

**BEFORE THE ENVIRONMENTAL APPEALS BOARD
UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
WASHINGTON, D.C.**

In re:)
)
)
HAGERSTOWN AIRCRAFT)
SERVICES, INC.,)
)
Respondent)
)
Docket No. RCRA-03-2011-0112)

**MOTION TO SET ASIDE DEFAULT ORDER AND
TEMPORARILY STAY PROCEEDINGS**

Exhibit D

WHITEFORD, TAYLOR & PRESTON L.L.P.

SEVEN SAINT PAUL STREET
BALTIMORE, MARYLAND 21202-1636

MAIN TELEPHONE (410) 347-8700
FACSIMILE (410) 752-7092

BALTIMORE, MD
BETHESDA, MD
COLUMBIA, MD
DEARBORN, MI
FALLS CHURCH, VA
TOWSON, MD
WASHINGTON, DC
WILMINGTON, DE*

WWW.WTPLAW.COM
(800) 987-8705

M. TRENT ZIVKOVICH
COUNSEL
DIRECT LINE (410) 347-8778
DIRECT FAX (410) 223-4176
TZivkovich@wtplaw.com

August 5, 2013

VIA EMAIL TO AENWEZE@MDE.STATE.MD.US AND
PSUDANO@MDE.STATE.ME.US AND U.S. MAIL

Anthony Enweze
Maryland Department of the Environment
Land Management Administration
1800 Washington Boulevard
Baltimore, MD 21230

Paul Sudano
Maryland Department of the Environment
Land Management Administration
1800 Washington Boulevard
Baltimore, MD 21230

**Re: Hagerstown Aircraft Services, Inc.
RCRA ID No. MDD046282398**

Gentlemen:

My firm and I have been retained to represent Hagerstown Aircraft Services, Inc. ("Hagerstown Aircraft") with regards to environmental compliance matters. On behalf of my client, please find enclosed a copy of documentation and certifications for Hazard Communication Training conducted with the staff of Hagerstown Aircraft on July 31, 2013. In addition, it is my understanding that a copy of the facility's new Contingency Plan may have been inadvertently left off a July 25th email transmittal of compliance documents from Hagerstown Aircraft to Mr. Sudano. A copy of that Plan is also enclosed for your review.

Based on my review, it appears that each of the issues identified by MDE during its May 3 and June 26, 2013 compliance evaluation inspections has now been addressed. My client will contact you directly to discuss arranging for a follow-up compliance inspection at your convenience.

Anthony Enweze and Paul Sudano, MDE
August 5, 2013
Page 2

Please don't hesitate to contact me at tzivkovich@wtplaw.com or 410-347-8778 with any questions.

Sincerely,



M. Trent Zivkovich

Enclosures

cc: Kim Potter, Hagerstown Aircraft Services, Inc.

Employee Name: DAVE KUNKLEMAN

Company Name

HAGERSTOWN AIRCRAFT SERVICES INC
14235 OAK SPRINGS RD
HAGERSTOWN MD 21742

Hazard Communication Certification

Employee Name: DAVE KUNKLEMAN

Work Location: _____

Note to Evaluator: *By signing this document, you are confirming that the trainee has demonstrated the ability to safely perform the task listed, or has the requisite knowledge for the subject.*

Note to Trainee: *By accepting this signature, you are confirming that you have the ability to safely perform the task listed, or have the requisite knowledge for the subject, and have been given the opportunity to ask any questions.*

Required Courses

Company Safety Orientation

	7/31/13 DK
Trainer Signature	Date

Hazard Communication Safety Training

	DK 7/31/13
Trainer Signature	Date

Performance Requirements

Demonstrate understanding of the operations in their work area where hazardous chemicals are present.

	DK 7/31/13
Trainer Signature	Date

Describe the location and availability of the hazard communication written plan.

	DK 7/31/13
Trainer Signature	Date

Employee Name: DAVE KUNKHEMAN

Describe the locations of the safety data sheets.

	7/31/13 OK
Trainer Signature	Date

Describe the location of the chemical inventory list.

	7/31/13 OK
Trainer Signature	Date

Describe the methods that may be used to detect the presence or release of hazardous chemicals.

	7/31/13 OK
Trainer Signature	Date

Describe physical symptoms that may be caused by exposure to hazardous chemicals.

	7/31/13 OK
Trainer Signature	Date

Describe the physical hazards of the chemicals in the work area.

	7/31/13 OK
Trainer Signature	Date

Describe the health hazards of the chemicals in the work area.

	7/31/13 OK
Trainer Signature	Date

Demonstrate the ability to use proper personal protective equipment in the work area.

	7/31/13 OK
Trainer Signature	Date

Demonstrate understanding of any special chemical safety procedures used in the work area.

	7/31/13 OK
Trainer Signature	Date

Demonstrate understanding of any emergency procedures for dealing with chemical hazards.

	7/31/13 OK
Trainer Signature	Date

Employee Name: DAVE KUNKLEMAN

Demonstrate understanding of the company hazard communication program.

	7/31/13 DK
Trainer Signature	Date

Demonstrate understanding of the company chemical hazard labeling system.

	7/31/13 DK
Trainer Signature	Date

Demonstrate understanding of the methods for obtaining information about hazardous chemicals.

	7/31/13 DK
Trainer Signature	Date

Enter any workplace specific requirements here.

	7/31/13 DK
Trainer Signature	Date

Enter any workplace specific requirements here.

	7/31/13 DK
Trainer Signature	Date

Certification

I certify that this employee has completed the Hazard Communication Training Program and can perform work in areas with hazardous chemicals.

7-31-13 <i>[Signature]</i>	7/31/13 DK
Trainer Signature	Date

Employee Name: Kim Potter

Company Name

HAGERSTOWN AIRCRAFT SERVICES INC
14235 OAK SPRINGS RD
HAGERSTOWN MD 21742

Hazard Communication Certification

Employee Name: Kim Potter

Work Location: office

Note to Evaluator: *By signing this document, you are confirming that the trainee has demonstrated the ability to safely perform the task listed, or has the requisite knowledge for the subject.*

Note to Trainee: *By accepting this signature, you are confirming that you have the ability to safely perform the task listed, or have the requisite knowledge for the subject, and have been given the opportunity to ask any questions.*

Required Courses

Company Safety Orientation

	KP 7/31/13
Trainer Signature	Date

Hazard Communication Safety Training

	KP 7/31/13
Trainer Signature	Date

Performance Requirements

Demonstrate understanding of the operations in their work area where hazardous chemicals are present.

	KP 7/31/13
Trainer Signature	Date

Describe the location and availability of the hazard communication written plan.

	KP 7/31/13
Trainer Signature	Date

Employee Name: Kim Potter

Describe the locations of the safety data sheets.

	KP 7/31/13
Trainer Signature	Date

Describe the location of the chemical inventory list.

	KP 7/31/13
Trainer Signature	Date

Describe the methods that may be used to detect the presence or release of hazardous chemicals.

	KP 7/31/13
Trainer Signature	Date

Describe physical symptoms that may be caused by exposure to hazardous chemicals.

	KP 7/31/13
Trainer Signature	Date

Describe the physical hazards of the chemicals in the work area.

	KP 7/31/13
Trainer Signature	Date

Describe the health hazards of the chemicals in the work area.

	KP 7/31/13
Trainer Signature	Date

Demonstrate the ability to use proper personal protective equipment in the work area.

	KP 7/31/13
Trainer Signature	Date

Demonstrate understanding of any special chemical safety procedures used in the work area.

	KP 7/31/13
Trainer Signature	Date

Demonstrate understanding of any emergency procedures for dealing with chemical hazards.

	KP 7/31/13
Trainer Signature	Date

Employee Name: Kim Potten

Demonstrate understanding of the company hazard communication program.

	KP 7/31/13
Trainer Signature	Date

Demonstrate understanding of the company chemical hazard labeling system.

