

WALL STREET PLAZA

Manager's Office

88 Pine Street
New York, New York 10005-1801
Telephone: (212) 952-1343
Facsimile: (212) 425-0695

MICHAEL FUCCI
Property Manager

May 13, 2002

NYC DEP Asbestos Control Program
59-17 Junction Boulevard – 8th Floor
Corona, NY 11373-5108

RE: 911

Gentlemen:

On September 11, 2001 (CTSI) Consulting & Testing Services, the buildings licensed environmentalist for the past ten years was employed to test 88 Pine Street for possible consequences due to the WTC incident, enclosed is their findings.

Very truly yours,
Cushman & Wakefield, Inc.
AS MANAGING AGENT FOR OOA



Michael J. Fucci
Property Manager

ENTERED

FROM : 88

FAX NO. :

May. 03 2002 10:06AM P2



The City of New York
Department of Environmental Protection

59-17 Junction Boulevard
 Corona, New York
 11368-5107

Joel A. Miele Sr., P.E.
Commissioner

Robert C. Avalon
Deputy Commissioner

Bureau of Environmental Compliance
 Tel (718) 595-4411
 Fax (718) 595-4421

April 13, 2002

Building Owner Name: Cushman & Wakefield
Address: 88 Pine St.

Subject: 88 PINE ST.

Dear Sir/ Madam:

In September 2001, the New York City Department and Environmental Protection (NYC DEP) and the Department of Health (NYC DOH) advised building owners regarding building maintenance and re-occupancy issues following the collapse of the World Trade Center. The steps included the professional assessment of building contamination for possible hazardous components, including asbestos, and a retrospective filing, as required, if applicable.

The NYC DEP is hereby requesting copies of the environmental hazard assessments including bulk sample results and air monitoring results and a summary of clean-up activities at the above referenced site. Please forward the requested documents to our offices within FIVE BUSINESS DAYS. They may be faxed to (718) 595-3744 or sent to the NYC DEP Asbestos Control Program at 59-17 Junction Boulevard, 8th floor, Corona, New York 11373-5108.

Please be advised building owners are responsible for the cleaning of building exteriors, grounds, and common areas. Adherence to proper cleaning methods is important for the protection of public health and the environment. DEP inspectors will be following up on this matter.

If you have any questions, you may reach the Department at (718) 595-3682 during office hours or the 24-hour Help Center at (718) DEP-HELP. DEP staff is available to provide guidance and technical assistance.

Sincerely,

[Signature]
 R. Radhakrishnan, P.E.

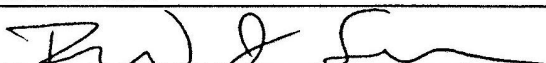
Director
 Asbestos Control Program



(718) DEP-HELP

PII

PII

CERTIFICATE HOLDER	N	ADDITIONAL INSURED; INSURER LETTER:	CANCELLATION
ORIENT OVERSEAS ASSOC. (OWNER) EDWARD S. GORTON CO., INC. WALL STREET PLAZA 88 PINE STREET NEW YORK NY 10005	ORIOV01	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.	



STATE OF NEW YORK - DEPARTMENT OF LABOR
DIVISION OF SAFETY AND HEALTH
License and Certificate Unit
BUILDING 12, Room 161
STATE CAMPUS
ALBANY, NY 12240
ASBESTOS HANDLING LICENSE

LICENSE NUMBER: 99-0617
DATE OF ISSUE: 06/26/01
EXPIRATION DATE: 06/31/02

Contractor: Consulting & Testing Services, Inc.

Address: 622 Georges Road, Suite 301
North Brunswick, NJ 08902

Duly Authorized Representative: Farshad Salami

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. The licensee 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.

A handwritten signature in dark ink, appearing to read "Richard Cucolo".

Richard Cucolo, Director
FOR THE COMMISSIONER OF LABOR

SH 432 (10-00)

New York Lab

307 West 34th Street, New York, NY 10018

Phone: 212-290-0051 Fax: 212-290-0058 Email:

EMSL

Attn: Frank Azizov
 CTSI-Consulting & Testing Services, Inc.
 622 Georges Rd.
 North Brunswick, NJ 08902
 Fax: (732) 729-1803 Phone: 732-729-1300
 Project: 88 Pine St.

Customer ID: CTSI50
 Customer PO:
 Received: 09/13/01 1:48 PM
 EMSL Order: 030104185
 EMSL Project ID:
 Analysis Date: 9/11/2001

Asbestos Analysis of Bulk Materials by PLM via the NY State ELAP 198.1 Method

Sample	Location	Appearance	Treatment	Non-Asbestos		Asbestos
				% Fibrous	% Non-Fibrous	% Type
01 030104185-0001	Debris on top of roof	Gray Fibrous Heterogeneous	Crushed Dissolved	10.00% Cellulose	20.00% Non-fibrous (other) 50.00% Matrix 20.00% CA Carbonite	<1% Chrysotile <1% Amosite
02 030104185-0002	Debris on top of roof	Gray Fibrous Heterogeneous	Crushed Dissolved	25.00% Glass 30.00% Cellulose	10.00% Non-fibrous (other) 15.00% Matrix 20.00% CA Carbonite	<1% Chrysotile
03 030104185-0003	Debris on top of roof	Gray Fibrous Heterogeneous	Crushed Dissolved	25.00% Glass 25.00% Cellulose	10.00% Non-fibrous (other) 20.00% Matrix 20.00% CA Carbonite	None Detected

Gulam Machhiwala

Analyst



Laboratory Manager
 or other approved signatory

PLM has been known to miss asbestos in a small percentage of samples which contain asbestos. Negative PLM results cannot be guaranteed. Samples reported as <1% or none detected should be tested with TEM. The above test report relates only to the items tested. This report may not be reproduced, except in full, without written approval by EMSL Analytical, Inc. The above test must not be used by the client to claim product endorsement by NVLAP nor any agency of the United States Government.

Analysis performed by EMSL Manhattan (NVLAP #101048-9), NY ELAP 11506

PLM Print Count: 1

1


 EMSL
New York Lab

307 West 28th Street, New York, NY 10018

Phone: 212-290-0051 Fax: 212-290-0058 Email:

Attn: F. Salami
 CTSI-Consulting & Testing Services, Inc.
 822 Georges Rd.
 North Brunswick, NJ 08902
 Fax: (732) 729-1803 Phone: 732-729-1800
 Project: 88 PINE STREET

Customer ID: CTSI50
 Customer PO:
 Received: 09/16/01 4:45 PM
 EMSL Order: 030104324
 EMSL Project ID:
 Analysis Date: 9/16/01

Asbestos Analysis of Bulk Materials by PLM via the NY State ELAP 198.1 Method

Sample	Location	Appearance	Treatment	Non-Asbestos		Asbestos
				% Fibrous	% Non-Fibrous	% Type
01 030104324-0001	DUST OUTSIDE BLDG NORTH SIDE	Tan Fibrous Homogeneous	Teased Dissolved	35.00% Glass 40.00% Cellulose	23.40% Non-fibrous (other)	1.60% Chrysotile
02 030104324-0002	DUST OUTSIDE BLDG NORTH SIDE	Tan Fibrous Homogeneous	Teased Dissolved	30.00% Glass 40.00% Cellulose	28.60% Non-fibrous (other)	1.40% Chrysotile

Williams John

Analyst



 Laboratory Manager
 or other approved signatory

PLM has been known to miss asbestos in a small percentage of samples which contain asbestos. Negative PLM results cannot be guaranteed. Samples reported as <1% or none detected should be tested with TEM. The above test report relates only to the items tested. This report may not be reproduced, except in full, without written approval by EMSL Analytical, Inc. The above test must not be used by the client to claim product endorsement by NVLAP nor any agency of the United States Government.

Analysis performed by EMSL Manhattan (NVLAP #101048-9), NY ELAP 11505

PLM Point Count-1

1

New York Lab

307 West 38th Street, New York, NY 10018

Phone: 212-290-0051 Fax: 212-290-0058 Email:

EMSL

Attn: F. Salami
CTSI-Consulting & Testing Services, Inc.
622 Georges Rd.
North Brunswick, NJ 08902
Fax: (732) 729-1803 Phone: 732-729-1800
Project: 66 PINE STREET

Customer ID: CTSI50
Customer PO:
Received: 09/16/01 4:45 PM
EMSL Order: 030104324
EMSL Project ID:
Analysis Date: 9/16/01

Asbestos Analysis via Polarized Light Microscopy, Qualitative

Sample	Location	Appearance	Treatment	Result	Notes
03 030104324-0003	WIPE SAMPLES OUTSIDE NORTH NORTH			Chrysotile	
04 030104324-0004	WIPE SAMPLES OUTSIDE NORTH NORTH			Chrysotile	

Williams John

Analyst

Laboratory Manager
or other approved signatory

EMSL recommends that soil samples reported as "ND" be tested by the EPA Screening Method/Qualitative. The above report relates only to the items tested. This report may not be reproduced, except in full, without written approval by EMSL Analytical, Inc. The above test must not be used by the client to claim product endorsement by NVLAP nor any agency of the United States Government.

ACCREDITATIONS: NVLAP #101048-9 and NY STATE ELAP #11506

New York Lab

307 West 38th Street, New York, NY 10018

Phone: 212-290-0051 Fax: 212-290-0058 Email:

EMSL

Attn: F. Salemi
CTSI-Consulting & Testing Services, Inc
622 Georges Rd.
North Brunswick, NJ 08902
Fax: (732) 729-1803 Phone: 732-729-1800
Project: 88 PINE STREET

Customer ID: CTS150
Customer PO:
Received: 09/18/01 5:00 PM
EMSL Order: 030104323
EMSL Project ID:
Analysis Date: 9/17/2001

Asbestos Analysis via Transmission Electron Microscopy ASTM Method D5755-95

SAMPLE ID	AREA SAMPLED (cm ²)	ASBESTOS TYPE	ASBESTOS STRUCTURES	Sensitivity (str/cm ²)	CONCENTRATION (str/cm ²)	COMMENTS
01 030104323-0001	929.03	None Detected	<4			
02 030104323-0002	929.03	None Detected	<4			
03 030104323-0003	929.03	Chrysotile	<4			
04 030104323-0004	929.03	Chrysotile	<4			
05 030104323-0005	929.03	Chrysotile	<4			
06 030104323-0006	929.03	None Detected	<4			
07 030104323-0007	929.03	None Detected	<4			
08 030104323-0008	929.03	None Detected	<4			
09 030104323-0009	929.03	Chrysotile	<4			
10 030104323-0010	929.03	None Detected	<4			
11 030104323-0011	929.03	None Detected	<4			

Jose Ariaga

Analyst


Laboratory Manager
or other approved signatory

The above report relates only to the items tested. This report may not be reproduced, except in full, without written approval by EMSL Analytical, Inc.

TEM Pro-1



New York Lab

307 West 38th Street, New York, NY 10018

Phone: 212-290-0051 Fax: 212-290-0058 Email:

EMSL

Attn: F. Salami
CTSI-Consulting & Testing Services, Inc.
622 Georges Rd.
North Brunswick, NJ 08902
Fax: (732) 729-1803 Phone: 732-729-1800
Project: 88 PINE STREET

Customer ID: CTSI50
Customer PO:
Received: 09/16/01 5:00 PM
EMSL Order: 030104323
EMSL Project ID:
Analysis Date: 9/17/2001

Asbestos Analysis via Transmission Electron Microscopy ASTM Method D5755-95

SAMPLE ID	AREA SAMPLED (cm ²)	ASBESTOS TYPE	ASBESTOS STRUCTURES	Sensitivity (str/cm ²)	CONCENTRATION (str/cm ²)	COMMENTS
12 030104323-0012	929.03	None Detected	<4			

Qualitative analysis performed as per client request.

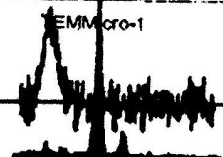
Jose Arriaga

Analyst

Erin Blum

Laboratory Manager
or other approved signatory

The above report relates only to the items tested. This report may not be reproduced, except in full, without written approval by EMSL Analytical, Inc.



New York Lab

307 West 36th Street, New York, NY 10018

Phone: 212-290-0051 Fax: 212-290-0058 Email:

EMSL

Attn: CTSI-Consulting & Testing Services, Inc.
 622 Georges Rd.
 North Brunswick, NJ 08902

Fax: (732) 729-1803 Phone: 732-729-1800

Project: 88 - Pine Street / Lobby - Concourse

Customer ID: CTSI50
 Customer PO:
 Received: 09/14/01 5:40 PM
 EMSL Order: 030104232
 EMSL Project ID:
 Analysis Date: 9/14/01

Fiber Analysis of Air Samples via NIOSH 7400, Revision 3, Issue 2, 8/15/94

Sample	Location	Sample Date	Volume	Fibers	Fields	LOD (fib/cc)	Fibers/ mm ²	Fibers/ cc	Notes
01 030104232-0001	Lobby next to Front Desk	9/14/01	1800.00	8.5	100	0.001	10.83	0.002	
02 030104232-0002	Concourse FI by the Office	9/14/01	1800.00	6.5	100	0.001	8.28	0.002	
03 030104232-0003	32nd FI South side	9/14/01	1200.00	<5.5	100	0.002	<7.0	<0.002	
04 030104232-0004	Lobby next to Front desk	9/14/01	1800.00	<5.5	100	0.001	<7.0	<0.001	
05 030104232-0005	Concourse FI by the Office	9/14/01	1810.00	<5.5	100	0.001	<7.0	<0.001	
06 030104232-0006	32nd FI South side	9/14/01	1500.00	<5.5	100	0.002	<7.0	<0.002	
07 030104232-0007	Blank	9/14/01	0.00	<5.5	100		<7.0		Field Blank
08 030104232-0008	Blank	9/14/01	0.00	<5.5	100		<7.0		Field Blank

Ram Yallabandi

Analyst

Laboratory Manager
or other approved signatory

Limit of detection is 7 fibers/mm². The laboratory is not responsible for data reported in fibers/cc, which is dependent on volume collected by non-laboratory personnel. This report relates only to the samples reported above. This report may not be reproduced, except in full, without written approval by EMSL.

Analysis performed by EMSL Manhattan (NY State ELAP #11506)

PCM 1

1

New York Lab

307 West 38th Street, New York, NY 10018

Phone: 212-290-0061 Fax: 212-290-0058 Email:

EMSL

Attn: F. Salami
 CTSI-Consulting & Testing Services, Inc
 622 Georges Rd
 North Brunswick, NJ 08902
 Fax: (732) 729-1803 Phone: 732-729-1800
 Project: 88 PINE STREET

Customer ID: CTSI50
 Customer PO:
 Received: 09/16/01 4:45 PM
 EMSL Order: 030104325
 EMSL Project ID:
 Analysis Date: 9/16/01

Fiber Analysis of Air Samples via NIOSH 7400, Revision 3, Issue 2, 8/15/94

Sample	Location	Sample Date	Volume	Fibers	Fields	LOD (fib/cc)	Fibers/ mm ³	Fibers/ cc	Notes
01 030104325-0001	BY FRONT DESK	9/16/01	1920.00	20.5	100	0.001	26.11	0.005	
02 030104325-0002	BY PASSENGER ELEVATOR	9/16/01	1896.00	25.0	100	0.001	31.85	0.006	
03 030104325-0003	BASEMENT BY STAIRWAY	9/16/01	1928.00	<5.5	100	0.001	<7.0	<0.001	
04 030104325-0004	33 FLR MECH ROOM BY ENTRANCE	9/16/01	1920.00	7.0	100	0.001	8.92	0.002	
05 030104325-0005	33 FLR MECH ROOM IN THE MIDDLE	9/16/01	1896.00	18.0	100	0.001	22.93	0.005	
06 030104325-0006	32 FLR FREIGHT ELEVATOR	9/16/01	1928.00	21.0	100	0.001	26.75	0.005	
07 030104326-0007	11 FLR BY ENTRANCE TO W/A	9/16/01	1440.00	28.0	100	0.002	35.67	0.009	
08 030104325-0008	11 FLR MIDDLE OF W/A	9/16/01	1422.00	14.0	100	0.002	17.83	0.005	
09 030104325-0009	11 FLR BY MECHANICAL ROOM	9/16/01	1448.00	28.0	100	0.002	35.67	0.009	
10 030104325-0010	BY FRONT DESK	9/16/01	1920.00	32.0	100	0.001	40.76	0.008	
11 030104325-0011	BY PASSENGER ELEVATOR	9/16/01	1920.00	47.0	100	0.001	59.87	0.012	

Vicky Andrada

Analyst



Laboratory Manager
 or other approved signatory

Limit of detection is 7 fibers/mm³. The laboratory is not responsible for data reported in fibers/cc, which is dependent on volume collected by non-laboratory personnel. This report relates only to the samples reported above. This report may not be reproduced, except in full, without written approval by EMSL.
 Analysis performed by EMSL Manhattan (NY State ELAP #11606)

PCL-1

1

New York Lab

307 West 38th Street, New York, NY 10018

Phone: 212-290-0051 Fax: 212-290-0058 Email:

