



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 Manifest(s)
 - Insurance Certificate
 - Emergency Response Plan
 - Employee Medicals
 - Employee Respirator Fit Test
 - Employee Training Certificates
 - Certified Payroll
 - Other Project Documentation (Describe)
-
-

IMPORTANT NOTICE – PLEASE READ

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

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

ProDoc™ is Keers proprietary quality assurance program.



**City of Albuquerque
Environmental Health Department
Air Quality Program**

1 Civic Plaza NW, Room 3047
Albuquerque, NM 87102



April 21, 2022

**KEERS REMEDIATION
5904 FLORENCE AVENUE NE
ALBUQUERQUE, NM 87113-**

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

Dear Christopher Lara,

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

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

4859 sq. ft. of CAT II

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

Sincerely,

**MICHAEL ANAYA,
AIR QUALITY PROGRAM, ENFORCEMENT**



**City of Albuquerque, Environmental Health Department
Air Quality Program**

Asbestos Renovation/Demolition NESHAP Notification Form

Version 1 Effective Date: 01/01/2022

I. Type of Notification: **Courtesy** Revision #: _____ Date Received: _____ AQP Notification #: _____

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

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**

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: _____ State: _____ Zip Code: _____

Contact: **N/A** Work Phone: _____ Cell Phone: _____ E-mail: _____

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**

UTM Northing: **3880620.06 N** UTM Easting: **355791.68 E**

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: **2nd Floor New Gibson Health Hub.**

VI. Method of Asbestos Determination:

Bulk Sampling and PLM Analysis

VII. RACM Fee Calculation

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

Total RACM Fee = No Fee

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

Fee = **\$26.00** 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	0	4859	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: **05/03/22** Finish: **05/16/22**

IX. Demolition/Reno Schedule (MM/DD/YY): Start: **N/A** Finish: **N/A**

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.):

Remove asbestos containing floor mastic and non-asbestos containing floor tile utilizing full containment or RFI removal methods within a regulated work area. Asbestos containing material will be removed by personnel trained in asbestos abatement and wearing appropriate PPE. All asbestos waste materials will be properly packaged, manifested and disposed of at an Asbestos Waste Landfill listed below.

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

6 mil and 4 mil polyethylene sheeting used to create a full containment regulated work area with negative air pressure .02 inches water column. A non-insulated regulated area will be used to remove the black floor mastic. All ACM will be wetted and removed by trained personnel wearing PPE. Areas will be HEPA vacuumed, wet wiped after the asbestos has been abated. PCM final air clearance testing will be performed by a third party.

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)

N/A

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:

N/A

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: **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** Address: **5904 Florence Ave. NE** City: **Albuquerque** State: **NM** Zip Code: **87113**

Contact: **Adrian Montano** Work Phone: **505-828-2650** Cell Phone: **505-480-5648** E-mail: amontano@specialwastenm.com

XVI. Waste Disposal Site:

Name: **Special Waste Disposal**

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: **04/20/22**

KEERS QUALPRO® DAILY PROJECT LOG

Job No. 220192 Date 5/5/22

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 12:15	20105	12:30 4:30	20105	9.5
2. Isaac Gonzalez	<i>[Signature]</i>	7:15 12:15	20101	12:30 4:30	20101	9
3. Ismael MFE	<i>[Signature]</i>	7:15 12:15	20101	12:30 4:30	20101	9
4. Joshua Ceballos	<i>[Signature]</i>			12:30 4:30	20101	4
5. Servando	<i>[Signature]</i>			12:30 4:30	20101	4
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.					35.5
2.					
3.					

COMPLETED WORK DESCRIPTION Note: Actual Quantities Removed
 Today Arrive at Job site, Have a walk thru around area, then start to prep criticals on windows, doors and VENTS.

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

NEXT DAY PLAN/GOALS
 Next Monday continue with prep

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	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"/>			

Contaminant
 Asbestos Lead
 Mold Other (Specify Below) PREP MGS

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

KEERS QUALPRO® DAILY PROJECT LOG

Job No. 220182 Date 5/9/22

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>9:00</u> <u>12:05</u>	<u>20105</u>	<u>12:30</u> <u>4:30</u>	<u>20105</u>	<u>7</u>
2. <u>Ismael Martinez</u>	<u>[Signature]</u>	<u>9:00</u> <u>12:05</u>	<u>20101</u>	<u>12:30</u> <u>4:30</u>	<u>20101</u>	<u>7</u>
3. <u>Isaac Gonzalez</u>	<u>[Signature]</u>	<u>9:00</u> <u>12:05</u>	<u>20101</u>	<u>12:30</u> <u>4:30</u>	<u>20101</u>	<u>7</u>
4. <u>Sebastian Morales</u>	<u>[Signature]</u>	<u>9:00</u> <u>12:05</u>	<u>20101</u>	<u>12:30</u> <u>4:30</u>	<u>20101</u>	<u>7</u>
5.						
6. <u>Ruben Kato</u>	<u>[Signature]</u>	<u>4:00</u> <u>8:30</u>	<u>10750</u>			<u>4.5</u>
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 continue with prep. Criticals and start to prep splash wards on walls

PROBLEMS/DELAYS/UNUSUAL EVENTS/ACCIDENTS/SAFETY HAZARDS
no problem - Today we have safety meeting

NEXT DAY PLAN/GOALS
Continue with prep

RECORD OF JOBSITE COMMUNICATION/EXTRA WORK

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

- 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) PEP

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

Ruben Kato
 Project Leader/Supervisor (Printed Name)

[Signature]
 Signed

01-28-05

KEERS QUALPRO® DAILY PROJECT LOG

Job No. 220182 Date 5/10/22

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.

