



State of Arkansas
Department of
Pollution Control & Ecology



Be it known that
J. GRAVES INSULATION
is hereby licensed as an
Asbestos Abatement Contractor

*having qualified as required by law in accordance with Regulations adopted
by the Department pursuant to Act 817 of 1993 relative to abatement of
friable asbestos material for disposal within the state of Arkansas*

This license is valid as long as holder
complies with all duly adopted rules and
regulations of the program.

In witness whereof I have subscribed
my name and affixed this seal of the
Department of Pollution Control and
Ecology, State of Arkansas.

LICENSE NUMBER 00001

01 January 1996
ISSUE DATE

31 December 1996
EXPIRE DATE

Keith A. Michael

Chief, Air Division

License No. 0009511196

State of Arkansas

Contractors Licensing Board

This is to Certify That

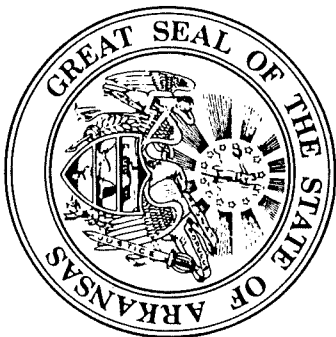
THE J. GRAVES INSULATION COMPANY, INC.
MABELVALE, AR

is duly licensed under the provisions of Act 150 of the 1965 Acts as amended and is entitled to practice Contracting in the State of Arkansas within the following classification:

SPECIALTY
Asbestos
Insulation

from December 15, 1995 until November 30, 1996 when this Certificate expires.

Witness our hands and seal of the Board, dated at Little Rock, Arkansas:



James D. Edwards

CHAIRMAN

[Signature]

SECRETARY

December 15, 1995

ACORD.**CERTIFICATE OF INSURANCE**

PGP

01863

ISSUE DATE (MM/DD/YY)

12/01/95

PRODUCER

QUERBES & NELSON
214 MILAM STREET
SHREVEPORT LA 71101

INSURED

J W GRAVES ENTERPRISES
J GRAVES INSULATION CO.
P. O. BOX 8830
SHREVEPORT, LA 71148-8830

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND
CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE
DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE
POLICIES BELOW.

COMPANIES AFFORDING COVERAGE

COMPANY **A** STEADFAST INSURANCE COMPANY
LETTER

COMPANY **B** ZURICH INSURANCE CO.
LETTER

COMPANY **C** GENERAL STAR INDEMNITY
LETTER

COMPANY **D** EAGLE COMP. & REINSURANCE CO.
LETTER

COMPANY **E** HOUSTON GENERAL INSURANCE COMPANY
LETTER

COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD
INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS
CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS,
EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO TR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
☒	GENERAL LIABILITY	AA0790266503	03/01/95	03/01/96	GENERAL AGGREGATE	\$ 3,000,000
	☒ COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OP AGG.	\$ 3,000,000
	☐ CLAIMS MADE ☒ OCCUR.				PERSONAL & ADV. INJURY	\$ 1,000,000
	☐ OWNER'S & CONTRACTOR'S PROT.				EACH OCCURRENCE	\$ 1,000,000
	☒ ASBESTOS SPEC.				FIRE DAMAGE (Any one fire)	\$ 50,000
	LEAD BASED PAINT				MED.EXP. (Any one person)	\$ 5,000
☒	AUTOMOBILE LIABILITY	BAP307886013	03/01/95	03/01/96	COMBINED SINGLE "	
	☒ ANY AUTO				LIMIT	\$ 1,000,000
	☐ ALL OWNED AUTOS				BODILY INJURY	
	☐ SCHEDULED AUTOS				(Per person)	\$
	☐ HIRED AUTOS				BODILY INJURY	
	☐ NON-OWNED AUTOS				(Per accident)	\$
☒	EXCESS LIABILITY	IXG313102B	03/01/95	03/01/96	EACH OCCURRENCE	\$ 1,000,000
	☐ UMBRELLA FORM				AGGREGATE	\$
	☒ OTHER THAN UMBRELLA FORM					
☒	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY	WC293103 104265700	03/01/95 03/01/95	03/01/96 03/01/96	STATUTORY LIMITS	
					EACH ACCIDENT	\$ 1,000,000
					DISEASE-POLICY LIMIT	\$ 1,000,000
					DISEASE-EACH EMPLOYEE	\$ 1,000,000
☐	OTHER					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

ST. JOHNS CATHOLIC DIOCESE IS AN ADDITIONAL INSURED UNDER GENERAL LIABILITY.

