

DATE 04-17-02  
JOB # 01-107

DAILY SIGN IN SHEET

|     | EMPLOYEE NAME       | SOCIAL SECURITY # |
|-----|---------------------|-------------------|
| 1.  | Nelson B. Magana ✓  |                   |
| 2.  | JAVIER VALDES ✓     | 591-86-0712       |
| 3.  | MACARIO RAZO        | 715-23-8790       |
| 4.  | JOSE LUIS RAZO ✓    | 558 94 0376       |
| 5.  | HERMILO TAPIA ✓     | 616-94-7209       |
| 6.  | Estanislao Murcia ✓ | 618-16-8455       |
| 7.  | Armando Rodriguez   | 550-29-5277       |
| 8.  |                     |                   |
| 9.  |                     |                   |
| 10. |                     |                   |
| 11. | Nelson Magana       |                   |
| 12. | Estanislao Murcia   | 618-16-8455       |
| 13. | Armando Rodriguez   | 550-29-5277       |
| 14. | JAVIER VALDES       | 591-86-0712       |
| 15. | MACARIO RAZO        | 715-23-8790       |
| 16. | JOSE LUIS RAZO      | 558-94 0376       |
| 17. | HERMILO TAPIA       | 616-94-7209       |
| 18. | JOSE LUIS RAZO      | 558 94 0376       |
| 19. |                     |                   |
| 20. |                     |                   |

04/18/02

DATE 04/15/02  
JOB # 02/102

DAILY SIGN IN SHEET

|     | EMPLOYEE NAME        | SOCIAL SECURITY # |
|-----|----------------------|-------------------|
| 1.  | Nelson Magana        |                   |
| 2.  | Armando Rodriguez    | 550-29-5277       |
| 3.  | Estanislao D. Murcia | 618-16-8455       |
| 4.  | HERMILO TAPIA        | 616-94-7209       |
| 5.  | JAVIER VALDES        | 591-86-0712       |
| 6.  | MACARIO RAZO         | 715-23-8290       |
| 7.  | JOSE L RAZO          | 558 94 0376       |
| 8.  |                      |                   |
| 9.  |                      |                   |
| 10. | 04/16/02             |                   |
| 11. | HERMILO TAPIA        | 616-94-7209       |
| 12. | Nelson Magana        |                   |
| 13. | JOSE L RAZO          | 558 94 0376       |
| 14. | ESTANISLAO D. MURCIA | 618-16-8455       |
| 15. | MACARIO RAZO         | 715-23-8290       |
| 16. | Armando Rodriguez    | 550-29-5277       |
| 17. | JAVIER VALDES        | 591-86-0712       |
| 18. |                      |                   |
| 19. |                      |                   |
| 20. |                      |                   |

[illegible]

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1

Form DN-2

# JANUS CORPORATION

1081 SHARY CIRCLE, CONCORD, CA 94518-2407  
925 969-9200; 925 969-9290 FAX

JOB SITE  
Calico High - Change Order  
for THE ESPALME  
Calico CA  
35.75194.3213 AY

P.O. NUMBER 02-107

ANALYSIS TYPE P.C.M

NUMBER OF SAMPLES 5

TURN-AROUND TIME 24 hrs

FILTER 25 um

## AIR MONITORING LOG REQUEST FOR ANALYSIS

| LAB ID# | CLIENT ID# | LOCATION/DESCRIPTION                              | WORKER               | RESPIR | DATE     | TIME        | ON/OFF       | AVG.   | TOTAL  | SAMPLE  |
|---------|------------|---------------------------------------------------|----------------------|--------|----------|-------------|--------------|--------|--------|---------|
|         |            |                                                   | SS#                  | USED   | SAMPLED  | TOTAL       | MINUTES      | L.P.M. | LITERS | RESULTS |
| 01      | 02-107     | Off Main Roof demo -<br>Removing Roof Materials   | Heery<br>141-22-7445 | Face   | 06-04-02 | 135<br>min. | 2:40<br>4:25 | 2.0    | 270    |         |
| 02      |            | BLANK                                             |                      |        |          |             |              |        |        |         |
| 03      |            | BLANK                                             |                      |        |          |             |              |        |        |         |
| 04      |            | Off Main Roof demo<br>and Removing Roof Materials | Heery<br>141-22-7445 | Face   | 06-04-02 | 80<br>min.  | 4:23<br>5:45 | 2.0    | 160    |         |
| 05      |            | Off Main Roof Demo<br>and Removing Roof Materials | Heery<br>141-22-7445 | Face   | 06-04-02 | 30<br>min.  | 5:45<br>6:15 | 2.0    | 60     |         |

RETURN SAMPLES TO CLIENT  
NOTES:

TWA

RELINQUISHED BY Antonio Ronderuez DATE/TIME 06-04-02  
RECEIVED BY [Signature] DATE/TIME 4/2/02 1038

RELINQUISHED BY \_\_\_\_\_ DATE/TIME \_\_\_\_\_  
RECEIVED BY \_\_\_\_\_ DATE/TIME \_\_\_\_\_

# JANUS CORPORATION

1081 SHARY CIRCLE, CONCORD, CA 94518-2407  
925 969-9200; 925 969-9290 FAX

JOB SITE

Office Alpha - Change Order  
901 The ESPRANNE  
CHICO CA

35. 78294. 3218 AY

P.O. NUMBER

02-109

ANALYSIS TYPE

P.C.M

NUMBER OF SAMPLES

5

TURN-AROUND TIME

24 hrs

AIR MONITORING LOG  
REQUEST FOR ANALYSIS

FILTER

251114

LAB ID#

CLIENT ID#

LOCATION/DESCRIPTION

WORKER

RESPIR

DATE

TIME

ON/OFF AVG.

