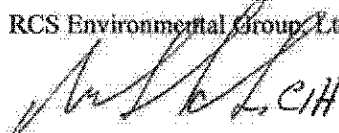


4. Document significant contractor work practices and activities in a daily project log, including contractors daily manpower, daily progression of the work, scope changes or modifications, and daily air monitoring results.

Should you have any questions regarding this Asbestos Sampling Plan, please feel free to contact me at (216) 378-0997. We look forward to the opportunity of working with you and Precision Environmental on this project.

Sincerely,

RCS Environmental Group Ltd.



Michael Schmidt, CIH
President



EXHIBIT 2



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION 5
EMERGENCY RESPONSE BRANCH 1
25089 CENTER RIDGE ROAD
WESTLAKE, OH 44140

August 5, 2011

VIA UPS

Patrick J. Thomas, Esq.
Janik L.L.P.
9200 South Hills Boulevard
Suite 300
Cleveland, Ohio 44147-3521

Mark Scarpitti, Esq.
Oldham Kramer
195 South Main Street
Akron, Ohio 44308

Re: Cleveland Trencher Superfund Site, Euclid, OH
Unilateral Administrative Order (EPA Docket No. V-W-10-C-950)
Approval of Removal Action Work Plan

Dear Mssrs. Thomas and Scarpitti:

The U.S. Environmental Protection Agency (EPA), Region 5, has completed its review of the various draft removal action work plan documents you submitted to the EPA on behalf of your respective clients, Safe Environmental and the Joseph J. Piscazzi Revocable Living Trust, in response to the Unilateral Administrative Order (EPA Docket No. V-W-10-C-950) dated June 21, 2010, and the Order Amendment dated July 27, 2010 (collectively, the "UAO"). In particular, the EPA has completed its review of the following submissions:

- the document titled "Cleveland Trencher; Asbestos Abatement & Hazardous/Regulated Cleanup; Euclid, OH; Health & Safety Submittals" (hereinafter, the "Removal Action Work Plan") prepared by Precision Environmental Co. ("Precision"), dated July 26, 2011, and submitted to the EPA on July 26, 2011, and
- the document titled "Site Specific Work Plan and Health and Safety Plan: Asbestos Abatement and Hazardous/Regulated Waste Cleanup" prepared by Precision and submitted to the EPA on August 1, 2011, as a revision to the above document.

429-8
8/9/11

The above were preceded by the July 8, 2011, Notice of Intent to Comply letters you each sent to the EPA on behalf of your respective clients, indicating their present intent to together conduct the work required by the UAO.

By this letter, the EPA hereby approves the Removal Action Work Plan dated July 26, 2011, subject to the subsequent August 1, 2011 revision. This approval includes the implementation schedules contained in the Removal Action Work Plan. Upon approval, the Removal Action Work Plan, its schedules, and any subsequent modifications shall be incorporated into the UAO and shall be fully enforceable under the UAO.

Precision and its subcontractor, RCS Environmental Group LLC, may contact me at (440) 250-1718 or (440) 241-3620 if there are questions pertaining to implementation of the approved Removal Action Work Plan. Please direct any legal questions to Kevin Chow, Associate Regional Counsel, at (312) 353-6181. Thank you for your anticipated cooperation in this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Stephen Wolfe for SW". The signature is fluid and cursive, with the initials "SW" written in a larger, more distinct font at the end.

Stephen Wolfe
On-Scene Coordinator

EXHIBIT 3



INVOICE

5500 Old Brecksville Road • Independence, Ohio 44131
 (216) 642-6040 • fax (216) 642-6041

Invoice Date Customer ID Invoice ID
 10/31/2011 64412 27575

Work Order

To.
 Safe Environmental Corporation
 c/o Mr Patrick Thomas
 Janic L.L.P.
 9200 South Hills Boulevard
 Cleveland, OH 44147

Job Location
 1105205
 Cleveland Trencher
 20100 St. Clair Avenue
 Cleveland, OH

Description	Amount
Work performed at Cleveland Trencher	
Base Work	
Work Plan	3,000.00
Asbestos Abatement - 792 Tons	189,000.00
Monitoring	14,740.00
	206,740.00
Additional Tonnage (Total Tons 1,637.14)	
845 divided by 12 Tons = 70.42 and 1390	97,883.00
	304,623.00
Less Cap Guarantee	-9,003.00

Amount Billed \$295,620.00
 Total Tax

Due Date: 11/30/2011

Invoice Amount \$295,620.00

JLLP-PRECISION 000001



Cleveland Trencher

Cost Recap

Base Work:

Work Plan	\$ 3,000.00
Asbestos Abatement (792 tons)	\$ 189,000.00
Monitoring	\$ 14,740.00
Sub-Total	\$ 206,740.00

Additional Tonnage (Total Tons 1,637.14):

845/12	
70.42 * 1,390	
	\$ 97,883.00
Sub-Total	\$304,623.00
Less Cap Guarantee	(\$ 9,003.00)

Total Amount Due \$295,620.00

Precision Environmental Company
Precision ProCut

Respirator Assignment and Fit Test

A successful respirator fit test has been completed by the individual named below using the respirator fit test procedure mandated in 29 CFR 1910.134 Appendix A

Name Kenny Yates SSN Number (last 4 digits) xxx-xx-4117 Date 03-19-11

Address (street, city, state, zip) 22354 Harms Rd, Richmond Hts, Ohio 44143

Respirator Model Size Pass/Fail

<input checked="" type="checkbox"/> Smith 550/7700 Half Face	S <input type="checkbox"/> M <input type="checkbox"/> L <input checked="" type="checkbox"/>	P <input checked="" type="checkbox"/> F <input type="checkbox"/>
<input checked="" type="checkbox"/> 3M Powerflex Full Face PAPR	S <input type="checkbox"/> M <input type="checkbox"/> L <input checked="" type="checkbox"/>	P <input checked="" type="checkbox"/> F <input type="checkbox"/>
<input type="checkbox"/> Other	S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/>	P <input type="checkbox"/> F <input type="checkbox"/>

Annual Respirators Protection Training completed per 29 CFR 1910.134: Yes No

Annual medical evaluation completed: Yes No

Type of Fit Test: Qualitative Quantitative

Type of Qualitative Test: Instant smoke Baseline oil Saccharine

I hereby certify that the above named employee has been properly fit tested per the referenced and attached procedures

Frank Lasic
Site Administrator Name

[Signature]
Signature

Kenny Yates
Employee Name

[Signature]
Signature



PRECISION ENVIRONMENTAL COMPANY
PRECISION PROCUT
RESPIRATOR QUALIFICATION

Patient Name Kenny Yates

SSN (last 4) XXX - XX - 4117

This letter certifies that the above named individual has been evaluated and completed the medical surveillance program provided by Precision Environmental and Precision ProCut. The medical surveillance program meets or exceeds the requirements of 28 CFR 1910.120, 29 CFR 1910.134 and 29 CFR 1926.1101

The healthcare provider for this surveillance examination is:

Concentra Medical Centers
4680 Hinckley Industrial Parkway
Cleveland, Ohio 44109

The above named patient has been examined in accordance with the above requirements and has been found to be:

- Qualified for respirator use without restrictions
- Not qualified for respirator use

[Signature]
Physician Signature

11/19/10
Date (print clearly or type)

Remigio Aballo, M.D.
Printed Physician Name



Asbestos Contractor Supervisor Refresher

Certificate

This is to certify

Kenny Yates

XXX-XX-4117



has attended and successfully completed the Asbestos Hazard Emergency Response Act mandatory course for the Asbestos Contractor Supervisor Refresher and has passed an examination in that course with a minimum score of 70% or better. Training was in accordance with 40 CFR Part 763 (MHR-A). The above student received the requisite training for asbestos accreditation under Title II of the Toxic Substances Control Act, State of Indiana requirements under 326 IAC 18-2, Chapter 3701-34 Ohio Administrative Code, and the Illinois Department of Public Health (IDPH) under sections 615-120 of Title 77. IDPH recognition based on student request.

Training Manager	Expiration Date	Date(s) of Course	Examination Date	Course Location
<i>[Signature]</i>	2/19/12	2/19/11	2/19/11	Independence, OH

TSI
33180 Lakeland Blvd.
Cleveland, OH 44135
1-866-663-9438

11 TSI 38777 csr

State of Ohio
Department of Health
Division of Quality Assurance - Asbestos Program

Asbestos Hazard Abatement Specialist

Kenneth A Yates
Precision Environmental Company
5500 Old Brockville Road
Independence OH 44131



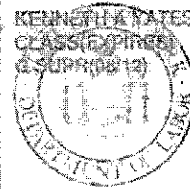
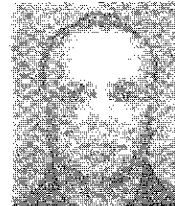
Certification Number **AS2553** Expiration Date **03/05/2012**

DOB: 08/31/1949

This certification is issued pursuant to Chapter 3716 of the

Certification Card is

STATE OF NEW YORK - DEPARTMENT OF LABOR
ASBESTOS CERTIFICATE



CERT# 08-11704
DUVR# 774226891

MUST BE CARRIED ON ASBESTOS PROJECTS

CERTIFICATE OF ACHIEVEMENT



Construction Industry Service Program of Greater Cleveland

honors

Ken Yates

for achievement in completing

OSHA 30-HOUR FOR CONSTRUCTION

AUGUST 4, 11, 18, 2006

John P. ...
JOHN P. ...
ADMINISTRATOR

Wayne J. Creasap
WAYNE J. CREASAP
DIRECTOR OF SAFETY/EDUCATION

Darlene Fossum
DARLENE FOSSUM
OSHA
CONSTRUCTION TEAM LEADER

Wayne J. Creasap
WAYNE J. CREASAP
DIRECTOR OF SAFETY/EDUCATION

PRECISION Environmental Company
5723 Schust Road - Independence, Ohio 44131 (216) 642-4640

Certifies that

KENNETH A. YATES
818 Wayside Avenue, Cleveland, Ohio 44110

Successfully completed the course on

LEAD HAZARD AWARENESS

Conducted in accordance with 29 CFR 1926.112

Course Date: March 16, 1996
Certificate Number 031405142

[Signature]
Precision Environmental

HAZARDOUS WASTE WORKER REFRESHER TRAINING COURSE

NAME: Kenneth Yates	
S.S.N.: XXX-XX-4117	
DATE COMPLETED INITIAL COURSE: 2/10/06	REFRESHER COMPLETION DATE: 3/10/07
NEXT REFRESHER TRAINING DUE WITHIN ONE YEAR OF THE REFRESHER COMPLETION DATE: 3/10/08	
CERTIFICATE #: 277504117HWR0307	

COMPLIES WITH OSHA REGULATION 29 CFR 1910.120

HAZARDOUS MATERIALS TECHNICIAN

This certificate of completion is awarded to

Kenny Yates

The completion of this program of Hazardous Materials Technician training was conducted by Precision Environmental

LABORERS-AGC EDUCATION AND TRAINING FUND

37 Deerfield Road
P.O. Box 37
Pomfret Center, CT 06259
(860) 974-0800

University of Cincinnati

Occupational Health & Safety Continuing Education Program
Co-Sponsored by *Training Services International*

Kenny Yates

Precision Environmental
5500 Old Crosswite Road
Independence OH 44131

Has Successfully Completed the
Lead Safety for Renovation, Repair and Painting Initial Training Course

[Signature]
Program Director
R-18459-10-02513

Certificate Number
08/2010

Issue Date: **August - English**

[Signature]
Course Date: **5/15/10**

Occupational Health & Safety Continuing Education, LLC 2340 E. Gallweath Rd., 5th Floor, Cincinnati, OH 45227-0225 (513) 755-1100
www.ohsa.edu

10 TSI 35603 RRP

American Heart Association
HeartsaverSM First Aid
Learn and Live

Kenny Yates
This card certifies that the named individual has successfully completed the Heartsaver First Aid course in accordance with the current AHA curriculum.

