BAR 011013 - OPT

OP-TECH
Environmental Services, Inc.

ASBESTOS PROJECT SUMMARY REPORT

Client:

SUNY COLLEGE @ POTSDAM
PIERREPONT AVENUE
POTSDAM, NEW YORK 13676

Owner:

SUNY COLLEGE @ POTSDAM
PIERREPONT AVENUE
POTSDAM, NEW YORK 13676

Location:

SUNY COLLEGE @ POTSDAM
PIERREPONT AVENUE
POTSDAM, NEW YORK 13676
BARRINGTON HALL 2ND FLOOR

Type of ACM:

- FLOOR TILE ONLY

Prepared by:

OP-TECH ENVIRONMENTAL SERVICES, INC.
63 TRADE ROAD, BLDG. # 4
MASSENA, N.Y. 13662

Job # MPSU-0056

JANUARY 10, 2013

OP-TECH

63 Trade Road, Bldg. # 4
Massena, N.Y. 13662
P: (315) 764-1917
F: (315) 764-9453
www.op-tech.us

January 10, 2013

SUNY College @ Potsdam
44 Pierrepont Avenue
Potsdam, New York 13676
Attn.: Mr. Larry Lashomb

Telephone: (315) 244-1789
E-mail: leasholl@potsdam.edu

Re: *Final Asbestos Project Summary Report*
Barrington Hall 2nd Floor Near Restrooms

In accordance with your request and per proposal M014359 dated 12/26/2012, OP-TECH Environmental Services, Inc. (OP-TECH) representatives completed abatement of asbestos containing materials (ACM) from SUNY College @ Potsdam (Owner) Barrington Hall Near Restroom & Room 208. On December 28th, 2012, OP-TECH representatives completed the minor abatement of floor tile from the identified locations. A copy of the supervisor daily log and the work area signature sheets are attached.

ACM removal procedures were performed in accordance with NYSDOL Industrial Code Rule 56, amended date of March 21, 2007. Third party project monitoring and air sampling for the asbestos abatement was not required bi ICR 56 for the minor floor tile abatement. OP-TECH completed OSHA personal air monitoring as required for each asbestos abatement project. The OSHA air samples were sent for analysis to Envirologic of New York (ELAP # 11555), Fayetteville, N.Y.

The ACM waste was transported for disposal by OP-TECH Environmental Services, Inc. (NYSDEC Part 364 Waste Transporter Permit No. 6A-166) to the Franklin County Landfill (NYSDEC Part 360 Landfill Permit No. 5-1699-00003 / 00005) located in Constable, New York. The original waste shipment record and disposal weight ticket are included as an attachment to this report.

Respectfully Submitted,
OP-TECH Environmental Services, Inc.

Rich Fairbridge
Project Manager

Attachments:

- OP-TECH Work Area Entry Sheets & Supervisor Daily Project Log
- OP-TECH Corporate Asbestos License # 30030
- OP-TECH Part 364 Waste Haulers Permit No. 6A-166
- ACM Transport and Disposal Documents
- OP-TECH Employee Certifications

OP-TECH
Environmental Services, Inc.

SHEET _____ OF _____

ASBESTOS PROJECT SIGNATURE SHEET

CLIENT: STATE UNIVERSITY OF NEW YORK 44 PIERREPONT AVE., POTSDAM, NY	*PROJECT:* MINOR PROJECT FOR REMOVAL OF < 2 SF VINLYL FLOOR TILE ONLY 2ND FLOOR NEAR BATHROOMS TO INSTALL NEW METAL STUDED TRACK.
LOCATION: BARRINGTON HALL 2ND FLOOR SUNY COLLEGE @ POTSDAM	*DATE:* 12-28-2012 JOB #: MPSU-0056

PLEASE READ BEFORE SIGNING

ALL PERSONS WHO ENTER THE WORK AREA/ENCLOSURE SHALL SIGN IN. BY SIGNING THE ENTRY/EXIT LOG, SUCH PERSONS HAVE ACKNOWLEDGED THAT THEY HAVE REVIEWED AND UNDERSTAND ALL REGULATIONS, PERSONAL PROTECTION REQUIREMENTS, WORK AREA ENTRY/EXIT PROCEDURES AND EMERGENCY PROCEDURES.