TOTAL SAMPLE

| SS# USED SAMPLED TOTAL MINUTES L.P.M. LITERS RESULTS |        |                                                   |                                  |      |          |             |              |     |     |   |
|------------------------------------------------------|--------|---------------------------------------------------|----------------------------------|------|----------|-------------|--------------|-----|-----|---|
| 01                                                   | 02-107 | Cyfr Hand Saw dome -<br>Removing Roof Materials   | McGill<br>Kendall<br>44172 7945  | Face | 06-04-02 | 135<br>min. | 2:40<br>4:25 | 2.0 | 270 |   |
| 02                                                   |        | BLANK                                             |                                  |      |          |             |              |     |     | > |
| 03                                                   |        | BLANK                                             |                                  |      |          |             |              |     |     | > |
| 04                                                   |        | Cyfr Hand Saw dome<br>and Removing Roof Materials | McGill<br>Kendall<br>441-12-1945 | Face | 06-04-02 | 80<br>min.  | 4:25<br>3:45 | 2.0 | 160 |   |
| 05                                                   | Y      | Cyfr Hand Saw Dome<br>and Removing Roof Materials | McGill<br>Kendall<br>441-12-1945 | Face | 06-04-02 | 30<br>min.  | 5:45<br>4:15 | 2.0 | 60  |   |

RETURN SAMPLES TO CLIENT  
NOTES:

TWA

RELINQUISHED BY Antonio Rodriguez DATE/TIME 06-04-02

RECEIVED BY [Signature] DATE/TIME 6/3/02 1038

RELINQUISHED BY

DATE/TIME

RECEIVED BY

DATE/TIME

# JANES CORPORATION

1081 SHARY CIRCLE, CONCORD, CA 94518-2407  
925 969-9200; 925 969-8290 FAX

JOB SITE

Calico High  
Col The Esplanade  
Calico CA  
35, 75184, 3918 BC

P.O. NUMBER

ANALYSIS TYPE P.C.M

NUMBER OF SAMPLES 5

TURN-AROUND TIME 24hrs

FILTER 254u

## AIR MONITORING LOG REQUEST FOR ANALYSIS

| LAB ID# | CLIENT ID# | LOCATION/DESCRIPTION   | WORKER            | SS#         | USED     | SAMPLED  | DATE | TIME | ON/OFF | AVG. | TOTAL | SAMPLE |
|---------|------------|------------------------|-------------------|-------------|----------|----------|------|------|--------|------|-------|--------|
| 01      | 02-107     | SW Main Roof Detailing | Antonio Rodriguez | 548-97-4601 | 1/2 Face | 06-06-02 | 14:5 | 14:5 | 8:35   | 2.0  | 390   |        |
| 02      |            | SW Main Roof Detailing | Antonio Rodriguez | 548-97-4601 | 1/2 Face | 06-06-02 | 14:5 | 14:5 | 8:35   | 2.0  | 290   |        |
| 03      |            | BLANK                  |                   |             |          |          |      |      |        |      |       |        |
| 04      |            | BLANK                  |                   |             |          |          |      |      |        |      |       |        |
| 05      |            | SW Main Roof Detailing | Antonio Rodriguez | 548-97-4601 | 1/2 Face | 06-06-02 | 30   | 30   | 10:10  | 2.0  | 60    |        |

RETURN SAMPLES TO CLIENT  
NOTES:

