

## Asbestos Inspection Report

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |              |                    |             |                                                       |                              |                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------------------|-------------|-------------------------------------------------------|------------------------------|---------------------|
| Premise No.<br>130 Liberty Street                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |              |                    |             |                                                       | Inspection Date:<br>03/11/09 |                     |
| Floor<br>Various                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Zip<br>10006 | Borough<br>1       | Block<br>54 | Lot<br>1                                              | Squad #<br>1                 | Badge #<br>A062     |
| Inspector<br>M.Gagnidze                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |              | Building Type<br>F |             | Basis of Inspection<br>TRU2068MN08                    |                              | Photos Taken<br>yes |
| Contractor's Name<br>LVI Environmental                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              |                    |             | Sample Number<br>_____                                |                              |                     |
| Address<br>City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |              |                    |             | Sample Number<br>_____                                |                              |                     |
| State Zip Phone                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |              |                    |             | Sample Number<br>_____                                |                              |                     |
| Laboratory Name<br>TRC Environmental Corp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |              |                    |             | Owner's Name<br>The Lower Manhattan Development Corp. |                              |                     |
| Address City<br>1340 Broadway New York                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              |                    |             | Address City<br>One Liberty Plaza New York            |                              |                     |
| State Zip Phone<br>NY 10018                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                    |             | State Zip Phone<br>NY 10006 (212) 962-2300            |                              |                     |
| Contact Person<br>Arnel Javal, Sr. Proj. Mgr/TRC Environmental                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |              |                    |             | Time of Inspection from:<br>5:45 pm to 6:45 pm        |                              |                     |
| <p>I arrived at the premise at 6:00 pm. LVI schedule informed that activities include:<br/>clear floor, cut ducts, demo walls, ceilings on 1<sup>st</sup> floor.</p> <p>I proceeded to the decon, signed the log book, don the appropriate level of personal protective equipment to enter the regulated area on 1<sup>st</sup> floor. Three workers were present for the decon maintenance, cleaning the shower chambers and organizing the clean room. Manometer reading of the negative air pressure was -0.032.</p> <p><b>1<sup>st</sup> Floor</b> – 56 workers were present inside the work area. Workers were still clearing the shafts from debris, spraying with amended water, placing into the boxes.</p> <p>Three workers on mezzanine inside the engine room were cutting and removing conduit. At the west side vestibule workers on scissor lift were breaking down the hard drop ceiling, using hammer and electrical power tool, attached to the HEPA vacuum. I observed four workers harnessed on two scissor lifts, breaking plaster ceiling into the pieces on the east side area, bringing down pieces from ceiling to the floor; one worker was spraying the area with amended water.</p> <p>Workers were observed at the north side vestibule cutting metal fixtures from the ceiling.</p> <p>Other workers were: cutting metal into small pieces at the various locations, placing into the boxes and spraying with amended water; preparing boxes, wrapping beams with poly, loading out sealed and sprayed boxes through the north side waste decon. A large amount of debris and poly wrapped beams still exists on the floor.</p> <p>I observed dirty filters of micro trap machines, and two light bulbs with damaged cages. Foreman was advised, and he directed worker to replace the filters, then he contacted electricians to inform them that light protections needed to be replaced.</p> <p>56 Gaylord boxes were on the floor ready to be taken out. 35 micro trap machines were powered on and 5 on stand by. Inspection was done on micro trap tents.</p> <p>After following the decontamination procedure I signed the log book and left the decon.</p> <p>Inspection was done on ATC trailer.</p> |              |                    |             |                                                       |                              |                     |
| NOV #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Infraction   | Infraction         | Infraction  | Infraction                                            |                              |                     |
| NOV #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Infraction   | Infraction         | Infraction  | Result Code<br>2                                      |                              |                     |
| NOV #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Infraction   | Infraction         | Infraction  | Supervisor's Initial<br><i>raf</i>                    |                              |                     |

Borough 1=Manhattan 2=Bronx 3=Brooklyn 4=Queens 5=Richmond  
 Building Type A ≥6 stories B <6 stories C single family D school E hospital F public owned  
 Result Code 1 = Violation Issued 2=No Violation Issued 3=No access 4=Project not started (no NOV)  
 5=Public Owned Property