

**CAL**

CA001284

**INC**

PO Box 6327 • Vacaville, CA 95696-6327 • Phone: 707-446-7996 • Fax: 707-446-4906

Job # 5403 Job Name: CHICO JR HIGH SCHOOL Date: 2/28/00  
Address: \_\_\_\_\_  
City: CHICO State: CA Zip: \_\_\_\_\_  
Contact Person: PETE CONNELL Turnaround: 2 hr. 24 hr. X 48 hr.  
Other: \_\_\_\_\_ Fax Results: +

Special Instructions: \_\_\_\_\_

Laboratory Analyst: Analyze all samples as composite material unless split box is checked.

	SAMPLE #	LOCATION	MATERIAL DESCRIPTION	HO #	QA	SPLIT
1	5403-01	OUTSIDE OF UNIT A	STUCCO			X
2	5403-02	UNIT J HALLWAY	GREY 12x12 FLOOR TILE AND MASTIC			X
3	5403-03	UNIT K Rm 201	FELT PAPER			
4	5403-04	UNIT K Rm 203	FELT PAPER			
5	5403-05	UNIT M Rm 401	FELT PAPER			
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

Chain of Custody  
1. Relinquished By: [Signature] Name and Company: CAL INC  
Received By: \_\_\_\_\_  
2. Relinquished By: \_\_\_\_\_  
Received By: \_\_\_\_\_

Date: 2/28/00 Time: 1600  
Date: 2/29/00 Time: 10:00 AM  
Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Date: \_\_\_\_\_ Time: \_\_\_\_\_

# EMSL Analytical, Inc.

382 South Abbott Avenue

Milpitas, CA 95035

Phone: (408) 934-7010 Fax: (408) 934-7015



Attn.: William Esparza

CAL Inc.

2040 Peabody Rd

Suite 400

Vacaville, CA 95687

Wednesday, March 01, 2000

Ref Number: CA001336

## POLARIZED LIGHT MICROSCOPY (PLM)

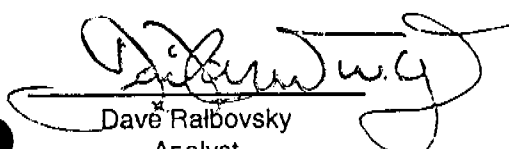
Performed by EPA 600/R-93/116 Method\*

Project: Chico Jr. High School

Sample	Location	Appearance	Sample Treatment	ASBESTOS	NON-ASBESTOS	
				% Type	% Fibrous	% Non-Fibrous
5403-06-TILE	Unit J Admin Rm.	White Non-Fibrous Homogeneous	Dissolved	None Detected	4% Cellulose	96% Other
5403-06-MASTIC	Unit J Admin Rm.	Brown Non-Fibrous Homogeneous	Dissolved	None Detected	10% Cellulose	90% Matrix

Comments: For all obviously heterogeneous samples easily separated into subsamples, and for layered samples, each component is analyzed separately. Also, "# of Layers" refers to number of separable subsamples.

\* NY samples analyzed by ELAP 198.1 Method.

  
Dave Ratbovsky  
Analyst

  
Approved  
Signatory

Disclaimers: PLM has been known to miss asbestos in a small percentage of samples which contain asbestos. Thus negative PLM results cannot be guaranteed. EMSL suggests that samples reported as <1% or none detected be tested with either SEM or TEM. Detection limit for quantitative 1000 point count technique is 0.1%. The above test report relates only to the items tested. This report may not be reproduced, except in full, without written approval by EMSL. The above test must not be used by the client to claim product endorsement by NVLAP nor any agency of the United States Government. Laboratory is not responsible for the accuracy of results when requested to physically separate and analyze layered samples.

Analysis performed by EMSL Milpitas (NVLAP Air and Bulk #101048-3, ELAP #1620)

**CAL****INC**

PO Box 6327 • Vacaville, CA 95696-6327 • Phone: 707-446-7996 • Fax: 707-446-4906

Job #: 5403 Job Name: CHICO JR HIGH SCHOOL Date: 2/28/00  
Address: \_\_\_\_\_  
City: CHICO State: CA Zip: \_\_\_\_\_  
Contact Person: PETE CONNELL Turnaround: 2 hr. X 24 hr. \_\_\_\_\_ 48 hr. \_\_\_\_\_  
Other: \_\_\_\_\_ Fax Results: X

Special Instructions: \_\_\_\_\_

Laboratory Analyst: Analyze all samples as composite material unless split box is checked.