TWA

ANTONIO RODRIGUEZ 06-06-02  
RELINQUISHED BY DATE/TIME  
RECEIVED BY 6/11/02 1000  
DATE/TIME

RELINQUISHED BY DATE/TIME  
RECEIVED BY DATE/TIME

JANUS CORPORATION  
 1081 SHARY CIRCLE, COLCORD, CA 94518-2407  
 925 869-9200; 925 869-9290 FAX

JOB SITE  
Chico High  
201 The Esplanade  
Chico CA  
35, 78789, 3918 BC

AIR MONITORING LOG  
 REQUEST FOR ANALYSIS

P.O. NUMBER

ANALYSIS TYPE

NUMBER OF SAMPLES

TURN-AROUND TIME

FILTER

P.C.H  
5  
24 hrs  
25 hrs

| LAB ID#                                              | CLIENT ID# | LOCATION/DESCRIPTION                               | WORKER                  | RESPIR   | DATE     | TIME        | ON/OFF         | AVG. | TOTAL | SAMPLE |
|------------------------------------------------------|------------|----------------------------------------------------|-------------------------|----------|----------|-------------|----------------|------|-------|--------|
| SS# USED SAMPLED TOTAL MINUTES L.P.M. LITERS RESULTS |            |                                                    |                         |          |          |             |                |      |       |        |
| 01                                                   | 02-107     | Even Hand Roof detailing<br>Roof internal/overlaid | Autogrip<br>S48-99-4601 | 1/2 Face | 06-06-02 | 145<br>min. | 8:28<br>8:35   | 2.0  | 390   |        |
| 02                                                   |            | Even Hand Roof internal<br>detail/overlaid         | Autogrip<br>S48-99-4601 | 1/2 Face | 06-06-02 | 145<br>min. | 8:35<br>10:10  | 2.0  | 290   |        |
| 03                                                   |            | BLANK                                              |                         |          |          |             |                |      |       |        |
| 04                                                   |            | BLANK                                              |                         |          |          |             |                |      |       |        |
| 05                                                   |            | Even Hand Roof detailing<br>Roof areas prep use    | Autogrip<br>S48-99-4601 | 1/2 Face | 06-06-02 | 30<br>min.  | 10:10<br>10:40 | 2.0  | 60    |        |

RETURN SAMPLES TO CLIENT  
 NOTES:

TWA

RELINQUISHED BY Alfredo Flores DATE/TIME 06-06-02  
 RECEIVED BY [Signature] DATE/TIME 6/11/02 1000

RELINQUISHED BY \_\_\_\_\_ DATE/TIME \_\_\_\_\_  
 RECEIVED BY \_\_\_\_\_ DATE/TIME \_\_\_\_\_

# JANUS CORPORATION

1081 SHARY CIRCLE, CONCORD, CA 94518-2407  
925 969-9200; 925 969-9290 FAX

JOB SITE

Chico High CEM  
401 THE ESPERANSE  
CHICO CA

35.75184. 3318 BA

P.O. NUMBER 02-107

ANALYSIS TYPE P.C.M

NUMBER OF SAMPLES 5

TURN-AROUND TIME 24 hrs

FILTER 25 MM

AIR MONITORING LOG  
REQUEST FOR ANALYSIS

| LAB ID# | CLIENT ID# | LOCATION/DESCRIPTION   | WORKER | SS#         | USED     | SAMPLED TOTAL | MINUTES | ON/OFF | AVG. | TOTAL | SAMPLE |
|---------|------------|------------------------|--------|-------------|----------|---------------|---------|--------|------|-------|--------|
| 01      | 02-107     | CVH Roof Demo          | SAHUE/ | 459-47-4730 | 1/2 pace | 220 MIN       | 5:15    | 8:55   | 2.0  | 440   |        |
| 02      |            | CVH Roof Demo          | SAHUE/ | 459-47-4730 | 1/2 pace | 140 MIN       | 8:55    | 11:15  | 2.0  | 280   |        |
| 03      |            | B-LANK                 |        |             |          |               |         |        |      |       |        |
| 04      |            | B-LANK                 |        |             |          |               |         |        |      |       |        |
| 05      |            | CVH Roof Post Material | SAHUE/ | 459-47-4730 | 1/2 pace | 30 MIN        | 11:15   | 11:45  | 2.0  | 60    |        |

TWA

RETURN SAMPLES TO CLIENT  
NOTES:

Antonio Rodriguez 06-05-02

RELINQUISHED BY 6/11/02 1000  
DATE/TIME  
RECEIVED BY DATE/TIME

RELINQUISHED BY DATE/TIME  
RECEIVED BY DATE/TIME



# ATC ASSOCIATES INC. FIBER COUNT WORKSHEET

(Please Print Neatly)

| Sample Number               | Fiber Count | F/N      | Average of Two Field Blanks | Fibers/sq mm | Volume | LOQ (Fibers/cc) | Fibers/cc | Comments |
|-----------------------------|-------------|----------|-----------------------------|--------------|--------|-----------------|-----------|----------|
| 4 <sup>th</sup> Field Blank |             | 2/100    | 0.015                       |              |        |                 |           |          |
| 5 <sup>th</sup> Field Blank |             | 1/100    |                             |              |        |                 |           |          |
| P-1                         |             | 17/100   | 0.155                       | 19.75        | 297.0  | 0.017           | 0.026     |          |
| X-2                         |             | 11.5/100 | 0.100                       | 12.75        | 46.0   | 0.074           | 0.074     |          |
| P-3                         |             | 6/100    | —                           | 7.64         | 346.5  | 0.04            | LOQ       |          |
| Blind Request               |             | 20/100   | 0.185                       | 23.57        |        |                 |           |          |

$A_0$  = effective collection area of filter  
 385 sq mm for 25 mm  
 855 sq mm for 37 mm  
 $A_f$  = microscope field area  
 0.00785 sq mm  
 other sq mm (list)

NIOSH 7400 Method A Rules  
 NIOSH 7400 Method B Rules

Microscope Adjustments:  
 Focus on samples  
 Phase test  
 Adjust field iris  
 Adjust phase rings

B = average field blank count  
 F = total sample fiber count  
 N = number of sample graticule fields examined  
 NB = number of field blank graticule fields examined (100)  
 LOQ = limit of quantification; set at 10 fibers per 100 fields. This set parameter is substituted in the numerator of Step 1 of the fibers/cc calculations. The LOQ is then calculated for each sample volume.  
 V = volume of each air sample

