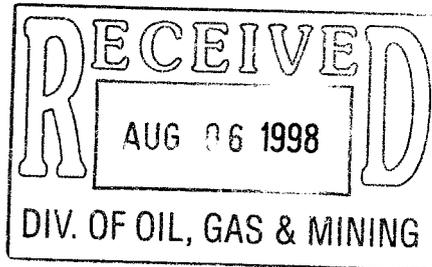


**CLOSING DOCUMENTS**

**SUNNYSIDE MINE**

**TWI PROJECT 98-0840**

**JULY 1998**



STATE OF UTAH  
DEPARTMENT OF COMMERCE  
DIVISION OF OCCUPATIONAL & PROFESSIONAL LICENSING

**LICENSE**

ISSUED TO

EFFECTIVE DATE  
07/03/1997

EXPIRATION DATE  
07/31/1999

**Thermal West Industrial Inc**  
**126 N 640 W**  
**North Salt Lake UT 84054**

CLASSIFICATION(S)  
Contractor  
(S450)

REFERENCE NUMBER(S)  
92-252190-5501

\*\* Work-In-Progress Limit: \$1,000,000 \*\*

  
SIGNATURE OF HOLDER



STATE OF UTAH

DEPARTMENT OF ENVIRONMENTAL QUALITY  
DIVISION OF AIR QUALITY

DAQH-0417-98

Michael O. Leavitt  
Governor

Dianne R. Nielson, Ph.D.  
Executive Director

Ursula K. Trueman  
Director

150 North 1950 West  
P.O. Box 144820  
Salt Lake City, Utah 84114-4820  
(801) 536-4000 Voice  
(801) 536-4099 Fax  
(801) 536-4414 T.D.D.

March 24, 1998

Russell D. Baker  
Thermal West Industrial  
126 North 640 West  
North Salt Lake, Utah 84054

RE: Asbestos Project Operator Recertification Approval - Certification Number 144

Dear Mr. Baker:

Your application for asbestos project operator recertification has been received and reviewed. Thermal West Industrial is hereby recertified as an asbestos project operator in accordance with the provisions of UAC R307-1-8.3.10, Utah Air Conservation Rules. Certification is reissued subject to the following conditions:

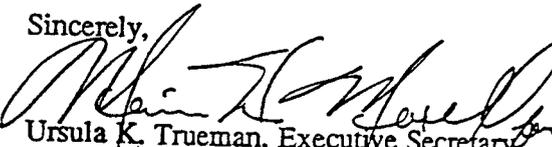
1. Certification is valid for one year from the date of reissuance.
2. Thermal West Industrial is certified to perform asbestos abatement, based on the master work plan submitted with the initial certification application.
3. Certification may be revoked or suspended if the asbestos project operator is found to be in violation of the asbestos regulations in UAC R307-10-1, the National Emission Standards for Hazardous Air Pollutants, or UAC R307-1-8, Asbestos Work Practices and Contractor Certification.

Thermal West Industrial's certification number is 144.

An updated copy of the Utah Asbestos Rules packet is enclosed.

If you have any questions concerning this matter, please contact Bowen Call at (801) 536-4007.

Sincerely,

  
Ursula K. Trueman, Executive Secretary  
Utah Air Quality Board

UKT:ABC:abc

Enclosure: Asbestos Rules Packet

**ART 1**

**GENERATOR**

generator must sign and keep a copy of each manifest signed in accordance with CFR 40 262.23 (a-1) **retain** **undsigned copy** from the designated facility which received the waste. In accordance with CFR 40 262.40, this mu: in on file for three years. Only Handsigned copies are legal documents for genergtors.

PROJECT NAME: Sunny Side Mine GENERATOR NAME: Covel Technologies  
ADDRESS: PO Box 819 ADDRESS: 401 W. Carbonville Rd.  
CITY/STATE/ZIP: Price, Utah 84501 CITY/STATE/ZIP: Price, UT 84501  
Russ Manson (435) 637-3740 072398

Name of Authorized Agent Signature Receipt Date

**ART 2**

**CONTRACTOR**

NAME OF CONTRACTOR: Thermal West INC.  
ADDRESS: 126. 640 W.  
CITY/STATE/ZIP: North Salt Lake, Utah PHONE: (801) 292-9550

**RESPONSIBLE AGENCY:**

Division of Air Quality  
Dept. of Health  
P. O. Box 16690  
1950 West North Temple  
Salt Lake City, UT 84116-0690  
(801) 536-4000

RQ Asbestos  
Class 9  
NA 2212  
PG III

Weight	
Bags	190
Barrels	
Cubic feet/ Cubic yds.	

Transportation Regulations for asbestos are as follows: 171.2, 172.101, 172.602, 173.216.

EPA Regulations are: CFR 40-260-261, 262.22 (60 Part III), 61.142-157.55,

FRIABLE  
NON-FRIABLE

I hereby certify that the above named material does not contain free liquid as defined by 40 CFR Part 260.10 or any applicable state law, is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified, marked and labeled and packaged, and is in proper condition for transportation according to applicable regulations of the D.C.

Social Handling Instruction (if any): 0  
Collin Scott CalDSA 072398  
Name of Authorized Agent Signature Receipt Date

**ART 3**

**TRANSPORTER**

Transporter must keep a copy of each manifest signed in accordance with CFR 40 262.23 (b-2), **Obtain the handwritten signature** of the initial transporter at date of acceptance on the manifest. This must remain on file for three years. Emergency contact: Wayne Gums, (303) 433-0641  
**case of accident or spill, inspect bag for holes damage. Keep all material wet until clean-up crew responds.**

TRANSPORTER #1: Thermal West Phone No.: (801) 292-9550  
Address: 126 W. 640 W. North Salt Lake, Utah 84054

Collin Scott CalDSA 072398  
Name of Authorized Agent Signature Receipt Date

TRANSPORTER #2: UT STATES TRAILER Phone No.: 801-292-9550  
Address: 126 N 640 W N SALT LAKE UT 84054

UT STATES TRAILER Wayne Gums 072898  
Name of Authorized Agent Signature Receipt Date

**ART 4**

**DESTINATION**

In accordance with CFR 40 S 262.40, a designated facility must **retain a** **undsigned copy** of the manifest on file for three years.

RECEIVING FACILITY NAME: WASTE CONTROL MANAGEMENT  
MAILING ADDRESS: c/o 1988 Old Mission Drive Suite B-1, Dept. 203 Solvang, CA 93463  
PHYSICAL ADDRESS: 8000 West 1350 South, Salt Lake County, Utah  
PHONE NO.: (805) 740-1269 • Emergency Contact • Joe Belton

**RESPONSIBLE AGENCY:**

Division of Air Quality  
Dept. of Health  
P. O. Box 16690  
1950 West North Temple  
Salt Lake City, UT 84116-0690  
(801) 536-4000

I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.  
R. Deisen R. Deisen 072998  
Name of Authorized Agent Signature Receipt Date

Precedence Indication  
UT-UT 1 WHITE: Generator GREEN: Final Transporter YELLOW: Contractor PINK: Landfill GOLD: Transporter 1

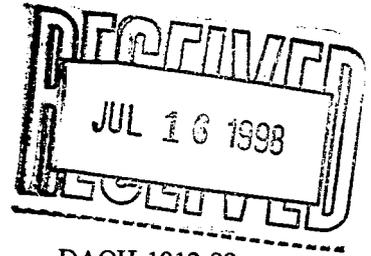


# State of Utah

## DEPARTMENT OF ENVIRONMENTAL QUALITY DIVISION OF AIR QUALITY

Michael O. Leavitt  
Governor  
Dianne R. Nielson, Ph.D.  
Executive Director  
Ursula K. Trueman, P.E.  
Director

150 North 1950 West  
P.O. Box 144820  
Salt Lake City, Utah 84114-4820  
(801) 536-4000 Voice  
(801) 536-4099 Fax  
(801) 536-4414 T.D.D.



DAQH-1012-98

### ASBESTOS NOTIFICATION REVIEW

Asbestos Abatement Contractor:

Russell Baker  
Thermal West Industrial  
126 North 640 West  
North Salt Lake, Utah 84054

Date Submitted:

6/25/98

Date Received:

6/25/98

Project Location:

Sunnyside Mine--Main Office, Warehouse Office, Main Bathhouse, Boiler Room, 401 North Carbonville Road, Price, Carbon County, Utah.

Project Dates: Approved to begin disturbing RACM 7/14/98 to 7/24/98

Reviewed By: Ben Dattilo

Date Reviewed: July 8, 1998

Follow-up / Comments:

- 1) 5,200 ft.<sup>2</sup> of asbestos-containing Spray on Ceiling, 622 ft.<sup>2</sup> of asbestos-containing boiler insulation, and 19 (39 linear feet) asbestos-containing mudded pipe fittings will be removed.
- 2) Alternative procedure to UAC R307-1-8.6.1A(4)(a) is approved. Attached 5-stage decontamination units will not be required, but scattered Fittings may be removed using negative pressure glove bags inside mini containments with attached two-stage decontamination units. Workers will remove contaminated outer wear in the 2-stage decontamination units and proceed over 6 mil poly drop cloths to a remote 5-stage decontamination unit, as described in the Alternative Procedure Request submitted June 25, 1998.
- 3) Asbestos waste material will be disposed of at the Waste Control Management landfill.
- 4) Thermal West Industrial will notify the Division of Air Quality if the actual dates of asbestos removal change from those listed above.

Recommendation:

The notification requirements of UAC R307 have been met. This letter does not authorize any variance or deviation from the work practices required by UAC R307-1-8, UAC R307-10-1 or by any other regulations, except for those rules cited explicitly above. It is the responsibility of the contractor to insure compliance with all other regulations, including those administered by other agencies such as OSHA.

Date Approved: 7/13/98

Approved by:

  
Ursula K. Trueman, Executive Secretary  
Utah Air Quality Board

UKT:BFD:bfd

cc: Southeastern Utah District Health Department  
Utah OSHA, Tori Burns  
MSHA, Bill Taylor, FAX (435) 637-4528  
Utah Division of Oil, Gas and Mining, Peter Hess, FAX (435) 637-8603

ee Received: \$	Date Received:	
Check Number:		
Date Paid:	Postmark Date:	10-Wkg-Dys:

## NOTIFICATION OF DEMOLITION AND RENOVATION and Asbestos Removal

PLEASE COMPLETE ALL 20 SECTIONS!

I. Type of Notification:  Original     Revised     Canceled

II.A. Type of Operation:	II.B. Fee Class
<input type="checkbox"/> Demolition <input type="checkbox"/> Ordered Demo.	<input checked="" type="checkbox"/> \$500 - NESHAP >5000 sq./lin. ft.
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Emergency Reno.	<input type="checkbox"/> \$200 - NESHAP <5000 sq./lin. ft.
<input type="checkbox"/> Courtesy Notification	<input type="checkbox"/> \$50 - Non-NESHAP Residential
	<input type="checkbox"/> \$0 - Courtesy Notifications

III. Facility Description: Please Complete Fully!

A. Building Name: SUNNYSIDE MINE

B. Street Address: 401 NORTH CARBONVILLE RD  
City: PRICE State: UTAH Zip: 84501  
County: CARBON Telephone Number:

C. Site Description: (Floor or Room #, Component, Area of Facility)  
MAIN OFFICE, WAREHOUSE OFFICE, MAIN BATH HOUSE, BOILER ROOM

D. Building Size: # of Floors: 1 Age of Bldg: 35

E. Present Use: Prior Use: MINE

IV. Facility Owner and Contractor Information:

A. Facility Owner Name: COVEL TECHNOLOGIES

B. Street Address: P.O. Box 819 State: UT Zip: 8450  
City: PRICE

C. Contact Person: RUSS MAUNSON Telephone Number: (435) 637-3740

D. Asbestos Contractor: THERMAL WEST ID#: 144

E. Street Address: 126 N 640 W State: UTAH Zip: 8405  
City: NORTH SALT LAKE

F. Contact Person: RUSSELL BAKER Telephone Number: 292-9550

G. Demolition Contractor (if applicable):

H. Street Address: State: Zip:  
City:

I. Contact Person: Telephone Number:

V. Scheduled Dates of Asbestos Removal (Date ACM will be disturbed):

A. Prep: 7/13 Start: 7/14/98 Complete: 7/24/98

B. Days of Week Working (Mon, Tues, Wed, Thur, Fri, Sat, Sun)

C. Hours of the Day: 7:30 a.m. TO 4:00 p.m.

Scheduled Dates of Demolition

Start:

Complete:

II. Person Trained in Provisions of NESHAP Regulations who will Supervise Project: (List Certification No. or Attach Copy of Certificate of Accreditation)

A. Name: **TODD SNOW** Soc. Sec. Num:

B. Course Provider Name:

C. Date of Accreditation: Utah Cert. Number: **910**

III Asbestos Inspection (Including, if Appropriate, Analytical Method Used to Detect Asbestos Containing Material): **BULK SAMPLES ANALYZED BY PLM**

A. Date Inspected (mo/day/yr): **10/20/97**

B. Is Asbestos Present?  Yes  No

C. What Consulting Company Conducted the Inspection? **IHI**

D. Who Conducted the Inspection?

E. Inspector's Utah Certification #:

IX. Approximate Amount of Asbestos Containing Material (ACM) to be Removed

A. Regulated ACM (RACM) to be Removed:

1. Pipes <b>39 L. FT</b> (Linear Feet)	2. Surface Area: <b>5822 Sq. FT</b> (Square Feet)	3. Vol. ACM Off Facility Component:  (Cubic Feet)
--	---	---

B. Category I ACM that will not Become RACM, to be Removed:

1. Surface Area  (Square Feet)	2. Vol. ACM Off Facility Component:  (Cu. Ft.)	3. Other:
--------------------------------------	--	-----------

C. Category II ACM that will not Become RACM, to be Removed:

1. Pipes  (Ln. Ft.)	2. Surface Area:  (Sq. Ft.)	3. Vol. ACM Off Facility Component:  (Cu. Ft.)
---------------------------	-----------------------------------	--

X. Complete for Demolition Only - ACM Not to be Removed

A. Category I ACM (packings, gaskets, resilient floor coverings, asphalt roofing products):

1. Surface Area  (Sq. Ft.)	2. Vol. ACM Off Facility Component:  (Cu. Ft.)	3. Other:
----------------------------------	--	-----------

B. Category II ACM (all other nonfriable ACM not in category I):

1. Pipes  (Ln. Ft.)	2. Surface Area:  (Sq. Ft.)	3. Vol. ACM Off Facility Component:  (Cu. Ft.)
---------------------------	-----------------------------------	--

Method(s) to be Used (Actual Demolition or Renovation Techniques or Methods to be Used, Description of Asbestos Materials and Facility Components Affected):

REMOVE AND DISPOSE OF 5,200 SQ/FT OF SPRAY-ON CEILING AND 20EA MUD FITTINGS + 622 SQ/FT OF BOILER INSULATION AND 19 MUD FITTINGS IN BOILER ROOM

(attach additional information if necessary)

XII. Detailed Description of Work Practices and Engineering controls to be Used to Prevent Emissions of Asbestos at the Demolition and Renovation Site:

PLEASE SEE ATTACHED

**\* VARIANCE REQUESTED \***

(attach additional information if necessary)

XIII Waste Transporter I (removal site to storage area or removal site to disposal area)

A. Name: THERMAL WEST LTD  
B. Street Address: 126 No 640 W  
City: NORTH SALT LAKE State: UTAH Zip: 8405  
C. Contact Person: Phone Number:

XIV. Waste Transporter II (storage area to disposal site, if applicable):

A. Name:  
B. Street Address: State: Zip:  
City:  
C. Contact Person: Phone Number:

XV. Waste Disposal Site:

A. Name: WASTE CONTROL MNGT  
B. Street Address: 1300SO 8000W  
City: S.L. COUNTY State: UTAH Zip:

XVI. Name of Waste Generator Receiving Signed Copy of Waste Shipment Record

RUSS MANSON - (435) 637-3740

Agency \_\_\_\_\_

A. Name:

B. Title:

C. Authority:

D. Date Ordered:  
Date Order to Begin:

VIII For Emergency Renovations:

A. Date and Hour of Emergency:

B. Detailed Description of the Sudden, Unexpected Event:

C. Explanation of How the Event Caused Unsafe Conditions or Would Cause Equipment Damage or an Unreasonable Financial Burden to the Facility Owner:

XIX. Description of Procedures to be followed in the Event that Unexpected Asbestos is Found or Previously Nonfriable Asbestos Material Becomes Crumbled, Pulverized, or Reduced to Powder:

- 1- STOP ALL WORK
- 2- CLEAR AREA
- 3- ~~WET~~ WET ACM
- 4- CLEAN UP
- 5- LOCK DOWN
- 6- REVISE NOTIFICATION

XX. I Certify that the Above Information is Correct.

*Jeff Orr*  
(Signature of Owner/Operator)

6/25/98  
(Date)

OFFICE USE ONLY!

