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. Michaels

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.**

GREAT SEAL OF THE STATE OF ARKANSAS

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

James Q. Edwards

CHAIRMAN

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

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.

INSURED

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

COMPANIES AFFORDING COVERAGE

COMPANY LETTER	A	STEADFAST INSURANCE COMPANY
COMPANY LETTER	B	ZURICH INSURANCE CO.
COMPANY LETTER	C	GENERAL STAR INDEMNITY
COMPANY LETTER	D	EAGLE COMP. & REINSURANCE CO.
COMPANY LETTER	E	HOUSTON GENERAL INSURANCE COMPANY

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	AAO790266503	03/01/95	03/01/96	GENERAL AGGREGATE	$ 3,000,000
X	COMMERCIAL GENERAL LIABILITY				PRODUCTS–COMP/OP AGG.	$ 3,000,000
	CLAIMS MADE [X] OCCUR.				PERSONAL & ADV. INJURY	$ 1,000,000
	OWNER'S & CONTRACTOR'S PROT.				EACH OCCURRENCE	$ 1,000,000
X	ASBESTOS SPEC.				FIRE DAMAGE (Any one fire)	$ 50,000
	LEAD BASED PAIN				MED.EXP. (Any one person)	$ 5,000
	AUTOMOBILE LIABILITY	BAP307886013	03/01/95	03/01/96	COMBINED SINGLE LIMIT	$ 1,000,000
X	ANY AUTO				BODILY INJURY (Per person)	$
	ALL OWNED AUTOS				BODILY INJURY (Per accident)	$
	SCHEDULED AUTOS				PROPERTY DAMAGE	$
	HIRED AUTOS					
	NON–OWNED AUTOS					
	GARAGE LIABILITY					
	EXCESS LIABILITY	IXG313102B	03/01/95	03/01/96	EACH OCCURRENCE	$ 1,000,000
	UMBRELLA FORM				AGGREGATE	$
X	OTHER THAN UMBRELLA FORM					
	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY	WC293103	03/01/95	03/01/96	STATUTORY LIMITS	
		104265700	03/01/95	03/01/96	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:

STATE OF ARKANSAS
Asbestos Notice of Intent

County _____
CSW# _____
Pt. Source _____

X Orginal _____ 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
ContactPerson 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
ContactPerson T. Aquil Phone (501) 568-2673

Disposal Location Krushy 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 Roc 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 X 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 _X_ 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: 12/14/05

FOREMAN: [redacted] Curt Werner DAY: Thursday TIME: 7am

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

VISITORS	Time In	Time Out	Int.
1			
2			
3			
4			
5			

AIR SAMPLES	Qty.	TAKEN BY
PRE-ABATEMENT		
PERSONAL	1	Drew Boyles
FINAL		

LOCATION OF SAMPLES
1. Basement 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:

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 Safty Meeting This Am The Topics of Discussion were Ladder Safty & 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 Glove Bagged.

We then started prepping on the First Area A 36" X 8' Tank. It Had 2 x 1½" pipes coming out of the Bottom. All windows were Critided & 6mil poly Floors. put down IN the Area. A centralized 3 Stage Decon WAS Built. Water WAS Hooked up & Run to the Shower & Area. [redacted] 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 P 1st Area Comp. 2 people started glove Bagging IN the Big Room & 1 Glove Bagged IN The Small Room. Aprox 30' of pipe IN The Big Room WAS done & 4 mud Joints done IN the Small Room. ½ of the Boiler WAS Scraped. 5:15 P All tools & Eq put Away Water Shut off Crew Signed out & Left 5:30 P.

FOREMAN SIGNATURE: Curt Werner

APPROVED BY: [signature]

J. Graves INSULATION

Sign In - Out Log

Job Name St. John's

Date 12-14-95

Please Print

Name	Company Representing	Time In	Lunch/Out	Lunch/In	Time Out
Drew H. Boyles	J. Graves	7:00Am	11:30Am	1230	5:30
Roger Young	J Graves	700	1130	1230	530
Curt Werner	J Graves	7:00	11:30	12:30	5:30pm
JEFF Hildbrand	J. Graves	7am			
Joel Brooks	J Graves	7 Am			

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
1 Curt Werner	✓	✓	✓	✓	9
2 Roger Young	✓	✓	✓	✓	8
3					
4					
5					
6					
7					
8					
10					

EMPLOYEE	Prepping	Removal	Cleaning	Other	Total Hours
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

VISITORS	Time In	Time Out	Int.
1			
2			
3			
4			
5			

AIR SAMPLES	Qty.	TAKEN BY
PRE-ABATEMENT		
PERSONAL	1	Roger Young
FINAL	1	Morris & Jones

LOCATION OF SAMPLES
1. Basement
2.
3.
4.
5.
6.

