

d.TM
durapax

Disposal Bags for asbestos abatement

Grayling Industries' Durapax is a full line of industrial strength disposal bags for asbestos and other waste. Available in a variety of sizes, thickness, colors and printing. Bags are packaged on a roll and perforated for dispensing ease. In flat or gusset form, depending on bag size. Durapax disposal bags are extruded from resins that have exceptional strength, tear and puncture resistance for the most demanding waste disposal applications.



durapax
disposal bags are available
standard in clear, yellow and
black, with and without
printing, in sizes from 30"x40"
to 60"x72".
Other sizes, gauges, printing
and color combinations are
available as special order,
please contact your authorized
Grayling distributor for more
information.



Available in these stock sizes-

Description	Size	Part Number	Count	Weight
Clear/Printed	30" X 40"	02213040	100	30
Clear/Unprinted	30" X 40"	02203040	100	30
Clear/Printed	30" X 40" X 6mil	022130406	75	36
Clear/Printed	33" X 50"	02213350	100	41
Clear/Unprinted	33" X 50"	02203350	100	41
Clear/Printed	33" X 50" X 6mil	022133506	75	49
Clear/Unprinted	33" X 50" X 6mil	022033506	75	49
Clear/Printed	38" X 63"	02213863	75	45
Clear/Unprinted	38" X 63"	02203863	75	45
Clear/Printed	38" X 63" X 6mil	022138636	50	48
Clear/Unprinted	38" X 63" X 6mil	022038636	50	48
Clear/Printed	60" X 72"	02216072	50	58
Black/Printed	30" X 40"	02113040	100	30
Black/Unprinted	30" X 40"	02103040	100	30
Black/Printed	30" X 40" X 6mil	021130406	75	36
Black/Printed	33" X 50"	02113350	100	41
Black/Printed	33" X 50" X 6mil	021133506	75	50
Black/Printed	36" X 60"	02113660	75	41
Black/Unprinted	36" X 60"	02103660	75	41
Black/Printed	36" X 60" X 6mil	021136606	50	43
Black/Unprinted	36" X 60" X 6mil	021036606	50	43
Yellow/Printed	33" X 50" X 6mil	023133506	75	50

Other sizes, case quantities and mil gauges are available. 150 case minimum order quantity for special order bags.

FOR YOUR LOCAL DISTRIBUTOR
CALL 800-635-1551



Grayling Industries, Inc.
 1009 Birch Drive

Section 10

Project Notifications

ODH and OEPA Notifications shall be submitted prior job startup.

Section 11

Clearance Sampling Plan



RCS Environmental Group, Ltd.

2812 Shakercrest Blvd.
Beachwood, Ohio 44122

Phone (216) 378-0997
FAX (216) 484-6290

Precision Environmental Company
5500 Old Brecksville Road
Independence, Ohio 44131

July 14, 2011

Attn: Mr. Marc Garland, CSP
Safety Director

RE: **Cleveland Trencher**
Euclid, Ohio
Asbestos Sampling Plan (ASP)

Dear Mr. Garland,

RCS Environmental Group, Ltd. (RCS Environmental) is pleased to provide our Asbestos Sampling Plan in conjunction with the project at the Cleveland Trencher in Euclid, Ohio.

The following is an Asbestos Sampling Plan (ASP) guide for the abatement and cleanup activities being conducted at Cleveland Trencher located in Euclid Ohio. The ASP is the framework for conducting environmental monitoring during a complex asbestos abatement project.

The first step in developing an ASP is to determine the exposure pathways of potential receptor populations. It is important to consider multiple pathways, age and duration of exposure of said populations.

The site location is located in an industrial area with a significant portion of the buildings being vacant. Directly east southeast, is a large grassy/wooded area. No residential properties are located in the immediate area of the project work area. Based on visual inspections of field conditions the follow distinct receptor populations have been considered:

- Asbestos Workers
- Authorized Visitors to the Site
- Inspectors
- Down Wind Occupants of Industrial Buildings.

Daily Perimeter Air Monitoring

Perimeter Air Monitoring will be conducted on a daily basis. One perimeter sample will be collected upwind from the days planned abatement work. In addition, one sample will be collected within the Support Zone of the project. The additional perimeter samples will be collected downwind as close to the day's work area as possible. The exact location of the perimeter sampling will be determined daily based on wind direction and planned abatement activities.

All perimeter sampling will be conducted using 25 millimeter mixed cellulose ester cassettes (MCE) with a pore size of 0.8 micrometers. Samples will be analyzed using the NIOSH Method 7400 Phase Contrast Microscopy (PCM) techniques.

Any PCM result greater than 0.005 fibers per square centimeter will be further analyzed using NIOSH Method 7402. The NIOSH 7400 Method uses an electron microscope for the specific determination of asbestos fibers and bundles. The NIOSH 7402 method uses the fiber counting rules of the NIOSH 7400 PCM method (PCMe), therefore a more direct correlation can be made between the two methods.

Daily Personal Air Monitoring

RCS Environmental will conduct personal air monitoring of the abatement contractor's personnel. Samples will be conducted on approximately 25% of the contractor's workforce. Personal samples will be collected using calibrated low flow pumps. Samples will be analyzed using the NIOSH 7400 PCM method. Samples will be collected in a manner consistent with OSHA regulations for determining a Permissible Exposure Limit (PEL) and a 30-minute excursion limit.

Final Clearance Evaluation

All work areas will be visually inspected by a certified Asbestos Hazard Evaluation Specialist. The inspection will be thorough and complete as to identify any remaining asbestos dust or debris.

At the completion of the final visual inspection, the abatement activities for that work area will be deemed complete.

General

All laboratory analysis will be conducted using certified laboratories (AHIA, NAVLAP, etc.) All sampling equipment will be calibrated daily in the field with a rotameter which has calibrated by a primary standard.

RCS Environmental will conduct asbestos abatement oversight of contractor's work practices using trained and Ohio Department of Health Certified Asbestos Evaluation and/or Abatement Specialists. Specifically, RCS Environmental will;

1. Collect from the contractor all required submittals including, abatement permits, worker training and certifications, contractor certifications, license, and work plans.
2. Inspect and determine compliance with applicable regulatory standards each major phase of the project including, construction of the decontamination facility, construction of the containment barriers, abatement work practices, daily visual inspections of the containment, and final visual inspections.
3. Monitor and inspect the handling and removal of asbestos waste including, proper packaging of ACM prior to transport, documentation of the amount and condition of the ACM generated, and the signing and collection of all waste manifests.




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.

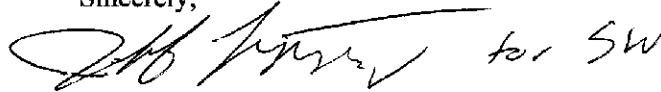
429-8
8/9/11

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 written in a cursive style with a long horizontal flourish extending to the right.