Training Center: **OSHA 216-337-0485**

Health Completion: **First Aid, CPR & AED**

Expiry Date: **APRIL 2012**

Trainer: **CRAIG DUMING, BN-CINN-ENCC-EMT**

In the center of the module, RCT completed. This card contains unique security features to protect against forgery.

State of Ohio
Department of Consumer & Industry Services

Scott Cline

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:
A30045

Expiration Date:
09/03/2003

46047



Asbestos Worker Refresher

certificate

is to certify

Scott Cline

XX-XX-1222



attended and successfully completed the Asbestos Hazard Emergency Response Act mandatory course for the Asbestos Worker Refresher and has received an examination in that course with a minimum score of 70% or better. Training was in accordance with 40 CFR Part 763 (AHERA). The above person received the requisite training for asbestos accreditation under Title II of the Toxic Substances Control Act, State of Indiana requirements or 326 IAC, 18-2, Chapter 3701-34 Ohio Administrative Code, and the Illinois Department of Public Health under section 833.120 of Title 77

Course Title	3/5/12	3/5/11	3/5/11	Independence, OH
Training Manager	Expiration Date	Date(s) of Course	Examination Date	Course Location

10 Labeled Blvd.
Independence, OH 44131
614-441-1119

11 TSI 39096 wr

Department of Consumer & Industry Services
Commission of Training

Scott Cline

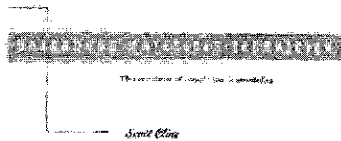
has satisfactorily completed the Safety training course

for

Confined Space Entry

Granted July 02, 2002

[Signature]
Commissioner



Scott Cline

For compliance of these laws of the State of Ohio, I certify that the above named person has received the requisite training for asbestos accreditation under Title II of the Toxic Substances Control Act, State of Indiana requirements or 326 IAC, 18-2, Chapter 3701-34 Ohio Administrative Code, and the Illinois Department of Public Health under section 833.120 of Title 77

Precision Environmental

State of Ohio
Department of Health
Division of Quality Assurance - Asbestos Program

Asbestos Hazard Abatement Worker

Scott L. Cline
Precision Environmental
5500 Old Brecksville Road
Independence OH 44131

Certification Number: WK54096
Expiration Date: 08/06/2012

DOB: 05/27/1974

This certification is issued pursuant to Chapter 3701-34 of the Revised Code and 3701-34 of the Ohio Administrative Code.



PRECISION ENVIRONMENTAL COMPANY
PRECISION PROCut
RESPIRATOR QUALIFICATION

Patient Name:

Scott Cline

SSN: (last 4)

XXX XX 1222

This letter certifies that the above named individual has been evaluated and completed the medical surveillance program provided by Precision Environmental and Precision ProCut. The medical surveillance program meets or exceeds the requirements of 29 CFR 1910.120, 29 CFR 1910.134 and 29 CFR 1926.1101.

The healthcare provider for this surveillance examination is:

Concentra Medical Centers
4660 Hinesley Industrial Parkway
Cleveland, Ohio 44108

The above named patient has been examined in accordance with the above requirements and has been found to be:

- Qualified for respirator use without restrictions
- Not qualified for respirator use

[Signature]
Physician Signature

5/23/11
Date (Print clearly or type)

Chas Maravattmo
Printed Physician Name

Precision Environmental Company
Precision ProCut

Respirator Assignment and Fit Test

A successful respirator fit test has been completed by the individual named below using the procedure in 29 CFR 1910.134 Appendix A.

Scott Cline XXX-XX-1222 5/23/11
Name SSN Number (last 4 digits) Date

4744 Wood Edge, Brecksville, Ohio 44131
Address (street, city, state, zip)

Respirator Model	Size	Pass	Fail
<input checked="" type="checkbox"/> North 550/07780 Half Face	<input type="checkbox"/> S <input type="checkbox"/> M <input checked="" type="checkbox"/> L	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> 3M Powerflow Full Face PAPR	<input type="checkbox"/> S <input type="checkbox"/> M <input checked="" type="checkbox"/> L	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L	<input type="checkbox"/>	<input type="checkbox"/>

Annual Respiratory Protection Training completed per 29 CFR 1910.134: Yes No

Annual medical evaluation completed: Yes No

Type of Fit Test: Qualitative Quantitative

Type of Qualitative Tests: Irritant smoke Humid oil Saccharin

I hereby certify that the above named employee has been properly fit tested per the referenced standard procedures.

[Signature]
Precision Environmental

United Rentals Rent the Right Equipment
Right Now

Scott Cline
Name of Operator

Has completed an instructional program which covered the safe and proper operation of equipment listed on the reverse.

3-1-06 W. H. Valentino
Date Instructor Signature

I have received instruction on the models listed below.

Type	Model	Instructor	Date
Articulating/Telescopic Boom Lifts			
Scissor Lifts			
		B. Valentino	03-01-06

Precision Environmental Company Certificate of Training

Scott Cline

Has Successfully Completed Training
for
Lead Awareness

Granted: July 8, 2008

Marc Garland
Marc Garland, CSP
Safety Director

OSHA 29 CFR 1926.62

Asbestos Abatement Worker

Scott L. Cline
c/o Precision Environmental
6500 Old Brakesville Road
Independence, OH 44131

Accreditation Number: A30046
Expiration Date: 12/31/12

DOB: 05/27/49

This mark is the property of the International Brotherhood of Teamsters, Local 1000, and is used under license. All rights reserved. © 2008 International Brotherhood of Teamsters, Local 1000. All other marks are the property of their respective owners.

HAZARDOUS MATERIALS OPERATOR

This certificate is awarded to

Scott Cline

For completion of eight hours of annual hazardous materials refresher training

Precision Environmental Co. Independence, Ohio

Hitt Consulting

Beira Hitt
Beira Hitt, CSP, CHMM

January 08, 2011

JLLP-PRECISION 000006

**Precision Environmental Company
Precision ProCut**

Respirator Assignment and Fit Test

A successful respirator fit test has been completed by the individual named below using the respirator fit test procedure mandated in 29 CFR 1910.134 Appendix A.

Name: James O'Malley SSN: XXX-XX-1708 Title: 3/6/11

Address (street, city, state, zip): 1134 W. ... Cleveland, Ohio 44114

Respirator Model	Size	Pass	Fail
<input type="checkbox"/> North 5400 (Full Face)	S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> IM Powerflow Full Face PAPR	S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other	S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Minimum Respiratory Protection Training completed per 29 CFR 1910.134: Yes No
 Annual medical evaluation completed: Yes No
 Type of Fit Test: Qualitative Quantitative
 Type of Qualitative Test: Isotest Humantest Sealcheck

I hereby certify that the above named employee has been properly fit tested per the procedures and internal procedures.

Test Administrator Name: James O'Malley
 Employee Name: James O'Malley



**PRECISION ENVIRONMENTAL COMPANY
PRECISION PROCUT**

RESPIRATOR QUALIFICATION

Patient Name: James O'Malley

SSN (last 4): XXX-XX-1708

The doctor certifies that the above named individual has been evaluated and completed the medical surveillance program provided by Precision Environmental and Precision ProCut. The medical surveillance program meets or exceeds the requirements of 29 CFR 1910.120, 29 CFR 1910.134 and 29 CFR 1928.1101.

The healthcare provider for this surveillance examination is:

Concentra Medical Centers
4600 Hincley Industrial Parkway
Cleveland, Ohio 44103

The above named patient has been examined in accordance with the above requirements and has been found to be:

- Qualified for respirator use without restrictions
- Not qualified for respirator use

Chris Marquardt
Physician Signature

1/2/11
Date (print clearly or type)

Chris Marquardt MD
Printed Physician Name

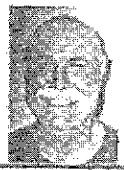


Asbestos Worker Refresher

Certificate

This is to certify

James Edward O'Malley
XXX-XX-1708



has attended and successfully completed the Asbestos Hazard Emergency Response Act mandatory course for the Asbestos Worker Refresher and has passed an examination in that course with a minimum score of 70% or better. Training was in accordance with 49 CFR Part 763 (AHEHA). The above student received the requisite training for asbestos abatement under Title II of the Toxic Substances Control Act, State of Indiana requirements under 326 IAC 18-2, Chapter 3701-34 Ohio Administrative Code, and the Illinois Department of Public Health under section 635.120 of Title 77.

Training Manager	Expiration Date	Date(s) of Course	Examination Date	Course Location
<u>Robert ...</u>	3/5/12	3/5/11	3/5/11	Independence, OH

TSI
53150 Lakeland Blvd.
Cleveland, OH 44125
1-866-665-3438

11 TSI 39088 WZ

WEST VIRGINIA
Asbestos Program

James E. O'Malley

IS LICENSED AS AN
ASBESTOS WORKER

License # **AW009148**
 Issued: **3/29/2011**
 Expires: **3/31/2012**

Randy C. Curtis Dir., WV RTIA DIV

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF LABOR AND INDUSTRY
ASBESTOS OCCUPATIONS CERTIFICATION

JAMES E. O'MALLEY
5500 O.D. BRACKSVILLE RD
INDEPENDENCE OH 44131



Division of Occupational Safety and Health
Asbestos Hazard Abatement Worker

James E O'Malley
Precision Environmental
5500 Old Bracksville Road
Independence OH 44131

Certification Number: **WK514663** Expiration Date: **04/03/2012** DOB: **10/19/1955**

BirthDate: 10/19/55 Certification Number: 054092
 Sex: M Class: WORKER
 Eyes: haz Issue Date: 10/06/10
 Height: 6 03 Expiration Date: 09/25/11

INSTRUCTIONS

To receive an Asbestos Occupations Certification Photo Identification card, take this form and a second form of PHOTO IDENTIFICATION to any PennDOT photo drivers license center (See enclosed list).

Check the printed information on this form. If an error has been made in printing, notify the Bureau of Occupational & Industrial Safety IMMEDIATELY at (717) 772-3336. Do NOT make any corrections on this form.

This form is valid as a temporary Asbestos Occupations Certification for 30 days from the ISSUE DATE. After 30 days, the form is not valid as an Asbestos Occupations Certification.

HI-LO CLIMBERS

Does certify that the following employees representing
PRECISION ENVIRONMENTAL

have attended a training seminar on fall arrest equipment and the proper operation of Hi-Lo Climbers equipment.