.....	Date Rejected:	
NESHAP Review _____	Date Approved:	ACTS #:

## **SECTION XII**

### **CEILING TEXTURE ABATEMENT**

#### **1.0 REMOVAL OF ASBESTOS USING FULL CONTAINMENT**

Removal of sprayed on ceiling texture will be completed using full containment methods.

#### **1.1 Make Inactive HVAC System**

Prior to the disturbance of ACM, THERMAL WEST will render inactive and lock out the HVAC system associated with that area.

#### **1.2 Establish a Five Room Decontamination Module**

A standard decontamination module will be used. This decontamination module will consist of: (1) A clean change room; (2) A three foot air lock; (3) A shower; (4) A three foot air lock; (5) An equipment room. The shower will be equipped with adequate hot and cold running water. Soap and towels will be provided.

This decontamination module will be contiguous to the containment.

#### **1.3 Critical Barriers**

THERMAL WEST will cover all doors, windows, vents and any other penetrations to the work area with critical barriers consisting of two layers 6 mil poly and duct tape.

#### **1.4 Establish Pressure Differential**

Prior to the disturbance of any ACM, THERMAL WEST will establish negative pressure inside the work area through the use of HEPA filtered negative air machines. The units will exhaust the air to the outside wherever possible.

0.02 inH<sub>2</sub>O negative pressure will be established and four complete changes of air will be maintained inside the work area.

## **1.5 Pre-Cleaning**

THERMAL WEST will pre-clean the area to be abated. All visible debris will be removed.

## **1.6 Cover Equipment**

THERMAL WEST will cover all equipment not moved from the work area with 6 mil poly sealed with duct tape.

## **1.7 Containment**

Containment walls and floors are to be constructed of two layers poly. All seams will be sealed with adhesive and duct tape.

## **1.8 Restrict Access**

THERMAL WEST will prevent unauthorized personnel from entering the regulated areas. Access will be controlled from a single entry/exit point.

Warning signs will be posted at any point entry could be made.

## **1.9 Removal Inside Work Area**

All removal will be completed while the ACM is wet. The ACM will remain wet through the time of disposal. Water without a wetting agent will not be used.

## **2.0 CONTAINERIZE ACM**

All asbestos will be placed in double six mil bags. All containers will have appropriate labeling for transport and disposal.

## **3.0 APPLICATION OF LOCK DOWN AGENT**

An adequate coating of a suitable lock down agent will be applied to all poly surfaces, all surfaces not covered with poly and all surfaces from which asbestos has been removed. The lock down will be applied after visual inspection and before clearance sampling.

#### **4.0 PERSONNEL PROTECTION**

Regardless of exposure levels anticipated or observed not less than half face negative pressure respirators will be used by workers. All workers will also wear full body coveralls with head and feet protection.

#### **5.0 MONITORING**

All OSHA and clearance monitoring will be done.

# GLOVE BAG METHOD

## 1.0 REMOVAL OF ASBESTOS CONTAINING PIPE FITTINGS USING NEGATIVE PRESSURE GLOVE BAGS

### 1.1 Make Inactive HVAC System

Prior to the disturbance of ACM, THERMAL WEST will render inactive and lock out the HVAC system associated with that area.

### 1.2 Critical Barriers

THERMAL WEST will cover all doors, windows, vents and any other penetrations to the work area with critical barriers consisting of two layers 6 mil poly and duct tape.

### 1.3 Cover Equipment

THERMAL WEST will cover all equipment not moved from the work area with 6 mil poly and duct tape.

### 1.4 Establish a Five Room Decontamination Module

A standard decontamination module will be used. This decontamination module will consist of: (1) A clean change room; (2) A three foot air lock; (3) A shower; (4) A three foot air lock; (5) An equipment room. The shower will be equipped with adequate hot and cold running water. Soap and towels will be provided.

### 1.5 Establish Pressure Differential

Prior to the disturbance of any ACM, THERMAL WEST will establish negative pressure inside the work area through the use of HEPA filtered negative air machines. The units will exhaust the air to the outside wherever possible.

0.02 inH<sub>2</sub>O negative pressure will be established and four complete changes of air will be maintained inside the work area.

## 1.6 Restrict Access

Contractor will prevent unauthorized personnel from entering the regulated areas. Access will be controlled from a single entry/exit point.

Warning signs will be posted at any point entry could be made.

## 1.7 Pre-Cleaning

THERMAL WEST will pre-clean the area to be abated. All visible debris will be removed.

## 2.0 Removal Inside Work Area

All removal will be completed while the ACM is wet. The ACM will remain wet through the time of disposal. Water without a wetting agent will not be used. Glove bags will be installed over each pipe fitting and sealed with adhesive and duct tape. The glove bags will be maintained under negative pressure through the use of a HEPA vacuum. The glove bag will remain under negative pressure during removal and cleaning activities then sealed at the center and removed from the pipe.

A six mil poly drop cloth will be installed under the abatement area. This drop cloth will remain in place during abatement activities. Prior to disposal the drop cloth will be HEPA vacuumed. The drop cloths will be disposed of as asbestos containing waste.

## 3.0 CONTAINERIZE ACM

All asbestos will be placed in double six mil bags. All containers will have appropriate labeling for transport and disposal.

## 4.0 APPLICATION OF LOCK DOWN AGENT

An adequate coating of a suitable lock down agent will be applied to all poly surfaces, all surfaces not covered with poly and all surfaces from which asbestos has been removed. The lock down will be applied after visual inspection and before clearance sampling.

## **5.0 PERSONNEL PROTECTION**

Regardless of exposure levels anticipated or observed not less than half face negative pressure respirators will be used by workers. All workers will also wear full body coveralls with head and feet protection.

## **6.0 MONITORING**

All OSHA and clearance monitoring will be done.

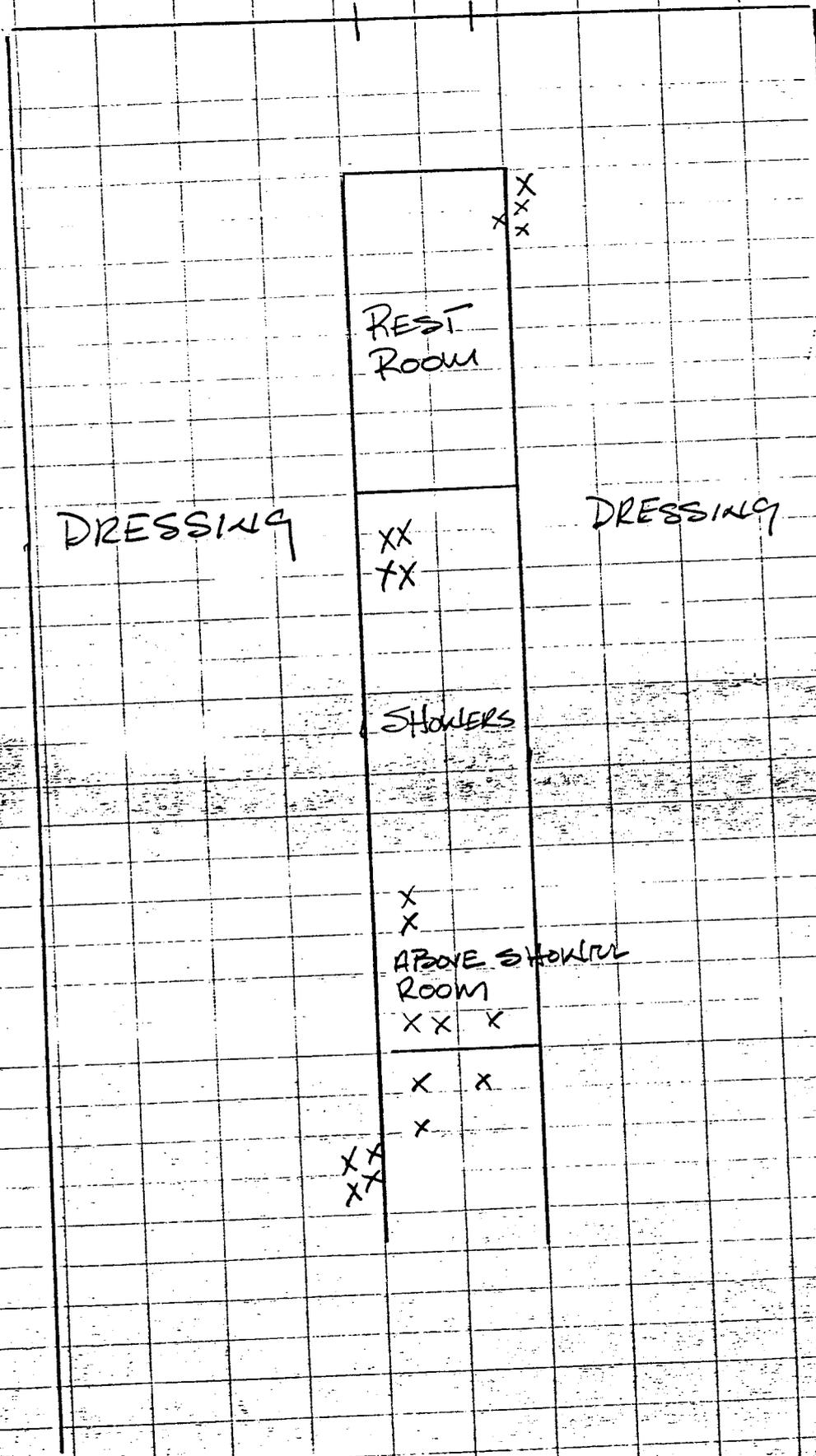
## VARIANCE REQUEST

We are requesting a variance of Utah Air Conservation Rules R307-1-8.6.1 A(4)(a) requirement that workers are to enter and exit the work area through the decontamination system.

A small portion of this job is the abatement of 20 mud fittings. These fittings are spread throughout the main bathhouse. (Please see attached map.) Abatement in these areas will be completed using small containments. The fittings will be removed using negative pressure glove bags inside these mini containments. Since these areas contain small amounts of work and are spread throughout we propose to use a remotely located decontamination facility.

We will construct a two stage air lock at the entrance to each abatement area where workers will remove their dirty coverall and don a clean coverall to proceed to the decontamination unit. It will also be possible to place a six mil poly drop cloth leading from the work area to the decontamination unit.

This change in procedure should not increase the possibility of contamination escaping the regulated areas.



X  
X  
X

REST  
ROOM

DRESSING

XX  
TX

DRESSING

↑  
150  
↓

SHOWERS

X  
X

ABOVE SHOWER  
ROOM

XX X

X X  
X

XX  
XX

# THERMALWEST

INDUSTRIAL, INC.

Insulation and Abatement

## AIR MONITORING

PROJECT NAME: Sunnyside mine

PROJECT NUMBER: \_\_\_\_\_ DATE: 7-14-98

SAMPLE NUMBER: RCS-177 SAMPLE TAKEN BY: Colleen Scott

TIME STARTED: 1:00 pm TIME STOPPED: 4:50 pm

## CALIBRATION

PRE TRIAL: 2.014 POST TRIAL: 2.011

CALIBTRATED RATE: 2.011  
(AVERAGE OF PRE AND POST TRIAL RATES)

LOCATION: Personal Alex Courtney

ACTIVITIES AND CONDITIONS: Ceiling

RESULTS: \_\_\_\_\_

# HERMAL ~~WED~~ INDUSTRIAL, INC.

Insulation and Abatement

## AIR MONITORING

PROJECT NAME: Sunnyside mine

PROJECT NUMBER: \_\_\_\_\_ DATE: 7-14-98

SAMPLE NUMBER: PCS-178 SAMPLE TAKEN BY: Collin Scott

TIME STARTED: 2:35 pm TIME STOPPED: 2:07 pm

## CALIBRATION

PRE TRIAL: 2.004 POST TRIAL: 2.004

CALIBTRATED RATE: 2.003  
(AVERAGE OF PRE AND POST TRIAL RATES)

LOCATION: Excursion Bobby Martinez

ACTIVITIES AND CONDITIONS: Ceiling Texture Removal

RESULTS: \_\_\_\_\_

# INERMA ~~INC~~

INDUSTRIAL, INC.

Insulation and Abatement

## AIR MONITORING

PROJECT NAME: Sunnyside Mine

PROJECT NUMBER: \_\_\_\_\_ DATE: 7/15/98

SAMPLE NUMBER: RCS-179 SAMPLE TAKEN BY: Collin Scott

TIME STARTED: 7:40 Am TIME STOPPED: 11:00

## CALIBRATION

PRE TRIAL: 2.021 POST TRIAL: 2.017

CALIBTRATED RATE: 2.017  
(AVERAGE OF PRE AND POST TRIAL RATES)

LOCATION: Personal Marland Davidson

ACTIVITIES AND CONDITIONS: Deficit Ceiling Texture

RESULTS: \_\_\_\_\_

# INERMA ~~WED~~ INDUSTRIAL, INC.

Insulation and Abatement

## AIR MONITORING

PROJECT NAME: Sunnyside Mine

PROJECT NUMBER: \_\_\_\_\_ DATE: 7/15/98

SAMPLE NUMBER: RCS-180 SAMPLE TAKEN BY: Collin Scott

TIME STARTED: 8:10 Am TIME STOPPED: 8:43 Am

## CALIBRATION

PRE TRIAL: 2.0 POST TRIAL: 2.0

CALIBTRATED RATE: 2.0  
(AVERAGE OF PRE AND POST TRIAL RATES)

LOCATION: Excursion Guillermo Rodriguez

ACTIVITIES AND CONDITIONS: Detail Ceiling Texture.

RESULTS: \_\_\_\_\_

# INERMA

INDUSTRIAL, INC.

Insulation and Abatement

## AIR MONITORING

PROJECT NAME: Sunny Side Mine

PROJECT NUMBER: \_\_\_\_\_ DATE: 7-15-98

SAMPLE NUMBER: RCS-187 SAMPLE TAKEN BY: Collin Scott

TIME STARTED: 11:00am TIME STOPPED: 3:00pm

## CALIBRATION

PRE TRIAL: 7.0 POST TRIAL: 7.0

CALIBTRATED RATE: 7.0  
(AVERAGE OF PRE AND POST TRIAL RATES)

LOCATION: Clearance samples

ACTIVITIES AND CONDITIONS: \_\_\_\_\_

RESULTS: \_\_\_\_\_

# INERMA INDUSTRIAL, INC.

Insulation and Abatement

## AIR MONITORING

PROJECT NAME: Sunny Side Mine

PROJECT NUMBER: \_\_\_\_\_ DATE: 7/15/98

SAMPLE NUMBER: RCS-188 SAMPLE TAKEN BY: Colin Scott

TIME STARTED: 11:00 AM TIME STOPPED: 3:05 pm

## CALIBRATION

PRE TRIAL: 7.002 POST TRIAL: 7.002

CALIBTRATED RATE: 7.003  
(AVERAGE OF PRE AND POST TRIAL RATES)

LOCATION: Clearance Samples

ACTIVITIES AND CONDITIONS: \_\_\_\_\_

RESULTS: \_\_\_\_\_

# HERMAL INDUSTRIAL, INC.

Insulation and Abatement

## AIR MONITORING

PROJECT NAME: Sunny Side mine

PROJECT NUMBER: \_\_\_\_\_ DATE: 7/20/98

SAMPLE NUMBER: RCS-189 SAMPLE TAKEN BY: Collin Scott

TIME STARTED: 1:08 pm TIME STOPPED: 5:00 pm

## CALIBRATION

PRE TRIAL: 2.017 POST TRIAL: 2.015

CALIBTRATED RATE: 2.015  
(AVERAGE OF PRE AND POST TRIAL RATES)

LOCATION: Personal Bobby Martinez

ACTIVITIES AND CONDITIONS: Ceiling Texture removal

RESULTS: \_\_\_\_\_

# INERMA ~~WED~~ INDUSTRIAL, INC.

Insulation and Abatement

## AIR MONITORING

PROJECT NAME: Sunny Side Mine

PROJECT NUMBER: \_\_\_\_\_ DATE: 7/20/98

SAMPLE NUMBER: RLS-196 SAMPLE TAKEN BY: Collin Scott

TIME STARTED: 2:30 pm TIME STOPPED: 2:59 pm

## CALIBRATION

PRE TRIAL: 2.004 POST TRIAL: 2.003

CALIBRATED RATE: 2.004  
(AVERAGE OF PRE AND POST TRIAL RATES)

LOCATION: Excursion Travis Moulton

ACTIVITIES AND CONDITIONS: Ceiling Texture Removal

RESULTS: \_\_\_\_\_

# INERMA ~~WEB~~

INDUSTRIAL, INC.