	SAMPLE #	LOCATION	MATERIAL DESCRIPTION	HO #	QA	SPLIT
1	5403-06	UNIT 5 ADMIN RM.	WHITE 12x12 FLOOR TILE AND MASTIC	05		X
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

1. Chain of Custody  
Relinquished By: [Signature] Name and Company: CAL INC  
Received By: \_\_\_\_\_  
2. Relinquished By: \_\_\_\_\_  
Received By: \_\_\_\_\_

Date: 2/28/00 Time: 6:00  
Date: 2/28/00 Time: 12:00  
Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Date: \_\_\_\_\_ Time: \_\_\_\_\_

# Test Report - CAL Environmental Services, Inc.

Polarized Light Analysis Results

Project AOC003030

Asbestos										Nonasbestos									
Sample Number /		Client Sample Number	Chrysotile	Amosite	Crocidolite	Anthophyllite	Tremolite	Actinolite	Cellulose	Wool	Glass	Fibers	Fibers	Other	NonFibrous	Run Date			
Sample Appearance																			
1707690CPL	5403-01Q		-	-	-	-	-	-	-	-	-	-	-	-	100 %	3/2/00			
Grey stucco			NFM: Qtz, Carb, Opaq, Misc. Part.										SSY						
													Homogeneous						

CAL

200003030

INC

PO Box 6327 • Vacaville, CA 95696-6327 • Phone: 707-446-7996 • Fax: 707-446-4906

Job #: 5403 Job Name: CHICO JR. HIGH SCHOOL Date: 2/28/00  
 Address: \_\_\_\_\_  
 City: CHICO State: CA Zip: \_\_\_\_\_  
 Contact Person: PETE CONNELL Turnaround: 2 hr. \_\_\_\_\_ 24 hr. X 48 hr. \_\_\_\_\_  
 Other: \_\_\_\_\_ Fax Results: X  
 Special Instructions: \_\_\_\_\_

Laboratory Analyst: Analyze all samples as composite material unless split box is checked.

	SAMPLE	LOCATION	MATERIAL DESCRIPTION	HO	QA	SPLIT
1	5403-01R	OUTSIDE UNIT A	STUCCO			X
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

Chain of Custody  
 1. Relinquished By: Will E Name and Company: CAL INC  
 Received By: D. Miller 88. BREWER RTIG  
 2. Relinquished By: \_\_\_\_\_  
 Received By: \_\_\_\_\_

Date: 2/28/00 Time: 600  
 Date: 3/1/2000 Time: 1007  
 Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 Date: \_\_\_\_\_ Time: \_\_\_\_\_

APPENDIX 3

PROJECT REQUIRED FORMS

EXISTING DAMAGE INVENTORY FORM

Project Name: \_\_\_\_\_ Date: \_\_\_\_\_

Building:	_____	Location:	_____
Comments:	_____ _____		

Building:	_____	Location:	_____
Comments:	_____ _____		

Building:	_____	Location:	_____
Comments:	_____ _____		

Building:	_____	Location:	_____
Comments:	_____ _____		

\_\_\_\_\_  
CONSULTANT

\_\_\_\_\_  
CONTRACTOR

## CERTIFICATE OF WORKER'S ACKNOWLEDGEMENT

PROJECT NAME \_\_\_\_\_ DATE \_\_\_\_\_

PROJECT ADDRESS \_\_\_\_\_

CONTRACTOR'S NAME \_\_\_\_\_

WORKING WITH ASBESTOS CAN BE DANGEROUS. INHALING ASBESTOS FIBERS HAS BEEN LINKED WITH VARIOUS TYPES OF CANCER. IF YOU SMOKE AND INHALE ASBESTOS FIBERS THE CHANCE THAT YOU WILL DEVELOP LUNG CANCER IS GREATER THAN THAT OF THE NON-SMOKING PUBLIC.

Your employer's contract with the Owner for the above project requires that: You be supplied with the proper respirator and be trained in its use. You be trained in safe work practices and in the use of the equipment found on the job. You receive a medical examination. These things are to have been done at no cost to you.

Respiratory Protection: You must have been trained in the proper use of respirators, and informed of the type respirator to be used on the above referenced project. You must be given a copy of the written respiratory protection manual issued by your employer. You must be equipped at no cost with the respirator to be used on the above project.

Training Course: You must have been trained in the dangers inherent in handling asbestos and breathing asbestos dust and in proper work procedures and personal and area protective measures. The topics covered in the course must have included the following:

- Physical characteristics of asbestos
- Health hazards associated with asbestos
- Respiratory protection
- Use of protective equipment
- Pressure Differential Systems
- Work practices including hands on or on-job training
- Personal decontamination procedures
- Air monitoring, personal and area

Medical Examination: You must have had a medical examination within the past 12 months at no cost to you. This examination must have included health history, pulmonary function tests and may have included an evaluation of a chest x-ray.

By signing this document you are acknowledging only that the Owner of the building you are about to work in has advised you of your rights to training and protection relative to your employer, the Contractor.