SIGNATURE / EMPLOYEE CODE	IN	OUT	IN	OUT	IN	OUT	IN	OUT
M. Bullock 3620	0900	1030	1430	1600				

SUPERVISOR SIGNATURE: _____ 06-09853

COMMENTS: _____

OP-TECH
Environmental Services, Inc.

ASBESTOS CONTRACTOR DAILY PROJECT LOG

CLIENT: State University of New York 44 Pierrepont Ave. Potsdam, NY 13676	PROJECT: minor / VAT
PROJECT LOCATION: State University of New York 44 Pierrepont Ave Potsdam, NY 13676	DATE: 12-28-12 JOB #: MPSU-0056

CODE RULE INSPECTION ITEMS — **ACCEPTABLE (DETAIL BELOW)**

56.7.3 (a) WORK STOPPAGE DUE TO HIGH AIR RESULTS: YES _____ NO _____ N/A ✓

1) Time of work cessation.

2) Record findings of barrier & negative air system inspection. Include a summary of cleaning and / or repairs.

56.7.3 (b) MANOMETER READINGS FOR ALL CLASS I LARGE & SMALL PROJECTS. (*Twice per shift*): YES _____ NO _____ N/A ✓

1) TIME _____ LEVEL _____ (In/H_2O) 2) TIME _____ LEVEL _____ (In/H_2O)

56.7.3 (c) NEGATIVE AIR SYSTEM: (*Inspect/document daily, including non-work days*) YES ✓ NO _____ N/A ✓ MB

1) Record findings of negative air system inspection. Include a summary of repairs.
Hepa vac inside minor tent

56.7.3 (d) HVAC SYSTEM POSITIVE PRESSURIZATION: (*Inspect/document daily, including non-work days*) YES _____ NO _____ N/A ✓

56.7.3 (e) INSPECTION OF BARRIERS: (*Inspect/document twice per shift, once on non-work days*) YES ✓ NO _____ N/A _____

1) First Inspection at start of shift and/or work stoppage. Record findings and a summary of repairs.
barriers up & beginning and torn down at end

56.7.3 (f) TESTING OF BARRIERS & ENCLOSURES: (*Inspect/document daily, document repairs*) YES ✓ NO _____ N/A _____

.7.3 (g) DAILY CLEANING OF ENCLOSURES (*At end of work shift*): YES ✓ NO _____ N/A _____

CLIENT: SUNY Potsdam	JOB #: MPSU-0056	DATE: 12/28/12

CODE RULE INSPECTION ITEMS — ACCEPTABLE (DETAIL BELOW)

56.7.3 (h) INTERMEDIATE COMPLETIONS:

1) TIME: _____ LOCATION: _____ YES _____ NO _____ N/A ✓

2) TIME: _____ LOCATION: _____ YES _____ NO _____ N/A ✓

56.7.3 (i) VISUAL INSP. BY PROJECT SUPERVISOR & PROJECT MONITOR (Interior):
(Prior to clearance air sampling for completeness of abatement) YES _____ NO _____ N/A _____

INSPECTION DETAILS: _____

SUPERVISOR SIGNATURE / CO. / CERT. #: _____

PROJECT MONITOR SIGNATURE / CO. / CERT. #: _____

56.7.3 (j) VISUAL INSP. BY PROJECT SUPERVISOR AND / OR PROJECT MONITOR (Exterior):
*(For regulated work areas **exempt** from clearance air sampling)* YES ✓ NO _____ N/A _____

INSPECTION DETAILS: No visual ACM left in work area

SUPERVISOR SIGNATURE / CO. / CERT. #: Matthew Rudd 06-09853

PROJECT MONITOR SIGNATURE / CO. / CERT. #: _____

56.7.3 (k) PROJECT SUPERVISOR FINAL INSPECTION: YES ✓ NO _____ N/A _____
(At completion of project after all waste has been removed)

PROJECT SUPERVISOR SIGNATURE / CERT. #: Matthew Rudd 06-09853

AS ATTESTED BELOW AND BY SIGNATURE OF THE *OP-TECH PROJECT SUPERVISOR*, ALL WORK PERFORMED THIS DATE, AS INDICATED BY THIS INSPECTION SHEET AND WORK LOG DESCRIPTION BELOW, HAS BEEN COMPLETED IN ACCORDANCE WITH ALL APPLICABLE RULES AND REGULATIONS OF INDUSTRIAL CODE RULE 56, AMENDED DATE OF MARCH 21, 2007.