Calculations:  
 Fibers/cc =  $\frac{F - B}{N - NB} \times \frac{100}{A_f}$   
 Step 1: Fibers/cc mm =  $\frac{F - B}{N - NB} \times \frac{100}{A_f}$   
 Step 2: Fibers/cc =  $\frac{F - B}{N - NB} \times \frac{100}{A_f}$   
 if  $A_x < Z$  then acceptable  
 if  $A_x > Z$  then not acceptable

Recount Comparison:  
 $x = \sqrt{C_1 + C_2} / 2$  (in fibers/mm<sup>2</sup>)  
 $S = 0.5 C_v$   
 $Z = 2.8 (S) (x)$   
 $A_x = \sqrt{C_1 + C_2}$  (in fibers / mm<sup>2</sup>)

Date: 5/22/02  
 Signature: J. L. Campbell

Form DIN-2

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**Please Print Neatly**

☒ Acceptable  
☐ Not Acceptable, reanalyze  
☐ all previous samples

Fibrosis/cc -

217

$$x = \sqrt{E_1 + \sqrt{E_2}} / 2 \text{ (in fibrous/mm}^2\text{)}$$
$$A_x = \sqrt{C_1 - C_2} \quad (\text{in fibers / mm}^2)$$

**Step 2: Fibers/ec**

1000 (V)  
1000 (V)

if  $x < z$  then acceptable  
if  $x > z$  then not acceptable

$$\Delta x = \frac{h}{2m\lambda}$$

31406

Signature: \_\_\_\_\_

**prohibited.**

Form DIN-2

07-90 2007-77-141





## ATC ASSOCIATES INC. FIBER COUNT WORKSHEET

(Please Print Neatly)

| Sample Number  | Fiber Count | F/N      | Average of Two Field Blanks | Project                               | Microscope Make and ID Number | Comments |
|----------------|-------------|----------|-----------------------------|---------------------------------------|-------------------------------|----------|
| 4" Field Blank |             | 2/100    | 0.020                       | Janus Corporation / Union High School | 02-107                        |          |
| 5" Field Blank |             | 2/100    |                             | Project #: 35, 75124, 3780 BE         |                               |          |
| 7-1            |             | 20.5/100 | 0.185                       |                                       |                               |          |
| 7-2            |             | 12/100   | 0.100                       |                                       |                               |          |
| P-3            |             | 23/100   | 0.210                       |                                       |                               |          |
| Blind Blank    |             | 25.5/100 | 0.335                       |                                       |                               |          |

Microscope Make and ID Number: Zeiss #2

Ac = effective collection area of filter  
 385 sq mm for 25 mm  
 365 sq mm for 37 mm  
 Af = microscope field area  
 0.00785 sq mm  
 other sq mm (list) \_\_\_\_\_  
☒ NIOSH 7400 Method A Rules  
☐ NIOSH 7400 Method B Rules

Microscope Adjustments: ☒ Focus on samples  
☐ Phase test  
☐ Micrometer  
☐ Adjust field iris  
☐ Adjust phase rings

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## Calculations:

B = average field blank count  
 F = total sample fiber count  
 N = number of sample graticule fields examined  
 NB = number of field blank graticule fields examined (100)

LOQ = limit of quantification; set at 10 fibers per 100 fields. This set parameter is substituted in the numerator of

Step 1 of the fibers/cc calculations. The LOQ is then calculated for each sample volume.  
 V = volume of each air sample

Fibers/cc =  

$$\frac{F - B}{N - NB} \times \frac{100}{V}$$

$$\frac{F - B}{N - NB}$$

Recount Comparison:  
 $x = \sqrt{C_1 + \frac{C_2}{2}}$  (in fibers/mm<sup>2</sup>)  
 $S = 0.5 \sqrt{C_1}$   
 $Z = 2.8 (S) (x)$   
 $4x = \sqrt{C_1 + \frac{C_2}{2}}$  (in fibers / mm<sup>2</sup>)

If  $4x < Z$  then acceptable  
 If  $4x > Z$  then not acceptable

$$\frac{(\text{Fibers/mm}) (A_s)}{1000 (V)}$$

$4x = \quad Z = \quad$

Date: 5/22/02  
 Signature: *J. Lanne*  
 Analyst: *J. Lanne*

Form DN-2

# ATC ASSOCIATES INC. FIBER COUNT WORKSHEET

(Please Print Neatly)

| Sample Number    | Fiber Count | FIN      | Average of Two Field Blanks | Project: <u>Kous Corporation / White High School</u> | Date: <u>02-10-7</u> |
|------------------|-------------|----------|-----------------------------|------------------------------------------------------|----------------------|
| 4<br>Field Blank |             | 2/100    | 0.020                       | Project #: <u>35-78094-5780 BE</u>                   |                      |
| 5<br>Field Blank |             | 2/100    | $\frac{F - B}{N - NB}$      | Microscope Make and ID Number: <u>Zetex #2</u>       |                      |
| 7-1              |             | 30.5/100 | 0.185                       | Fibers/sq mm                                         | Volume               |
| 7-2              |             | 12/100   | 0.100                       | 12.75                                                | 66.0                 |
| 7-3              |             | 35/100   | 0.210                       | 24.75                                                | 39.0                 |
| Blank Project    |             | 35.5/100 | 0.235                       | 29.94                                                |                      |

## Calculations:

Fibers/cc =

## Recount Comparison:

$x = \sqrt{N}$ ,  $y = \sqrt{N}$  (in fibers/mm<sup>2</sup>)

$s = 0.5 \text{ CV}$

$Z = 2.8 \text{ (S)} \text{ (in)}$

$dx = \sqrt{N_1 + N_2}$  (in fibers / mm<sup>2</sup>)

Step 2: Fibers/cc =

(Fibers/sq mm) (Ae)

1000 (V)

If  $dx < Z$  then acceptable  
If  $dx > Z$  then not acceptable

Step 1 of the fibers/cc calculations.