James O'Malley	Terry Denholm	Styland Marsh
Anthony Tomaro	Chris Toon	James Swofford
Dave Hancock	Frank Mroczka	Richard Marks
	William Church	

Handwritten Signature
Inspector

November 11, 2004

State of Michigan
Department of Consumer & Industry Services

James O'Malley

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
A30099

Expiration Date
09/11/2003

ISBN 06-274-1036

Form 3021 (3/01) Use Only: Add 600 of 1000, as required

59188

46211

COMMONWEALTH OF KENTUCKY
DEPARTMENT FOR ENVIRONMENTAL PROTECTION
DIVISION FOR AIR QUALITY
CONFIRMS THAT

JAMES EDWARD O'MALLEY

Has fulfilled the training requirements of 401 KAR 38-005 and is
ACCREDITED as an

ASBESTOS ABATEMENT WORKER

Date Issued **09-17-02**

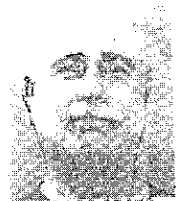
Expires **08-08-03**

Handwritten Signature
Parker H. Moore
Branch Manager

Handwritten Signature
John S. Lyons
Director

No. **W02-09-1518**

STATE OF NEW YORK - DEPARTMENT OF LABOR
ASBESTOS CERTIFICATE



JAMES E O'MALLEY
CLASS (EXPIRES)
A-HAND (10/11)



CERT# 06-07174
DMV# 28892980

MUST BE CARRIED ON ASBESTOS PROJECTS

COMMUNITY Medical Centers
MEDICAL EXAMINER'S CERTIFICATE

James O'Malley

Training Certificate Issued Group when an exempt already held (see 125.120.1)

Issued for a specific project Renewal by a Self-Performance Evaluation Certificate

Issued for a specific project Renewal by a Self-Performance Evaluation Certificate

Handwritten Signature **Chris M...** **7/12/04**
Handwritten Signature **Chris M...**
Handwritten Signature **James E O'Malley** **7/12/04**
4324 W 66TH CLEVELAND OH

Ohio Department of
PUBLIC HEALTH
ASBESTOS WORKER LICENSE

WORKER ID **057309059** ISSUED **2/7/2008** EXPIRES **2 / 2009**

JAMES EDWARD O'MALLEY
4324 W 66TH ST
CLEVELAND, OH 44144

Environmental Health
See Reverse for Endorsements



Asbestos Abatement Worker

James Edward O'Malley
Precision Environmental Solutions
6500 Old Brecksville Road
Independence, OH 44131

Accreditation Number: **A30099** Expiration Date: **09/11/2003**

008-101-91365



Precision Environmental Company
Precision ProCut

Respirator Assignment and Fit Test

A successful respirator fit test has been completed by the individual named below using the respirator fit test procedure mandated to 29 CFR 1910.134 Appendix A.

Richard L. Robinson Jr. XXX-XX-9757 7/19/11
Name SS Number (last 4 digits) Date

4675 E 147 Cleveland, OH 44128
Address (include city, state zip)

Respirator Model: N95 (500/700) Half Face M L Pass Fail
 PAM Powerflow Full Face PAPR M L Pass Fail
 Other: _____ M L Pass Fail

Annual medical evaluation completed: Yes No

Type of Fit Test: Qualitative Quantitative

Type of Qualitative Test: Irritant smoke Bozant oil Saccharin

I hereby certify that the above named employee has been properly fit tested per the referenced and attached procedures.

Signature of Supervisor: Stephen Sroufe
Signature of Employee: Richard L. Robinson Jr.

Employee Name: Richard L. Robinson Jr.
Signature

PRECISION ENVIRONMENTAL COMPANY
PRECISION PROCUT

RESPIRATOR QUALIFICATION

Patient Name: Richard Robinson Jr.

SSN (last 4) XXX - XX - 9757

This letter certifies that the above named individual has been evaluated and completed the medical surveillance program provided by Precision Environmental and Precision ProCut. The medical surveillance program meets or exceeds the requirements of 29 CFR 1910.120, 29 CFR 1910.134 and 29 CFR 1926.109.

The healthcare provider for this surveillance examination is:

Concentra Medical Centers
4660 Hincley Industrial Parkway
Cleveland, Ohio 44109

The above named patient has been examined in accordance with the above requirements and has been found to be:

Qualified for respirator use without restrictions
 Not qualified for respirator use

Physician Signature: [Signature]
Date (print clearly or type): 6/24/11
Printed Physician Name: [Name]



Asbestos Contractor Supervisor Refresher

Certificate

This is to certify

Richard L. Robinson Jr.

XXX-XX-9757



has attended and successfully completed the Asbestos Hazard Emergency Response Act mandatory course for the Asbestos Contractor Supervisor Refresher and has passed an examination in that course with a minimum score of 70% or better. Training was in accordance with 29 CFR Part 763 (AHERA). The above student received the requisite training for asbestos recertification under Title II of the Toxic Substances Control Act, State of Indiana requirements under 326 IAC 16-2, Chapters 3701-34 Ohio Administrative Code, and the Illinois Department of Public Health (IDPH) under section 833.120 of Title 77. IDPH recertification based on student request.

Table with 5 columns: Head Trainer, Expiration Date, Date(s) of Course, Examination Date, Course Location. Row 1: Head Trainer, 3/19/12, 3/19/11, 3/19/11, Independence, OH

TSI
1150 Lakeside Blvd.
Cleveland, OH 44115
1-800-446-8400

11 TSI 39269 csr

RICHARD L. ROBINSON JR.
PRECISION ENVIRONMENTAL
560 OLD BRECKSVILLE RD
INDEPENDENCE OH 44131



idate: 05/07/65
H
BLK
5 08

Certification Number: 019826
Class: SUPERVISOR
Issue Date: 11/02/06
Expiration Date: 09/09/07

INSTRUCTIONS

Receive an Asbestos Occupations Certification Photo Identification card, to be this form second form of PHOTO IDENTIFICATION to any PennDOT photo drivers license center (enclosed list).

If the printed information on this form. If an error has been made in printing, notify road of Occupational & Industrial Safety IMMEDIATELY at (717) 772-5356. Do NOT any corrections on this form.

This form is valid as a temporary Asbestos Occupations Certification for 30 days from the DATE. After 30 days, the form is not valid as an Asbestos Occupations Certification, may be used to process a Photo Identification Card until the EXPIRATION DATE.

State of Ohio Department of Health Division of Quality Assurance - Asbestos Program
Asbestos Hazard Abatement Specialist
Richard L. Robinson, Jr.
Precision Environmental Company
5500 Old Brecksville Road
Independence OH 44131
Certification Number: AS28657
Expiration Date: 02/13/2012
DOB: 05/07/1965
This certification is issued pursuant to Chapter 3701 of the Ohio Administrative Code.

Asbestos Contractor Supervisor
Richard L. Robinson Jr.
4675 E. 147th Street
Cleveland, OH 44130
Address: [Address]
Phone: [Phone]

HAZARDOUS MATERIALS TECHNICIAN

This certificate is awarded to

Richard Robinson

For completion of eight hours of annual hazardous materials refresher training

Practitioners are encouraged to informate this



Paul West
Brian Hill, CSP, CHMM

January 08, 2011

RESPONSE UNLIMITED

CERTIFIES THAT

RICH ROBINSON

HAS ATTENDED THE COURSE AND SUCCESSFULLY COMPLETED STUDIES IN

OSHA CONFINED SPACE ENTRY TRAINING

Chris P. Lopez
INSTRUCTOR

PRECISION Environmental Company

OSHA 600421516



U.S. Department of Labor
Occupational Safety and Health Administration

RICK ROBINSON, JR.

has successfully completed a 30-hour Occupational Safety and Health Training Course in

Construction Safety & Health

Jerry Brown
JERRY R. BROWN

3-27-09
(Date)

University of Cincinnati
Occupational Health & Safety Continuing Education Program
Co-Sponsored by *Training Services International*

Richard L. Robinson Jr.

Precision Environmental
6500 Old Brecksville Road
Independence OH 44131



Has Successfully Completed the
Lead Safety for Renovation, Repair and Painting Initial Training Course

John Russell

Program Director

R-19499-10-02908

Course Number

8/8/2010

Issue Date

Language - English



John Russell

Course Manager

5/15/10

Course Code

Occupational Health & Safety Continuing Education, CC Building Campus, 2184 J. Gate with, Mt. Hill, Cincinnati, OH 45221-1628, 513-624-3736, www.ucc.edu

10 TSI 35398 RRP1

PRECISION Environmental Company
6500 Old Brecksville Road, Independence, Ohio 44131 (513) 641-6000

Certifies that

RICH ROBINSON
6500 Old Brecksville Road, Independence, Ohio 44131

Successfully completed the course on

LEAD HAZARD AWARENESS

Conducted in accordance with 29 CFR 1926.62

Course Date April 21, 2009
Course Number 09100001

Chris P. Lopez

Heartsaver® First Aid
Richard Robinson Jr.

Training Center: OHIO 216-337-9485

TO Address/Contact Info: Health Corp/Intensive Care ACLS & CPR

Course Location: OHIO

Instructor: CRAIG DUNNING RN-CORN-TNCC-EMT

Holder's Signature: [Signature]

Issue Date: APRIL 2009

Heartsaver® First Aid
Richard Robinson

Training Center: OHIO 216-337-9485

TO Address/Contact Info: Health Corp/Intensive Care ACLS & CPR

Course Location: OHIO

Instructor: CRAIG DUNNING RN-CORN-TNCC-EMT

Holder's Signature: [Signature]

Issue Date: APRIL 2010

PRECISION Environmental Company
6500 Old Brecksville Road, Independence, Ohio 44131 (513) 641-6000

Certifies that

RICHARD ROBINSON

Has successfully completed the course on

POWERED INDUSTRIAL LIFT TRUCKS

Course Date: 8-05-09 Principal Instructor: *Chris Lopez*

PRECISION Environmental Company
6500 Old Brecksville Road, Independence, Ohio 44131 (513) 641-6000

Certifies that

RICHARD ROBINSON

Has successfully completed the course on

MANLIFTS

Precision Environmental Company
Precision ProCut

Respirator Assessment and Fit Test

A successful respirator fit test has been completed by the individual named below using the respirator fit test procedure mandated in 29 CFR 1910.134 Appendix A.

Name: Daniel Schillero SSN (last 4 digits): XXX-XX-7861 Date: 3/5/11

Address (street, city, state, zip): 2831 Wallbrook Ave., Cleveland, Ohio 44129

Respirator Model	Size	Pass	Fail
<input checked="" type="checkbox"/> North 55007500 Half Face	S <input type="checkbox"/> M <input checked="" type="checkbox"/> L <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> 3M Powerflow Half Face PAPR	S <input type="checkbox"/> M <input checked="" type="checkbox"/> L <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other	S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Annual Respiratory Protection Training completed per 29 CFR 1910.134: Yes No

Annual medical evaluation completed: Yes No

Type of Fit Test: Qualitative Quantitative

Type of Quantitative Test: Organic solvent Non-solvent Nebulizer

I hereby certify that the above named employee has been properly fit tested per the referenced and attached procedures.

Leo Administrator Name

Signature



PRECISION ENVIRONMENTAL COMPANY
PRECISION PRO-CUT
RESPIRATOR QUALIFICATION

Patient Name: Daniel Schillero
SSN (last 4): XXX XX 7861

This letter certifies that the above named individual has been evaluated and completed the medical surveillance program provided by Precision Environmental and Precision ProCut. The medical surveillance program meets or exceeds the requirements of 29 CFR 1910.120, 29 CFR 1910.134 and 29 CFR 1926.1105.