	KP 7/31/13
Trainer Signature	Date

Demonstrate understanding of the methods for obtaining information about hazardous chemicals.

	KP 7/31/13
Trainer Signature	Date

Enter any workplace specific requirements here.


	KP 7/31/13
Trainer Signature	Date

Enter any workplace specific requirements here.

	KP 7/31/13
Trainer Signature	Date

Certification

I certify that this employee has completed the Hazard Communication Training Program and can perform work in areas with hazardous chemicals.

	7-31-13
Trainer Signature	Date

Employee Name: Curtis J. Rupert

HAGERSTOWN AIRCRAFT SERVICES INC
14235 OAK SPRINGS RD
HAGERSTOWN MD 21742

Company Name

Hazard Communication Certification

Employee Name: Curtis J. Rupert
Work Location: paint

Note to Evaluator: *By signing this document, you are confirming that the trainee has demonstrated the ability to safely perform the task listed, or has the requisite knowledge for the subject.*

Note to Trainee: *By accepting this signature, you are confirming that you have the ability to safely perform the task listed, or have the requisite knowledge for the subject, and have been given the opportunity to ask any questions.*

Required Courses

Company Safety Orientation

	JR
Trainer Signature	Date 7/31

Hazard Communication Safety Training

	JR
Trainer Signature	Date 7/31

Performance Requirements

Demonstrate understanding of the operations in their work area where hazardous chemicals are present.

	JR
Trainer Signature	Date 7/31

Describe the location and availability of the hazard communication written plan.

	JR
Trainer Signature	Date 7/31

Employee Name: Cesar J. Lopez

Describe the locations of the safety data sheets.

Describe the location of the chemical inventory list.

Describe the methods that may be used to detect the presence or release of hazardous chemicals.

Describe physical symptoms that may be caused by exposure to hazardous chemicals.

Describe the physical hazards of the chemicals in the work area.

Describe the health hazards of the chemicals in the work area.

Demonstrate the ability to use proper personal protective equipment in the work area.

Demonstrate understanding of any special chemical safety procedures used in the work area.

Demonstrate understanding of any emergency procedures for dealing with chemical hazards.

	JR
Trainer Signature	Date 7/31

	JR
Trainer Signature	Date 7/31

	JR
Trainer Signature	Date 7/31

	JR
Trainer Signature	Date 7/31

	JR
Trainer Signature	Date 7/31

	JR
Trainer Signature	Date 7/31

	JR
Trainer Signature	Date 7/31

	JR
Trainer Signature	Date 7/31

	JR
Trainer Signature	Date 7/31

Employee Name: Curtis J. Repert

Demonstrate understanding of the company hazard communication program.

	JR
Trainer Signature	Date 7/31

Demonstrate understanding of the company chemical hazard labeling system.

	JR
Trainer Signature	Date 7/31

Demonstrate understanding of the methods for obtaining information about hazardous chemicals.

	JR
Trainer Signature	Date 7/31

Enter any workplace specific requirements here.

	JR
Trainer Signature	Date 7/31

Enter any workplace specific requirements here.

	JR
Trainer Signature	Date 7/31

Certification

I certify that this employee has completed the Hazard Communication Training Program and can perform work in areas with hazardous chemicals.

7-31-13 <i>Curtis J. Repert</i>	JR
Trainer Signature	Date 7/31

Employee Name: Quane Mawal

HAGERSTOWN AIRCRAFT SERVICES INC
14235 OAK SPRINGS RD
HAGERSTOWN MD 21742

Company Name

Hazard Communication Certification

Employee Name: Quane Mawal

Work Location: _____

Note to Evaluator: *By signing this document, you are confirming that the trainee has demonstrated the ability to safely perform the task listed, or has the requisite knowledge for the subject.*

Note to Trainee: *By accepting this signature, you are confirming that you have the ability to safely perform the task listed, or have the requisite knowledge for the subject, and have been given the opportunity to ask any questions.*

Required Courses

Company Safety Orientation

	<u>Quane</u> <u>7/31/13</u>
Trainer Signature	Date

Hazard Communication Safety Training

	<u>Quane</u> <u>7/31/13</u>
Trainer Signature	Date

Performance Requirements

Demonstrate understanding of the operations in their work area where hazardous chemicals are present.

	<u>Quane</u> <u>7/31/13</u>
Trainer Signature	Date

Describe the location and availability of the hazard communication written plan.

	<u>Quane</u> <u>7/31/13</u>
Trainer Signature	Date

Employee Name: Quam Mound

Describe the locations of the safety data sheets.

	Quam 7/31/13
Trainer Signature	Date

Describe the location of the chemical inventory list.

	Quam 7/31/13
Trainer Signature	Date

Describe the methods that may be used to detect the presence or release of hazardous chemicals.

	Quam 7/31/13
Trainer Signature	Date

Describe physical symptoms that may be caused by exposure to hazardous chemicals.

	Quam 7/31/13
Trainer Signature	Date

Describe the physical hazards of the chemicals in the work area.

	Quam 7/31/13
Trainer Signature	Date

Describe the health hazards of the chemicals in the work area.

	Quam 7/31/13
Trainer Signature	Date

Demonstrate the ability to use proper personal protective equipment in the work area.

	Quam 7/31/13
Trainer Signature	Date

Demonstrate understanding of any special chemical safety procedures used in the work area.

	Quam 7/31/13
Trainer Signature	Date

Demonstrate understanding of any emergency procedures for dealing with chemical hazards.

	Quam 7/31/13
Trainer Signature	Date

Employee Name: Deann Mound

Demonstrate understanding of the company hazard communication program.

	<i>Deann</i> 7/31/13
Trainer Signature	Date

Demonstrate understanding of the company chemical hazard labeling system.

	<i>Deann</i> 7/31/13
Trainer Signature	Date

Demonstrate understanding of the methods for obtaining information about hazardous chemicals.

	<i>Deann</i> 7/31/13
Trainer Signature	Date

Enter any workplace specific requirements here.

	<i>Deann</i> 7/31/13
Trainer Signature	Date

Enter any workplace specific requirements here.

	<i>Deann</i> 7/31/13
Trainer Signature	Date

Certification

I certify that this employee has completed the Hazard Communication Training Program and can perform work in areas with hazardous chemicals.

<i>Carol</i>	7-31-13
Trainer Signature	Date

Employee Name: Danielle Hooteller

HAGERSTOWN AIRCRAFT SERVICES INC
14235 OAK SPRINGS RD
HAGERSTOWN MD 21742

Company Name

Hazard Communication Certification

Employee Name: Danielle

Work Location: Paint

Note to Evaluator: *By signing this document, you are confirming that the trainee has demonstrated the ability to safely perform the task listed, or has the requisite knowledge for the subject.*

Note to Trainee: *By accepting this signature, you are confirming that you have the ability to safely perform the task listed, or have the requisite knowledge for the subject, and have been given the opportunity to ask any questions.*

Required Courses

Company Safety Orientation

	DH
Trainer Signature	Date 7/31

Hazard Communication Safety Training

	DH
Trainer Signature	Date 7/31

Performance Requirements

Demonstrate understanding of the operations in their work area where hazardous chemicals are present.

	DH
Trainer Signature	Date 7/31

Describe the location and availability of the hazard communication written plan.

	DH
Trainer Signature	Date 7/31

Employee Name: Danielle Hostetter

Describe the locations of the safety data sheets.

	DH
Trainer Signature	Date 7/31

Describe the location of the chemical inventory list.

	DH
Trainer Signature	Date 7/31

Describe the methods that may be used to detect the presence or release of hazardous chemicals.

	DH
Trainer Signature	Date 7/31

Describe physical symptoms that may be caused by exposure to hazardous chemicals.

	DH
Trainer Signature	Date 7/31

Describe the physical hazards of the chemicals in the work area.

	DH
Trainer Signature	Date 7/31

Describe the health hazards of the chemicals in the work area.