PROJECT SUPERVISOR SIGNATURE / CERTIFICATE #: Matthew Rudd 06-09853

WORK LOG: 0930 - Op Tech on site and begin to build tent for minor removing 3 small 3" holes covered with tile.

1000 - Minor Tent Finished with Hepa Vac running. begin removal of ACM.

OP-TECH
Environmental Services, Inc.

63 Trade Rd.
Massena, N.Y. 13662
Phone: 315-764-1917
Fax: 315-764-9453
www.op-tech.us
Stock Symbol: OTES.0B

CLIENT: State University of New York	JOB #: MPSU-0056	DATE: 12/28/12

1030 - All Acm removed and vac will run for 20 mins. All Acm debris double bagged

1100 - Area clear and tent torn down. Of Tech Offsite -

1430 - Returned to site Room 208. Set up containment and let neg. air Run around areas of tile to be abated

1500 - Abate minor area of tile in Room 208 containment Hepa vac + wet wiped area. Let vac Run 20 minutes for area tent per ECR 56. Then tore Down tent and Bagged up poly

1600 left site - Job complete

PAGE _____ OF _____

NEW YORK STATE - DEPARTMENT OF LABOR
DIVISION OF SAFETY AND HEALTH
LICENSE AND CERTIFICATE UNIT
STATE CAMPUS BUILDING 12
ALBANY, NY 12240

ASBESTOS HANDLING LICENSE

Op-Tech Environmental Services, Inc.

1 Adler Drive

East Syracuse, NY 13057

FILE NUMBER: 99-0135
LICENSE NUMBER: 99036
LICENSE CLASS: FULL
DATE OF ISSUE: 03/02/2012
EXPIRATION DATE: 02/28/2013

Duly Authorized Representative - Harold Alder

This license has been issued in accordance with applicable provisions of Article 30 of the Labor Law of New York State and of the New York State Codes, Rules and Regulations (12 NYCRR Part 56). It is subject to suspension or revocation for a (1) serious violation of state, federal or local laws with regard to the conduct of an asbestos project, or (2) demonstrated lack of responsibility in the conduct of any job involving asbestos or asbestos material.

This license is valid only for the contractor named above and this license or a photocopy must be prominently displayed at the asbestos project worksite. This license verifies that all persons employed by the licensee on an asbestos project in New York State have been issued an Asbestos Certificate, appropriate for the type of work they perform, by the New York State Department of Labor.

Maureen A. Cox, Director
FOR THE COMMISSIONER OF LABOR

SH 432 (4-07)

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF ENVIRONMENTAL REMEDIATION

PART 364
WASTE TRANSPORTER PERMIT NO. 6A-166

Pursuant to Article 27,Titles 3 and 15 of the Environmental Conservation Law and 6 NYCRR 364

PERMIT ISSUED TO:

OP-TECH ENVIRONMENTAL SERVICES, INC.
1 ADLER DRIVE
EAST SYRACUSE, NY 13057

CONTACT NAME: VINNY SNYDER
COUNTY: ONONDAGA
TELEPHONE NO: (607)565-8892

PERMIT TYPE:

☐ NEW
☐ RENEWAL
■ MODIFICATION

EFFECTIVE DATE: 02/07/2012
EXPIRATION DATE: 01/31/2013
US EPA ID NUMBER: NYD986980753

AUTHORIZED WASTE TYPES BY DESTINATION FACILITY: (Continued)
The Permittee is Authorized to Transport the Following Waste Type(s) to the Destination Facility listed :