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20301 LEAD: Site Preparation	20502 SITE: Removal	20704 SPEC/IND: Touchup/Res
	20503 SITE: Cleanup/Detail	20705 SPEC/IND: Site Supervision

Contaminant
 Asbestos Lead
 Mold Other (Specify Below) PF21

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. Ruben Kato	[Signature]	6:30	10750	12:30	20125	12
2. ISAAC Gonzalez	[Signature]	7:00	20101	12:30	20121	11.5
3. servando	[Signature]	7:00	20101	12:30	20121	11.5
4. ISMAEL M	[Signature]	7:00	20101	12:30	20121	11.5
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 → 46.5

Name (Print)	Signature	Employer	Time In/Out	Purpose of visit or work performed
1. Chris Lara	[Signature]	Keers	7:30	Inspection
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 splash walls, set up Neg Hoods and Decon Unit.

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 Problem

NEXT DAY PLAN/GOALS

To morrow we will start with Removal Procedure

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

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

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"/>			

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. 220182 Date 5/11/22

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.

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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	20750	12:30 2015	2015	11.5
2. ISMAC Gonzalez	<i>[Signature]</i>	7:00 12	20152	12:30 6:30	20152	11
3. Servando	<i>[Signature]</i>	7:00 12	20152	12:30 6:30	20152	11
4. ISMAC MTZ	<i>[Signature]</i>	7:00 12	20152	12:30 6:30	20152	11
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.					44.5
2.					
3.					

COMPLETED WORK DESCRIPTION Note: Actual Quantities Removed
 Today we remove carpet and start to remove floor tile & linoleum and baseboard

PROBLEMS/DELAYS/UNUSUAL EVENTS/ACCIDENTS/SAFETY HAZARDS
 no problem

NEXT DAY PLAN/GOALS
 remove ceiling with floor tile removal

RECORD OF JOBSITE COMMUNICATION/EXTRA WORK

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

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"/>			

Contaminant
 Asbestos Lead
 Mold Other (Specify Below)

Project
 Gibson Med Center
Location
 ABA, NIM
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

[Signature]
 Project Leader/Supervisor (Printed Name)

[Signature]
 Signed

01-28-05

KEERS QUALPRO® DAILY PROJECT LOG

Job No. 220182 Date 5/12/22

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

Contaminant
 Asbestos Lead
 Mold Other (Specify Below)

Project
GILSON 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 Kats</u>	<u>[Signature]</u>	<u>6:30</u>	<u>20303</u>	<u>12:30</u>	<u>20303</u>	<u>9</u>
2. <u>Ismael Martinez</u>	<u>[Signature]</u>	<u>7:00</u>	<u>20303</u>	<u>12:30</u>	<u>20303</u>	<u>8.5</u>
3. <u>Servando S. M.</u>	<u>[Signature]</u>	<u>7:00</u>	<u>20303</u>	<u>12:30</u>	<u>20303</u>	<u>8.5</u>
4. <u>Isaac Gonzalez</u>	<u>[Signature]</u>	<u>7:00</u>	<u>20303</u>	<u>12:30</u>	<u>20303</u>	<u>8.5</u>
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 → 34.5

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

1087 sq ft finish with fibertile and linoleum removal then start to cut the yellow and black mastic using cordless blades with buffer

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

END OF WORK SHIFT/DAY

- All wet waste in containers
- Containment/staging area clean
- Sign and date manometer printout 0.9
- 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

NEXT DAY PLAN/GOALS

Next Monday continue cutting mastic

RECORD OF JOBSITE COMMUNICATION/EXTRA WORK

None

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

Locate on Drawing Pre-Existing Damage & Fixture Condition Log

Regulated Work Area	Item	Condition	Location
Critical Barriers <input type="checkbox"/>			
Neg. Air Machines <input type="checkbox"/>			
Exhaust Locations <input type="checkbox"/>			
Decon Station <input type="checkbox"/>			

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

01-28-05

KEERS QUALPRO® DAILY PROJECT LOG

Job No. 220182 Date 5/16/22

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

Contaminant
 Asbestos Lead
 Mold Other (Specify Below)

Project
GILSON 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>8:00</u>	<u>20105</u>	<u>12:00</u>	<u>20105</u>	<u>9</u>
2. <u>[Signature]</u>	<u>[Signature]</u>	<u>8:00</u>	<u>20105</u>	<u>12:00</u>	<u>20105</u>	<u>9</u>
3. <u>ISAAC COARDO</u>	<u>[Signature]</u>	<u>8:00</u>	<u>20102</u>	<u>12:00</u>	<u>20102</u>	<u>9</u>
4. <u>[Signature]</u>	<u>[Signature]</u>	<u>8:00</u>	<u>20102</u>	<u>12:00</u>	<u>20102</u>	<u>9</u>
5. <u>Ismael/Martinez</u>	<u>[Signature]</u>	<u>8:00</u>	<u>20102</u>	<u>12:00</u>	<u>20102</u>	<u>9</u>
6.						
7. <u>Ruben Kato</u>	<u>[Signature]</u>	<u>3:30</u>	<u>10750</u>			<u>4.5</u>
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 mortar also start to remove black mortar using solvent and buffer.