	DH
Trainer Signature	Date 7/31

Demonstrate the ability to use proper personal protective equipment in the work area.

	DH
Trainer Signature	Date 7/31

Demonstrate understanding of any special chemical safety procedures used in the work area.

	DH
Trainer Signature	Date 7/31

Demonstrate understanding of any emergency procedures for dealing with chemical hazards.

	DH
Trainer Signature	Date 7/31

Employee Name: Danielle Hostetter

Demonstrate understanding of the company hazard communication program.

	DH
Trainer Signature	Date 7/31

Demonstrate understanding of the company chemical hazard labeling system.

	DH
Trainer Signature	Date 7/31

Demonstrate understanding of the methods for obtaining information about hazardous chemicals.

	DH
Trainer Signature	Date 7/31

Enter any workplace specific requirements here.

	DH
Trainer Signature	Date 7/31

Enter any workplace specific requirements here.

	DH
Trainer Signature	Date 7/31

Certification

I certify that this employee has completed the Hazard Communication Training Program and can perform work in areas with hazardous chemicals.

7-31-17 <i>[Signature]</i>	DH
Trainer Signature	Date 7/31

Employee Name: Hunter Rock

HAGERSTOWN AIRCRAFT SERVICES INC
14235 OAK SPRINGS RD
HAGERSTOWN MD 21742

Company Name

Hazard Communication Certification

Employee Name: Hunter Rock

Work Location: Maintenance

Note to Evaluator: *By signing this document, you are confirming that the trainee has demonstrated the ability to safely perform the task listed, or has the requisite knowledge for the subject.*

Note to Trainee: *By accepting this signature, you are confirming that you have the ability to safely perform the task listed, or have the requisite knowledge for the subject, and have been given the opportunity to ask any questions.*

Required Courses

Company Safety Orientation

HR
7-30-13

Trainer Signature	Date

Hazard Communication Safety Training

HR
7-30-13

Trainer Signature	Date

Performance Requirements

Demonstrate understanding of the operations in their work area where hazardous chemicals are present.

HR
7-30-13

Trainer Signature	Date

Describe the location and availability of the hazard communication written plan.

HR
7-30-13

Trainer Signature	Date

Employee Name: _____

Describe the locations of the safety data sheets.

HR
7-30-13

Trainer Signature	Date

Describe the location of the chemical inventory list.

HR
7-30-13

Trainer Signature	Date

Describe the methods that may be used to detect the presence or release of hazardous chemicals.

HR
7-30-13

Trainer Signature	Date

Describe physical symptoms that may be caused by exposure to hazardous chemicals.

HR
7-30-13

Trainer Signature	Date

Describe the physical hazards of the chemicals in the work area.

HR
7-30-13

Trainer Signature	Date

Describe the health hazards of the chemicals in the work area.

HR
7-30-13

Trainer Signature	Date

Demonstrate the ability to use proper personal protective equipment in the work area.

HR
7-30-13

Trainer Signature	Date

Demonstrate understanding of any special chemical safety procedures used in the work area.

HR
7-30-13

Trainer Signature	Date

Demonstrate understanding of any emergency procedures for dealing with chemical hazards.

HR
7-30-13

Trainer Signature	Date

Employee Name: _____

Demonstrate understanding of the company hazard communication program.

HR
7-30-13

Trainer Signature	Date

Demonstrate understanding of the company chemical hazard labeling system.

HR
7-30-13

Trainer Signature	Date

Demonstrate understanding of the methods for obtaining information about hazardous chemicals.

HR
7-30-13

Trainer Signature	Date

Enter any workplace specific requirements here.

HR
7-30-13

Trainer Signature	Date

Enter any workplace specific requirements here.


HR
7-30-13

Trainer Signature	Date

Certification

I certify that this employee has completed the Hazard Communication Training Program and can perform work in areas with hazardous chemicals.

HR
7-30-13

	7-31-13
Trainer Signature	Date

Employee Name: Regina Mills

Company Name

HAGERSTOWN AIRCRAFT SERVICES INC
14235 OAK SPRINGS RD
HAGERSTOWN MD 21742

Hazard Communication Certification

Employee Name: Regina Mills

Work Location: Office

Note to Evaluator: *By signing this document, you are confirming that the trainee has demonstrated the ability to safely perform the task listed, or has the requisite knowledge for the subject.*

Note to Trainee: *By accepting this signature, you are confirming that you have the ability to safely perform the task listed, or have the requisite knowledge for the subject, and have been given the opportunity to ask any questions.*

Required Courses

- Company Safety Orientation
- Hazard Communication Safety Training

	<u>RM</u>
Trainer Signature	Date

	<u>RM</u>
Trainer Signature	Date

Performance Requirements

- Demonstrate understanding of the operations in their work area where hazardous chemicals are present.
- Describe the location and availability of the hazard communication written plan.

	<u>RM</u>
Trainer Signature	Date

	<u>RM</u>
Trainer Signature	Date

Employee Name: Regina Mills

Describe the locations of the safety data sheets.

	RM
Trainer Signature	Date

Describe the location of the chemical inventory list.

	RM
Trainer Signature	Date

Describe the methods that may be used to detect the presence or release of hazardous chemicals.

	RM
Trainer Signature	Date

Describe physical symptoms that may be caused by exposure to hazardous chemicals.

	RM
Trainer Signature	Date

Describe the physical hazards of the chemicals in the work area.

	RM
Trainer Signature	Date

Describe the health hazards of the chemicals in the work area.

	RM
Trainer Signature	Date

Demonstrate the ability to use proper personal protective equipment in the work area.

	RM
Trainer Signature	Date

Demonstrate understanding of any special chemical safety procedures used in the work area.

	RM
Trainer Signature	Date

Demonstrate understanding of any emergency procedures for dealing with chemical hazards.

	RM
Trainer Signature	Date

Employee Name: Regina Mills

Demonstrate understanding of the company hazard communication program.

	Rm
Trainer Signature	Date

Demonstrate understanding of the company chemical hazard labeling system.

	Rm
Trainer Signature	Date

Demonstrate understanding of the methods for obtaining information about hazardous chemicals.

	Rm
Trainer Signature	Date

Enter any workplace specific requirements here.

	Rm
Trainer Signature	Date

Enter any workplace specific requirements here.

	Rm
Trainer Signature	Date

Certification

I certify that this employee has completed the Hazard Communication Training Program and can perform work in areas with hazardous chemicals.

<i>7-31-17</i> <i>Regina Mills</i>	Rm
Trainer Signature	Date

Employee Name: JOE HARM

HAGERSTOWN AIRCRAFT SERVICES INC
14235 OAK SPRINGS RD
HAGERSTOWN MD 21742

Company Name

Hazard Communication Certification

Employee Name: _____

Work Location: _____

Note to Evaluator:



By signing this document, you are confirming that the trainee has demonstrated the ability to safely perform the task listed, or has the requisite knowledge for the subject.

Note to Trainee:


By accepting this signature, you are confirming that you have the ability to safely perform the task listed, or have the requisite knowledge for the subject, and have been given the opportunity to ask any questions.

Required Courses

Company Safety Orientation


	 7/31/13
Trainer Signature	Date

Hazard Communication Safety Training


	 7/31/13
Trainer Signature	Date

Performance Requirements

Demonstrate understanding of the operations in their work area where hazardous chemicals are present.

	 7/31/13
Trainer Signature	Date

Describe the location and availability of the hazard communication written plan.

	 7/31/13
Trainer Signature	Date

Employee Name: JOE HARTT

Describe the locations of the safety data sheets.

	<i>Joe</i> 7/31/13
Trainer Signature	Date

Describe the location of the chemical inventory list.

	<i>Joe</i> 7/31/13
Trainer Signature	Date

Describe the methods that may be used to detect the presence or release of hazardous chemicals.

	<i>Joe</i> 7/31/13
Trainer Signature	Date

Describe physical symptoms that may be caused by exposure to hazardous chemicals.