Destination Facility	Location	Waste Type(s)	Note
ENVIRONMENTAL COMPLIANCE CORPORATION	STOUGHTON , MA	Hazardous Industrial/Commercial Waste Oil	
Envirosafe Services of Ohio, Inc.	Oregon , OH	Non-Hazardous Industrial/Commercial Asbestos Petroleum Contaminated Soil Hazardous Industrial/Commercial	
ESMI OF NEW YORK	FORT EDWARD , NY	Non-Hazardous Industrial/Commercial Petroleum Contaminated Soil	
EVERCLEAR	AUSTINTOWN , OH	Non-Hazardous Industrial/Commercial Waste Oil	
EXIDE BATTERY	SYRACUSE , NY	Hazardous Industrial/Commercial	
EXIDE TECHNOLOGIES	MUNCIE , IN	Non-Hazardous Industrial/Commercial Hazardous Industrial/Commercial	
FRANK E VAN LARE WASTEWATER TREATMENT	ROCHESTER , NY	Non-Hazardous Industrial/Commercial Septage only (residential) Non-Residential Raw Sewage or Sewage-Contaminated Wastes Sludge from Sewage or Water Supply Treatment Plant	
FRANKLIN COUNTY SOLID WASTE MANAGEMENT AUTHORITY	CONSTABLE , NY	Non-Hazardous Industrial/Commercial Asbestos Petroleum Contaminated Soil Sludge from Sewage or Water Supply Treatment Plant	
FULTON COUNTY LANDFILL	JOHNSTOWN , NY	Non-Hazardous Industrial/Commercial Asbestos Petroleum Contaminated Soil Sludge from Sewage or Water Supply Treatment Plant	
GENERAL CHEMICAL CORPORATION	FRAMINGHAM , MA	Non-Hazardous Industrial/Commercial Asbestos Petroleum Contaminated Soil Grease Trap Waste Hazardous Industrial/Commercial Waste Oil	
GENERAL ENVIRONMENTAL MANAGEMENT	CLEVELAND , OH	Non-Hazardous Industrial/Commercial	

*** AUTHORIZED WASTE TYPES BY DESTINATION FACILITY LISTING (continued on next page) ***

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF ENVIRONMENTAL REMEDIATION

PART 364
WASTE TRANSPORTER PERMIT NO. 6A-166

Pursuant to Article 27, Titles 3 and 15 of the Environmental Conservation Law and 6 NYCRR 364

PERMIT ISSUED TO:

OP-TECH ENVIRONMENTAL SERVICES, INC.
1 ADLER DRIVE
EAST SYRACUSE, NY 13057

PERMIT TYPE:

☐ NEW
☐ RENEWAL
■ MODIFICATION

CONTACT NAME: VINNY SNYDER
COUNTY: ONONDAGA
TELEPHONE NO: (607)565-8892

EFFECTIVE DATE: 02/07/2012
EXPIRATION DATE: 01/31/2013
US EPA ID NUMBER: NYD986980753

AUTHORIZED VEHICLES:

The Permittee is Authorized to Operate the Following Vehicles to Transport Waste:

(Vehicles enclosed in <>'s are authorized to haul Residential Raw Sewage and/or Septage only)

90 (Ninety) Permitted Vehicle(s)

NY 10856PB
NY 14811PC
NY 15392PC
NY 1708B3
NY 17753PB
NY 17755PB
NY 19417PC
NY 19427PB
NY 19444PC
NY 19450JW
NY 19452JW
NY 19950JX
NY 19959JX
NY 24283JW
NY 24803JU
NY 28311JS
NY 28609JM
NY 28610JM
NY 28611JM
NY 28618JM
NY 28845JS
NY 30972JV
NY 3112073
NY 31485JS
NY 33402JM
NY 33403JM
NY 34320JR
NY 38177JW
NY 39055KA
NY 39332PA
NY 40600PA
NY 40602PA
NY 40604PA
NY 41637JA
NY 42463JP
NY 47812JT
NY 47991JT
NY 49353JY
NY 49597JK
NY 52419PA
NY 53480JP
NY 63552JT
NY 63554JT
NY 67879JP
NY 69243PA
NY 69244PA
NY 69245PA
NY 70713JV
NY 70789JF
NY 72387JW
NY 75370JV
NY 77539JU
NY 78751PA
NY 81383JV
NY 81668JV
NY 81670JV
NY 82193PA
NY 82504JR
NY 82509JR
NY 84819PA
NY 87182PA
NY 90840JZ
NY 98199JL
NY 99158JR
NY 99160JR
NY 99162JR
NY 99163JR
NY AA32162
NY AA93078
NY AD38132
NY AD38134
NY AD38135
NY AD38136
NY AD38137
NY AD38138
NY AJ10164
NY AN29062
NY AN88563
NY AP31897
NY AR46264
NY AR96961
NY AR96995
NY AS80986
NY AT25137
NY AT25348
NY AU59411
NY AV22201
NY AV22209
NY AV22316
NY AV25258
End of List