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 problem

NEXT DAY PLAN/GOALS
To remove continue with same

END OF WORK SHIFT/DAY

- All wet waste in containers
- Containment/staging area clean
- Sign and date manometer printout as 1
- 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 [] Critical Barriers [] Neg. Air Machines [N] Exhaust Locations [] → → Decon Station [] []	Item	Condition	Location

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

KEERS QUALPRO® DAILY PROJECT LOG

Job No. 220192 Date 5/17/22

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

Contaminant
 Asbestos Lead
 Mold Other (Specify Below)

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
<u>Ruban Kats</u>	<u>[Signature]</u>	<u>6:30</u>	<u>10750</u>	<u>12:30</u>	<u>20105</u>	<u>12.5</u>
<u>Servando</u>	<u>[Signature]</u>	<u>7:00</u>	<u>20102</u>	<u>12:30</u>	<u>20102</u>	<u>12</u>
<u>Isaac Gonzalez</u>	<u>[Signature]</u>	<u>7:00</u>	<u>20102</u>	<u>12:30</u>	<u>20102</u>	<u>12</u>
<u>Isaac Martinez</u>	<u>[Signature]</u>	<u>7:00</u>	<u>20102</u>	<u>12:30</u>	<u>20102</u>	<u>12</u>
<u>Myo Park</u>	<u>[Signature]</u>	<u>7:00</u>	<u>20102</u>	<u>12:30</u>	<u>20102</u>	<u>12</u>
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 → 60.5

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 cutting mastic with carbide blades, also removing mastic, and start with detail on edge.

PROBLEMS/DELAYS/UNUSUAL EVENTS/ACCIDENTS/SAFETY HAZARDS

No problem

NEXT DAY PLAN/GOALS

tomorrow we will finish and run final clearance from HSSA (CA) Lab

RECORD OF JOBSITE COMMUNICATION/EXTRA WORK

None

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 0.27
- 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

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

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

Ruban Kats
 Project Leader/Supervisor (Printed Name)

[Signature]
 Signed

01-28-05

KEERS QUALPRO® DAILY PROJECT LOG

Job No. 220182 Date 5/18/22

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>Ruban Kats</u>	<u>[Signature]</u>	<u>6:30</u>	<u>20505</u>	<u>12:30</u>	<u>20505</u>	<u>10.5</u>
2. <u>ISAAC GONZALEZ</u>	<u>[Signature]</u>	<u>7:15</u>	<u>20505</u>	<u>12:30</u>	<u>20505</u>	<u>10</u>
3. <u>SEBASTIAN</u>	<u>[Signature]</u>	<u>7:15</u>	<u>20505</u>	<u>12:30</u>	<u>20505</u>	<u>10</u>
4. <u>ISAAC GONZALEZ</u>	<u>[Signature]</u>	<u>7:15</u>	<u>20505</u>	<u>12:30</u>	<u>20505</u>	<u>10</u>
5. <u>[Signature]</u>	<u>[Signature]</u>	<u>7:15</u>	<u>20505</u>	<u>12:30</u>	<u>20505</u>	<u>10</u>
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
To day finish with Mastic Removal and Detail, Then ASSAIGRAI Run Final cleanup

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

NEXT DAY PLAN/GOALS
To tomorrow we will Teer down and final cleanup and Detail

RECORD OF JOBSITE COMMUNICATION/EXTRA WORK
None

Locate on Drawing	Pre-Existing Damage & Fixture Condition Log		
Regulated Work Area []	Item	Condition	Location
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)

Contaminant
 Asbestos Lead
 Mold Other (Specify Below)

Project
GIBSON Med Center

Location
ABQ, NIM

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

Ruban Kats
 Project Leader/Supervisor (Printed Name)

[Signature]
 Signed

01-28-05

KEERS QUALPRO® DAILY PROJECT LOG

Job No. 220187 Date 5/19/22

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

Contaminant
 Asbestos Lead
 Mold Other (Specify, Below) TEAR DUFF FIBERGLASS LEAD PAINT

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 Kats</u>	<u>[Signature]</u>	<u>5:30</u>	<u>1230</u>	<u>12:30</u>	<u>20101</u>	<u>8.0</u>
2. <u>Ag. Buda</u>	<u>[Signature]</u>	<u>6:00</u>	<u>20101</u>	<u>12:30</u>	<u>20101</u>	<u>8.0</u>
3. <u>ISAAC Gonzalez</u>	<u>[Signature]</u>	<u>6:30</u>	<u>20101</u>	<u>12:30</u>	<u>20101</u>	<u>8.0</u>
4. <u>ISMAEL MTZ</u>	<u>[Signature]</u>	<u>6:30</u>	<u>20101</u>	<u>12:30</u>	<u>20101</u>	<u>8.0</u>
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
- 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

VISITORS AND SUBCONTRACTORS: SIGN-IN LOG Total Hours → 32.5

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 removed ACM BACS at Keers Hall off then tear down and final clean up. Have a final test. everything was OK

PROBLEMS/DELAYS/UNUSUAL EVENTS/ACCIDENTS/SAFETY HAZARDS

NO Problems

NEXT DAY PLAN/GOALS

Job is complete!