	<i>Joe</i> 7/31/13
Trainer Signature	Date

Describe the physical hazards of the chemicals in the work area.

	<i>Joe</i> 7/31/13
Trainer Signature	Date

Describe the health hazards of the chemicals in the work area.

	<i>Joe</i> 7/31/13
Trainer Signature	Date

Demonstrate the ability to use proper personal protective equipment in the work area.

	<i>Joe</i> 7/31/13
Trainer Signature	Date

Demonstrate understanding of any special chemical safety procedures used in the work area.

	<i>Joe</i> 7/31/13
Trainer Signature	Date

Demonstrate understanding of any emergency procedures for dealing with chemical hazards.

	<i>Joe</i> 7/31/13
Trainer Signature	Date

Employee Name: JOE HAAM

Demonstrate understanding of the company hazard communication program.

	<i>Joe</i> 7/31/13
Trainer Signature	Date

Demonstrate understanding of the company chemical hazard labeling system.

	<i>Joe</i> 7/31/13
Trainer Signature	Date

Demonstrate understanding of the methods for obtaining information about hazardous chemicals.

	<i>Joe</i> 7/31/13
Trainer Signature	Date

Enter any workplace specific requirements here.

	<i>Joe</i> 7/31/13
Trainer Signature	Date

Enter any workplace specific requirements here.

	<i>Joe</i> 7/31/13
Trainer Signature	Date

Certification

I certify that this employee has completed the Hazard Communication Training Program and can perform work in areas with hazardous chemicals.

<i>Joe Haam</i>	7-31-13
Trainer Signature	Date

Employee Name: LIONEL SMITH

Company Name

HAGERSTOWN AIRCRAFT SERVICES INC
14235 OAK SPRINGS RD
HAGERSTOWN MD 21742

Hazard Communication Certification

Employee Name: LIONEL SMITH

Work Location: Sheet Metal

Note to Evaluator:


By signing this document, you are confirming that the trainee has demonstrated the ability to safely perform the task listed, or has the requisite knowledge for the subject.

Note to Trainee:


By accepting this signature, you are confirming that you have the ability to safely perform the task listed, or have the requisite knowledge for the subject, and have been given the opportunity to ask any questions.

Required Courses

Company Safety Orientation


	
Trainer Signature	Date

Hazard Communication Safety Training


	
Trainer Signature	Date

Performance Requirements

Demonstrate understanding of the operations in their work area where hazardous chemicals are present.

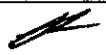
	
Trainer Signature	Date

Describe the location and availability of the hazard communication written plan.


	
Trainer Signature	Date

Employee Name: LIONEL SMITH


Describe the locations of the safety data sheets.

	
Trainer Signature	Date

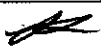
Describe the location of the chemical inventory list.

	
Trainer Signature	Date


Describe the methods that may be used to detect the presence or release of hazardous chemicals.

	
Trainer Signature	Date


Describe physical symptoms that may be caused by exposure to hazardous chemicals.

	
Trainer Signature	Date


Describe the physical hazards of the chemicals in the work area.

	
Trainer Signature	Date


Describe the health hazards of the chemicals in the work area.

	
Trainer Signature	Date


Demonstrate the ability to use proper personal protective equipment in the work area.

	
Trainer Signature	Date

Demonstrate understanding of any special chemical safety procedures used in the work area.


	
Trainer Signature	Date

Demonstrate understanding of any emergency procedures for dealing with chemical hazards.


	
Trainer Signature	Date

Employee Name: LOWEL SMITH


Demonstrate understanding of the company hazard communication program.

	
Trainer Signature	Date


Demonstrate understanding of the company chemical hazard labeling system.

	
Trainer Signature	Date


Demonstrate understanding of the methods for obtaining information about hazardous chemicals.

	
Trainer Signature	Date

Enter any workplace specific requirements here.

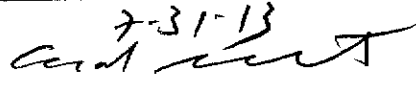

	
Trainer Signature	Date

Enter any workplace specific requirements here.

	
Trainer Signature	Date

Certification

I certify that this employee has completed the Hazard Communication Training Program and can perform work in areas with hazardous chemicals.

 7-31-13	
Trainer Signature	Date

Employee Name: Larry Gelsinger

Company Name

HAGERSTOWN AIRCRAFT SERVICES INC
14235 OAK SPRINGS RD
HAGERSTOWN MD 21742

Hazard Communication Certification

Employee Name: Larry Gelsinger

Work Location: _____

Note to Evaluator: *By signing this document, you are confirming that the trainee has demonstrated the ability to safely perform the task listed, or has the requisite knowledge for the subject.*

Note to Trainee: *By accepting this signature, you are confirming that you have the ability to safely perform the task listed, or have the requisite knowledge for the subject, and have been given the opportunity to ask any questions.*

Required Courses

Company Safety Orientation

	<u>YJM</u>
Trainer Signature	Date 7/31/13

Hazard Communication Safety Training

	<u>YJM</u>
Trainer Signature	Date 7/31/13

Performance Requirements

Demonstrate understanding of the operations in their work area where hazardous chemicals are present.

	<u>YJM</u>
Trainer Signature	Date 7/31/13

Describe the location and availability of the hazard communication written plan.

	<u>YJM</u>
Trainer Signature	Date 7/31/13

Employee Name:

Larry Belski

Describe the locations of the safety data sheets.

Describe the location of the chemical inventory list.

Describe the methods that may be used to detect the presence or release of hazardous chemicals.

Describe physical symptoms that may be caused by exposure to hazardous chemicals.

Describe the physical hazards of the chemicals in the work area.

Describe the health hazards of the chemicals in the work area.

Demonstrate the ability to use proper personal protective equipment in the work area.

Demonstrate understanding of any special chemical safety procedures used in the work area.

Demonstrate understanding of any emergency procedures for dealing with chemical hazards.

	<u>YJB.</u> 7/31/13
Trainer Signature	Date

	<u>YJB.</u> 7/31/13
Trainer Signature	Date

	<u>YJB.</u> 7/31/13
Trainer Signature	Date

	<u>YJB.</u> 7/31/13
Trainer Signature	Date

	<u>YJB.</u> 7/31/13
Trainer Signature	Date

	<u>YJB.</u> 7/31/13
Trainer Signature	Date

	<u>YJB.</u> 7/31/13
Trainer Signature	Date

	<u>YJB.</u> 7/31/13
Trainer Signature	Date

	<u>YJB.</u> 7/31/13
Trainer Signature	Date

Employee Name: Larry Belong

Demonstrate understanding of the company hazard communication program.

	<i>YJA</i> 7/31/13
Trainer Signature	Date

Demonstrate understanding of the company chemical hazard labeling system.

	<i>YJA</i> 7/31/13
Trainer Signature	Date

Demonstrate understanding of the methods for obtaining information about hazardous chemicals.

	<i>YJA</i> 7/31/13
Trainer Signature	Date

Enter any workplace specific requirements here.

	<i>YJA</i> 7/31/13
Trainer Signature	Date

Enter any workplace specific requirements here.

	<i>YJA</i> 7/31/13
Trainer Signature	Date

Certification

I certify that this employee has completed the Hazard Communication Training Program and can perform work in areas with hazardous chemicals.