Signature \_\_\_\_\_ Social Security No \_\_\_\_\_

Printed Name \_\_\_\_\_ Witness \_\_\_\_\_



**CERTIFICATION OF VISUAL INSPECTION**

In accordance with Section 02066 "Project Decontamination" the Contractor hereby certifies that he has visually inspected the Work Area (all surfaces including pipes, beams, ledges, walls, ceiling and floor, Decontamination Unit, sheet plastic, etc.) and has found no dust, debris or residue.

by: (Signature) \_\_\_\_\_ Date \_\_\_\_\_

(Print Name) \_\_\_\_\_

(Print Title) \_\_\_\_\_

**PROJECT ADMINISTRATOR CERTIFICATION**

The Project Administrator hereby certifies that he has accompanied the contractor on his visual inspection and verifies that this inspection has been thorough and to the best of his knowledge and belief, the Contractor's Certification above is a true and honest one.

by: (Signature) \_\_\_\_\_ Date \_\_\_\_\_

(Print Name) \_\_\_\_\_

(Print Title) \_\_\_\_\_

# CHICO UNIFIED SCHOOL DISTRICT

PROJECT \_\_\_\_\_

PROJECT No. \_\_\_\_\_

CONTRACTOR \_\_\_\_\_

CONTRACT NO. \_\_\_\_\_

CONSULTANT \_\_\_\_\_

DATE \_\_\_\_\_

## PUNCH LIST

*This is the PUNCH LIST prepared by the Inspector during the check inspection held on \_\_\_\_\_, All items on this PUNCH LIST MUST BE CORRECTED prior to acceptance of the contract.*

[illegible]

cc: Construction Administrator  
Inspector

Consultant

Contractor

Date \_\_\_\_\_

There were no Addenda to these  
Contract Documents.

Bidwell Junior High School  
Asbestos Abatement of Plaster from  
Twenty-one Roof Vents

There were no Change Orders to  
these Contract Documents.

Bidwell Junior High School  
Asbestos Abatement of Plaster from  
Twenty-one Roof Vents

No formal meetings were  
necessary; therefore no minutes  
were recorded.

Bidwell Junior High School  
Asbestos Abatement of Plaster from  
Twenty-one Roof Vents

## LICENSES AND PERMITS

California State Contractors License #718733

Class B - General Contracting

Class C2 - Insulation and Acoustical

Class C21 - Demolition

ASB - Asbestos Certified

HAZ - Hazardous Substances Removal Certified

Department of Occupational Safety and Health

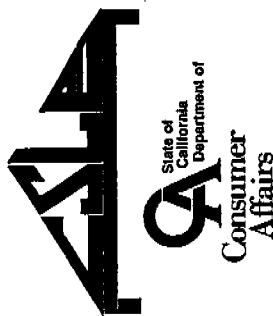
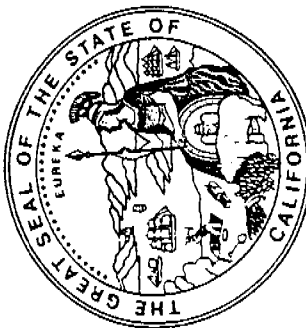
Registration #633

California Contractors Bond #637810

# State of California Contractors State License Board

Pursuant to Chapter 9 of Division 3 of the Business and Professions Code  
and the Rules and Regulations of the Contractors State License Board,  
the Registrar of Contractors does hereby issue this license to:

WCE INC dba WEST COAST ENVIRONMENTAL



to engage in the business or act in the capacity of a contractor  
in the following classification(s):

B - GENERAL BUILDING CONTRACTOR  
C-2 - INSULATION AND ACOUSTICAL  
C21 - BUILDING MOVING, DEMOLITION  
ASB - ASBESTOS

Witness my hand and seal this day,

February 13, 1996

Issued February 9, 1996

*Sam H. Henshaw*  
Signature of Licensee

*Sam H. Henshaw*  
Signature of License Qualifier

*Charles J. Gorman*  
Registrar of Contractors

718733

License Number

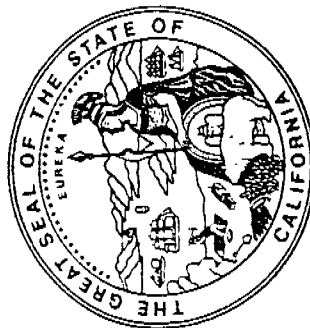
This license is the property of the Registrar of Contractors, is not  
transferable, and shall be returned to the Registrar upon demand  
when suspended, revoked, or invalidated for any reason. It becomes  
void if not renewed.

State of California

# Contractors State License Board

Pursuant to Chapter 9 of Division 3 of the Business and Professions Code  
and the Rules and Regulations of the Contractors State License Board,  
the Registrar of Contractors does hereby issue this license to:

WCE INC dba WEST COAST ENVIRONMENTAL



to engage in the business or act in the capacity of a contractor  
in the following classification(s):

HAZ - HAZARDOUS SUBSTANCES REMOVAL



Witness my hand and seal this day,

February 13, 1996

Issued February 9, 1996

*Charles J. Jensen*  
Registrar of Contractors

718733

License Number

This license is the property of the Registrar of Contractors, is not  
transferable, and shall be returned to the Registrar upon demand  
when suspended, revoked, or invalidated for any reason. It becomes  
void if not renewed.