RECORD OF JOBSITE COMMUNICATION/EXTRA WORK

[Signature]

- Removal Method Used**
- Negative Pressure Enclosure
 - Mini-Enclosure
 - Glove Bag
 - Component Removal
 - Outdoor Removal
 - RFCI Method
 - Disposal
 - Prep
 - Other (Describe): Tea room cleaning & removal of E-waste

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"/>			

Ruben Kats
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) 6. Re-Inspection (if necessary) 7. Lockdown Encapsulate 8. Final Clearance Air-Monitoring 9. Enclosure/Containment Takedown 10. Final Inspection	Project Leader <i>Ruben Kats</i>	E/PC <i>C. LANA</i>
	Project Number <i>220182</i>	Date/Hour <i>5/19/22</i>
Project Title <i>GIBSON MED CENTER</i>		
Location <i>ABQ, N.M.</i>		
Owner/Client <i>CITY OF ABQ</i>		
Equipment needed: flashlight, small screwdriver, putty knife, PPE, ladder, scaffolding		

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)

	AC (3)	CA (3)	NA (3)
1. Check surfaces from which ACM/LBP has been removed (with the unaided eye) for remaining residue.	✓		
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.	✓		
3. Touch and rub substrates from which ACM/LBP have been removed to identify any remaining ACM/LBP residue.	✓		
4. Use a flashlight for areas of inadequate illumination. Shine it across surfaces and notice if any remaining residue casts shadows.	✓		
5. Inspect areas that are difficult to reach or see, or have been covered/enclosed prior to demolition:			
Check inside electrical J-boxes (pull covers) and behind conduit.	✓		
Check inside air register covers of HVAC system (clean as far into duct as can be reached)	✓		
Check entire surface area to make sure nothing is covering surface that prevents adequate removal.	✓		
Check air duct flanges, pipe hangers & suspended ceiling wall angle.	✓		
Check around/behind surface mounted fixtures.	✓		
Check by poking screwdriver into spaces between steel beams and roof deck.	✓		
Check backside of steel beams including building corners.	✓		
Check bolts, nuts, hangers on steel beams and deck.	✓		
Check all the area around pipe elbows, tees, bolts and valves where ACM was mudded-on.	✓		
Check all surface area corners and perimeters, etc.	✓		
Check all surface area holes, crevices and openings.	✓		
Check to see if floor tile/sheeting and mastic extend under wall plates or other fixed objects.	✓		
Check tops of door jambs, window sills, etc.	✓		
Check wall studs/cavities, J-boxes, and ceiling openings/deck for over spray.	✓		
6. Inspect poly barriers for residue and water between or behind layers of poly.	✓		
7. Inspect crawl spaces on hands and knees with flashlight checking soil carefully for remaining debris. Note: No pieces of ACM/LBP shall be present on top or mixed in with loose soil.	✓		
8. Report location of any inaccessible ACM/LBP on final inspection report form (brief: owner/consultant).	✓		

The undersigned, having inspected the regulated work area according to industry 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: *Ruben Kats* Project Leader SIGNED: _____ Inspector Conducting Visual Inspection

DATE: *5/19/22* _____ Certification/License Number (if applicable)



QUALPRO® FINAL INSPECTION REPORT

CONTRACTOR

Customer Representative <i>Jason Peltis</i>	Project Leader <i>RUBEN KATO</i>	Service Coordinator <i>CHRIS LARA</i>
Company/Organization <i>City of Albuquerque / DMD FAMD / Gibson</i>	Project Number <i>220182</i>	Date/Hour <i>5/19/22</i>
Address <i>5400 Gibson Blvd.</i>	Project Title <i>GIBSON MED CENTER</i>	
City <i>Albuquerque</i>	State <i>NM</i>	Zip <i>87108</i>
Phone Number <i>(505) 991-8472</i>	Fax Number	
	Service(s) Provided (Check)	
	<input checked="" type="checkbox"/> Asbestos Abatement <input type="checkbox"/> Decontamination <input 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: _____ Quality Checked by: _____ Date: _____
Project Leader

Project Completion Briefing Checklist ✓ <input checked="" type="checkbox"/> Work area left clean and neat. <input type="checkbox"/> Job walk-thru with customer representative explaining/reviewing all work completed. <input checked="" type="checkbox"/> Keys and any owner provided items returned. <input type="checkbox"/> Closeout documentation importance discussion (Owner will receive within 4 weeks). <input checked="" type="checkbox"/> Repairs needed due to destructive nature of work, to be repaired at Keers' expense <input type="checkbox"/> Other information or concerns customer should know <input type="checkbox"/> Other: _____ _____ _____ _____	Final Clearance Results (Asbestos & Lead Projects Only) <input checked="" type="checkbox"/> Analytical clearance results <i>ASBESTOS HAS RESULTS</i> (asbestos release criteria: .01 fibers/cc PCM or 70 structures/mm ² TEM). Lead release: interior floors 40 µg/ft ² ; interior windowsills 250 µg/ft ² ; window trough 400 µg/ft ² . Soil: play areas 400 ppm; remainder of yard 1200 ppm. Important-Asbestos Projects Only <input type="checkbox"/> 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).
--	--