The healthcare provider for this surveillance examination is:
Concentra Medical Centers
4860 Rinzley Industrial Parkway
Cleveland, Ohio 44109

The above named patient has been examined in accordance with the above requirements and has been found to be:

- Qualified for respirator use without restrictions
- Not qualified for respirator use

Physician Signature
Date (print clearly or type): 4/27/11

Renele Abello, M.D.
Printed Physician Name



Asbestos Worker Refresher

Certificate

This is to certify

Dan Schillero
XXX-XX-7861



The applicant and successfully completed the Asbestos Hazard Emergency Response Act mandatory course for the Asbestos Worker Refresher and has passed an examination on this course with a minimum score of 70% or better. Training was in accordance with 40 CFR Part 763 (AHERA). The above individual received the requisite training for asbestos abatement under Title II of the Toxic Substances Control Act, State of Indiana requirements under 326 IAC 15-2, Chapter 3701-34 Ohio Administrative Code, and the Illinois Department of Public Health under section 655.120 of Title 77.

Lead Trainer	3/5/12	3/5/11	3/5/11	Independence, OH
Training Manager	Expiration Date	Date(s) of Course	Examination Date	Course Location

TSI
13159 Lakeland Blvd
Cleveland, OH 44105
1-866-656-8455

11 TSI 39086 wr

Division of Public Safety Asbestos Program
Asbestos Hazard Abatement Worker
Daniel J Schillero
Precision Environmental
5500 Old Brecksville Road
Independence, OH 44131
Certification Number: WK517901 Expiration Date: 05/07/2012 DOB: 03/04/1978
This certification is issued pursuant to Ohio Administrative Code Chapter 3701-34 of the Ohio Administrative Code. Certificate Card is not valid if altered.

TSI Training Services International
Dan Schillero
XXX-XX-7861
6-29-2011
GMC BOX TRUCK
QUEST TRAINING

SUNREIT RENTALS
This certifies that
Schillero, Dan
OF
Precision Environmental
has attended the following Forklift Operator Safety Training
Class 7
Forklift Operator
Date: 6/30/2008

Certification Signature

Certificate of Achievement

0210-7

This certificate acknowledges that
Daniel Schillero
Precision Environmental Co.

has demonstrated the competency required of the Level 1
FIT - Finestop Instructional Training Program

This certificate is valid until 12/31/2010

Certified By: *[Signature]* Date: 10/21/10



Specialty Training by
Finestop Environmental Systems
1000 Old Brecksville Rd.
Independence, OH 44131
Phone: 440.325.1100
www.finestop.com



Specialty
Technologies
Inc.

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF LABOR AND INDUSTRY
ASBESTOS OCCUPATIONS CERTIFICATION

DANIEL J. SCHILLERO
9500 OLD BRECKSVILLE RD
INDEPENDENCE OH 44131



Birthdate: 03/09/78
Sex: M
Eyes: HZL
Height: 5 09

Certification Number: 038289
Class: WORKER
Issue Date: 04/15/11
Expiration Date: 03/09/12

INSTRUCTIONS

To receive an Asbestos Occupations Certification Photo Identification card, take this form and a second form of PHOTO IDENTIFICATION to any PennDOT photo drivers license center (See enclosed list).

Check the printed information on this form. If an error has been made in printing, notify the Bureau of Occupational & Industrial Safety IMMEDIATELY at (717) 772-3395. Do NOT make any corrections on this form.

This form is valid as a temporary Asbestos Occupations Certification for 30 days from the ISSUE DATE. After 30 days, the form is not valid as an Asbestos Occupations Certification, but it may be used to process a Photo Identification Card until the EXPIRATION DATE.

Asbestos Abatement Worker

Daniel J. Schillero
c/o Precision Environmental
5000 Old Brecksville Road
Independence, OH 44131

Accreditation Number: A35753
Expiration Date: 03/09/12

This individual has demonstrated the competency required of the Level 1 of the FIT - Finestop Instructional Training Program as required by the Occupational Safety and Health Administration (OSHA) 1910.120.

HAZARDOUS MATERIALS TECHNICIAN

This certificate is awarded to

Dan Schillero

For completion of forty hours of hazardous materials training
according to OSHA 1910.120

Precision Environmental Company
Independence, Ohio



[Signature]
Brian Hitt CSP CHMM

October 21, 2010

WEST VIRGINIA

Asbestos Program

Dan Schillero

IS LICENSED AS AN
ASBESTOS WORKER

License # AW009152
Issued: 3/29/2011
Expires: 3/31/2012

[Signature] Dir., WV RTIA DIV

JLLP-PRECISION 000012



**PRECISION ENVIRONMENTAL COMPANY
PRECISION PROCUIT
RESPIRATOR QUALIFICATION**

Patient Name: Timothy Russell
SSFC (last 4): XXX XX 4966

This letter certifies that the above named individual has been evaluated and completed the medical surveillance program provided by Precision Environmental and Precision Procut. The medical surveillance program meets or exceeds the requirements of 28 CFR 1910.120, 28 CFR 1910.134 and 29 CFR 1926.1103.

The healthcare provider for this surveillance examination is:

**Concentra Medical Center
4680 Hinckley Industrial Parkway
Cleveland, Ohio 44108**

The above named patient has been examined in accordance with the above requirements and has been found:

- Qualified for respirator use without restrictions
 Not qualified for respirator use

Physician Signature: [Signature]
Printed Physician Name: _____

Date (print clearly or type): 7/20/10

**Precision Environmental Company
Precision Procut**

Respirator Assignment and Fit Test

A worker shall wear only fit test has been completed by the individual named below using the respirator fit test procedure contained in 29 CFR 1910.134 Appendix A.

Name: Tim Russell SSFC: XXX XX 1922 Date: 8-15-2011

Address (last 4, city, state, zip): 1068 Della Arden, OH 44320

Respirator Model	Size	Pass	Fail
<input checked="" type="checkbox"/> North 520/57750 High Flow	S <input type="checkbox"/> M <input checked="" type="checkbox"/> L <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 3M two-flow full face PAPR	S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other: _____	S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Annual medical evaluation completed: Yes No

Type of Fit Test: Qualitative Quantitative

Type of Qualitative Test: Irritant smoke Borehole Succinate

I hereby certify that the above named employee has been properly fit tested per the referenced and attached procedures.

Supervisor Name: Stephen Smarowski Signature: [Signature]
Employee Name: Tim Russell Signature: [Signature]



Asbestos Worker Refresher

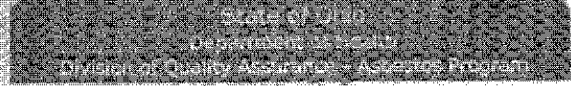
Certificate
Name: **Timothy W. Russell**
SSFC: **XXX XX 4966**



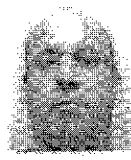
This certificate is valid for the Asbestos Hazard Emergency Response Act (AHERA) course for the Asbestos Worker. The course must be completed on the worker's 5th anniversary of 20 years from the date of the course. The course must be completed within 24 months of the last course. The course must be completed within 24 months of the last course. The course must be completed within 24 months of the last course.

Course Title	Start Date	End Date	Location
Asbestos Worker Refresher	4/5/12	4/5/11	Cleveland, OH

TSI 39419 wr



Timothy W Russell
Precision Environmental
5300 Old Brooklyn Road
Independence OH 44131



Certification Number: **WKS13317** Expiration Date: **07/13/2012** DCB: **11/03/1965**

This certification is issued pursuant to 29 CFR 1910.120 and the Revised Code and Rules of the Ohio Administrative Code. Certification Card is not valid if altered.

Handwritten initials



PRECISION ENVIRONMENTAL COMPANY
PRECISION PROCUT

RESPIRATOR QUALIFICATION

Patient Name: Timothy Russell

SSN: (last 4) XXX - XX - 4966

This letter certifies that the above named individual has been evaluated and completed the medical surveillance program provided by Precision Environmental and Precision ProCut. The medical surveillance program meets or exceeds the requirements of 29 CFR 1910.120, 29 CFR 1910.134 and 29 CFR 1926.1101.

The healthcare provider for this surveillance examination is:

Concentra Medical Centers
4860 Hinckley Industrial Parkway
Cleveland, Ohio 44109

The above named patient has been examined in accordance with the above requirements and has been found to be:

- Qualified for respirator use without restrictions
- Not qualified for respirator use

Chris R. Marquardt
Physician Signature

9-1-11
Date (print clearly or type)

Chris Marquardt, MD
Printed Physician Name

meg 0406

1

www.concentra.com
4860 Hinckley Industrial Pkwy
Unit 7
Cleveland, Ohio 44109

Precision Environmental Company
Precision ProCut

Respirator Assessment Form

A medical surveillance fitness test has been completed by the individual named below using the respirator fit test procedure described in 29 CFR 1910.134 Appendix A.

Name: Cullen R Rogers Jr SSN - XX 4513 Date: 5-27-11

Address: 1058 Delia Ave AKRON, OHIO 44320

Respirator Model	Size	Exp	EM
<input checked="" type="checkbox"/> 3M 5500™ 100 Full Face	S <input type="checkbox"/> M <input type="checkbox"/> L <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> 3M Powerflow Full Face PAPR	S <input type="checkbox"/> M <input type="checkbox"/> L <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other:	S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Annual Respiratory Protection Training completed per 29 CFR 1910.134: Yes No

Annual medical evaluation completed: Yes No

Type of Fit Test: Qualitative Quantitative

Type of Qualitative Test: Instant check Human Success

I hereby certify that the above named employee has been properly fit tested per the referenced and attached procedures.

Signature: Stephen Sroczynski Date: 5/27/11
 Name: Cullen R Rogers Jr Cullen R Rogers Jr



PRECISION ENVIRONMENTAL COMPANY
PRECISION PROCUT

RESPIRATOR QUALIFICATION

Patient Name: Cullen R. Rogers

SSN: (last 4) XXXX XX - 4513

This letter certifies that the above named individual has been evaluated and completed the medical surveillance program provided by Precision Environmental and Precision ProCut. The medical surveillance program meets or exceeds the requirements of 29 CFR 1910.120, 29 CFR 1910.134 and 29 CFR 1926.1101.

The healthcare provider for this surveillance examination is:

Concentra Medical Centers
1450 Firestone Parkway
Akron, Ohio 44321

The above named patient has been examined in accordance with the above requirements and has been found to be:

- Qualified for respirator use without restrictions
- Not qualified for respirator use

Physician Signature: [Signature] Date (print clearly or type): 07/07/11
 Printed Physician Name: Dr. E. B...

CERTIFICATE OF TRAINING
 Ohio Laborers' Training and Apprenticeship Trust Fund
 23721 Cochrison Rd., Piquette, Ohio 45026-9337 (740) 599-7915

This is to certify that **Cullen R Rogers Jr**
 has successfully completed an **ASBESTOS ABATEMENT WORKERS' RENEWAL**

Training Course held August 07, 2010
 and successfully passed the exam on August 07, 2010 Training was in accordance with
 TSCA Title II. To remain valid, this certificate must be renewed by August 7, 2011

By: [Signature]
 Executive Director
 Employee # 3421
 Social Security # XXX-XX-4513

State of Ohio
Department of Health
Division of Quality Assurance - Asbestos Program

Asbestos Abatement Worker

Cullen R Rogers Jr
 1058 Delia Ave
 Akron OH 44320

Certification Number: **WK522134**
 Issue Date: **02/07/11**

This certification is issued pursuant to Ohio Administrative Code
 Revised Code and 3701-24 of the Ohio Administrative Code

DCS: 02/07/1972
 Certification Card is not valid if altered

CERTIFICATE OF COMPLETION

AERIAL WORK PLATFORM SAFETY COURSE

Pedro Castillo

has completed training in the safety and functioning of JLG Lift Aerial Work Platforms, and has demonstrated an understanding of the proper usage and safety procedures.