EMSL

Attn: F. Salami
 CTSI-Consulting & Testing Services, Inc.
 622 Georges Rd.
 North Brunswick, NJ 08902
 Fax: (732) 729-1803 Phone: 732-729-1800
 Project: 88 PINE STREET

Customer ID: CTSI50
 Customer PO:
 Received: 09/16/01 4:45 PM
 EMSL Order: 030104325
 EMSL Project ID:
 Analysis Date: 9/16/01

Fiber Analysis of Air Samples via NIOSH 7400, Revision 3, Issue 2, 8/15/94

Sample	Location	Sample Date	Volume	Fibers	Fields	LOD (fib/cc)	Fibers/ mm ³	Fibers/ cc	Notes
12 030104325-0012	BASEMENT BY STAIRWAY	9/16/01	1920.00	18.0	100	0.001	22.93	0.005	
13 030104325-0013	33 FLR MECH ROOM BY ENTRANCE	9/16/01	1040.00	19.0	100	0.003	24.2	0.009	
14 030104325-0014	33 FLR MECH ROOM IN THE MIDDLE	9/16/01	1040.00	17.0	100	0.003	21.65	0.008	
15 030104325-0015	32 FLR BY FREIGHT ELEVATOR LOBBY	9/16/01	1040.00	15.0	100	0.003	19.11	0.007	
16 030104325-0016	BLANK	9/16/01	0.00	<5.5	100		<7.0		Field Blank
17 030104325-0017	BLANK	9/16/01	0.00	<5.5	100		<7.0		Field Blank

Vicky Andrade

Analyst



Laboratory Manager
 or other approved signatory

Limit of detection is 7 fibers/mm³. The laboratory is not responsible for data reported in fibers/cc, which is dependent on volume collected by non-laboratory personnel. This report relates only to the samples reported above. This report may not be reproduced, except in full, without written approval by EMSL.
 Analysis performed by EMSL Manhattan (NY State ELAP #11536)

PCN-1


 EMSL
New York Lab

307 West 38th Street, New York, NY 10018

Phone: 212-290-0051 Fax: 212-290-0058 Email:

Attn: CTSI-Consulting & Testing Services, Inc.
 622 Georges Rd.
 North Brunswick, NJ 08902
 Fax: (732) 729-1803 Phone: 732-729-1800
 Project: 88 Pine Street 1-32 Floor

Customer ID: CTSI50
 Customer PO:
 Received: 09/17/01 12:30 AM
 EMSL Order: 030104350
 EMSL Project ID:
 Analysis Date: 9/17/01

Fiber Analysis of Air Samples via NIOSH 7400, Revision 3, Issue 2, 8/15/94

Sample	Location	Sample Date	Volume	Fibers	Fields	LOD (fib/cc)	Fibers/ mm ³	Fibers/ cc	Notes
18	11th Fl by Entrance to W/A	9/16/01							Overloaded
030104350-0001									Overloaded
19	11th Fl Middle of W/A	9/16/01							
030104350-0002									
20	11th by Mechanical Room	9/16/01	1903.00	<5.5	100	0.001	<7.0	<0.001	
030104350-0003									
21	33 Floor Mechan. Room by Entrance	9/16/01	1440.00	7.0	100	0.002	8.92	0.002	
030104350-0004									
22	33 Floor Mechan. Room in the Middle	9/16/01	1440.00	<5.5	100	0.002	<7.0	<0.002	
030104350-0005									
23	33 Floor Freight Elevator Lobby	9/16/01	1440.00	10.5	100	0.002	13.38	0.004	
030104350-0006									
24	27 Floor Stairway B	9/16/01	1920.00	12.0	100	0.001	15.29	0.003	
030104350-0007									
25	21 Floor Stairway A	9/16/01	1920.00	5.5	100	0.001	7.01	0.001	
030104350-0008									
26	10th Fl Stairway B	9/16/01	1928.00	7.0	100	0.001	8.92	0.002	
030104350-0009									
27	5th Fl Stairway A	9/16/01	1928.00	16.5	100	0.001	21.02	0.004	
030104350-0010									
28	by Enter to W/A	9/16/01	1920.00	<5.5	100	0.001	<7.0	<0.001	
030104350-0011									
29	Middle of W/A	9/16/01	1920.00	8.0	100	0.001	10.19	0.002	
030104350-0012									

Adrian Arav

Analyst


 Laboratory Manager
 or other approved signatory

Limit of detection is 7 fibers/mm³. The laboratory is not responsible for data reported in fibers/cc, which is dependent on volume collected by non-laboratory personnel. This report relates only to the samples reported above. This report may not be reproduced, except in full, without written approval by EMSL.
 Analysis performed by EMSL Manhattan (NY State ELAP #11506)

PC-1

New York Lab

307 West 39th Street, New York, NY 10018

Phone: 212-290-0051 Fax: 212-290-0058 Email:

EMSL

Attn: CTSI-Consulting & Testing Services, Inc.
 622 Georges Rd.
 North Brunswick, NJ 08902
 Fax: (732) 729-1803 Phone: 732-729-1800
 Project: 88 Pine Street 1-32 Floor

Customer ID: CTSI50
 Customer PO:
 Received: 09/17/01 12:30 AM
 EMSL Order: 030104350
 EMSL Project ID
 Analysis Date: 9/17/01

Fiber Analysis of Air Samples via NIOSH 7400, Revision 3, Issue 2, 8/15/94

Sample	Location	Sample Date	Volume	Fibers	Fields	LOD (fib/cc)	Fibers/ mm ³	Fibers/ cc	Notes
30 030104350-0013	24 Floor Freight Elev Lobby	9/16/01	1800.00	<5.5	100	0.001	<7.0	<0.001	
31 030104350-0014	19 Floor by Stairway A	9/16/01	1800.00	15.0	100	0.001	19.11	0.004	
32 030104350-0015	15 Floor by Stairway A	9/16/01	1760.00	10.0	100	0.002	12.74	0.003	
33 030104350-0016	6 Floor Freight Elevator Lobby	9/16/01	1760.00	12.0	100	0.002	15.29	0.003	
34 030104350-0017	Field Blank	9/16/01	0.00	<5.5	100		<7.0		Field Blank
35 030104350-0018	Field Blank	9/16/01	0.00	<5.5	100		<7.0		Field Blank

Adrian Aron

Analyst



Laboratory Manager
 or other approved signatory

Limit of detection is 7 fibers/mm³. The laboratory is not responsible for data reported in fibers/cc, which is dependent on volume collected by non-laboratory personnel. This report relates only to the samples reported above. This report may not be reproduced, except in full, without written approval by EMSL.
 Analysis performed by EMSL Manhattan (NY State ELAP #11506)

PCB-1

2

Asbestos • Lead • Environmental • Materials & Indoor Air Analysis

EMSL**New York Lab**http://www.emsl.com/loc_man307 West 38th Street
New York, NY 10018
Phone: 212-290-0051**FACSIMILE TRANSMITTAL SHEET****TO:****COMPANY:** CTSI-Consulting & Testing Service**FAX:** 732-729-1803**PHONE:** 732-729-1800**FROM:** New York Lab**DATE:** 9/17/01 4:54:57 AM**PAGES INCLUDING COVER:** 3**RE:** Analysis Results for Order 030104350

The following report covers the analysis performed on samples submitted to New York Lab on 9/17/01. The samples are for 88 Pine Street 1-32 Floor.

Notice: If you are not the stated recipient of this fax and have received this in error, please discard immediately and contact EMSL Analytical at the phone number listed above.

If you have any questions, please do not hesitate to contact us at 212-290-0051.

VISIT OUR WEB SITE AT [HTTP://WWW.EMSL.COM](http://www.emsl.com)
YOU CAN DOWNLOAD AND PRINT
CERTIFICATIONS OF ACCREDITATIONS AND CHAIN OF CUSTODY FORMS

New York Lab

307 West 38th Street, New York, NY 10018

Phone: 212-290-0051 Fax: 212-290-0058 Email:

EMSL

Attn: Frank Azizov
 CTSI-Consulting & Testing Services, Inc.
 622 Georges Rd
 North Brunswick, NJ 08902
 Fax: (732) 729-1803 Phone: 732-729-1800
 Project: 88 Pine Street / All the Floors Change Floors

Customer ID: OTS150
 Customer PO:
 Received: 09/18/01 1:00 PM
 EMSL Order: 030104436
 EMSL Project ID:
 Analysis Date: 9/18/01

Fiber Analysis of Air Samples via NIOSH 7400, Revision 3, Issue 2, 8/15/94

Sample	Location	Sample Date	Volume	Fibers	Fields	LOD (fib/cc)	Fibers/ mm ³	Fibers/ cc	Notes
01 030104436-0001	20th FI Lobby	9/17/01	1680.00	14.5	100	0.002	18.47	0.004	
02 030104436-0002	24th FI Passenger Elevators	9/17/01	1690.00	11.0	100	0.002	14.01	0.003	
03 030104436-0003	10th FI Stairway A	9/17/01	1724.00	12.0	100	0.002	15.29	0.003	
04 030104436-0004	12th FI Stairway B	9/17/01	1724.00	5.5	100	0.002	7.01	<0.002	
05 030104436-0005	8th FI Passenger Elevator	9/17/01	1748.00	<5.5	100	0.002	<7.0	<0.002	
06 030104436-0006	20th FI Stairway A	9/17/01	1400.00	8.0	100	0.002	10.19	0.003	
07 030104436-0007	24th FI Stairway B	9/17/01	1400.00	7.5	100	0.002	9.55	0.003	
08 030104436-0008	10th FI Lobby	9/17/01	1400.00	<5.5	100	0.002	<7.0	<0.002	
09 030104436-0009	12th FI Lobby	9/17/01	1360.00	14.5	100	0.002	18.47	0.005	
10 030104436-0010	6th FL Stairway A	9/17/01	1400.00	<5.5	100	0.002	<7.0	<0.002	
11 030104436-0011	Blank	9/17/01	0.00	<5.5	100		<7.0		Field Blank
12 030104436-0012	Blank	9/17/01	0.00	<5.5	100		<7.0		Field Blank

Ram Yallebandi

Analyst


 Laboratory Manager
 or other approved signatory

Limit of detection is 7 fibers/mm³. The laboratory is not responsible for data reported in fibers/cc, which is dependent on volume collected by non-laboratory personnel. This report relates only to the samples reported above. This report may not be reproduced, except in full, without written approval by EMSL.
 Analysis performed by EMSL Manhattan (NY State ELAP #11506)

PCM 1

New York Lab

307 West 36th Street, New York, NY 10018

Phone: 212-290-0051 Fax: 212-290-0058 Email:

EMSL

Attn: L. Sharon
 CTSI-Consulting & Testing Services, Inc.
 622 Georges Rd.
 North Brunswick, NJ 08902
 Fax: (732) 729-1803 Phone: 732-729-1800
 Project: 88 Pine / 11 Floor / During

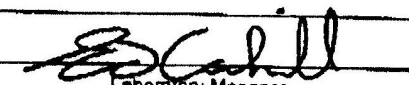
Customer ID: CTSI50
 Customer PO:
 Received: 09/17/01 6:35 PM
 EMSL Order: 030104385
 EMSL Project ID:
 Analysis Date: 9/17/01

Fiber Analysis of Air Samples via NIOSH 7400, Revision 3, Issue 2, 8/16/94

Sample	Location	Sample Date	Volume	Fibers	Fields	LOD (fib/cc)	Fibers/ mm ³	Fibers/ cc	Notes
01 030104385-0001	Personal Decon	9/17/01	1840.00	6.0	100	0.001	7.64	0.002	
02 030104385-0002	By exit 11 Floor	9/17/01	1840.00	<5.5	100	0.001	<7.0	<0.001	
03 030104385-0003	Tent N/W Corner	9/17/01	1840.00	7.0	100	0.001	8.92	0.002	
04 030104385-0004	Tent S/W Corner	9/17/01	1866.00	<5.5	100	0.001	<7.0	<0.001	
05 030104385-0005	Tent East Side	9/17/01	1840.00	5.5	100	0.001	7.01	0.002	
06 030104385-0006	Personal Decon	9/17/01	1760.00	7.5	100	0.002	9.55	0.002	
07 030104385-0007	By Exit 11 Floor	9/17/01	1760.00	<5.5	100	0.002	<7.0	<0.002	
08 030104385-0008	Tent N/W Corner	9/17/01	1760.00	<5.5	100	0.002	<7.0	<0.002	
09 030104385-0009	Tent S/W Corner	9/17/01	1804.00	<5.5	100	0.001	<7.0	<0.001	
10 030104385-0010	By Exhaust	9/17/01	1840.00	<5.5	100	0.001	<7.0	<0.001	
11 030104385-0011	Blank	9/17/01	0.00	<5.5	100		<7.0		Field Blank
12 030104385-0012	Blank	9/17/01	0.00	<5.5	100		<7.0		Field Blank

Ram Yallebandi

Analyst


 Laboratory Manager
 or other approved signatory

Limit of detection is 7 fibers/mm³. The laboratory is not responsible for data reported in fibers/cc, which is dependent on volume collected by non-laboratory personnel. This report relates only to the samples reported above. This report may not be reproduced, except in full, without written approval by EMSL.
 Analysis performed by EMSL Manhattan (NY State ELAP #11506)

PCN-1

1

New York Lab

307 West 38th Street, New York, NY 10018

Phone: 212-290-0051 Fax: 212-290-0058 Email:



Attn: L. Sharon
CTSI-Consulting & Testing Services, Inc.
622 Georges Rd.
North Brunswick, NJ 08902
Fax: (732) 729-1803 Phone: 732-729-1800
Project: 88 Pine / 11 Floor / Final

Customer ID: CTSI50
Customer PO:
Received: 09/17/01 6:45 PM
EMSL Order: 030104386
EMSL Project ID:
Analysis Date: 9/17/01

Fiber Analysis of Air Samples via NIOSH 7400, Revision 3, Issue 2, 8/15/94

Sample	Location	Sample Date	Volume	Fibers	Fields	LOD (fib/cc)	Fibers/ mm ²	Fibers/ cc	Notes
13 030104386-0001	IWA Tent West Side	9/17/01	1800.00	<5.5	100	0.001	<7.0	<0.001	
14 030104386-0002	IWA Tent East Side	9/17/01	1800.00	<5.5	100	0.001	<7.0	<0.001	
15 030104386-0003	IWA Tent Middle Area	9/17/01	1800.00	<5.5	100	0.001	<7.0	<0.001	
16 030104386-0004	IWA Tent North Side	9/17/01	1800.00	<5.5	100	0.001	<7.0	<0.001	
17 030104386-0005	IWA Tent South Side	9/17/01	1800.00	<5.5	100	0.001	<7.0	<0.001	

Insufficient field blanks submitted with sample set.

Ram Yallabandi

Analyst

Laboratory Manager
or other approved signatory

Limit of detection is 7 fibers/mm². The laboratory is not responsible for data reported in fibers/cc, which is dependent on volume collected by non-laboratory personnel. This report relates only to the samples reported above. This report may not be reproduced, except in full, without written approval by EMSL.
Analysis performed by EMSL Manhattan (NY State ELAP #11506)

PCM 1

New York Lab

307 West 38th Street, New York, NY 10018

Phone: 212-290-0061 Fax: 212-290-0058 Email:

EMSL

Attn: CTSI-Consulting & Testing Services, Inc.
622 Georges Rd.
North Brunswick, NJ 08902

Fax: (732) 729-1803 Phone: 732-729-1800

Project: 88 Pine St

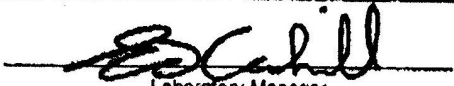
Customer ID: CTSI50
Customer PO:
Received: 09/18/01 4:50 PM
EMSL Order: 030104445
EMSL Project ID:
Analysis Date: 9/18/01

Fiber Analysis of Air Samples via NIOSH 7400, Revision 3, Issue 2, 8/15/94

Sample	Location	Sample Date	Volume	Fibers	Fields	LOD (flb/cc)	Fibers/ mm ²	Fibers/ cc	Notes
01	12th Flr stairway A	9/18/01	1680.00	7.0	100	0.002	8.92	0.002	
030104445-0001									
02	8th Flr lobby	9/18/01	1680.00	15.0	100	0.002	19.11	0.004	
030104445-0002									
03	31st passenger elevator	9/18/01	1687.00	12.0	100	0.002	15.29	0.004	
030104445-0003									
04	32nd Flr stairway	9/18/01	1656.00	10.5	100	0.002	13.38	0.003	
030104445-0004									
05	28th Flr lobby	9/18/01	1669.00	11.0	100	0.002	14.01	0.003	
030104445-0005									
06	11th Flr lobby	9/18/01	1260.00	5.5	100	0.002	7.01	0.002	
030104445-0006									
07	5th Flr lobby	9/18/01	1260.00	9.0	100	0.002	11.46	0.004	
030104445-0007									
08	2nd Flr by passenger elevator	9/18/01	1260.00	8.5	100	0.002	10.83	0.003	
030104445-0008									
09	19th Flr by passenger elevator	9/18/01	1260.00	<5.5	100	0.002	<7.0	<0.002	
030104445-0009									
10	32nd Flr lobby	9/18/01	1267.00	<5.5	100	0.002	<7.0	<0.002	
030104445-0010									
11	Field blank	9/18/01	0.00	<5.5	100		<7.0		Field Blank
030104445-0011									
12	Field blank	9/18/01	0.00	<5.5	100		<7.0		Field Blank
030104445-0012									

Thomas Michel

Analyst


Laboratory Manager
or other approved signatory

Limit of detection is 7 fibers/mm². The laboratory is not responsible for data reported in fibers/cc, which is dependent on volume collected by non-laboratory personnel. This report relates only to the samples reported above. This report may not be reproduced, except in full, without written approval by EMSL.

