I. 1/3/5/04

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
MAR 08 2004
ENVIRONMENTAL EPIDEMIOLOGY DIVISION

March 5, 2004

Mr Erik R. Janus, M.S.
% State of Michigan
Dept. Of Community Health
3423 N. MLK, Jr. Blvd.
Lansing, MI 48909

Dear Mr. Janus;

Enclosed please find a complete report on the clean up of the building at 14300 Henn St. Dearborn, MI 48126.

Thanking you in advance for your cooperation, I remain,

Truly

Paul J Martin

Paul J. Martin

PJM/jc

Encls.

Exact mechanics of remediation work not included here.

→ How was ACM removed?
→ What precautions were used?
→ What was used as sealant?
→ Why only 1 air sample taken?

US EPA RECORDS CENTER REGION 5
467469

Next Generation Environmental • 21st Century Salvage • High Tech Industrial Services

Next Generation Services Group, Inc.

March 3, 2004

L. A. Martin, Inc.
Paul Martinal
14400 Henn Street
Dearborn, MI. 48126

RE: Close out documentation

Dear Paul,

Enclosed is the close out documentation for air monitoring, HEPA vacuuming all visible vermiculite, HEPA cleaning any loose insulation and sealing bottom of wood wall with furring and silicone caulking at the Cold Storage Area of the 14400 Henn Street Facility

Please find a copy of the letter of license, insurance certificate, air monitoring, daily reports, manifest, and the asbestos workers paperwork.

If you have any questions or concerns, please do not hesitate to call the office at (734) 485-4855.

Sincerely,
Next Generation Environmental, Inc.

Karen Galatz
Human Resource Manager

Enclosure

10750 Martz Road, Ypsilanti, Michigan 48197 • Phone: 734.485.4855 • Fax: 734.485.6959 • www.ngsgl.com

Next Generation Environmental, Inc.
10750 Martz Road
Ypsilanti, MI 48197

Contractor Number
C2587

Expiration Date
04/22/2004

State of Michigan

Department of Consumer & Industry Services

Next Generation Environmental, Inc.

has satisfactorily met the requirements of Michigan Public Act 135 of 1986, as amended, and is hereby recognized as a

LICENSED ASBESTOS ABATEMENT CONTRACTOR
Type II (5 + employees)

The issuance of this license does not ensure that asbestos indemnification insurance coverage has been acquired by the licensee. This license is nontransferable.

BSR-OH-103 (6/98)
Authority: Michigan Public Act 135 of 1986, as amended

3242

49019

OK KH
04/07/03

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE 12/08/2003

PRODUCER

877-945-7378

Willis North America, Inc. - Regional Cert Center
26 Century Blvd.
P. O. Box 305191
Nashville, TN 372305191

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE

INSURED

Next Generation Environmental, Inc.
10750 Martz Road
Ypsilanti, MI 48197

INSURER A:	Gulf Underwriters Insurance Company	42811-003
INSURER B:	American Casualty Company of Reading, Pen	20427-004
INSURER C:	Lexington Insurance Company	19437-091
INSURER D:	Travelers Indemnity Company of Illinois	25674-007
INSURER E:		

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	GU2828423	10/1/2003	10/1/2004	EACH OCCURRENCE	$ 1,000,000
	X COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire)	$ 50,000
	CLAIMS MADE X OCCUR				MED EXP (Any one person)	$ 5,000
	X Pollution Liability				PERSONAL & ADV INJURY	$ 1,000,000
					GENERAL AGGREGATE	$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG	$ 2,000,000
	POLICY X PRO-JECT LOC					
B	AUTOMOBILE LIABILITY	BUA1079144763	11/27/2003	11/27/2004	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	X ANY AUTO					
	ALL OWNED AUTOS				BODILY INJURY (Per person)	$
	SCHEDULED AUTOS					
	HIRED AUTOS				BODILY INJURY (Per accident)	$
	NON-OWNED AUTOS					
					PROPERTY DAMAGE (Per accident)	$
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	$
	ANY AUTO				OTHER THAN AUTO ONLY: EA ACC	$
					AGG	$
C	EXCESS LIABILITY	7020356	10/1/2003	10/1/2004	EACH OCCURRENCE	$ 5,000,000
	X OCCUR CLAIMS MADE				AGGREGATE	$ 5,000,000
						$
	DEDUCTIBLE					$
	X RETENTION $ 10,000					$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	RGEJUB802X105103	11/1/2003	11/1/2004	X WC STATUTORY LIMITS OTHER	
					E.L. EACH ACCIDENT	$ 1,000,000
					E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
					E.L. DISEASE - POLICY LIMIT	$ 1,000,000
	OTHER					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