*Samuel Jensen*  
Signature of Licensee  
*Charles J. Jensen*  
Signature of License Qualifier





*Building Quality*



## ASBESTOS CERTIFICATION

Pursuant to the provisions of Section 7058.5 of the Business and Professions Code, the Registrar of Contractors does hereby certify that the following qualifying person has successfully completed the asbestos certification examination:

Qualifier: KEVIN TODD BUSSARD

License No.: 718733

Business Name: WCE, INC. DBA WEST COAST ENVIRONMENTAL

WITNESS my hand and official seal this

9TH day of FEBRUARY 1996

*David R. Phillips*

Registrar of Contractors

13L-35 (10/91)

This certification is the property of the Registrar of Contractors, is not transferable, and shall be returned to the Registrar upon demand when suspended, revoked, or invalidated for any reason.

A7138



*Building Quality*



## HAZARDOUS SUBSTANCES REMOVAL AND REMEDIAL ACTIONS CERTIFICATION

Pursuant to the provisions of Section 7058.7 of the Business and Professions Code, the Registrar of Contractors does hereby certify that the following qualifying person has successfully completed the hazardous substances removal and remedial actions examination.

Qualifier: KEVIN TODD BUSSARD

License No.: 718733

Business Name: WCE, INC. DBA WEST COAST ENVIRONMENTAL

WITNESS my hand and official seal this

9TH day of FEBRUARY 1996

*David R. Phillips*

Registrar of Contractors

13L-36 (12/91)

This certification is the property of the Registrar of Contractors, is not transferable, and shall be returned to the Registrar upon demand when suspended, revoked, or invalidated for any reason.

A 6838

State of California



Department of Industrial Relations

DIVISION OF OCCUPATIONAL SAFETY AND HEALTH

# Certificate of Registration for Asbestos-related Work

Certificate No. 633

Expiration Date 03-May-00

**WCE, INC. dba: WEST COAST ENVIRONMENTAL**

(Name of Employer)

is duly registered by the Division of Occupational Safety and Health in accordance with the California Administrative Code, Title 8, Article 2.5 for asbestos-related work.

31-Mar-99

Date Of Issuance

Chief, Division of Occupational Safety and Health

Effective Date 04-Mar-00

Contractor's License No. 718723

This registration is valid only when the following requirements and conditions are met:

1. The registered employer shall safely perform asbestos-related work in compliance with relevant occupational safety and health regulations.
2. The registered employer shall notify the Division of changes in work locations or conditions as specified by Section 341.9 of Title 8 of the California Administrative Code.
3. The registered employer shall post a sign readable at 20 feet at the location of any asbestos-related work stating:

**Danger-Asbestos  
Cancer and Lung Hazard  
Authorized Personnel Only**

4. A copy of the registration shall be posted at the jobsite beside the Cal-OSHA poster.
5. The registered employer shall provide a copy of this registration certificate to the prime contractor and any other employers at the site before the commencement of any asbestos-related work.
6. The registered employer shall conduct a safety conference prior to the commencement of any asbestos-related work as specified by Section 341.11 of Title 8 of the California Administrative Code.
7. The registered employer acknowledges the Division's right to revoke or suspend this registration as provided by Section 341.14 of title 8 of the California Administrative Code.



State of California  
CONTRACTORS STATE LICENSE BOARD  
ACTIVE LICENSE



License Number **718733**

Entity **CORP**

Business Name **WCE INC DBA WEST COAST  
ENVIRONMENTAL**

Classification(s) **B C-2 C21 ASB HAZ HIC**

Expiration Date **02/28/2002**



Licensee Signature

*Karl G. Givens*

P.O. Box 26000  
Sacramento, CA 95826  
Contractors State License Board  
Postage guaranteed by  
if found, drop in any mailbox

This license is not transferable, and shall be returned to the Registrar upon demand when suspended, revoked or invalidated for any reason. This pocket card is valid through the expiration date only.

Any change of business address/name must be reported to the Registrar within 90 days.

GENERAL LIABILITY INSURANCE AND  
WORKERS COMPENSATION INSURANCE  
CERTIFICATES

<b>ACORD. CERTIFICATE OF LIABILITY INSURANCE</b>		SSR SP WCEIN-F	DATE (MM/DD/YY) 04/06/00
<b>PRODUCER</b> Crosby Insurance/Surety Bonds P. Box 3626 ustin CA 92781 Phone: 714-838-4880 Fax: 714-838-8964		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.	
<b>INSURED</b> WCE, Inc. DBA: West Coast Environmental 3181 Fitzgerald Road Rancho Cordova CA 95742		<b>INSURERS AFFORDING COVERAGE</b> INSURER A: Zurich American Insurance Co. INSURER B: American Guarantee Ins. Co. INSURER C: American Zurich Insurance Co. INSURER D: 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	AA0-3628789-00	02/28/00	02/28/02	EACH OCCURRENCE \$ 1,000,000.
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire) \$ 50,000.
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 5,000.
	<input checked="" type="checkbox"/> Asbestos/Lead				PERSONAL & ADV INJURY \$ 1,000,000.
	<input type="checkbox"/> Abatement				GENERAL AGGREGATE \$ 1,000,000.
	GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG \$ 1,000,000.
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO. JECT <input type="checkbox"/> LOC				
B	AUTOMOBILE LIABILITY	BAP-3628793-00	02/28/00	02/28/01	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000.
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS				
<input checked="" type="checkbox"/> NON-OWNED AUTOS					
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
					AUTO ONLY: AGG \$
	EXCESS LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
	<input type="checkbox"/> DEDUCTIBLE				\$
	RETENTION \$				\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WC-3628802-00	02/28/00	02/28/01	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	EL EACH ACCIDENT \$ 1,000,000.				
	EL DISEASE - EA EMPLOYEE \$ 1,000,000.				
					EL DISEASE - POLICY LIMIT \$ 1,000,000.
	OTHER				