Analysis performed by EMSL Manhattan (NY State ELAP #11509)

PC-1

1

09/20/2001 18:14

212-290-0058

EMSL MANHATTAN

PAGE 01

New York Lab

307 West 38th Street, New York, NY 10018

Phone: 212-290-0051 Fax: 212-290-0058 Email:

EMSL

Attn: CTSI-Consulting & Testing Services, Inc
 622 Georges Rd.
 North Brunswick, NJ 08902
 Fax: (732) 729-1803 Phone: 732-729-1800
 Project: 88 Pine Street / Entire Building

Customer ID: CTSI50
 Customer PO:
 Received: 09/20/01 2:45 PM
 EMSL Order: 030104600
 EMSL Project ID:
 Analysis Date: 9/20/01

Fiber Analysis of Air Samples via NIOSH 7400, Revision 3, Issue 2, 8/15/94

Sample	Location	Sample Date	Volume	Fibers	Fields	IOD (fib/cc)	Fibers/ mm ³	Fibers/ cc	Notes
01 030104600-0001	7th Fl Lobby	9/20/01	1400.00	<5.5	100	0.002	<7.0	<0.002	
02 030104600-0002	South Side Inside Office 7th Fl	9/20/01	1400.00	<5.5	100	0.002	<7.0	<0.002	
03 030104600-0003	Outside Building (Front)	9/20/01							Not Submitted
04 030104600-0004	Elevator Lobby 23rd Fl	9/20/01	1400.00	<5.5	100	0.002	<7.0	<0.002	
05 030104600-0005	19th Fl Stairway B	9/20/01	1400.00	<5.5	100	0.002	<7.0	<0.002	
06 030104600-0006	7th Fl Lobby	9/20/01							Not Submitted
07 030104600-0007	South Side Inside Office 7th Fl	9/20/01	1680.00	<5.5	100	0.002	<7.0	<0.002	
08 030104600-0008	Outside Building (Front)	9/20/01	1680.00	<5.5	100	0.002	<7.0	<0.002	
09 030104600-0009	Elevator Lobby 23rd Fl	9/20/01	1610.00	<5.5	100	0.002	<7.0	<0.002	
10 030104600-0010	19th Fl Stairway B	9/20/01	1575.00	<5.5	100	0.002	<7.0	<0.002	
11 030104600-0011	Blank	9/20/01	0.00	<5.5	100		<7.0		Field Blank
12 030104600-0012	Blank	9/20/01	0.00	<5.5	100		<7.0		Field Blank

Dawnette Branson

Analyst

Eric B. [Signature]
 Laboratory Manager
 or other approved signatory

Limit of detection is 7 fibers/mm³. The laboratory is not responsible for data reported in fibers/cc, which is dependent on volume collected by non-laboratory personnel. This report relates only to the samples reported above. This report may not be reproduced except in full, without written approval by EMSL.
 Analysis performed by EMSL Manhattan (NY State ELAP #11606)

PCM-1

1

New York Lab

307 West 38th Street, New York, NY 10018

Phone: 212-290-0051 Fax: 212-290-0058 Email:

EMSL

Attn: CTSI-Consulting & Testing Services, Inc.
622 Georges Rd.
North Brunswick, NJ 08932
Fax: (732) 729-1803 Phone: 732-729-1803
Project: 88 PINE ST / ENTIRE BUILDING

Customer ID: CTSI50
Customer PO:
Received: 09/21/01 7:00 AM
EMSL Order: 030104650
EMSL Project ID:
Analysis Date: 9/21/2001

Fiber Analysis of Air Samples via NIOSH 7400, Revision 3, Issue 2, 8/15/94

Sample	Location	Sample Date	Volume	Fibers	Fields	LOD (fib/cc)	Fibers/mm ³	Fibers/cc	Notes
02 030104650-0001	11TH FLOOR MECHANICAL ROOM	9/20/2001	1200.00	5.5	100	0.002	7.01	0.002	
03 030104650-0002	26TH FLOOR INSIDE SOUTHSIDE OFFICE	9/20/2001	1680.00	<5.5	100	0.002	<7.0	<0.002	
04 030104650-0003	9TH FLOOR STAIRCASE A	9/20/2001	1680.00	<5.5	100	0.002	<7.0	<0.002	
05 030104650-0004	33RD FLOOR MECHANICAL ROOM	9/20/2001	1680.00	<5.5	100	0.002	<7.0	<0.002	
06 030104650-0005	OUTSIDE OF BUILDING (FRONT)	9/20/2001	1680.00	7.0	100	0.002	8.92	0.002	
07 030104650-0006	33RD FLOOR MECHANICAL ROOM	9/20/2001	1680.00	11.0	100	0.002	14.01	0.003	
08 030104650-0007	9TH FLOOR STAIRCASE A	9/20/2001	1680.00	6.0	100	0.002	7.64	<0.002	
09 030104650-0008	26TH FLOOR INSIDE SOUTHSIDE OFFICE	9/20/2001	1680.00	<5.5	100	0.002	<7.0	<0.002	
10 030104650-0009	11TH FLOOR MECHANICAL ROOM	9/20/2001	1200.00	<5.5	100	0.002	<7.0	<0.002	
11 030104650-0010	OUTSIDE OF BUILDING (FRONT)	9/20/2001	1680.00	<5.5	100	0.002	<7.0	<0.002	
NONE PROVIDED 030104650-0011	BLANK	9/20/2001	0.00	<5.5	100		<7.0		Field Blank

George William

Analyst

[Signature]

Laboratory Manager
or other approved signatory

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Analysis performed by EMSL Manhattan NY State ELAP #11506

PCM 1

1

09/22/2001 18:21

212-290-0058

EMSL MANHATTAN

PAGE 03

New York Lab

307 West 38th Street, New York, NY 10018

Phone: 212-290-0051 Fax: 212-290-0058 Email:

EMSLAttn: CTSI-Consulting & Testing Services, Inc.
822 Georges Rd.
North Brunswick, NJ 08902

Fax: (732) 729-1803

Phone: 732-729-1803

Project: Cushman & Wakfield, 85 Pine St NY, NY

Customer ID: CTSI50

Customer PO:

Received: 09/21/01 8:15 PM

EMSL Order: 030104700

EMSL Project ID:

Analysis Date: 9/22/2001

Fiber Analysis of Air Samples via NIOSH 7400, Revision 3, Issue 2, 8/15/94

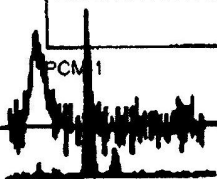
Sample	Location	Sample Date	Volume	Fibers	Fields	LOD (fib/cc)	Fibers/ mm ³	Fibers/ cc	Notes
-1 030104700-0001	(Tam Cass) Outside Air	9/21/2001	1660.00	<5.5	100	0.002	<7.0	<0.002	
-2 030104700-0002	Lobby	9/21/2001	1435.00	8.0	130	0.002	7.64	0.002	
-3 030104700-0003	Mech Rm, 11th Floor	9/21/2001	1540.00	<5.5	100	0.002	<7.0	<0.002	
-4 030104700-0004	Mech Rm, 33rd Floor	9/21/2001	1260.00	<5.5	100	0.002	<7.0	<0.002	
-5 030104700-0005	21st Floor, Elev Lobby	9/21/2001	1260.00	<5.5	100	0.002	<7.0	<0.002	
-6 030104700-0006	3rd Floor, Elev Lobby	9/21/2001	640.00	<5.5	100	0.004	<7.0	<0.004	
-7 030104700-0007	Outside	9/21/2001	1660.00	<5.5	100	0.002	<7.0	<0.002	
-8 030104700-0008	Lobby	9/21/2001	1680.00	7.5	100	0.002	9.55	0.002	
-9 030104700-0009	Mech Rm, 11th Floor	9/21/2001	1400.00	<5.5	100	0.002	<7.0	<0.002	
-10 030104700-0010	Mech Rm, 33rd Floor	9/21/2001	1680.00	<5.5	100	0.002	<7.0	<0.002	
-11 030104700-0011	21st Floor, Elev Lobby	9/21/2001	1680.00	<5.5	100	0.002	<7.0	<0.002	
-12 030104700-0012	3rd Floor, Elev Lobby	9/21/2001	1080.00	<5.5	100	0.003	<7.0	<0.003	

Ray Cross

Analyst

Laboratory Manager
or other approved signatory

Limit of detection is 7 fibers/mm³. The laboratory is not responsible for data reported in fibers/cc, which is dependent on volume collected by non-laboratory personnel. This report relates only to the samples reported above. This report may not be reproduced, except in full, without written approval by EMSL.
Analysis performed by EMSL Manhattan (NY) State ELAP #11509.



New York Lab

307 West 38th Street, New York, NY 10018

Phone: 212-290-0051 Fax: 212-290-0058 Email:

EMSL

Attn: CTSI-Consulting & Testing Services, Inc.
622 Georges Rd.
North Brunswick, NJ 08902
Fax: (732) 729-1803 Phone: 732-729-1803
Project: 88 PINE ST / ENTIRE BUILDING

Customer ID: CTSI50
Customer PO:
Received: 09/21/01 7:00 AM
EMSL Order: 030104650
EMSL Project ID:
Analysis Date: 9/21/2001

Fiber Analysis of Air Samples via NIOSH 7400, Revision 3, Issue 2, 8/15/94

Sample	Location	Sample Date	Volume	Fibers	Fields	LOD (fib/cc)	Fibers/ mm ³	Fibers/ cc	Notes
NONE PROVIDED 030104650-0012	BLANK	9/20/2001	100	<5.5	100		<7.0		Field Blank

George Willem

Analyst



Laboratory Manager
or other approved signatory

Limit of detection is 7 fibers/mm³. The laboratory is not responsible for data reported in fibers/cc, which is dependent on volume collected by non-laboratory personnel. This report relates only to the samples reported above. This report may not be reproduced, except in full, without written approval by EMSL.
Analysis performed by EMSL Manhattan (NY State ELAP #11506)

PCN-1

2

INDOOR AIR QUALITY

Location	Temp. Standard 68-74° F.	RH% Standard 30-50%	CO₂ Standard 800-1,00 PPM	CO Standard 0-9.0 PPM	Dust Particulate
September 18, 2001					
33 rd Fl. MER	74.8	52.3	743	2.2	116.2
Ambient	75.7	31.1	326	1.2	160.2
25 th Fl. Bivona	80.9	45.0	959	2.2	109.2
9 th Fl. Hall	81.4	40.0	636	2.1	116.7
September 19, 2001					
Ambient, Sidewalk	75.5	41.0	430	2.0	142.1
Lobby	75.5	38.9	793	2.0	129.8
Bottom Escalator	74.4	41.5	622	2.0	14.2
14 Fl. Global	76.5	42.3	716	1.7	65.5
15 Fl.	73.5	43.8	606	1.6	59.0
9 Fl. Hall	76.2	42.1	735	1.7	59.0
Roof	76.3	39.2	364	1.3	78.1
33 rd Fl. MER	80.9	35.1	588	1.6	63.6
30 Fl. Global	77.2	36.9	747	1.7	61.6
29 Fl. Global	73.3	41.2	680	1.6	60.1
September 20, 2001					
Ambient, Sidewalk	73.2	74.4	363	1.1	118.2
Lobby	74.1	52.9	599	1.1	80.5
Lobby	72.8	53.1	592	1.3	133.8
Ambient, Sidewalk	70.3	87.2	398	1.3.	156.3
In loading dock	74.9	72.0	408	0.9	84.7
32 Fl. Lobby	75.6	45.8	731	1.4	60.1
31 Fl., Lobby	72.3	53.1	801	1.1	66.7
28 Fl. Lobby	73.4	50.8	843	1.1	59.1
27 Fl. Lobby	73.7	49.8	808	1.1	58.2
26 Fl. Global	71.3	52.8	774	1.1	59.5
24 Fl. Global	71.6	52.1	752	1.1	60.1
23 Fl. Lobby	72.9	48.7	868	1.0	65.7
22 Fl. Elev. Lobby	73.1	48.9	836	1.0	61.7
21 Fl. Elev. Lobby	73.4	49.5	830	1.0	65.1
20 Fl. Global Crossing	70.7	55.0	820	1.0	60.1
19 Fl. Elev. Lobby	72.3	51.2	851	1.1	62.5
18 Fl. Elev. Lobby	74.4	51.2	854	1.0	61.7
17 Fl. Elev Lobby	75.6	48.7	773	1.0	72.8
16 Fl. QBE	70.5	57.3	769	1.2	60.4

RH= Relative Humidity CO₂=Carbon Dioxide CO= Carbon Monoxide



Location	Temp. Standard 68-74° F.	RH% Standard 30-50%	CO ₂ Standard 800-1,00 PPM	CO Standard 0-9.0 PPM	Dust Particulate
September 20, 2001					
12 Fl. Elev. Lobby	75.2	50.8	810	1.0	54.1
11 Fl. Elev. Lobby	76.7	48.2	805	1.1	65.1
10 Fl. Elev. Lobby	76.7	48.5	875	1.1	62.9
8 Fl. Elev. Lobby	76.3	49.8	884	1.1	64.2
7 Fl. Elev. Lobby	76.3	49.5	895	1.1	61.8
6 Fl. Elev. Lobby	76.0	49.5	835	1.1	60.8
5 Fl. Elev. Lobby	76.1	49.2	826	1.1	61.9
4 Fl. Willis	73.7	53.4	787	1.2	58.7
3 Fl. Elev. Lobby	74.3	53.6	986	1.1	60.8
2 Fl. Elev. Lobby	74.7	52.6	803	1.1	59.8
Ambient, Sidewalk	67.6	90.5	378	1.2	123.3
September 21, 2001					
1 st Fl. Lobby			580		
32 nd Fl. Elev. Lobby			981		
31 st Fl. Elev. Lobby			912		
19 th Fl. Elev. Lobby			813		
9 th Fl. Elev. Lobby			826		
3 rd Fl. Elev. Lobby			977		
September 25, 2001					
32 nd Fl.			602		
30 th Fl.			629		
28 th Fl.			622		
26 th Fl.			618		
24 th Fl.			590		
22 nd Fl.			71		
20 th Fl.			662		
18 th Fl.			677		
16 th Fl.			592		
14 th Fl.			635		
12 th Fl.			655		
10 th Fl.			652		
8 th Fl.			668		
6 th Fl.			656		
4 th Fl.			706		
2 nd Fl.			701		
Lobby			616		
Ambient			422		

RH= Relative Humidity CO₂=Carbon Dioxide CO= Carbon Monoxide



DEGMOR, INC.

511 CANAL STREET – 3RD FLOOR

NEW YORK, NY 10013

TEL: (212) 431-0696

FAX: (212) 431-5764

CUSHMAN & WAKEFIELD

88 PINE STREET

NEW YORK, NY 10005

JOB LOCATION: 88 PINE STREET

PROJECT MANAGER:

START DATE: 9/17/01

END DATE: 9/18/01

SCOPE OF WORK:

WTC: EMERGENCY RESPONSE – CLEAN, VACUUM, DECONTAMINATE FLOORS

PROJECT NO.: 01E-236



STATE OF NEW YORK - DEPARTMENT OF LABOR
DIVISION OF SAFETY AND HEALTH
License and Certificate Unit
BUILDING 12, Room 161
STATE CAMPUS
ALBANY, NY 12240

ASBESTOS HANDLING LICENSE

LICENSE NUMBER: 99-0741
DATE OF ISSUE: 8/22/01
EXPIRATION DATE: 8/31/02

Contractor: DEGMOR, INC.

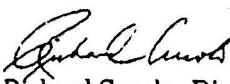
Address: 511 CANAL STREET - 3rd FLOOR
NEW YORK, NY 10013

Duly Authorized Representative: MORRIS NAPOLITANO

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. The licensee 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.

SH 432 (10-00)


Richard Cucolo, Director
FOR THE COMMISSIONER OF LABOR

PII

09/26/2001 10:29 718-522-2697

IESI NY CORP

PAGE 01/01

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID & HAZARDOUS MATERIALS

PART 364

WASTE TRANSPORTER PERMIT NO. NJ-462

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

PERMIT ISSUED TO:

IESI NY CORP
2 COMMERCE ST
BAYONNE, NJ 07002

PERMIT TYPE:

☐ NEW
☒ RENEWAL
☐ MODIFICATIONCONTACT NAME: VITO GALANTE
COUNTY: OUT OF STATE
TELEPHONE NUMBER: 201.437.5200EFFECTIVE DATE: 10.01/2001
EXPIRATION DATE: 09.30/2002
US EPA ID NUMBER:

AUTHORIZED WASTE TYPES:

The Permittee is Authorized to Transport the Following Waste Type(s):

Asbestos

AUTHORIZED VEHICLES:

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

(Vehicles enclosed in <>'s are authorized to haul septage only)

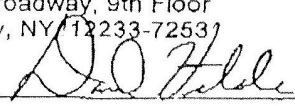
TEN (10) PERMITTED VEHICLE(S)

NY 201774A End of List
NY 284572A
NY 284688AN
NY P26895
NY P28754
NY T491YM
NY T5Y799
NY T7W319
PA PT8466D
PA PT8467D

NOTE: By acceptance of this permit, the permittee agrees that the permit is contingent upon strict compliance with the Environmental Conservation Law, all applicable regulations, and the General Conditions printed on the back of this page.