CERTIFICATE HOLDER

ADDITIONAL INSURED; INSURER LETTER:

Insured's File Copy

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

© ACORD CORPORATION 1988

IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

EKS Environmental Consulting & General Contracting, L.L.C. 2990 W. Grand Boulevard, Detroit, MI 48202 (313)758-0602 Phone (313)758-0603 Fax

Daily Activity Log

EKS Job No.: 3091 Date: 12-11-03 Client: Next Generation Client PO #: A23076N Contact: Doug Mehki Contractor: _____

Building Address/Location: LA Martin 14400 Henn, Dearborn Type of Monitoring Performed: Asbestos Air Monitoring

PPE UTILIZED

- ____ ½ Face negative pressure respirators
- ____ Full face positive pressure respirators
- ____ Disposable suits with hood
- ____ Boots
- ____ Other:

WORKER PERSONNEL

Name	Accreditation Card #

EKS Environmental Consulting & General Contracting, L.L.C. 2990 W. Grand Boulevard, Detroit, MI 48202 (313)758-0602 Phone (313)758-0603 Fax

Air Monitoring Log

EKS Job No.: 3091 Date: 12-11-03 Client: Next Generation Client PO #: A23076N Contact: Doug Mehki Contractor:

Building Address/Location: LA Martin 14400 Henn, Dearborn Type of Monitoring Performed: Asbestos Air Monitoring

Sample Number	Sample Description	Sample Location/Description	Begin	End	Total Min.	Flowrate	Volume (Liters)	Fibers/ Field	Fibers/ mm²	Fibers/ cc
01	CL	Building 14300 cold storage 5' east of west wall 25' north of south wall	1030	1200	90	13.5	1215	6/100	7.64	0.002
02	FB	field blanks						0/100		
03	FB							1/100	1.27	

Industrial Hygienist: Nicole Christie

Notes: P – Personal EXC – Excursion CL – Clearance IWA – Inside Work Area OWA – Outside Work Area BG – Background FB – Field Blank

EKS Environmental Consulting & General Contracting
2990 Grand Boulevard
Suite 4
Detroit, MI 48202
(313)758-0602 Phone (313)758-0603 Fax

Weekly Time/Mileage/Expense Report

Employee:	Nicole Christie	Week Ending:	12/14/03
Employee Signature:	Nicole Christi	Page :	1 of

Client/Job Address	Date	EKS Job Number	Job Code	Time In	Time Out	Travel Time	Hours Worked	Mileage	Mileage x .31	Expenses	Expense Description
Office work Timesheets, paperwork review	12/8		OW				7.75				
DIA - Italian Galleries sample collection	12/8	3072	RW				0.5				
DIA various areas	12/8	3058	RW				0.5				
Botsford Hospital TCLP collection report	12/8	3059	RW				0.25				
US Steel IH sampling	12/9	3052	RW				1				
office work	12/9		OW				8				
US Steel IH Sampling	12/10	3052	RW				1.5				
office work	12/10		OW				7.5				
Office work	12/11		OW	0800	0830		0.5				
DIA	3092 3013 3084	12/11	PM	0830	1000		1.5	2	0.62		
Next Gen 14400 Hess, Dearborn	12/11	3091	FS	1000	1215	0.5	1.75	15	4.65		
Office work	12/11		OW	1215	1800		5.75				
Totals for the week						Total	Total 36.5		Total	Total	
Total hours paid for											Revised 07/03

JOB CODES: FS = Field Services FT = Field Training RW = Report Work OW = Office Work PM = Project Management
ER/PR = Equipment Review/Paperwork Review IH=In-House Training

Approved By:_____

NEXT GENERATION ENVIRONMENTAL, INC.

All persons entering the work area must sign in and out. A respirator fit test must be conducted prior to entering the work area.

