten signature in black ink, appearing to read 'Jeremy N Sheldrake', written over a horizontal line.

Jeremy N Sheldrake
Industrial Hygienist & AHERA Inspector

enc.



Assaigai, LLC

5930 Midway Park Blvd NE · Albuquerque, NM 87109 · (505) 345-8964 · Fax (505) 822-8063

AIRBORNE FIBER ANALYSIS REPORT

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

Fax: 505-823-2766

Attn: 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 (liters)	Det. Limit (f/cc)	Comments
	(f/cc)	(f/flds)			
FS-21-578-0617-1	---	0/100	Field Blank	---	
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 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



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 GENERATOR

A generator must sign and keep a copy of each manifest in accordance with NMAC 20.9.8.19 and retain a hand signed copy from the designated facility that received the waste. Only hand signed copies are legal documents for generators.

Job Number: 210321 Tracking Number: _____
 Project Name: GIBSON MED CENTER Generator Name: CITY OF ALBUQUERQUE
 Address: 5400 GIBSON BLVD SE Address: 1801 4TH ST N.W
 City/State/Zip: ALBUQUERQUE, NM 87108 City/State/Zip: ALBUQUERQUE, NM 87102
 Telephone: (505) 768-5312 Telephone: (505) 768-5312

CERTIFICATION. I hereby declare that the contents of this consignment are fully and accurately described by proper shipping name and are classified, packaged, and labeled in accordance with applicable regulations, and are in all respects in proper condition for transport by highway according to applicable international and government regulations and is not a hazardous waste as defined by 40 CFR, Part 261.

Victor Brown _____
 Name of Authorized Agent Signature

6	1	2	4	1	21
---	---	---	---	---	----

Waste Generation Date

Part II CONTRACTOR CONTENTS

Contractor Name: Keers Remediation
 Address: 5904 FLORENCE AVE A
 City/State/Zip/Phone: ALBUQUERQUE NM 87103 (505) 823-9006

Responsible Agency <u>NMED/SOLID WASTE BUREAU</u>			
<u>1190 ST FRANCIS DR</u>			
<u>SANTA FE, NM 87502</u> ✓			
Weight		Friable	✓
Bags	<u>2 BULK BAG</u>	Non-Friable	✓
Barrels		UN2212 Pkg. Group II	
Cu. Yds.	<u>15</u>	UN2590 Pkg. Group III	

CERTIFICATION. I hereby declare that the contents of this consignment are fully and accurately described by proper shipping name and are classified, packaged, and labeled in accordance with applicable regulations, and are in all respects in proper condition for transport by highway according to applicable international and government regulations and is not a hazardous waste as defined by 40 CFR, Part 261.

Special Handling Instructions:

Waste Description
ACM IS FLOOR TILE BLOCK MASTIC
751 pipe insulation
(EXTRACED NON FRIABLE MAT)

Dorian Kats _____
 Name of Authorized Agent Signature

Part III TRANSPORTER

Name of Transporter #1: Special Waste Disposal Special Waste Hauler Permit No.: 0000001
 Mailing Address: 5904 FLORENCE AVE NE ALBUQUERQUE NM 87113 Phone No: 8239006 Truck License No.: K99KRO01
 Name of Transporter #2: _____ Special Waste Hauler Permit No.: _____
 Mailing Address: _____ Phone No. _____ Truck License No.: _____

The following statement must be signed by the truck driver prior to unloading at the Special Waste Disposal Facility. "I certify that no other material has been placed in this truck since the containers described in Part 1 of the form were loaded."

Signature of Transporter #1: _____ Date Received _____
 Signature of Transporter #2: _____ Date Received _____

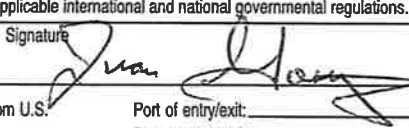
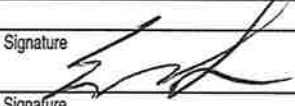
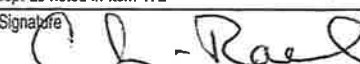
0	6	2	8	21
---	---	---	---	----

Part IV DISPOSAL SITE

This is to certify 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 noted discrepancies)

Discrepancy Explanation: _____
 Active Area# 5 Cell# 3 Date Received 062821
 Authorized Signature: _____

RESPONSIBLE AGENCY
 New Mexico Environment Department
 Solid Waste Bureau
 1190 St. Francis Drive
 Santa Fe, NM 87502

NON-HAZARDOUS WASTE MANIFEST	1. Generator ID Number N M C E S Q G	2. Page 1 of 1	3. Emergency Response Phone	4. Waste Tracking Number 1 3 6 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 Albuquerque NM 87108			
6. Transporter 1 Company Name Advanced Environmental Solutions, Inc.			U.S. EPA ID Number N M R 0 0 0 0 0 6 5 0 2		
7. Transporter 2 Company Name			U.S. EPA ID Number		
8. Designated Facility Name and Site Address Advanced Environmental Solutions, Inc. 2318 Roldan Drive Belen NM 87002 Facility's Phone: 505 861-1700			U.S. EPA ID Number N M R 0 0 0 0 0 6 5 0 2		
9. Waste Shipping Name and Description		10. Containers		11. Total	12. Unit
		No.	Type	Quantity	Wt./Vol.
X UN3077, Environmentally hazardous substance, solid, n.o.s 9, PGIII(CESQG)(Lead)		1	DF	50	P
		0 0 2			
3.					
4.					
13. Special Handling Instructions and Additional Information 1) Profile # AES 0893 ERG#171 - 1 X 20 gal VSQG 9.1) A9291					
14. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. JOB# J13621					
Generator's/Offoror's Printed/Typed Name JUAN GOMEZ		Signature 		Month Day Year 7 9 21	
15. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____					
16. Transporter Acknowledgment of Receipt of Materials					
Transporter 1 Printed/Typed Name ERNEST LOPEZ		Signature 		Month Day Year 7 9 21	
Transporter 2 Printed/Typed Name		Signature		Month Day Year	
17. Discrepancy					
17a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection					
17b. Alternate Facility (or Generator)			U.S. EPA ID Number		
Facility's Phone: _____					
17c. Signature of Alternate Facility (or Generator)				Month Day Year	
18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a					
Printed/Typed Name Chris Rael		Signature 		Month Day Year 7 9 21	