CERTIFICATE HOLDER

ST. JOHNS CATHOLIC
DIOCESE
2415 TYLER STREET
LITTLE ROCK AR 72207

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE
EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO
MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE
LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR
LIABILITY OF ANY KIND UPON THE COMPANY ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

QUERBES & NELSON

BY: *Roma**Bennett*

STATE OF ARKANSAS
Asbestos Notice of Intent

County _____
CSW# _____
Pr. Source _____

X Original _____ Revised _____ Emergency
Type of Project: X Renovation _____ Demo _____ Cleanup

Work Schedule: Start Date End Date
 12-14-95 Prep 12-14-95 Prep
 12-14-95 Removal 12-15-95 Removal

Work Hours: 7:00 am pm to 5:30 am/pm
Days of the week when work will occur (Please Circle)
 Su M T W Th F Sa

Contractor/Operator J. Graves Insulation Co., Inc.
Address 12300 Chicot Road, Mabelvale, AR 72103
Contact Person Terry Blaylock Phone (501) 568-2673

Structure Owner St. Johns Catholic Diocese
Address 2415 Tyler Street, Little Rock, AR 72207
Contact Person John Robinette Phone (501) 664-0340

Name of Structure St. Johns Catholic Center - Byrne Hall
Address 2415 Tyler Street, Little Rock, AR 72207
Dimentions 3,750 s/f 2 story Age 80 Years
Last Use of Structure In Use Now

Approximate amount and type of asbestos materials
210 l/f of pipe insulation - 1 tank -8' x 24' - 1 boiler refractory mud -
1 4' x 2' flex joint - 160 s/f of floor tile
Describe Method used to Detect asbestos PLM Bulk

Air Monitor will be conducted by:
____ Contractor X Consultant _____ Other

Waste Transporter J. Graves Insulation Company, Inc.
Address 12300 Chicot Road, Mabelvale, Arkansas 72103
Contact Person T. Aquil Phone (501) 568-2673

Disposal Location Brushy Island Landfil, Hwy 67 N. at Kiehl, Jacksonville, A
72076

Describe in detail work practices used for asbestos abatement
We will glove bag per manufacturers specifications. All ACM will be wet,
gloved bagged using Hepa glove bag vacuums on the bag, and then bags removed
and placed in 6-mil yellow bags. All pipe will be encapsulated and area wet
wiped. All ACM will be placed in an enclosed van for disposal to a permitted
landfill.

* Date rec'd: _____ *

* Priority : _____ *

* County : _____ *

* CSN# : _____ *

* Pt. Source: _____ *

STATE OF ARKANSAS

ASBESTOS NOTICE OF INTENT REVISION

Name of Project: St. Johns Catholic Diocese- 2415 Tyler Street, Little Rock
Arkansas 72207 -

Location: St. John Catholic Center - Byrne Hall 2415 Tyler Street, Little Rock, AR

Contractor/Operator: J. Graves Insulation Comany, Inc.

Date original notice was completed: Decmeber 1, 1995

This is to revise the previous notice of intent for the above project. The changes on the attached notice are concerned with:-

☐ Prepping dates ☐ Removal dates ☐ Work hours

☐ Days of week of work ☒ Amount or type of asbestos

☐ Air Monitoring ☐ Waste transporter ☐ Disposal site

☐ Work practices ☐ Other (list below)

Add L,576 s/f of floor tile

Please provide the reason(s) for making the above changes:

Incorrectly listed on original notice of intent.

This is to verify that the above information is accurate and has been provided by:

Name: TERRY BLAYLOCK

Date: December 7, 1995

* Date rec'd: _____ *

* Priority : _____ *

* County : _____ *

* CSN# : _____ *

* Pt. Source: _____ *

STATE OF ARKANSAS

ASBESTOS NOTICE OF INTENT REVISION

Name of Project: St. Johns Catholic Diocese - 2415 Tyler Street, Little
Rock, Arkansas 72207

Location: St. Johns Catholic Center -Bryne Hall - 2415 Tyler
Street, Little Rock, AR 72207

Contractor/Operator: J. Graves Insulation Company, Inc.

Date original notice was completed: December 1, 1995

This is to revise the previous notice of intent for the above project. The changes on the attached notice are concerned with:-

☐ Prepping dates ☐ Removal dates ☐ Work hours

☐ Days of week of work ☒ Amount or type of asbestos

☐ Air Monitoring ☐ Waste transporter ☐ Disposal site

☐ Work practices ☐ Other (list below)

Change square footage of floor tile back to original
notice of intent - 160 s/f

Please provide the reason(s) for making the above changes:

Incorrectly listed on revision dated December 7, 1995

This is to verify that the above information is accurate and has been provided by:

Name: TERRY BLAYLOCK

Date: December 8, 1995

DAILY LOG

JOB: St. Johns Catholic Center

DATE: 12/14/95

FOREMAN: ~~John~~ Curt Werner

DAY: Thursday

TIME: 7am

EMPLOYEE	Prepping	Removal	Cleaning	Other	Total Hours	EMPLOYEE	Prepping	Removal	Cleaning	Other	Total Hours
1 <u>Curt Werner</u>	✓	✓	✓		10	11					
2 <u>Drew Boyles</u>	✓	✓	✓		10	12					
3 <u>Roger Young</u>	✓	✓	✓		10	13					
4						14					
5						15					
6						16					
7						17					
8						18					
						19					
10						20					

VISITORS	Time In	Time Out	Int.	AIR SAMPLES	Qty.	TAKEN BY
1				PRE-ABATEMENT		
2				PERSONAL	1	<u>Drew Boyles</u>
3				FINAL		
4				LOCATION OF SAMPLES		
5				1. <u>Basement</u>	4.	
				2.	5.	
				3.	6.	

EQUIPMENT	Qty.
NEGATIVE AIR UNITS	3
HEPA VACUUMS	1
SHOWERS	1
AIR MONITORS 2 Liters	
AIR MONITORS 10 Liters	
QUARTZ LIGHTS	1
WATER BOTTLES	2
LADDERS	4
SCAFFOLDING	

COMMENTS:

FOREMAN SIGNATURE: Curt Werner

APPROVED BY: PEH

J. Graves Insulation Co., Inc.
Comment Sheet

JOB: St Johns Catholic Center

DATE: 12-14-95

FOREMAN: Curt Werner

DAY: Thursday

TIME: 7:00^{AM} - 5:30^{PM}

Work Began at 7:00^{AM}

Weather Ex

We Had A Short Safety Meeting This Am The Topics of Discussion were Ladder Safety & Slips on wet Floors. We then unloaded the truck. Jess & I took a walk through the Basement & He Showed me the Room with floor tile in it First we then Traced All Pipe To Be Abandoned.

We then started preping on the First Area A 36" X 8' Tank. It Had 2 x 12" pipes coming out of the Bottom. All windows were Criticled & 6mil poly Floors put down in the Area. A centralised 3 stage Recon was Built. Water was Hooked up & Run to the Shower & Area. ~~then~~ We then preped the Small Room where the Floor tile was to Be taken up. 11:30^{AM} 2 of the 3 Areas were Contained.

After lunch we Finished prep work on The 3rd Area. 1:20^{PM} Removal Began on the First Area. 3:00^{PM} 1st Area Comp. 2 people started glove Baging in the Big Room & 1 glove Baged in the Small Room. Approx 30' of pipe in the Big Room was done & 4 mud joints done in the Small Room. 1/2 of the Boiler was Scraped. 5:15^{PM} All tools & Ex put Away water shut off crew Signed out & left 5:30^{PM}.

FOREMAN SIGNATURE: Curt Werner

APPROVED BY: [Signature]

[illegible]

DAILY LOG

JOB: St. John's Catholic Center

DATE: 12/15/95

FOREMAN: Curt Werner

DAY: Friday

TIME: 7am

EMPLOYEE	Prepping	Removal	Cleaning	Other	Total Hours	EMPLOYEE	Prepping	Removal	Cleaning	Other	Total Hours
1 <u>Curt Werner</u>	✓	✓	✓	✓	9						11
2 <u>Roger Young</u>	✓	✓	✓	✓	13.5						12
3											13
4											14
5											15
6											16
7											17
8											18
											19
10											20

VISITORS	Time In	Time Out	Int.	AIR SAMPLES	Qty.	TAKEN BY
1				PRE-ABATEMENT		
2				PERSONAL	1	<u>Roger Young</u>
3				FINAL	1	<u>Morris Jones</u>
4				LOCATION OF SAMPLES		
5				1. <u>Bremer</u>	4.	
				2.	5.	
				3.	6.	

EQUIPMENT	Qty.
NEGATIVE AIR UNITS	3
HEPA VACUUMS	1
SHOWERS	1
AIR MONITORS 2 Liters	
AIR MONITORS 10 Liters	
ARTZ LIGHTS	
WATER BOTTLES	2
LADDERS	4
SCAFFOLDING	

COMMENTS:

FOREMAN SIGNATURE: [Signature]

APPROVED BY: [Signature]

J. Graves Insulation Co., Inc.
Comment Sheet

JOB: St. Johns Cath. Center

DATE: 12-15-85

FOREMAN: Curt Werpe

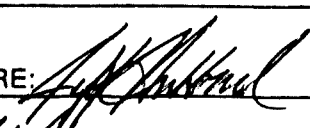
DAY: Friday

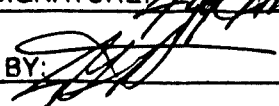
TIME: 7:00 AM

Work Began At 7:00

Weather

Roger & I went up & picked up a small Area of Loose Floor tile. We then came down & started hanging Glove Bags again. I went in & started picking up gun/badge in the 3 Rooms. Removed pipe insulation using gloves, knives & spray bottles. All piping encapsulated after removal complete. Also placed all floor tile & mortar in 55 gal. drums & sealed. All drums properly labeled. Clearance & visual inspection by Craig Tolson & Morris & Jones. All material placed on prepped enclosed vehicle. Loaded equipment & supplies & parked area.