Stephen Wolfe
On-Scene Coordinator

EXHIBIT 3



INVOICE

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

Invoice Date 10/31/2011 Customer ID 64412 Invoice ID 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	<u>14,740.00</u>
	206,740.00
Additional Tonnage (Total Tons 1,637 14)	
845 divided by 12 Tons = 70.42 and 1390	<u>97,883.00</u>
	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
 EAB CERCLA 106(b) 12-01 001236



Cleveland Trencher

Cost Recap

Base Work:

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

Additional Tonnage (Total Tons 1,637.14):

845/12	
70.42 * 1,390	
	<u>\$ 97,883.00</u>
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 (last 4 digits): XXX-XX-4117 Date: 2-19-11

Address (street, city, state, zip): 22256 Hawkins Rd., Richmond Hts., Ohio 44143

Respirator Model: North 150/175R Half Face M L R E
 3M PowerFlex Full Face PAPR S M L R E
 Other: _____ S M L R E

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

Annual medical examination completed: Yes No

Type of Fit Test: Qualitative Quantitative

Type of Qualitative Test: Infrared source Bypass oil Bacterium

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

Frank Lasic
Supervisor Name

[Signature]
Supervisor

Kenny Yates
Employee Name

[Signature]
Employee



PRECISION ENVIRONMENTAL COMPANY
PRECISION PRO-CUT
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 29 CFR 1910.129, 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:

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

[Signature]
Physician Signature

[Signature]
Date (print clearly or type)

Ramiro Abello, M.D.
Printed Physician Name



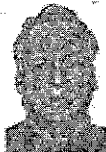
Asbestos Contractor Supervisor Refresher

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 (A) (H.E.R.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 section 859.120 of Title 77. 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	Examination Date	Course Location

TSI
53150 Lakeland Blvd.
Cleveland, OH 44125
1-866-456-6234

11 TSI 38777 csr



Asbestos Hazard Abatement Specialist

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



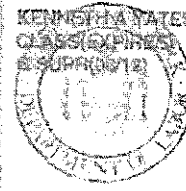
Certification Number: **AS2553**
Expiration Date: **03/05/2012**

DOB: 08/31/1949

This certification is issued pursuant to Chapter 3710-51 etc

Certification Card is

STATE OF NEW YORK - DEPARTMENT OF LABOR
ASBESTOS CERTIFICATE



IDENTIFICATION NUMBER: 774209821

MUST BE CARRIED ON ASBESTOS PROJECTS

CONCENTRA Medical Centers
MEDICAL EXAMINER'S CERTIFICATE

Locality that bears burden of ASBESTOS: Kenny Yates In accordance with 1926.1101, 1926.1102, 1926.1103, 1926.1104, 1926.1105, 1926.1106, 1926.1107, 1926.1108, 1926.1109, 1926.1110, 1926.1111, 1926.1112, 1926.1113, 1926.1114, 1926.1115, 1926.1116, 1926.1117, 1926.1118, 1926.1119, 1926.1120, 1926.1121, 1926.1122, 1926.1123, 1926.1124, 1926.1125, 1926.1126, 1926.1127, 1926.1128, 1926.1129, 1926.1130, 1926.1131, 1926.1132, 1926.1133, 1926.1134, 1926.1135, 1926.1136, 1926.1137, 1926.1138, 1926.1139, 1926.1140, 1926.1141, 1926.1142, 1926.1143, 1926.1144, 1926.1145, 1926.1146, 1926.1147, 1926.1148, 1926.1149, 1926.1150, 1926.1151, 1926.1152, 1926.1153, 1926.1154, 1926.1155, 1926.1156, 1926.1157, 1926.1158, 1926.1159, 1926.1160, 1926.1161, 1926.1162, 1926.1163, 1926.1164, 1926.1165, 1926.1166, 1926.1167, 1926.1168, 1926.1169, 1926.1170, 1926.1171, 1926.1172, 1926.1173, 1926.1174, 1926.1175, 1926.1176, 1926.1177, 1926.1178, 1926.1179, 1926.1180, 1926.1181, 1926.1182, 1926.1183, 1926.1184, 1926.1185, 1926.1186, 1926.1187, 1926.1188, 1926.1189, 1926.1190, 1926.1191, 1926.1192, 1926.1193, 1926.1194, 1926.1195, 1926.1196, 1926.1197, 1926.1198, 1926.1199, 1926.1200

Physician Signature: *[Signature]* Date: 2/19/11

Physician Name: Ramiro I. Abello, M.D.

JLLP-PRECISION 000003
EAB CERCLA 106(b) 12-01 001238

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 D. Fosada
JOHN D. FOSADA
ADMINISTRATOR

Darlene Fossum
DARLENE FOSSUM
OSHA
CONSTRUCTION TEAM LEADER

Wayne J. Chesap
WAYNE J. CHESAP
DIRECTOR OF SAFETY EDUCATION

Stephen M. Kinn
STEPHEN M. KINN
ASSOCIATE DIRECTOR OF
SAFETY EDUCATION

PRECISION Environmental Company
1922 Schell Road Independence, Ohio 44131 (313) 642-1640

Certifies that

KENNETH A. YATES
618 Wayside Avenue, Cleveland, Ohio 44116

Successfully completed the course on

LEAD HAZARD AWARENESS

Conducted in accordance with 29 CFR 1926.52

Course Date: March 16, 1996
Certificate Number: 051496142

Michael J. ...
Michael J. ...

HAZARDOUS WASTE WORKER REFRESHER TRAINING COURSE

NAME: Kenneth Yates	
E.S.S. 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

For completion of the course of Hazardous Materials
for the job site remediation and environmental OSHA 10-hour
Precision Environmental



LABORERS-AGC EDUCATION AND TRAINING FUND

37 Deerfield Road
P.O. Box 87
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
5509 Old Bucksville Road
Independence OH 44131

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

Wayne J. Chesap
Wayne J. Chesap
Program Director

Stephen M. Kinn
Stephen M. Kinn
Course Date

Program Director: **Wayne J. Chesap**

Certificate Number: **R4-18459-10-02512**

Issue Date: **08/2010**

Language: **English**

Course Date: **3/15/09**

Continuing Education: **10 TSI 35602 RRP**

Occupational Health & Safety Continuing Education, 1400 River Center, 2, 30 E. Galbraith Rd., 30, 010 Cincinnati, OH 45229-1625, 451-521-1111
www.ohsc.edu/ohsc

11394
First Certification Inc

American Heart Association
Learn and Live

Heartsaver® First Aid

Kenny Yates

This card certifies that the above individual has passed the American Heart Association's Heartsaver First Aid course with the assistance of the AHA Instructor.

APRIL 2010

APRIL 2012

Instructor: **CRAIG DUNNING, RN, CRN, INCC, CMT**

Course Location: **Health Corporation, 2-Care, AULS & CPR**

Phone: **(314) 216-3772-0465**

For this course of the website **AHA** completed. This card contains unique security features to protect against forgery.

80-174

JLLP-PRECISION 000004
EAB CERCLA 106(b) 12-01 001239

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

45817



Asbestos Worker Refresher

certification

is to certify

Scott Cline

XX-XX-1222

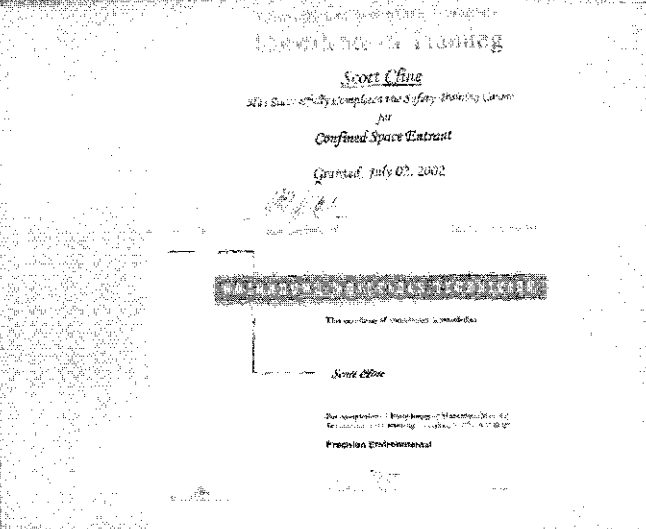


attended and successfully completed the Asbestos Hazard Emergency Response Act mandatory course for the Asbestos Worker Refresher and has passed an examination in that course with a minimum score of 70% or better. Training was in accordance with 40 CFR Part 763 (AHERA). The above test received the required training for asbestos accreditation under Title II of the Toxic Substances Control Act, State of Indiana requirements or 326 IAC 18-2, Chapter 701-54 Ohio Administrative Code, and the Illinois Department of Public Health under section 865-129 of Title 77.