Customer Authorized Representative	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: <i>Jason Peltis</i> Date: <i>5/19/2022</i> <i>Owner or Authorized Representative</i>

KEEERS QualPRO™ SAMPLING FORM

Project Number 220182	Date 5/11/22	Analysis Required (Circle One)
Project Title Gibson Mfg Center	Asbestos	Lead
Project Location ABQ N, M	PCM ITEM	Other (Specify)
Customer/Owner City of ABQ	On-Site Competent Person Ruben Pats	Signature
	Rotometer # 521101	Calibration Date 5/2/22

Sample No. (Job/Piece/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 (Ash)	Material Code	% ASB	Eng. Controls Type Code	Work Areas Code
220182 # 01	11:55	410	6:55	410	420	1680	General	6	0.004							
02		410														
03		410														

Samples Relinquished by: RP Date: 5/11/22

Samples Received by: RP Date: 5/11/22

Samples Relinquished by: _____ Date: _____

Lab Sent to: _____ Date: _____

Lab Signature: RP Date: 5/16/22

Chain of Custody continued internally within Lab

Required Turn Around (Hrs) 48 Purchase Order # _____

- TASK CODES (ASBESTOS & LEAD)**
- AR - Asphalt Road Removal
 - CA - Clean-up Activities
 - CS - Ceiling Strapping
 - 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
 - KF - RfC/M 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)
- ASBESTOS TYPE CODES**
- C - Chrysotile
 - A - Amosite
 - CR - Crocidolite
 - T - Tremolite
 - AC - Actinolite
 - AN - Anthrophylic
- MATERIAL DESCRIPTION CODES (See Back)**
- SR - Sprayed Fireproofing Removal
 - TR - TSI Removal
 - AB - Abrasive Blasting
 - AV - Abrasive Vacuum blasting
 - CO - Component Removal
 - CI - Chemical Stripping
 - EE - Encapsulation
 - MS - Manual Scraping
 - PS - Pneumatic Scaling/Scabber
 - WB - Waterblasting
 - BS - Bulk Sampling
 - OT - Other
- ANALYSIS CODES/RESULTS**
- A - Acc
 - D - Damaged Filter
 - L - L/m
 - ND - None Detected
 - NA - Not Analyzed
 - O - Overloaded
 - T - s/m
 - OT - Other (Specify)



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June 6, 2022

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

Dear Mr. Lara:

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

Project Name: Gibson Medical Center
Albuquerque, NM 87108 **Project:** 22,276

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

*None Detected

Sampling Date: May 11, 2022

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

Sincerely,

Fernando Ocana
Analyst

KEEERS QualPRO™ SAMPLING FORM

Project Number 220102	Date 5/12/22	Analysis Required (Circle One) Asbestos	Lead	Other (Specify)
Project Title GIBSON Med Center	Project Location ABQ NW	On-Site Competent Person R. KATS	Signature <i>[Signature]</i>	Calibration Date 5/12/22
Customer/Owner City of ABQ	Customer/Owner City of ABQ	Rotometer # A1161	Signature <i>[Signature]</i>	Work Area Code I

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 Area Code
22-102 #01 5-12-22	7:50 am	410	3:30 pm	410	480	1925	General	1	B	0.003			W/OT		NPE	I
02									B							
03									B							

Samples Relinquished by: *[Signature]* Date: 5/12/22

Samples Received by: *[Signature]* Date: 6/3/22

Samples Relinquished by: _____ Date: _____

Lab Sent to: *CP* Date: _____

Lab Signature: *[Signature]* Date: 6/6/22

Chain of Custody continued internally within Lab

Required Turn Around (Hrs) *48* Purchase Order # _____

- TASK CODES/ASBESTOS & LEAD**
- AR - Asphalt Roof Removal
 - CA - Clean-up Activities
 - CS - Ceiling Scrap
 - CR - Cement Transfer Removal
 - DR - Drywall Removal
 - ED - Equipment Demolition
 - FM - Fluid Mastic Removal
 - MF - Manual Floating Removal
 - MD - Manual Demolition
 - MM - Mech. Mastic Removal
 - PA - Preparation Activities
 - KI - K1C1 Method
 - SI - 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 Scaling/Scrubber
 - 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 - Mist Enclosure
 - GB - Glove Bag
 - W - Wet
 - OT - Other (Specify)
- ANALYSIS CODE/LEAD RESULTS**
- A - Acc
 - D - Damaged Filter
 - I - In
 - ND - None Detected
 - NA - Not Analyzed
 - O - Overloaded
 - I - In
 - OT - Other (Specify)
- SAMPLING CODES**
- B - Field Blank
 - C - Clearance
 - E - Excursion
 - G - General Fraction
 - P - Personal
 - W - Wipe
 - S - Soil
 - C - Composite
 - T - TCLP
- ASBESTOS TYPE CODES**
- C - Chrysotile
 - A - Amosite
 - CR - Crocidolite
 - T - Tremolite
 - AC - Actinolite
 - AN - Anthrophyllite
- MATERIAL DESCRIPTION CODES** (See Back)



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www.lpscientific.com

June 6, 2022

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

Dear Mr. Lara:

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

Project Name: Gibson Medical Center
Albuquerque, NM 87108 **Project:** 22,276

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

*None Detected

Sampling Date: May 12, 2022

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

Sincerely,

Fernando Ocana
Analyst

KEEERS QualPRO™ SAMPLING FORM

Project Number 220182	Date 5/16/22	Analysis Required (Circle One)	
Project Title Garor Mfg Center	Asbestos	Lead	Other (Specify)
Project Location HBD NIMA	On-Site Competent Person R. KATS	Signature <i>[Signature]</i>	Calibration Date 5/2/22
Customer/Owner CTY OF HBD	Customer/Owner HBD	Kalometer # HV#01	Calibration Date 5/2/22

Sample No. (Color/Date/Sampler)	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	% ASD / Agmt Type Code	Eng. Controls Code	Work Area Code
22-182 #01	9:00 am	4.10	5:50 am	4.10	480	1920	General	6	B	0.005						
↓ 02									B							
↓ 03									B							

Samples Relinquished by: *[Signature]* Date: 5/14/22

Samples Received by: *[Signature]* Date: 5/16/22

Samples Relinquished by: _____ Date: _____

Lab Sent to: *[Signature]* Date: _____

Lab Signature: *[Signature]* Date: 5/16/22

Chain of Custody continued internally within Lab

Required Turn Around (Hrs) *48* Purchase Order # _____

- TASK CODES (ASBESTOS & LEAD)**
- AR - Asphalt Roof Removal
 - CA - Clean-up Activities
 - CS - Ceiling Scraper
 - CR - Curtain Transite Removal
 - DR - Drywall Removal
 - ED - Equipment Demolition
 - FM - Fluid Mastic Removal
 - MF - Manual Flooring Removal
 - MD - Manual Demolition
 - MW - Mech. Mastic Removal
 - PA - Preparation Activities
 - Kt - Kt/Cl Method
 - SE - Soil Excavation
 - SR - Sprayed Fireproofing Removal
 - TR - TSI Removal
 - AB - Abrasive Blasting
 - AV - Abrasive Vacuum Blasting
 - CO - Component Removal
 - CI - Chemical Stripping
 - EE - Encaps/Enclosure
 - MS - Manual Scraping
 - PS - Pneumatic Sealing/Scabbler
 - WB - Waterblasting
 - BS - Bulk Sampling
 - UI - Other
- WORK AREA CODES**
- I - Indoor
 - CS - Crawl Space
 - AP - Attic Plenum
 - BR - Boiler Room
 - R - Rest
 - O - Outdoor
 - OT - Other (Specify)
- ANALYSIS CODE/AB RESULTS**
- A - f/ce
 - D - Damaged Filter
 - L - L/m
 - ND - None Detected
 - NA - Not Analyzed
 - O - Overloaded
 - T - T/m
 - OT - Other (Specify)
- EXT. CONTROL CODES**
- NPE - Neg. Pressure Enclosure
 - M/E - Mini Enclosure
 - GB - Glove Bag
 - W - Wet
 - OT - Other (Specify)
- SAMPLING CODES**
- B - Field Blank
 - C - Clearance
 - E - Excursion
 - G - General Environ.
 - P - Personal
 - W - Wipe
 - S - Soil
 - C - Composite
 - T - TCLP
- ASBESTOS TYPE CODES**
- A - Amosite
 - CR - Crocidolite
 - T - Tremolite
 - AC - Actinolite
 - AN - Anthophyllite



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June 6, 2022

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

Dear Mr. Lara:

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

Project Name: Gibson Medical Center
Albuquerque, NM 87108 **Project:** 22,276

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

*None Detected

Sampling Date: May 16, 2022

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

Sincerely,

Fernando Ocana
Analyst

KEEERS QualPRO™ SAMPLING FORM

Project Number 220182	Date 5/17/22	Analysis Required (Circle One)	
Project Title Glasco Mill Cement	Asbestos	Lead	Other (Specify)
Project Location ASCO N.Y.M	On-Site Competent Person RE KMO	Signature <i>[Signature]</i>	Calibration Date 5/2/22
Customer/Owner CITY OF ASCO	Rotometer # 44761		

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	% Asst ACM Type Code	Eng. Controls Code	Work Areas Code
220182 #01	7:30	410	4:30	410	540	2160	Cement	6	0.004							
02	7:30	410	4:30	410	540	2160		B								
03	7:30	410	4:30	410	540	2160		B								