FOREMAN SIGNATURE: 

APPROVED BY: 

[illegible]

Generator	1. Work site name and mailing address ST. JOHN CATHOLIC CENTER 2415 N TYLER ST. LITTLE ROCK, AR 72207		Owner's Name John Robinette		Owner's Telephone No. 501 664-0340	
	2. Operator's name and address J. Graves Insulation Company, Inc. P. O. Box 336 Mabelvale, Arkansas 72103				Operator's Telephone No. (501) 568-2673	
	3. Waste disposal site (WDS) name, mailing address, and physical site location Brushy Island Landfill Hwy 67 N. Kiehl Avenue Jacksonville, Arkansas 72076				WDS Telephone No. (501) 982-7336	
	4. Name, and address of responsible agency Arkansas Dept. of Pollution Control & Ecology P. O. Box 8913 Little Rock, AR 72219					
	5. Description of materials		6. Containers		7. Total quantity	
	Hazard ID # RQ - Asbestos - Class 9 NA2212		No. Type 7 DRUMS		m ³ (yd ³)	
	Packing Group - III		30 BAGS			
8. Special handling instructions and additional information Per D.O.T. & EPA Regulations						
9. OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.						
Printed/typed name & title CURT WERNER		Signature <i>Curt Werner</i>		Month Day Year 12 15 95		
Transporter	10. Transporter 1 (Acknowledge of receipt of materials)					
	Printed/typed name & title RONALD WOODS DRIVER		Signature <i>Ronald Woods</i> DRIVER		Month Day Year 12 18 95	
	Address and telephone no. PO BOX 336 MABELVALE AR 72103		PO BOX 336 MABELVALE AR 72103			
	11. Transporter 2 (Acknowledge of receipt of materials)					
Printed/typed name & title		Signature		Month Day Year		
Address and telephone no.						
Disposal Site	12. Discrepancy indication space <i>Ø</i>					
	13. Waste disposal site BRUSHY ISLAND LANDFILL owner or operator: Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.					
	Printed/typed name & title VELA HODKIN/CLERK		Signature <i>V. Hodkin</i>		Month Day Year 12 21 95	

DRIVER: PLEASE SIGN HERE

Printed on recycled paper. ♻️

Ronald Wood

BRUSHY ISLAND LANDFILL
HWY. 67/167, KIEHL EXIT
P.O. BOX 7048
SHERWOOD, AR 72124-0000

Page: 01 of 01

TICKET NBR

0112737

ORIGINAL

HAULER NAME	TRUCK #	OPERATOR	TIME IN	TIME OUT	DATE
GRAVES, J INSULATION	1	VELA H	12:54PM	12:55PM	12/21/95

GRAVES, J INSULATION
P.O. BOX 336
MABELVALE, AR 72103-0000

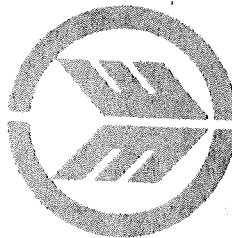
E1150-E1075, N1850-N2000

HAPPY HOLIDAYS !!

SOURCES

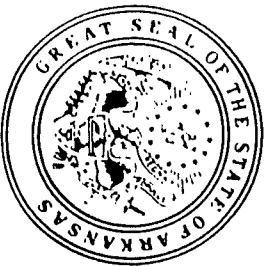
OTHER INFORMATION

GRAVES, J.



SOUTHWEST LIBRARY
VERA LLOYD PRESBYTERIAN HOME
BRINKLEY POST OFFICE
ST JOHN CATHOLIC CENTER
FEDERAL BUILDING FT. SMITH
WHITE RODGERS
NORAM GAS TRANSMISSION

MATERIAL CODE / DESCRIPTION	QUANTITY	MEASURE	RATE	AMOUNT
701 -ASBESTOS	30.00	YARDS	\$20.450	\$613.50
NO TAX				
\$.45/YD ST/CO FEE INCLUD	30.00	Units		
TOTAL AMOUNT				\$613.50



State of Arkansas
Department of
Pollution Control & Ecology



AIR DIVISION
certifies that
007349 CURT WERNER

has satisfied the requirements necessary to meet the provision of
AHERA/ASHARA under TSCA Title II and the Arkansas Asbestos Abatement
Regulation and is hereby certified in the state of Arkansas in the discipline of