Supervisor Calvin McClerkin Project Name G.A. Martin

Project # A23232 (Date 12 / 09 / 03.)

Company ? Next generation

Name	SSN	In	Out	Name	SSN	In	Out
Calvin McClerkin	365-90-9630	130	330				
Franklin Carroll	367-74-5779	130	330				
Posenda Mauricio	365-36-7139	130	330				

NEXT GENERATION ENVIRONMENTAL, INC.

26377 Moses - Flat Rock, Michigan 48134 - (734)783-3030 - fax (734)783-5174

DAILY PROJECT LOG

The OSHA Construction Industry Standard 29 CFR 1926.1101 requires the contractor/supervisor be responsible for the following (Address each item with written comments):

Competent Person: Calvin McCleese Work Area Location: _____

Project Name: L.A. Martin Consultant:Project: EKS

NGE Project #: A23232 Abatement Method: GLOVE BAG / ENCLOSURE/PATCH & REPAIR

Date: 12 09 03 Personal Pump Worn By: N/A

Manometer Reading/Time: _____ #1 _____

A.) Set up the enclosure/ glove bag: Mobilize AR SET UP

B.) Ensure the integrity of the enclosure/glove bag: N/A

C.) Control entry to and exit from the enclosure/regulated area: N/A

D.) Supervise all employee exposure monitoring required by this section: N/A

E.) Ensure that employees working with the enclosure wear protective clothing and respirators as required by paragraphs (i) and (h) of this section: N/A

F.) Ensure that employees are trained in the use of engineering controls, work practices and personal protective equipment: N/A

G.) Ensure that employees use the hygiene facilities and observe the decontamination procedures specified in paragraph (i) of this section: N/A

H.) Ensure that engineering controls are functioning properly: N/A

I.) Additional Comments: _____

Competent person shall be trained in all aspects of asbestos tremolite, anthophyllite or actinolite abatement the contents of this standard the identification of asbestos, tremolite, anthophyllite or actinolite and their removal procedures and other practices for reducing hazard.

PROJECT L.A. MARTIN JOB NO. A23232 12/09/03

DAY / M / T / W / TH / F / SA / S

DESCRIPTION OF WORK PERFORMED

Branch

1st Shift — Start ____ End ____

PAY WEEK ENDING 12/14/03 2nd Shift — Start 1:30 pm End 3:30 pm

MANDAYS THIS PAY PERIOD: ____ 3rd Shift — Start ____ End ____

EMPLOYEE NAME	EMPLOYEE #	SOCIAL SEC. NUMBER	EMPLOYEE SIGNATURE	Supervisor 10	Glove Bag 20	Wire Demo 30	Cleaning/ Set Up 40	VAT Removal 50	Yard 60						TOTAL HOURS TOT.	REG.	O/T.	D/T.
CAL McCLAIN		365-20-0600	[signature]	2											2	2		
FRANKLIN CARROLL		361-74-5179	[signature]				2								2	2		
R MAURICIO		365-36-7139	R Mauricio				2								2	2		
		- -																
		- -																
		- -													

NEXT GENERATION ENVIRONMENTAL, INC.

All persons entering the work area must sign in and out. A respirator fit test must be conducted prior to entering the work area.

Supervisor Calvin McCleese Project Name C. A. Martin

Project # A23232 Date 12 / 10 / 03.

Name	SSN	In	Out	Name	SSN	In	Out
Calvin McCleese	365-70-0630	700	330				
David Y Chandler	368025907	700	330				
Franklin Carroll	367-74-5779	700	330				
Rosendo Mauricio		700	900				

NEXT GENERATION ENVIRONMENTAL, INC.