Industrial Medical Associates, P.C.

961 Canal Street Syracuse, New York 13210

HAZARDOUS MATERIALS MEDICAL SUITABILITY

Matthew Bradish (Employee Name) XXX-XX-6848 (Employee ID #)

[ ] Initial/HAZ
[X] Annual/Periodic HAZ
[ ] Exit

The following specific examinations were performed and results are as indicated:

A. Respirator (OSHA Reg. 29 CFR 1910.134, Nu Reg. 0041, ANSI 288.6):

_____ Class 1 - No restrictions on respirator use

_____ Class 2 - Respirator use restricted as below

Restrictions: _____

_____

_____ Class 3 - Respirator use Prohibited

Remarks: _____

_____

B. Hazardous Waste (OSHA Reg. 29 CFR 1910.120 (f)):

✓ Qualified _____ Disqualified

C. Other: _____

Summary/Recommendations:

✓ A. The examination indicates no significant medical impairment and the above named employee can be assigned any work consistent with skills and training. He/she has no detected medical condition that would increase his/her risk of material health impairment from hazardous waste operation or emergency response.

_____ B. Suggested restriction on work activities or exposures:

_____

_____ C. Other:

He/she had been informed of the results of the examination and any medical conditions that may require further examination or treatment.

5/23/12	Ivan Wolf, M.D.		6.4.12
(Date of exam)	(Name of reviewing physician)	(Signature of reviewing physician)	(Date of review)

Scanned to: Op-Tech on _____
cc: employee file @ IMA

SCANNED
6.4.12

Industrial Medical Associates, P.C.

961 Canal Street Syracuse, New York 13210

ASBESTOS MEDICAL SURVEILLANCE RECOMMENDATIONS

NAME: Matthew Bradish

SS#: XXX-XX-6848

DATE OF EXAM: 5/23/12

✓ This individual shows no medical conditions that would place an increased risk of material health impairment from exposure to asbestos.

✓ No limitations on use of personal protective equipment (i.e. respirator use, protective clothing).

✓ Employee has been informed by the physician of the results of the medical examination.

✓ Physical examination shows no signs of asbestosis.

✓ Physician recommends that employee should return for annual medical examination.

✓ Physician recommends chest x-ray be repeated in 1 year / 2 years / 5 years.
Date _____ Mo. _____ Yr. ~~2014~~ 2017

A copy of this report must be provided to employee by employer 30 days from its receipt.

Remarks: _____

PHYSICIAN: _____ Ivan Wolf, M.D.

DATE: 6.4.12

Scanned to: Op-Tech on _____
cc: employee file @ IMA

IMA FORM#12 (revised 9/05)

SCANNED
6.4.12

ALL WRITTEN OR PRINTED INFORMATION MUST BE LEGIBLE

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651-FS-L2

MEDICAL EXAMINER'S CERTIFICATE

I certify that I have examined Matthews Bradish in accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and with knowledge of the driving duties, I find this person is qualified; and, if applicable, only when:

- ☐ wearing corrective lenses
- ☐ wearing hearing aid
- ☐ accompanied by a _____ waiver/exemption
- ☐ driving within an exempt intracity zone (49 CFR 391.62)
- ☐ accompanied by a Skill Performance Evaluation Certificate (SPE)
- ☐ qualified by operation of 49 CFR 391.64

The information I have provided regarding this physical examination is true and complete. A complete examination form with any attachment embodies my findings completely and correctly, and is on file in my office.