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

TSI
50 Lakeland Blvd.
Independence, OH 44131

11 TSI 39096 wr



Department of Health
Division of Quality Assurance & Regulatory Services

Asbestos Hazard Abatement Worker

Scott L. Cline
Precision Environmental
5506 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 Ohio Administrative Code.



PRECISION ENVIRONMENTAL COMPANY
PRECISION PRO-CUT
RESPIRATOR QUALIFICATION

Patient Name: Scott Cline
SSN: (last 4) XXXX-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 1910.104 and 29 CFR 1926.101.

The healthcare provider for this surveillance examination is:
Concentra Medical Centers
4480 Hinkley 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 D. Magrath
Physician Signature

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

Chris Magrath MD
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 respirator fit procedure outlined in 29 CFR 1910.134 Appendix A.

Name: Scott Cline SSN Number (last 4 digits): XX-XX-1222 Date: 5/23/11
Address (street, city, state, zip): 4784 Woodbine, Independence, Ohio 44131

Respirator Model	Size	Pass	Fail
<input checked="" type="checkbox"/> North 950/2700 Half Face	<input type="checkbox"/> M <input type="checkbox"/> L <input checked="" type="checkbox"/> XL	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> M PowerFlow Full Face PAPR	<input type="checkbox"/> S <input type="checkbox"/> M <input checked="" type="checkbox"/> L <input type="checkbox"/> XL	<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"/> XL	<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: Irritant Radioactive Non-radioactive

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

Paul Shasta
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 Wm. 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, CSP
Safety Director

OSHA 29 CFR 1926.62

Asbestos Abatement Worker

Scott L. Cline
C/O Precision Environmental
5590 Old Brecksville Road
Independence, OH 44131

Accreditation Number: **A30048** Expiration Date: **03-31-12** DOB: **06/27/74**

This individual has successfully met all applicable requirements of OSHA 29 CFR 1926.62. This individual's OSHA 29 CFR 1926.62 certification is valid for the next 12 months.

HAZARDOUS MATERIALS - HMT-1234567

This certificate is awarded to

Scott Cline

For completion of eight hours of annual hazardous materials refresher training

Precision Environmental Co, Independence, Ohio

Hill Consulting

Brian Hill
Brian Hill, CSP, CHMM

January 08, 2011

Precision Environmental Company
Precision ProCut

Respirator Assignment and FIC Test

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

Name: James O'Malley SSN: XXX-XX-708 Date: 3/31/11

Address: 3354 Westgate Dr, Cleveland, Ohio 44114

Respirator Model	Size	Date	Fit
<input type="checkbox"/> 5600/5700 (Full Face)	S	M	<input checked="" type="checkbox"/>
<input type="checkbox"/> JM Powerflex (Full Face PAPR)	S	M	<input type="checkbox"/>
<input type="checkbox"/> Other	S	M	<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: Manually Quantitative

Type of Quantitative Test: Leak Humane Seal

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

Test Station, engine Name:

James O'Malley
Signature

James E. Malley
Signature



PRECISION ENVIRONMENTAL COMPANY
PRECISION PROCUT

RESPIRATOR QUALIFICATION

Patient Name: James O'Malley

SSN (last 4): XXX-XX-1708

This 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 1926.103.

The healthcare provider for this surveillance examination is:

Concentra Medical Centers
4900 Hineckley 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 P. Marquet
Physician Signature

3/2/11
Date (print, display or type)

Chris Marquet, MD
Fellow 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 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 IAC 12-2, Chapter 3701-34 Ohio Administrative Code, and the Illinois Department of Public Health under section 658.127 of Title 17.

Training Manager	Expiration Date	Duration of Course	Examination Date	Course Location
<u>Robert Wilson</u>	3/5/12	3/5/11	3/5/11	Independence, OH

TSI
53158 Lakeland Blvd.
Cleveland, OH 44095
1-800-822-8438

11 TSI 39088 wr

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
3909 OLD BRACKSVILLE RD
INDEPENDENCE OH 44131



Birthdate: 10/19/55 Certification Number: 034092
Sex: M Class: WORKER
Eyes: BZL 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 copy 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) 772-3398. 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.

State of Ohio
Asbestos Hazard Abatement Worker

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

Certification Number: WK514663
Expiration Date: 04/05/2012
DOB: 10/19/1955

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	

[Signature]
Inspector

November 11, 2004

State of Ohio
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
---------------------------------------	--------------------------------------

689-344700 FAX: 689-344701
Columbus, Ohio 43260-1424
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 58-005 and is
ACCREDITED as an

ASBESTOS ABATEMENT WORKER

Date Issued	09-17-02	Expires	08-08-03
<i>[Signature]</i> Prater H. Moore Branch Manager		<i>[Signature]</i> John S. Lyons Director	
No.	W02-09-1519		

**STATE OF NEW YORK - DEPARTMENT OF LABOR
ASBESTOS CERTIFICATE**



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



CERT# 06-07173
DMV# 288692980

MUST BE CARRIED ON ASBESTOS PROJECTS

**OSCEOLA Medical Centers
MEDICAL EXAMINER'S CERTIFICATE**

James O'Malley

Visuals correct as stated
 No respiratory distress
 No respiratory infection

Sharp vision as stated (w/ or w/o correction)
 AHA/ASA approved by a valid physician's medical certificate
 Current for duration of 40 CFR 61.14

EXPIRES: 10/11/11

DATE: 11/11/04

EXAMINER: Chris Marquis

ADDRESS: 2505000 / OH

CITY: CLEVELAND, OH

STATE: OH

ZIP: 44112

Ohio Department of
PUBLIC HEALTH

**ASBESTOS
WORKER LICENSE**

WORKER ID 057309059	ISSUED 2/7/2003	EXPIRES 2/1/2009
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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
5500 Old Brecksville Road
Independence, OH 44131

Accreditation Number A30099	Expiration Date 09/11/2003	OSHA ID# 000107194755
---------------------------------------	--------------------------------------	---------------------------------



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: Richard L. Robinson, Jr. SS Number (last 4 digits): XXX-XX-9757 Date: 3-14-11

Address (street, city, state, zip): 4675 Rte 147 Healdland, OHIO 44128

Respirator Model: Mork 6506/700 Half Face M L P F E L
 3M Powerflow Full Face PAPR M L P F E L
 Other: _____ M L P F E L

Annual medical evaluation completed: Yes No

Type of Fit Test: Qualitative Quantitative

Type of Qualitative Test: Infrared smoke Banana oil Saccharin

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

Signature: [Signature]
Title: Respirator Fitter

Employee Name: Richard L. Robinson Jr.
Signature: [Signature]

PRECISION ENVIRONMENTAL COMPANY
PRECISION PRO CUT

RESPIRATOR QUALIFICATION

Patient Name: Richard Robinson Jr.