Contractor Supervisor

29 June 1995
ISSUE DATE

30 June 1996
EXPIRE DATE

Keith A. Michael
Chief, Air Division



Arkansas Department
Of Pollution Control & Ecology
AIR DIVISION



certifies that
007168 DREW H. BOYLES
has satisfied the requirements necessary to meet the
provisions of AHERA/ASHARA under TSCA Title II and the
Arkansas Asbestos Abatement Regulation and is hereby certified
In the state of Arkansas in the discipline of
Worker

950718

960630

James H. Jones Jr.
Chief, Air Division



Arkansas Department
Of Pollution Control & Ecology
AIR DIVISION



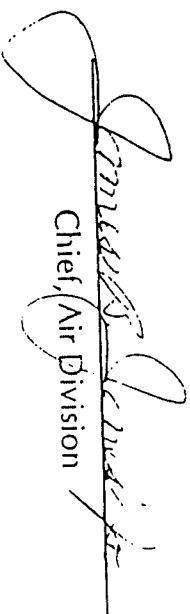
certifies that
000145 ROGER L. YOUNG

has satisfied the requirements necessary to meet the
provisions of **AHERA/ASHARA** under TSCA Title II and the
Arkansas Asbestos Abatement Regulation and is hereby
certified in the state of Arkansas in the discipline of

Contractor Supervisor

17 February 1995
ISSUE DATE

28 February 1996
EXPIRE DATE


Chief, Air Division



State of Arkansas
Department of
Pollution Control & Ecology



AIR DIVISION
certifies that
010474 Joel Brooks

*has satisfied the requirements necessary to meet the provision of
AHERA/ASHARA under TSCA Title II and the Arkansas Asbestos Abatement
Regulation and is hereby certified in the state of Arkansas in the discipline of*

Worker

31 October 1995
ISSUE DATE

31 October 1996
EXPIRE DATE

Keth A. Michael
Chief, Air Division

QUALITATIVE RESPIRATOR FIT TEST

NAME: Curt Werner

SOCIAL SECURITY NUMBER: 505 - 76 - 5364

COMPANY: J. GRAVES INSULATION COMPANY INC.

TEST METHOD: IRRITANT SMOKE

RESPIRATOR: BRAND NORTH MODEL 7700 NIOSH TC# 21-C-152
HALF-MASK SMALL MEDIUM LARGE ✓

FACEPIECE RUBBER: SYNTHETIC ✓ NATURAL

RESPIRATORY PROTECTION:
FIRST CHOICE ✓ SECOND CHOICE

FACE SEAL CHECKS:
VISUAL ✓ NEGATIVE PRESSURE ✓ POSITIVE PRESSURE ✓

LIMITATIONS:
BEARD DENTURE GLASSES NONE ✓

- FIT TEST PROCEDURE:
1. GROSS LEAK CHECK ✓
 2. BREATH NORMALLY ✓
 3. BREATH DEEPLY ✓
 4. TURN HEAD ✓
 5. NOD HEAD ✓
 6. REPEAT PASSAGE ✓
 7. JOG IN PLACE ✓
 8. BREATH NORMALLY ✓

"When sunlight strikes raindrops in the air, they act like a prism and form a rainbow. The rainbow is a division of white light into many beautiful colors. These take the shape of a long round arch, with its path high above, and its two ends apparently beyond the horizon. There is, according to legend, a boiling pot of gold at one end. People look, but no one ever finds it. When a man looks for something beyond his reach, his friends say he is looking for the pot of gold at the end of the rainbow."

EMPLOYEE SIGNATURE:

Curt Werner

TEST GIVEN BY:

[Signature]

DATE

1-3-95

DATE

1/3/95

QUALITATIVE RESPIRATOR FIT TEST

NAME: Curt Werner

SOCIAL SECURITY NUMBER: 505-76-5364

COMPANY: J. GRAVES INSULATION COMPANY INC.

TEST METHOD: IRRITANT SMOKE

RESPIRATOR: BRAND NORTH MODEL 7700 NIOSH TC# 21-C-152
HALF-MASK SMALL MEDIUM X LARGE

FACEPIECE RUBBER: SYNTHETIC X NATURAL

RESPIRATORY PROTECTION:

FIRST CHOICE X SECOND CHOICE

FACE SEAL CHECKS:

VISUAL X NEGATIVE PRESSURE X POSITIVE PRESSURE X

LIMITATIONS:

BEARD DENTURE GLASSES NONE X

FIT TEST PROCEDURE:

1. GROSS LEAK CHECK X
2. BREATH NORMALLY X
3. BREATH DEEPLY X
4. TURN HEAD X
5. NOD HEAD X
6. REPEAT PASSAGE X
7. JOG IN PLACE X
8. BREATH NORMALLY

"When sunlight strikes raindrops in the air, they act like a prism and form a rainbow. The rainbow is a division of white light into many beautiful colors. These take the shape of a long round arch, with its path high above, and its two ends apparently beyond the horizon. There is, according to legend, a boiling pot of gold at one end. People look, but no one ever finds it. When a man looks for something beyond his reach, his friends say he is looking for the pot of gold at the end of the rainbow."