26377 Moses - Flat Rock, Michigan 48134 - (734)783-3030 - fax (734)783-5174

DAILY PROJECT LOG

The OSHA Construction Industry Standard 29 CFR 1926.1101 requires the contractor/supervisor be responsible for the following (Address each item with written comments):

Competent Person: Calvin McCleese Work Area Location: 1st Floor

Project Name: L.A. Martin Consultant:Project: ATC

NGE Project #: A23232 Abatement Method: GLOVE BAG / ENCLOSURE / PATCH & REPAIR

Date: 12/10/03 Personal Pump Worn By: Frank Carroll

Manometer Reading/Time: #1

A.) Set up the enclosure/ glove bag: Regulated Area Set Up

B.) Ensure the integrity of the enclosure/glove bag: Checked By Myself

C.) Control entry to and exit from the enclosure/regulated area: Danger Tape And Danger Signs Hung

D.) Supervise all employee exposure monitoring required by this section: Frank Work Personal ATC Read Results

E.) Ensure that employees working with the enclosure wear protective clothing and respirators as required by paragraphs (i) and (h) of this section: All Workers Wore ½ Face And Tyvek

1/2 face Tyvek

F.) Ensure that employees are trained in the use of engineering controls, work practices and personal protective equipment: All Workers Had At Least 32 Hours of Training

G.) Ensure that employees use the hygiene facilities and observe the decontamination procedures specified in paragraph (i) of this section: All Workers Decontaminated

How?

H.) Ensure that engineering controls are functioning properly: All Equipment Worked Properly

I.) Additional Comments: All ACM Wet And Bagged

Competent person shall be trained in all aspects of asbestos tremolite, anthophyllite or actinolite abatement the contents of this standard the identification of asbestos tremolite, anthophyllite or actinolite and their removal procedures and other practices for reducing hazard

PROJECT L. A. MARTIN JOB NO. A23232 ~~12/09/03~~ 12-10-03

DAY / M / T / (W) / TH / F / SA / S

DESCRIPTION OF WORK PERFORMED

Branch

1st Shift — Start 7:00 End 3:30

PAY WEEK ENDING 12/14/03

2nd Shift — Start End

MANDAYS THIS PAY PERIOD:

3rd Shift — Start End

EMPLOYEE NAME	EMPLOYEE #	SOCIAL SEC. NUMBER	EMPLOYEE SIGNATURE	Supervisor 10	Glove Bag 20	Wire Demo 30	Cleaning/ Set Up 40	VAT Removal 50	Yard 60						TOTAL HOURS TOT.	REG.	O/T.	D/T.
Calvin McAllister		365-70-0630	Cal McAll	8											8	8		
David Chandler		368-02-5907	David Chandler				8								8	8		
Frankie Carroll		367-74-5779	Frankie Carroll				8								8	8		
Rosendo Martinez		- -					2								2	2		
		- -																
		- -																
		- -													

WASTE SHIPMENT RECORD

~~150 766~~

A23232

Profile No 24-0152

After Hours Emergency # 734-552-2984

REPORT DATE
N/A

GENERATOR

1. Work site name and mailing address	Owner's Name	Owner's telephone no.
L.A. MARTIN INC 14400 HENN ST DEARBORN MI 48126	PAUL MARTINAL	313-581-3577

2. Operator's name and address	Operator's telephone no.
NGE 10950 MARTZ RD YPSILANTI MI 48197 Emergency Response →	734/485-4855

3. Waste Disposal Site (WDS)	WDS telephone no. 313-326-0993
Name: Woodland Meadows RDF Mailing Address: 5900 Hannan Wayne, MI 48184 Physical Site Location: 5900 Hannan - Wayne, MI 48184	Additional Information NONE

4. Name and address of responsible agency

Michigan Department of Natural Resources, Air Quality Division
P.O. Box 30028
Lansing, Michigan 48909

5. Description of materials	6. Containers No.	Type	7. Total quantity m³ (yd³)	
ACM Vermiculite	38		4	
Asbestos Material Friable / Nonfriable		**BAGS**		**YARDS**

8. Special handling instructions and additional information
NONE

9. OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

RQ, ASBESTOS, 9, NA2212, III

Printed/typed name & title	Signature	Month Day Year
Calvin McCreste Supervisor	Cl McCl	12/10/03

TRANSPORTER

10. Transporter 1 (Acknowledgment of receipt of materials)

Printed/typed name & title	Signature	Month Day Year
Calvin McCreste Supervisor	Cl McCl	12/10/03
Address and telephone no. 10950 Martz Rd Ypsilanti MI 48197 734-485-4855		

11. Transporter 2 (Acknowledgment of receipt of materials)

Printed/typed name & title	Signature	Month Day Year
James Cook		2-10-04
Address and telephone no. 5980 Inkster Rd		