SSN (last 4): XXXX - 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 1926.1101.

The healthcare provider for this surveillance examination is:

Concentra Medical Center
4660 Hinesley 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]
Printed Physician Name: Sam Y. Jones, D.
Date (print clearly or type): 6/21/11



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 40 CFR Part 763 (AHERA). The above student received the required training for asbestos accreditation under Title II of the Toxic Substances Control Act, State of Indiana requirements under 326 IAC 18-2, Chapter 3701-04 Ohio Administrative Code, and the Illinois Department of Public Health (IDPH) recognition based on student request.

Print Name	3/19/12	3/19/11	3/19/11	Independence, OH
Training Manager	Expiration Date	Date(s) of Course	Examination Date	Course Location

TSI
55150 Lakeland Blvd.
Cleveland, OH 44195
1-866-650-6430

11 TSI 39269 csr

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: 05/07/1955
This certification is issued pursuant to Chapter 3701-04 of the



Certification Card is

11 TSI 39269 CSR
SECTION ENVIRONMENTAL
550 OLD BRECKSVILLE RD
INDEPENDENCE OH 44131



Issue Date: 05/07/08
Class: H
Issue Date: 05/07/08
Expiration Date: 05/09/07
Certification Number: 01982A
SUPERVISOR

INSTRUCTIONS

Receive an Asbestos Occupations Certification Photo Identification card, take 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 Bureau of Occupational & Industrial Safety IMMEDIATELY at (717) 772-3396. Do NOT any corrections on this form.
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.

Asbestos Contractor Supervisor
Richard L. Robinson Jr.
5500 Old Brecksville Road
Independence OH 44131
Certification Number: AS28657 Expiration Date: 02/13/2012
DOB: 05/07/1955

HAZARDOUS MATERIALS TECHNICIAN

This certificate is awarded to

Richard Robinson

For completion of eight hours of annual hazardous materials refresher training

Precision Environmental Co. Independence Ohio



Ben Hill
Ben 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

Ben P. Lopez
INSTRUCTOR

PRECISION Environmental Company
1117 Second Road, Independence, Ohio 44131 (419) 641-4808

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

James R. Brown
James 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.

Professional Lead/Instructor
5500 Old Stockville Road
Independence OH 44131

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

Ben Hill
Program Director
R-13458-1042666
Certificate Number
018220'D
Issue Date
Occupational Health & Safety Continuing Education, 2190 E. Coleridge Rd., Mt. 6019, Cincinnati, OH 45217-1628, (513) 689-1706, www.ucc.edu/ohs

Ben Hill
Course Instructors for
S/IN/10
Course Title

10 FSI 35598 RRP1

PRECISION Environmental Company
1117 Second Road, Independence, Ohio 44131 (419) 641-4808

Certifies that

RICH ROBINSON
1117 Second Avenue, Cleveland, Ohio 44115

Successfully completed the course on

LEAD HAZARD AWARENESS

Completed in accordance with 29 CFR 1926.62

Course Date April 20, 2009
Certificate Number: 02090483

Ben Hill

HeartSaver® First Aid
Richard Robinson Jr.

Authorized by the American Heart Association to teach and certify in the use of the HeartSaver® First Aid device.

APRIL 2007 - APRIL 2009

Training Center: OHIO - 214-327-9485
TC Address: Health Corp/Intensive Care/ACLS & CPR
Course Location: Health Corp/Intensive Care/ACLS & CPR
Instructor: CRAIG DUNNING RN-CCRN-TNCC-EMT

HeartSaver® First Aid
Richard Robinson

Authorized by the American Heart Association to teach and certify in the use of the HeartSaver® First Aid device.

APRIL 2010 - APRIL 2012

Training Center: OHIO - 214-327-9485
TC Address: Health Corp/Intensive Care/ACLS & CPR
Course Location: Health Corp/Intensive Care/ACLS & CPR
Instructor: CRAIG DUNNING RN-CCRN-TNCC-EMT

PRECISION Environmental Company
1117 Second Road, Independence, Ohio 44131 (419) 641-4808

Certifies that

RICHARD ROBINSON

Has successfully completed the course on

POWERED INDUSTRIAL LIFT TRUCKS

Course Date: 03-26-09
Principal Instructors: *Ben Lopez*

PRECISION Environmental Company
1117 Second Road, Independence, Ohio 44131 (419) 641-4808

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: XXX-XX-7861 Date: 3/5/11

Address (street, city, state, zip): 2881 Wallbrook Ave., Cleveland, Ohio 44129

Respirator Model	Size	Pass	Fail
<input checked="" type="checkbox"/> NIOSH 5500/7700 Half 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"/>

Situated 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 Bump on oil Sweet oil

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

Test Administrator Name: [Signature]
Physician Name: [Signature]



PRECISION ENVIRONMENTAL COMPANY
PRECISION PROCUT
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 1910.126, 29 CFR 1910.134 and 29 CFR 1928.1101.

The healthcare provider for this evaluation examination is:

Concentra Medical Centers
4800 N.W. 14th 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): 4/27/11
Printed Physician Name: Remigio Abello, M.D.

TSI Training Services International

Asbestos Worker Refresher

Certificate

This is to certify

Dan Schillero

XXX-XX-7861



has attended and successfully completed the Asbestos Hazard Emergency Response Act mandatory course for the Asbestos Worker Refresher and has received an examination in this course with a minimum score of 75% or better. Training was in accordance with 40 CFR Part 763 (AHERA). The above subject received the respirator training for asbestos abatement under Title II of the Toxic Substances Control Act, State of Indiana regulations under 320 IAC 18-2, Chapter 3701-34 Ohio Administrative Code, and the Illinois Department of Public Health under section 855.120 of Title 77

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

TSI

10159 Lakeside Blvd.
Cleveland, OH 44125
1-866-686-2438

11 TSI 39086 wr

Asbestos National Abatement Worker

Daniel J Schillero
Precision Environmental
5500 Old Brecksville Road
Independence OH 44131

Certification Number: **WK517901** Expiration Date: **05/04/2012** DOB: **03/04/1978**

This certification is issued pursuant to Chapter 3701-34 of the Ohio Administrative Code. Revised Code and 3701-34 of the Ohio Administrative Code. Certification Card is not valid if altered.

TSI Training Services International

Name: Dan Schillero
SSN: XXX-XX-7861
Date: 3-4-2015
Course: OH
Location: 6-39-2011
Instructor: [Signature]
Safety: SAFE

SUNBELT
RENTALS

This certifies that

Schillero, Dan
Of
Precision Environmental

has attended the following Forklift Operator Safety Training Class 7 Forklift Operator

Date: 5/30/2008

[Signature]
Authorized Signatory

Certificate of Achievement

0310-7

This certificate acknowledges that
Daniel Schillero
Precision Environmental Co.

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

This certificate is valid until 12/31/2013

Certified By: *[Signature]* Date: 10/21/2010



Specialty Services
1000 Old Brecksville Rd
Independence, OH 44131



Specified
Technologies
Inc.