SIGNATURE OF MEDICAL EXAMINER	TELEPHONE	DATE
Sheryl Cruger FNP	(315) 705-0700	5/23/12

MEDICAL EXAMINER'S NAME (PRINT): Sheryl L. Cruger

☐ MD ☐ DO ☐ Chiropractor ☐ Physician Assistant ☒ Advanced Practice Nurse

MEDICAL EXAMINER'S LICENSE OR CERTIFICATE NO. / ISSUING STATE: F333863

SIGNATURE OF DRIVER	DRIVER'S LICENSE NO.	STATE
Matthew Bradish	964854300	NY

ADDRESS OF DRIVER: P.O. Box 435 Norfolk, NY 13667

MEDICAL CERTIFICATE EXPIRATION DATE: 5/23/14

DISTRIBUTION: 1 COPY TO THE DRIVER, 1 COPY TO THE MOTOR CARRIER

OP-TECH®
Response • Service • Experience

PHYSICIAN'S STATEMENT

THIS REPORT IS THE EXAMINING PHYSICIAN'S MEDICAL EVALUATION BASED UPON AVAILABLE DATA.

TO: OP-TECH ENVIRONMENTAL SERVICES, INC. / Manager/Supervisor

SUBJECT: Medical Surveillance for Matthew Bradish (Employee Name (Print)) 6848 (Social Security No. (Last 4 Numbers))

Exam Type: [ ] General [x] Asbestos [ ] HAZMAT [ ] HAZ/Asb [ ] DOT
Frequency: [ ] Baseline/Initial [x] Periodic (Annual) [ ] Exit [ ] Other: _____

1. I examined this employee on 5/23/12. I have reviewed the data available in the employee's medical record and find that this individual is:

   ☒ Medically qualified to perform the stated work assignment.

   ☐ Medically qualified to perform the stated work assignment with recommended restrictions or qualifications as described in Section 3 below.

   ☐ Not medically qualified to perform the stated work assignment.

   ☐ Further tests or evaluations need to be performed before determination can be made as to whether this individual is medically qualified to perform the stated work assignment.

2. I find that this employee is:

   ☒ Medically qualified to use respiratory protective devices for the stated work assignment.

   ☐ Not medically qualified to use respiratory protective devices for the stated work assignment.

   ☐ Qualified to use respiratory protective devices with recommended restrictions or qualifications as described in Section 3 below.

3. Based upon this examination, I recommend the following:

   ☒ No work restrictions.

   ☐ Due to medical reasons, this employee should observe the following work restrictions: _____

4. Additional comments and/or recommendations: _____

5. Please arrange retesting for: _____

I HAVE INFORMED THIS EMPLOYEE OF THE RESULTS OF THIS EXAMINATION AND MY RECOMMENDATIONS.

DATE: 5/23/12 PHYSICIAN'S NAME (print): [illegible] SIGNATURE: [signature]

REPORT PREPARED BY: Mountain Medical Services, 2 Hospital Drive, Massena, NY 13662, Phone: 315-705-0700 (Name and Address of Medical Facility)

SCANNED 5.23.12

Clinic: 1. PLEASE FAX/E-MAIL THIS FORM WITH EXAM RESULTS TO TMA @ (FAX) 315-234-4537, ATTENTION: Cathy Winfield, RN OR e-mail: cwinfield@industrialmedical.com
2. PLEASE GIVE THIS STATEMENT TO EMPLOYEE THE DAY OF THE EXAM TO FORWARD TO HIS/HER MANAGER/SUPERVISOR AS NOTIFICATION OF FITNESS FOR DUTY.

EYES BRO
HAIR BRO
HGT 5' 06"

IF FOUND RETURN TO:
NYSDOL - L&C UNIT
ROOM 161A BUILDING 12
STATE OFFICE CAMPUS
ALBANY NY 12240

STATE OF NEW YORK - DEPARTMENT OF LABOR
ASBESTOS CERTIFICATE

MATTHEW G BRADISH
CLASS(EXPIRED)
G SUPR(08/13)

CERT# 06-09853
DMV# 964854300
MUST BE CARRIED ON ASBESTOS PROJECTS

New York State Department of Health Certificate of Asbestos Safety Training

This form is the official record of successful completion of a New York State accredited asbestos safety training course.