Insulation and Abatement

## AIR MONITORING

PROJECT NAME: Sunny Side mine

PROJECT NUMBER: \_\_\_\_\_ DATE: 7/21/98

SAMPLE NUMBER: RC3-191 SAMPLE TAKEN BY: Collin Scott

TIME STARTED: 8:05 am TIME STOPPED: 4:40 pm

## CALIBRATION

PRE TRIAL: 2.021 POST TRIAL: 2.014

CALIBRATED RATE: 2.013  
(AVERAGE OF PRE AND POST TRIAL RATES)

LOCATION: Personal Zac Stephenson

ACTIVITIES AND CONDITIONS: Ceiling Texture removal

& Detail

RESULTS: \_\_\_\_\_

# **INERMA** *WED* **INDUSTRIAL, INC.**

**Insulation and Abatement**

## AIR MONITORING

PROJECT NAME: Sunny Side mine

PROJECT NUMBER: \_\_\_\_\_ DATE: 7/21/98

SAMPLE NUMBER: RCS-192 SAMPLE TAKEN BY: Collin Scott

TIME STARTED: 10:24 am TIME STOPPED: 11:00 am

## CALIBRATION

PRE TRIAL: 2.0 POST TRIAL: 2.0

CALIBTRATED RATE: 2.0  
(AVERAGE OF PRE AND POST TRIAL RATES)

LOCATION: Excursion Guillermo Rodriguez

ACTIVITIES AND CONDITIONS: Detail ceiling

RESULTS: \_\_\_\_\_

# INERMA ~~WED~~ INDUSTRIAL, INC.

Insulation and Abatement

## AIR MONITORING

PROJECT NAME: Sonny Side mine

PROJECT NUMBER: \_\_\_\_\_ DATE: 7/22/98

SAMPLE NUMBER: RCS-193 SAMPLE TAKEN BY: Collin Scott

TIME STARTED: 7:45 Am TIME STOPPED: 11:30 Am

## CALIBRATION

PRE TRIAL: 9.045 POST TRIAL: 9.043

CALIBTRATED RATE: 9.043  
(AVERAGE OF PRE AND POST TRIAL RATES)

LOCATION: Clearance Sample east office  
Containment

ACTIVITIES AND CONDITIONS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RESULTS: \_\_\_\_\_

# HERMAL ~~WEST~~

INDUSTRIAL, INC.

Insulation and Abatement

## AIR MONITORING

PROJECT NAME: Sunny Side mine

PROJECT NUMBER: \_\_\_\_\_ DATE: 7/22/98

SAMPLE NUMBER: RCS-194 SAMPLE TAKEN BY: Colin Scott

TIME STARTED: 7:50 Am TIME STOPPED: 11:28 Am

## CALIBRATION

PRE TRIAL: 8.099 POST TRIAL: 8.094

CALIBTRATED RATE: 8.095  
(AVERAGE OF PRE AND POST TRIAL RATES)

LOCATION: Clearance Sample East office  
enclosure

ACTIVITIES AND CONDITIONS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RESULTS: \_\_\_\_\_

**ENVIRONMENTAL HAZARDS SERVICES, INC.**  
 7469 White Pine Road  
 Richmond, Virginia 23237  
 (804) 275-4788 Fax (804) 275-4907

WPCM

**CHAIN OF CUSTODY FORM**

ANALYSIS REQUESTED: TEM PCM PLM

SUBMITTED BY: Callie Scott DATE: 7/22/98

CLIENT: THERMAL WEST INDUSTRIAL JOBSITE: Sunny Side Mine

TURNAROUND TIME NEEDED: Rush, Rush

REPORT TO BE GIVEN TO: office TWI

PHONE NUMBER: (801) 292-9550 Fax (801) 292-9553

**LAB USE ONLY**

SAMPLE NUMBER	LOCATION	TIME ON	TIME OFF	FLOW RATE	INT.	DATE REC'D
1 RCS 189	Personal Bibby m. Ceiling Techie Removal	pm 1:08	pm 5:00	2.015		
2 RCS 190	Excursion Travis m. Ceiling Techie	pm 2:30	pm 2:59	2.004		
3 RCS 191	Personal Zac Stephenson Removal & Detail	Am 8:05	pm 4:40	2.013		
4 RCS 192	Excursion Guillermo R. Detail Ceiling	Am 10:24	Am 11:00	2.0		
5 RCS 193	Clearance Sample	Am 7:45	Am 11:30	9.043		
6 RCS 194	Clearance Sample	Am 7:50	Am 11:28	8.095		
7 8	2 Blank cassette re 7-22-98					

**RECEIVED**  
 JUL 24 1998  
 [Signature]

# ENVIRONMENTAL HAZARDS SERVICES, L.L.C.

7489 WHITE PINE ROAD - RICHMOND, VA 23237  
804-275-4788 FAX 804-275-4907

## FIBER COUNT ANALYSIS SUMMARY

CLIENT: Thermal West Industrial  
126 North 640 West  
N. Salt Lake City, UT 84054

DATE OF RECEIPT: 24 JUL 1998  
DATE OF ANALYSIS: 24-25 JUL 1998  
DATE OF REPORT: 26 JUL 1998

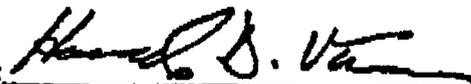
CLIENT NUMBER: 48-S198  
EHS PROJECT #: 07-98-2669  
PROJECT: Sunny Side Mine

EHS SAMPLE #	CLIENT SAMPLE#	DURATION MINUTES	VOLUME LITERS(L)	FIBERS/FIELDS	FIBERS/CC
01	RCS-189	232	467.48	0.0/100	<0.007
02	RCS-190	29	58.116	0.5/100	<0.06
03	RCS-191	515	1036.695	0.0/100	<0.005
04	RCS-192	36	72	0.0/100	<0.05
05	RCS-193	225	2034.675	0.0/100	<0.005
06	RCS-194	218	1764.71	0.0/100	<0.005
07	Blank	-----	-----	0.0/100	-----
08	Blank	-----	-----	0.0/100	-----

METHOD: NIOSH 7400, Issue 2, 08/15/94  
Intralaboratory  $S_r = 0.205$   
Interlaboratory  $S_r = 0.450$

ANALYST: Kathy Sizemore

Reviewed By Authorized Signatory:



*Kenneth T. White, MS, MBA(MM), CIH, CSP, General Manager*  
*Howard Varner, Laboratory Director*  
*Irma Faszewski, Quality Assurance Coordinator*  
*David Xu, MS, Senior Chemist*  
*Feng Jiang, MS, Senior Geologist*

NOTE: Results represent the analysis of samples submitted by the client. Sample location, description, area, volume, etc., was provided by the client. Although the submission of blank samples is required by sampling methodologies, EHS sample results are not blank-corrected. This report cannot be used by the client to claim product endorsement by NVLAP or any agency of the U.S. Government. This report shall not be reproduced except in full without the written consent of Environmental Hazards Services, L.L.C.

Method Level of Detection: Estimated at 7 fibers/mm<sup>2</sup>.

LEGEND L = liters fibers/mm<sup>2</sup> = fibers per square millimeter  
fibers/cc = fibers per cubic centimeter

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# ENVIRONMENTAL HAZARDS SERVICES, L.L.C.

7469 WHITE PINE ROAD - RICHMOND, VA 23237

804-275-4788 FAX 804-275-4907

## FIBER COUNT ANALYSIS SUMMARY

CLIENT: Thermal West Industrial  
126 N. 640 West  
N. Salt Lake, UT 84054

DATE OF RECEIPT: 17 JUL 1998  
DATE OF ANALYSIS: 17 JUL 1998  
DATE OF REPORT: 19 JUL 1998

CLIENT NUMBER: 46-3198  
EHS PROJECT #: 07-98-1990  
PROJECT: Sunny Side Mine

EHS SAMPLE #	CLIENT SAMPLE#	DURATION MINUTES	VOLUME LITERS(L)	FIBERS/FIELDS	FIBERS/CC
01	RCS-177	230	462.53	0.5/100	<0.007
02	RCS-178	32	64.096	0.0/100	<0.05
03	RCS-179	200	403.4	1.5/100	<0.008
04	Unlabeled Sample	33	66	0.0/100	<0.05
05	Unlabeled Sample	-----	-----	0.0/100	-----
06	Blank	-----	-----	0.0/100	-----

METHOD: NIOSH 7400, Issue 2, 08/15/94  
Intralaboratory  $S_p = 0.205$   
Interlaboratory  $S_p = 0.450$

ANALYST: Kathy Sizemore

Reviewed By Authorized Signatory:

  
Kenneth T. White, MS, MBA(MM), CIH, CSP, General Manager  
Howard Varner, Laboratory Director  
Irma Faszewski, Quality Assurance Coordinator  
David Xu, MS, Senior Chemist  
Feng Jiang, MS, Senior Geologist

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Method Level of Detection: Estimated at 7 fibers/mm<sup>2</sup>.

LEGEND L = liters fibers/mm<sup>2</sup> = fibers per square millimeter  
fibers/cc = fibers per cubic centimeter

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-- PAGE 01 of 01 -- END OF REPORT --

# ENVIRONMENTAL HAZARDS SERVICES, INC.

7469 White Pine Road  
 Richmond, Virginia 23237  
 (804) 275-4788 Fax (804) 275-4907

## CHAIN OF CUSTODY FORM

ANALYSIS REQUESTED:    TEM        PCM        PLM

SUBMITTED BY:   Celia Scott                        DATE:   7/15/98  

CLIENT:   THERMAL WEST INDUSTRIAL      JOBSITE:   Sunny Side mine  

TURNAROUND TIME NEEDED:   Rush, Rush, Rush  

REPORT TO BE GIVEN TO:   Office  

PHONE NUMBER:   (804) 292-9550      Fax   (804) 292-9553  

**LAB USE ONLY**

SAMPLE NUMBER	LOCATION	TIME ON	TIME OFF	FLOW RATE	INT.	DATE REC'D	
1 RCS 177	Personal Alex C. Ceiling texture Removal	Pm 1:00	Pm 4:50	2.011	}		
2 RCS 178	Excavator Bobby M. Ceiling texture	Pm 1:35	Pm 2:07	2.003			07.98.1990
3 RCS 179	Personal Marland O. Detail ceiling	Am 7:40	Am 11:00	2.017			
4 RCS 180	Excavator Guillermo R. Detail ceiling	Am 8:10	Am 8:43	2.0			
5 6 2 Blanks	used at 7/18/98 Bulk Samples						
RCS 181-B	Boiler East side				}		
RCS 182-B	Boiler West side						
RCS 183-B	Boiler North side						07.98.1991
RCS 184-T	Water Tank east side						
RCS 185-T	Water Tank South side						
RCS 186-T	Water Tank West end						

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JUL 18 1998

# ENVIRONMENTAL HAZARDS SERVICES, L.L.C.

7469 WHITE PINE ROAD - RICHMOND, VA 23237  
804-275-4788 FAX 804-275-4907

## FIBER COUNT ANALYSIS SUMMARY

CLIENT: Thermal West Industrial  
126 N. 640 West  
N. Salt Lake, UT 84054

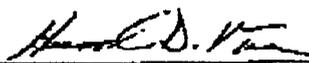
DATE OF RECEIPT: 17 JUL 1998  
DATE OF ANALYSIS: 17 JUL 1998  
DATE OF REPORT: 19 JUL 1998

CLIENT NUMBER: 46-3198  
EHS PROJECT #: 07-98-1989  
PROJECT: Sunny Side Mine

EHS SAMPLE #	CLIENT SAMPLE#	DURATION MINUTES	VOLUME LITERS(L)	FIBERS/FIELDS	FIBERS/CC
01	RCS-187	240	1680	6.5/100	<0.005
02	RCS-188	245	1715.735	0.5/100	<0.005
03	Unlabeled Sample	-----	-----	0.0/100	-----
04	Unlabeled Sample	-----	-----	0.0/100	-----

METHOD: NIOSH 7400, Issue 2, 08/15/94  
Intralaboratory  $S_r = 0.205$   
Interlaboratory  $S_r = 0.450$

ANALYST: Kathy Sizemore

Reviewed By Authorized Signatory:   
Kenneth T. White, MS, MBA(MM), CIH, CSP, General Manager  
Howard Varner, Laboratory Director  
Irma Paszewski, Quality Assurance Coordinator  
David Xu, MS, Senior Chemist  
Feng Jiang, MS, Senior Geologist

NOTE: Results represent the analysis of samples submitted by the client. Sample location, description, area, volume, etc., was provided by the client. Although the submission of blank samples is required by sampling methodologies, EHS sample results are not blank-corrected. This report cannot be used by the client to claim product endorsement by NVLAP or any agency of the U.S. Government. This report shall not be reproduced except in full without the written consent of Environmental Hazards Services, L.L.C.

Method Level of Detection: Estimated at 7 fibers/mm<sup>2</sup>.

LEGEND L = liters fibers/mm<sup>2</sup> = fibers per square millimeter  
fibers/cc = fibers per cubic centimeter

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-- PAGE 01 of 01 -- END OF REPORT --

LOCATION Sunny Side  
DATE 7/13/98

ASBESTOS AUDIT FORM

CONTAMINANT MONITORING

YES NO

1. Has personal monitoring been conducted to determine worker exposure?
2. Has area and perimeter monitoring been conducted to detect asbestos contamination?
3. Do monitoring procedures seem acceptable?
4. Are employees informed of monitoring results?

<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS

NEGATIVE AIR

YES NO

1. Is negative air pressure inside the enclosure 0.02 inches of water or greater?
2. Has the negative air pressure recording instrument been calibrated?
3. Is the negative air pressure probe located in a representative area inside the enclosure?
4. Was a smoke test taken to determine if negative air movement is adequate?

- enclosure
- bag out
- equipment
- clean room

<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS

RECORD KEEPING

YES NO

1. Are records kept of air monitoring?
  - personal samples
  - area samples
  - instrument calibration
2. Are daily asbestos checklists being filled out by supervisory personnel?
3. Are respiratory protection training records up to date?
4. Are negative pressure recording instrument calibration records available?
5. Are daily security logs properly filled out?
6. Is a copy of the Asbestos Control Procedure available to employees?
7. Are asbestos manifest forms properly filled out for each shipment to disposal areas?

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

COMMENTS

ASBESTOS CONTAINMENT

YES NO

1. Are "warning" signs posted at all-entrances to the contaminated areas?
2. Are entrances to enclosures properly constructed with two curtained doorways and airlocks?
3. Are good housekeeping practices being observed?
  - clean room
  - showers clean and disinfected daily
  - equipment room
  - restrooms cleaned and sanitary
4. Is there evidence of rips or tears in the plastic walls of the enclosure?