WASTE PROFILE FORM

Facility Site Name: Advanced Environmental Sol

Approval Code: _____

Profile #: AES0893

1. Generator Information:

Name: City of Albuquerque
 Mailing Address: 5400 Gibson Blvd SE 5400 Gibson Blvd SE
 City: Albuquerque State: NM Zip: 87108
 Technical Contact: _____
 Site Address: 5400 Gibson Blvd SE
 City: Albuquerque State: NM Zip: 87108
 Site Phone: 505-768-3856
 Site EPA ID: NMCSOG NAICS Code _____

2. Billing Information:

Customer Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Billing Contact: _____
 Phone: _____ Fax: _____
 Email: _____

3. Waste Description:

Common Name of Waste: Lead Based Paint
 Process Generating Waste: Scraping lead based paint
 Color: _____ Layers: _____ Odor & Strength: _____ State @70°: _____
 Free Liquid: YES NO Liquids _____ % Solids 100.00% Sludge _____ % Solubility _____ % Total Halogens _____ %

DOT Shipping Name: (include PG, UN/NA, and Haz. Class)

UN3077, Environmentally hazardous substance, solid, n.o.s
9, PGIII(CESQG)(Lead)

Quantity: _____ Frequency: _____

Shipment Method: BULK LIQUID BULK SOLID DRUMS

EPA Codes: _____

State Codes: _____

Physical Characteristics:

Specific Gravity: _____ Viscosity: _____

Flash Point (°F): _____ pH: _____

BTUs: _____ PCBs (ppm): _____

Total Cyanides (ppm): _____ Total Sulfides (ppm): _____

Waste Composition: (List all haz. and non-haz constituents)

Constituent	Concentration	%
Lead	0.10 -1.00	%
Paint Oil Based	80.00 -40.00	%
	-	%
	-	%
	-	%
	-	%

Regulatory Status (Check all that apply)

- Hazardous Waste per 40 CFR 261
- CESQG per 40 CFR 261.5
- Universal Waste per 40 CFR 273
- Used Oil per 40 CFR 279
- State Regulated Waste
- HHW per 40 CFR 261.4(b)(1)
- Non Hazardous Waste
- Non-RCRA, Regulated Waste
- Other Exempt Waste per 40 CFR 261

Describe: _____
 Form Code _____ Source Code _____

Hazardous and Chemical Properties:

- None
- Water Reactive
- Shock Sensitive
- Air Reactive
- Explosive
- Pyrophoric
- Reactive Cyanides
- Reactive Sulfides
- Phenols
- Oxidizer
- Ignitable
- Medical Waste
- Dioxins
- Benzene NESHAP
- Pesticide/Herbicide
- Polymerizable
- Radioactive
- 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)	<u>200.00</u>	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 Pentachlorophenol	_____
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 2,4-Dinitrotoluene	_____	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.

Name: JUAN LOPEZ Title: _____
 Signature: [Signature] Date: 7/9/21



QUALPRO® EMERGENCY RESPONSE PLAN

Albuquerque, NM: 505.823.9006

El Paso, TX: 915.772.8157

Job Name: <i>GIBSON MEDICAL CENTER</i>		Job Site Telephone Number: <i>(915) 252-8315</i>	
Job Site Physical Address: <i>5400 GIBSON BLVD SE</i>		Job Number: <i>210321</i>	
<i>ALBUQUERQUE N.M. 87108</i>			
Project Leader/Supervisor: <i>Ruben Kato</i>		Service Coordinator: <i>CHRIS LAMA</i>	
Customer: <i>CITY OF ALBUQUERQUE</i>		Customer Telephone Number: <i>(505) 768-5312</i>	
EMERGENCY TELEPHONE NUMBER 911			
After Hours Telephone: <i>1-800-327-8642</i>		Directions to Jobsite:	
Security Number: <i>911</i>		Poison Control No.: <i>911</i>	
Ambulance No.: <i>911</i>	Fire No.: <i>911</i>	Police No.: <i>911</i>	
Report All Injuries Immediately 1-800-327-8642			
Draw Floor Plan of work area and show quickest emergency evacuation route for workers.			
NEAREST EMERGENCY MEDICAL FACILITIES			
Name	Address	Telephone	
<i>GIBSON MED CENTER</i>	<i>5400 GIBSON BLVD S.E</i>	<i>(505) 768-5312</i>	
ACCIDENT PROCEDURES		Directions to nearest emergency medical facility listed above:	
<ol style="list-style-type: none"> 1. If serious injury, stop all work efforts 2. Do not move injured if not in danger 3. Render first aid if qualified to do so 4. Direct ambulance to injured 5. Complete accident report 			

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.