EMPLOYEE SIGNATURE:

Curt Werner
7/20/95
DATE

TEST GIVEN BY:

[Signature]
7/20/95
DATE

THE COMPANY DOCTOR

568-2613
Anne Ray
COMPANY NOTIFIED (WHEN/WHOM)

PATIENT INFORMED OF RESULTS

TIME IN: TIME OUT:

REPORT OF PHYSICAL EXAMINATION

To: J. Connes, Anne Ray Employee Name: Curt Warner
From: James W. Bryan, M.D. Date of Exam: 9/27/95

Normal	Abnormal	Comment
☒ History/Physical Exam	☐	
☐ Audiometry	☐	
☐ Visual Acuity	☐	
☒ Pulmonary Function	☒	<u>Restrictive pattern</u>
☐ Treadmill	☐	
☐ Back Examination	☐	
☐ Bloodwork	☐	
☒ Urinalysis, Dip	☐	
☐ Drug Screen	☐	
☒ X-ray <u>Chest</u>	☐	
☐ Other: _____	☐	

Employee Job Description: Asbestos lead, renovation, volatile and liquid acids - ^{Haz mat} renovation work
Essential Functions of the Job: See above

The above named employee has been examined and, for the essential functions described above, has been:

- ☐ Found to be in good health, deemed physically capable of performing his/her job.
- ☒ Advised to make improvements in health/lifestyle. If recommendations are followed, employee should be able to function normally.
- ☒ Referred for additional evaluation and treatment as noted above. With proper follow-up, employee should be able to function normally. The patient is is on medical hold.
- ☐ Determined to have health and/or physical condition(s) noted above which constitutes a disability.
- ☐ He/She can safely perform the essential functions. (No accommodation is necessary.)
- ☐ He/She cannot perform the essential functions. (Reasonable accommodations must be considered.)
- ☐ Performance of the essential functions puts the candidate employee/others at significant risk of substantial harm and therefore constitutes a direct threat. (Reasonable accommodations to lower risk/harm must be considered.)

Possible accommodations that have been considered in conjunction with the candidate employee:

- ☐ Job Sharing ☐ Alteration of Tasks
☐ Special Equipment ☐ Other _____

- ☐ Determined to have health and/or physical condition(s) noted above which does not constitute a disability. He/She is at significant risk of substantial harm. This constitutes a direct threat to him/herself or others in performance of the essential functions of this job. (Accommodation(s) need not be considered.)

Bryan
Signature

RESPIRATOR PROGRAM

J. GRAVES INSULATION

JOB: UNIVERSITY PLAZA

DATE: 1-3-95

EMPLOYEE: Drea H Bayles

TIME: 8AM

RESPIRATOR: NORTIT 7700 1/2 FACE

SATISFACTORY
FAILURE

Neg.
Pressure

✓

Pos.
Pressure

✓

Ampules

Smoke

✓

COMMENTS: _____

EMPLOYEE: Joe Z. B...

JOB SUPERINTENDENT: Ray B...

J. GRAVES INSULATION, INC.

12320 Chicot Road Post Office Box 336

Mabelvale, Arkansas 72103

(501) 563-2673

QUALITATIVE RESPIRATOR FIT TEST

NAME:

Drew Boyles

SOCIAL SECURITY NUMBER:

432-31-4565

COMPANY:

J. GRAVES INSULATION COMPANY, INC.

TEST METHOD: IRRITANT SMOKE

RESPIRATOR: BRAND

NORTH

MODEL

7700

NIOSH TC#

21-C-152

HALF MASK

SMALL

MEDIUM

LARGE

FACEPIECE RUBBER: SYNTHETIC

NATURAL

RESPIRATORY PROTECTION:

FIRST CHOICE

SECOND CHOICE

FACE SEAL CHECKS:

VISUAL

NEGATIVE PRESSURE

POSITIVE PRESSURE

LIMITATIONS:

BEARD

DENTURE

GLASSES

NONE

FIT TEST PROCEDURE:

1. GROSS LEAK CHECK
2. BREATH NORMALLY
3. BREATH DEEPLY
4. TURN HEAD
5. NOD HEAD
6. REPEAT PASSAGE
7. JOG IN PLACE
8. BREATH NORMALLY

"When the sunlight strikes raindrops in the air, they act like a prism and form a rainbow. The rainbow is a division of white light into many beautiful colors. These take the shape of a long round arch, with its path high above, and its two ends apparently beyond the horizon. There is, according to legend, a boiling pot of gold at one end. People look, but no one ever finds it. When a man looks for something beyond his reach, his friends say he is looking for the pot of gold at the end of the rainbow."