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

\* 10 days notice of cancellation for non-payment. Project: Removal of asbestos at Chico Jr. High School, 280 Memorial Way, Chico, CA - Certificate holder is herein named as additional insured for GL only.

CERTIFICATE HOLDER	N	ADDITIONAL INSURED: INSURER LETTER:	CANCELLATION
Chico Unified School District Attn: Mary Leary 2455 Carmichael Dr. Chico, CA 95928		CHICO-1	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.
		Howard Folmar	<i>Howard Folmar</i>

## INDUSTRY REFERENCES

## PARTIAL LIST OF COMPLETED PROJECTS

Sacramento City Unified School District  
Elder Creek Elementary School  
7934 Lemon Hill Avenue  
Sacramento, CA 95824  
Contact: Ted Hunting (Curtis Roofing)  
Phone: (916) 451-7286

Asbestos Roofing

State of California  
Department of Water Resources  
1416 9th Street Room #304-10  
Sacramento, CA 95814  
Contact: Tim Bennet  
Phone: (916) 653-3322

Asbestos Fireproofing

Sacramento Housing and Redevelopment  
Western Avenue Duplexes  
3177-3349 Western Avenue  
Sacramento, CA 95814  
Contact: Chris Eatough (Sequoia Pacific Builders, Inc.)  
Phone: (916) 784-8400

Asbestos Acoustical Ceiling

Woodland Joint Unified School District  
Douglas Junior High School  
525 Granada Drive  
Woodland, CA 95695  
Contact: Vic Fechter  
Phone: (916) 662-0201

Lead Paint Abatement

California State University Sacramento  
Chemistry Lab Steam Lines  
6000 J Street  
Sacramento, CA 95819-6008  
Contact: Arthur L. Reed (F&R Construction)  
Phone: (916) 362-3148

Asbestos Pipe Lagging

County of Sacramento  
SRWTP Plant  
8521 Laguna Station Road  
Sacramento, CA 95758  
Contact: Duane Graves  
Phone: (916) 847-6651

Asbestos Acoustical Ceiling

San Juan Unified School District  
El Camino High School  
4300 El Camino  
Carmichael, CA 95609  
Contact: John Nichols (Delta Development)  
Phone: (916) 978-9999

Lead Paint Abatement

Manteca Unified School District  
Manteca High School  
450 E. Yosemite Avenue  
Manteca, CA 95336  
Contact: Tim Balbi (Royal Roofing Co., Inc.)  
Phone: (916) 452-7291

Asbestos Roofing

Del Paso Heights School District  
North Avenue Elementary School  
1281 North Avenue  
Sacramento, CA 95838  
Contact: Jess Coffey, Sr.  
Phone: (916) 641-5322

Asbestos Plaster Ceiling  
Asbestos Pipe Lagging  
Asbestos Floor Tile & Mastic

Quail Point Executive Park Association  
2155 West March  
Stockton, CA 95207  
Contact: Don Widner (Widner Roofing)  
Phone: (209) 951-4008

Asbestos Roofing

Sacramento City Unified School District  
3051 Redding Avenue  
Sacramento, CA 95820  
Contact: Bob Graham (Gudgel/Yancey Roofing, Inc.)  
Phone: (916) 387-6900

Asbestos Roofing



University of California Davis  
UC Davis Campus (Steam Pits)  
Davis, CA 95616-8675  
Contact: Bob Ouzts  
Phone: (916) 752-5571

Asbestos Pipe Lagging

Shasta-Tehama-Trinity Joint Community College District  
Shasta College Building #300  
11555 Old Oregon Trail  
Redding, CA 96049-6006  
Contact: Donald F. Gallino (Gallino Construction)  
Phone: (916) 246-7671

Asbestos Roofing

Federal Aviation Administration  
FAA Tower  
Sacramento, CA 95670  
Contact: Virginia R. Smyth (Shephard Mechanical Contractors, Inc.)  
Phone: (916) 631-7840

Lead Abatement

Stockton Unified School District  
Edison High School/Nightingale Elementary School  
Stockton, CA 95206  
Contact: Mike Bartilson (Summit Roofing)  
Phone: (209) 825-3042

Asbestos Roofing

EMPLOYEE TRAINING CERTIFICATES  
EMPLOYEE MEDICAL REPORTS  
EMPLOYEE RESPIRATOR FIT TESTS  
EMPLOYEE BLOOD LEAD TESTS

# Certificate of Training

*This is to certify that*

**Anthony B. Roybal**

**585-38-8683**

*has successfully completed 8 hours of formal training entitled*

## **AHERA Contractor Supervisor Refresher**

*as certified by the Environmental Protection Agency and approved by AHERA under TSCA Title II  
presented by*