SITE

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.	Grid Coordinates East N/A North N/A El N/A
Printed/typed name & title: 460509	Signature / Month Day Year

ORIGINAL RETURN TO GENERATOR

@ ~ 7% fiber

WASTE SHIPMENT RECORD

A23232

Profile No 24-0052

After Hours Emergency # 734-559-2984

REPORT DATE
N/A

GENERATOR

1. Work site name and mailing address	Owner's Name	Owner's telephone no.
LA Martin Inc 14400 Hill ST Dearborn MI 48126	Paul Martin	313-581-3577

2. Operator's name and address	Operator's telephone no.
NGL 10750 Maite RD Romulus MI 48197 Emergency Response →	734/485-4855

3. Waste Disposal Site (WDS)	WDS telephone no. 313-326-0993
Name: **Woodland Meadows RDF** Mailing Address: **5900 Hannan** **Wayne, MI 48184** Physical Site Location: **5900 Hannan - Wayne, MI 48184**	Additional Information **NONE**

4. Name and address of responsible agency

Michigan Department of Natural Resources, Air Quality Division
P.O. Box 30028
Lansing, Michigan 48909

5. Description of materials	6. Containers No.	Type	7. Total quantity m³ (yd³)	
ACM Vermiculite	38		4	
Asbestos Material Friable / Nonfriable		**BAGS**		**YARDS**

8. Special handling instructions and additional information
NONE

9. OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

RQ, ASBESTOS, 9, NA2212, III

Printed/typed name & title	Signature	Month Day Year
Calvin McCarter Supervisor	C. McC	12/10/03

TRANSPORTER

10. Transporter 1 (Acknowledgment of receipt of materials)

Printed/typed name & title	Signature	Month Day Year
Calvin McCarter Supervisor	C. McC	12/10/03
Address and telephone no. 10750 Maite RD Romulus MI 48197 734-485-4855		

11. Transporter 2 (Acknowledgment of receipt of materials)

Printed/typed name & title	Signature	Month Day Year
James Pool		12-12-03
Address and telephone no. 5980 Inkster Rd		

DISPOSAL SITE

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.	Grid Coordinates East N/A North N/A El N/A

Printed/typed name & title	Signature	Month Day Year
Mr. Pool		

GENERATOR

MDLEG runs certification program

State of Michigan
Department of Consumer & Industry Services
Bureau of Safety and Regulation - Asbestos Program

[redacted] **Asbestos Contractor/Supervisor**

Calvin W. McCleese
2086 11th Street
Wyandotte, MI 48192

Accreditation Number
A3896

Expiration Date
06/22/2004

[redacted]

DOB: 10/07/1965

This individual has satisfactorily met or exceeded the requirements of Section 206 of the Toxic Substances Control Act to be accredited in the above discipline.

Accreditation card is not valid if altered.

50087

Michigan Laborers' Training Institute
This Certifies That

CALVIN MCCLEESE

completed the 8 hour refresher course for:

Asbestos Abatement Contractor and Supervisor.

Class Dates: APRIL 23, 2003

Student Number: 365-70-0630 460

SARAH MEDINA
Instructor

4/23/04
Expires

Michigan Laborers' Training and Apprenticeship Institute

This Certifies That

Calvin McCleese

on April 23, 2003 8 hours refreshing class has been completed in

ASBESTOS ABATEMENT CONTRACTOR SUPERVISOR

EXAM DATE: 4/23/2003 EXPIRES: 4/23/2004

CERTIFICATE#: 460 SS#: 365-70-0630

The Michigan Laborers Training Fund is not, and should not be construed as, a substitute for an employer's obligation under OSHA, MIOSHA or EPA to provide employees with safety training specific to the nature of the employee's job and pertinent to the actual equipment and machinery with which the employee will be working while in the contractor's employment.