EMPLOYEE SIGNATURE:

TEST GIVEN BY:

DATE

DATE

REPORT OF PHYSICAL EXAMINATION

To: J. Graves

Employee Name: Boyles, Drew

From: _____, M.D.

Date of Exam: 9/6/95

Normal	Abnormal	Comment
☒ History/Physical Exam	☐	
☐ Audiometry <u>N/A</u>	☐	
☐ Visual Acuity	☐	
☐ Pulmonary Function	☐	
☐ Treadmill <u>N/A</u>	☐	
☐ Back Examination <u>N/A</u>	☐	
☐ Bloodwork <u>N/A</u>	☐	
☒ Urinalysis <u>dip</u>	☐	
☐ Drug Screen <u>N/A</u>	☐	
☒ X-ray <u>chest</u>	☐	
☐ Other: _____	☐	

Employee Job Description: _____
Essential Functions of the Job: _____

The above named employee has been examined and, for the essential functions described above, has been:

☒ Found to be in good health, deemed physically capable of performing his/her job.

☐ Advised to make improvements in health/lifestyle. If recommendations are followed, employee should be able to function normally.

☐ Referred for additional evaluation and treatment as noted above. With proper follow-up, employee should be able to function normally. The patient is/is not on medical hold.

☐ Determined to have health and/or physical condition(s) noted above which constitutes a disability.

☐ He/She can safely perform the essential functions. (No accommodation is necessary.)

☐ He/She cannot perform the essential functions. (Reasonable accommodations must be considered.)

☐ Performance of the essential functions puts the candidate employee/others at significant risk of substantial harm and therefore constitutes a direct threat. (Reasonable accommodations to lower risk/harm must be considered.)

Possible accommodations that have been considered in conjunction with the candidate employee:

☐ Job Sharing

☐ Alteration of Tasks

☐ Special Equipment

☐ Other _____

☐ Determined to have health and/or physical condition(s) noted above which does not constitute a disability. He/She is at significant risk of substantial harm. This constitutes a direct threat to him/herself or others in performance of the essential functions of this job. (Accommodation(s) need not be considered.)

B. Tuberville M
Signature

J. GRAVES INSULATION, INC.

12320 Chicot Road Post Office Box 336

Mabelvale, Arkansas 72103

(501) 563-2673

QUALITATIVE RESPIRATOR FIT TEST

NAME: Roger Young

SOCIAL SECURITY NUMBER: 565-60-1024

COMPANY: J. GRAVES INSULATION COMPANY, INC.

TEST METHOD: IRRITANT SMOKE

RESPIRATOR: BRAND NORTH MODEL 7700 NIOSH TC# 21-C-152

HALF MASK

SMALL _____ MEDIUM ✓ LARGE _____

FACEPIECE RUBBER: SYNTHETIC ✓ NATURAL _____

RESPIRATORY PROTECTION:

FIRST CHOICE ✓ SECOND CHOICE _____

FACE SEAL CHECKS:

VISUAL ✓ NEGATIVE PRESSURE ✓ POSITIVE PRESSURE ✓

LIMITATIONS:

BEARD _____ DENTURE _____ GLASSES _____ NONE ✓

FIT TEST PROCEDURE:

1. GROSS LEAK CHECK ✓
2. BREATH NORMALLY ✓
3. BREATH DEEPLY ✓
4. TURN HEAD ✓
5. NOD HEAD ✓
6. REPEAT PASSAGE ✓
7. JOG IN PLACE ✓
8. BREATH NORMALLY ✓

"When the sunlight strikes raindrops in the air, they act like a prism and form a rainbow. The rainbow is a division of white light into many beautiful colors. These take the shape of a long round arch, with its path high above, and its two ends apparently beyond the horizon. There is, according to legend, a boiling pot of gold at one end. People look, but no one ever finds it. When a man looks for something beyond his reach, his friends say he is looking for the pot of gold at the end of the rainbow."

EMPLOYEE SIGNATURE:

Roger L Young

DATE

TEST GIVEN BY:

[Signature]

DATE

OTTER CREEK FAMILY CLINIC

11321 I-30 — Suite 101

P.O. Box 975

Mabelvale, Arkansas 72103-0975

(501) 455-1331

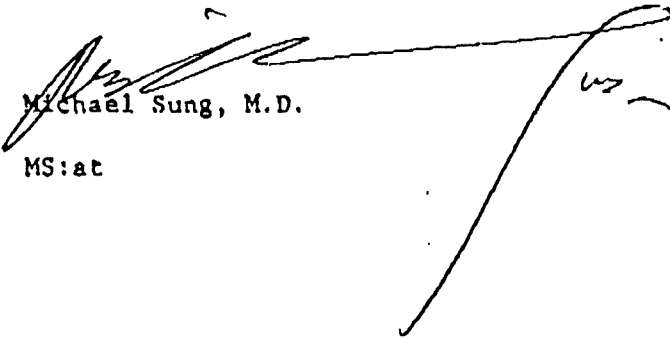
DATE: 6-2-75RE: Roger Young

To Whom It May Concern:

The above named patient has been examined in my office today, given a chest x-ray, and spirometry test. It is of my opinion that there should be no restrictions with this patient regarding working with a respirator and performing asbestos abatement.