**Design For Health  
Training Center**

3574 Kettner Blvd.  
San Diego, CA 92101  
Phone: (619) 291-1777 Fax: (619) 291-4318

By *Margaret S. Shuler*

Certificate #100CSR6593  
Course Date: 01/08/00  
Exam Date: N/A

This is an annual certification. It must be renewed by: 01/08/01

# HEALTHSOUTH®

## Respiratory Compliance Letter for Asbestos Physicals


Date of Examination: 05/26/99  
Name of Employer: West Coast Environmental  
Name of Employee: Roybal, Anthony  
Social Security Number: 585-38-8683  
Date of Birth: 8-13-51

In accordance with Federal OSHA 29 CFR 1910.134 "Respiratory Protection" and 29 CF 1926.1101 "Asbestos, persons should not be assigned to tasks requiring the use of respirators unless it has been determined that they are physically able to perform the work while using the required respiratory equipment.

- ☒ (A) This employee does not have any detected medical conditions that would place the employee at an increased risk of material health impairment from exposure to asbestos, tremolite, anthophyllite, or actinolite.
- ☒ (B) There is no limitation on the employee or upon the use of personal protective equipment such as clothing r respirators.
- ☒ (C) The employee has been informed by the physician of the results of the medical examination and of any medical conditions that may results from exposure to asbestos, tremolite, anthophyllite, or actinolite.
- ☒ (D) The employee has been informed by the physician of the increased risk of lung cancer attributable to the combined effect of smoking and asbestos.

PETER PHILBIN, M.D.  
Name of Physician (Print)

5/26/99  
Date

  
Signature of Physician

WEST COAST ENVIRONMENTAL

RESPIRATOR FIT TEST

EMPLOYEE NAME Anthony Royal DATE 5/28/00  
SOCIAL SECURITY NUMBER \_\_\_\_\_

RESPIRATORS TESTED

QUANTITATIVE RESULTS

Make/Model North 7700 Size \_\_\_\_\_ NIOSH/MSHA # TC-21C-152

Make/Model \_\_\_\_\_ Size \_\_\_\_\_ NIOSH/MSHA # \_\_\_\_\_

TYPE OF TEST

Quantitative \_\_\_\_\_

Qualitative x

Isoamyl Acetate \_\_\_\_\_

Irritant Smoke x

TEST EXERCISES

- / Positive/Negative Pressure Test
- / Normal Breathing
- / Deep Breathing
- / Turn Head Side to Side
- / Nod Head Up and Down
- / Reading (Rainbow Passage)
- / Grimace
- / Bend Over and Touch Toes
- / Jogging in Place
- / Breathe Normally

THIS CERTIFIES THAT THE ABOVE NAMED TEST SUBJECT HAS BEEN INFORMED OF THE HAZARDS INVOLVED IN WORKING WITH ASBESTOS, AND HAS BEEN GIVEN INSTRUCTION IN THE USE AND CARE OF THE RESPIRATOR SELECTED.

Employee Signature Anthony B. Royal

Witnessed By Arnado Lopez

STATE OF CALIFORNIA  
**REGISTRATION FOR AHERA ACCREDITED PERSONS**  
 PURSUANT TO CHAPTER 1601, STATUTES OF 1988  
 SAS 818 (REV. 08/98)

STATE ALLOCATION BOARD  
 OFFICE OF PUBLIC SCHOOL CONSTRUCTION

(See reverse side for instructions)

*The following information is necessary for the Office of Public School Construction (OPSC) to register or renew your registration as an Asbestos Hazard Emergency Response Act (AHERA) accredited inspector, management planner, project designer, abatement contractor, supervisor or worker.*

**PART I**

FIRM NAME West Coast Environmental		APPLICANT NAME Anthony Ruybal	
ADDRESS 3181 Fitzgerald Road		ADDRESS 3181 Fitzgerald Road	
CITY/ZIP CODE Rancho Cordova 95742	CITY/ZIP CODE Rancho Cordova 95742		
COUNTY Sacramento	STATE CA	COUNTY Sacramento	STATE CA
PHONE NUMBER (916) 852-7200	E-MAIL ADDRESS	PHONE NUMBER (916) 852-7200	E-MAIL ADDRESS

**PART II**

1 DISCIPLINE	2 REGISTRATION REQUEST		3 TRAINING PROVIDER CERTIFICATE NUMBER	4 TRAINING PROVIDER CERTIFICATE EXPIRATION DATE	5 (OPSC USE ONLY)	
	New	Renewal			OPSC REGISTRATION NUMBER	OPSC DATE
a. <input type="checkbox"/> Inspector			/ /	/ /	/ /	/ /
b. <input type="checkbox"/> Management Planner			/ /	/ /	/ /	/ /
c. <input type="checkbox"/> Project Designer			/ /	/ /	/ /	/ /
d. <input type="checkbox"/> Abatement Contractor			/ /	/ /	/ /	/ /
e. <input checked="" type="checkbox"/> Abatement Supervisor		X	1000SR6593	1/8/01	2000-104	3.3.00
f. <input type="checkbox"/> Abatement Work			/ /	/ /	/ /	/ /