Date of Training 6/18/03 Date of Evaluation 6/18/03

Models Demonstrated JLG Boom Scissor

ANSI A92.6-2001

SAFETY INSTRUCTOR

Precision Environmental Company
Precision ProCut

Respirator Assessment and Fit Test

A successful respirator fit test has been completed by the individual named below using the respirator fit procedure mandated in 29 CFR 1910.134 Appendix A.

Name Pedro Castillo SS Number (last 4 digits) XXX-XX-3274 Date 5-19-11

Address (street, city, state, zip) 1455 Hyde Park Akron, Oh 44310

Respirator Model Size Type Filter
 Marsh 5509/7780 Half Face S M L L
 3M Powerflow Full Face PAPR S M L L
 Other: _____ S M L L

Annual Respiratory Protection Training completed per 29 CFR 1910.134: Yes No

Annual medical evaluation completed: Yes No

Type of Fit Test: Qualitative Quantitative

Type of Qualitative Test: Instant smoke Borehole Saccharine

I hereby certify that the above named employee has been properly fit tested per the referenced attached procedures.

FRASIE LARSEN
CSR Administrator Name Signature

Pedro Castillo
Employee Name Signature



Asbestos Contractor Supervisor Refresher

Certificate
This certifies
Pedro Castillo
XXX-XX-3274



has completed and successfully passed the Asbestos Hazard Emergency Response Act mandatory course for the Asbestos Contractor Supervisor Refresher. The above student received the requisite training for asbestos accreditation under Title II of the Toxic Substances Control Act, State of Ohio regulations under 325 IAC, 18-2, Chapter 3701-34 Ohio Administrative Code, and the Illinois Department of Public Health (IDPH) under 625.22 of Title 17. IDPH recognition based on student request.

<i>[Signature]</i>	2/19/12	2/19/11	2/19/11	Independence, OH
Training Manager	Expiration Date	Date(s) of Course	Training Date	Course Location

TSI
3170 Lockhart Blvd
Independence, OH 45131
1-516-466-9478

11 TSI 38760 csr

Division of Quality Assurance
Asbestos Hazard Abatement Specialist

Pedro Castillo
Precision Environmental
5500 Old Brecksville Road
Independence OH 44131

Certification Number **AS28118** Expiration Date **03/18/2012** DOB: **12/28/1974**

This certification is issued pursuant to Chapter 3701.04 of the Revised Code and 3701.24 of the Ohio Administrative Code.



**PRECISION ENVIRONMENTAL COMPANY
PRECISION PROCUT
RESPIRATOR QUALIFICATION**

Patient Name: Pedro Castillo
SSN: (last 4) XXX-XX-3274

This letter certifies that the above named individual has been evaluated and completed the medical surveillance program provided by Precision Environmental and Precision ProCut. The medical surveillance program meets or exceeds the requirements of 29 CFR 1910.126, 29 CFR 1910.134 and 29 CFR 1926.1104.

The healthcare provider for this surveillance examination is:

Concentra Medical Centers
1650 Frestone Parkway
Akron, Ohio 44301

The above named patient has been examined in accordance with the above requirements and has been found to be:

- Qualified for respirator use without restrictions
- Not qualified for respirator use

[Signature]
Physician Signature
JAMES ROSS M.D.
Printed Physician Name
[Signature]
Date (print clearly or type) 5/2/11

WEST VIRGINIA
Asbestos Program

Pedro Castillo

IS LICENSED AS AN
ASBESTOS SUPERVISOR

License # ASD12147
Issued: 6/13/2011
Expires: 6/30/2012

Randy C. Curtis Dir., WV RTA DIV

Department of PUBLIC HEALTH ASBESTOS WORKER LICENSE

WORKER ID: 057308071 ISSUED: 3/24/2007 EXPIRES: 2/1/2008

PEDRO CASTILLO
3421 SANFORD
STOW, OH 44224

Environmental Health
See Keynote for Endorsements

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF LABOR AND INDUSTRY
ASBESTOS OCCUPATIONS CERTIFICATION

PEDRO CASTILLO
PRECISION ENVIRONMENTAL
5500 OLD BRECKVILLE RD
INDEPENDENCE OH 44131



Birthdate: 10/28/74 Certification Number: 032893
Sex: M Class: SUPERVISOR
Fees: \$25 Issue Date: 03/15/11
Height: 5 06 Expiration Date: 02/19/12

INSTRUCTIONS

To receive an Asbestos Occupations Certification Photo Identification card, take this form and a second form of PHOTO IDENTIFICATION to any PennDOT photo drivers license center (See enclosed list).

Check the printed information on this form. If an error has been made in printing, notify the Bureau of Occupational & Industrial Safety IMMEDIATELY at (717) 777-4396. Do NOT make any corrections on this form.

This form is valid as a temporary Asbestos Occupations Certification for 30 days from the ISSUE DATE. After 30 days, the form is not valid as an Asbestos Occupations Certification, but it may be used to process a Photo Identification Card with the EXPIRATION DATE.

Asbestos Contractor/Supervisor

Pedro Castillo
Precision Environmental Company
5500 Old Breckville Road
Independence, OH 44131

Accreditation Number: A30065 Expiration Date: 09/04/2003

Certificate of Achievement 031025

This certificate acknowledges that
Pedro Castillo
Precision Environmental Co.

has demonstrated the competency required of the Level 1
FIT- Firestop Installation Training Program.

This certificate is valid until 12/30/2010

Certified By: *[Signature]* Date: 12/30/2010

fsg! Specialized Technologies Inc. Specialized Technologies Inc.

CREATIVE SOLUTIONS
4434 Mulvihill Road Akron, OH 44307
440.253.2273 Fax 440.253.1206

This Certifies that
Pedro Castillo

Has graduated the course for
**LEAD HAZARD AWARENESS
AND COMPLIANCE TRAINING COURSE**

Filed on 30th day of November 2009
In accordance with OSHA 29 CFR 1910.120

HAZARDOUS MATERIALS CERTIFICATION

This certificate is awarded to

Pedro Castillo

For completion of forty hours of hazardous materials training according to OSHA 1910.120

Precision Environmental Company
Independence, Ohio

State of Ohio
Department of Consumer & Industry Services

Pedro Castillo

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

Accreditation Number: A30065 Expiration Date: 09/04/2003

OSHA 1910.120 Accredited Member ID: 59097 46085



[Signature]
Brian Hitt, CSP CHMM

October 21, 2010

Precision Environmental Company
Precision ProCut

Respirator Assignment and Fit Test

A successful Respirator Fit test has been completed by the individual named below using the respirator fit test procedure mandated at 29 CFR 1910.124 Appendix A

Name: Israel Rojas SSN (last 4): XXX-XX-3715 Date: 7-19-11

Address (Street, city, state, zip): 4519 Alpha Ave, Newburg, OH, 44109

Respirator Model Size Pass Fail

Smith 5500/700 Half Face S M L

3M Powerflow Full Face PAPR S M L

Other: S M L

Annual Respiratory Protection Training completed per 29 CFR 1910.134: Yes No

Annual medical evaluation completed: Yes No

Type of Fit Test: Qualitative Quantitative

Type of Qualitative Test: Irritant smoke Humane Saccharin

I hereby certify that the above named employee has been properly fit tested per the referenced and attached procedures.

Signature: Robert Lasko
Test Administrator Name

Signature: [Signature]
Name

Signature: Israel Rojas
Employee Name

Signature: [Signature]
Name



PRECISION ENVIRONMENTAL COMPANY
PRECISION PROCUT

RESPIRATOR QUALIFICATION

Patient Name: Israel Rojas

SSN: (last 4) XXX-XX-3715

This letter certifies that the above named individual has been evaluated and completed the medical surveillance program provided by Precision Environmental and Precision ProCut. The medical surveillance program meets or exceeds the requirements of 29 CFR 1910.128, 29 CFR 1915.134 and 29 CFR 1926.1191.

The healthcare provider for this surveillance examination is:

Concentra Medical Centers
4880 Hinckley Industrial Parkway
Cleveland, Ohio 44108

The above named patient has been examined in accordance with the above requirements and has been found to be:

Qualified for respirator use without restrictions
 Not qualified for respirator use

Physician Signature: [Signature]

Date (print clearly or type): 7/21/2011

Printed Physician Name: Sam King, MD



Asbestos Contractor Supervisor Refresher

Certificate

This is to certify

Israel Rojas

XXX-XX-3715



has attended and successfully completed the Asbestos Hazard Emergency Response Act mandatory course for the Asbestos Contractor Supervisor Refresher and has passed an examination in that course with a minimum score of 70% or better. Training was in accordance with 40 CFR Part 763 (AHERA). The above student received the requisite training for asbestos accreditation under Title II of the Toxic Substances Control Act, State of Indiana requirements under 326 IAG 18-2, Chapter 3791-34 Ohio Administrative Code, and the Illinois Department of Public Health (IDPH) under Section 835.120 of Title 77. IDPH recognition based on student request.

Training Manager	Expiration Date	Duration of Course	Examination Date	Course Location
<u>Dr. D. Self</u>	2/19/12	2/19/11	2/19/11	Independence, OH

TSI
33150 Lakeland Blvd.
Cleveland, OH 44135
1-866-661-8438

11 TSI 38768 csr



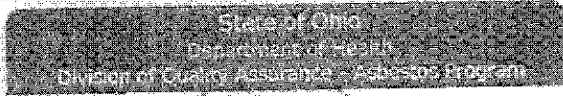
Indiana Dept. of Environmental Management

Israel Rojas

Asbestos Project Supervisor License #: 195126035

Effective: 07/29/2011
Birth Date: 06/14/1971
Height: 5-07
Weight: 210

Expiration: 07/29/2012
Gender: M
Eye Color: Brown
Hair Color: Black



Asbestos Hazard Abatement Specialist

Israel J Rojas
Precision Environmental Company
5500 Old Brocksville Road
Independence OH 44131

Certification Number: AS25027 Expiration Date: 08/20/2012

DOB: 06/14/1971

This certification is issued pursuant to Chapter 3791 of the

Certificate of Registration

Asbestos Contractor/Supervisor

Israel Jesus D. Rojas
Precision Environmental
5722 Schaaf Road
Independence, OH 44131

Accreditation Number: A10828 Expiration Date: 11/06/2005

This individual has satisfactorily met the requirements of Section 203 of the Toxic Substances Control Act to be accredited in the state of Ohio.



DOR: 06/14/1971

Precision Environmental Company
Precision ProCut
Respirator Assignment and Fit Test

A successful respirator fit test has been completed by the individual named below using the respirator fit test procedure established in 29 CFR 1910.134 Appendix A.