<i>7-31-13</i> <i>Carol [Signature]</i>	<i>YJA</i> 7/31/13
Trainer Signature	Date

Employee Name: CLARENCE CANNON

Company Name

HAGERSTOWN AIRCRAFT SERVICES INC
14235 OAK SPRINGS RD
HAGERSTOWN MD 21742

Hazard Communication Certification

Employee Name: CLARENCE CANNON

Work Location: AVIONICS

Note to Evaluator: *By signing this document, you are confirming that the trainee has demonstrated the ability to safely perform the task listed, or has the requisite knowledge for the subject.*

Note to Trainee: *By accepting this signature, you are confirming that you have the ability to safely perform the task listed, or have the requisite knowledge for the subject, and have been given the opportunity to ask any questions.*

Required Courses

Company Safety Orientation

	ccc 7-31-13
Trainer Signature	Date

Hazard Communication Safety Training

	ccc 7-31-13
Trainer Signature	Date

Performance Requirements

Demonstrate understanding of the operations in their work area where hazardous chemicals are present.

	ccc 7-31-13
Trainer Signature	Date

Describe the location and availability of the hazard communication written plan.

	ccc 7-31-13
Trainer Signature	Date

Employee Name: CLARENCE CANNON

Describe the locations of the safety data sheets.

	<i>CCP</i> 7-31-13
Trainer Signature	Date

Describe the location of the chemical inventory list.

	<i>CCP</i> 7-31-13
Trainer Signature	Date

Describe the methods that may be used to detect the presence or release of hazardous chemicals.

	<i>CCP</i> 7-31-13
Trainer Signature	Date

Describe physical symptoms that may be caused by exposure to hazardous chemicals.

	<i>CCP</i> 7-31-13
Trainer Signature	Date

Describe the physical hazards of the chemicals in the work area.

	<i>CCP</i> 7-31-13
Trainer Signature	Date

Describe the health hazards of the chemicals in the work area.

	<i>CCP</i> 7-31-13
Trainer Signature	Date

Demonstrate the ability to use proper personal protective equipment in the work area.

	<i>CCP</i> 7-31-13
Trainer Signature	Date

Demonstrate understanding of any special chemical safety procedures used in the work area.

	<i>CCP</i> 7-31-13
Trainer Signature	Date

Demonstrate understanding of any emergency procedures for dealing with chemical hazards.

	<i>CCP</i> 7-31-13
Trainer Signature	Date

Employee Name: CLARENCE CANNON

Demonstrate understanding of the company hazard communication program.

	<i>cee</i> 7-29-13
Trainer Signature	Date

Demonstrate understanding of the company chemical hazard labeling system.

	<i>cee</i> 7-31-13
Trainer Signature	Date

Demonstrate understanding of the methods for obtaining information about hazardous chemicals.

	<i>cee</i> 7-31-13
Trainer Signature	Date

Enter any workplace specific requirements here.

	<i>cee</i> 7-31-13
Trainer Signature	Date

Enter any workplace specific requirements here.

	<i>cee</i> 7-31-13
Trainer Signature	Date

Certification

I certify that this employee has completed the Hazard Communication Training Program and can perform work in areas with hazardous chemicals.

<i>cee</i> 7-31-13 <i>Clarence Cannon</i>	<i>cee</i>
Trainer Signature	Date

Employee Name: J Ridgway

Company Name

HAGERSTOWN AIRCRAFT SERVICES INC
14235 OAK SPRINGS RD
HAGERSTOWN MD 21742

Hazard Communication Certification

Employee Name: J Ridgway

Work Location: AVIONICS / Sheet metal

Note to Evaluator: *By signing this document, you are confirming that the trainee has demonstrated the ability to safely perform the task listed, or has the requisite knowledge for the subject.*

Note to Trainee: *By accepting this signature, you are confirming that you have the ability to safely perform the task listed, or have the requisite knowledge for the subject, and have been given the opportunity to ask any questions.*

Required Courses

Company Safety Orientation

	JR
Trainer Signature	Date 7-31-13

Hazard Communication Safety Training

	JR
Trainer Signature	Date 7-31-13

Performance Requirements

Demonstrate understanding of the operations in their work area where hazardous chemicals are present.

	JR
Trainer Signature	Date 7-31-13

Describe the location and availability of the hazard communication written plan.

	JR
Trainer Signature	Date 7-31-13

Employee Name: J Ridgway

Describe the locations of the safety data sheets.

	JR
Trainer Signature	Date 7-31-13

Describe the location of the chemical inventory list.

	JR
Trainer Signature	Date 7-31-13

Describe the methods that may be used to detect the presence or release of hazardous chemicals.

	JR
Trainer Signature	Date 7-31-13

Describe physical symptoms that may be caused by exposure to hazardous chemicals.

	JR
Trainer Signature	Date 7-31-13

Describe the physical hazards of the chemicals in the work area.

	JR
Trainer Signature	Date 7-31-13

Describe the health hazards of the chemicals in the work area.

	JR
Trainer Signature	Date 7-31-13

Demonstrate the ability to use proper personal protective equipment in the work area.

	JR
Trainer Signature	Date 7-31-13

Demonstrate understanding of any special chemical safety procedures used in the work area.

	JR
Trainer Signature	Date 7-31-13

Demonstrate understanding of any emergency procedures for dealing with chemical hazards.

	JR
Trainer Signature	Date 7-31-13

Employee Name: J Ridgway

Demonstrate understanding of the company hazard communication program.

	JR
Trainer Signature	Date 7-31-13

Demonstrate understanding of the company chemical hazard labeling system.

	JR
Trainer Signature	Date 7-31-13

Demonstrate understanding of the methods for obtaining information about hazardous chemicals.

	JR
Trainer Signature	Date 7-31-13

Enter any workplace specific requirements here.

	JR
Trainer Signature	Date 7-31-13

Enter any workplace specific requirements here.

	JR
Trainer Signature	Date 7-31-13

Certification

I certify that this employee has completed the Hazard Communication Training Program and can perform work in areas with hazardous chemicals.

⁷⁻³¹⁻¹³ Curt [Signature]	JR
Trainer Signature	Date 7-31-13

Employee Name: Keith Sheffler

Company Name

HAGERSTOWN AIRCRAFT SERVICES INC
14235 OAK SPRINGS RD
HAGERSTOWN MD 21742

Hazard Communication Certification

Employee Name: Keith Sheffler

Work Location: Hagerstown Aircraft

Note to Evaluator:

By signing this document, you are confirming that the trainee has demonstrated the ability to safely perform the task listed, or has the requisite knowledge for the subject.

Note to Trainee:

By accepting this signature, you are confirming that you have the ability to safely perform the task listed, or have the requisite knowledge for the subject, and have been given the opportunity to ask any questions.

Required Courses

Company Safety Orientation

	<u>KS</u> 7/31/13
Trainer Signature	Date

Hazard Communication Safety Training

	<u>KS</u> 7/31/13
Trainer Signature	Date

Performance Requirements

Demonstrate understanding of the operations in their work area where hazardous chemicals are present.

	<u>KS</u> 7/31/13
Trainer Signature	Date

Describe the location and availability of the hazard communication written plan.

	<u>KS</u> 7/31/13
Trainer Signature	Date

Employee Name: Keith Sheffer

Describe the locations of the safety data sheets.

	KS 7/31/13
Trainer Signature	Date

Describe the location of the chemical inventory list.

	KS 7/31/13
Trainer Signature	Date

Describe the methods that may be used to detect the presence or release of hazardous chemicals.

	KS 7/31/13
Trainer Signature	Date

Describe physical symptoms that may be caused by exposure to hazardous chemicals.

	KS 7/31/13
Trainer Signature	Date

Describe the physical hazards of the chemicals in the work area.

	KS 7/31/13
Trainer Signature	Date

Describe the health hazards of the chemicals in the work area.

	KS 7/31/13
Trainer Signature	Date

Demonstrate the ability to use proper personal protective equipment in the work area.

	KS 7/31/13
Trainer Signature	Date

Demonstrate understanding of any special chemical safety procedures used in the work area.

	KS 7/31/13
Trainer Signature	Date

Demonstrate understanding of any emergency procedures for dealing with chemical hazards.

	KS 7/31/13
Trainer Signature	Date

Employee Name: Keith Sheffler

Demonstrate understanding of the company hazard communication program.

	<i>KS</i> 7/31/13
Trainer Signature	Date

Demonstrate understanding of the company chemical hazard labeling system.