PERMIT ADMINISTRATOR: Dave Vitale

ADDRESS:

New York State Department of Environmental Conservation
Division of Solid & Hazardous Materials - Waste Transporter Program
625 Broadway, 9th Floor
Albany, NY 12233-7253AUTHORIZED SIGNATURE:  Date: 8/21/01

PII

IESI NY CORPORATION

110 5th Street • Brooklyn, NY 11215
Phone: 718-522-2263 • Fax: 718-522-2697

MANIFEST

264

DATE 9/25/01

1. Job Site Address 88 Pine Street New York, NY		Owner's name Cushman & Wakefield (336)	Wait and Load Time In _____ Time Out _____
2. Contractor's name and address Degroot Inc. 311 Canal Street New York, NY 10013		Drop Date	
3. Waste disposal site (WDS) name, mailing address and physical site location IESI Pa Blue Ridge Landfill Corporation P.O. Box 199 Scotland, Pa 17234		WDS phone number Permit # 100934	
4. Name and address responsible agency (Local, District or EPA Office where notification was sent) US EPA 290 Broadway, New York 10007			
5. Description of materials (RQ) WASTE ASBESTOS 9, NA2212, III	6. VEH. LIC. # TYPE SIZE	7. TOTAL QUANTITY 629 BAGS CUBIC YARDS	
8. Generator Certification			
9. CONTRACTOR 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 government regulations.			
Printed/Typed Name FARMAK MOORE		Title Driver	Signature [Signature] Date (M/D/Y) 9/25/01
10. Transporter #1 (Acknowledgement of receipt of materials) IESI NY CORPORATION • 110 5th Street, Brooklyn, NY 11215		DEC Permit No. NJ 462	
Printed/Typed Name S. ANTONIO		Title DRIVER	Signature [Signature] Date (M/D/Y) 9/25/01
11. Transporter #2 (Acknowledgement of receipt of materials)		DEC PERMIT # NJ 462	
Printed/Typed Name [Signature]		Title DRIVER	Signature [Signature] Date (M/D/Y) 9-26-01
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			
Printed/Typed Name [Signature]		Title [Signature]	Signature [Signature] Date (M/D/Y) 9/26/01

WHITE:LANDFILL • GREEN:IESI • PINK:GENERATOR • YELLOW:CONTRACTOR • GOLD:JOB SITE

IESI NY CORPORATION

110 5th Street • Brooklyn, NY 11215
Phone: 718-522-2263 • Fax: 718-522-2697

MANIFEST

2266

DATE

9/25/01

1. Job Site Address 88 Pine Street New York, NY		Owner's name Cushman & Wakefield (236)	Wait and Load Time In _____ Time Out _____
2. Contractor's name and address Degen Inc. 511 Canal Street New York, NY 10013		Drop Date	
3. Waste disposal site (WDS) name, mailing address and physical site location IESI Pa Blue Ridge Landfill Corporation P.O. Box 399 Scotland, Pa 17251		WDS phone number Permit # 100934	
4. Name and address responsible agency (Local, District or EPA Office where notification was sent) US EPA 290 Broadway, New York 10007			
5. Description of materials F (RQ) WASTE ASBESTOS 9, NA2212, III	6. VEH. LIC. # TYPE SIZE	7. TOTAL QUANTITY S BAGS CUBIC YARDS	
8. Generator Certification			
9. CONTRACTOR 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 government regulations.			
Printed/Typed Name DANIEL MADRICK		Title Title	Signature [Signature] Date (M/D/Y) 9/25/01
10. Transporter #1 (Acknowledgement of receipt of materials) IESI NY CORPORATION • 110 5th Street, Brooklyn, NY 11215		DEC Permit No. NJ 462	
Printed/Typed Name S. ANTONIO		Title DRIVER	Signature [Signature] Date (M/D/Y) 9/25/01
11. Transporter #2 (Acknowledgement of receipt of materials)		DEC PERMIT # NJ 462	
Printed/Typed Name [Signature]		Title DRIVER	Signature [Signature] Date (M/D/Y) 9-26-01
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			
Printed/Typed Name [Signature]		Title [Signature]	Signature [Signature] Date (M/D/Y) 9/26/01

WHITE:LANDFILL • GREEN:IESI • PINK:GENERATOR • YELLOW:CONTRACTOR • GOLD:JOB SITE

IESI NY CORPORATION**110 5th Street • Brooklyn, NY 11215****Phone: 718-522-2263 • Fax: 718-522-2697**

MANIFEST

193

01E-236

DATE

9/17/01

G E N E R A T O R	1. Job Site Address 88 Pine Street New York, NY		Owner's name Cushman & Wakefield	Wait and Load Time In _____ Time Out <u>06</u>
	2. Contractor's name and address Degimor Inc 511 Canal Street New York, NY 10013			Drop Date
	3. Waste disposal site (WDS) name, mailing address and physical site location IESI PaBlue Ridge Landfill Corporation P.O. Box 399 Scotland, Pa 17254			WDS phone number Permit # 100911
	4. Name and address responsible agency (Local, District or EPA Office where notification was sent) US EPA 290 Broadway, New York 10007			
	5. Description of materials <u>F</u> (RQ) WASTE ASBESTOS 9, NA2212, III	6. VEH. LIC. # <u>P28754</u> TYPE <u>CLOSED</u> SIZE <u>40 YDCR</u>	7. TOTAL QUANTITY BAGS CUBIC YARDS	
	8. Generator Certification <u>BOX # 112</u> <u>WT:</u>			
	9. CONTRACTOR 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 government regulations. <u>M. PROCHNIEWIS</u> <u>SUP</u> <u>9/17/01</u> Printed/Typed Name Title Signature Date (M/D/Y)			
	10. Transporter #1 (Acknowledgement of receipt of materials) IESI NY CORPORATION • 110 5th Street, Brooklyn, NY 11215			DEC Permit No. <u>NY 462</u> <u>NJ 462</u>
	<u>Phillip CAMIA</u> DRIVER Printed/Typed Name Title Signature			<u>9/17/01</u> Date (M/D/Y)
	11. Transporter #2 (Acknowledgement of receipt of materials) <u>IESI</u>			DEC PERMIT # <u>NJ 462</u>
<u>Printed/Typed Name</u> <u>Title</u> <u>Signature</u>			<u>9/17/01</u> Date (M/D/Y)	
T R A N S P O R T E R	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 <u>Printed/Typed Name</u> <u>Title</u> <u>Signature</u> <u>Date (M/D/Y)</u>			

WHITE:LANDFILL • GREEN:IESI • PINK:GENERATOR • YELLOW:CONTRACTOR • GOLD:JOB SITE



HOME (718)
X (718)

THE CITY OF NEW YORK DEPARTMENT OF ENVIRONMENTAL PROTECTION
JOEL A. MIELE, SR., P.E. Commissioner

ROBERT C. AVALTRONI
Deputy Commissioner

Bureau of
Air, Noise, & Hazardous
Materials

APPLICATION FOR ASBESTOS INVESTIGATOR
AND RESTRICTED ASBESTOS INVESTIGATOR CERTIFICATION

APPENDIX A

MEDICAL EXAMINATION FOR ASBESTOS INVESTIGATORS

Name: FA M
Address: 45
06 6

Test Provider
Address: 00
Telephone: (7
Fax:

BRAND NAME: 00

TEST DATE: ---

Jan

Fit test number: 5

APPLICANT NAME: _____

HOME ADDRESS: _____

CITY, STATE, & ZIP: _____

TELEPHONE NUMBER: _____

DATE OF BIRTH: _____

SOCIAL SECURITY NO: _____

PII

PII

APPLICANT'S SIGNATURE

Forina

BASED UPON THE MEDICAL EXAMINATION WHICH INCLUDED
PULMONARY FUNCTION TESTS OF VITAL CAPACITY (FVC)
AND FORCED EXPIRATORY VOLUME AT ONE SECOND
(FEV₁), AND AN EVALUATION OF A RECENT CHEST
ROENTGENOGRAM, IT IS MY OPINION THAT THE ABOVE
NAMED PATIENT (PLEASE CHECK ☒) APPROPRIATE BOX

☒ IS ☐ IS NOT
PHYSICALLY QUALIFIED TO WEAR A RESPIRATOR IN THE
PERFORMANCE OF HIS/HER JOB.

HEIGHT: _____

PII

WEIGHT: _____

PII

BP: _____

PII

ACROPHOBIA: 00

PII

ANDO INTERNATIONAL INC.

861 Manhattan Ave., Suite 14, Brooklyn, NY 11222

Tel. (718) 349-6212

QUALITATIVE RESPIRATOR FIT TEST

This Respirator Fit Test is valid for the period of 12 (twelve) months from the date of test

Name:	PII	Date of birth:	PII
Address:	PII	SSN:	PII
		Telephone:	

Test Provider: ANDO INTERNATIONAL INC.
 Address: 861 Manhattan Ave., Brooklyn, NY 11222
 Telephone: (718) 349-6212
 Fax: (718) 349-3238

Test Agent:

1. Irritant Smoke ☒
2. Odorous Vapor ☐
3. Taste Test ☐

RESPIRATORS TESTED - SUCCESSFUL TEST

(Half Face Mask only)

PII

CITY OF
NEW YORK

PII

ASBESTOS CERTIFICATE

PII

HANDLER-OP
CERTIFICATION NUMBER

PII

EXP. DATE: **PII**

PII

MUST BE CARRIED ON
ASBESTOS PROJECTS

ADDRESS CORRESPONDENCE TO:
(include certificate number)
NYS Department of Labor
DOSH - License and Certificate Unit
PO Box 987, New York, NY 10114-0987

CERTIFICATE NUMBER	PII
EXPIRES	PII
SOCIAL SECURITY NUMBER	PII
EYES	PII
BRO	PII
HAIR	PII
WEIGHT	PII
HEIGHT	PII

1607310

STATE OF NEW JERSEY
DEPARTMENT OF COMMUNITY AFFAIRS
ASBESTOS LICENSING

PII

PII

73353

12/15/2000	12/15/2001
2	4
508	508
M	M

031564

New York City Dept. of
Environmental Protection
Asbestos Control Program
59-17 Junction Blvd. 8th
Floor Corona, NY 11368

This certificate must be
shown to a Department
representative upon
request. Report Loss
immediately. Renew
license 60 days prior to
expiration date.

Tampering and or
alteration of this
certificate is a CRIMINAL
offense.

MAREK FORMAN
068-88-0834
M 41 6-8 184
EXP. DATE: 1/14/02

PII

STATE OF NEW YORK
DEPARTMENT OF LABOR
DIVISION OF SAFETY AND HEALTH

ASBESTOS HANDLING CERTIFICATE
AUTHORIZED CLASS
A - ASBESTOS HANDLER (01/02)

PII

THIS PERMIT has been issued in accordance with
and subject to the provisions of the Asbestos
Control and Licensing Act N.J.S.A. 34:5A-32 et
seq. You MUST have THIS PERMIT with you on
the job.

THIS PERMIT may be revoked if you fail to follow
established asbestos safety and health practices.
THIS PERMIT may be revoked if it is loaned,
abandoned or allowed to pass from the personal
control of the owner.

THIS PERMIT is invalid if it is altered, defaced,
mutilated, or tampered with in any manner.
Any person performing the duties of an asbestos
worker or supervisor after this permit has expired
shall be subject to the penalty provisions of
N.J.S.A. 34:5A-32 et seq., as shall his employer.
For information, corrections, or changes, direct a
inquires to the following:

State of New Jersey
Dept. of Community Affairs
Division of Codes & Standards
Asbestos Contractor/
Worker Program
P.O. Box 816
Trenton, NJ 08625-0816
(609) 633-3760



[Signature]
COMMISSIONER

ASBESTOS CERTIFICATE

CITY OF NEW YORK DEP

PII

EXP. DATE: 1/14/02

PII

PII

If found return to:
New York City Dept. of
Environmental Protection
Asbestos Control Program
59-17 Junction Blvd. 8th
Floor Corona NY 11368

This certificate must be
shown to representative
request. Report to New
York City Dept. of
Environmental Protection
immediately prior to
expiration of this
certificate.

Tampering and or
alteration of this
certificate is a CRIMINAL
offense.

PII

EXP. DATE: 1/14/02

Sep-21-01 12:53P

P.05



Industrial Safety and Environmental Solutions

3300 Hudson Avenue, Union City, NJ 07087-5908

201) 325-0055

Fax: (201) 325-0056

E-mail: ISES@bellatlantic.net

RESPIRATOR FIT TEST FORM

Expires:
2/17/02

FIT TEST CARD #:

0661

LAST NAME:

PII

FIRST NAME

PII

SOCIAL SECURITY #

PII

RESPIRATOR DATA

PII

1/5

CITY OF
NEW YORK

PII

ASBESTOS CERTIFICATE

**MUST BE CARRIED ON ASBESTOS PROJECTS
CERTIFICATE NUMBER**

PII

EXPIRES

SOCIAL SECURITY NUMBER

EYES **HAIR**

BRD **BRD**

WEIGHT **HEIGHT**

158520C

ADDRESS CORRESPONDENCE TO:
(include certificate number)
NYS Department of Labor
DOSHI - License and Certificate Unit
PO Box 687, New York, NY 10014-0687



STATE OF NEW YORK
DEPARTMENT OF LABOR
DIVISION OF SAFETY AND HEALTH

ASBESTOS HANDLING CERTIFICATE
AUTHORIZED CLASS
G - SUPERVISOR (02/02)

PII

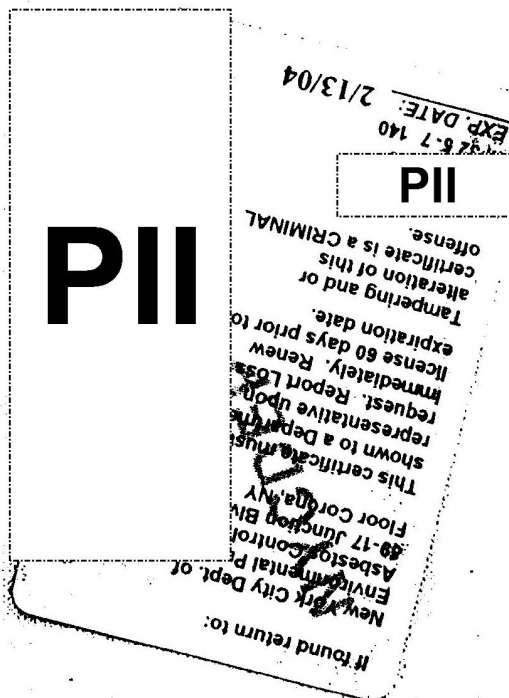
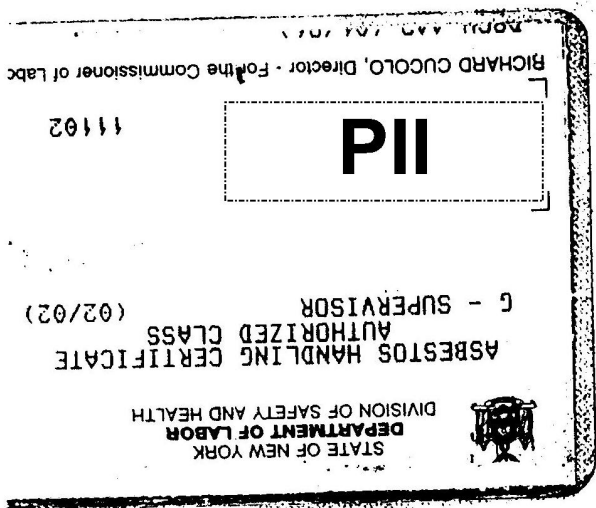
RICHARD CUCOLO, Director - For the Commissioner of Labor

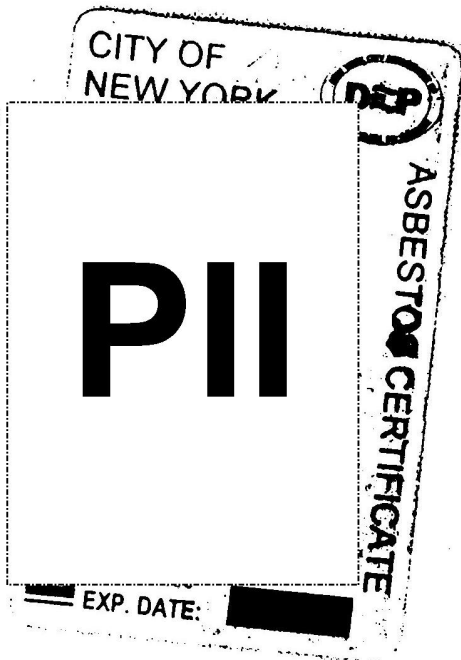
PII

EXP. DATE: 2/13/04

If found return to:
New York City Dept. of
Environmental Protection
Asbestos Control Program
48-17 Juncos Blvd. 8th
Floor Corolla, NY 11368
This certificate must be
shown to a Department
representative upon
request. Report L68
immediately. Renew
license 60 days prior to
expiration date.
Tampering and/or
alteration of this
certificate is a CRIMINAL
offense.