✓	_____
✓	_____
✓	_____
✓	_____
_____	✓

- |    |   |              |           |
|----|---|--------------|-----------|
| 5. | Is shower waste water properly filtered before leaving work site? | <u>  ✓  </u> | <u>  </u> |
| 6. | Are fire extinguishers provided inside the enclosure?             | <u>  ✓  </u> | <u>  </u> |
| 7. | Are fire extinguishers properly charged?                          | <u>  ✓  </u> | <u>  </u> |
| 8. | Are emergency exits properly marked?                              | <u>  ✓  </u> | <u>  </u> |

COMMENTS

---

WORK PRACTICES

- |    |   | YES       | NO        |
|----|---|-----------|-----------|
| 1. | Are asbestos materials handled wet?                                     | <u>  </u> | <u>  </u> |
| 2. | Are asbestos materials bagged and labeled properly?                     | <u>  </u> | <u>  </u> |
| 3. | Is there evidence of eating, drinking or smoking inside the enclosures? | <u>  </u> | <u>  </u> |
| 4. | Are glove bags provided and used?                                       | <u>  </u> | <u>  </u> |
| 5. | Are there visible emissions of asbestos dust?                           | <u>  </u> | <u>  </u> |

COMMENTS

          No removal conducted

          this work day.

RESPIRATORY PROTECTION

- |    |  | YES          | NO        |
|----|--|--------------|-----------|
| 1. | Are employees clean shaven?  | <u>  ✓  </u> | <u>  </u> |
| 2. | Have employees been properly fit tested with irritant smoke?           | <u>  ✓  </u> | <u>  </u> |
| 3. | Do employees have their own individually marked respirators?           | <u>  ✓  </u> | <u>  </u> |
| 4. | Are respirators cleaned, inspected and properly stored after each use? | <u>  ✓  </u> | <u>  </u> |

5. Have employees been properly trained in the use, limitations, precautions, cleaning and maintenance of respiratory protection.
6. Do employees conduct negative and positive pressure respiratory fit tests prior to entering the enclosure?
7. Was a spot check for respirator fit conducted using irritant smoke?

  /         
  /         
  /       

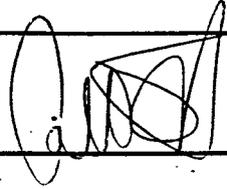
COMMENTS

\_\_\_\_\_  
\_\_\_\_\_

SUMMARY

Cleaned out all garbage  
& debris from west offices  
to begin removal of prep work  
for enclosure.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Audit Performed By 

LOCATION Sunny Side Mont  
 DATE 7/14/98

ASBESTOS AUDIT FORM

<u>CONTAMINANT MONITORING</u>	YES	NO
1. Has personal monitoring been conducted to determine worker exposure?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Has area and perimeter monitoring been conducted to detect asbestos contamination?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Do monitoring procedures seem acceptable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Are employees informed of monitoring results?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

COMMENTS  
Personals & excursions  
ran during all abatement

<u>NEGATIVE AIR</u>	YES	NO
1. Is negative air pressure inside the enclosure 0.02 inches of water or greater?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Has the negative air pressure recording instrument been calibrated?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Is the negative air pressure probe located in a representative area inside the enclosure?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Was a smoke test taken to determine if negative air movement is adequate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
•enclosure	<input checked="" type="checkbox"/>	<input type="checkbox"/>
•bag out	<input checked="" type="checkbox"/>	<input type="checkbox"/>
•equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>
•clean room	<input checked="" type="checkbox"/>	<input type="checkbox"/>

COMMENTS  
Two neg air machines pull a  
.028 inches of water

RECORD KEEPING

YES NO

- |    |  |                                     |                          |
|----|--|-------------------------------------|--------------------------|
| 1. | Are records kept of air monitoring?<br>•personal samples<br>•area samples<br>•instrument calibration | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. | Are daily asbestos checklists being filled out by supervisory personnel?                             | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. | Are respiratory protection training records up to date?  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. | Are negative pressure recording instrument calibration records available?                            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. | Are daily security logs properly filled out?   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. | Is a copy of the Asbestos Control Procedure available to employees?                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. | Are asbestos manifest forms properly filled out for each shipment to disposal areas?                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

COMMENTS

---

---

ASBESTOS CONTAINMENT

YES NO

- |    |  |  |  |
|----|--|--|--|
| 1. | Are "warning" signs posted at all-entrances to the contaminated areas?   | <input checked="" type="checkbox"/>  | <input type="checkbox"/>   |
| 2. | Are entrances to enclosures properly constructed with <u>two</u> curtained doorways and airlocks?  | <input checked="" type="checkbox"/>  | <input type="checkbox"/>   |
| 3. | Are good housekeeping practices being observed?<br>•clean room<br>•showers clean and disinfected daily<br>•equipment room<br>•restrooms cleaned and sanitary | <input checked="" type="checkbox"/><br><input checked="" type="checkbox"/><br><input checked="" type="checkbox"/><br><input checked="" type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> |
| 4. | Is there evidence of rips or tears in the plastic walls of the enclosure?  | <input type="checkbox"/>   | <input checked="" type="checkbox"/>  |

- |    |   |          |     |
|----|---|----------|-----|
| 5. | Is shower waste water properly filtered before leaving work site? | <u>✓</u> | ___ |
| 6. | Are fire extinguishers provided inside the enclosure?             | <u>✓</u> | ___ |
| 7. | Are fire extinguishers properly charged?                          | <u>✓</u> | ___ |
| 8. | Are emergency exits properly marked?                              | <u>✓</u> | ___ |

COMMENTS

Warning signs & barrier tape  
cover each entrance & critical window.

WORK PRACTICES

- |    |   | YES        | NO       |
|----|---|------------|----------|
| 1. | Are asbestos materials handled wet?                                     | <u>✓</u>   | ___      |
| 2. | Are asbestos materials bagged and labeled properly?                     | <u>✓</u>   | ___      |
| 3. | Is there evidence of eating, drinking or smoking inside the enclosures? | ___        | <u>✓</u> |
| 4. | Are glove bags provided and used?                                       | <u>n/a</u> | ___      |
| 5. | Are there visible emissions of asbestos dust?                           | ___        | <u>✓</u> |

COMMENTS

Airless sprayer with amended water  
used to remove ceiling texture.

RESPIRATORY PROTECTION

- |    |  | YES      | NO  |
|----|--|----------|-----|
| 1. | Are employees clean shaven?  | <u>✓</u> | ___ |
| 2. | Have employees been properly fit tested with irritant smoke?           | <u>✓</u> | ___ |
| 3. | Do employees have their own individually marked respirators?           | <u>✓</u> | ___ |
| 4. | Are respirators cleaned, inspected and properly stored after each use? | <u>✓</u> | ___ |

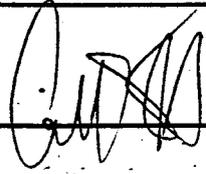
5. Have employees been properly trained in the use, limitations, precautions, cleaning and maintenance of respiratory protection. ✓
6. Do employees conduct negative and positive pressure respiratory fit tests prior to entering the enclosure? ✓
7. Was a spot check for respirator fit conducted using irritant smoke? ✓

COMMENTS

\_\_\_\_\_  
\_\_\_\_\_

SUMMARY

Once enclosure was finished  
and fire stage clean was added  
we began by taking out lights  
& vents that needed to be removed.  
Removed all debris & bagged out  
of enclosure.

Audit Performed By 

LOCATION Sunny Side Mine  
DATE 7/15/98

ASBESTOS AUDIT FORM

CONTAMINANT MONITORING

YES NO

1. Has personal monitoring been conducted to determine worker exposure?
2. Has area and perimeter monitoring been conducted to detect asbestos contamination?
3. Do monitoring procedures seem acceptable?
4. Are employees informed of monitoring results?

COMMENTS

Personals run during statement of detailing

NEGATIVE AIR

YES NO

1. Is negative air pressure inside the enclosure 0.02 inches of water or greater?
2. Has the negative air pressure recording instrument been calibrated?
3. Is the negative air pressure probe located in a representative area inside the enclosure?
4. Was a smoke test taken to determine if negative air movement is adequate?

- enclosure
- bag out
- equipment
- clean room

COMMENTS

RECORD KEEPING

YES NO

- |    |  |                                  |  |
|----|--|----------------------------------|--|
| 1. | Are records kept of air monitoring?<br>•personal samples<br>•area samples<br>•instrument calibration | <u>✓</u><br><u>✓</u><br><u>✓</u> | <u>   </u><br><u>   </u><br><u>   </u> |
| 2. | Are daily asbestos checklists being filled out by supervisory personnel?                             | <u>✓</u>                         | <u>   </u>                             |
| 3. | Are respiratory protection training records up to date?  | <u>✓</u>                         | <u>   </u>                             |
| 4. | Are negative pressure recording instrument calibration records available?                            | <u>✓</u>                         | <u>   </u>                             |
| 5. | Are daily security logs properly filled out?   | <u>✓</u>                         | <u>   </u>                             |
| 6. | Is a copy of the Asbestos Control Procedure available to employees?                                  | <u>✓</u>                         | <u>   </u>                             |
| 7. | Are asbestos manifest forms properly filled out for each shipment to disposal areas?                 | <u>✓</u>                         | <u>   </u>                             |

COMMENTS

Confidentials for all employees

are on site in foreman books

ASBESTOS CONTAINMENT

YES NO

- |    |  |  |  |
|----|--|--|--|
| 1. | Are "warning" signs posted at all-entrances to the contaminated areas?   | <u>✓</u>                                       | <u>   </u>   |
| 2. | Are entrances to enclosures properly constructed with <u>two</u> curtained doorways and airlocks?  | <u>✓</u>                                       | <u>   </u>   |
| 3. | Are good housekeeping practices being observed?<br>•clean room<br>•showers clean and disinfected daily<br>•equipment room<br>•restrooms cleaned and sanitary | <u>✓</u><br><u>✓</u><br><u>   </u><br><u>✓</u> | <u>   </u><br><u>   </u><br><u>   </u><br><u>   </u> |
| 4. | Is there evidence of rips or tears in the plastic walls of the enclosure?  | <u>   </u>                                     | <u>✓</u>   |

- |    |   |              |           |
|----|---|--------------|-----------|
| 5. | Is shower waste water properly filtered before leaving work site? | <u>  /  </u> | <u>  </u> |
| 6. | Are fire extinguishers provided inside the enclosure?             | <u>  /  </u> | <u>  </u> |
| 7. | Are fire extinguishers properly charged?                          | <u>  /  </u> | <u>  </u> |
| 8. | Are emergency exits properly marked?                              | <u>  /  </u> | <u>  </u> |

COMMENTS

Shower drained & filtered also  
decar cleaned for final.

WORK PRACTICES

- |    |   | YES            | NO           |
|----|---|----------------|--------------|
| 1. | Are asbestos materials handled wet?                                     | <u>  /  </u>   | <u>  </u>    |
| 2. | Are asbestos materials bagged and labeled properly?                     | <u>  /  </u>   | <u>  </u>    |
| 3. | Is there evidence of eating, drinking or smoking inside the enclosures? | <u>  </u>      | <u>  /  </u> |
| 4. | Are glove bags provided and used?                                       | <u>  N/A  </u> | <u>  </u>    |
| 5. | Are there visible emissions of asbestos dust?                           | <u>  </u>      | <u>  /  </u> |

COMMENTS

all materials are removed with  
amended water.

RESPIRATORY PROTECTION

- |    |  | YES          | NO        |
|----|--|--------------|-----------|
| 1. | Are employees clean shaven?  | <u>  /  </u> | <u>  </u> |
| 2. | Have employees been properly fit tested with irritant smoke?           | <u>  /  </u> | <u>  </u> |
| 3. | Do employees have their own individually marked respirators?           | <u>  /  </u> | <u>  </u> |
| 4. | Are respirators cleaned, inspected and properly stored after each use? | <u>  /  </u> | <u>  </u> |

- 5. Have employees been properly trained in the use, limitations, precautions, cleaning and maintenance of respiratory protection. ✓
- 6. Do employees conduct negative and positive pressure respiratory fit tests prior to entering the enclosure? ✓
- 7. Was a spot check for respirator fit conducted using irritant smoke? ✓

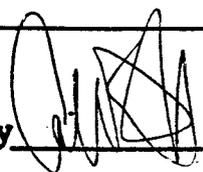
COMMENTS

\_\_\_\_\_  
\_\_\_\_\_

SUMMARY

Finished removal of all debris, began detailing on ceiling & edges once finished removal of first layer, lockdown was done then clearance samples were taken.

Began cleanup & prep work on east side offices along with criticals

Audit Performed By 

LOCATION Sunny Side mine  
DATE 7/16/98

ASBESTOS AUDIT FORM

CONTAMINANT MONITORING

YES NO

1. Has personal monitoring been conducted to determine worker exposure?
2. Has area and perimeter monitoring been conducted to detect asbestos contamination?
3. Do monitoring procedures seem acceptable?
4. Are employees informed of monitoring results?

<input checked="" type="checkbox"/>	<input type="checkbox"/>

COMMENTS

No removal conducted this  
work day.

NEGATIVE AIR

YES NO

1. Is negative air pressure inside the enclosure 0.02 inches of water or greater?
2. Has the negative air pressure recording instrument been calibrated?
3. Is the negative air pressure probe located in a representative area inside the enclosure?
4. Was a smoke test taken to determine if negative air movement is adequate?

- enclosure
- bag out
- equipment
- clean room

<input checked="" type="checkbox"/>	<input type="checkbox"/>

COMMENTS

\_\_\_\_\_

\_\_\_\_\_

RECORD KEEPING

YES NO

1. Are records kept of air monitoring?
  - personal samples
  - area samples
  - instrument calibration
2. Are daily asbestos checklists being filled out by supervisory personnel?
3. Are respiratory protection training records up to date?
4. Are negative pressure recording instrument calibration records available?
5. Are daily security logs properly filled out?
6. Is a copy of the Asbestos Control Procedure available to employees?
7. Are asbestos manifest forms properly filled out for each shipment to disposal areas?

<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS

ASBESTOS CONTAINMENT

YES NO

1. Are "warning" signs posted at all-entrances to the contaminated areas?
2. Are entrances to enclosures properly constructed with two curtained doorways and airlocks?
3. Are good housekeeping practices being observed?
  - clean room
  - showers clean and disinfected daily
  - equipment room
  - restrooms cleaned and sanitary
4. Is there evidence of rips or tears in the plastic walls of the enclosure?

<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

5. Is shower waste water properly filtered before leaving work site?
6. Are fire extinguishers provided inside the enclosure?
7. Are fire extinguishers properly charged?
8. Are emergency exits properly marked?

_____	_____
_____	_____
_____	_____
_____	_____

COMMENTS

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WORK PRACTICES

YES NO

1. Are asbestos materials handled wet?
2. Are asbestos materials bagged and labeled properly?
3. Is there evidence of eating, drinking or smoking inside the enclosures?
4. Are glove bags provided and used?
5. Are there visible emissions of asbestos dust?

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

COMMENTS

---



---

RESPIRATORY PROTECTION

YES NO

1. Are employees clean shaven?
2. Have employees been properly fit tested with irritant smoke?
3. Do employees have their own individually marked respirators?
4. Are respirators cleaned, inspected and properly stored after each use?

_____	_____
_____	_____
_____	_____
_____	_____

- 5. Have employees been properly trained in the use, limitations, precautions, cleaning and maintenance of respiratory protection. \_\_\_\_\_
- 6. Do employees conduct negative and positive pressure respiratory fit tests prior to entering the enclosure? \_\_\_\_\_
- 7. Was a spot check for respirator fit conducted using irritant smoke? \_\_\_\_\_

COMMENTS

\_\_\_\_\_  
\_\_\_\_\_

SUMMARY

Clearing all garbage from east offices and painting all walls along with criticals. Cleaned all areas before leaving for weekend.

Audit Performed By 

LOCATION Sunny Side mine.  
 DATE 7/20/98

ASBESTOS AUDIT FORM

CONTAMINANT MONITORING

YES NO

- |    |  |                                     |                          |
|----|--|-------------------------------------|--------------------------|
| 1. | Has personal monitoring been conducted to determine worker exposure?               | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. | Has area and perimeter monitoring been conducted to detect asbestos contamination? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. | Do monitoring procedures seem acceptable?  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. | Are employees informed of monitoring results?                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

COMMENTS

Personals & area mon  
during abatement.