The LOQ is then calculated for each sample volume.

LOQ = limit of quantification; set at 10 fibers per 100 fields. This set parameter is substituted in the numerator of

Microscope Adjustments: Focus on samples

Phase test Adjust field iris

Microscope Adjust phase rings

V = volume of each air sample

Date: 5/20/02

Signature: [Signature]

Analyst: J. Lorne

$dx = \dots$   $Z = \dots$

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Form DN-2

## ATC ASSOCIATES INC. FIBER COUNT WORKSHEET

(Please Print Name)

Sample Number

Fiber Count

| Sample Number | Fiber Count | Fiber Count | Average of Two Field Blanks | Procc | Project | Microscope Make and ID Number | Comments |
|---------------|-------------|-------------|-----------------------------|-------|---------|-------------------------------|----------|
| 3             |             |             |                             |       |         |                               |          |
| Field Blank   |             |             |                             |       |         |                               |          |
| 4             |             |             |                             |       |         |                               |          |
| Field Blank   |             |             |                             |       |         |                               |          |
| P-1           |             |             |                             |       |         |                               |          |
| T-2           |             |             |                             |       |         |                               |          |

#02-103

Project: St. Louis Corporation / Ohio High School  
 Microscope Make and ID Number: 35-75704-3746N  
 Project #: 35-75704-3746N

AG = effective collection area of filter  
 385 sq mm for 25 mm  
 865 sq mm for 37 mm  
 AI = microscope field area  
 0.00785 sq mm  
 other sq mm (list)  
 MIOSH 7400 Method A Rule  
 MIOSH 7400 Method B Rule

Microscope Adjustments:  
 Phase test ☒  
 Adjust field tilt ☒  
 Adjust phase ring ☒

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## Calculations:

Fiber/cc =

B = average field blank count

F = total sample fiber count

N = number of sample quadrants fields examined

MB = number of field blank quadrants fields examined (100)

LOQ = limit of quantitation; set at 10 fibers per 100 fields

This set parameter is substituted in the numerator of Step 1 of the fiber/cc calculations.

The LOQ is then calculated for each sample volume.

V = volume of each sample

Step 1: Fiber/eq mm =

$$\frac{F - B}{N - MB}$$

$$\frac{F - B}{N - MB}$$

$$\frac{F - B}{N - MB}$$

$$\frac{F - B}{N - MB}$$

$$\frac{F - B}{N - MB}$$

$$\frac{F - B}{N - MB}$$

$$\frac{F - B}{N - MB}$$

$$\frac{F - B}{N - MB}$$

$$\frac{F - B}{N - MB}$$

$$\frac{F - B}{N - MB}$$

$$\frac{F - B}{N - MB}$$

$$\frac{F - B}{N - MB}$$

$$\frac{F - B}{N - MB}$$

$$\frac{F - B}{N - MB}$$

$$\frac{F - B}{N - MB}$$

$$\frac{F - B}{N - MB}$$

$$\frac{F - B}{N - MB}$$

Acceptable range for fiber/eq mm

Not Acceptable range for fiber/eq mm

Reserve: Other than 100

x =  $\sqrt{\frac{F - B}{N - MB}}$  (in fibers/eq mm)

s = 0.5 Cv

Z = 2.8 (S) (s)

4x =  $\sqrt{\frac{F - B}{N - MB}}$  (in fibers/eq mm)

If 4x &lt; Z then acceptable

If 4x &gt; Z then not acceptable

Date: 4/23/02Signature: [Signature]

Form DN-2

JANUS CORPORATION

# QUALITATIVE RESPIRATOR FIT

NAME OF RECIPIENT: Valdes, Javier

SOCIAL SECURITY NO: 571-86-0712

## DESCRIPTION OF TEST:

1. RESPIRATOR IS DONNED AND STRAPS ADJUSTED.
2. VISUAL CHECK IS MADE TO ENSURE TIGHT FIT AROUND FACIAL CONTOURS.
3. EXHALATION/INHALATION AND SIMULATED MOUTH MOVEMENT TEST ARE PERFORMED.
4. IRRITANT SMOKE USED TO CHECK FIT. PROPER FIT IS OBTAINED IF SUBJECT IS NOT MADE TO COUGH BY SMOKE PLUME.