PII





MUST BE CARRIED ON ASBESTOS PROJECTS

PII

CERTIFICATE NUMBER	
PII	
EXPIRES	
SOCIAL SECURITY NUMBER	
PII	
EYES	HAIR
BRO	BRO
WEIGHT	HEIGHT
PII	PII

ADDRESS CORRESPONDENCE TO:
(include certificate number)
NYS Department of Labor
DOSH - License and Certificate Unit
PO Box 687, New York, NY 10014-0687

158520C



JOEL A. MIELE, SR., P.E. Commissioner

Deputy Commissioner

Bureau of
Air, Noise, & Hazardous
Materials

APPLICATION FOR ASBESTOS INVESTIGATOR
AND RESTRICTED ASBESTOS INVESTIGATOR CERTIFICATION

APPENDIX A.

MEDICAL EXAMINATION FOR ASBESTOS INVESTIGATORS

APPLICANT NAME: PII PII
 HOME ADDRESS: PII
 CITY, STATE, & ZIP: PII
 TELEPHONE NUMBER: PII
 DATE OF BIRTH: PII
 SOCIAL SECURITY NO PII

APPLICANT'S SIGNATURE



BASED UPON THE MEDICAL EXAMINATION WHICH INCLUDED
PULMONARY FUNCTION TESTS OF VITAL CAPACITY (FVC)
AND FORCED EXPIRATORY VOLUME AT ONE SECOND
(FEV₁), AND AN EVALUATION OF A RECENT CHEST
ROENTGENOGRAM, IT IS MY OPINION THAT THE ABOVE
NAMED PATIENT (PLEASE CHECK (X) APPROPRIATE BOX)

☒ IS

☐ IS NOT

PHYSICALLY QUALIFIED TO WEAR A RESPIRATOR IN THE
PERFORMANCE OF HIS/HER JOB.

HEIGHT PII WEIGHT: PII
 TOBACCO: PII
 X-RAY CHEST: PII
 MARK I. PII
 PRINT NAME: PII



The City of New York Department of Environmental Protection
JOEL A. MUELE, SR., P.E. Commissioner

ROBERT C. AVATKUNT
Deputy Commissioner

Bureau of
Air, Noise, & Hazardous
Materials

APPLICATION FOR ASBESTOS INVESTIGATOR
AND RESTRICTED ASBESTOS INVESTIGATOR CERTIFICATION

APPENDIX A

MEDICAL EXAMINATION FOR ASBESTOS INVESTIGATORS

APPLICANT NAME: _____

PII

HOME ADDRESS: _____

CITY, STATE, & ZIP: _____

TELEPHONE NUMBER: _____

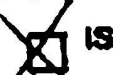
PII

DATE OF BIRTH: _____

SOCIAL SECURITY NO _____

PII

BASED UPON THE MEDICAL EXAMINATION WHICH INCLUDED
PULMONARY FUNCTION TESTS OF VITAL CAPACITY (FVC)
AND FORCED EXPIRATORY VOLUME AT ONE SECOND
(FEV₁), AND AN EVALUATION OF A RECENT CHEST
ROENTGENOGRAM, IT IS MY OPINION THAT THE ABOVE
NAMED PATIENT PLEASE CHECK ALL APPROPRIATE BOX



IS



IS NOT

PHYSICALLY QUALIFIED TO WEAR A RESPIRATOR IN THE
PERFORMANCE OF HIS/HER JOB.

HEIGHT: _____

PII

WEIGHT: _____

PII

PII

PII

CERTIFICATE ISSUED BY NYC FIRE DEPT

PII

WORK ADDRESS

THIS PERSON IS NOT A FDNY EMPLOYEE

CERTIFICATE ISSUED BY NYC FIRE DEPT

PII

THIS PERSON IS NOT A FDNY EMPLOYEE

It is the certificate holder's responsibility to renew prior to expiration date.
 If your work address appears on the certificate, and it has changed, prior to starting at a new location, send a letter to the Fire Dept from your new employer. A new test may be required. Fire Safety Directors must contact the Hi-Rise Unit at the address below for a new On Site before starting at any new location.
 Work address change correspondence for other types of certificates, and all changes in mailing address should be forwarded to the COF Unit.
 New York City Fire Department
 9 Metro Tech Center
 Brooklyn, NY 11201-3857
 COF Unit 1S-13-K
 New York City Fire Department
 9 Metro Tech Center
 Brooklyn, NY 11201-3857
 Hi-Rise Unit 3E-11-K
 Certificates may be renewed from 60 days prior to expiration to one year after expiration. Certificates expired more than one year may NOT be renewed, and therefore require application for a new certificate. Certificates renewed more than 90 days past expiration are subject to a \$25 late renewal penalty.
 Certificates are the property of the FDNY, and must be surrendered on request.

It is the certificate holder's responsibility to renew prior to expiration date.
 If your work address appears on the certificate, and it has changed, prior to starting at a new location, send a letter to the Fire Dept from your new employer. A new test may be required. Fire Safety Directors must contact the Hi-Rise Unit at the address below for a new On Site before starting at any new location.
 Work address change correspondence for other types of certificates, and all changes in mailing address should be forwarded to the COF Unit.
 New York City Fire Department
 9 Metro Tech Center
 Brooklyn, NY 11201-3857
 COF Unit 1S-13-K
 New York City Fire Department
 9 Metro Tech Center
 Brooklyn, NY 11201-3857
 Hi-Rise Unit 3E-11-K
 Certificates may be renewed from 60 days prior to expiration to one year after expiration. Certificates expired more than one year may NOT be renewed, and therefore require application for a new certificate. Certificates renewed more than 90 days past expiration are subject to a \$25 late renewal penalty.
 Certificates are the property of the FDNY, and must be surrendered on request.

ASBESTOS CERTIFICATE



CITY OF
NEW YORK

PII

EXP. DATE: 4/12/03

PII

New York City Dept. of
Environmental Protection
Asbestos Control Program
69-17 Juncton Blvd. 8th
Floor Corveta, NY 11368
This certificate must be
shown to a Department
representative upon
request. Report Loss
Immediately. Renew
license 60 days prior to
expiration date.
Tampering and or
alteration of this
certificate is a CRIMINAL
offense.

PII

MUST BE CARRIED ON ASBESTOS PROJECTS



DRESS CORRESPONDENCE TO:
(include certificate number)
S Department of Labor
SH - License and Certificate Unit
Box 687, New York, NY 10014-0687

CERTIFICATE NUMBER

PII



STATE OF NEW YORK
DEPARTMENT OF LABOR
DIVISION OF SAFETY AND HEALTH

ASBESTOS HANDLING CERTIFICATE
AUTHORIZED CLASS
G - SUPERVISOR (04/01)

PII

RICHARD CUCOLO, Director - For the Commissioner of Labor
DOSH-442 (01/91)

STATE OF NEW JERSEY
DEPARTMENT OF COMMUNITY AFFAIRS
ASBESTOS LICENSING

PII

68811

08/10/2000

08/10/2001

THIS PERMIT has been issued in accordance with and subject to the provisions of the Asbestos Control and Licensing Act N.J.S.A. 34:5A-32 et seq. You MUST have THIS PERMIT with you on the job.

THIS PERMIT may be revoked if you fail to follow established asbestos safety and health practices. THIS PERMIT may be revoked if it is loaned, abandoned or allowed to pass from the personal control of the owner.

THIS PERMIT is invalid if it is altered, defaced, mutilated, or tampered with in any manner. Any person performing the duties of an asbestos worker or supervisor after this permit has expired shall be subject to the penalty provisions of N.J.S.A. 34:5A-32 et seq., as shall his employer. For information, corrections, or changes, direct all inquiries to the following:

State of New Jersey
Dept. of Community Affairs
Division of Codes & Standards
Asbestos Contractor/
Worker Program
P.O. Box 816
Trenton, NJ 08625-0816
(609) 633-3760



[Signature]
COMMISSIONER



CITY OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF ENVIRONMENTAL REMEDIATION AND ENFORCEMENT
ASBESTOS CONTROL PROGRAM - TRAINING AND CERTIFICATION UNIT
69-17 JUNCTION BOULEVARD, 8TH FLOOR, CORONA, NEW YORK 11368

APPLICATION FOR ASBESTOS INVESTIGATOR
AND RESTRICTED ASBESTOS INVESTIGATOR CERTIFICATION

APPENDIX A

MEDICAL EXAMINATION FOR ASBESTOS INVESTIGATORS

APPLICANT NAME:

HOME ADDRESS:

CITY, STATE, & ZIP:

TELEPHONE NUMBER:

DATE OF BIRTH:

SOCIAL SECURITY NO.:

PII

PII

PII

PII

BASED UPON THE MEDICAL EXAMINATION WHICH INCLUDED
PULMONARY FUNCTION TESTS OF VITAL CAPACITY (FVC)
AND FORCED EXPIRATORY VOLUME AT ONE SECOND
(FEV₁), AND AN EVALUATION OF A RECENT CHEST
ROENTGENOGRAM, IT IS MY OPINION THAT THE ABOVE
NAMED PATIENT (PLEASE CHECK (X) APPROPRIATE BOX)



IS



IS NOT

PHYSICALLY QUALIFIED TO WEAR A RESPIRATOR IN THE
PERFORMANCE OF HIS/HER JOB.

PII

NOT BE CARRIED ON ASBESTOS PROJECTS

PII

CERTIFICATE NUMBER
PII

ADDRESS CORRESPONDENCE TO
(include certificate number)
NYS Department of Labor
DOSH - License and Certificate Unit
PO Box 687, New York, NY 10014-0687



STATE OF NEW YORK
DEPARTMENT OF LABOR
DIVISION OF SAFETY AND HEALTH

ASBESTOS HANDLING CERTIFICATE
AUTHORIZED CLASS
A - ASBESTOS HANDLER (02/02)

PII

RICHARD CUCOLO, Director - For the Commissioner of Labor
DOSH-442 (01/91)

RESIDENT ALIEN
U.S. Department of Justice - Immigration and Naturalization Service
PII

PII
06/15/2001 North 100 - Medium - Half Face
06/15/2002
Instructor

PII
CITY OF
NEW YORK
ASBESTOS CERTIFICATE

PII

If found return to:
New York City Dept. of
Environmental Protection
Asbestos Control Program
59-17 Junction Blvd. 8th
Floor Corona, NY 11368

This certificate must be
shown to a Department
representative upon
request. Report Loss
immediately. Renew
license 60 days prior to
expiration date.

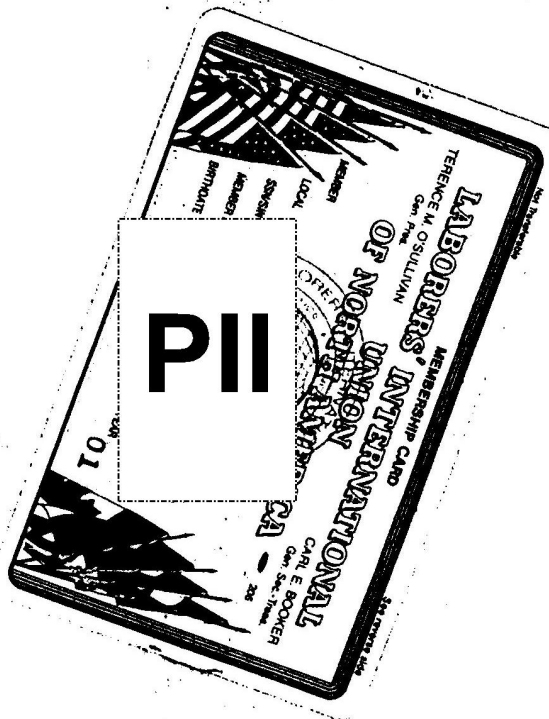
Tampering and or
alteration of this
certificate is a CRIMINAL
offense.

PII

EXP. DATE: 2/18/02

SOCIAL SECURITY
SOCIAL SECUR
PII
SIGNATURE

MTA NYCT Track Safety
PII
Pass# _____ Date 9-4-2001
Signature _____ **PII**
TRACK SAFETY
MTA NYC TRANSIT



MUST BE CARRIED ON ASBESTOS PROJECTS

PII

PII

NEW YORK

ASBESTOS CERTIFICATE

PII

ADDRESS CORRESPONDENCE TO:
(include certificate number)
NYS Department of Labor
DOISH - License and Certificate Unit
PO Box 687, New York, NY 10014-0687

PII

MEMBER OF THE
ASBESTOS PROJECTS
MONTHLY MEETING
JUNE
JULY
AUGUST
SEPTEMBER
OCTOBER
NOVEMBER
DECEMBER



Date: 06/14/01

The following person has been seen at Greenpoint Medical Care for an asbestos physical exam.

He/she has met or not met the requirements of OSHA as follows:

Patient Name:

PII

Blood Pressure

Heart

Lungs

PFT

Chest X - Ray

Comments:

PII

Other

Other

Other

Other

PASS

FAIL

PII

As per OSHA 1926.58

Physician Signature

Massachusetts Avenue
Brooklyn, New York 11222
(718) 333-4600
(718) 333-7390

PII

Race :
Height :
Weight :

PII

172 lbs.

Tech. :
Date :
Time :
Ambient
Selecte:
Doctor:

PII

Best Test Summary Tests 01-03 06/14/01

Index	No	Meas	Pred	%Pred	%Var
-------	----	------	------	-------	------

FVC
FEV 1
FEV1/FVC%
FEF25-75
PEF

PII

Spirometric results appear normal

VOLUME-TIME CURVE

PII



MASON TENDERS' TRAINING FUND

75 Varick Street, Suite 501
New York, NY 10013-1917
Tel: 212 • 965 • 1730
Fax: 212 • 965 • 1725

MEDICAL EXAMINATION FOR RESPIRATORY PROTECTION

APPLICANTS NAME:

HOME ADDRESS:

TELEPHONE NO.:

DATE OF BIRTH:

SOCIAL SECURITY:

PII

NOT VALID WITHOUT
EMBOSSSED SEAL

BASED UPON THE MEDICAL WHICH INCLUDES:

1. PULMONARY FUNCTION TESTS (SPIROMETRY) OF FORCED VITAL CAPACITY (FVC), FORCED VITAL CAPACITY (FVC), FORCED EXPIRATORY VOLUME AT ONE SECOND (FEV1) AND INTERPRETATION
2. A CHEST ROENTGENOGRAM, TWO (2) VIEWS AND RADIOLOGICAL SERVICES PROVIDED BY A QUALIFIED INTERPRETER.
3. MEDICAL HISTORY
4. A PHYSICAL EXAMINATION DIRECTED TO THE PULMONARY AND GASTROINTESTINAL SYSTEMS INCLUDING BUT NOT LIMITED TO HEIGHT, WEIGHT, BLOOD PRESSURE, PULSE AND RESPIRATION.

IT IS MY OPINION THAT THE ABOVE NAMED PATIENT IS YES OR IS NOT N/A PHYSICALLY QUALIFIED TO WEAR A RESPIRATOR IN THE PERFORMANCE OF HIS/HER JOB:

HT:

PII

B.P.:

PII

PII

PII

PII



CITY OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF ENVIRONMENTAL REMEDIATION AND ENFORCEMENT
ASBESTOS CONTROL PROGRAM TRAINING AND CERTIFICATION UNIT
59-17 JUNCTION BOULEVARD, 11TH FLOOR, CORONA, NEW YORK 11364

APPLICATION FOR ASBESTOS INVESTIGATOR

APPENDIX A

MEDICAL EXAMINATION FOR ASBESTOS INVESTIGATORS

APPLICANT NAME:

HOME ADDRESS:

CITY, STATE, & ZIP:

TELEPHONE NUMBER:

DATE OF BIRTH:

SOCIAL SECURITY NUMBER:

PII

BASED UPON THE MEDICAL EXAMINATION WHICH INCLUDED
PULMONARY FUNCTION TESTS OF VITAL CAPACITY (FVC)
AND FORCED EXPIRATORY VOLUME AT ONE SECOND
(FEV₁), AND AN EVALUATION OF A RECENT CHEST
ROENTGENOGRAM, IT IS MY OPINION THAT THE ABOVE
NAMED PATIENT (PLEASE CHECK ☒) APPROPRIATE BOX



IS



IS NOT

PHYSICALLY QUALIFIED TO WEAR A RESPIRATOR IN THE
PERFORMANCE OF HIS/HER JOB.