Please feel free to contact my office if I may be of further assistance with this patient.

Sincerely,


Michael Sung, M.D.

MS:at

Full signed & follow

J. GRAVES INSULATION, INC.

12320 Chicot Road Post Office Box 336
Mabelvale, Arkansas 72103
(501) 568-2673

QUALITATIVE RESPIRATOR FIT TEST

NAME: Roger Young

SOCIAL SECURITY NUMBER: 569-60-1029

COMPANY: J. GRAVES INSULATION COMPANY, INC.

TEST METHOD: IRRITANT SMOKE

RESPIRATOR: BRAND NORTH MODEL 7700 NIOSH TC# 21-C-152

HALF MASK

SMALL _____ MEDIUM ☒ LARGE _____

FACEPIECE RUBBER: SYNTHETIC ☒ NATURAL _____

RESPIRATORY PROTECTION:

FIRST CHOICE ☒ SECOND CHOICE _____

FACE SEAL CHECKS:

VISUAL ☒ NEGATIVE PRESSURE ☒ POSITIVE PRESSURE ☒

LIMITATIONS:

BEARD _____ DENTURE _____ GLASSES _____ NONE ☒

FIT TEST PROCEDURE:

1. GROSS LEAK CHECK ☒
2. BREATH NORMALLY ☒
3. BREATH DEEPLY ☒
4. TURN HEAD ☒
5. NOD HEAD ☒
6. REPEAT PASSAGE ☒
7. JOG IN PLACE ☒
8. BREATH NORMALLY ☒

"When the sunlight strikes raindrops in the air, they act like a prism and form a rainbow. The rainbow is a division of white light into many beautiful colors. These take the shape of a long round arch, with its path high above, and its two ends apparently beyond the horizon. There is, according to legend, a boiling pot of gold at one end. People look, but no one ever finds it. When a man looks for something beyond his reach, his friends say he is looking for the pot of gold at the end of the rainbow."

EMPLOYEE SIGNATURE:

Roger L Young

DATE

7/24/95

TEST GIVEN BY:

Jeff Hubbard

DATE

7/24/95



State of Arkansas
Department of
Pollution Control & Ecology



AIR DIVISION
certifies that
001377 TERRY BLAYLOCK

*has satisfied the requirements necessary to meet the provision of
AHERA/ASHARA under TSCA Title II and the Arkansas Asbestos Abatement
Regulation and is hereby certified in the state of Arkansas in the discipline of*

Contractor Supervisor

15 August 1995
ISSUE DATE

31 August 1996
EXPIRE DATE

Kathy A. Michael
Chief, Air Division



Arkansas Department
Of Pollution Control & Ecology
AIR DIVISION

certifies that

001876 LARRY D. PARISH

has satisfied the requirements necessary to meet the provisions of AHERA/ASHARA under TSCA Title II and the Arkansas Asbestos Abatement Regulation and is hereby certified in the state of Arkansas in the discipline of

Contractor Supervisor

26 April 1995
ISSUE DATE

30 April 1996
EXPIRE DATE

James S. Hendrix
Chief, Air Division



**Arkansas Department
Of Pollution Control & Ecology
AIR DIVISION**



certifies that
004065 JEFFREY L. HUBBARD

*has satisfied the requirements necessary to meet the
provisions of AHERA/ASHARA under TSCA Title II and the
Arkansas Asbestos Abatement Regulation and is hereby
certified in the state of Arkansas in the discipline of*

Contractor Supervisor

**25 November 1994
/ISSUE DATE**

**30 November 1995
EXPIRE DATE**

James B. Jones
Chief, Air Division



State of Arkansas
Department of
Pollution Control & Ecology



AIR DIVISION

certifies that

010292 PHILLIP ALBERT RAMBIN

*has satisfied the requirements necessary to meet the provision of
AHERA/ASHARA under TSCA Title II and the Arkansas Asbestos Abatement
Regulation and is hereby certified in the state of Arkansas in the discipline of*

Contractor Supervisor

31 August 1982
ISSUE DATE

31 August 1986
EXPIRE DATE

Paul A. Michael
Chief, Air Division