**\*PART III** Must be completed by abatement contractor for registration to be valid.

OPSC/OPR REGISTRATION NUMBER 633	CONTRACTOR'S STATE LICENSE BOARD LICENSE NUMBER 712733
-------------------------------------	---

*I certify that I have met all the requirements for accreditation and registration, and the statements I have made are true and correct. The attached Training Provider's Certificate is a copy of the original certificate.*

SIGNATURE (Original signature of applicant is required) Anthony Ruybal	DATE 2/25/00
---	-----------------

*This is to certify that*

**AMADO ROYBAL \***

**585-38-8399**

**AMADOR ROYBAL** successfully completed the EPA /AHERA Approved  
**CONTRACTOR/SUPERVISOR**

Refresher Training Course

In Compliance with  
under The Toxic Substances  
Also complies with  
on site representative in  
Conducted by

Conducted by

**Hazardous**

**Environmental**

**Education**

**Services**

8188 Alpine Avenue, Suite # B  
Sacramento, California 95826  
(916) 739-0515 Fax # (916) 739-0526

At Sacramento, California on July 23, 1999  
His/Her Accreditation Expires on July 23, 2000

This Certificate is invalid without HEE'S Wallet picture I.D. \*

*[Signature]*  
Director of Training

HEES-16919  
Certificate No.



**MED CENTER** MEDICAL CLINIC6651 MADISON AVENUE  
CARMICHAEL CA 95608TELEPHONE (916) 965-1111  
FAX (916) 965-5143**MEDICAL EXAMINATION CERTIFICATE**  
**ASBESTOS MEDICAL CLEARANCE LETTER**

I certify that I have examined the below named employee in accordance with the provisions of Title 29 Code of Federal Regulations 1926.58 (m) (ii). I have provided their employer with the results of the medical examination and included as part of a written opinion that I have not detected any medical health conditions that 1) would place any of these employees at an increased risk of material health impairment from exposure to airborne asbestos fibers, and 2) would not limit their use of negative pressure respirators. I have informed the employee of the results of the medical examination. I also certify that the employer provided me with all of the information required in 29 CFR 1926.58 (m) (3).

Company

West Coast Env

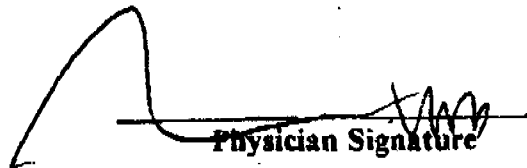
Employee Name

Amado Roybal

Social Security Number

585-38-8399

Expiration Date

10-7-00  
Physician Signature

Name/Stamp

Date

9/7/99



WEST COAST ENVIRONMENTAL

RESPIRATOR FIT TEST

EMPLOYEE NAME Amado Raybal DATE 8/8/99  
SOCIAL SECURITY NUMBER 585-38-8399

RESPIRATORS TESTED

QUANTITATIVE RESULTS

Make/Model North 7700 Size M NIOSH/MSHA # TC-21C-152

Make/Model \_\_\_\_\_ Size \_\_\_\_\_ NIOSH/MSHA # \_\_\_\_\_

TYPE OF TEST

Quantitative \_\_\_\_\_

Qualitative X \_\_\_\_\_

Isoamyl Acetate \_\_\_\_\_

Irritant Smoke X \_\_\_\_\_

TEST EXERCISES

- ☒ Positive/Negative Pressure Test
- ☒ Normal Breathing
- ☒ Deep Breathing
- ☒ Turn Head Side to Side
- ☒ Nod Head Up and Down
- ☒ Reading (Rainbow Passage)
- ☒ Grimace
- ☒ Bend Over and Touch Toes
- ☒ Jogging in Place
- ☒ Breathe Normally

THIS CERTIFIES THAT THE ABOVE NAMED TEST SUBJECT HAS BEEN INFORMED OF THE HAZARDS INVOLVED IN WORKING WITH ASBESTOS, AND HAS BEEN GIVEN INSTRUCTION IN THE USE AND CARE OF THE RESPIRATOR SELECTED.