Certificate No. 635801

I - To be completed by Trainee

Name of Trainee (print)	NYS Depart. of Motor Vehicles ID (DMV ID)[1]	
Matthew Bradish	964 854 300	
Signature of Trainee	Telephone Number	Date of Birth[1]
Matthew Bradish	(315) 244-0097	6/13/82

Address

(Street or PO Box) 435 (City) Norfolk (State) NY (Zip Code) 13667

II - To be completed by Training Sponsor

Provider's Name	Telephone Number
ECMC	(315) 687-9435
Address 115 Genesee St.	Course Location: Massena
Zip Code Chittenango, NY 13037	

Course Title: Contractor/Supervisor ☐ Initial ☑ Refresher

NYS DOH use only ☐ DOH Equivalency[2]

Training Language: ☑ English ☐ Other: _____ Exam Grade/Date: 96 4/28/12

Dates of Training: From: 4/28/12 To: 4/28/12 Expires: 4/28/13

I certify that the asbestos safety training course given on the above date complied with both 10 NYCRR Part 73 and TSCA Title II, was consistent with the curriculum and instructors approved by the New York State Department of Health, and the trainee receiving this certificate completed the training course and successfully passed the examination.

Training Director[2]: Martha Kirch (Print) _____ (Signature)

DOH-2832 (10/03) [1]Optional Information [2]DOH Equivalency signed by NYS DOH representative only

DEPT. OF LABOR

Landrock E&S Consulting, Inc

Certificate of Completion

This certificate (#12-055-008) is awarded to

Matt Bradish

for successful completion of

8-hour Hazwoper Training (29 CFR 1910.120)

February 24, 2012

Bruce Gray
President, Landrock E&S Consulting, Inc
13 Sandra Ave, Plattsburgh, NY 12901
518-562-1462

OSHA 001877789

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

Mattew G. Bradish has successfully completed a 10-hour Occupational Safety and Health Training Course in

Construction Safety & Health

(Trainer) 6-24-08 (Date)

OP-TECH

RESPIRATOR FIT TEST RECORD

EMPLOYEE NAME: BRADISH, MATTHEW G. (XXX-XX-6848) BRANCH: MBO

DATE OF FIT TEST: 7/20/12 LOCATION OF FIT TEST: MBO

RESPIRATOR MAKE	**3M**		
RESPIRATOR MODEL	**7503**		
RESPIRATOR SIZE	☐ Small ☐ Medium ☒ Large	☐ Small ☐ Medium ☐ Large	☐ Small ☐ Medium ☐ Large
TYPE	☒ 1/2 FACE APR ☐ FULL FACE APR ☐ PAPR ☐ OTHER: _____	☐ 1/2 FACE APR ☐ FULL FACE APR ☐ PAPR ☐ OTHER: _____	☐ 1/2 FACE APR ☐ FULL FACE APR ☐ PAPR ☐ OTHER: _____
TEST METHOD	☐ QUANTITATIVE ☒ QUALITATIVE	☐ QUANTITATIVE ☐ QUALITATIVE	☐ QUANTITATIVE ☐ QUALITATIVE
RESULTS	☒ PASS ☐ FAIL	☐ PASS ☐ FAIL	☐ PASS ☐ FAIL
FIT TEST LIMITATIONS	☐ BEARD ☐ DENTURES ☐ GLASSES ☐ MUSTACHE ☒ NONE	☐ BEARD ☐ DENTURES ☐ GLASSES ☐ MUSTACHE ☐ NONE	☐ BEARD ☐ DENTURES ☐ GLASSES ☐ MUSTACHE ☐ NONE
TYPE OF IRRITANT USED	**SMOKE TEST**		
POSITIVE AND NEGATIVE PRESSURE TESTS	☒ PASS ☐ FAIL	☐ PASS ☐ FAIL	☐ PASS ☐ FAIL
FIT TEST CONDUCTED BY	Rick Fambrid		

EMPLOYEE SIGNATURE: Matthew Bradish Date: 7/20/12

FIT TESTER SIGNATURE: Richard Fambrick Date: 7-20-12

PLACE A COPY OF THE COMPLETED FORM IN THE BRANCH OFFICE EMPLOYEE SAFETY FILE AND SUBMIT ORIGINAL COPY TO THE CORPORATE DIRECTOR OF ENVIRONMENT, HEALTH & SAFETY.