	<i>KS</i> 7/31/13
Trainer Signature	Date

Demonstrate understanding of the methods for obtaining information about hazardous chemicals.

	<i>KS</i> 7/31/13
Trainer Signature	Date

Enter any workplace specific requirements here.

	<i>KS</i> 7/31/13
Trainer Signature	Date

Enter any workplace specific requirements here.

	<i>KS</i> 7/31/13
Trainer Signature	Date

Certification

I certify that this employee has completed the Hazard Communication Training Program and can perform work in areas with hazardous chemicals.

<i>7-31-13</i> <i>Keith Sheffler</i>	<i>KS</i> 7/31/13
Trainer Signature	Date

Employee Name: Tracy Slyconish

HAGERSTOWN AIRCRAFT SERVICES INC
14235 OAK SPRINGS RD
HAGERSTOWN MD 21742

Company Name

Hazard Communication Certification

Employee Name: Tracy Slyconish

Work Location: Hagerstown MD

Note to Evaluator: *By signing this document, you are confirming that the trainee has demonstrated the ability to safely perform the task listed, or has the requisite knowledge for the subject.*

Note to Trainee: *By accepting this signature, you are confirming that you have the ability to safely perform the task listed, or have the requisite knowledge for the subject, and have been given the opportunity to ask any questions.*

Required Courses

Company Safety Orientation

	7-31-13
	TS
Trainer Signature	Date

Hazard Communication Safety Training

	TS
	7-31-13
Trainer Signature	Date

Performance Requirements

Demonstrate understanding of the operations in their work area where hazardous chemicals are present.

	TS
	7-31-13
Trainer Signature	Date

Describe the location and availability of the hazard communication written plan.

	TS
	7-31-13
Trainer Signature	Date

Employee Name: Tracy Slyconish

Describe the locations of the safety data sheets.

	TS 7-31-13
Trainer Signature	Date

Describe the location of the chemical inventory list.

	TS 7-31-13
Trainer Signature	Date

Describe the methods that may be used to detect the presence or release of hazardous chemicals.

	TS 7-31-13
Trainer Signature	Date

Describe physical symptoms that may be caused by exposure to hazardous chemicals.

	TS 7-31-13
Trainer Signature	Date

Describe the physical hazards of the chemicals in the work area.

	TS 7-31-13
Trainer Signature	Date

Describe the health hazards of the chemicals in the work area.

	TS 7-31-13
Trainer Signature	Date

Demonstrate the ability to use proper personal protective equipment in the work area.

	TS 7-31-13
Trainer Signature	Date

Demonstrate understanding of any special chemical safety procedures used in the work area.

	TS 7-31-13
Trainer Signature	Date

Demonstrate understanding of any emergency procedures for dealing with chemical hazards.

	TS 7-31-13
Trainer Signature	Date

Employee Name: Tracy Slyonish

Demonstrate understanding of the company hazard communication program.

	TS 7-31-13
Trainer Signature	Date

Demonstrate understanding of the company chemical hazard labeling system.

	TS 7-31-13
Trainer Signature	Date

Demonstrate understanding of the methods for obtaining information about hazardous chemicals.

	TS 7-31-13
Trainer Signature	Date

Enter any workplace specific requirements here.

	TS 7-31-13
Trainer Signature	Date

Enter any workplace specific requirements here.

	TS 7-31-13
Trainer Signature	Date

Certification

I certify that this employee has completed the Hazard Communication Training Program and can perform work in areas with hazardous chemicals.

<i>Carol [Signature]</i> 7-13-13	TS 7-31-13
Trainer Signature	Date

CONTINGENCY PLAN

HAGERSTOWN AIRCRAFT SERVICES, INC

14235 OAK SPRINGS ROAD

HAGERSTOWN, MD 21742

This plan is reviewed annually and amended whenever changes occur that will significantly affect the ability of this facility to respond to an emergency situation. This includes revision of the regulations, if the plan fails in an emergency, if this facility changes in a way that materially increases the potential for an emergency or changes in the response necessary in an emergency, if the list of emergency coordinators changes or if the list of emergency equipment changes. When warranted, revisions are made to the plan within 24 hours.

Table of Contents

1. General Facility Information.....	1
2. Purpose and Scope of Plan.....	1
3. Overview of Facility.....	1
4. Emergency Response Coordinator.....	2 & 3
5. Evacuation Plans.....	4
Appendix A – List of Emergency Response Team Members.....	5
Appendix B-List and Location of Emergency Equipment.....	6
Appendix C-Fire Protection and Prevention Plan.....	7
Appendix D-Evacuation Diagram.....	8

1. General Facility Information

Hagerstown Aircraft Services, Inc

Facility Name

Kimberly A. Potter

Facility Owner/Operator

14235 Oak Springs Road – Hagerstown, MD 21742

Physical Address

Washington County, Maryland

County

14235 Oak Springs Road – Hagerstown, MD 21742

Mailing Address

301-733-7604 301-739-0527

Facility Telephone Facility Fax

MDD042682398

EPA Identification Number

SIC/NAICS Code

Alan Shanholtz 301-733-7604

Contingency Plan Development and Maintenance Coordinator

2. Purpose and Scope of Plan

Although this facility is designed, constructed, maintained and operated in a manner that minimizes the possibility for emergency incidents such as fire, explosions and any unplanned sudden or non-sudden release of hazardous waste constituents to air, soil or surface water, this plan is designed to minimize hazards to human health and the environment in the unlikely event of such incidents.

3. Overview of Facility Operations, Wastes, and Processes Generating Wastes

The operations at HAS involve general maintenance of aircraft. This includes structural repair, engine repair, painting and general maintenance. Listed below are the types of hazardous waste generated at HAS:

Page Revision Date_____

4. Emergency Response Coordinator

At all times there must be at least one employee either on the facility premises or on-call to respond to an emergency by coordinating all emergency response measures.

The Emergency Response Coordinator (or alternate) has full authority to commit resources needed to Respond to emergencies at this facility and to direct other trained employees to assist in the implementation of this contingency plan.

A list of emergency response coordinator (s), first aid and spill response team is included in Appendix A.

A list of available emergency equipment and capabilities and location is included in Appendix B.

Name of Fire and Emergency Protection

Listed below are the local fire departments, police department, and hospital.

1. Hagerstown Regional Airport Fire Dept.

18434 Showalter Road

Hagerstown, MD 21742

Telephone 240-313-2777 Dial 911 for emergencies

2. Maugansville Fire Dept

13730 Maugansville Road 21767

Maugansville, MD 21767

(301) 739-8515 Dial 911 for emergencies

3. Hagerstown City Police

50 N. Burhans Blvd.

Hagerstown, Md 21740

301-791-2371

4. Maryland State Policy – Barack O – Hagerstown

18345 Col. Henry K. Douglas Drive

Hagerstown, MD 21740

301-739-2101 (request for police)

301-766-3800 (all other calls)

5. Meritus Health

1116 Medical Campus Road

Hagerstown, MD 21742

301-790-8000

5. Evacuation Plans

If an emergency should occur we will make the necessary announcement informing all employees to evacuate the buildings. All employees will report to the designated safe area. This area is the entrance gate of HAS. (see attached building diagrams)

-Immediately after an emergency, provide cleanup, treatment, storage and/or disposal of recovered waste, contaminated soil or surface water, and other material that results from the by:

-Ensure all wastes are managed and disposed of in accordance with federal, state and local requirements;

-Ensure that no waste incompatible with the released material is processed until cleanup procedures are completed;

-Ensure that all emergency equipment is cleaned and fit for its intended use before operations are resumed;

-Coordinate with federal, state, and/or local regulatory agencies to determine that appropriate response actions have been successfully completed and terminate emergency response;

-Provide details of the incident to the Owner/Operator and notify them when emergency response has terminated and that all emergency equipment is ready for use.