PII

ORIGINAL

PII

DEP

CITY OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF ENVIRONMENTAL REMEDIATION AND INFRASTRUCTURE
ASBESTOS CONTROL PROGRAM - TRAINING AND CERTIFICATION UNIT
59-17 JUNCTION BOULEVARD, 8TH FLOOR, CORONA, NEW YORK 11364

APPLICATION FOR ASBESTOS INVESTIGATOR

APPENDIX A

MEDICAL EXAMINATION FOR ASBESTOS INVESTIGATORS

APPLICANT NAME

HOME ADDRESS:

CITY, STATE, & ZIP

TELEPHONE NUM

DATE OF BIRTH:

SOCIAL SECURITY

PII

BASED UPON THE MEDICAL EXAMINATION WHICH INCLUDED
PULMONARY FUNCTION TESTS OF VITAL CAPACITY (FVC)
AND FORCED EXPIRATORY VOLUME AT ONE SECOND
(FEV₁), AND AN EVALUATION OF A RECENT CHEST
ROENTGENOGRAM, IT IS MY OPINION THAT THE ABOVE
NAMED PATIENT (PLEASE CHECK (X) APPROPRIATE BOX)



IS



IS NOT

PHYSICALLY QUALIFIED TO WEAR A RESPIRATOR IN THE
PERFORMANCE OF HIS/HER JOB.

PII

ORIGINAL

PII



CITY OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF ENVIRONMENTAL REMEDIATION AND ENFORCEMENT
ASBESTOS CONTROL PROGRAM - TRAINING AND CERTIFICATION UNIT
36-17 JUNCTION BOULEVARD, 8TH FLOOR, CORONA, NEW YORK 11368

APPLICATION FOR ASBESTOS INVESTIGATOR
AND RESTRICTED ASBESTOS INVESTIGATOR CERTIFICATION

APPENDIX A

MEDICAL EXAMINATION FOR ASBESTOS INVESTIGATORS

APPLICANT NAME: _____

HOME ADDRESS: _____

CITY, STATE, & ZIP: _____

TELEPHONE NUMBER: _____

DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____

PII

BASED UPON THE MEDICAL EXAMINATION WHICH INCLUDED
PULMONARY FUNCTION TESTS OF VITAL CAPACITY (FVC)
AND FORCED EXPIRATORY VOLUME AT ONE SECOND
(FEV₁), AND AN EVALUATION OF A RECENT CHEST
ROENTGENOGRAM, IT IS MY OPINION THAT THE ABOVE
NAMED PATIENT (PLEASE CHECK N) APPROPRIATE BOX



IS



IS NOT

PHYSICALLY QUALIFIED TO WEAR A RESPIRATOR IN THE
PERFORMANCE OF HIS/HER JOB.

PII

SIGNATURE OF PHYSICIAN

ADDRESS

STATE LICENSE NUMBER

TELEPHONE NUMBER

PII

PII



CITY OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL PROTECTION
 BUREAU OF ENVIRONMENTAL REMEDIATION AND ENFORCEMENT
 ASBESTOS CONTROL PROGRAM - TRAINING AND CERTIFICATION UNIT
 89-17 JUNCTION BOULEVARD, 8TH FLOOR, CORONA, NEW YORK 11368

**APPLICATION FOR ASBESTOS INVESTIGATOR
 AND RESTRICTED ASBESTOS INVESTIGATOR CERTIFICATION**

APPENDIX A

MEDICAL EXAMINATION FOR ASBESTOS INVESTIGATORS

APPLICANT NAME:

HOME ADDRESS:

CITY, STATE, & ZIP:

TELEPHONE NUMBER:

DATE OF BIRTH:

SOCIAL SECURITY:

PII

**BASED UPON THE MEDICAL EXAMINATION WHICH INCLUDED
 PULMONARY FUNCTION TESTS OF VITAL CAPACITY (FVC)
 AND FORCED EXPIRATORY VOLUME AT ONE SECOND
 (FEV₁), AND AN EVALUATION OF A RECENT CHEST
 ROENTGENOGRAM, IT IS MY OPINION THAT THE ABOVE
 NAMED PATIENT (PLEASE CHECK IN) APPROPRIATE BOX**

☒ **IS**

☐ **IS NOT**

**PHYSICALLY QUALIFIED TO WEAR A RESPIRATOR IN THE
 PERFORMANCE OF HIS/HER JOB.**

PRINT NAME OF PHYSICIAN

November 11, 2000

DATE OF EXAMINATION

SIGNATURE OF PHYSICIAN

ADDRESS

STATE LICENSE NUMBER

TELEPHONE NUMBER

DR. ALBERTO NOZO
40-437 1ST STREET

PII



MASON TENDERS' TRAINING FUND
75 Varick Street, Suite 501
New York, NY 10013-1917
Tel: 212 • 965 • 1730
Fax: 212 • 965 • 1725

E 573

MEDICAL EXAMINATION FOR RESPIRATORY PROTECTION

APPLICANTS NAME

HOME ADDRESS

TELEPHONE NO

DATE OF BIRTH

SOCIAL SECURITY

PII

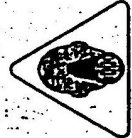
NOT VALID WITHOUT
EMBOSSSED SEAL

BASED UPON THE MEDICAL WHICH INCLUDES:

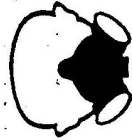
1. PULMONARY FUNCTION TESTS (SPIROMETRY) OF FORCED VITAL CAPACITY (FVC), FORCED VITAL CAPACITY (FVC), FORCED EXPIRATORY VOLUME AT ONE SECOND (FEV1) AND INTERPRETATION.
2. A CHEST ROENTGENOGRAM, TWO (2) VIEWS AND RADIOLOGICAL SERVICES PROVIDED BY A QUALIFIED INTERPRETER.
3. MEDICAL HISTORY
4. A PHYSICAL EXAMINATION DIRECTED TO THE PULMONARY AND GASTROINTESTINAL SYSTEMS INCLUDING BUT NOT LIMITED TO HEIGHT, WEIGHT, BLOOD PRESSURE, PULSE AND RESPIRATION.

IT IS MY OPINION THAT THE ABOVE NAMED PATIENT IS _____ OR IS NOT _____ PHYSICALLY QUALIFIED TO WEAR A RESPIRATOR IN THE PERFORMANCE OF HIS/HER JOB:

PII



MASON TENDERS TRAINING FUND
75 VARICK STREET STE 501
NEW YORK NY 10013
QUALITATIVE FIT TEST RECORD



This is to certify that

PII

PII

PII

PII

MUST BE CARRIED ON ASBESTOS PROJECTS

Disposal Information Center

PII



MASON TENDERS' TRAINING FUND

75 Varick Street, Suite 501
New York, NY 10013-1917
Tel: 212 • 965 • 1730
Fax: 212 • 965 • 1735

D-1398

MEDICAL EXAMINATION FOR RESPIRATORY PROTECTION

APPLICANTS NAME:

HOME ADDRESS:

TELEPHONE NO.:

DATE OF BIRTH:

SOCIAL SECURITY:

PII

NOT VALID WITHOUT
EMBOSSSED SEAL

BASED UPON THE MEDICAL WHICH INCLUDES:

1. PULMONARY FUNCTION TESTS (SPIROMETRY) OF FORCED VITAL CAPACITY (FVC), FORCED VITAL CAPACITY (FVC), FORCED EXPIRATORY VOLUME AT ONE SECOND (FEV1) AND INTERPRETATION.
2. A CHEST ROENTGENOGRAM, TWO (2) VIEWS AND RADIOLOGICAL SERVICES PROVIDED BY A QUALIFIED INTERPRETER.
3. MEDICAL HISTORY
4. A PHYSICAL EXAMINATION DIRECTED TO THE PULMONARY AND GASTROINTESTINAL SYSTEMS INCLUDING BUT NOT LIMITED TO HEIGHT, WEIGHT, BLOOD PRESSURE, PULSE AND RESPIRATION

IT IS MY OPINION THAT THE ABOVE NAMED PATIENT IS OR IS NOT PHYSICALLY QUALIFIED TO WEAR A RESPIRATOR IN THE PERFORMANCE OF HIS/HER JOB:

PII

DISPOSITION: QUALIFIED

SPIROMETER:

CHEST X-RAY:

PII

PII

ANDO INTERNATIONAL INC.

861 Manhattan Ave., Suite 14, Brooklyn, NY 11222

Tel. (718) 349-6212

QUALITATIVE RESPIRATOR FIT TEST

This Respirator Fit Test is valid for the period of 12 (twelve) months from the date of test

Name:
Address:

PII

Test Provider: ANDO INTERNATIONAL INC.
Address: 861 Manhattan Ave., Brooklyn, NY 11222
Telephone: (718) 349-6212
Fax: (718) 349-3238

Test Agent:

1. Irritant Smoke ☒
2. Odorous Vapor ☐
3. Taste Test ☐

RESPIRATORS TESTED - SUCCESSFUL TEST

(Half Face Mask only)

BRAND NAME: (1) North (2) — SIZE: (1) M (2) —

TEST DATE: 10/14/00

Name of person performing respirator fit

Fit test number: 2752

Sig

PII

PII



THE CITY OF NEW YORK DEPARTMENT OF ENVIRONMENTAL PROTECTION
JOEL A. MIELE, SR., P.E. Commissioner

ROBERT C. AVALTRONE
Deputy Commissioner

PHONE (718)
FAX (718)

Bureau of
Air, Noise, & Hazardous
Materials

APPLICATION FOR ASBESTOS INVESTIGATOR
AND RESTRICTED ASBESTOS INVESTIGATOR CERTIFICATION

APPENDIX A.

MEDICAL EXAMINATION FOR ASBESTOS INVESTIGATORS

APPLICANT NAME: _____

HOME ADDRESS: _____

CITY, STATE, & ZIP: _____

TELEPHONE NUMBER: _____

DATE OF BIRTH: _____

SOCIAL SECURITY NO _____

PII

APPLICANT'S SIGNATURE: _____

PII

BASED UPON THE MEDICAL EXAMINATION WHICH INCLUDED
PULMONARY FUNCTION TESTS OF VITAL CAPACITY (FVC)
AND FORCED EXPIRATORY VOLUME AT ONE SECOND
(FEV₁), AND AN EVALUATION OF A RECENT CHEST
ROENTGENOGRAM, IT IS MY OPINION THAT THE ABOVE
NAMED PATIENT (PLEASE CHECK (X) APPROPRIATE BOX)



IS



IS NOT

PHYSICALLY QUALIFIED TO WEAR A RESPIRATOR IN THE
PERFORMANCE OF HIS/HER JOB.

PII

PII

PII

PII

PII

FROM : Teresa & Andrew

PHONE NO. : 718+456 5389

Aug. 13.2001 01:45PM P8

(212) 965-1730

MASON TENDERS TRAINING FUND
75 Varick Street, Suite 501
New York, NY 10013-1917



MEDICAL EXAMINATION FOR RESPIRATORY PROTECTION

APPLICANT'S NAME

HOME ADDRESS

TELEPHONE NO.

DATE OF BIRTH

SOCIAL SECURITY

PII

BASED UPON THE MEDICAL WHICH INCLUDES:

1. PULMONARY FUNCTION TESTS (SPIROMETRY) OF FORCED VITAL CAPACITY (FVC), FORCED VITAL CAPACITY (FVC), FORCED EXPIRATORY VOLUME AT ONE SECOND (FEV1) AND INTERPRETATION.
2. A CHEST ROENTGENOGRAM, TWO (2) VIEW AND RADIOLOGICAL SERVICES BY X-R-READER.
3. MEDICAL HISTORY
4. A PHYSICAL EXAMINATION DIRECTED TO THE PULMONARY AND GASTROINTESTINAL SYSTEMS INCLUDING BUT NOT LIMITED TO HEIGHT, WEIGHT, BLOOD PRESSURE, PULSE AND RESPIRATION.

IT IS MY OPINION THAT THE ABOVE NAMED PATIENT IS ☒ OR IS NOT ☐ PHYSICALLY QUALIFIED TO WEAR A RESPIRATOR IN THE PERFORMANCE OF HIS/HER JOB:

PII

COMMENTS:

PII

PII

FROM : Teresa & Andrew

PHONE NO. : 718+456 5389

Aug. 13 2001 01:45PM P9

ANDO INTERNATIONAL INC.

861 Manhattan Ave., Suite 14, Brooklyn, NY 11222

Tel. (718) 349-6212

QUALITATIVE RESPIRATOR FIT TEST

This Respirator Fit Test is valid for the period of 12 (twelve) months from the date of test

Name:
Address:

PII

Test Provider: **ANDO INTERNATIONAL INC.**
Address: **861 Manhattan Ave., Brooklyn, NY 11222**
Telephone: **(718) 349-6212**
Fax: **(718) 349-3238**

Test Agent:
1. Irritant Smoke ☒
2. Odorous Vapor ☐
3. Taste Test ☐

RESPIRATORS TESTED - SUCCESSFUL TEST

(Half Face Mask only)

BRAND NAME: (1) Wilson (2) — SIZE: (1) 6 (2) —

TEST DATE: 02/03/01

Name of person performing respirator fit

Fit test number: 2562

Sig:

PII

PII

PII

Bureau of
Air, Noise, & Hazardous
Materials

APPLICATION FOR ASBESTOS INVESTIGATOR
AND RESTRICTED ASBESTOS INVESTIGATOR CERTIFICATION

APPENDIX A.

MEDICAL EXAMINATION FOR ASBESTOS INVESTIGATORS

APPLICANT NAME: _____
HOME ADDRESS: _____
CITY, STATE, & ZIP: _____
TELEPHONE NUMBER: _____
DATE OF BIRTH: _____
SOCIAL SECURITY NO _____

PII

BASED UPON THE MEDICAL EXAMINATION WHICH INCLUDED
PULMONARY FUNCTION TESTS OF VITAL CAPACITY (FVC)
AND FORCED EXPIRATORY VOLUME AT ONE SECOND
(FEV₁), AND AN EVALUATION OF A RECENT CHEST
ROENTGENOGRAM, IT IS MY OPINION THAT THE ABOVE
NAMED PATIENT (PLEASE CHECK ☒ APPROPRIATE BOX)

☒ IS

☐ IS NOT

PHYSICALLY QUALIFIED TO WEAR A RESPIRATOR IN THE
PERFORMANCE OF HIS/HER JOB.

HEIGHT: _____
TOBACCO _____
X-RAY C _____

PII

PII



ANDO INTERNATIONAL INC.

861 Manhattan Ave., Suite 14, Brooklyn, NY 11222

Tel. (718) 349-6212

QUALITATIVE RESPIRATOR FIT TEST

This Respirator Fit Test is valid for the period of 12 (twelve) months from the date of test

Name

Address

Test Person

Address

Telephone

Fax

PII

BRAND NAME: (1) 11111 (2) 11111 SIZE: (1) 11111 (2) 11111

PII

ANDO INTERNATIONAL INC.
861 Manhattan Ave., Suite 14, Brooklyn, NY 11222
Tel. (718) 349-6212

PII

Name:
Address

Test Pro
Address
Telepho
Fax:

BRAND

TEST D

Fit test

PII

PII

PII

PII

PII

PII

PII

PII



MASON TENDERS' TRAINING FUND

75 Varick Street, Suite 501
New York, NY 10013-1917
Tel: 212 • 965 • 1730
Fax: 212 • 965 • 1725

D-951

MEDICAL EXAMINATION FOR RESPIRATORY PROTECTION

APPLICANTS NAME

HOME ADDRESS

TELEPHONE NO

DATE OF BIRTH

SOCIAL SECURITY

PII



1400

NOT VALID WITHOUT
EMBOSSED SEAL

BASED UPON THE MEDICAL WHICH INCLUDES:

1. PULMONARY FUNCTION TESTS (SPIROMETRY) OF FORCED VITAL CAPACITY (FVC), FORCED VITAL CAPACITY (FVC), FORCED EXPIRATORY VOLUME AT ONE SECOND (FEV1) AND INTERPRETATION.
2. A CHEST ROENTGENOGRAM, TWO (2) VIEWS AND RADIOLOGICAL SERVICES PROVIDED BY A QUALIFIED INTERPRETER.
3. MEDICAL HISTORY
4. A PHYSICAL EXAMINATION DIRECTED TO THE PULMONARY AND GASTROINTESTINAL SYSTEMS INCLUDING BUT NOT LIMITED TO HEIGHT, WEIGHT, BLOOD PRESSURE, PULSE AND RESPIRATION.

IT IS MY OPINION THAT THE ABOVE NAMED PATIENT IS ✓ OR IS NOT PHYSICALLY QUALIFIED TO WEAR A RESPIRATOR IN THE PERFORMANCE OF HIS/HER JOB:

PII

DISPOSITION: QUALIFIED ✓ QUALIFIED WITH REFERRAL UNQUALIFIED

SPIROMETER: *m* CHEST X-RAY: *m*

COMMENTS: *KL*

PII

PII

SOCIAL SECURITY
182-78-5185
P. D.
TE

M 33 6-7 180
EXP. DATE: 3/29/03

ANDO INTERNATIONAL INC.