Form Number: CEHS – F028
Revision Number: 0
Revised Date: July 7, 2009

WASTE SHIPMENT RECORD

GENERATOR

1. Owner's name and mailing address
STATE UNIVERSITY OF N.Y.
44 PIERREPONT AVE.
POTSDAM, N.Y. 13676

Project name and location
BARRINGTON HALL: MINOR PROJECT.
REMOVE < 2 SF VAT ONLY FROM 2ND
FLOOR FOR TRACK INSTALLATION.

Owner's telephone no.
(315)-267-2153

2. Operator's name and address
OP-TECH ENVIRONMENTAL SERVICES, INC.
63 TRADE ROAD, MASSENA, NEW YORK 13662

Project number
MPSU-0056

Operator's telephone no.
(315) 764-1917

3. Waste Disposal Site (WDS)
Name COUNTY OF FRANLKIN S.W.M.A.
Mailing Address 628 COUNTY ROUTE 28
CONSTABLE, N.Y. 12926
Physical Site Location SAME

WDS telephone no. (518) 483-8270

Additional Information
NON-FRIABLE C&D

4. Name and address of responsible agency
E.P.A. REGION II
290 BROADWAY AVENUE
NEW YORK, N.Y. 10007-1866

GENERATOR SIGNATURE: _____
DATE: _____

5. Description of materials	6. Containers No.	Type	7. Total quantity m^3 (yd^3)
Friable			
Non-Friable Floor tile, Poly, PPE	2	Bag	

8. Special handling instructions and additional information

9. OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

Printed/typed name & title	Signature	Month	Day	Year
RICHARD FAIRBRIDGE / PROJECT MANAGER	Richard Fairbridge	12	27	12

TRANSPORTER

10. Transporter 1 (Acknowledgment of receipt of materials)

Printed/typed name & title	Signature	Month	Day	Year
	Raymond F Clark			

Address and telephone no.
OP-TECH ENVIRONMENTAL SERVICES, INC.
63 TRADE RD., BLDG. #4
MASSENA, N.Y. 13662
315-764-1917

11. Transporter 2 (Acknowledgment of receipt of materials)

Printed/typed name & title	Signature	Month	Day	Year
	Matthew Rud	1	8	13

Address and telephone no.
OP-TECH ENVIRONMENTAL SERVICES, INC.
63 TRADE RD., BLDG. #4
MASSENA, N.Y. 13662
315-764-1917

DISPOSAL SITE

12. Discrepancy indication space

13. Waste disposal site owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in Item 12.

Grid Coordinates
East _____ North _____ El _____

Printed/typed name & title	Signature	Month	Day	Year
		1	8	12

Copy 1 - Generator *Copy 2 - Operator* *Copy 3 - Waste Disposal Site*

County of Franklin
Solid Waste Management Authority

Franklin County Landfill

Truck #:OPTECH
Bill Acct:100
Op-Tech Envir. Services

Haul Acct:100
Op-Tech Envir. Services

Ticket# **1117928**

	In	Out
Date	01/08/13	01/08/13
Time	08:09	08:09
ID		
HRS		HRS

	Lbs	Tons	
Gross	14920	7.46	MAN WT
Tare	14900	7.45	MAN WT
Net	20	0.01	

Transaction: 10 - Inbound Charge
Payment: 1 - Charge
Origin: 200 - St. Lawrence County
Destination: 3 - Cell No. 3
Material: 500 - Spot Market C&D
Reference: **mpsu 0056**

Tip Fee:
Special Fee: 0.00 @

Total Fee:

Tendered: 0.00 Change: 0.00

Driver: Matt Brooks

Scale Operator:Helen Sulliva