Appendix A – List of Emergency Response Team Members

<u>Name</u>	<u>Address</u>	<u>Phone (wk)</u>	<u>Phone (hm or cell)</u>
Alan Shanholtz	14235 Oak Springs Rd Hagerstown, MD	301-733-7604	717-729-2862

Primary Emergency Response Coordinator (Required)

<u>Kim Potter</u>	<u>14235 Oak Springs Rd Hagerstown, MD</u>	<u>301-733-7604</u>	<u>301-667-0755</u>
-------------------	--	---------------------	---------------------

Alternate Emergency Response Coordinator 1

(Designation of spill response teams and first aid specialists is optional)

<u>Name</u>	<u>Phone</u>
Alan Shanholtz	301-733-7604

Spill Response Team Leader

<u>Kim Potter</u>	<u>301-733-7604</u>
-------------------	---------------------

Alternate Spill Response Team Leader 1

<u>Name</u>	<u>Phone</u>
<u>Kim Potter</u>	<u>301-733-7604</u>

First Aid Specialist

<u>Gina Mills</u>	<u>301-733-7604</u>
-------------------	---------------------

First Aid Specialist

Appendix B – List and location of Emergency Equipment

This is an up-to-date list of all emergency response equipment at the facility. All equipment is tested and maintained as necessary to assure its proper operation in time of emergency.

<u>Equipment</u>	<u>Location</u>	<u>Description</u>	<u>Capabilities</u>
Internal Comm. System	Building 1	Intercom System	Use this to notify all employees of emergency
Fire Control equip	Parts Room	Fire Extinguisher 2	
	Sheet Metal Shop	Fire Extinguisher 5	
	Avionics	Fire Extinguisher 1	
	Engine Shop	Fire Extinguisher 2	
	Maintenance shop	Fire Extinguisher 2	
	Paint shop	Fire Extinguisher 2	
	Strip Shop	Fire Extinguisher 2	

Appendix C – Fire Protection and Prevention Plan

-This facility is within an established fire protection district

Hagerstown Regional Airport Fire Dept.

18434 Showalter Road

Hagerstown, MD 21742

Telephone 240-313-2777

Dial 911 for emergencies

Maugansville Vol. Fire Dept

13730 Maugansville Rd.

Maugansville, MD 21767

(301) 739-8515

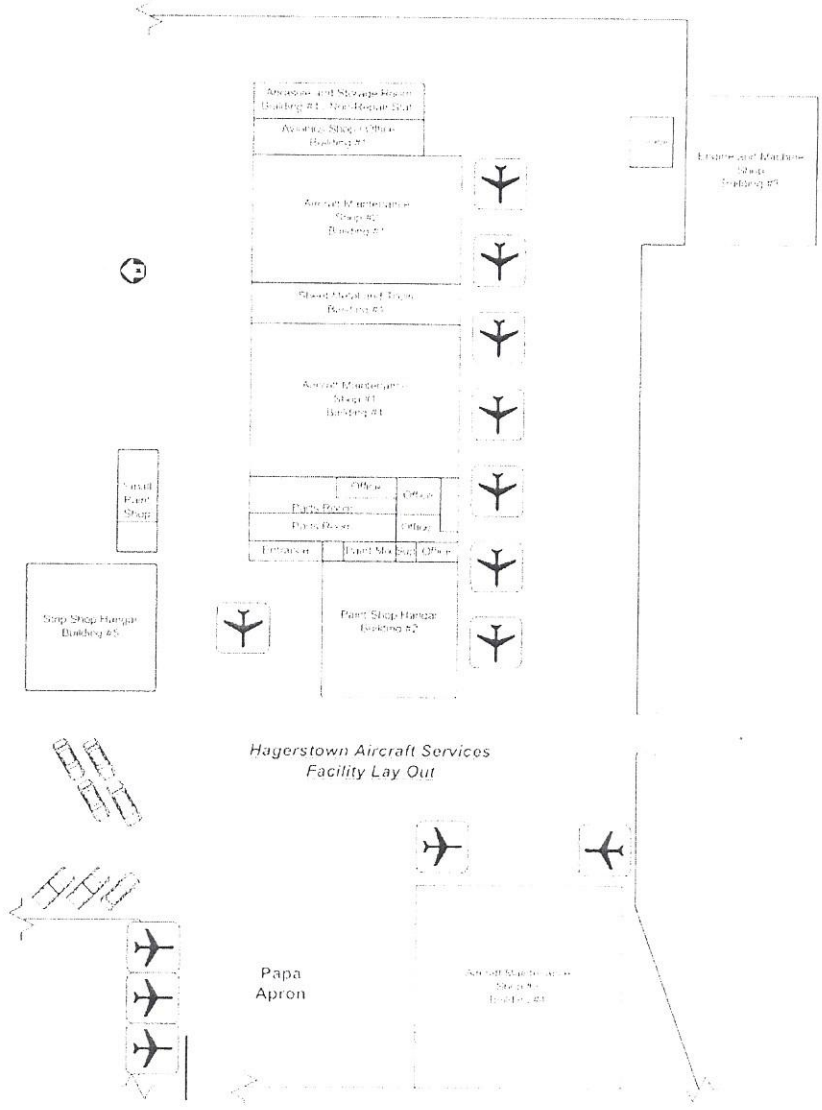
Dial 911 for emergencies

Appendix D – Evacuation Diagrams

See attached

HAGERSTOWN AIRCRAFT SERVICES INC RERAIR STATION AND QUALITY CONTROL MANUALS

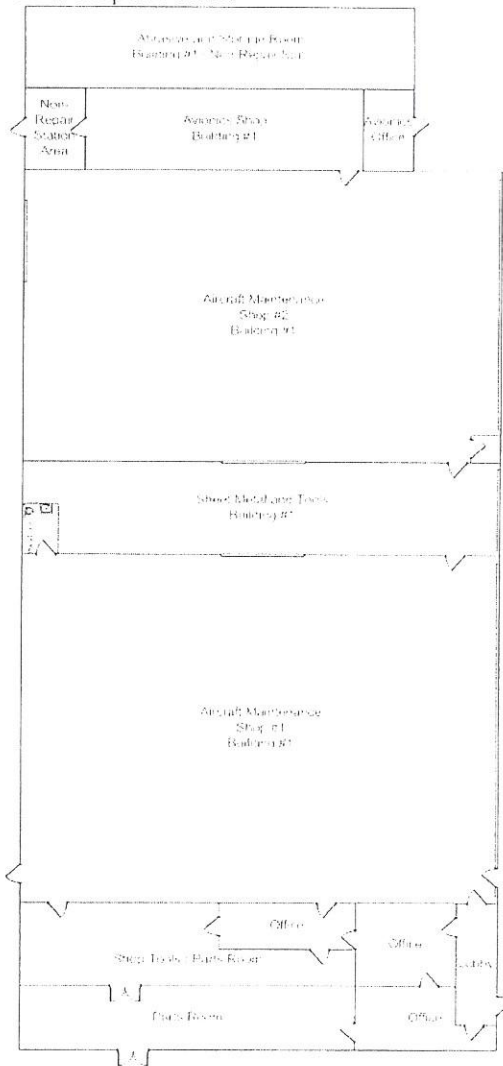
- Facilities Layout



Revision Number	1
Revision Date	November 30, 2010
Original Issue Date	February 9, 2004