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF LABOR AND INDUSTRY
ASBESTOS OCCUPATIONS CERTIFICATION

DANIEL J. SCHILLERO
5909 OLD BRECKSVILLE RD
INDEPENDENCE OH 44131



Birthdate: 03/04/78 Certification Number: 038289
Sex: M Class: WORKER
Eyes: BZ Issue Date: 04/15/11
Height: 5 09 Expiration Date: 03/05/12

INSTRUCTIONS

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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 Co.
5909 Old Brecksville Road
Independence, OH 44131

Accreditation Number: 119531 Expiration Date: 03/05/12 0382891028

OSHA 10250-0201 has been approved by the Department of Labor and Industry as a component of the Occupational Safety and Health Administration's (OSHA) 10-hour asbestos training program.

92601

HAZARDOUS MATERIALS TECHNICIAN

This certificate is awarded to

Dan Schillero

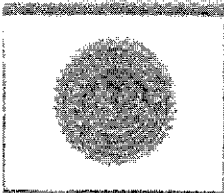
For completion of forty hours of hazardous materials training
according to OSHA 1910.120

Precision Environmental Company
Independence, Ohio



[Signature]
Brian Hill CSP CHMM

October 21, 2010



WEST VIRGINIA

Asbestos Program

Dan Schillero

IS LICENSED AS AN
ASBESTOS WORKER

License # AV009152

Issued: 3/29/2011

Expires: 3/31/2012

[Signature] Dir., WV RTIA DIV

JLLP-PRECISION 000012
EAB CERCLA 106(b) 12-01 001247



PRECISION ENVIRONMENTAL COMPANY
PRECISION PROCUT

RESPIRATOR QUALIFICATION

Patient Name: Timothy Russell
SSN (last 4): XX - 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, 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
[Signature]
Provided Physician Name

7/20/12
Date (print clearly or type)

Precision Environmental Company
Precision ProCut

Respirator Assignment and Fit Test

A successful fit test indicates that the individual named below using the respiratory blank protection combination in 29 CFR 1910.134 Appendix A.

Tve Russell SSN: XX-XX-1022 8-18-2011
Name SS Number (last 4 digits) Date

1068 Delta Avon OH 44320
Address (street, city, state, zip)

Respirator Model	Size	Pass	Fail
<input checked="" type="checkbox"/> North 5500/7700 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"/> MSA ProFlex 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: Instrumental Human oil Sucralose

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

[Signature]
Your Address (street or PO Box)
[Signature]
Employee Name



Asbestos Worker Refresher

Certificate

Timothy W. Russell

XX-XX-4966



TSI certifies that the individual named above has completed the Asbestos Worker Refresher course for the Asbestos Worker Refresher and has passed the examination with a score of 75% or better. Training was conducted with 40 CFR Part 763 (AHERA). The above individual has completed the required training for asbestos abatement under Title II of the Toxic Substances Control Act. State of Indiana requirements apply. 45 CFR 1910.101, 1910.102, 1910.103, 1910.104, 1910.105, 1910.106, and the list of Department of Public Health (DHP) under section 845-120 of Title 12. All other requirements are met.

Course Number	4/5/12	4/5/11	4/5/11	Cleveland, OH
Examination Date	Expiry of Course	Renewal Date	Expiry of Course	Course Location

TSI
11700 Cleveland Road
Cleveland, OH 44130
1-800-333-1170

11 TSI 39419 wr

Compliance Quality Assurance - Asbestos Program
Asbestos Worker Refresher Worker

Timothy W Russell
Precision Environmental
5560 Old Brecksville Road
Independence OH 44131

Certification Number: WK513317 Expiration Date: 07/13/2012 Issue: 11/03/1965

This certification is invalid unless the OSHA 302a or the revised Code and 2922-24 of the OSHA 302a are present. (Employment 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
4660 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

msg 0406

www.concentra.com
4660 Hinckley Industrial Pkwy.
Unit 7
Cleveland, Ohio 44109

Precision Environmental Company
Precision ProCut

Respiratory Protection and Fit Test

A Subject's respiratory fit test has been completed by the individual named below using the respirator fit test procedure contained in 29 CFR 1910.134 Appendix A.

Cullen R Rogers Jr XXX-XX-4513 5-23-11

1058 Delta Ave AKRON, OHIO 44320

Respirator Model	Size	Pass	Fail
<input checked="" type="checkbox"/> Cloth N95/100 Half 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"/> M LowFlow 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: irritant smoke Human Scent

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

Stephen Socolowski Cullen R Rogers Jr
Signature of Supervisor Signature of Employee
Cullen R Rogers Jr Cullen R Rogers Jr
Employee Name Employee Name



PRECISION ENVIRONMENTAL COMPANY
PRECISION PROCUT

RESPIRATOR QUALIFICATION

Patient Name: Cullen R Rogers

SGN: (last 4) XXX 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 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
Ray C. [Signature]
Printed Physician Name

02/09/2011
Date (print clearly of type)

CERTIFICATE OF TRAINING
Ohio Laborers' Training and Apprenticeship Trust Fund
25721 Coshocton Rd., Howard, Ohio 43024-9337 (740) 599-7016

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 Dick J Walsh
Executive Director
Certificate # 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 Delta Ave
Akron OH 44320

Certification Number **WK522134** DOB **02/07/1972**

This certification is issued pursuant to the Revised Code and 2701-34 of the Ohio Administrative Code. 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

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 6-19-11

Address (street, city, state, zip) 1453 Hyde Park, Akron, OH 44310

Respirator Model	Size	Pass	Fail
<input checked="" type="checkbox"/> Nash 5506/7780 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 Full 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 Qualitative Test: Instant smoke Humantail Saccharine

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

Train Administrator Name Franco L. SLD Signature

Employee Name Pedro Castillo Signature

TSI Training Services International

Asbestos Contractor Supervisor Refresher

Certificate
 Identification Number
Pedro Castillo
 XXX-XX-3274

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 80% or better. Training was in accordance with 40 CFR Part 765 (1995-04). The above student received the requisite training for asbestos abatement under Title II of the Toxic Substances Control Act, State of Ohio requirements under 326 IAC 18-2, Chapter 3701-34 Ohio Administrative Code, and the Illinois Department of Public Health (IDPH) under Section 615.125 of Title 77, IDPH recognition based on student request.

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

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 1910.120, 29 CFR 1910.134 and 29 CFR 1926.1101.

The healthcare provider for this surveillance examination is:

Concomita Medical Centers
1450 Firestone 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

Physician Signature [Signature] Date (print clearly or type) 5/2/11

Printed Physician Name DR. ROSS M.C.
Non-Exempt MD

TSI
13190 Lakeside Blvd.
Cleveland, OH 44135
1-800-466-8438

11 TSI 38760 csr

Asbestos Hazard Abatement Specialist

Pedro Castillo
Precision Environmental
5500 Old Brecksville Road
Independence OH 44131

Certification Number A528118 Expiration Date 06/18/2012 DOB: 12/28/1974

This certification is issued pursuant to Chapter 3701 of the Revised Code and 1701-34 of the Ohio Administrative Code.