THIS COURSE IS IN COMPLIANCE WITH 40 CFR 763 AND MICHIGAN PUBLIC ACT 440 OF 1988 AS AMENDED AND TSCA TITLE II

Paul T. Gassel
Director

Sarah Medina
Instructor

PHYSICIAN'S WRITTEN OPINION

TO: **ASBESTOS WORKERS LOCAL 207**

FROM: Examining Physician: G.H. ZIELINSKI, M.D. 043286 MICHIGAN

DATE: 6/13/03

SUBJECT: ***PHYSICIAN'S WRITTEN OPINION***

In accordance with the requirements of Section (m) of the OSHA Asbestos Construction Standard, 29 CFR 1926.1101 the examining physician will provide the employer with a written opinion which shall contain the following:

1. This is to certify, that on this date, 6/13/03 and in accordance with the OSHA Asbestos Construction Standard, 29 CFR 1926.1101 I have examined Calvin Mc Cleese

   whose Social Security number is 365-70-0630

PHYSICIAN MUST CHECK

2. Based on my findings, I have determined this individual ☒ may ☐ may not use a respiratory device while performing his/her required employment services.

PHYSICIAN MUST CHECK

3. The results of my examination ☐ have ☒ have not detected a medical condition which would place the employee at an increased risk of material health impairment from exposure to asbestos; and

PHYSICIAN MUST CHECK

4. ☒ In accordance with OSHA requirements, I have informed the above named individual of the results of his/her medical examination and of any medical condition that may result from his/her exposure to asbestos.

PHYSICIAN MUST CHECK

5. ☒ The employee has been advised of increased risk of lung cancer attributable to the combined effect of smoking and asbestos exposure.

PHYSICIAN MUST CHECK

6. As attending Physician, I have determined that a Chest Roentgenogram ☒ was necessary and done ☐ was not necessary.

7. **Recommended Limitations; if any**
   - ☒ Use of respirator is conditional upon examinee's ability to pass required respirator testing.
   - ☐ Remove facial hair which interferes with respirator fit.
   - ☐ Do not wear contact lenses while using respirator.
   - ☐ Corrective lenses worn with the respirator shall be worn so as not to adversely affect the fit of the face piece.

8. **Other comments, additional testing, or referral:** _____

The complete medical examination report on the above named individual will be forwarded to the employer pending final conclusion and interpretation of any additional medical data collected during the examination.

Signed: _____ (Examining Physician)

21st Century Salvage, Inc.
QUALITATIVE FIT TEST

Name Calvin McCleese

Social Security Number 365 - 70 - 0630

Company NEXT GENERATION ENVIRONMENTAL

Method Irritant Smoke Test

Respirator Brand NORTH Model ½ FACE NIOSH TC# 2700

Small ____ Medium ____ Large ✓

Facepiece Rubber ✓ Synthetic ____ Natural ____

Face Seal Checks:

Visual + Negative Pressure + Positive Pressure +

Fit Test Procedure

1. Gross Leak Check ✓
2. Breath Normally ✓
3. Breath Deeply ✓
4. Turn Head ✓
5. Nod Head ✓
6. Repeat Passage ✓
7. Jog in Place ✓
8. Breath Normally ✓

When the sunlight strikes raindrops in the air, they act like a prism and form a rainbow. The rainbow is a division of white light into many beautiful colors. These take the shape of a long round arch, with its path high above, an its two ends apparently beyond the horizon. There is, according to legend, a boiling pot of gold at one end. People look, but no one ever finds it. When a man looks for something beyond his reach, his friends say he is looking for the pot of gold at the end of the rainbow.

Test Given By: Frank R. Carroll
(Signature)

3-17-03
(Date)

Person Tested: Calvin McCleese
(Signature)

03/17/03
(Date)

State of Michigan
Department of Consumer & Industry Services
Bureau of Safety and Regulation - Asbestos Program

Asbestos Contractor/Supervisor

David M. Chandler
7248 Wilkie
Taylor, MI 48180

Accreditation Number
A20897

Expiration Date
10/08/2004

DOB: 01/26/1980

This individual has satisfactorily met or exceeded the requirements of Section 206 of the Toxic Substances Control Act to be accredited in the above discipline

52680

Michigan Laborers' Training Institute

This Certifies That

DAVID M. CHANDLER

completed the 8 hour refresher course for:

Asbestos Abatement Contractor and Supervisor

Class Dates: 9/26/03

Student Number: 5907-03S SS#368-02-5907

Instructor

9/26/04

Expires

NEXT GENERATION ENVIRONMENTAL, INC.
QUALITATIVE FIT TEST

Name DAVE CHANDLER

Social Security Number 368-02-5907

Company NEXT GENERATION ENVIRONMENTAL

Method Irritant Smoke Test

Respirator Brand 3M Model _____ NIOSH TC# _____

Small _____ Medium _____ Large ✓

Facepiece Rubber ✓ Synthetic _____ Natural _____

Face Seal Checks:

Visual + Negative Pressure + Positive Pressure +

Fit Test Procedure

1. Gross Leak Check ✓
2. Breath Normally ✓
3. Breath Deeply ✓
4. Turn Head ✓
5. Nod Head ✓
6. Repeat Passage ✓
7. Jog in Place ✓
8. Breath Normally ✓

When the sunlight strikes raindrops in the air, they act like a prism and form a rainbow. The rainbow is a division of white light into many beautiful colors. These take the shape of a long round arch, with its path high above, an its two ends apparently beyond the horizon. There is, according to legend, a boiling pot of gold at one end. People look, but no one ever finds it. When a man looks for something beyond his reach, his friends say he is looking for the pot of gold at the end of the rainbow.

Test Given By:

(Signature)

12/22/03

(Date)

Person Tested:

(Signature)

12-24-03

(Date)

PHYSICIAN'S WRITTEN OPINION

TO: ASBESTOS WORKERS LOCAL 207

FROM: Examining Physician: Y Perlsm

DATE: 1-27-03

SUBJECT: *PHYSICIAN'S WRITTEN OPINION*

In accordance with the requirements of Section (m) of the OSHA Asbestos Construction Standard, 29 CFR 1926.1101 the examining physician will provide the employer with a written opinion which shall contain the following:

1. This is to certify, that on this date, 1/27/03 and in accordance with the OSHA Asbestos Construction Standard, 29 CFR 1926.1101 I have examined Jay J Chandler

   whose Social Security number is 386-02-5507

PHYSICIAN MUST CHECK

2. Based on my findings, I have determined this individual ☑ may ☐ may not use a respiratory device while performing his/her required employment services.

PHYSICIAN MUST CHECK

3. The results of my examination ☐ have ☑ have not detected a medical condition which would place the employee at an increased risk of material health impairment from exposure to asbestos; and

PHYSICIAN MUST CHECK

4. ☑ In accordance with OSHA requirements, I have informed the above named individual of the results of his/her medical examination and of any medical condition that may result from his/her exposure to asbestos.

PHYSICIAN MUST CHECK

5. ☒ The employee has been advised of increased risk of lung cancer attributable to the combined effect of smoking and asbestos exposure.

6. **Recommended Limitations; if any**
   - ☐ Use of respirator is conditional upon examinee's ability to pass required respirator testing.
   - ☒ Remove facial hair which interferes with respirator fit.
   - ☐ Do not wear contact lenses while using respirator.
   - ☐ Corrective lenses worn with the respirator shall be worn so as not to adversely affect the fit of the face piece.

7. **Other comments, additional testing, or referral:** _____

The complete medical examination report on the above named individual will be forwarded to the employer pending final conclusion and interpretation of any additional medical data collected during the examination.

JAN 27 '03 PM 1:41

Signed: _____
(Examining Physician)

Revised 10/97

White Copy - Lo. 207 – Yellow Copy - Employee – Pink Copy - Medical Facility

State of Michigan
Department of Consumer & Industry Services
Bureau of Safety and Regulation - Asbestos Program

Asbestos Contractor/Supervisor

Franklin R. Carroll
11100 Slee Road
Onstead, MI 49265

[redacted]

Accreditation Number
A3707

Expiration Date
07/30/2004

DOB: 06/29/1959

This individual has satisfactorily met or exceeded the requirements of Section 206 of the Toxic Substances Control Act to be accredited in the above discipline.