NEGATIVE AIR

YES NO

- |    |   |                                     |                          |
|----|---|-------------------------------------|--------------------------|
| 1. | Is negative air pressure inside the enclosure 0.02 inches of water or greater?            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. | Has the negative air pressure recording instrument been calibrated?                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. | Is the negative air pressure probe located in a representative area inside the enclosure? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. | Was a smoke test taken to determine if negative air movement is adequate?                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|    | •enclosure  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|    | •bag out  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|    | •equipment  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|    | •clean room   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

COMMENTS

Negative air is pulling a  
0.29 on average.

RECORD KEEPING

YES NO

1. Are records kept of air monitoring?
  - personal samples
  - area samples
  - instrument calibration
2. Are daily asbestos checklists being filled out by supervisory personnel?
3. Are respiratory protection training records up to date?
4. Are negative pressure recording instrument calibration records available?
5. Are daily security logs properly filled out?
6. Is a copy of the Asbestos Control Procedure available to employees?
7. Are asbestos manifest forms properly filled out for each shipment to disposal areas?

<input checked="" type="checkbox"/>	<input type="checkbox"/>

COMMENTS

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ASBESTOS CONTAINMENT

YES NO

1. Are "warning" signs posted at all-entrances to the contaminated areas?
2. Are entrances to enclosures properly constructed with two curtained doorways and airlocks?
3. Are good housekeeping practices being observed?
  - clean room
  - showers clean and disinfected daily
  - equipment room
  - restrooms cleaned and sanitary
4. Is there evidence of rips or tears in the plastic walls of the enclosure?

<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>

- |    |   |          |     |
|----|---|----------|-----|
| 5. | Is shower waste water properly filtered before leaving work site? | <u>✓</u> | ___ |
| 6. | Are fire extinguishers provided inside the enclosure?             | <u>✓</u> | ___ |
| 7. | Are fire extinguishers properly charged?                          | <u>✓</u> | ___ |
| 8. | Are emergency exits properly marked?                              | ___      | ___ |

COMMENTS

Large screen built for  
easy cleaning of lights.

WORK PRACTICES

- |    |   | YES        | NO       |
|----|---|------------|----------|
| 1. | Are asbestos materials handled wet?                                     | <u>✓</u>   | ___      |
| 2. | Are asbestos materials bagged and labeled properly?                     | <u>✓</u>   | ___      |
| 3. | Is there evidence of eating, drinking or smoking inside the enclosures? | ___        | <u>✓</u> |
| 4. | Are glove bags provided and used?                                       | <u>W/A</u> | ___      |
| 5. | Are there visible emissions of asbestos dust?                           | ___        | <u>✓</u> |

COMMENTS

hoses spray with amended  
water used during all abatement

RESPIRATORY PROTECTION

- |    |  | YES      | NO  |
|----|--|----------|-----|
| 1. | Are employees clean shaven?  | <u>✓</u> | ___ |
| 2. | Have employees been properly fit tested with irritant smoke?           | <u>✓</u> | ___ |
| 3. | Do employees have their own individually marked respirators?           | <u>✓</u> | ___ |
| 4. | Are respirators cleaned, inspected and properly stored after each use? | <u>✓</u> | ___ |

- 5. Have employees been properly trained in the use, limitations, precautions, cleaning and maintenance of respiratory protection. ✓
- 6. Do employees conduct negative and positive pressure respiratory fit tests prior to entering the enclosure? ✓
- 7. Was a spot check for respirator fit conducted using irritant smoke? ✓

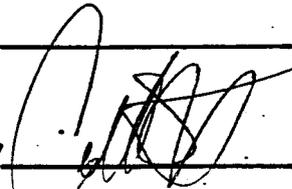
COMMENTS

\_\_\_\_\_  
 \_\_\_\_\_

SUMMARY

Finished building enclosure on east office. Built door on west end of enclosure. Began removal of lights once negative pressure was established.

Soked all ceilings removed & detailed while in same room.

Audit Performed By 

LOCATION Sunny Side mine  
DATE 7/21/98

ASBESTOS AUDIT FORM

CONTAMINANT MONITORING

YES NO

- |    |  |                                     |                          |
|----|--|-------------------------------------|--------------------------|
| 1. | Has personal monitoring been conducted to determine worker exposure?               | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. | Has area and perimeter monitoring been conducted to detect asbestos contamination? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. | Do monitoring procedures seem acceptable?  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. | Are employees informed of monitoring results?                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

COMMENTS

Personal samples run during abatement.

NEGATIVE AIR

YES NO

- |    |   |                                     |                          |
|----|---|-------------------------------------|--------------------------|
| 1. | Is negative air pressure inside the enclosure 0.02 inches of water or greater?            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. | Has the negative air pressure recording instrument been calibrated?                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. | Is the negative air pressure probe located in a representative area inside the enclosure? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. | Was a smoke test taken to determine if negative air movement is adequate?                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|    | •enclosure  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|    | •bag out  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|    | •equipment  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|    | •clean room   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

COMMENTS

RECORD KEEPING

YES NO

- |    |  |   |  |
|----|--|---|--|
| 1. | Are records kept of air monitoring?<br>•personal samples<br>•area samples<br>•instrument calibration | <input checked="" type="checkbox"/><br><input checked="" type="checkbox"/><br><input checked="" type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> |
| 2. | Are daily asbestos checklists being filled out by supervisory personnel?                             | <input checked="" type="checkbox"/>   | <input type="checkbox"/>   |
| 3. | Are respiratory protection training records up to date?  | <input checked="" type="checkbox"/>   | <input type="checkbox"/>   |
| 4. | Are negative pressure recording instrument calibration records available?                            | <input checked="" type="checkbox"/>   | <input type="checkbox"/>   |
| 5. | Are daily security logs properly filled out?   | <input checked="" type="checkbox"/>   | <input type="checkbox"/>   |
| 6. | Is a copy of the Asbestos Control Procedure available to employees?                                  | <input checked="" type="checkbox"/>   | <input type="checkbox"/>   |
| 7. | Are asbestos manifest forms properly filled out for each shipment to disposal areas?                 | <input checked="" type="checkbox"/>   | <input type="checkbox"/>   |

COMMENTS

---

ASBESTOS CONTAINMENT

YES NO

- |    |  |  |  |
|----|--|--|--|
| 1. | Are "warning" signs posted at all-entrances to the contaminated areas?   | <input checked="" type="checkbox"/>  | <input type="checkbox"/>   |
| 2. | Are entrances to enclosures properly constructed with <u>two</u> curtained doorways and airlocks?  | <input checked="" type="checkbox"/>  | <input type="checkbox"/>   |
| 3. | Are good housekeeping practices being observed?<br>•clean room<br>•showers clean and disinfected daily<br>•equipment room<br>•restrooms cleaned and sanitary | <input checked="" type="checkbox"/><br><input checked="" type="checkbox"/><br><input checked="" type="checkbox"/><br><input checked="" type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> |
| 4. | Is there evidence of rips or tears in the plastic walls of the enclosure?  | <input type="checkbox"/>   | <input checked="" type="checkbox"/>  |

- |    |   |                                     |                          |
|----|---|-------------------------------------|--------------------------|
| 5. | Is shower waste water properly filtered before leaving work site? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. | Are fire extinguishers provided inside the enclosure?             | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. | Are fire extinguishers properly charged?                          | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. | Are emergency exits properly marked?                              | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

COMMENTS

Decor cleaned & drained daily!

WORK PRACTICES

YES NO

- |    |   |                                     |                                     |
|----|---|-------------------------------------|-------------------------------------|
| 1. | Are asbestos materials handled wet?                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 2. | Are asbestos materials bagged and labeled properly?                     | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 3. | Is there evidence of eating, drinking or smoking inside the enclosures? | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 4. | Are glove bags provided and used?                                       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 5. | Are there visible emissions of asbestos dust?                           | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

COMMENTS

Airless sprayer used during all detail & removal.

RESPIRATORY PROTECTION

YES NO

- |    |  |                                     |                          |
|----|--|-------------------------------------|--------------------------|
| 1. | Are employees clean shaven?  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. | Have employees been properly fit tested with irritant smoke?           | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. | Do employees have their own individually marked respirators?           | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. | Are respirators cleaned, inspected and properly stored after each use? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

5. Have employees been properly trained in the use, limitations, precautions, cleaning and maintenance of respiratory protection.
6. Do employees conduct negative and positive pressure respiratory fit tests prior to entering the enclosure?
7. Was a spot check for respirator fit conducted using irritant smoke?

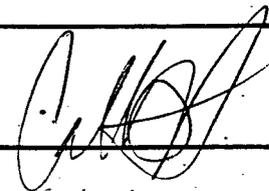
COMMENTS

\_\_\_\_\_  
\_\_\_\_\_

SUMMARY

Finished all removal of bulk ceiling texture, bagged all materials then double bagged out of doors. Detailed all ceilings along with electrical sockets of air vents.

Audit Performed By



LOCATION Sunnyside mine  
DATE 7/22/98

ASBESTOS AUDIT FORM

CONTAMINANT MONITORING

YES NO

- |    |  |                                     |                          |
|----|--|-------------------------------------|--------------------------|
| 1. | Has personal monitoring been conducted to determine worker exposure?               | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. | Has area and perimeter monitoring been conducted to detect asbestos contamination? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. | Do monitoring procedures seem acceptable?  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. | Are employees informed of monitoring results?                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

COMMENTS

For clearance samples  
on enclosure

NEGATIVE AIR

YES NO

- |    |   |                                     |                          |
|----|---|-------------------------------------|--------------------------|
| 1. | Is negative air pressure inside the enclosure 0.02 inches of water or greater?            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. | Has the negative air pressure recording instrument been calibrated?                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. | Is the negative air pressure probe located in a representative area inside the enclosure? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. | Was a smoke test taken to determine if negative air movement is adequate?                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|    | •enclosure  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|    | •bag out  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|    | •equipment  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|    | •clean room   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

COMMENTS

\_\_\_\_\_  
\_\_\_\_\_

RECORD KEEPING

YES NO

- |    |  |   |  |
|----|--|---|--|
| 1. | Are records kept of air monitoring?<br>•personal samples<br>•area samples<br>•instrument calibration | <input checked="" type="checkbox"/><br><input checked="" type="checkbox"/><br><input checked="" type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> |
| 2. | Are daily asbestos checklists being filled out by supervisory personnel?                             | <input checked="" type="checkbox"/>   | <input type="checkbox"/>   |
| 3. | Are respiratory protection training records up to date?  | <input checked="" type="checkbox"/>   | <input type="checkbox"/>   |
| 4. | Are negative pressure recording instrument calibration records available?                            | <input checked="" type="checkbox"/>   | <input type="checkbox"/>   |
| 5. | Are daily security logs properly filled out?   | <input checked="" type="checkbox"/>   | <input type="checkbox"/>   |
| 6. | Is a copy of the Asbestos Control Procedure available to employees?                                  | <input checked="" type="checkbox"/>   | <input type="checkbox"/>   |
| 7. | Are asbestos manifest forms properly filled out for each shipment to disposal areas?                 | <input checked="" type="checkbox"/>   | <input type="checkbox"/>   |

COMMENTS

Manifest filled out before all  
materials leave site.

ASBESTOS CONTAINMENT

YES NO

- |    |  |  |  |
|----|--|--|--|
| 1. | Are "warning" signs posted at all-entrances to the contaminated areas?   | <input checked="" type="checkbox"/>  | <input type="checkbox"/>   |
| 2. | Are entrances to enclosures properly constructed with <u>two</u> curtained doorways and airlocks?  | <input checked="" type="checkbox"/>  | <input type="checkbox"/>   |
| 3. | Are good housekeeping practices being observed?<br>•clean room<br>•showers clean and disinfected daily<br>•equipment room<br>•restrooms cleaned and sanitary | <input checked="" type="checkbox"/><br><input checked="" type="checkbox"/><br><input checked="" type="checkbox"/><br><input checked="" type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> |
| 4. | Is there evidence of rips or tears in the plastic walls of the enclosure?  | <input type="checkbox"/>   | <input checked="" type="checkbox"/>  |

- |    |   |                                     |                          |
|----|---|-------------------------------------|--------------------------|
| 5. | Is shower waste water properly filtered before leaving work site? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. | Are fire extinguishers provided inside the enclosure?             | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. | Are fire extinguishers properly charged?                          | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. | Are emergency exits properly marked?                              | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

COMMENTS

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---

WORK PRACTICES

- |    |   | YES                                 | NO                                  |
|----|---|-------------------------------------|-------------------------------------|
| 1. | Are asbestos materials handled wet?                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 2. | Are asbestos materials bagged and labeled properly?                     | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 3. | Is there evidence of eating, drinking or smoking inside the enclosures? | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 4. | Are glove bags provided and used?                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 5. | Are there visible emissions of asbestos dust?                           | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

COMMENTS

*Glove bagged all fittings in shower house & boiler room.*

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RESPIRATORY PROTECTION

- |    |  | YES                                 | NO                       |
|----|--|-------------------------------------|--------------------------|
| 1. | Are employees clean shaven?  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. | Have employees been properly fit tested with irritant smoke?           | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. | Do employees have their own individually marked respirators?           | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. | Are respirators cleaned, inspected and properly stored after each use? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

5. Have employees been properly trained in the use, limitations, precautions, cleaning and maintenance of respiratory protection.
6. Do employees conduct negative and positive pressure respiratory fit tests prior to entering the enclosure?
7. Was a spot check for respirator fit conducted using irritant smoke?

COMMENTS

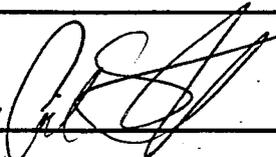
\_\_\_\_\_  
\_\_\_\_\_

SUMMARY

Once detail work on enclosure was complete & inspected thoroughly I ran clearance sampler for tear down.

Began removal of all fittings in shower house & boiler room.

Bagged up gaskets & roofing material that were laying on ground.

Audit Performed By 

LOCATION Sunny Side Mine  
DATE 7/23/91

ASBESTOS AUDIT FORM

CONTAMINANT MONITORING

YES NO

1. Has personal monitoring been conducted to determine worker exposure?
2. Has area and perimeter monitoring been conducted to detect asbestos contamination?
3. Do monitoring procedures seem acceptable?
4. Are employees informed of monitoring results?

<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS

No removal all complete  
on site.

NEGATIVE AIR

YES NO

1. Is negative air pressure inside the enclosure 0.02 inches of water or greater?
2. Has the negative air pressure recording instrument been calibrated?
3. Is the negative air pressure probe located in a representative area inside the enclosure?
4. Was a smoke test taken to determine if negative air movement is adequate?

- enclosure
- bag out
- equipment
- clean room

<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS

\_\_\_\_\_  
\_\_\_\_\_

RECORD KEEPING

YES NO

- |    |  |                |              |
|----|--|----------------|--------------|
| 1. | Are records kept of air monitoring?<br>•personal samples<br>•area samples<br>•instrument calibration | <u>  /  </u>   | <u>  —  </u> |
| 2. | Are daily asbestos checklists being filled out by supervisory personnel?                             | <u>  /  </u>   | <u>  —  </u> |
| 3. | Are respiratory protection training records up to date?  | <u>  /  </u>   | <u>  —  </u> |
| 4. | Are negative pressure recording instrument calibration records available?                            | <u>  N/A  </u> | <u>  —  </u> |
| 5. | Are daily security logs properly filled out?   | <u>  /  </u>   | <u>  —  </u> |
| 6. | Is a copy of the Asbestos Control Procedure available to employees?                                  | <u>  /  </u>   | <u>  —  </u> |
| 7. | Are asbestos manifest forms properly filled out for each shipment to disposal areas?                 | <u>  /  </u>   | <u>  —  </u> |

COMMENTS

---

ASBESTOS CONTAINMENT

YES NO

- |    |  |              |              |
|----|--|--------------|--------------|
| 1. | Are "warning" signs posted at all-entrances to the contaminated areas?   | <u>  —  </u> | <u>  —  </u> |
| 2. | Are entrances to enclosures properly constructed with <u>two</u> curtained doorways and airlocks?  | <u>  —  </u> | <u>  —  </u> |
| 3. | Are good housekeeping practices being observed?<br>•clean room<br>•showers clean and disinfected daily<br>•equipment room<br>•restrooms cleaned and sanitary | <u>  —  </u> | <u>  —  </u> |
| 4. | Is there evidence of rips or tears in the plastic walls of the enclosure?  | <u>  —  </u> | <u>  —  </u> |

- |    |   |                          |                          |
|----|---|--------------------------|--------------------------|
| 5. | Is shower waste water properly filtered before leaving work site? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. | Are fire extinguishers provided inside the enclosure?             | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. | Are fire extinguishers properly charged?                          | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. | Are emergency exits properly marked?                              | <input type="checkbox"/> | <input type="checkbox"/> |

COMMENTS

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WORK PRACTICES

YES NO

- |    |   |                          |                          |
|----|---|--------------------------|--------------------------|
| 1. | Are asbestos materials handled wet?                                     | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | Are asbestos materials bagged and labeled properly?                     | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | Is there evidence of eating, drinking or smoking inside the enclosures? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | Are glove bags provided and used?                                       | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. | Are there visible emissions of asbestos dust?                           | <input type="checkbox"/> | <input type="checkbox"/> |

COMMENTS

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RESPIRATORY PROTECTION

YES NO

- |    |  |                          |                          |
|----|--|--------------------------|--------------------------|
| 1. | Are employees clean shaven?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | Have employees been properly fit tested with irritant smoke?           | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | Do employees have their own individually marked respirators?           | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | Are respirators cleaned, inspected and properly stored after each use? | <input type="checkbox"/> | <input type="checkbox"/> |

5. Have employees been properly trained in the use, limitations, precautions, cleaning and maintenance of respiratory protection.
6. Do employees conduct negative and positive pressure respiratory fit tests prior to entering the enclosure?
7. Was a spot check for respirator fit conducted using irritant smoke?