WEST VIRGINIA
Asbestos Program
Pedro Castillo

IS LICENSED AS AN
ASBESTOS SUPERVISOR

License # AS012147
Issued: 6/13/2011
Expires: 6/30/2012

Randy C. Curtis Dir., WV RTIA DIV

PUBLIC HEALTH ASBESTOS WORKER LICENSE

WORKER ID 067300071 ISSUED 3/24/2007 EXPIRES 2/1/2008

PEDRO CASTILLO
3421 SANFORD
STOW, OH 44224

Environmental Health
See Reverse for Endorsements

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF LABOR AND INDUSTRY
ASBESTOS OCCUPATIONS CERTIFICATION

PEDRO CASTILLO
PRECISION ENVIRONMENTAL
5900 OLD BRICKSVILLE RD
INDEPENDENCE OH 44131



Birthdate: 12/28/74 Sex: M Certification Number: 039893
Issue Date: 08/15/11 Class: SUPERVISOR
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) 772-3398. 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 30-day issue date.

Asbestos Contractor/Supervisor

Pedro Castillo
Precision Environmental
5900 Old Bricksville Rd
Independence, OH 44131

Certification Number: 039893
Issue Date: 08/15/11
Expiration Date: 02/19/12

DOB: 12/28/74

Certificate of Achievement

This certificate acknowledges that
Pedro Castillo
Precision Environmental Co.
has demonstrated the competency required of the Level 1
FIT- Firestop Instructional Training - Program.

This certificate is valid until 12/30/2013.

Certified By: *[Signature]* Date: 12/30/2013

fsg! Specific Technologies Inc.

CREATIVE SOLUTIONS
1104 Brookwood Drive, Ste 100, 44130
Tel: 330.341.1111 Fax: 330.341.2000

This Certifies that
Pedro Castillo
Has attended the course for
**LEAD HAZARD AWARENESS
AND COMPLIANCE TRAINING COURSE**

Valid on 31 day of its issue by 1991
to the holder of 108 (OSHA 29 CFR 1910.120)

HAZARDOUS MATERIALS TECHNICIAN

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 29 CFR 1910.120
Approved by the Department of Consumer & Industry Services on 09/04/2003



[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 in 29 CFR 1910.134 Appendix A

Name: Israel Rojas SSN Number (last 4 digits): XXX-XX-3715 Title: 2-19-11

Address (street, city, state, zip): 4918 Alpha Ave, Newburg Ws, Ohio 44103

Respirator Model: North 550A/700 Half Mask Size: S M L XL Leak: Yes No

3M Powerflow Full Face PAPR Size: S M L XL Leak: Yes No

Other: _____ Size: S M L XL Leak: Yes No

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 aerosol Banana oil Saccharin

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

Fit Administrator Name: Frank J. [Signature]

Employee Name: Israel Rojas



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 1910.120 29 CFR 1910.134 and 29 CFR 1926.1101

The healthcare provider for this surveillance examination is:

Concertina 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): 4/21/04

Printed Physician Name: Sam Knos, MD

TSI Training Services International

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 (AHSI/CAA). The course student received the requisite training for asbestos abatement under Title II of the Toxic Substances Control Act, State of Indiana regulations under 326 IAC 18-2, Chapter 3791-34 Office Administrative Code, and the Illinois Department of Public Health (IDPH) under section 632.120 of 104 ILCS 72. ROPH recognition based on student records.

Training Manager	Expiration Date	Dates of Course	Expiration Date	Course Location
<u>[Signature]</u>	2/19/12	2/19/11	2/19/11	Independence, OH

TSI
15158 Lakeland Blvd
Cleveland, OH 44105
1-866-466-3438

11 TSI 38768 csr



Indiana Dept. of Environmental Management

Israel Rojas

Asbestos Project Supervisor License #: 195126035

Effective: 07/29/2011 Expiration: 07/29/2012
Birth Date: 06/14/1971 Gender: M
Height: 5-07 Eye Color: Brown
Weight: 210 Hair Color: Black

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

Asbestos Hazard Abatement Specialist

Israel J Rojas
Precision Environmental Company
5500 Old Brecksville 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

Asbestos Contractor/Supervisor

Israel Jesus D. Rojas
c/o 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 above discipline.

DOB: 06/14/1971

PRECISION Environmental Company

This certificate is awarded to

Israel Rojas

For completion of eight hours of annual hazardous material refresher training

In San Bernardino Co, Independence, Ohio



[Signature]
 Director of OSHA TRAINING
 January 26, 2009



Operator Certification Card

Israel Rojas

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: 02/02/06

Expires: 02/02/09

[Signature]
 Safety Director

[Signature]
 Safety Director

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

Israel Rojas

Precision Environmental
 5580 Oak Breckinridge Road
 Independence, Ohio 44131

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

Program Number: **84-18456-10-02107**
 Expiration Date: **08/2010**



[Signature]
 Director of Occupational Health

Occupational Health & Safety Continuing Education, 5400 Breckinridge Campus, 2150 T. Eastwood Rd., Mt. Orono, Cincinnati, OH 45227-4626, 513.634-2734
 www.ohio.edu/ohs

10 TSI 35593 RRP1

CERTIFICATE OF ACHIEVEMENT



CONSTRUCTION INDUSTRY SERVICE PROGRAM OF GREATER CLEVELAND

ISRAEL ROJAS

FOR ACHIEVEMENT IN COMPLETING

OSHA 30-HOUR FOR CONSTRUCTION

NOVEMBER 18 - 14, 2009

[Signature]
 JOHN C. PHARA
 ADMINISTRATOR

[Signature]
 MARK A. COLLIER
 DIRECTOR OF SAFETY EDUCATION

[Signature]
 JAMES J. ...

[Signature]
 ...

PRECISION Environmental Company
 2072 Solway Road - Independence, Ohio 44131 (419) 642-0040

Certifies that

ISRAEL ROJAS
 3475 West 92 St., Cleveland, Ohio 44102

attended the course successfully and is qualified to perform the duties of

LEAD HAZARD ABATEMENT WORKER

Course Date: 3/9 - 3/19/08
 Certificate Number: 4827328

[Signature] *[Signature]*

CONCEPTA Medical Center
MEDICAL EXAMINER'S CERTIFICATE

Yearly Medical Examination of **Israel Rojas** International Application

History Physical Examination

Vision Hearing

Blood Pressure ECG

Chest X-ray Urinalysis

Tuberculin Test Other

All other tests as required by the State

[Signature] *[Signature]*

DATE OF EXAMINATION: 03/04/08

EXPIRES: 03/04/09

4579 W. 10th Ave. / NEWBURGH, OH 44130

American Heart Association

Heartsaver® First Aid
 Israel Rojas

Training Center: **OHIO 216-333-0455**

To Address Contact Info: **Health Care Intensive Care ACLS & CPR**

Course Specialist: **CRAIG DUNNING RN-CORN-CEN-TNCC-EMT**

Issue Date: **FEB 2011**

Certifies that

ISRAEL ROJAS

Has successfully obtained the certificate

MANLIFTS

Course Date: 01/28/11 Present Location: *Donkey*

Certificate of Completion
 This Certifies That
Jesus Rojas
 has completed 6 hours training on
 Permit-required Confined Spaces
 (Authorized Entrant, Attendant, & Entry Supervisor)
 in compliance with 29 CFR §1910.146
 Presented by:
HSTC
 Health & Safety Training Company
 Released 11:00
 January 28, 2011
J. Rojas

COURSE NAME	DATE	STATUS
COUNTY SPANNE	9-28-10	MAJOR
FOCK TRUCK		
CLASS 5		
ROCK TERRAIN	9-28-10	MAJOR
FOCK TRUCK		
CLASS 7		

United Rentals REFER TO THIS OPERATOR'S LEASE AGREEMENT FOR COMPLETE DETAILS ON USAGE & LIMITATIONS. PARTIALS RENT SPECIFIC TO VEHICLE & ATTACHMENTS.