RESPIRATOR MODEL: NORTH X 3M

RESPIRATOR TYPE: PAPR, FULL FACE AND/OR HALF FACE

SIZE: S M X L

DATE 4/8/02

SUPERVISOR SIGNATURE: C. Uble

\*\*\*EXPIRATION DATE IS ONE YEAR FROM TEST DATE\*\*





MAY 11 11:45A

# Environmental Safety Training Professionals Ltd

1878 Pasadena Avenue, Suite 11  
Sacramento, CA 95841  
800 968-0590



**Javier Valdes**

has successfully completed  
Section 206 of TSCA Title II (AHERA)

Asbestos Worker Refresher

03/09/02

Course Date

03/09/03

Expiration Date

Certification Number: **SL1140**

On-site Approval: [Signature]

Social Security Number: **591-86-0712**

Authorized Signature: *Michael Sinder*  
Michael Sinder or Neta Sinder



JANUS CORPORATION

# QUALITATIVE RESPIRATOR FIT

NAME OF RECIPIENT: Tapia, Hermilo

SOCIAL SECURITY NO: 6060-94-7209

## DESCRIPTION OF TEST:

1. RESPIRATOR IS DONNED AND STRAPS ADJUSTED.
2. VISUAL CHECK IS MADE TO ENSURE TIGHT FIT AROUND FACIAL CONTOURS.
3. EXHALATION/INHALATION AND SIMULATED MOUTH MOVEMENT TEST ARE PERFORMED.
4. IRRITANT SMOKE USED TO CHECK FIT. PROPER FIT IS OBTAINED IF SUBJECT IS NOT MADE TO COUGH BY SMOKE PLUME.

RESPIRATOR MODEL: NORTH X 3M

RESPIRATOR TYPE: PAPR, FULL FACE AND/OR HALF FACE

SIZE: S M XL

DATE 4/10/02

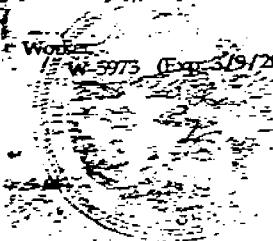
SUPERVISOR SIGNATURE: C. Valle

\*\*EXPIRATION DATE IS ONE YEAR FROM TEST DATE\*\*

Javier V. Chavez

Worker

W-5973 (Exp. 3/9/2000)



State of California  
Department of Health Services  
Lead-Related Construction  
Certificate



JANUS CORPORATION

# QUALITATIVE RESPIRATOR FIT TEST

NAME: Nelson Magana SSN: 618-16-7160

## DESCRIPTION OF TEST:

1. Respirator is donned and straps adjusted.
2. Visual check is made to ensure tight fit around facial contours.
3. Exhalation/inhalation and simulated mouth movement tests are performed.
4. Irritant smoke is used to check fit. Proper fit is obtained if subject is not made to cough by smoke plume.

Respirator Type: FULL FACE, HALF FACE OR PAPR

Size: S ☐ M ☒ X ☐ L ☐

Craig M. Uhle  
SUPERVISOR SIGNATURE

Date Test Performed: 7/22/02

EXPIRATION DATE: 7/22/03

EXPIRES ONE YEAR AFTER TEST DATE

Concentra Occupational Med Centers  
2587 Hecand Street - San Leandro, CA 94577  
Phone: (510) 351-3553 Fax: (510) 351-3565  
Medical Surveillance - Asbestos

Service Date: 10/12/2001

Patient: Valdes, Javier  
SSN: 591-86-0712  
DOB: 05/29/1972  
Gender: M  
Marital Status: M  
Address: 1223 53rd Ave.  
OAKLAND, CA 94601  
Home Phone: (510) 436-0782  
Work Phone: Ext.:

Job Title:  
Employer: Labors Trust Fund  
Address: 220 Campus Lane  
SUISUN CITY, CA 94585  
Job Contact: Josephina  
Role:  
Phone: (510) 569-4761 Ext.:  
Fax: (510) 569-4763  
Race: ASIAN BLACK HISPANIC INDIAN WHITE OTHER

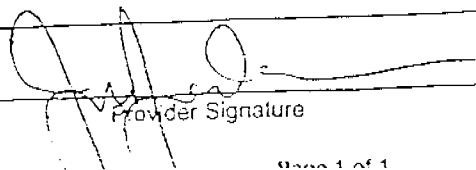
The above individual was seen on 10/12/2001 in accordance with: 29 CFR 1926.1101.  
40 CFR 763.121.

## The following was performed:

- ☐ Completion and review of the standardized medical questionnaire and work history with special emphasis directed to the pulmonary, cardiovascular, and gastrointestinal systems per Appendix D in 1926.1101.
- ☐ Review of the employer's description of: this employee's duties as they relate to the employee's exposure, the employee's representative or anticipated exposure level, and personal protection equipment to be utilized by the employee.
- ☒ Review of information from previous medical examinations if available.
- ☒ A physical examination with emphasis upon the pulmonary, cardiovascular, and gastrointestinal systems.
- ☐ A pulmonary function test of forced vital capacity (FVC) and forced expiratory volume at one second (FEV 1) in accordance with NIOSH and ATS standards.
- ☐ A chest roentgenogram, posterior-anterior, 14x17 inches (or current film on file) with interpretation in accordance with 29 CFR 1926.1101. (M)(2)(ii)(C).
- ☐ NOTE: According to 29 CFR 1926.1101 (M)(2)(ii)(C), it is up to the discretion of the physician whether or not a chest X-ray is required.
- ☐ The employee was informed by the physician of the results of the exam and of any medical conditions that may result from asbestos exposure including the increased risk of lung cancer attributable to the combined effect of smoking and asbestos exposure.