50450

EPA AHERA/ Michigan Department of Public Health approved in compliance with the training requirements as mandated by 40 CFR 763, NESHAPS 40 CFR 61.145 (c)(8) and Michigan Public Act 440 of 1988

Certificate of Award

Franklin R. Carroll (367-74-5779)

Attendance and Successful Completion of:
ASBESTOS CONTRACTOR / SUPERVISOR
8-Hour Refresher Course

January 27, 2003

Expires: January 27, 2004

Course Instructor (Douglas A. Haase)

Certificate #: C/S-03-106

ANALYTICAL TESTING & CONSULTING SERVICES, INC. 2156 South 11th Street, Kalamazoo, MI.49009 (616) 372-2210

PHYSICIAN'S WRITTEN OPINION

TO: ASBESTOS WORKERS LOCAL 207

FROM: Examining Physician: Dr Jmil Kraftich

DATE: 1/18/2003

SUBJECT: *PHYSICIAN'S WRITTEN OPINION*

In accordance with the requirements of Section (m) of the OSHA Asbestos Construction Standard, 29 CFR 1926.1101 the examining physician will provide the employer with a written opinion which shall contain the following:

1. This is to certify, that on this date, 1/18/2003 and in accordance with the OSHA Asbestos Construction Standard, 29 CFR 1926.1101 I have examined Franklin Chappell.
   whose Social Security number is 367-74-5779

PHYSICIAN MUST CHECK

2. Based on my findings, I have determined this individual ☒ may ☐ may not use a respiratory device while performing his/her required employment services.

PHYSICIAN MUST CHECK

3. The results of my examination ☐ have ☒ have not detected a medical condition which would place the employee at an increased risk of material health impairment from exposure to asbestos; and

PHYSICIAN MUST CHECK

4. ☒ In accordance with OSHA requirements, I have informed the above named individual of the results of his/her medical examination and of any medical condition that may result from his/her exposure to asbestos.

PHYSICIAN MUST CHECK

5. ☒ The employee has been advised of increased risk of lung cancer attributable to the combined effect of smoking and asbestos exposure.

6. Recommended Limitations; If any
   - ☒ Use of respirator is conditional upon examinee's ability to pass required respirator testing.
   - ☒ Remove facial hair which interferes with respirator fit.
   - ☐ Do not wear contact lenses while using respirator.
   - ☐ Corrective lenses worn with the respirator shall be worn so as not to adversely affect the fit of the face piece.

7. Other comments, additional testing, or referral: pt has stopped smoking for last 2 mths. Advised to keep it up. He cannot see personal doctor without fail

Complete medical examination report on the above named individual will be forwarded to the employer pending final conclusion and evaluation of any additional medical data collected during the examination.

Signed: Jmil Kraftich
(Examining Physician)

JAN 19 03 PM 12:

Revised 10/97

White Copy - Lo. 207 – Yellow Copy - Employee – Pink Copy - Medical Facility

NEXT GENERATION ENVIRONMENTAL, INC.
QUALITATIVE FIT TEST

Name FRANK CARROLL

Social Security Number 367 74 5779

Company NEXT GENERATION ENV

Method Irritant Smoke Test

Respirator Brand NORTH Model 7700 NIOSH TC#

Small Medium ✓ Large

Facepiece Rubber Synthetic ✓ Natural

Face Seal Checks:

Visual + Negative Pressure + Positive Pressure +

Fit Test Procedure

1. Gross Leak Check ✓
2. Breath Normally ✓
3. Breath Deeply ✓
4. Turn Head ✓
5. Nod Head ✓
6. Repeat Passage ✓
7. Jog in Place ✓
8. Breath Normally ✓

When the sunlight strikes raindrops in the air, they act like a prism and form a rainbow. The rainbow is a division of white light into many beautiful colors. These take the shape of a long round arch, with its path high above, an its two ends apparently beyond the horizon. There is, according to legend, a boiling pot of gold at one end. People look, but no one ever finds it. When a man looks for something beyond his reach, his friends say he is looking for the pot of gold at the end of the rainbow.

Test Given By:

(Signature)

12 27 02

(Date)

Person Tested:

(Signature)

12-27-02

(Date)

State of Michigan

Department of Consumer & Industry Services

Rosendo Mauricio

has satisfactorily met or exceeded the requirements of Section 206 of the Toxic Substances Control Act to be accredited as an Asbestos

Abatement Worker

Accreditation Number
A12437

Expiration Date
01/18/2004

BSR-OH-270 (8/98)
Authority: Michigan Public Act 449 of 1988, as amended

59048 45960