MOBILE EQUIPMENT
IVES OPERATOR CERTIFICATE
 THIS CERTIFICATE CONFIRMS THAT
ISRAEL ROJAS HAS COMPLETED
 ALL NECESSARY TRAINING & TESTING TO OPERATE THIS EQUIPMENT SAFELY & RESPONSIBLY.
 1. UR005-4410 9-28-10 9-28-10
 Mr. Valencia 1152 11/18/10
 Precision ENV FRANK LASCO X

American Heart Association
 Learn and Live.
Heartsaver® First Aid
 Issued to: Israel Rojas
 Issued on: APRIL 2008
 Expires on: APRIL 2010
 Instructor: CRAIG DUNNING RN-CCRN-EMT

- On the line, fill in the circles of the modules NOT completed.
- Course Curriculum completed:
- A. Adult First Aid
 - B. Environmental Emergencies
 - C. Adult/Child CPR
 - D. Adult/Child AED
 - E. Infant CPR With Mask



Call 911 in case of an emergency
 Poison Control Center 1-800-222-1222
 Visit our website: americanheart.org/cpr
 For training information call: 1-877-AHA-4CPI

Certificate of Achievement

This certificate acknowledges that
Israel Rojas
 Precision Environmental Company
 has demonstrated the competency required of the Level 2
 FIP® Firestop Installation Training Program.

This certificate is valid until 12/31/2011

Certified By: *[Signature]* Date: 5/28/2011

fsg! **SpecTec Technologies Inc.**

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 model and fit test procedure specified in 29 CFR 1910.134 Appendix A.

Name: Daryl Ramsdell SSN (last 4 digits): XX-XX-9531 Date: 4-4-11

Address (street, city, state, zip): 6611 Denise Dr. North Ridgeville, OH 44039

Respirator Model Size Eyes Ears

Metch 550P/700 Half Face S M L

3M Powerflow Full Face PAPR S M L

Other: _____ S M L

Annual medical evaluation completed: Yes No

Type of Fit Test: Qualitative Quantitative

Type of Qualitative Test: Irritant smoke Isocyanate Bitrex

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: Valerie Mason

Employee Name: Daryl Ramsdell Signature: _____



PRECISION ENVIRONMENTAL COMPANY
PRECISION PRO CUT

RESPIRATOR QUALIFICATION

Patient Name: Daryl Ramsdell

SSN (last 4) XX-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 1928.1101.

The healthcare provider for the surveillance examination is

Concentra Medical Centers
4560 Brockley 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): 4/1/11

Printed Physician Name: A. S. [Signature]

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 mandatory course for the Asbestos Contractor Supervisor Refresher and has passed an examination in that course with a minimum score of 75% or better. Training was in accordance with 49 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 26 IAC 18-2, Chapter 201-34 Ohio Administrative Code, and the Illinois Department of Public Health (IDPH) under section 855.121 of Title 75. IDPH recognition based on a student request.

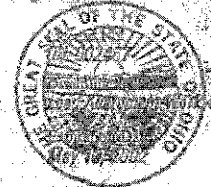
Training Manager	Expiration Date	Category of Course	Examination Date	Course Location
<u>[Signature]</u>	11/20/11	11/20/10	11/20/10	Independence, OH

TSI

31150 Lakeside Blvd.
Cleveland, OH 44105
1-855-666-5435

10 TSI 37648 csr

State of Ohio
Department of Health



DARYL W. RAMSDPELL
104 MARION RD
TWIN OAKS, OH 44070



Asbestos Hazard Abatement Specialist

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



Certification Number: AS29072 Expiration Date: 06/24/2012 DOB: 01/27/1969

This certification is issued pursuant to Chapter 3705-01 and Part 3705-01-01 of the Ohio Administrative Code. Certification Card is not valid if altered.

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 CERTIFICATION

This certificate of completion is awarded to

Daryl Ramsdell

For completion of eight hours of Hazardous Material Refresher training according to OSHA 1910.120 Precision Environmental

3/28/2010
Precision Environmental, Inc.

Brian Hill, CSP, OSHA 10/30 Instructor 3/28/2010

This certificate of completion is awarded to

Daryl Ramsdell

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

Precision Environmental, Independence, Ohio

CONCENTRA Medical Centers MEDICAL EXAMINER'S CERTIFICATE

Identify and describe the patient's condition. (Date of Exam) 03/28/2010

Healthy Conscious Patient Only, with or without blood alcohol (BAC) 0.02

Mentally Alert & W/ Accompanied by a 1st Aid/First Aid Certified Person

Assisted by _____ Qualified by instructor at 405/217-1000

Signature of Medical Examiner: *[Signature]* Date: 03/28/2010

Signature of Patient: *[Signature]* Date: 03/28/2010

Signature of Observer: *[Signature]* Date: 03/28/2010

Signature of Assessor: *[Signature]* Date: 03/28/2010

CERTIFICATE OF ACHIEVEMENT



CONSTRUCTION INDUSTRY SERVICE PROGRAM OF GREATER CLEVELAND

BODIES

DARYL RAMSDELL

FOR ACHIEVEMENT IN COMPLETION

OSHA 30-HOUR FOR CONSTRUCTION

SEPTEMBER 12 - 16, 2006

[Signature]
JAMES J. HARRIS
ADMINISTRATOR

[Signature]
WAYNE J. GREGG
MANAGER OF SAFETY/REGISTRY

OSHA 30-HOUR FOR CONSTRUCTION

PRECISION ENVIRONMENTAL, INC.
1370 FREDERICK ROAD
INDEPENDENCE, OHIO 44131-2100
(419) 326-6000

PRECISION ENVIRONMENTAL, INC.
1370 FREDERICK ROAD
INDEPENDENCE, OHIO 44131-2100
(419) 326-6000



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: 4-16-08 HOURS OF TRAINING: 3 EXPIRATION DATE: 4-2011

INSTRUCTOR: Daryl Ramsdell CERTIFICATE NO.: 432074

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
5742 Schief Road, Independence, Ohio 44131 (419) 648-6048

Certifies that

DARYL W. RAMSDELL
4627 West 147th Street, Cleveland, Ohio 44135

Attended the course successfully passed the examination for

LEAD HAZARD ABATEMENT WORKER

Course Date: 2/4 - 2/9 1998
Certificate Number: 9821918

This card and original Personnel File for the worker in addition shall be returned promptly to the instructor. This card shall be kept in the worker's file and shall be available to OSHA.

Training Provider Number: 2108

Certificate of Achievement

This is to Certify

Daryl W. Ramsdell

has successfully completed the course in

Robert G. Grew Leader

September 12, 2006



CLARKLIFT
OF CLEVELAND



PRECISION Environmental Company
5742 Schief Road, Independence, Ohio 44131 (419) 648-6048

PRECISION Environmental Company
5742 Schief Road, Independence, Ohio 44131 (419) 648-6048

Certifies that

BUTCH RAMSDELL

has successfully completed the course in

MANLIFTS

Course Date: 01/15/03

Certifies that

BUTCH RAMSDELL

has successfully completed the course in

FALL PROTECTION

Course Date: 03/10/03

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 1-13-12
 Hours of Training Completed 3 Certification Card No. 432075
 Instructor Daryl Ramsdell Wm. A. Volante

American Heart Association
 Learn and Live
Heartsaver® First Aid
 Daryl Ramsdell

This card certifies that the holder has successfully completed the Heartsaver First Aid course and is qualified to provide first aid to victims of CPR and First Aid.