HAGERSTOWN AIRCRAFT SERVICES INC RERAIR STATION AND QUALITY CONTROL MANUALS

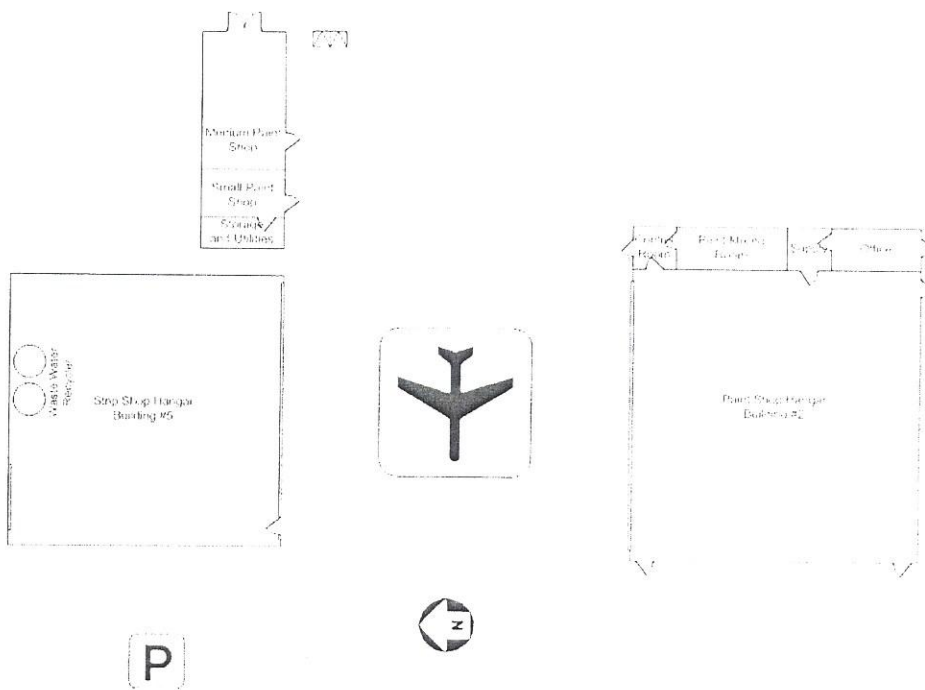
- Building # 1: main offices, (2) maintenance hangars, sheet metal shop, parts rooms, and avionics shop and office



Revision Number	<u>1</u>
Revision Date	<u>November 30, 2010</u>
Original Issue Date	<u>February 9, 2004</u>

HAGERSTOWN AIRCRAFT SERVICES INC RERAIR STATION AND QUALITY CONTROL MANUALS

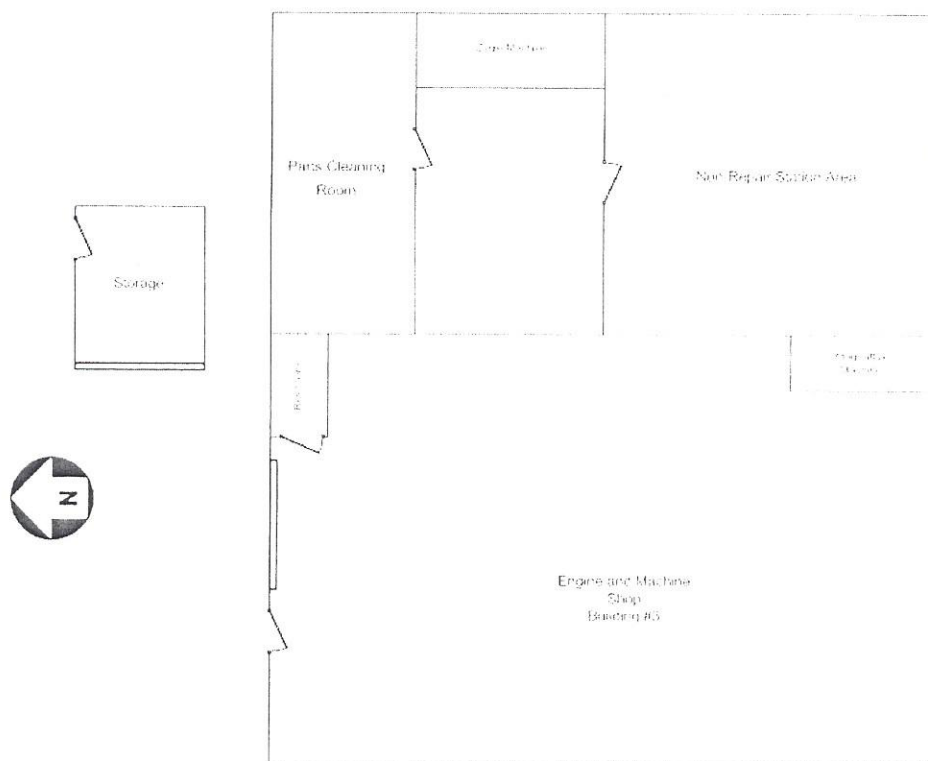
- Buildings #2 and #5: paint shop and stripping shop



Revision Number	1
Revision Date	November 30, 2010
Original Issue Date	February 9, 2004

HAGERSTOWN AIRCRAFT SERVICES INC REPAIR STATION AND QUALITY CONTROL MANUALS

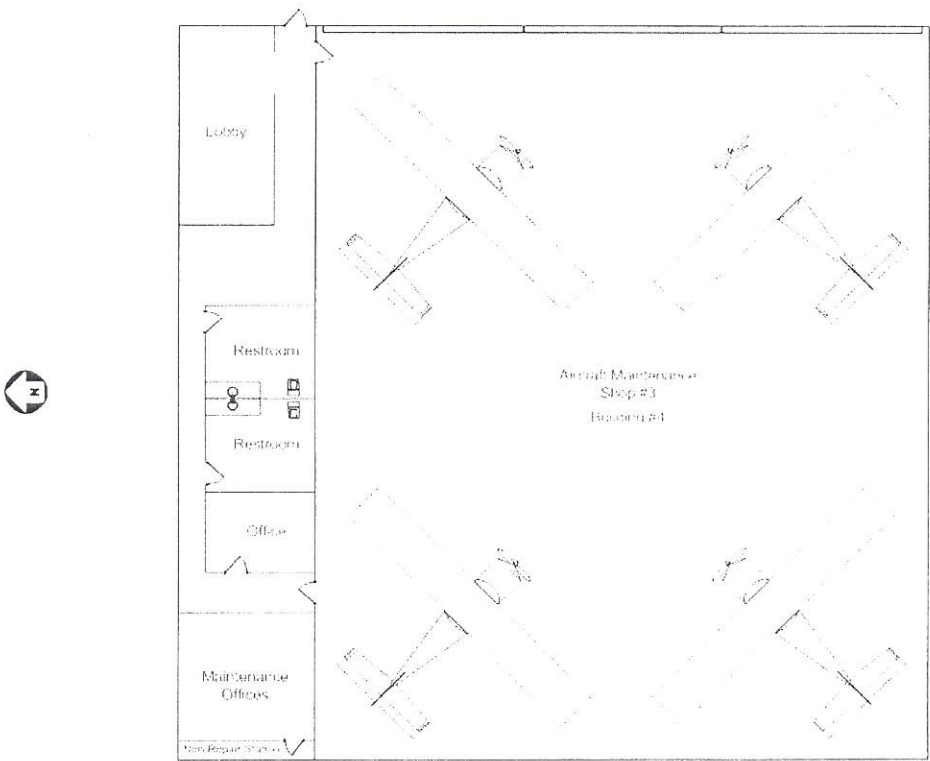
- Building # 3: engine shop



Revision Number	<u>1</u>
Revision Date	<u>November 30, 2010</u>
Original Issue Date	<u>February 9, 2004</u>

HAGERSTOWN AIRCRAFT SERVICES INC RERAIR STATION AND QUALITY CONTROL MANUALS

- Building # 4: maintenance hangar and maintenance office



Revision Number	<u>1</u>
Revision Date	<u>November 30, 2010</u>
Original Issue Date	<u>February 9, 2004</u>

HAGERSTOWN AIRCRAFT SERVICES INC REPAIR STATION AND QUALITY CONTROL MANUALS

- avionics shop and avionics office.



Revision Number	<u>1</u>
Revision Date	<u>November 30, 2010</u>
Original Issue Date	<u>February 9, 2004</u>