Name: Daryl Ramsdell SS Number (last 4 digits): 9531 Date: 4-4-11

Address (street, city, state, zip): 6011 Denise Dr. North Ridgeville, OH 44039

Respirator Model Size Pass/Fail

Newb 5500/7700 Half Face S M L Pass Fail

3M Powerflow Full Face PAPR S M L Pass Fail

Other: _____ S M L Pass Fail

Annual medical evaluation completed: Yes No

Type of Fit Test: Qualitative Quantitative

Type of Qualitative Test: Isocyanate Isocyanate Bites

I hereby certify that the above named employee has been properly fit tested per the referenced and attached procedures.

Test Administrator Name: Valerie Mason Signature: [Signature]

Employee Name: Daryl Ramsdell Signature: _____



PRECISION ENVIRONMENTAL COMPANY
PRECISION PROCUT
RESPIRATOR QUALIFICATION

Patient Name: Daryl Ramsdell

SSN (last 4): XXX - XX - 9531

This letter certifies that the above named individual has been evaluated and completed the medical surveillance program provided by Precision Environmental and Precision ProCut. The medical surveillance program meets or exceeds the requirements of 29 CFR 1910.120, 29 CFR 1910.134 and 29 CFR 1926.1101.

The healthcare provider for the surveillance examination is
Concentra Medical Centers
4580 Hinckley Industrial Parkway
Cleveland, Ohio 44109

The above named patient has been examined in accordance with the above requirements and has been found to be:

Qualified for respirator use without restrictions
 Not qualified for respirator use

Physician Signature: [Signature] Date (print clearly or type): 4/4/11

Printed Physician Name: R. STANLEY, MD

TSI Training Services International

Asbestos Contractor Supervisor Refresher

Certificate
This is to certify

Daryl W. Ramsdell
XXX-XX-9531

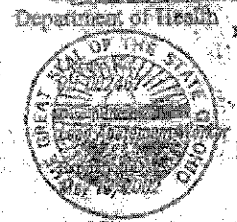


has attended and successfully completed the Asbestos Hazard Emergency Response Act regulatory course for the Asbestos Contractor Supervisor Refresher and has passed an examination in that course with a minimum score of 70% or better. Training was in accordance with 49 CFR Part 963 (AHERA). The above student received the required training for asbestos abatement under Title II of the Toxic Substances Control Act, State of Indiana requirements under 326 IAC 16-2, Chapter 3701-54 (Ohio Administrative Code), and the Illinois Department of Public Health (IDPH) under section 855.120 of Title 7. IDPH recognition based on student request.

<u>[Signature]</u>	11/20/11	11/20/10	11/20/10	Independence, OH
Training Manager	Expiration Date	Date of Course	Examination Date	Course Location

TSI
3169 Lakeland Blvd
Cleveland, OH 44108
1-800-640-8138

10 TSI 37648 csr



DARYL W. RAMSDPELL
224 MARION RD
NORTH RIDGEVILLE, OH 44070

Asbestos Hazard Abatement Specialist

Daryl W Ramsdell
Precision Environmental
5500 Old Brecksville Road
Independence OH 44131

Certification Number: **AS29072** Expiration Date: **05/14/2012** DOB: **01/27/1969**

This certification is issued pursuant to Chapter 3701 of the Revised Code and 3701-54 of the Administrative Code.

Indiana Dept. of Environmental Management

Daryl W. Ramsdell

Asbestos Project Supervisor License # 19612603

Effective: **06/23/2011** Expiration: **06/23/2011**
Birth Date: **01/27/1969** Gender: **M**
Height: **6-01** Eye Color: **HAZ**
Weight: **175** Hair Color: **BRO**

HAZARDOUS MATERIALS TECHNICIAN

This certificate of completion is awarded to

Daryl Ramsdell

For completion of eight hours of Hazardous Material Technician refresher training according to OSHA 1910.120

Precision Environmental

110 Consulting, Inc

Brian Hill, CSP, CEM, OSHA 1910.120 3/21/2003

This certificate of completion is awarded to

Daryl Ramsdell

For completion of twenty four hours of training for Confined Space Entry according to OSHA 1910.146

Precision Environmental, Independence Ohio

[Signature]

CONCENTRA Medical Centers MEDICAL EXAMINER'S CERTIFICATE

[Signature]
 Working in confined spaces Only if with an exempt health care (OSHA 1910.146)
 Working in a lift Instruction by a LSP (Performance Evaluation Certificate)
 Instruction by a Qualified to conduct OSHA 1910.146

The Medical Examiner has examined the worker for physical impairment that could prevent safe performance of the duties of the job. The worker is physically fit to perform the duties of the job.

Name	Daryl Ramsdell	DOB	05/27/71
Address	11000 Independence Ave	City	Independence, OH
Phone	513-841-7000	State	OH
Signature	<i>[Signature]</i>	Date	5/21/03

CERTIFICATE OF ACHIEVEMENT



CONSTRUCTION INDUSTRY SERVICE PROGRAM
OF GREATER CLEVELAND

HONORS

DARYL RAMSDELL

FOR ACHIEVEMENT IN COMPLETING

OSHA 30-HOUR FOR CONSTRUCTION

SEPTEMBER 18 - 19, 2003

[Signature]
 JOHN B. FORAN
 MANAGER

[Signature]
 KAYNE J. KRASAK
 CHIEF OF SAFETY INSTRUCTION

OSHA 30-HOUR FOR CONSTRUCTION
 SEPTEMBER 18 - 19, 2003

PRECISION ENVIRONMENTAL
 11000 INDEPENDENCE AVE
 INDEPENDENCE, OH 44131

OSHA 30-HOUR FOR CONSTRUCTION
 SEPTEMBER 18 - 19, 2003



SIT DOWN COUNTERBALANCE OPERATOR'S

Certification Card

This card certifies that:

DARYL RAMSDELL

has satisfactorily completed the course in the safe and efficient operation of material handling equipment as prescribed by Ives & Associates

Date of Training	4-16-03	HOURS OF TRAINING	3	Expiration Date	4-20-04
OPERATOR	<i>[Signature]</i>		INSTRUCTOR	<i>[Signature]</i>	
CERTIFICATION CARD NO.	432014				

CERTIFICATE OF COMPLETION

AERIAL WORK PLATFORM SAFETY COURSE

Daryl Ramsdell

has completed training in the safety and functioning of JLG Lift Aerial Work Platforms, and has demonstrated an understanding of the proper usage and safety procedures.

Date of Training 6/18/03 Date of Evaluation 6/18/03

Models Demonstrated JLG Boom Scissor

ANSI - A92.3; A92.5; A92.6

[Signature]
 SAFETY INSTRUCTOR

PRECISION Environmental Company

3722 School Road - Independence, Ohio 44131 - (216) 642-0000

Certifies that

DARYL W. RAMSDELL

4627 West 147th Street, Cleveland, Ohio 44128

Attended the course successfully passed the examination for

LEAD HAZARD ABATEMENT WORKER

Course Date 2/16 - 2/19 1998

Certificate Number 9822918

Certificate of Achievement

This is to Certify

Daryl W. Ramsdell

has successfully completed a course of instruction in

Fall Protection

Completed on 2/18/03 Day of November, 2003



CLARKLIFT
OF CLEVELAND



PRECISION Environmental Company
 11000 School Road - Independence, Ohio 44131

PRECISION Environmental Company
 11000 School Road - Independence, Ohio 44131

Certifies that

BLITCH RAMSDELL

has successfully completed the course in

MANLIFTS

Course Date 12-1-01

Operator *[Signature]*

Certifies that

DUTCH RAMSDELL

has successfully completed the course in

FALL PROTECTION

Course Date 12-1-01

Operator *[Signature]*

API WorkSafe

Safety Key

Name Daryl Ramsdell
 Company EnviroServe J.V.
 Completed 27-Nov-09 11:48 AM
 Expires 27-Nov-10



ROUGH TERRAIN OPERATOR'S CLASS 7 Certification Card

This card certifies that DARYL RAMSDELL has satisfactorily completed the course in the safe and efficient operation of material handling equipment as prescribed by Ives & Associates.

Date of Training 1-13-09 Expiration Date 1-2012
 Hours of Training Completed 3 Certification Number 432875
 Operator Daryl Ramsdell Instructor Wm. A. Lelentine

American Heart Association
Heartsaver® First Aid
 Daryl Ramsdell

The card certifies that the above individual has satisfactorily completed the course and is authorized to operate as an instructor of the AHA Heartsaver First Aid course.

APRIL 2010 APRIL 2012

Training Center OHIO 216-337-9485
 TO Address Health Corp/Intensive Care ACLS & CFR
 Course Location
 Instructor CRAIG DUNNING RN-CCRN-TNCC-EMT
 HPI Number
 ID# 111111

Asbestos Contractor Supervisor

Daryl W. Ramsdell
 c/o Precision Environmental Co.
 6200 Old Bracksville Road
 Independence, OH 43131

Accreditation Number 111111 Expiration Date 12/31/2012

LABORERS-AGC EDUCATION AND TRAINING FUND

37 Deerfield Road
 P.O. Box 37
 Pomfret Center, CT 06259
 (860) 974-0800

HAZARDOUS WASTE WORKER REFRESHER TRAINING COURSE

NAME: Daryl Ramsdell
 S.S.N: XXX-XX-9531
 DATE COMPLETED INITIAL COURSE: 5/6/06 REFRESHER COMPLETION DATE: 3/10/07
 NEXT REFRESHER TRAINING DUE WITHIN ONE YEAR OF THE REFRESHER COMPLETION DATE: 3/10/08
 CERTIFICATE #: 280609551HW0307

JAMES S. DAGUE ASSOCIATES, INC.

DARYL RAMSDELL (280-60-9531)

HAS ATTENDED THE 1 HOUR TRAINING SESSION FOR
CONFINED SPACE ENTRY FOR NON-PERMIT & PERMIT REQUIRED CONFINED SPACES

IN ACCORDANCE WITH OSHA REGULATION 29 CFR 1910.146
 COURSE HED. SEPTEMBER 3, 1999

Certificate of Achievement

This certificate acknowledges that Daryl W. Ramsdell Precision Environmental Co. has demonstrated the competency required of the Level 1 PPE Refresher Instructional Training Program.

Certified by [Signature] Date 10/2/08

fsg

STATE OF NEW YORK - DEPARTMENT OF LABOR ASBESTOS CERTIFICATE

DARYL W. RAMSDELL
 CLASS (EXPIRES) CHAND(01/12)

CERT# 09-06877
 DMV# 681502187
MUST BE CARRIED ON ASBESTOS PROJECTS

University of Cincinnati
Occupational Health & Safety Continuing Education Program
Co-Sponsored by *Training Services International*

Daryl W. Ramsdell

Precision Environmental
5500 Old Brecksville Road
Independence OH 44131



Has successfully Completed the
Lead Safety for Renovation, Repair and Painting Initial Training Course

Program Director		Course Instructor
R-18459-1D-02602		
Certificate Number		Continuing Education Units
5/8/2010		5/15/10
Issue Date	Language: English	Course Title
Occupational Health & Safety Continuing Education, LLC Reading Center, 1100 E. Colerain Rd., Mt. Airy, Cincinnati, OH 45215, (513) 559-1734, www.ucc.edu/ohs		
ID TSI 35395 RRP1		

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF LABOR AND INDUSTRY
ASBESTOS OCCUPATIONS CERTIFICATION

DARYL RAMSDELL
5500 OLD BRECKSVILLE RD
INDEPENDENCE OH 44131



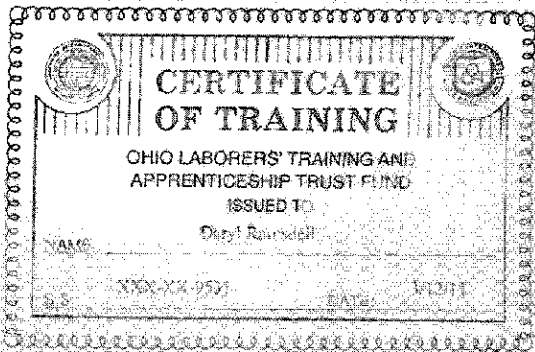
Birthdate: 03/27/49 Certification Number: 046852
Sex: M Class: SUPERVISOR
Eyes: BZL Issue Date: 12/06/10
Height: 6 01 Expiration Date: 11/20/11

INSTRUCTIONS

To receive an Asbestos Occupations Certification Photo Identification card, take this form and a second form of PHOTO IDENTIFICATION to any PennDOT photo drivers license center (See enclosed list).