Unless otherwise noted below, this evaluation indicates that there are no detected medical conditions that would place the employee at an increased risk of material health impairment from exposure to asbestos, and there are no recommended limitations on the employee concerning the use of personal protective equipment or respirator.

Comments or limitations (if any):

  
Provider Signature

10/12/01  
Date

2507 Morced Street, San Leandro, CA 94577  
Phone: (510) 351-3553 Fax: (510) 351-3585

Service Date: 02/08/2002

Patient: Magana, Nelson B.  
SSN: 618-16-7160  
DOB: 10/12/1966  
Gender: M  
Marital Status: M  
Address: 3512 cardinal dr  
CONCORD, CA 94520  
Home Phone: (925) 370-0154  
Work Phone: Ext.:

Job Title: \_\_\_\_\_  
Employer: Labors Trust Fund  
Address: 220 Campus Lane  
\_\_\_\_\_  
SUISUN CITY, CA 94585  
\_\_\_\_\_  
Job Contact: Josephina  
\_\_\_\_\_  
Role: \_\_\_\_\_  
Phone: (510) 569-4761 Ext.: \_\_\_\_\_  
Fax: (510) 569-4763  
\_\_\_\_\_  
Race: ASIAN BLACK HISPANIC INDIAN

The above individual was seen on 02/05/2002 in accordance with: 29 CFR 1026.1101.  
40 CFR 763.121.

The following was performed:

- ☒ Completion and review of the standardized medical questionnaire and work history with special emphasis directed to the pulmonary, cardiovascular, and gastrointestinal systems per Appendix D in 1926.1101.
- ☐ Review of the employer's description of: this employee's duties as they relate to the employee's exposure, the employee's representative or anticipated exposure level, and personal protection equipment to be utilized by the employee.
- ☐ Review of information from previous medical examinations if available.
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Comments or limitations (if any):

Provider Signature

Date \_\_\_\_\_



State of California Department of Health Services

Lead-Related  
Construction Certificate Worker

Certificate

Expiration Date

09/05/2002



**Hermilo Tapia**

**ID # 5483**

State of California Department of Health Services

Lead-Related  
Construction Certificate Worker

Certificate

Expiration Date  
01/13/2003



Estanislao D. Murcia

ID # 4420

Environmental Safety Training Professionals Ltd

4878 Pasadena Avenue, Suite 11  
Sacramento CA 95841  
800 968-0590

Hermilo Tapia

has successfully completed

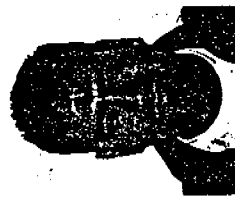
Section 206 of TSCA Title II (AHERA)

Asbestos Contractor/Supervisor Refresher

03/23/02 03/23/03

Course Date

Expiration Date



Certification Number: **SL998** Social Security Number **616-94-7209**  
Division Approval # CA-006-04 Authorized Signature *Michael Snider*  
Michael Snider or Neta Snider

**Concentra Occupational Med Centers**  
 2547 Mercero Drive, San Leandro, CA 94577  
 Phone: (510) 351-3543 Fax: (510) 351-3545  
**Medical Surveillance - Asbestos**

Service Date: 07/22/2002

|                                             |                                                      |
|---------------------------------------------|------------------------------------------------------|
| <b>Patient:</b> Murcia, Estanislao          | <b>Job Title:</b> _____                              |
| <b>SSN:</b> 618-16-8455                     | <b>Employer:</b> Labors Trust Fund                   |
| <b>DOB:</b> 01/13/1949                      | <b>Address:</b> 220 Campus Lane                      |
| <b>Gender:</b> M                            | <b>SUISUN CITY, CA 94585</b>                         |
| <b>Marital Status:</b> M                    | <b>Job Contact:</b> Josephina                        |
| <b>Address:</b> 1455 15th St #8             | <b>Role:</b> _____                                   |
| <b>SAN FRANCISCO, CA 94103</b>              | <b>Phone:</b> (510) 569-4761 <b>Ext.:</b> _____      |
| <b>Home Phone:</b> (415) 861-6795           | <b>Fax:</b> (510) 569-4763                           |
| <b>Work Phone:</b> _____ <b>Ext.:</b> _____ | <b>Race:</b> ASIAN BLACK HISPANIC INDIAN WHITE OTHER |

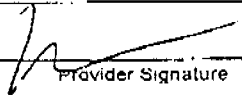
The above individual was seen on 07/22/2002 in accordance with: 29 CFR 1926.1101.  
40 CFR 763.121.