Employee Signature Amado Raybal

Witnessed By Anthony B Raybal

STATE OF CALIFORNIA  
**REGISTRATION FOR AHERA ACCREDITED PERSONS**  
 PURSUANT TO CHAPTER 1601, STATUTES OF 1988  
 S&S 838 (REV. 08/98)

STATE ALLOCATION BOARD  
 OFFICE OF PUBLIC SCHOOL CONSTRUCTION

(See reverse side for instructions)

*The following information is necessary for the Office of Public School Construction (OPSC) to register or renew your registration as an Asbestos Hazard Emergency Response Act (AHERA) accredited inspector, management planner, project designer, abatement contractor, supervisor or worker.*

**PART I**

FIRM NAME <b>West Coast Environmental</b>		APPLICANT NAME <b>Amado Roybal</b>	
ADDRESS <b>3181 Fitzgerald Road</b>		ADDRESS <b>3181 Fitzgerald Road</b>	
CITY/ZIP CODE <b>Rancho Cordova 95742</b>		CITY/ZIP CODE <b>Rancho Cordova 95742</b>	
COUNTY <b>Sacramento</b>	STATE <b>CA</b>	COUNTY <b>Sacramento</b>	STATE <b>CA</b>
PHONE NUMBER <b>(916) 852-7200</b>	E-MAIL ADDRESS	PHONE NUMBER <b>(916) 852-7200</b>	E-MAIL ADDRESS

**PART II**

1	2		3	4	5	
DISCIPLINE	REGISTRATION REQUEST		TRAINING PROVIDER CERTIFICATE NUMBER	TRAINING PROVIDER CERTIFICATE EXPIRATION DATE	(OPSC USE ONLY)	
	New	Renewal			OPSC REGISTRATION NUMBER	OPSC DATE
a. <input type="checkbox"/> Inspector						
b. <input type="checkbox"/> Management Planner						
c. <input type="checkbox"/> Project Designer						
d. <input type="checkbox"/> Abatement Contractor						
e. <input checked="" type="checkbox"/> Abatement Supervisor		X	HEES 116919	7/23/00	99-454	10-14-99
f. <input type="checkbox"/> Abatement Work						

\*PART III Must be completed by abatement contractor for registration to be valid.

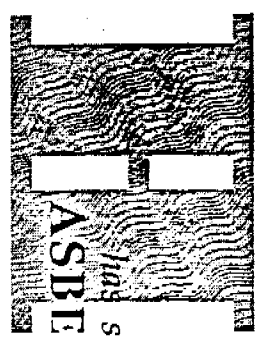
OPSC DIR REGISTRATION NUMBER <b>633</b>	CONTRACTOR'S STATE LICENSE BOARD LICENSE NUMBER <b>718733</b>
--	--

*I certify that I have met all the requirements for accreditation and registration, and the statements I have made are true and correct. The attached Training Provider's Certificate is a copy of the original certificate.*

SIGNATURE (Original signature of applicant is required) <b>Amado Roybal</b>	DATE <b>10 5-99</b>
--	------------------------

© 1995 GOES 34525  
All Rights Reserved

UNIFORM USA



has successfully completed the EPA /AHERA- Approved  
**ASBESTOS CONTRACTOR/SUPERVISOR**

This is to certify that  
**JOSE LEPE\***  
565-37-5215

Refresher Training Course

In Compliance with Accreditation requirements  
under The Toxic Substances Control Act, Section 206 (TSCA)



Conducted by



**Hazardous Environmental Education Services**

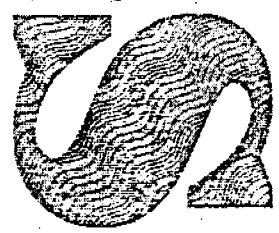
8188 Alpine Avenue, Suite #8  
Sacramento, California 95826  
(916) 739-0515 Fax # (916) 739-0526

At Sacramento, California on March 7, 2000  
His/Her Accreditation Expires on March 17, 2001

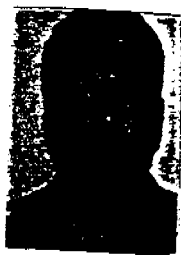
This Certificate is invalid without HHEES Waller picture I.D.\*

Director of Training

HHEES-17074  
Certificate No.



**HAZARDOUS ENVIRONMENTAL EDUCATION SERVICES**



NAME Jose Lepe  
ADDRESS 8142 Calais St.  
Stockton CA 95210  
CITY Stockton STATE CA  
TRAINING COURSE Asbestos C/S Ref.

3/7/2000  
TRAINING DATE

HHEES-17074  
CERTIFICATE NUMBER

3/7/2001  
EXPIRATION DATE

567-37-5215  
SSN#

**MEDICAL EXAMINATION CERTIFICATE****Final Report**

I certify that I have examined the below named employee in accordance with the provisions of Title 29 Code of Federal Regulations 1926.58 (m) (ii). I have provided their employer with the results of the medical examination and included as part of a written opinion that I have not detected any medical health conditions that 1) would place any of these employees at an increased risk of material health impairment from exposure to airborne asbestos fibers, and 2) would not limit their use of negative pressure respirators. I have informed the employee of the results of the medical examination. I also certify that the employer provided me with all of the information required in 29 CFR 1926.58 (m) (3).

Company

W. Coast Environmental

Employee Name

José Lepe

Social Security Number

565-37-5215

Expiration Date

~~4/4/01~~<sup>44</sup> 3/4/01  
Physician SignatureDONN ERICKSON, M.D.  
MED CENTER MEDICAL CLINIC  
6651 MADISON AVE.  
CARMICHAEL, CA 95608  
LIC. G084627

Name/Stamp

Date

3/4/00