Samples Relinquished by: _____ Date: **5/17/22**

Samples Received by: *[Signature]* Date: **6/3/22**

Samples Relinquished by: _____ Date: _____

Lab Sent to: **CFP** Date: _____

Lab Signature: *[Signature]* Date: **6/16/22**

Chain of Custody continued internally within Lab

Required Turn Around (Hrs) **48** Purchase Order # _____

- TASK CODES (ASBESTOS & LEAD)**
- AR - Asphalt Roof Removal
 - CA - Clean-up Activities
 - CS - Ceiling Strapping
 - CR - Current Treatise Removal
 - DR - Drywall Removal
 - ED - Equipment Demolition
 - FM - Fluid Waste Removal
 - MF - Manual Demolition
 - MM - Mech. Plastic Removal
 - PA - Preparation Activities
 - RI - RI-CI Method
 - SF - Soil Excavation
 - SIR - Sprayed Fireproofing Removal
 - TR - TSI Removal
 - AB - Abrasive Blasting
 - AV - Abrasive Vacuum Blasting
 - CO - Component Removal
 - CH - Chemical Stripping
 - EE - Encapsulation
 - MS - Manual Scraping
 - PS - Pneumatic Scaling/Scabbler
 - WB - Waterblasting
 - BS - Bulk Sampling
 - OT - Other
- WORK AREA CODES**
- I - Indoor
 - CS - Craw Space
 - AP - Airtic 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 - Acc
 - D - Damaged Filter
 - L - μm
 - ND - None Detected
 - NA - Not Analyzed
 - O - Overloaded
 - T - μm
 - OT - Other (Specify)
- SAMPLING CODES**
- B - Field Blank
 - C - Cleanroom
 - E - Excursion
 - G - General Environ.
 - P - Personal
 - W - Wipe
 - S - Soil
 - C - Composite
 - T - TCCLP
- ASBESTOS TYPE CODES**
- A - Amosite
 - CR - Crocidolite
 - T - Tremolite
 - AC - Actinolite
 - AN - Anthrophyllite
- MATERIAL DESCRIPTION CODES**
(See Back)



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June 6, 2022

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

Dear Mr. Lara:

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

Project Name: **Gibson Medical Center
Albuquerque, NM 87108** Project: **22,276**

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

*None Detected

Sampling Date: **May 17, 2022**

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

Sincerely,

Fernando Ocana
Analyst

KIEHRS QualPRO™ SAMPLING FORM

Project Number 220182	Date 5/18/22	Analysis Required (Circle One)	
Project Title GIBOR Med Center	On-Site Competent Person PCP TEM	Asbestos	Lead
Project Location ABG U.M	Signature [Signature]	Other (Specify)	
Customer/Owner CITY OF ABA	Rolometer # HVA-01	Calibration Date 5/2/22	

Sample No. (Job/Dates/Sampler)	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 ACMI Controls Type Code	Eng. Code	Work Area Code
220182 #01755 5-18-22	4:00	4:00	4:30	4:10	540	2160	General	CM/MS C	B	0.004			MS/DX	MS	I	
02									B							
03									B							

Samples Relinquished by: [Signature] Date: 5/18/22

Samples Received by: [Signature] Date: 4/3/22

Samples Relinquished by: _____ Date: _____

Lab Sent to: LEP Date: _____

Lab Signatures: [Signature] Date: 6/6/22

Chain of Custody continued internally within Lab

Required Turn Around (Hrs) 48 Purchase Order # _____

- 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 - R/FCI Method
 - SF - Soil Excavation
 - SR - Sprayed Fireproofing Removal
 - TR - TSI Removal
 - AB - Abrasive Blasting
 - AV - Abrasive Vacuum Blasting
 - CO - Component Removal
 - CI - Chemical Stripping
 - EE - Encapsulation
 - MS - Manual Scraping
 - PS - Pneumatic Scaling/Scabbler
 - W3 - Waterblasting
 - BS - Bulk Sampling
 - OT - Other
- WORK AREA CODES**
- I - Indoor
 - CS - Crawlspace
 - AR - 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/AB RESULTS**
- A - Free
 - D - Damaged Filter
 - L - µm
 - ND - None Detected
 - NA - Not Analyzed
 - O - Overloaded
 - T - scan
 - OT - Other (Specify)
- SAMPLING CODES**
- B - Field Blank
 - C - Clearance
 - E - Excursion
 - G - General Environ.
 - J - Personal
 - W - Wipe
 - S - Soil
 - C - Composite
 - T - TCLP
- ASBESTOS TYPE CODES**
- A - Amosite
 - CR - Crocidolite
 - I - Tremolite
 - AC - Actinolite
 - AN - Anthophyllite

White - Job File Yellow - Closeout
 Pink - Monitoring Binder

For Access recommendations sampling form 01-114



**L&P Scientific
Consulting, LLC**

"Quality professionals dedicated to a cleaner, safer environment"

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

June 6, 2022

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

Dear Mr. Lara:

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

Project Name: Gibson Medical Center
Albuquerque, NM 87108

Project: 22,276

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

*None Detected

Sampling Date: May 18, 2022

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

Sincerely,

Fernando Ocana
Analyst



May 18, 2022

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

Re: PCM Final Air Clearance
Southwest 2nd Floor Containment
Gibson Medical Center
5400 Gibson Blvd SE
Albuquerque, NM 87108

Dear Ms. Sanchez:

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

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



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

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

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

Should you have any questions, please advise.

Sincerely,

Andres Baca
IAQ and AHERA Inspector

Encl.