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- ☒ Completion and review of the standardized medical questionnaire and work history with special emphasis directed to the pulmonary, cardiovascular, and gastrointestinal systems per Appendix D in 1926.1101.
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Comments or limitations (if any): \_\_\_\_\_


  
Provider Signature

 7/22/02  
 Date

Evaluation - Asbestos Medical Surveillance

Page 1 of 1

Revision Date: 07/21/1999

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Name: Fax 3 Aug 8 2002.tif  
 Dimensions: 1728 x 2073 pixels



NATEC INT'L

Nelson B. Magana

Name

Signature

Course Date: 1/18/02

Certification: OAK-17418

Exam Date: N/A

S.S.N: 618-16-7160

Expires: 1/18/03

Authorized Signature: Mikes Rojas Training Director

HT: 5'6" WT: 155 AGE: 35  
SEX: M HAIR: Brn EYES: Brn

*This Card Certifies that Nelson B. Magana has attended and satisfactorily passed mandated course requirements for:*

Asbestos Contractor Supervisor Refresher Per 40 CFR 763

Course Approval Number: CA - 015 - 04

Cal-OSHA Competent Person Refresher Course Per 8

CCR 1529 (AHERA Section 206 under Title II on the TSCA, 15 U.S.C 2646)

JANUS CORPORATION

# QUALITATIVE RESPIRATOR FIT

NAME OF RECIPIENT: Daniel Murcia

SOCIAL SECURITY NO: 618-16-8455

## DESCRIPTION OF TEST:

1. RESPIRATOR IS DONNED AND STRAPS ADJUSTED.
2. VISUAL CHECK IS MADE TO ENSURE TIGHT FIT AROUND FACIAL CONTOURS.
3. EXHALATION/INHALATION AND SIMULATED MOUTH MOVEMENT TEST ARE PERFORMED.
4. IRRITANT SMOKE USED TO CHECK FIT. PROPER FIT IS OBTAINED IF SUBJECT IS NOT MADE TO COUGH BY SMOKE PLUME.

RESPIRATOR MODEL: NORTH X 3M       

RESPIRATOR TYPE: PAPR, FULL FACE AND/OR HALF FACE

SUPERVISOR SIGNATURE: C. Malle SIZE: S        M X L         
DATE 4/8/02

\*\*EXPIRATION DATE IS ONE YEAR FROM TEST DATE\*\*

**Concentra Occupational Med Centers (LAX)**

Service Date: 09/13/2002

2547 Marconi Street San Leandro, CA 94577  
Phone: (510) 351-3333 Fax: (510) 351-3288

**Medical Surveillance - Asbestos**

Patient: Razo, Jose  
SSN: 558-94-0376  
DOB: 07/07/1969  
Gender: M  
Marital Status: S  
Address: 100 Tangle wood Court  
VALLEJO, CA 94589  
Home Phone: (707) 648-2773  
Work Phone: Ext.:

Job Title: \_\_\_\_\_  
Employer: Labors Trust Fund  
Address: 220 Campus Lane  
SUISUN CITY, CA 94585  
Job Contact: Josephina Duenas  
Role: \_\_\_\_\_  
Phone: (510) 569-4761 Ext.: \_\_\_\_\_  
Fax: (510) 569-4763

Race: ASIAN BLACK HISPANIC INDIAN WHITE OTHER

The above individual was seen on 09/13/2002 in accordance with: 29 CFR 1926.1101.  
40 CFR 763.121.

**The following was performed:**

- ☒ Completion and review of the standardized medical questionnaire and work history with special emphasis directed to the pulmonary, cardiovascular, and gastrointestinal systems per Appendix D in 1926.1101.
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Comments or limitations (if any) \_\_\_\_\_

Provider Signature

Date



# NATEC INT'L

**Estanislao D. Murcia**

Name

Signature

Course Date: 08/9/02      Certification: OAK-18042  
Exam Date: N/A      S.S.N: 618-16-8455  
Expires: 08/9/03

Authorized Signature:  Moises Rojas Training Director



State of California Department of Health Services

Lead-Related  
Construction Certificate Worker

Certificate

Expiration Date

07/07/2002



Jose L. Razo

ID # 2636

10 483 5734

Mar. 16 2002 12:10PM P-1

# Environmental Safety Training Professionals Ltd

4878 Pasadena Avenue, Suite 11

Sacramento CA 95841

(916) 968-0376



**JOSE LUIS NASSO**

has successfully completed

~~Contractor/Supervisor Refresher~~

03/16/02 03/16/03

Course Date

Expiration Date

Professional Number: 51300

Division Approval # CA-096-04

Professional Number

Authorized Signature

558 004 0376

Michael Snider or Nela Snider

Janus Corp.

### Medical Surveillance - Asbestos

|                 |                       |
|-----------------|-----------------------|
| Patient:        | Rodriguez, Armando X. |
| SSN:            | 550-29-5277           |
| DOB:            | 08/11/1972            |
| Gender:         | M                     |
| Marital Status: | M                     |
| Address:        | 1958 86th. Ave.       |
|                 | OAKLAND, CA 94621     |
| Home Phone:     | (510) 639-0906        |
| Work Phone:     | Ext.:                 |

Job Title: \_\_\_\_\_  
Employer: Labors Trust Fund  
Address: 220 Campus Lane  
SUHSUN CITY CA 94585  
Job Contact: Josephina  
Role: \_\_\_\_\_  
Phone: (510) 569-4761 Ext.: \_\_\_\_\_  
Fax: (510) 569-4763  
Race: ASIAN BLACK HISPANIC IND

The above individual was seen on 01/18/2002 in accordance with: 29 CFR 1926.1101.  
40 CFR 763.121.

**The following was performed:**

- ☒ Completion and review of the standardized medical questionnaire and work history with special emphasis directed to the pulmonary, cardiovascular, and gastrointestinal systems per Appendix D in 1926.1101.
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Comments or limitations (if any): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Provider Signature

Date \_\_\_\_\_