APRIL 2010 APRIL 2012

Training Center: OHIO 216-337-9485
 TO Address: Health Corporation Care ACLS & CPR
 Course Location:
 Instructor: CRAIG DUNNING RN-CCRN-TNCC-EMT
 Expires: 04/2012

Asbestos Contractor Supervisor

Daryl W. Ramsdell
 Precision Environmental Co.
 5255 Old Breakville Road
 Independence, OH 43131

Accreditation Number: [blacked out] Expiration Date: [blacked out]

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

Certificate of Achievement

This certificate acknowledges that **Daryl W. Ramsdell** of **Precision Environmental Co.** has demonstrated the competency required of the Level 1 FTY-Filtered Instructional Training Program.

Certified By: *[Signature]* Date: 12/12/08

fsg STI

NAME:	Daryl Ramsdell	
SEA:	XX-XX-9531	
DATE COMPLETED INITIAL COURSE:	5/5/06	REFRESHER COMPLETION DATE:
		3/10/07
NEXT REFRESHER TRAINING DUE WITHIN ONE YEAR OF THE REFRESHER COMPLETION DATE:		3/10/08
CERTIFICATE#:	280609551BW0307	

JAMES E. DAGUE ASSOCIATES, INC.

DARYL RAMSDELL (280-60-8531)

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

IN ACCORDANCE WITH OSHA REGULATION 29 CFR 1910.145

COURSE HELD, STARTED 11/2, 1999

STATE OF NEW YORK - DEPARTMENT OF LABOR ASBESTOS CERTIFICATE

DARYL W. RAMSDELL
 CLASS EXPIRES 01/12

CER# 08-05877
 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

Signature: *[Signature]*
Title: Director
Phone: 614-18459-16-02502
Course Number: 6/82/010
Course Date: _____
Language: English



Signature: *[Signature]*
Title: Continuing Education Director
Date: 5/15/10
Course Code: _____

Occupational Health & Safety Continuing Education, LLC Training Center, 2800 E. Galvado Rd., Mt. 679, Cincinnati, OH 45275-1428, (513) 774-1736
www.ucc.edu/ohs

10 TSI 35595 RRPI

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF LABOR AND INDUSTRY
ASBESTOS OCCUPATIONS CERTIFICATION

DARYL RAMSDELL
5908 OLD BRECKSVILLE RD
INDEPENDENCE OH 44131



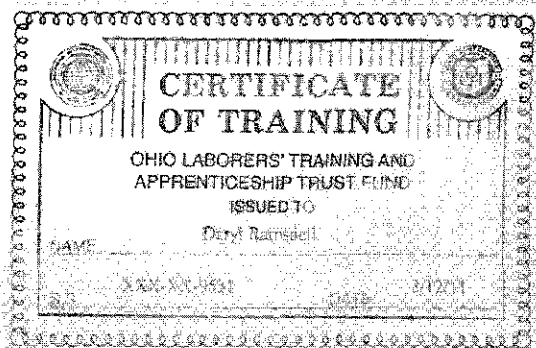
Birthdate: 01/27/69 Certification Number: 006282
Sex: M Class: SUPERVISOR
Eyes: H2L Issue Date: 12/04/10
Height: 6 01 Expiration Date: 11/26/11

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) 772-3396. 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. Chatteram
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 SS Number (last 4 digits): XXX-XX-6028 Date: 2-19-11

Address (Street, City, State, Zip): 1237 W 38th St, Lorain, Ohio 44053

Respirator Model	Size	Pass	Fail
<input checked="" type="checkbox"/> North 5500/1700 Half Face	S <input checked="" type="checkbox"/> M <input type="checkbox"/> L <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 3M ProFlex Full Face PAFU	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: Isocyanate Inorganic Nuisance

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

Frank LASCO
Site Administrator Name

Derik Wilhelm
Employee ID



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 1926.1101.

The healthcare provider for this surveillance examination is:

Concentra Medical Centers
4660 Hixkley 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): 3/7/2011

Printed Physician Name: Sam Yous

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 70% or better. Training was in accordance with 40 CFR Part 763 (40 FR 26). 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 (IDPH) under section 835 (20 of Title 77. IDPH recognition based on student request.

Training Manager	Expiration Date	Date(s) of Course	Examination Date	Course Location
<u>Doyle D. Selt</u>	<u>2/19/12</u>	<u>2/19/11</u>	<u>2/19/11</u>	<u>Independence, OH</u>

TSI
43750 Lakeland Blvd
Cleveland, OH 44025
1-800-465-8133

11 TSI 38763 csr

PRECISION ENVIRONMENTAL COMPANY

Operator Certification Card

DERIK WILHELM

XXXXXXXX-XX-6028

Asbestos Hazard Abatement Specialist

Expiration Date: Dec 14, 2008

Division of Environmental Health Program

Asbestos Hazard Abatement Specialist

Derik E 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 under Revised Code and 3761.34 of the Ohio 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] Qualified Trainer [Signature] Safety Officer

HAZARDOUS MATERIALS TECHNICIAN

This certificate of completion is awarded to

Derik Wilhelm

For completion of the course of Hazardous Material
 Technician Training at the University of Cincinnati
 Precision Environmental



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

Derik Wilhelm

Precision Environmental
 2630 Old Breeseville Road
 Independence OH 44131



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

Program Director: *[Signature]*
 Course Number: **RL-10459-00-02B12**
 Issue Date: **06/2010**
 Language: English

Continuing Education Units: **5**
 Course Date: **5/13/10**

Occupational Health & Safety Leadership Education, LLC Building Campus, 2180 N. Latta Road, Cincinnati, OH 45227-1622, (513) 669-4720, www.ohsa.edu

10 TSI 35879 RRP1



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, Independence Ohio

[Signature]
 Precision Environmental

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 Beam Scissor

[Signature]
 SAFETY INSTRUCTOR

ANSI - A82.3, A82.5, A82.6

American Heart Association
HeartSaver® First Aid

Derik Wilhelm

Completed the American Heart Association First Aid course on **APRIL 2009**

OHIO - 216-337-6485
 Health Corp. Executive Care ACLS & CPR
CRAIG DUNNING RN-COR-EMT

American Heart Association
HeartSaver® CPR

David Quapp

Completed the American Heart Association CPR course on **APRIL 2009**

OHIO - 216-337-6485
 Health Corp. Executive Care ACLS & CPR
CRAIG DUNNING RN-COR-EMT

LEAD EXPERTS
 P.O. Box 1370 Mentor, OH 44061-1390 - (440) 366-8103

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: **279382290**
 Course Date: **April 29, 2010**
 Course Instructor: **287925290**

For more information, contact: *[Signature]*

Certificate of Achievement

This certificate acknowledges that
Derik Wilhelm
 Precision Environmental, LLC

Has successfully completed the requirements required of the Level 1
 Environmental Remediation Training Program

Completed by *[Signature]* **Derik Wilhelm**

fsg