NEW MEXICO
 5930 Midway Park Blvd. NE
 Albuquerque, NM 87109
 o: 505.345.8964 f: 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: 5/17/2022
Date Completed: 5/18/2022
Airborne Fiber Analysis
Workorder: A61945
No. of Analyses: 07

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

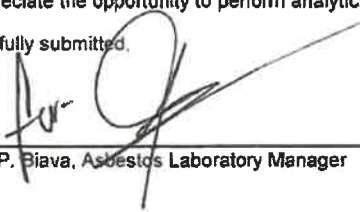
Location: PCM Final Air Clearance, Gibson Medical Center. 5400 Gibson Blvd SE, Albuquerque, NM 87108

Sample ID	Fiber Count		Volume (liters)	Det. Limit (f/cc)	Comments
	(f/cc)	(f/fds)			
FS-22-602-0517-1	---	0/100	Field Blank	---	
FS-22-602-0517-2	---	0/100	Field Blank	---	
FS-22-602-0517-3	<0.0016	1/100	1232	0.0016	
FS-22-602-0517-4	<0.0016	0.5/100	1232	0.0016	
FS-22-602-0517-5	<0.0016	1/100	1232	0.0016	
FS-22-602-0517-6	<0.0016	1.5/100	1232	0.0016	
FS-22-602-0517-7	<0.0016	1/100	1232	0.0016	

Analyst: 
 Chris Rodriguez

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

Respectfully submitted,


 William P. Biava, 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: GIBSON MED CENTER 220182 Tracking Number: A-2022-041
 Project Name: GIBSON MED. CENTER Generator Name: CITY OF ALBUQUERQUE
 Address: 5400 GIBSON BLVD SE Address: 1801 4TH ST. NW
 City/State/Zip: ALBUQUERQUE N.M 87113 City/State/Zip: ALBUQUERQUE N.M 87102
 Telephone: (505) 991-8472 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.

Jason Pettis
 Name of Authorized Agent

[Signature]
 Signature

0	5	1	9	2	2
---	---	---	---	---	---

Waste Generation Date

Part II

CONTRACTOR

CONTENTS

Contractor Name: Keen Remediation
 Address: 5904 FURMAN A.V.
 City/State/Zip/Phone: ABQ, N.M 87113 (505) 823-9206

Responsible Agency
NMEDSOLID WASTE BUREAU
1190 St. Francis Ave
Santa Fe N.M 87502 ✓

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.

Weight		Friable	
Bags	270	Non-Friable	✓
Barrels		UN2212 Pkg. Group II	
Cu. Yds.	8	UN2590 Pkg. Group III	

Special Handling Instructions:

[Signature]
 Name of Authorized Agent

[Signature]
 Signature

Waste Description
ACM IS FLOOR TILE
BLACK MAT
NOT FRIABLE MAT

Part III

TRANSPORTER

Name of Transporter #1: Keen Remediation Special Waste Hauler Permit No.: 0101265
 Mailing Address: 5904 FURMAN A.V. ABQ NM. Phone No. (505) 823-9206 Truck License No.: 1C-011 2-910
 Name of Transporter #2: Special Waste Disposal Special Waste Hauler Permit No.: 000061
 Mailing Address: 5904 Florence Avenue Albuquerque NM Phone No. 823 9008 Truck License No.: K91 K20

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: [Signature] Date Received: 051922
 Signature of Transporter #2: [Signature] Date Received: 062322

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 # 4 Date Received 062322

Authorized Signature: [Signature]

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

WHITE: SWD PINK: NMED-Air Quality Bureau YELLOW: Transporter #2 GREEN: Transporter: #1 GOLD: Generator/Contractor

PLEASE PRESS FIRMLY

24092



QUALPRO® EMERGENCY RESPONSE PLAN

Albuquerque, NM: 505.823.9006

El Paso, TX: 915.772.8157

Job Name:	Gibson Medical Center	Job Site Telephone Number:	(915) 256-8315
Job Site Physical Address:	5400 Gibson Blvd. SE	Job Number:	220182
Project Leader/Supervisor:	Ruben Kato	Service Coordinator:	Chris Lara
Customer:	CITY OF ADA	Customer Telephone Number:	(505) 768-5312
EMERGENCY TELEPHONE NUMBER 911			
After Hours Telephone:	1-800-327-8642	Directions to Jobsite:	
Security Number:	911	Poison Control No.:	911
Ambulance No.:	911	Fire No.:	911
		Police No.:	911
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	
JNM Hospital Room	2211 COMINS BLVD NE	(505) 272-2411	
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.



CERTIFICATE OF LIABILITY INSURANCE

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

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

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Brown & Brown of New Mexico, Inc. PO Box 94450 Albuquerque NM 87199		CONTACT NAME: Mariah Kochensparger PHONE (A/C, No, Ext): (505) 821-5888 E-MAIL ADDRESS: Mariah.Kochensparger@bbrown.com	FAX (A/C, No):
INSURED Keers Remediation Inc. 5904 Florence Ave NE Albuquerque NM 87113		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Arch Specialty Insurance Company	NAIC # 21199
		INSURER B: Arch Insurance Company	11150
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 22' Keers Master **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		12EMP0555106	04/01/2022	04/01/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPIOP AGG \$ 2,000,000
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		11CAB9245406	04/01/2022	04/01/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0		12EMX0555206	04/01/2022	04/01/2023	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N Y N/A	EBWCC00130-06	04/01/2022	04/01/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Pollution/Professional-Claims Made		12EMP0555106	04/01/2022	04/01/2023	Per Occurrence \$1,000,000 Aggregate \$2,000,000 Deductible \$5,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
RE: Job#220182 Project: CABQ-Gibson Med Ctr 2nd Floor

CERTIFICATE HOLDER

CANCELLATION

City of Albuquerque 1801 4th St NW Bldg B Albuquerque NM 87102	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
--	---