Check the printed information on this form. If an error has been made in printing, notify the Bureau of Occupational & Industrial Safety IMMEDIATELY at (717) 772-3356. Do NOT make any corrections on this form.

This form is valid as a temporary Asbestos Occupations Certification for 30 days from the ISSUE DATE. After 30 days, the form is not valid as an Asbestos Occupations Certification, but it may be used to process a Photo Identification Card until the EXPIRATION DATE.



The holder of this certificate has successfully completed instruction in the following course:

**3 - DAY FIELD RIGGING PRACTICES
AND CRANE SIGNALING**

Robert F. Chatterton
Executive Director

**Precision Environmental Company
Precision ProCut**

Respirator Assignment and Fit Test

A successful respirator fit test has been completed by the individual named below using the respirator fit test procedure mandated in 29 CFR 1910.134 Appendix A

Name: Derik Wilhelm SSN (last 4): XXX-XX-6028 Date: 2-19-11

Address (street, city, state, zip): 1237 W 38th St, Lorain, Ohio 44033

Respirator Model	Size	Doors	Ear
<input checked="" type="checkbox"/> North 55007790 Half Face	S <input type="checkbox"/> M <input checked="" type="checkbox"/> L <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<input checked="" type="checkbox"/> 2M Pass-flow Full Face PAFK	S <input type="checkbox"/> M <input type="checkbox"/> L <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Other	S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

Annual Respiratory Protection Training completed per 29 CFR 1910.154: Yes No

Annual medical evaluation completed: Yes No

Type of Fit Test: Qualitative Quantitative

Type of Quantitative Test: Instant smoke Humane Sealcheck

I hereby certify that the above named employee has been properly fit tested per the referenced and attached procedures.

Frank Lasco
SA Administrator Form

[Signature]
Supervisor

Derik Wilhelm
Employee



**PRECISION ENVIRONMENTAL COMPANY
PRECISION PRO-CUT
RESPIRATOR QUALIFICATION**

Patient Name: Derik Wilhelm

SSN (last 4) XXX XX 6028

This letter certifies that the above named individual has been evaluated and completed the medical surveillance program provided by Precision Environmental and Precision ProCut. The medical surveillance program meets or exceeds the requirements of 29 CFR 1910.120, 29 CFR 1910.134 and 29 CFR 1926.1167.

The healthcare provider for this surveillance examination is:

Concentra Medical Centers
4680 Hinckley Industrial Parkway
Cleveland, Ohio 44109

The above named patient has been examined in accordance with the above requirements and has been found to be:

- Qualified for respirator use without restrictions
- Not qualified for respirator use

[Signature]
Physician Signature

[Signature]
Printed Physician Name

3/7/2011
Date (print clearly or type)

TSI Training Services International

Asbestos Contractor Supervisor Refresher

Certificate
This is to certify
Derik Wilhelm
XXX-XX-6028

has attended and successfully completed the Asbestos Hazard Emergency Response Act mandatory course for the Asbestos Contractor Supervisor Refresher and has passed an examination in that course with a minimum score of 90% or better. Training was in accordance with 40 CFR Part 763 (AHERA). The above student received the requisite training for asbestos abatement under Title II of the Toxic Substances Control Act, State of Indiana requirements under 306 IAC 18-2, Chapter 3701.34 Class Administrative Code, and the Illinois Department of Public Health (IDPH) under section 815.120 of Title 77. IDPH recognition based on student report.

<i>[Signature]</i>	2/19/12	2/19/11	2/19/11	Independence, OH
Training Manager	Expiration Date	Date(s) of Course	Examination Date	Course Location

11 TSI 38763 csr

DERIK WILHELM
Precision Environmental
Asbestos Hazard Abatement Supervisor
Expiration Date: Dec 14, 2013

Asbestos Hazard Abatement Specialist

Derik Wilhelm
Precision Environmental
5500 Old Brecksville Road
Independence OH 44131

Certification Number: **AS22903** Expiration Date: **04/26/2012** DOB: **07/16/1959**

This certification is issued pursuant to Chapter 3704.03 of the Revised Code and 3702.20 of the administrative code.

PRECISION Environmental Co

Operator Certification Card

Derik Wilhelm

Is qualified in the operation of
Class 4 and Class 5 Internal Combustion
Powered Industrial Lift Trucks,
29 CFR 1910.178.

Issued: 12/18/04 Expires: 12/18/07
[Signature] *[Signature]*
Qualified Trainer Safety Inspector

HAZARDOUS MATERIALS TECHNICIAN

This certificate of completion is awarded to

Derik Wilhelm

For completion of the course in Hazardous Materials Technician...
 Precision Environmental, Inc.



University of Cincinnati
 Occupational Health & Safety Continuing Education Program
 Co-Sponsored by **Training Services International**

Derik Wilhelm

Precision Environmental
 3805 Ohio Brickville Road
 Independence OH 44131



Has Successfully Completed the
Lead Safety for Renovation, Repair and Painting Initial Training Course

Program Director: *[Signature]*
 R-1-16459-10-02812
 Certificate Number: 8/82010
 Issue Date: 8/8/2010
 Continuing Education Units: 8
 Expiry Date: 5/15/10
 10 TSI 35579 RRPI

Occupational Health & Safety Education Institute, LLC, 2100 E. Galbraith Rd., Ste. 9614, Cincinnati, OH 45235-1428, (513) 558-0736, www.ohsa.edu

LEAD EXPERTS

P.O. Box 1785, Mentor, OH 44061-1790 — (440) 266-8401

This Certifies that
Derik E. Wilhelm
 1237 West 38th St.
 Lorain, OH 44053

Has attended the course and passed the examination for:

**LEAD HAZARD ABATEMENT
 WORKER / CONTRACTOR REFRESHER TRAINING**

Certificate Number: 021582290
 Expiry Date: 10/15/2010
 Course Issue Date: 08/04/2010
 10 TSI 35579 RRPI

COMPLETED SPACE RESCUE TRAINING

This certificate of completion is awarded to

Derik Wilhelm

For completion of twenty four hours of training for Confined Space Rescue according to OSHA 1910.146

Precision Environmental, Inc.

[Signature]
 Precision Environmental, Inc.

CERTIFICATE OF COMPLETION
AERIAL WORK PLATFORM SAFETY COURSE

Derik Wilhelm
 has completed training in the safety and functioning of JLG Lift Aerial Work Platforms, and has demonstrated an understanding of the proper usage and safety procedures.
 Date of Training 6/18/03 Date of Evaluation 6/18/03
 Models Demonstrated JLG Boom Sissor
 ANSI - A22.6, A22.5, A22.6
 SAFETY INSTRUCTOR

American Heart Association
Heartsaver® First Aid
Derik Wilhelm
 APRIL 2007
 APRIL 2009
 Health Care Provider Care ACLS & CPR
CRAIG DUNNING RN-CORR-EMT

American Heart Association
Heartsaver® CPR
Derik Wilhelm
 APRIL 2007
 APRIL 2009
 Health Care Provider Care ACLS & CPR
CRAIG DUNNING RN-CORR-EMT

Certificate of Achievement

This certificate acknowledges that
Derik Wilhelm
 Precision Environmental, Inc.
 has successfully completed the training required for the Level 1
 Environmental Remediation Training Program

Completed By: *[Signature]* Date: 11/20/08
 fsg

United Rentals Rent the Right Equipment
Right Now

Kirk Porozynski
Name of Operator

Has completed an instructional program which covered the safe and proper operation of equipment listed on the reverse.

3-1-06 B. Valentino
Date Instructor Signature

I have received instruction on the models listed below.

Type	Model	Instructor	Date
Articulating/Telescopic Boom Lifts			
Scissor Lifts			
		B. Valentino	03-01-06

PRECISION Environmental Co. Operator Certification Card

Kirk Porozynski

has successfully completed Safety Training and is qualified in the operation of Class 7 Rough Terrain Forklifts, in compliance with 29 CFR 1910.178.

Issued: 02/21/06 Expires: 02/21/09

[Signature] [Signature]
Qualified Operator Safety Trainer

HAZARDING MATERIALS

This certificate is awarded to

Kirk Porozynski

For completion of eight hours of annual hazardous materials refresher training

Precision Environmental Co. Independence, Ohio

[Signature]
Brian Van, CSP, CHMM
January 08, 2006

WEST VIRGINIA
Asbestos Program

Kirk Robert Porozynski

IS LICENSED AS AN
ASBESTOS WORKER

License # AW005922
Issued 6/4/2008
Expires 6/30/2009

CONFINED SPACE RESCUE

This certificate of completion is awarded to

Kirk Porozynski

For completion of eight hours of confined space rescue training in accordance with OSHA 1910.146

Precision Environmental Independence Ohio

[Signature]
Brian Van, CSP, CHMM, Instructor

Hitt Consulting
March 2006

PUBLIC HEALTH

ASBESTOS WORKER LICENSE

WORKER ID ISSUED EXPIRES
057310636 6/27/2008 2/1/2009

Kirk Robert Porozynski
9217 Cranbrook
Northfield, OH 44087

Environmental Health
See Reverse for Endorsements

[Photo]

CERTIFICATE OF TRAINING
OHIO LABORERS' TRAINING AND UPGRADING TRUST FUND
ISSUED TO

NAME Kirk Porozynski
SS. XXXX-XX-8616 DATE 11/15/05

This card certifies that the holder named above has successfully completed on the specified date, a Safety Training Program training course. A 16-hour OSHA/DOA/Organized Labor-sponsored safety training program which includes awareness training in the following topics:

Personal Protective Equipment	Traffic Control
Equipment De-Energizing/Lockout	Manlifts
Rigging & Material Handling	Fire Prevention
Power Operated Tools	Mobile cranes
Confined Space Hazards	Welding/Cutting
General Safety	Excavations
Asbestos/Lead	Concrete Masonry
Electrical Hazards	Housekeeping

and comprehensive training in Hazard Communication and Fall Protection.

[Signature]
Dale J. Worden Executive Director

OSHA

U.S. Department of Labor
Occupational Safety and Health Administration

Kirk Porozynski

has successfully completed a 16-hour Construction Safety and Health Training Course in

Construction Safety & Health

John Meade 11/15/05

PRECISION ENVIRONMENTAL CO.