~~\_\_\_\_~~    ~~\_\_\_\_~~  
~~\_\_\_\_~~    ~~\_\_\_\_~~  
~~\_\_\_\_~~    ~~\_\_\_\_~~

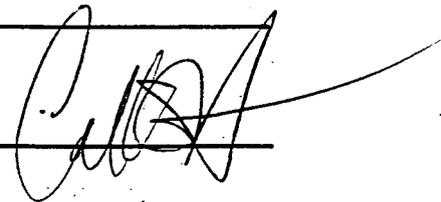
COMMENTS

\_\_\_\_\_  
\_\_\_\_\_

SUMMARY

Received clearance samples on east office enclosure. Removed all poly & criticals. Demobilized decon & loaded all materials & equipment in to trucks. Cleared all work sites of our debris before leaving site.

Audit Performed By



# THERMALWEST

INDUSTRIAL, INC.

Insulation and Abatement

DAILY SIGN IN LOG					
DATE: 7/13/98		FOREMAN: Colin Scott		LOCATION: Sunnyside Mine	
TIME IN	SIGNATURE	TIME OUT	TIME IN	SIGNATURE	TIME OUT
10:30	<i>Colin Scott</i>	1200	1230	<i>Colin Scott</i>	600
10:30	<i>M. Davelson</i>	1200	1230	<i>M. Davelson</i>	600
1030	<i>Guillermo Rodriguez</i>	1200	1230	<i>[Signature]</i>	600
1030	<i>Alex Courtney</i>	1200	1230	<i>Alex Courtney</i>	600
1030	<i>Bobly Martyn</i>	1200	1230	<i>Bobly Martyn</i>	600
1030	<i>J. H. Kaplan</i>	1200	1230	<i>J. H. Kaplan</i>	600

# THERMALWEST

## INDUSTRIAL, INC.

Insulation and Abatement

### DAILY SIGN IN LOG

DATE: 7/14/98 FOREMAN: *Collin Scott* LOCATION: *Sunny side mine*

TIME IN	SIGNATURE	TIME OUT	TIME IN	SIGNATURE	TIME OUT
730	<i>Collin Scott</i>	1200	1230	<i>Collin Scott</i>	530
730	<i>M. Davulson</i>	1200	1230	<i>M. Davulson</i>	530
730	<i>GUILLERMO RODRIGUEZ</i>	1200	1230	<i>Guillermo Rodriguez</i>	530
730	<i>Alex Courtney</i>	1200	1230	<i>Alex Courtney</i>	530
730	<i>Bobby Manty</i>	1200	1230	<i>Bobby Manty</i>	530
730	<i>Timothy</i>	1200	1230	<i>Timothy</i>	530



# THERMAL WEST

## INDUSTRIAL, INC.

Insulation and Abatement

### DAILY SIGN IN LOG

DATE: 7/14/98 FOREMAN: Collin Scott LOCATION: Sunny Side mine  
Ut

TIME IN	SIGNATURE	TIME OUT	TIME IN	SIGNATURE	TIME OUT
700	<del>Collin Scott</del>	1200	1230	<del>Collin Scott</del>	530
700	<del>John Stephens</del>	1200	1230	<del>John Stephens</del>	530
700	Alex Courtney	1200	1230	Alex Courtney	530
700	Cristiano Rodriguez	1200	1230	<del>John Stephens</del>	530
700	M. Davelco	1200	1230	M. Davelco	530
1100	Bobby Murphy	1200	1230	Bobby Murphy	530



# THERMAL WEST

INDUSTRIAL, INC.

Insulation and Abatement

DAILY SIGN IN LOG

DATE: 7/21/98 FOREMAN: Colleen Scott LOCATION: Sunny Side Mine

TIME IN	SIGNATURE	TIME OUT	TIME IN	SIGNATURE	TIME OUT
700	<i>Colleen Scott</i>	1200	1230	<i>Colleen Scott</i>	630
700	<i>Travis Hunter</i>	1200	1230	<i>Travis Hunter</i>	630
700	<i>W. D. ...</i>	1200	1230	<i>W. D. ...</i>	630
700	<i>B. ...</i>	1200	1230	<i>B. ...</i>	630
700	<i>John ...</i>	1200	1230	<i>John ...</i>	630
700	<i>J. ...</i>	1200	1230	<i>J. ...</i>	630

# THERMALWEST

## INDUSTRIAL, INC.

Insulation and Abatement

### DAILY SIGN IN LOG

DATE: 7/22/98 FOREMAN: *Collin Scott* LOCATION: *Sunny Side Mine*

TIME IN	SIGNATURE	TIME OUT	TIME IN	SIGNATURE	TIME OUT
700	<i>Callahan</i>	1200	1230	<i>Callahan</i>	530
700	<i>Guillermo Rodriguez</i>	1200	1230	<i>[Signature]</i>	530
700	<i>M. Deweese</i>	1200	1230	<i>M. Deweese</i>	530
700	<i>Fitts</i>	1200	1230	<i>Fitts</i>	530
700	<i>Travis Mark</i>	1200	1230	<i>Travis Mark</i>	530
700	<i>Bobby McIntyre</i>	1200	1230	<i>Bobby McIntyre</i>	530



# THERMALWEST

INDUSTRIAL, INC.

Insulation and Abatement

## CONTAINMENT SIGN IN LOG

DATE: 7/14/98		FOREMAN: Coltin Scott		LOCATION: West office Ceiling texture Removal	
TIME IN	SIGNATURE	TIME OUT	TIME IN	SIGNATURE	TIME OUT
pm 1:00	Coltin Scott	—	—	Coltin Scott	pm 5:10
1:00	Bobby Mack	—	—	Bobby Mack	5:18
1:00	Alex Courtney	—	—	Alex Courtney	5:20
1:00	Guillermo Roposo	—	—	Guillermo Roposo	5:17
1:00	M. Dawson	—	—	M. Dawson	5:15
1:00		—	—		

# THERMAL WEST

INDUSTRIAL, INC.

Insulation and Abatement

## CONTAINMENT SIGN IN LOG

DATE: 7/15/98		FOREMAN: Collin Scott		LOCATION: west office Ceiling Texture Removal	
TIME IN	SIGNATURE	TIME OUT	TIME IN	SIGNATURE	TIME OUT
730	M Dawson	1140	105	M Dawson	500
730	Alex Courtney	1140	105	Alex Courtney	510
730	Billy Ward	1140	105	Billy Ward	505
730	Guillermo Rodriguez	1140	105	Guillermo Rodriguez	515
730	Collin Scott	1140	105	Collin Scott	500

# THERMALWEST

## INDUSTRIAL, INC.

Insulation and Abatement

### CONTAINMENT SIGN IN LOG

DATE: 7/20/99		FOREMAN: Colby Scott		LOCATION: East office ceiling scrape	
TIME IN	SIGNATURE	TIME OUT	TIME IN	SIGNATURE	TIME OUT
100	<i>[Signature]</i>			<i>[Signature]</i>	536
100	<i>[Signature]</i>			<i>[Signature]</i>	530
100	<i>[Signature]</i>			<i>[Signature]</i>	528
100	<i>[Signature]</i>			<i>[Signature]</i>	532
100	<i>[Signature]</i>			<i>[Signature]</i>	534
100					530

# THERMALWEST

INDUSTRIAL, INC.

Insulation and Abatement

## CONTAINMENT SIGN IN LOG

DATE: 7/21/98 FOREMAN: Collin Scott LOCATION: east offices ceiling scrape

TIME IN	SIGNATURE	TIME OUT	TIME IN	SIGNATURE	TIME OUT
730	<i>Tina Mark</i>	1150	105	<i>Tina Mark</i>	440
730	<i>W. Davelos</i>	1157	105	<i>W. Davelos</i>	430
730	<i>Guillermo Rodriguez</i>	1148	105	<i>Guillermo Rodriguez</i>	435
730	<i>Billy Warty</i>	1151	105	<i>Billy Warty</i>	442
730	<i>Collin Scott</i>	1154	110	<i>Collin Scott</i>	300
730		1159	107		427

# Asbestos Consulting & Training Systems

34233.4656CERT/

903 N.W. 6TH Avenue, Fort Lauderdale, Florida 33311 (954) 524-7208

***This is to Certify that***  
**Robert Colin Scott**

CEU SPONSOR'S # 04P0301



7329 S. Laura Street , Midvale, UT

***has successfully completed***

**Asbestos Contractor/Supervisor Refresher**

20-Sep-97 TO 20-Sep-97

Asbestos courses comply with Section 206 TSCA 15 UCS 2646

***Complies with Sec. 206 TSCA 15 UCS 2646***

Trainer(s): Tom Dickson/Scott Barclay

TEST SCORE: 100 %

Training Address: 10101 South State St., Sandy, UT

Examination administered upon course completion.

***This Certificate Expires***

20-Sep-98



Processed By:

**Seagull**

*Since 1971*

UNDER CIVIL AND CRIMINAL PENALTIES OF LAW FOR MAKING OR  
SUBMISSION OF FALSE OR FRAUDULENT STATEMENTS OR  
REPRESENTATIONS (18 U.S.C. 1001 AND 18 U.S.C. 1011)  
CERTIFICATE THAT THIS TRAINING COURSE WAS AN ADEQUATE  
COMPLIANCE WITH TITLE IV OF THE TOXIC SUBSTANCE CONTROL  
ACT, 15 CFR PART 745 OR 763, AND ANY OTHER APPLICABLE  
FEDERAL, STATE, OR LOCAL REQUIREMENTS, IS AMENDED.

James F. Stump, Course Sponsor

Certificate Number.....



8 9 3 4 3

Course Number

UT9738

# THERMAL WEST

INDUSTRIAL, INC.  
Insulation and Abatement

## QUALITATIVE FIT TEST

Name COLLIN SCOTT Date 3/6/98  
Employer TWI SSN 529-61-0617  
Respirator Type NORTH 7700 H/F Fit: Yes  No   
NIOSH/MSHA TC No. \_\_\_\_\_ Refit: Yes \_\_\_\_\_ No \_\_\_\_\_  
Respirator Type \_\_\_\_\_ Fit: Yes \_\_\_\_\_ No \_\_\_\_\_  
NIOSH/MSHA TC No. \_\_\_\_\_ Refit: Yes \_\_\_\_\_ No \_\_\_\_\_  
Type of Qualitative Test SMOKE  
Facial Hair: Yes  No  Where MOUSTACHE

### Testing Protocol

1. Positive & Negative Pressure Check
2. Breathing Normally
3. Breathing Deeply
4. Turning & Nodding Head
5. Talking (Rainbow Passage)
6. Jogging in Place
7. Breathing Normally

Comments \_\_\_\_\_  
\_\_\_\_\_

Respirator Fitted By [Signature]

Note: Fit testing will not be conducted if facial hair exists at contact area of respirator.

# Utah Asbestos Certification

Robert C. Scott

Name

Supervisor

Type of Certification

1066

Certification Number

9/20/98

Expiration Date

6'2"

Height

170

Weight

M

Sex

9/14/69

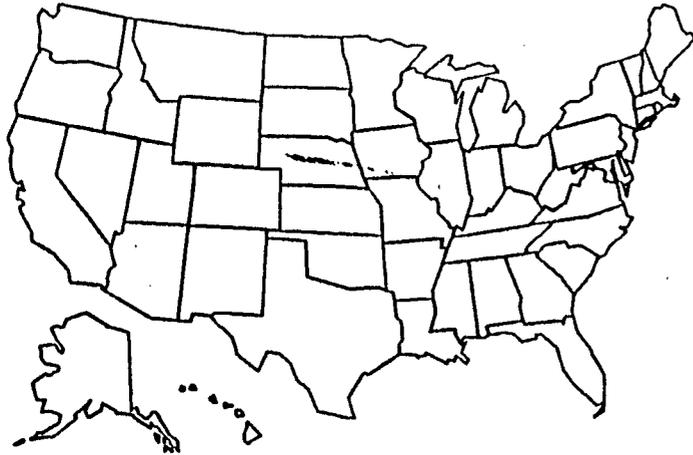
1898

Birth Date



*M. S. Jensen*  
Executive Secretary Utah Air Quality Board

**NEPA**



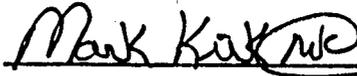
**National Education Program for Asbestos**  
2863 West 8750 South, West Jordan, Utah 84088

(801) 569-9443

**Marland Davidson**

**ATTENDED AN ANNUAL REFRESHER COURSE IN  
PRACTICES AND PROCEDURES IN ASBESTOS ABATEMENT  
FOR  
CONTRACTORS & SUPERVISORS  
IN ACCORDANCE WITH AHERA**

Course Date: March 14, 1998  
Number: 529-80-9417  
Expires: March 14, 1999

  
\_\_\_\_\_  
Course Director

**Utah Asbestos Certification**

Marland L. Davidson

Name  
Supervisor

Type of Certification

1324

Certification Number

3/14/99

Expiration Date

5'5"

Height

170

Weight

M

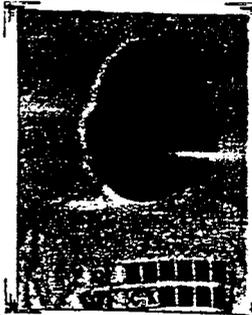
Sex

8/3/51

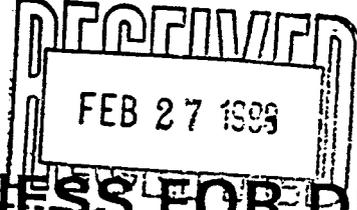
Birth Date

*Michael K. Jensen*

Executive Secretary Utah Air Quality Board



Occupational/Environmental Health Services  
 2390 South Redwood Road  
 Salt Lake City, UT 84119  
 801-975-1600  
 801-975-1666 (FAX)



**FITNESS FOR DUTY**

CHECK EXAMINATION TYPE:

<input type="checkbox"/> <b>Haz/Mat Physical</b> <small>29 CFR 1910.120</small>	<input checked="" type="checkbox"/> <b>Asbestos Physical</b> <small>29 CFR 196.1001</small>	<input type="checkbox"/> <b>Respirator Certification</b> <small>29 CFR 1910.134 ANSI Z88.2-1991</small>
--	--	--

Company: Thermal west ind.  
 Employee Name: Marland L. Davidson  
 Date of Examination: 2/24/98.

Job Description: \_\_\_\_\_

**NO DETECTED MEDICAL CONDITIONS**  
 The above named employee is fit for duty for the job description listed above based on medical examination and the following information provided by the company: 1) job description, 2) PPE required for the job, and 3) hazard analysis or projected exposure analysis of the employee.