861 Manhattan Ave., Suite 14, Brooklyn, NY 11222

Tel. (718) 349-6212

QUALITATIVE RESPIRATOR FIT TEST

This Respirator Fit Test is valid for the period of 12 (twelve) months from the date of test

Name: _____
Address: _____

PII

Test Provider: ANDO INTERNATIONAL INC.
Address: 861 Manhattan Ave., Brooklyn, NY 11222
Telephone: (718) 349-6212
Fax: (718) 349-3238

Test Agent:
1. Irritant Smoke ☒
2. Odorous Vapor _____
3. Taste Test _____

RESPIRATORS TESTED - SUCCESSFUL TEST (Half Face Mask only)

BRAND NAME: (1) North (2) _____ SIZE: (1) L (2) X

TEST DATE: 01/25/01

Name of person performing resp: _____

Fit test number: 2588

PII



CITY OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF ENVIRONMENTAL MONITORING AND ASSESSMENT
ASBESTOS CONTROL PROGRAM - TRAINING AND CERTIFICATION UNIT
300 JAVERTON BOULEVARD, 11TH FLOOR, CORONA, NEW YORK 11364

APPLICATION FOR ASBESTOS INVESTIGATOR
AND RESTRICTED ASBESTOS INVESTIGATOR CERTIFICATION

APPENDIX A

MEDICAL EXAMINATION FOR ASBESTOS INVESTIGATORS

APPLICANT NAME:
HOME ADDRESS:
CITY, STATE, & ZIP:
TELEPHONE NUMBER:
DATE OF BIRTH: _____
SOCIAL SECURITY: _____

PII

BASED UPON THE MEDICAL EXAMINATION WHICH INCLUDED
PULMONARY FUNCTION TESTS OF VITAL CAPACITY (FVC)
AND FORCED EXPIRATORY VOLUME AT ONE SECOND
(FEV₁), AND AN EVALUATION OF A RECENT CHEST
ROENTGENOGRAM, IT IS MY OPINION THAT THE ABOVE
NAMED PATIENT (PLEASE CHECK (X) APPROPRIATE BOX)



IS



IS NOT

PHYSICALLY QUALIFIED TO WEAR A RESPIRATOR IN THE
PERFORMANCE OF HIS/HER JOB.

PII

PII

MUST



ADDRESS C
NYC Depart
PO Box 687



CITY OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF ENVIRONMENTAL REMEDIATION AND INVESTIGATION
ASBESTOS CONTROL PROGRAM - TRAINING AND CERTIFICATION UNIT
84-17 JUNCTION BOULEVARD, FIFTH FLOOR, CORONA, NEW YORK, 11364

APPLICATION FOR ASBESTOS INVESTIGATOR
AND RESTRICTED ASBESTOS INVESTIGATOR CERTIFICATION

APPENDIX B

QUALITATIVE/QUANTITATIVE FIT TEST

APPLICANT
NAME

ADDRESS

CITY, STATE
AND ZIP

PII

TRAINING ENTITY NAME SENACRYPH
TRAINING FACILITIES
37-42 72 STREET
TRAINING ENTITY ADDRESS JACKSON HEIGHTS, N. Y. 11372
TRAINING ENTITY TELEPHONE NO. 718 429-0647

SPECIFY TYPE OF TEST AND TEST AGENT

PII



CITY OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF AIR RESOURCES
295 LAFAYETTE STREET, NEW YORK, N.Y. 10012

HARVEY W. SCHULTZ
Commissioner

SAMUEL STEPLER, P.E.
Assistant Commissioner

APPENDIX A.

MEDICAL EXAMINATION FOR ASBESTOS WORKERS

APPLICANT NAME: _____
HOME ADDRESS: _____
TELEPHONE NUMBER: _____
DATE OF BIRTH: _____
SOCIAL SECURITY NUMBER: _____

PII

APPLICANT SIGNATURE: _____

PII

BASED UPON THE MEDICAL EXAMINATION WHICH INCLUDED PULMONARY
FUNCTION TESTS OF VITAL CAPACITY (FVC) AND FORCED EXPIRATORY
VOLUME AT ONE SECOND (FEV₁) AND AN EVALUATION OF A RECENT CHEST
ROENTGENOGRAM IT IS MY OPINION THAT THE ABOVE NAMED PATIENT
(PLEASE CHECK APPROPRIATE BOX) IS ☒ IS NOT ☐ PHYSICALLY
QUALIFIED TO WEAR A RESPIRATOR IN THE PERFORMANCE OF HIS/HER
JOB:

ASBESTOS HANDLER

PII

PII

PII

ASBESTOS HANDLING CERTIFICATE
AUTHORIZED CLASS
A - ASBESTOS HANDLER
(09/01)

STATE OF NEW YORK
DEPARTMENT OF LABOR
DIVISION OF SAFETY AND HEALTH

DOHN-742 (01/71)

PII

ANDO INTERNATIONAL INC.

861 Manhattan Ave., Suite 14, Brooklyn, NY 11222

Tel. (718) 349-6212

QUALITATIVE RESPIRATOR FIT TEST

This Respirator Fit Test is valid for the period of 12 (twelve) months from the date of test

Name

Address

PII

Test Provider: ANDO INTERNATIONAL INC.

Address: 861 Manhattan Ave., Brooklyn, NY 11222

Telephone: (718) 349-6212

Fax: (718) 349-3238

Test Agent:

1. Irritant Smoke ☒

2. Odorous Vapor ☐

3. Taste Test ☐

RESPIRATORS TESTED - SUCCESSFUL TEST

(Half Face Mask only)

BRAND NAME: (1) Nord (2) — SIZE: (1) M (2) —

TEST DATE: 8/13/00

Name of person performing respirator

Fit test number: 2488

PII



CITY OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF AIR, NOISE AND HAZARDOUS MATERIAL
ASBESTOS AND LEAD CONTROL PROGRAM - TRAINING AND CERTIFICATION UNIT
59-17 JUNCTION BOULEVARD, 8TH FLOOR, CORONA, NEW YORK 11368

APPLICATION FOR ASBESTOS INVESTIGATOR
AND RESTRICTED ASBESTOS INVESTIGATOR CERTIFICATION

APPENDIX A

MEDICAL EXAMINATION FOR ASBESTOS INVESTIGATORS

APPLICANT NAME: _____
HOME ADDRESS: _____
CITY, STATE, & ZIP: _____
TELEPHONE NUMBER: _____
DATE OF BIRTH: _____
SOCIAL SECURITY: _____

PII

BASED UPON THE MEDICAL EXAMINATION WHICH INCLUDED
PULMONARY FUNCTION TESTS OF VITAL CAPACITY (FVC)
AND FORCED EXPIRATORY VOLUME AT ONE SECOND
(FEV₁), AND AN EVALUATION OF A RECENT CHEST
ROENTGENOGRAM, IT IS MY OPINION THAT THE ABOVE
NAMED PATIENT (PLEASE CHECK IN APPROPRIATE BOX)



IS



IS NOT

PHYSICALLY QUALIFIED TO WEAR A RESPIRATOR IN THE
PERFORMANCE OF HIS/HER JOB.

PII

ANDO INTERNATIONAL INC.

74-09 37th Avenue, Suite 410 • Jackson Heights, New York 11372
718-779-0522

QUALITATIVE RESPIRATOR FIT TEST

This Respirator Fit Test is valid for the period of 12 (twelve) months from the date of test

Name: _____

Address: _____

PII

Test Provider: ANDO INTERNATIONAL INC.
Address: 861 Manhattan Ave., Brooklyn, NY 11222
Telephone: (718) 349-6212
Fax: (718) 349-3238

Test Agent:

1. Irritant Smoke ☒
2. Odorous Vapor ☐
3. Taste Test ☐

RESPIRATORS TESTED - SUCCESSFUL TEST

(Half Face Mask only)

BRAND NAME: (1) NORTH (2) _____ SIZE: (1) MED (2) _____

TEST DATE: 11-20-00

Name of person performing respirator fit test: _____

Fit test number: 5262

Signature: _____

PII

PII



CITY OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF AIR, NOISE AND HAZARDOUS MATERIAL
ASBESTOS AND LEAD CONTROL PROGRAM - TRAINING AND CERTIFICATION UNIT
59-17 JUNCTION BOULEVARD, 8TH FLOOR, CORONA, NEW YORK 11365

APPLICATION FOR ASBESTOS INVESTIGATOR
AND RESTRICTED ASBESTOS INVESTIGATOR CERTIFICATION.

APPENDIX A

MEDICAL EXAMINATION FOR ASBESTOS INVESTIGATORS

APPLICANT NAME: _____
HOME ADDRESS: _____
CITY, STATE, & ZIP: _____
TELEPHONE NUMBER: _____
DATE OF BIRTH: _____
SOCIAL SECURITY NUMBER: _____

PII

BASED UPON THE MEDICAL EXAMINATION WHICH INCLUDED
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(Half Face Mask only)

BRAND NAME: (1) NORTH (2) — SIZE: (1) MD (2) —

TEST DATE: 11-20-00

Name of person performing respirator fit test: —

Fit test number: 5262

Signature: —

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Shap Stewart
 CITY OF NEW YORK
 DEPARTMENT OF ENVIRONMENTAL PROTECTION
 BUREAU OF ENVIRONMENTAL REMEDIATION AND ENFORCEMENT
 ASBESTOS CONTROL PROGRAM - TRAINING AND CERTIFICATION UNIT
 89-17 JUNCTION BOULEVARD, 8TH FLOOR, CORONA, NEW YORK 11364

APPLICATION FOR ASBESTOS INVESTIGATOR
 AND RESTRICTED ASBESTOS INVESTIGATOR CERTIFICATION

APPENDIX A

MEDICAL EXAMINATION FOR ASBESTOS INVESTIGATORS

APPLICANT NAME:
 HOME ADDRESS:
 CITY, STATE, & ZIP:
 TELEPHONE NUMBER:
 DATE OF BIRTH: _____
 SOCIAL SECURITY: _____

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BASED UPON THE MEDICAL EXAMINATION WHICH INCLUDED
 PULMONARY FUNCTION TESTS OF VITAL CAPACITY (FVC)
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 PERFORMANCE OF HIS/HER JOB.

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CITY OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF ENVIRONMENTAL REMEDIATION AND ENFORCEMENT
ASBESTOS CONTROL PROGRAM - TRAINING AND CERTIFICATION UNIT
59-17 JUNCTION BOULEVARD, 8TH FLOOR, CORONA, NEW YORK 11368

APPLICATION FOR ASBESTOS INVESTIGATOR
AND RESTRICTED ASBESTOS INVESTIGATOR CERTIFICATION

APPENDIX A

MEDICAL EXAMINATION FOR ASBESTOS INVESTIGATORS

APPLICANT NAME:

HOME ADDRESS:

CITY, STATE, & ZIP:

TELEPHONE NUMBER:

DATE OF BIRTH:

SOCIAL SECURITY NUMBER:

PII

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PERFORMANCE OF HIS/HER JOB.

PII

CITY OF
NEW YORK
158

PII

STUDENT

PII



CITY OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF AIR, NOISE AND HAZARDOUS MATERIAL
ASBESTOS AND LEAD CONTROL PROGRAM - TRAINING AND CERTIFICATION UNIT
59-17 JUNCTION BOULEVARD, 6TH FLOOR, CORONA, NEW YORK 1136

APPLICATION FOR ASBESTOS INVESTIGATOR
AND RESTRICTED ASBESTOS INVESTIGATOR CERTIFICATION

APPENDIX A

MEDICAL EXAMINATION FOR ASBESTOS INVESTIGATORS

APPLICANT NAME
HOME ADDRESS
CITY, STATE, & ZIP
TELEPHONE NUMBER
DATE OF BIRTH:
SOCIAL SECURITY

PII

BASED UPON THE MEDICAL EXAMINATION WHICH INCLUDED
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PII

ANDO INTERNATIONAL INC.

74-09 37th Avenue, Suite 410 • Jackson Heights, New York 11372
718-779-0522

QUALITATIVE RESPIRATOR FIT TEST

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Address:

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Telephone: (718) 349-6212

Fax: (718) 349-3238

Test Agent:

1. Irritant Smoke ☒
2. Odorous Vapor ☐
3. Taste Test ☐

RESPIRATORS TESTED - SUCCESSFUL TEST

(Half Face Mask)

BRAND NAME:

TEST DATE:

Fit test number:

PII

If found return to:

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NEW

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CITY OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF ENVIRONMENTAL REMEDIATION AND ENFORCEMENT
ASBESTOS CONTROL PROGRAM - TRAINING AND CERTIFICATION UNIT
59-17 JUNCTION BOULEVARD, 8TH FLOOR, CORONA, NEW YORK 11364

APPLICATION FOR ASBESTOS INVESTIGATOR
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APPENDIX A

MEDICAL EXAMINATION FOR ASBESTOS INVESTIGATORS

APPLICANT NAME

HOME ADDRESS:

CITY, STATE, & ZIP

TELEPHONE NUMBER

DATE OF BIRTH:

SOCIAL SECURITY

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PERFORMANCE OF HIS/HER JOB.

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APPENDIX A.

MEDICAL EXAMINATION FOR ASBESTOS INVESTIGATORS

APPLICANT NAME: _____

HOME ADDRESS: _____

CITY, STATE, & ZIP: _____

TELEPHONE NUMBER: _____

DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____

PII

SIGNATURE _____

BASED UPON THE MEDICAL EXAMINATION WHICH INCLUDED PULMONARY FUNCTION TESTS OF VITAL CAPACITY (FVC) AND FORCED EXPIRATORY VOLUME AT ONE SECOND (FEV₁), AND AN EVALUATION OF A RECENT CHEST ROENTGENOGRAM, IT IS MY OPINION THAT THE ABOVE NAMED PATIENT (PLEASE CHECK (X) APPROPRIATE BOX)

☐ IS

☐ IS NOT

PHYSICALLY QUALIFIED TO WEAR A RESPIRATOR IN THE PERFORMANCE OF HIS/HER JOB.

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Spirometrics, Inc. Copyright 1990

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Predicted: . . .

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ANDO INTERNATIONAL INC.

861 Manhattan Ave., Suite 14, Brooklyn, NY 11222

Tel. (718) 349-6212

QUALITATIVE RESPIRATOR FIT TEST

This Respirator Fit Test is valid for the period of 12 (twelve) months from the date of test

Name
Address

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Telephone: (718) 349-6212
Fax: (718) 349-3238

Test Agent:

- 1. Irritant Smoke ☒
- 2. Odorous Vapor ☐
- 3. Taste Test ☐

RESPIRATORS TESTED - SUCCESSFUL TEST

(Half Face Mask only)

BRAND NAME

TEST DATE

Fit test number

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CITY OF
NEW YORK



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CITY OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF ENVIRONMENTAL REMEDIATION AND ENFORCEMENT
ASBESTOS CONTROL PROGRAM - TRAINING AND CERTIFICATION UNIT
89-17 JUNCTION BOULEVARD, 8TH FLOOR, CORONA, NEW YORK 11368

APPLICATION FOR ASBESTOS INVESTIGATOR
AND RESTRICTED ASBESTOS INVESTIGATOR CERTIFICATION

APPENDIX A

MEDICAL EXAMINATION FOR ASBESTOS INVESTIGATORS

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BASED UPON THE MEDICAL EXAMINATION WHICH INCLUDED
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PHYSICALLY QUALIFIED TO WEAR A RESPIRATOR IN THE
PERFORMANCE OF HIS/HER JOB.

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MASON TENDERS TRAINING FUND

75 Varick St., Suite 501
New York, New York 10013-1917
(212) 965-1730

1. This card must be carried at all times while working, attending union meetings, or seeking training or other services offered by the Mason Tenders Training Fund.
2. If the card issued is for a Certified Shop Steward you MUST present this card when requested to do so by The Mason Tenders Training Fund, Business Agents, Official Representatives of your Local, or Representatives of the MasonTenders District Council.
3. This card remains the property of the Mason Tenders Training Fund and must be surrendered when requested to do so by The Mason Tenders Training Fund, Business Agents, Official Representatives of your Local, or Representatives of the Mason Tenders District Council.

**THIS CARD AND A CURRENT UNION BOOK MUST BE PRESENTED
FOR ALL TRAINING CLASSES!**

IDESCO CORP., N.Y.C.

MASON TENDERS TRAINING FUND

75 Varick St., Suite 501
New York, New York 10013-1917
(212) 965-1730

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DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF ENVIRONMENTAL REMEDIATION AND ENFORCEMENT
ASBESTOS CONTROL PROGRAM - TRAINING AND CERTIFICATION UNIT
29-17 JUNCTION BOULEVARD, 8TH FLOOR, CORONA, NEW YORK 11368

**APPLICATION FOR ASBESTOS INVESTIGATOR
AND RESTRICTED ASBESTOS INVESTIGATOR CERTIFICATION**

APPENDIX A

MEDICAL EXAMINATION FOR ASBESTOS INVESTIGATORS

APPLICANT NAME:

HOME ADDRESS:

CITY, STATE, & ZIP:

TELEPHONE NUMBER:

DATE OF BIRTH:

SOCIAL SECURITY NUMBER:

PII

**BASED UPON THE MEDICAL EXAMINATION WHICH INCLUDED
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☒ **IS**

☐ **IS NOT**

**PHYSICALLY QUALIFIED TO WEAR A RESPIRATOR IN THE
PERFORMANCE OF HIS/HER JOB.**

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MASON TENDERS TRAINING FUND
 75 Varick St., Suite 501
 New York, New York 10013-1917
 (212) 965-1730

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MASON TENDERS TRAINING FUND
 75 Varick St., Suite 501
 New York, New York 10013-1917
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CITY OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF ENVIRONMENTAL REMEDIATION AND ASBESTOS CONTROL PROGRAM - TRAINING AND CERTIFICATION
89-17 JUNCTION BOULEVARD, 8TH FLOOR, CORONA, NEW YORK 11368

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APPLICATION FOR ASBESTOS INVESTIGATOR
AND RESTRICTED ASBESTOS INVESTIGATOR CERTIFICATION

APPENDIX A

MEDICAL EXAMINATION FOR ASBESTOS INVESTIGATORS

APPLICANT NAME
HOME ADDRESS:
CITY, STATE, & ZIP:
TELEPHONE NUMBER
DATE OF BIRTH: _____
SOCIAL SECURITY: _____

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NAMED PATIENT (PLEASE CHECK (X) APPROPRIATE BOX)



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PERFORMANCE OF HIS/HER JOB.