REGULATED ASBESTOS MATERIAL: EPA WASTE SHIPMENT RECORD

RQ, Waste, Asbestos, 9, NA2212, PGIII

06147

247996

GENERATOR

TRANSPORTER

WASTE

SITE

1. Work site name and mailing address CLEVELAND TRENCHER 20100 ST CLAIR CLEVELAND, OH 44105203	Owner's name GARY THOMAS, TRUSTEE 71 COPPER AVE AKRON, OH	Owner's telephone number 330-762-7377
2. Operator's name and address PRECISION ENVIRONMENTAL CO. 5500 Old Brecksville Road. Independence, Ohio 44131		Operator's telephone number (216) 642 6040
3. Waste disposal site (WDS) name, mailing address, and physical site location MINERVA ENTERPRISES 9000 MINERVA RD WAYNESBURG, OH 44688		WDS phone number 630-868-3438
4. Name, and address of responsible agency (Local, District or EPA office where notification was sent) CLEVELAND DIV OF AIR, 75 ERIEVIEW BLVD, CLEVELAND, OH		
5. Description of materials	6. Containers	
	Number	Type
ACM BUILDING DEBRIS	1	DUMPSTER
7. Total quantity cubic meters or cubic yards <div style="text-align: right; font-size: 1.5em; color: blue;">210 YARDS</div> <div style="text-align: right; font-size: 1.5em; color: blue;">74004</div>		
8. Special handling instructions and additional information EMERGENCY CONTACT PRECISION ENVIRONMENTAL (216) 642-6040		
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 <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 30%;"> <p><i>Kenny Yates</i> Printed/typed name</p> </div> <div style="width: 30%;"> <p><i>SUPERVISOR</i> Title</p> </div> <div style="width: 30%;"> <p><i>[Signature]</i> Signature</p> </div> <div style="width: 10%;"> <p><i>9-22-11</i> Date (M/DD/YY)</p> </div> </div>		
10. Transporter 1 (Acknowledgment of receipt of materials) Address and telephone no <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 30%;"> <p><i>Mike Barone</i> Printed/typed name</p> </div> <div style="width: 30%;"> <p><i>Driver</i> Title</p> </div> <div style="width: 30%;"> <p><i>[Signature]</i> Signature</p> </div> <div style="width: 10%;"> <p><i>9-22-11</i> Date (M/DD/YY)</p> </div> </div>		
11. Transporter 2 (Acknowledgment of receipt of materials) Address and telephone no <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 30%;"> <p><i>Mike Barone</i> Printed/typed name</p> </div> <div style="width: 30%;"> <p><i>Driver</i> Title</p> </div> <div style="width: 30%;"> <p><i>[Signature]</i> Signature</p> </div> <div style="width: 10%;"> <p><i>9-24-11</i> Date (M/DD/YY)</p> </div> </div>		
12. Discrepancy indication space		
13. Waste disposal site owner or operator. Certification of receipt of asbestos materials by this manifest except as noted in item <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 30%;"> <p><i>[Signature]</i> Printed/typed name</p> </div> <div style="width: 30%;"> <p><i>[Signature]</i> Title</p> </div> <div style="width: 30%;"> <p><i>[Signature]</i> Signature</p> </div> <div style="width: 10%;"> <p><i>9/24/11</i> Date (M/DD/YY)</p> </div> </div>		

Precision - White Transporter - Yellow Unloading Area - Pink Project Site - Gold

6147

MINERVA ENTERPRISES, IN 9000 Minerva Rd. P.O. Box 708 Waynesburg, OH 44688 Ph: 330-888-3435 Fax: 330-888-3488	Customer Name Precision Environmental Company	Ticket # 247998
		Date: 09/24/2011
		Time: 7:50:40 AM

Customer #	224	Gross Weight:	55000
Transporter:	Cooper Disposal	Tare Weight:	32500
Truck Type:	40 cuyd Roll-off	Net Weight(tons):	11.25
Truck License #	1718	Volume Received(yards):	40
Location:	OH, Cleveland	Waste Type	Friable Asbestos
Generator:	Cleveland Trencher	Minerva Job #:	2000
ME REP/P.O.#	ydh		
Accepted:	Yes	If No, this material was rejected for the following reasons _____	

Driver: *[Signature]* Minerva Enterprises Representative: *[Signature]*

I certify that all materials meet Stark County/ohio EPA specifications. This certifies that the waste specified on this ticket has been properly disposed of in accordance with all local, state and federal regulations.

PRECISION ENVIRONMENTAL CO.

06087

REGULATED ASBESTOS MATERIAL: EPA WASTE SHIPMENT RECORD

RQ, Waste, Asbestos, 9, NA2212, PGIII

087998

G E N E R A T O R	1. Work site name and mailing address FORMER CLEVELAND TRENCHER 20100 ST CLAIR AVE EUCLID, OH 4402005		Owner's name GARY THOMAS, TRUSTEE 71 COPPER AVE AKRON, OH 44306		Owner's telephone number 330-762-7377		
	2. Operator's name and address PRECISION ENVIRONMENTAL CO. 5500 Old Brecksville Road. Independence, Ohio 44131					Operator's telephone number (216) 642-6040	
	3. Waste disposal site (WDS) name, mailing address, and physical site location MINERVA ENTERPRISES 9000 MINERVA RD MANNESBURG, OH 44868					WDS phone number 330-866-3436	
	4. Name, and address of responsible agency (Local, District or EPA office where notification was sent) CLEVELAND DIV OF AIR, 75 ENTREVIEW PLAZA, CLEVELAND, OH						
5. Description of materials		6. Containers		7. Total quantity			
		Number	Type	cubic meters or cubic yards			
ACM BUILDING DEBRIS		1	DUMPSTER	40 YARDS			
8. Special handling instructions and additional information EMERGENCY CONTACT: PRECISION ENVIRONMENTAL (216) 642-6040							
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 <div style="display: flex; justify-content: space-between;"> KENNY YATES SUPERVISOR 9-18-11 </div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> Printed/typed name Title Signature Date (M/DD/YY) </div>							
T R A N S P O R T E R	10. Transporter 1 (Acknowledgment of receipt of materials) Address and telephone no						
			Driver				9/14/11
Printed/typed name		Title		Signature		Date (M/DD/YY)	
W A S T E	11. Transporter 2 (Acknowledgment of receipt of materials) Address and telephone no						
			Driver				9/24/11
Printed/typed name		Title		Signature		Date (M/DD/YY)	
S I T E	12. Discrepancy indication space						
	13. Waste disposal site owner or operator: Certification of receipt of asbestos materials by this manifest except as noted in item						
		Yolanda Hoss				9/24/11	
Printed/typed name		Title		Signature		Date (M/DD/YY)	

Precision - White

Transporter - Yellow

Unloading Area - Pink

Project Site - Gold

06087

MINERVA ENTERPRISES, IN
9000 Minerva Rd. P.O. Box 709
Waynesburg, OH 44688
Ph: 330-888-3435
Fax: 330-888-3488

Ticket # **247998**
Date: **09/24/2011**
Time: **8:02:16 AM**

Customer Name

Precision Environmental Company

Customer #:	224	Gross Weight:	77800
Transporter:	Cooper Disposal	Tare Weight:	32500
Truck Type:	40 cuyd Roll-off	Net Weight(tons):	22.65
Truck License #:	8.9	Volume Recieved(yards):	40
Location:	OH, Euclid	Waste Type:	Friable Asbestos
Generator:	Former Cleveland	Minerva Job #:	2000
ME REP/P.O.#:	ydh		

Accepted: Yes

If No, this material was rejected for the following reasons: _____

Driver: _____

Minerva Enterprises Representative: _____

I certify that all materials meet Stark County/ohio EPA specifications.

This certifies that the waste specified on this ticket has been properly disposed of in accordance with all local, state and federal regulations.

PRECISION ENVIRONMENTAL CO.

06131

REGULATED ASBESTOS MATERIAL: EPA WASTE SHIPMENT RECORD

RQ, Waste, Asbestos, 9, NA2212, PGIII

248009

G E N E R A T O R	1. Work site name and mailing address CLEVELAND TRENCHER 20100 ST CLAIR CLEVELAND, OH 44108205		Owner's name BARRY THOMAS, TRUSTEE 71 COTTER AVE MURON, OH		Owner's telephone number 330-762-7377
	2. Operator's name and address PRECISION ENVIRONMENTAL CO. 5500 Old Brecksville Road. Independence, Ohio 44131				Operators's telephone number (216) 642 6040
	3. Waste disposal site (WDS) name, mailing address, and physical site location MINERVA ENTERPRISES 9000 MINERVA RD WAYNESBURG, OH 44688				WDS phone number 630-866-3438
	4. Name, and address of responsible agency (Local, District or EPA office where notification was sent) CLEVELAND DIV OF AIR, 76 RELEVATION BLARA, CLEVELAND, OH				
T R A N S P O R T E R	5. Description of materials		6. Containers		7 Total quantity cubic meters or cubic yards
			Number	Type	
	ACM BUILDING DEBRIS		1	DUMPSTER	20 YARDS
W A S T E S I T E	8. Special handling instructions and additional information EMERGENCY CONTACT: PRECISION ENVIRONMENTAL (216) 642-6040				
	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 <div style="display: flex; justify-content: space-between;"> <u>KENNY YATES</u> Printed/typed name <u>SUPERVISOR</u> Title <u>[Signature]</u> Signature <u>9-19-11</u> Date (M/DD/YY) </div>				
	10. Transporter 1 (Acknowledgment of receipt of materials) Address and telephone no <div style="display: flex; justify-content: space-between;"> <u>Antonio Bryant</u> Printed/typed name <u>Driver</u> Title <u>[Signature]</u> Signature <u>9-20-11</u> Date (M/DD/YY) </div>				
11. Transporter 2 (Acknowledgment of receipt of materials) Address and telephone no <div style="display: flex; justify-content: space-between;"> <u>Antonio Bryant</u> Printed/typed name <u>Driver</u> Title <u>[Signature]</u> Signature <u>9-24-11</u> Date (M/DD/YY) </div>					
12. Discrepancy indication space					
13. Waste disposal site owner or operator. Certification of receipt of asbestos materials by this manifest except as noted in item <div style="display: flex; justify-content: space-between;"> <u>Yolande Boss</u> Printed/typed name <u>[Signature]</u> Title <u>[Signature]</u> Signature <u>9/24/11</u> Date (M/DD/YY) </div>					

Precision - White

Transporter - Yellow

Unloading Area - Pink

Project Site - Gold

06131

MINERVA ENTERPRISES, IN
9000 Minerva Rd. P.O. Box 709
Waynesburg, OH 44688
Ph: 330-868-3435
Fax: 330-868-3468

Ticket # **248009**
Date **09/24/2011**
Time **10:29:44 AM**


Customer Name
Precision Environmental Company

Customer # **224**
Transporter: **Cooper Disposal**
Truck Type: **20 cuyd Roll-off**
Truck License #: **01**
Location: **OH, Cleveland**
Generator: **Cleveland Trancher**
ME REP/P.O.# **ydh**
Accepted: **Yes**

Gross Weight: **65740**
Tare Weight: **32100**
Net Weight(tons): **16.82**
Volume Recieved(yards): **20**
Waste Type: **Friable Asbestos**
Minerva Job #: **2000**

If No, this material was rejected for the following reasons: _____

Driver 
I certify that all materials meet Stark
County/ohio EPA specifications.

Minerva Enterprises Representative: 
This certifies that the waste specified on this ticket has been properly
disposed of in accordance with all local, state and federal regulations.