RESPIRATOR CERTIFICATION (29 CFR Part 1910.134)	
(PLEASE CHECK)	Respirator Qualified - Type:
<input checked="" type="checkbox"/>	Air-purifying
<input checked="" type="checkbox"/>	Atmosphere-supplying
<input checked="" type="checkbox"/>	Portable (SCBA)
<input checked="" type="checkbox"/>	Air-line
<input checked="" type="checkbox"/>	Class 1 No restrictions on respirator use
<input type="checkbox"/>	Class 2 Some specific use restrictions:
<input type="checkbox"/>	Class 3 NO RESPIRATOR under any circumstances

RECOMMENDATIONS: (Job Related) ADVISED TO STOP WORK

I have informed the employee, by mail, of the results of my evaluation, including recommendations for further evaluations and/or treatment, per 29 CFR 1910.120, if applicable.

M.D./P.A./N.P.: [Signature] Date: 2/24/98  
(REVISION 3/28/96)

NEPA



National Education Program for Asbestos

2863 West 8750 South, West Jordan, UT 84088 (801) 565-1400

March 14, 1998

This is to certify that the individual named below was fit tested with a North 7700 respirator and a North 75008 HEPA cartridge.

This test was conducted using a smoke tube attached to an aspirator bulb.

This qualitative fit testing was conducted by Mark Kirk.

Respirator worn by:

Marland Davidson

*Marland Davidson*  
Signature

Tested by:

Mark A. Kirk

National Education Program for Asbestos

*Mark Kirk*  
Signature

# Professional Service Industries, Inc.

## Asbestos Abatement Contractor/Supervisor Refresher Training Course

**Zak Stephenson**

529-96-4076

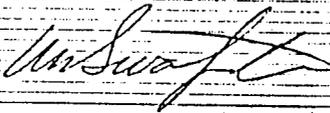
*has successfully completed the EPA-Approved Asbestos Abatement Contractor/Supervisor Refresher Training Course and passed the Examination for purposes of accreditation required under section 206 of Title II of the Toxic Substances Control Act (TSCA). Conducted by Professional Service Industries, Inc., 510 East 22nd Street, Lombard, IL 60148, (708) 691-1490. Continuing Education Credits .8*

Location: Salt Lake City, Utah

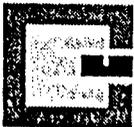
Expiration: August 15, 1998

Course: August 15, 1997

Director of Training



The Continuing



Education Unit®



5PSI 83888

# THERMAL WEST

INDUSTRIAL, INC.

Insulation and Abatement

## QUALITATIVE FIT TEST

Name ZAK STEPHENSEN Date 3/9/98  
Employer TWI SSN 529-96-4076  
Respirator Type NORTH 7700 Fit: Yes  No   
NIOSH/MSHA TC No. \_\_\_\_\_ Refit: Yes \_\_\_\_\_ No \_\_\_\_\_  
Respirator Type \_\_\_\_\_ Fit: Yes \_\_\_\_\_ No \_\_\_\_\_  
NIOSH/MSHA TC No. \_\_\_\_\_ Refit: Yes \_\_\_\_\_ No \_\_\_\_\_  
Type of Qualitative Test \_\_\_\_\_  
Facial Hair: Yes \_\_\_\_\_ No  Where \_\_\_\_\_

### Testing Protocol

1. Positive & Negative Pressure Check
2. Breathing Normally
3. Breathing Deeply
4. Turning & Nodding Head
5. Talking (Rainbow Passage)
6. Jogging in Place
7. Breathing Normally

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Respirator Fitted By *Jeff Orr*

Note: Fit testing will not be conducted if facial hair exists at contact area of respirator.

# Utah Asbestos Certification

Zak C. Stephenson

Name

Supervisor

Type of Certification

1245

Certification Number

8/15/98

Expiration Date

6'4"

Height

180

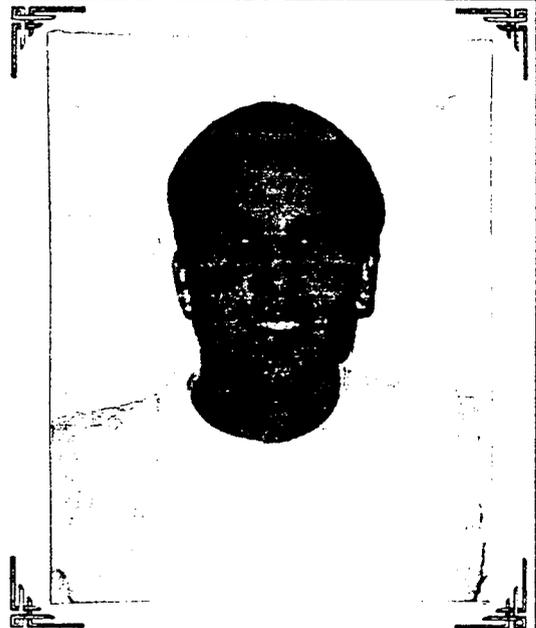
Weight

M

Sex

11/8/76

Birth Date



*Musula K. Juvenone*

Executive Secretary Utah Air Quality Board

# WORKCARE

Occupational/Environmental Health Services  
2390 South Redwood Road  
Salt Lake City, UT 84119  
801-975-1600  
801-975-1666 (FAX)

## FITNESS FOR DUTY

CHECK EXAMINATION TYPE:

<input type="checkbox"/> Haz/Mat Physical <small>29 CFR 1910.120</small>	<input checked="" type="checkbox"/> Asbestos Physical <small>29 CFR 196.1001</small>	<input type="checkbox"/> Respirator Certification <small>29 CFR 1910.134 ANSI Z88.2-1991</small>
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Company: Intermar West

Employee Name: ZACHARY STEPHENSON

Date of Examination: 9/10/97

Job Description: \_\_\_\_\_

<input checked="" type="checkbox"/>	<b>NO DETECTED MEDICAL CONDITIONS</b> The above named employee is fit for duty for the job description listed above based on medical examination and the following information provided by the company: 1) job description, 2) PPE required for the job, and 3) hazard analysis or projected exposure analysis of the employee.
-------------------------------------	--

RESPIRATOR CERTIFICATION (29 CFR Part 1910.134)	
(PLEASE CHECK)	Respirator Qualified - Type:
<input checked="" type="checkbox"/>	Air-purifying
<input checked="" type="checkbox"/>	Atmosphere-supplying
<input checked="" type="checkbox"/>	Portable (SCBA)
<input checked="" type="checkbox"/>	Air-line
<input checked="" type="checkbox"/>	Class 1 No restrictions on respirator use
<input type="checkbox"/>	Class 2 Some specific use restrictions:
<input type="checkbox"/>	Class 3 NO RESPIRATOR under any circumstances

RECOMMENDATIONS: (Job Related) \_\_\_\_\_

I have informed the employee, by mail, of the results of my evaluation, including recommendations for further evaluations and/or treatment, per 29 CFR 1910.120, if applicable.

M.D./P.A./N.P.: [Signature]

Date: 9/10/97  
(REVISION 3/28/96)

# Professional Service Industries, Inc.

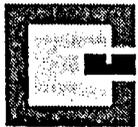
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## *Asbestos Abatement Contractor/Supervisor Initial Training Course (AHERA & ASHARA)*

**Alex Courtney**  
427-31-3729

*has successfully completed the EPA-Approved Asbestos Abatement Contractor/Supervisor Initial Training Course and passed the Examination for purposes of accreditation required under section 206 of Title II of the Toxic Substances Control Act (TSCA). Conducted by Professional Service Industries, Inc., 510 East 22nd Street, Lombard, IL 60148, (630) 691-1490.  
Continuing Education Credits 4.0*

The Continuing



Education Unit®

Location: Salt Lake City, Utah

Expiration: August 8, 1998

Course: August 4 - 8, 1997

Director of Training:



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5PSI 83877

# Utah Asbestos Certification

Alex L. Courtney  
Name

Supervisor

Type of Certification

1959

8/8/98

Certification Number

Expiration Date

6'2"

Height

165

Weight

M

Sex

10/13/77

Birth Date

*Mrs. K. Jueman*

Executive Secretary Utah Air Quality Board



# WORKCARE

Occupational/Environmental Health Services  
2390 South Redwood Road  
Salt Lake City, UT 84119  
801-975-1600  
801-975-1666 (FAX)

## FITNESS FOR DUTY

CHECK EXAMINATION TYPE:

<input type="checkbox"/> Haz/Mat Physical <small>29 CFR 1910.120</small>	<input checked="" type="checkbox"/> Asbestos Physical <small>29 CFR 196.1001</small>	<input type="checkbox"/> Respirator Certification <small>29 CFR 1910.134 ANSI Z88.2-1991</small>
---	---	---

Company: Intermar West

Employee Name: ZACHARY STEPHENSON

Date of Examination: 9/10/97

Job Description: \_\_\_\_\_

<input checked="" type="checkbox"/>	<b>NO DETECTED MEDICAL CONDITIONS</b> The above named employee is fit for duty for the job description listed above based on medical examination and the following information provided by the company: 1) job description, 2) PPE required for the job, and 3) hazard analysis or projected exposure analysis of the employee.
-------------------------------------	--

RESPIRATOR CERTIFICATION (29 CFR Part 1910.134)	
(PLEASE CHECK)	Respirator Qualified - Type:
<input checked="" type="checkbox"/>	Air-purifying
<input checked="" type="checkbox"/>	Atmosphere-supplying
<input checked="" type="checkbox"/>	Portable (SCBA)
<input checked="" type="checkbox"/>	Air-line
<input checked="" type="checkbox"/>	Class 1 No restrictions on respirator use
<input type="checkbox"/>	Class 2 Some specific use restrictions:
<input type="checkbox"/>	Class 3 NO RESPIRATOR under any circumstances

RECOMMENDATIONS: (Job Related) \_\_\_\_\_

I have informed the employee, by mail, of the results of my evaluation, including recommendations for further evaluations and/or treatment, per 29 CFR 1910.120, if applicable.

M.D./P.A./N.P.: [Signature] Date: 9/10/97

# Utah Asbestos Certification

Alex L. Courtney

Name

Supervisor

Type of Certification

1959

8/8/98

Certification Number

Expiration Date

6'2"

165

M

Height

Weight

Sex

10/13/77

Birth Date

*Misale K. Jueman*

Executive Secretary Utah Air Quality Board



# THERMAL WEST

INDUSTRIAL, INC.

Insulation and Abatement

## QUALITATIVE FIT TEST

Name ALEX COURTNEY Date 3/3/98  
Employer TWI SSN 427-31-3729  
Respirator Type NORTH 7700 Fit: Yes  No   
NIOSH/MSHA TC No. \_\_\_\_\_ Refit: Yes \_\_\_\_\_ No \_\_\_\_\_  
Respirator Type \_\_\_\_\_ Fit: Yes \_\_\_\_\_ No \_\_\_\_\_  
NIOSH/MSHA TC No. \_\_\_\_\_ Refit: Yes \_\_\_\_\_ No \_\_\_\_\_  
Type of Qualitative Test SMOKE  
Facial Hair: Yes \_\_\_\_\_ No  Where \_\_\_\_\_

### Testing Protocol

1. Positive & Negative Pressure Check
2. Breathing Normally
3. Breathing Deeply
4. Turning & Nodding Head
5. Talking (Rainbow Passage)
6. Jogging in Place
7. Breathing Normally

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Respirator Fitted By [Signature]

Note: Fit testing will not be conducted if facial hair exists at contact area of respirator.

# WORKCARE

Occupational/Environmental Health Services  
2390 South Redwood Road  
Salt Lake City, UT 84119  
801-975-1600  
801-975-1666 (FAX)

## FITNESS FOR DUTY

CHECK EXAMINATION TYPE:

<input type="checkbox"/> Haz/Mat Physical <small>29 CFR 1910.120</small>	<input checked="" type="checkbox"/> Asbestos Physical <small>29 CFR 196.1001</small>	<input type="checkbox"/> Respirator Certification <small>29 CFR 1910.134 ANSI Z88.2-1991</small>
--	--	--

Company: Thermal West Ind

Employee Name: Alex L. Courtney

Date of Examination: 8/29/97

Job Description: \_\_\_\_\_

<input checked="" type="checkbox"/>	<b>NO DETECTED MEDICAL CONDITIONS</b> The above named employee is fit for duty for the job description listed above based on medical examination and the following information provided by the company: 1) job description, 2) PPE required for the job, and 3) hazard analysis or projected exposure analysis of the employee.
-------------------------------------	--

RESPIRATOR CERTIFICATION (29 CFR Part 1910.134)	
(PLEASE CHECK)	Respirator Qualified - Type:
<input checked="" type="checkbox"/>	Air-purifying
<input checked="" type="checkbox"/>	Atmosphere-supplying
<input checked="" type="checkbox"/>	Portable (SCBA)
<input checked="" type="checkbox"/>	Air-line
<input checked="" type="checkbox"/>	Class 1 No restrictions on respirator use
<input type="checkbox"/>	Class 2 Some specific use restrictions:
<input type="checkbox"/>	Class 3 NO RESPIRATOR under any circumstances

RECOMMENDATIONS: (Job Related) \_\_\_\_\_

I have informed the employee, by mail, of the results of my evaluation, including recommendations for further evaluations and/or treatment, per 29 CFR 1910.120, if applicable.

M.D./P.A./N.P.: [Signature]

Date: 8/29/97

(REVISION 3/28/96)

# Professional Service Industries, Inc.

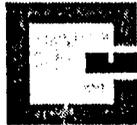
## *Asbestos Abatement Contractor/Supervisor Refresher Training Course*

**Travis J. Moulton**

529-57-6666

*has successfully completed the EPA-Approved Asbestos Abatement Contractor/Supervisor Refresher Training Course and passed the Examination for purposes of accreditation required under section 206 of Title II of the Toxic Substances Control Act (TSCA). Conducted by Professional Service Industries, Inc., 510 East 22nd Street, Lombard, IL 60148, (708) 691-1490. Continuing Education Credits .8*

The Continuing



Education Unit®

Location: Salt Lake City, Utah

Expiration: August 15, 1998

Course: August 15, 1997

Director of Training



5PSI 83891



OCCUPATIONAL HEALTH CLINIC

1685 West 2200 South  
West Valley City, Utah 84119

## RESPIRATOR USE CARD

NAME Travis moulton

S.S.N. 529-57-6666

EMPLOYER Thermal West

DATE ISSUED 5/27/98 EXP. 5/27/99

The above named employee has been examined by me and determined to be physically capable of wearing respiratory protection.

PROVIDER

SIGNATURE [Signature]

DATE 5/27/98

# THERMALWEST

INDUSTRIAL, INC.

Insulation and Abatement

## QUALITATIVE FIT TEST

Name TRAVIS MOULTON Date 4 MAY 98  
Employer TWI SSN 909-97-6666  
Respirator Type NORTH 7700 Fit: Yes  No   
NIOSH/MSHA TC No. TC-21C-152 Refit: Yes  No   
Respirator Type \_\_\_\_\_ Fit: Yes  No   
NIOSH/MSHA TC No. \_\_\_\_\_ Refit: Yes  No   
Type of Qualitative Test SMOKE  
Facial Hair: Yes  No  Where \_\_\_\_\_

### Testing Protocol

1. Positive & Negative Pressure Check
2. Breathing Normally
3. Breathing Deeply
4. Turning & Nodding Head
5. Talking (Rainbow Passage)
6. Jogging in Place
7. Breathing Normally

Comments \_\_\_\_\_  
\_\_\_\_\_

Respirator Fitted By Mark Brown

Note: Fit testing will not be conducted if facial hair exists at contact area of respirator.

# Professional Service Industries, Inc.

## *Asbestos Abatement Worker Refresher Training Course*

**Guillermo Rodriguez**

587-49-3984

*has successfully completed the EPA-Approved Asbestos Abatement Worker Refresher Training Course and passed the Examination for purposes of accreditation required under section 206 of Title II of the Toxic Substances Control Act (TSCA). Conducted by Professional Service Industries, Inc., 510 East 22nd Street, Lombard, IL 60148, (630) 691-1490.  
Continuing Education Credits .8*

The Continuing



Education Unit®

Location: Salt Lake City, Utah

Expiration: April 3, 1999

Course: April 3, 1998

Director of Training:



5PSI 105052

# Utah Asbestos Certification

Guillermo A.