PII

APPLICATION FOR ASBESTOS INVESTIGATOR
AND RESTRICTED ASBESTOS INVESTIGATOR CERTIFICATION

APPENDIX B

QUALITATIVE/QUANTITATIVE FIT TEST

APPLICANT
NAME _____

ADDRESS _____

CITY, STATE
AND ZIP _____

PII

TRAINING ENTITY NAME SENACRYPT TRAINING FACILITIES
37-42 72 STREET
JACKSON HEIGHTS N.Y. 11372
TRAINING ENTITY ADDRESS
TRAINING ENTITY TELEPHONE NO. 718 429-0647

SPECIFY TYPE OF TEST AND TEST AGENT

- | QUALITATIVE | QUANTITATIVE |
|---------------------------------|------------------|
| 1. IMMITANT SMOKE TEST <u>X</u> | 1. AEROSOL _____ |
| 2. ODOROUS VAPOR TEST _____ | 2. GAS _____ |
| 3. TASTE TEST _____ | 3. VAPOR _____ |
| | 4. OTHER _____ |

RESPIRATORS TESTED

SUC

TEST

PII

* IF APPLICABLE,
** INDUSTRIAL HYGIENIST, CERTIFIED INDUSTRIAL HYGIENIST OR
PROFESSIONAL MUST BE PRESENT

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Air, Noise, & Hazardous
Materials

APPLICATION FOR ASBESTOS INVESTIGATOR
AND RESTRICTED ASBESTOS INVESTIGATOR CERTIFICATION

APPENDIX A.

MEDICAL EXAMINATION FOR ASBESTOS INVESTIGATORS

APPLICANT NAME: _____

HOME ADDRESS: _____

CITY, STATE, & ZIP: _____

TELEPHONE NUMBER _____

DATE OF BIRTH: _____

SOCIAL SECURITY NO _____

PII

BASED UPON THE MEDICAL EXAMINATION WHICH INCLUDED
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AND FORCED EXPIRATORY VOLUME AT ONE SECOND
(FEV₁), AND AN EVALUATION OF A RECENT CHEST
ROENTGENOGRAM, IT IS MY OPINION THAT THE ABOVE
NAMED PATIENT (PLEASE CHECK N) APPROPRIATE BOX

☒ IS

☐ IS NOT

PHYSICALLY QUALIFIED TO WEAR A RESPIRATOR IN THE
PERFORMANCE OF HIS/HER JOB.

HEIGHT: _____

TOBACCO: _____

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ANDREW _____

PRINT _____

SIGNATURE _____

N.Y. _____

STATE _____

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(Contractor's Company)

FROM: Examining Physician:

DATE: 10/23/00

PII

SUBJECT: PHYSICIAN'S WRITTEN OPINION

In accordance with the requirements of Section(m)(4)(i) of the OSHA Asbestos Standard, 29 CFR 1926.58, the examining physician will provide the employer with a written opinion which shall contain the following:

1. This is to certify, that on this date 10/23/00, and in accordance with the OSHA Asbestos Standard, 29 CFR 1926.58, I have examined **PII** whose Social Security number is **PII** and based on my findings, have determined this individual may (☒ ~~may not~~) use a respiratory device while performing his/her required employment services;
2. The results of this examination ~~have~~ have not (☒ detected any medical condition which would place the employee at an increased risk of material health impairment from exposure to asbestos; and
3. In accordance with OSHA requirements, I have informed the above named individual of the results of his/her medical examination and of any medical condition that may result from his/her exposure to asbestos.

The complete medical examination report on the above named individual will be forwarded to the employer pending final conclusion and interpretation of any additional medical data collected during the examination.

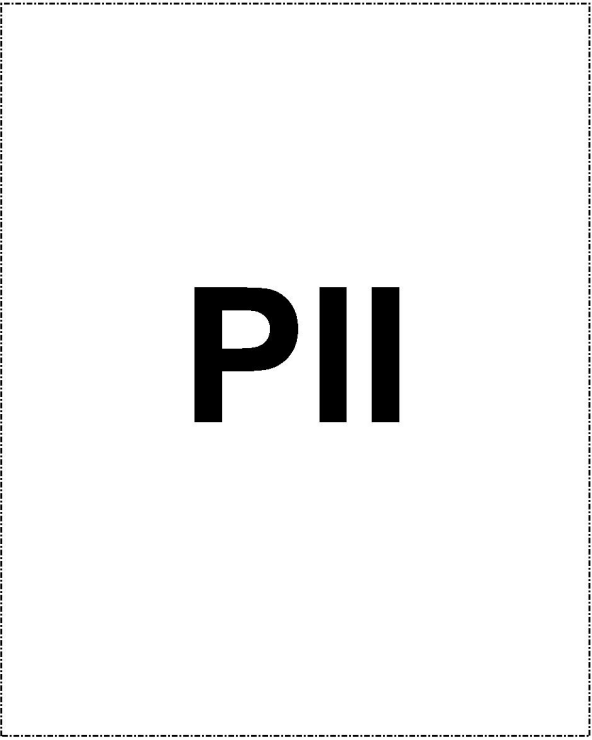
Signed:

PII

NOTE:

The Contractor's Company will provide a copy of this Physician's Written Opinion to the employee within 30 days of receipt.

PII



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ANDO INTERNATIONAL INC.

861 Manhattan Ave., Suite 14, Brooklyn, NY 11222

Tel. (718) 349-6212

QUALITATIVE RESPIRATOR FIT TEST

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Fax: (718) 349-3238

Test Agent:

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2. Odorous Vapor ☐
3. Taste Test ☐

RESPIRATORS TESTED - SUCCESSFUL TEST

(Half Face Mask only)

BRAND NAME: (1) Noah (2) — SIZE: (1) C (2) —

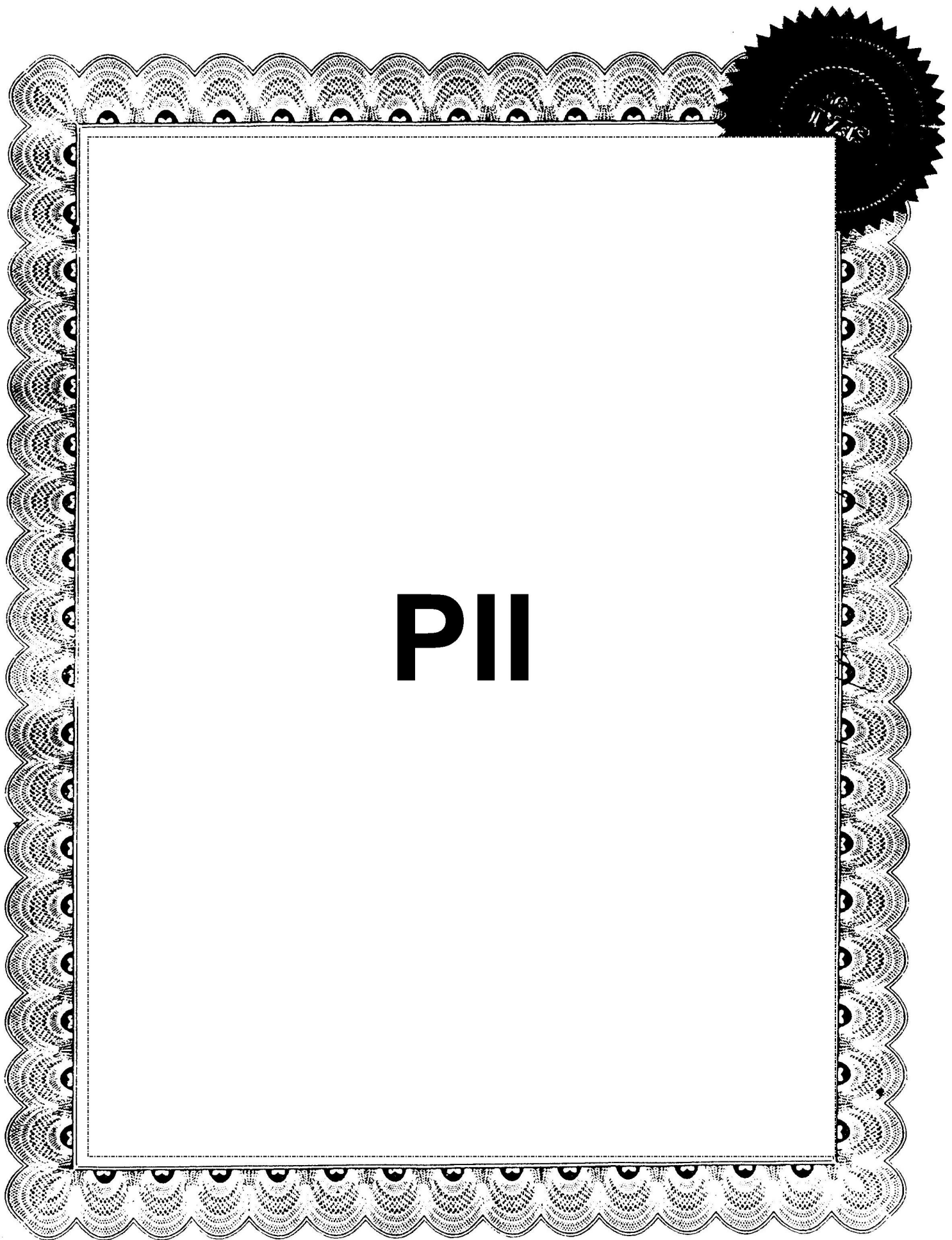
TEST DATE: 11/12/00

Name of person performing respirator fit

Fit test number: 2926

Signature

PII



917- 940- 3362 (cell)



CITY OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF ENVIRONMENTAL REMEDIATION AND ENFORCEMENT
ASBESTOS CONTROL PROGRAM - TRAINING AND CERTIFICATION UNIT
89-17 JUNCTION BOULEVARD, 8TH FLOOR, CORONA, NEW YORK 11368

APPLICATION FOR ASBESTOS INVESTIGATOR
AND RESTRICTED ASBESTOS INVESTIGATOR CERTIFICATION

APPENDIX A

MEDICAL EXAMINATION FOR ASBESTOS INVESTIGATORS

APPLICANT NAME:
HOME ADDRESS:
CITY, STATE, & ZIP:
TELEPHONE NUMBER:
DATE OF BIRTH:
SOCIAL SECURITY:

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THE CITY OF NEW YORK DEPARTMENT OF ENVIRONMENTAL PROTECTION
JOEL A. MIELE, SR., P.E. Commissioner

ROBERT C. AVALTRONI
Deputy Commissioner

Bureau of
Air, Noise, & Hazardous
Materials

APPLICATION FOR ASBESTOS INVESTIGATOR
AND RESTRICTED ASBESTOS INVESTIGATOR CERTIFICATION

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MEDICAL EXAMINATION FOR ASBESTOS INVESTIGATORS

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ANDO INTERNATIONAL INC.

861 Manhattan Ave., Suite 14, Brooklyn, NY 11222

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Test Agent:

1. Irritant Smoke ☒
2. Odorous Vapor ☐
3. Taste Test ☐

RESPIRATORS TESTED - SUCCESSFUL TEST

(Half Face Mask only)

BRAND NAME: (1) Noordh (2) — SIZE: (1) M (2) —

TEST DATE: 08/15/01

Name of person performing respirator fit test:

Fit test number: 091501-01

Signature:

PII

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THE CITY OF NEW YORK DEPARTMENT OF ENVIRONMENTAL PROTECTION
JOEL A. MIELE, SR., P.E. Commissioner

ROBERT C. AVALTRONE
Deputy Commissioner

Bureau of
Air, Noise, & Hazardous
Materials

APPLICATION FOR ASBESTOS INVESTIGATOR
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APPENDIX A.

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APPLICANT NAME: _____

HOME ADDRESS: _____

CITY, STATE, & ZIP: _____

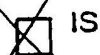
TELEPHONE NUMBER: _____

DATE OF BIRTH: _____

SOCIAL SECURITY NO: _____

PII

BASED UPON THE MEDICAL EXAMINATION WHICH INCLUDED
PULMONARY FUNCTION TESTS OF VITAL CAPACITY (FVC)
AND FORCED EXPIRATORY VOLUME AT ONE SECOND
(FEV₁), AND AN EVALUATION OF A RECENT CHEST
ROENTGENOGRAM, IT IS MY OPINION THAT THE ABOVE
NAMED PATIENT (PLEASE CHECK ☒) APPROPRIATE BOX



IS



IS NOT

PHYSICALLY QUALIFIED TO WEAR A RESPIRATOR IN THE
PERFORMANCE OF HIS/HER JOB.

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PERSONAL/OSHA ASBESTOS AIR SAMPLING & ANALYSIS REPORT

DEGMOR, INC

PROJECT: CUSHMAN & WAKEFIELD

DEGMOR

ASBESTOS & LEAD ABATEMENT,
DUCT CLEANING & DEMOLITION

DEGMOR, INC.
511 CANAL STREET
3rd FLOOR
NEW YORK, NY 10013
(212) 431-8696 • (516) 293-1932
FAX (212) 431-5764

01-8439

AIR MONITORING LOG SHEET

Project Name: CUSHMAN & WAKEFIELD

Job Number: 01E-236

Project Location: 88 PINE STREET NY, NY

Date: 09/17/01

Work Area Location: 11 FLOOR - MECHANICAL ROOM

Technician: PROCHNIEWICZ MARCIN

SAMPLE NUMBER	PERSON SAMPLED	SS#	SAMPLE TYPE	PUMP NUMBER	FLOW RATE (l/min)	TIME ON TIME OFF	TOTAL TIME (Min.)	STANDARD (l/cc)
1	PII		TWA	1	2.5 2.5	6:30 10:30	240	TWA 0.014
2			TWA	2	2.5 2.5	6:35 10:35	240	TWA B.D.L.
3			STEL	3	2.5 2.5	9:40 10:10	30	STEL 0.09
4			TWA	1	2.5 2.5	10:31 14:31	240	TWA 0.02
5			TWA	2	2.5 2.5	10:35 14:26	230	TWA same
6	BLANK							N.D.
7	BLANK							N.D.
129295								
129296								
129297								
129298								
129299								

18
3
14
52
16
0
0

18:03 3425412

PERSONAL/OSHA ASBESTOS AIR SAMPLING & ANALYSIS REPORT

CLIENT NAME: DEGMOR, INC
511 CANAL STREET
3RD FLOOR
NEW YORK, NY 10013

PROJECT: CUSHMAN & WAKEFIELD
88 PINE ST. NY, NY.
11FL. MECH. RM.
JOB # 01E-236

CLIENT ACCOUNT:
DATE SAMPLED: 9/17/01
DATE RECEIVED: 9/28/01
DATE ANALYZED: 9/28/01
DATE OF REPORT: 10/1/01

PROJECT # 01-8439

TEST REQUESTED: FIBER COUNT
METHOD: NIOSH 7400

ANALYST: Z.L.

SAMPLE ID	LAB ID	WORKER NAME	WORK FUNCTION	SOC. SEC. #	TYPE (PRS/EXC/ OTHER)	SAMPLE	BLANK	AIR VOLUME	DETECTION LIMIT	AIR CONCENTRATION fibers/cc	TWA	STEL
# 01	129295	PII			PRS	18	ND	600	0.004	0.015	0.014	-
# 02	129296				PRS	3	ND	600	0.004	<detection limit	-	-
# 03	129297				PRS	14	ND	75	0.036	0.092	-	0.009
# 04	129298				PRS	52	ND	575	0.005	0.044	0.021	-
# 05	129299				PRS	16	ND	575	0.005	0.014	0.014	-
# 06	129300	FIELD BLANK	-	-	-	ND	NA	BLANK	NA	NA	NA	-
# 07	129301	FIELD BLANK	-	-	-	ND	NA	BLANK	NA	NA	NA	-

detection limit = 0.5 fibers/100 fields

LT 0.01 = less than 0.01 fibers/cc (less than 0.0095 fibers/cc)

ND = none detected

area of field = 0.00783 m²

applicable standard = 0.01 fibers/cc (LT 0.01 fibers/cc in NYS)

NP = none provided

* interference present, sample overloaded with dust

NA = not applicable

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