Name **Rodriguez**

**Worker**

Type of Certification

**1978**

Certification Number

**2/20/98**

Expiration Date

**5'8"**

Height

**180**

Weight

**M**

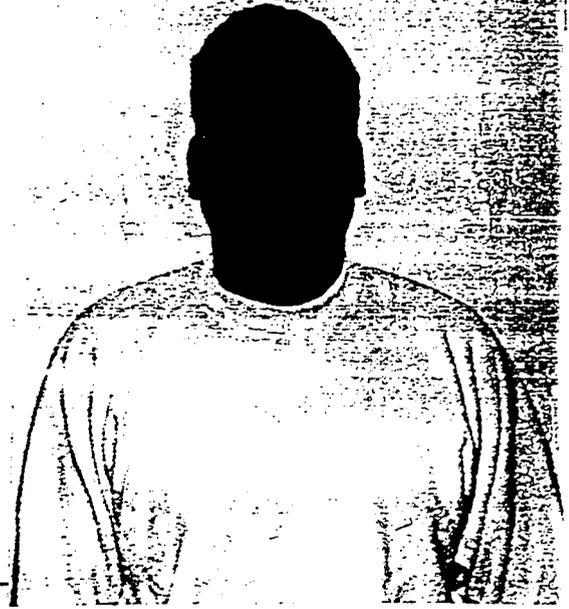
Sex

**3/5/64**

Birth Date

*Misula K. Jueman*

Executive Secretary Utah Air Quality Board



Expiration Date 4/3/99

Certification Number 1978

# THERMAL WEST

INDUSTRIAL, INC.

Insulation and Abatement

## QUALITATIVE FIT TEST

Name GUILLERMO RODRIGUEZ Date 13 Oct 97

Employer TWI SSN 582-49-3984

Respirator Type 3M Fit: Yes  No

NIOSH/MSHA TC No. \_\_\_\_\_ Refit: Yes  No

Respirator Type \_\_\_\_\_ Fit: Yes  No

NIOSH/MSHA TC No. \_\_\_\_\_ Refit: Yes  No

Type of Qualitative Test SMOKE

Facial Hair: Yes  No  Where Moustache

### Testing Protocol

- 1. Positive & Negative Pressure Check
- 2. Breathing Normally
- 3. Breathing Deeply
- 4. Turning & Nodding Head
- 5. Talking (Rainbow Passage)
- 6. Jogging in Place
- 7. Breathing Normally

Comments \_\_\_\_\_

Respirator Fitted By Mark Bave

Note: Fit testing will not be conducted if facial hair exists at contact area of respirator.

**WORKCARE**  
 Occupational/Environmental Health Services  
 2390 South Redwood Road  
 Salt Lake City, UT 84119  
 801-975-1600  
 801-975-1666 (FAX)

# FITNESS FOR DUTY

CHECK EXAMINATION TYPE:

<input type="checkbox"/> <b>Haz/Mat Physical</b> <small>29 CFR 1910.120</small>	<input checked="" type="checkbox"/> <b>Asbestos Physical</b> <small>29 CFR 196.1001</small>	<input checked="" type="checkbox"/> <b>Respirator Certification</b> <small>29 CFR 1910.134 ANSI Z88.2-1991</small>
--	--	---

Company: Thermal West  
 Employee Name: Guillermo Rodriguez  
 Date of Examination: 5/22/98

Job Description: \_\_\_\_\_

**NO DETECTED MEDICAL CONDITIONS**  
 The above named employee is fit for duty for the job description listed above based on medical examination and the following information provided by the company: 1) job description, 2) PPE required for the job, and 3) hazard analysis or projected exposure analysis of the employee.

RESPIRATOR CERTIFICATION (29 CFR Part 1910.134)	
(PLEASE CHECK)	Respirator Qualified - Type:
<input checked="" type="checkbox"/>	Air-purifying
<input checked="" type="checkbox"/>	Atmosphere-supplying
<input checked="" type="checkbox"/>	Portable (SCBA)
<input checked="" type="checkbox"/>	Air-line
<input checked="" type="checkbox"/>	Class 1 No restrictions on respirator use
<input type="checkbox"/>	Class 2 Some specific use restrictions:
<input type="checkbox"/>	Class 3 NO RESPIRATOR under any circumstances

RECOMMENDATIONS: (Job Related) \_\_\_\_\_

I have informed the employee, by mail, of the results of my evaluation, including recommendations for further evaluations and/or treatment, per 29 CFR 1910.120, if applicable.

M.D./P.A./N.P.:  Date: 5/22/98  
(REVISION 3/28/96)

# THERMALWEST

INDUSTRIAL, INC.

Insulation and Abatement

## QUALITATIVE FIT TEST

Name GUILLERMO RODRIGUEZ Date 5/4/98

Employer \_\_\_\_\_ SSN 582-49-3984

Respirator Type NORTH 7700 Fit: Yes  No

NIOSH/MSHA TC No. \_\_\_\_\_ Refit: Yes  No

Respirator Type \_\_\_\_\_ Fit: Yes  No

NIOSH/MSHA TC No. \_\_\_\_\_ Refit: Yes  No

Type of Qualitative Test SMOKE

Facial Hair: Yes  No  Where MOUSTACHE

### Testing Protocol

- |                                       |                                     |
|---------------------------------------|-------------------------------------|
| 1. Positive & Negative Pressure Check | <input checked="" type="checkbox"/> |
| 2. Breathing Normally                 | <input checked="" type="checkbox"/> |
| 3. Breathing Deeply                   | <input checked="" type="checkbox"/> |
| 4. Turning & Nodding Head             | <input checked="" type="checkbox"/> |
| 5. Talking (Rainbow Passage)          | <input checked="" type="checkbox"/> |
| 6. Jogging in Place                   | <input checked="" type="checkbox"/> |
| 7. Breathing Normally                 | <input checked="" type="checkbox"/> |

Comments \_\_\_\_\_

\_\_\_\_\_

Respirator Fitted By Jerry Orr

Note: Fit testing will not be conducted if facial hair exists at contact area of respirator.

# Professional Service Industries, Inc.

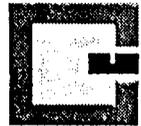
## *Asbestos Abatement Contractor/Supervisor Refresher Training Course*

**Bobby Martinez**

528-49-4671

*has successfully completed the EPA-Approved Asbestos Abatement Contractor/Supervisor Refresher Training Course and passed the Examination for purposes of accreditation required under section 206 of Title II of the Toxic Substances Control Act (TSCA). Conducted by Professional Service Industries, Inc., 510 East 22nd Street, Lombard, IL 60148, (630) 691-1490. Continuing Education Credits .8*

The Continuing



Education Unit®

Location: Salt Lake City, Utah

Expiration: October 6, 1998

Course: October 6 1997

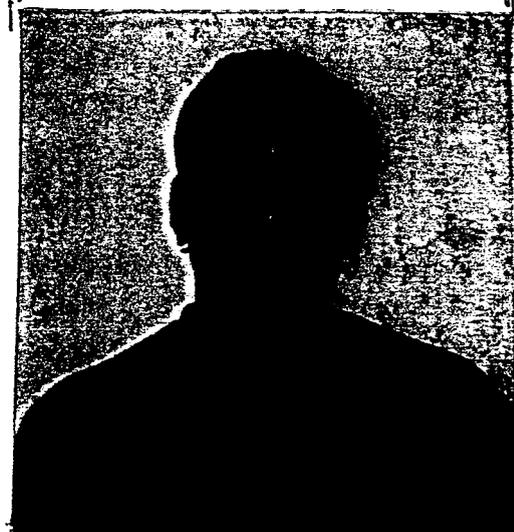
Director of Training



5PSI 83919

# Utah Asbestos Certification

Bobby G. Martinez  
Name  
Supervisor  
Type of Certification  
1326                      10/5/97  
Certification Number      Expiration Date  
5'8"                      155                      M  
Height                      Weight                      Sex  
February 27, 1977  
Birth Date



*M. K. Jensen*  
Executive Secretary Utah Air Quality Board

Expiration Date      10/6/98

Certification Number      1326



1415 West 2200 South  
West Valley City, Utah 84119

### RESPIRATOR USE CARD

NAME Bobby MARTINEZ  
S.S.N. 528-419-4167  
EMPLOYER THEMAL WEST  
DATE ISSUED 8/19/97 EXP. \_\_\_\_\_  
The above named employee has been examined by me and determined  
to be physically capable of wearing respiratory protection.  
PROVIDER \_\_\_\_\_  
SIGNATURE [Signature]  
DATE 19 AUG 97

# THERMAL WEST

INDUSTRIAL, INC.  
Insulation and Abatement

## QUALITATIVE FIT TEST

Name BOBBY MARTINEZ Date 3 FEB 98  
Employer TWI SSN 508-49-4671  
Respirator Type NORTH 7700 Fit: Yes  No   
NIOSH/MSHA TC No. TC-21C-152 Refit: Yes  No   
Respirator Type \_\_\_\_\_ Fit: Yes  No   
NIOSH/MSHA TC No. \_\_\_\_\_ Refit: Yes  No   
Type of Qualitative Test SMOKE  
Facial Hair: Yes  No  Where \_\_\_\_\_

### Testing Protocol

1. Positive & Negative Pressure Check
2. Breathing Normally
3. Breathing Deeply
4. Turning & Nodding Head
5. Talking (Rainbow Passage)
6. Jogging in Place
7. Breathing Normally

Comments \_\_\_\_\_

Respirator Fitted By Mark P. Jones

Note: Fit testing will not be conducted if facial hair exists at contact area of respirator.

# THERMALWEST

INDUSTRIAL, INC.

Insulation and Abatement

COMPLIANCE ACKNOWLEDGMENT

Collin Scott understand and am fully aware that the work I am about to perform at Sunny side mine consists in part of asbestos removal.

I am aware of the hazards of asbestos fibers and agree to follow all OSHA regulations (OSHA 29 CFR 1926.58).

I have been instructed on the proper protective clothing and respirators that should be worn, and I agree to wear them at all times during the removal of asbestos. I have also been instructed on the proper removal and disposal of asbestos products and agree to follow EXACTLY those procedures.

SIGNED \_\_\_\_\_

DATE \_\_\_\_\_

Collin Scott  
7/13/98

I hereby certify that the abatement job listed above has been done in accordance with OSHA and EPA standards.

All safety equipment was properly used during the removal procedure.

SIGNED \_\_\_\_\_

DATE \_\_\_\_\_

Collin Scott  
7/23/98

# THERMAL WEST

INDUSTRIAL, INC.

Insulation and Abatement

COMPLIANCE ACKNOWLEDGMENT

M. Davidson understand and am fully aware that the work I am about to perform at Sunny Side mine consists in part of asbestos removal.

I am aware of the hazards of asbestos fibers and agree to follow all OSHA regulations (OSHA 29 CFR 1926.58).

I have been instructed on the proper protective clothing and respirators that should be worn, and I agree to wear them at all times during the removal of asbestos. I have also been instructed on the proper removal and disposal of asbestos products and agree to follow EXACTLY those procedures.

SIGNED M. Davidson

DATE 7/13/98

I hereby certify that the abatement job listed above has been done in accordance with OSHA and EPA standards.

All safety equipment was properly used during the removal procedure.

SIGNED M. Davidson

DATE 7/23/98

# THERMAL WEST

INDUSTRIAL, INC.

Insulation and Abatement

## COMPLIANCE ACKNOWLEDGMENT

Guillermo Rodriguez understand and am fully aware that the work I am about to perform at Sunny Side Mini consists in part of asbestos removal.

I am aware of the hazards of asbestos fibers and agree to follow all OSHA regulations (OSHA 29 CFR 1926.58).

I have been instructed on the proper protective clothing and respirators that should be worn, and I agree to wear them at all times during the removal of asbestos. I have also been instructed on the proper removal and disposal of asbestos products and agree to follow EXACTLY those procedures.

SIGNED

DATE

I hereby certify that the abatement job listed above has been done in accordance with OSHA and EPA standards.

All safety equipment was properly used during the removal procedure.

SIGNED

DATE

# THERMAL WEST

INDUSTRIAL, INC.

Insulation and Abatement

COMPLIANCE ACKNOWLEDGMENT

Bobby MARTINEZ understand and am fully aware that the work I am about to perform at SUNNY SIDE MINE consists in part of asbestos removal.

I am aware of the hazards of asbestos fibers and agree to follow all OSHA regulations (OSHA 29 CFR 1926.58).

I have been instructed on the proper protective clothing and respirators that should be worn, and I agree to wear them at all times during the removal of asbestos. I have also been instructed on the proper removal and disposal of asbestos products and agree to follow EXACTLY those procedures.

SIGNED

Bobby Martinez

DATE

7-23-98

I hereby certify that the abatement job listed above has been done in accordance with OSHA and EPA standards.

All safety equipment was properly used during the removal procedure.

SIGNED

Bobby Martinez

DATE

7/23/98

# THERMAL WEST

INDUSTRIAL, INC.

Insulation and Abatement

## COMPLIANCE ACKNOWLEDGMENT

Alex Courtney understand and am fully aware that the work I am about to perform at Sunnyside Mine consists in part of asbestos removal.

I am aware of the hazards of asbestos fibers and agree to follow all OSHA regulations (OSHA 29 CFR 1926.58).

I have been instructed on the proper protective clothing and respirators that should be worn, and I agree to wear them at all times during the removal of asbestos. I have also been instructed on the proper removal and disposal of asbestos products and agree to follow EXACTLY those procedures.

SIGNED

Alex Courtney

DATE

7-13-98

I hereby certify that the abatement job listed above has been done in accordance with OSHA and EPA standards.

All safety equipment was properly used during the removal procedure.

SIGNED

Alex Courtney

DATE

7/23/98

# THERMAL WEST

INDUSTRIAL, INC.

Insulation and Abatement

COMPLIANCE ACKNOWLEDGMENT

Zac Stephenson understand and am fully aware that the work I  
am about to perform at Sunny side mine  
consists in part of asbestos removal.

I am aware of the hazards of asbestos fibers and agree to follow all OSHA  
regulations (OSHA 29 CFR 1926.58).

I have been instructed on the proper protective clothing and respirators that  
should be worn, and I agree to wear them at all times during the removal of  
asbestos. I have also been instructed on the proper removal and disposal of  
asbestos products and agree to follow EXACTLY those procedures.

SIGNED Zac Stephenson

DATE 7-13-98

I hereby certify that the abatement job listed above has been done in  
accordance with OSHA and EPA standards.

All safety equipment was properly used during the removal procedure.

SIGNED Zac Stephenson

DATE 7/23/98

# THERMAL WEST

INDUSTRIAL, INC.

Insulation and Abatement

## COMPLIANCE ACKNOWLEDGMENT

Travis Moulton understand and am fully aware that the work I  
am about to perform at Sunny Side Mine  
consists in part of asbestos removal.

I am aware of the hazards of asbestos fibers and agree to follow all OSHA  
regulations (OSHA 29 CFR 1926.58).

I have been instructed on the proper protective clothing and respirators that  
should be worn, and I agree to wear them at all times during the removal of  
asbestos. I have also been instructed on the proper removal and disposal of  
asbestos products and agree to follow EXACTLY those procedures.

SIGNED

Travis Moulton

DATE

7/13/98

I hereby certify that the abatement job listed above has been done in  
accordance with OSHA and EPA standards.

All safety equipment was properly used during the removal procedure.

SIGNED

Travis Moulton

DATE

7/23/98

# THERMAL WEST

INDUSTRIAL, INC.

Insulation and Abatement

## AIR MACHINE FILTER CHANGE LOG

NAME	DATE	MACHINE #	PRE FILTER	SEC FILTER	H.E.P.A.
Collin Scott	4/15	001	✓	✓	good
Collin Scott	4/14	003	✓	✓	good
Collin Scott	4/20	001	✓	✓	good
Travis Moulton	4/20	003	✓	✓	11
Zac Stephenson	4/22	001	✓	✓	good

# THERMALWEST

INDUSTRIAL, INC.

Insulation and Abatement

## WATER FILTER CHANGE LOG

NAME	DATE	MACHINE #	5 MICRON	20 MICRON	50 MICRON
Collin Scott	4/15		✓	✓	✓
Collin Scott	4/20		✓	✓	✓
Morland D.	4/23		✓	✓	✓