EQUIPMENT	Qty.
NEGATIVE AIR UNITS	3
HEPA VACUUMS	1
SHOWERS	1
AIR MONITORS 2 Liters	
AIR MONITORS 10 Liters	
QUARTZ 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: 12-15-95

FOREMAN: Curt Wiese 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 garbage in the 3 Rooms. Removed pipe insulation using glove bag manner & spray bottles. All piping encapsulated after removal complete. Also placed all floor tile & mastic in 55 gal. drums & sealed. All drums properly labeled. Clearance & visual inspection by Craig Tollison of Mayes & Jones. All material placed on prepped enclosed vehicle. Sealed equipment & supplies & debris area.

FOREMAN SIGNATURE: [signature]

APPROVED BY: [signature]

J. Graves INSULATION

Sign In - Out Log

Job Name St Johns Catholic Church

Date 12-15-95

Please Print

Name	Company Representing	Time In	Lunch/Out	Lunch/In	Time Out
Curt Werner	J Graves.	7:00A	11:30	12:30	4:30p
Roger Young	J Graves	7:00A	11:30	12:30	9:00p

J. Graves INSULATION

Post Office Box 336
Mabelvale, Arkansas 72103-0336
(501) 568-2673

Generator

1. Work site name and mailing address	Owner's Name	Owner's Telephone No.
ST. JOHN CATHOLIC CENTER 2415 N TYLER ST. LITTLE ROCK, ARK 72207	John Robinette	501 664-0340

2. Operator's name and address	Operator's Telephone No.
J. Graves Insulation Company, Inc. P. O. Box 336 Mabelvale, Arkansas 72103	(501) 568-2673

3. Waste disposal site (WDS) name, mailing address, and physical site location	WDS Telephone No.
Brushy Island Landfill Hwy 67 N. Kiehl Avenue Jacksonville, Arkansas &2076	(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 No.	Type	7. Total quantity m³	(yd³)
RQ - Asbestos - Class 9 Hazard ID # NA2212	7	DRUMS		
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 aboce by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

Printed/typed name & title	Signature	Month	Day	Year
CURT WERNER	Curt Werner	12	15	95

Transporter

10. Transporter 1 (Acknowledge of receipt of materials)

Printed/typed name & title	Signature	Month	Day	Year
RONALD WOODS DRIVER	RONALD WOODS DRIVER	12	18	95
Address and telephone no. 5682677 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 —0—

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

Printed/typed name & title	Signature	Month	Day	Year
VELA HOSKIN/CLERK	V Hoskin	12	21	95

DRIVER: PLEASE SIGN HERE

Printed on recycled paper.

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 NO TAX $.45/YD ST/CO FEE INCLUD	30.00 30.00	YARDS Units	$20.450	$613.50
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	*30 June 1996*	Keith A. Michaels
ISSUE DATE	*EXPIRE DATE*	*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

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	***31 October 1996***	Keith A. Michaels
ISSUE DATE	***EXPIRE DATE***	***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

DATE 1-3-95

TEST GIVEN BY: [signature]

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

568-2613
Anne Ray
COMPANY NOTIFIED (WHO/WHEN)
____ PATIENT INFORMED OF RESULTS

TIME IN	TIME OUT

THE COMPANY DOCTOR

REPORT OF PHYSICAL EXAMINATION

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

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

Employee Job Description: Asbestos, lead, renovation, volatile and liquid acids - Haz mat ~~Excavation~~ 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 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 consitutes a direct threat to him/herself or others in performance of the essential functions of this job. (Accommodation(s) need not be considered.)

JBryan
Signature

CD-113

RESPIRATOR PROGRAM
J. GRAVES INSULATION

JOB: UNIVERSITY PLAZA

DATE: 1-3-95

EMPLOYEE: Dick H Boyles

TIME: 8AM

RESPIRATOR: NORTH 7700 ½ FACE

	Neg. Pressure	Pos. Pressure	Ampules	Smoke
SATISFACTORY	✓	✓		✓
FAILURE				

COMMENTS:

EMPLOYEE:

JOB SUPERINTENDENT:

J. GRAVES INSULATION, INC.

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

QUALITATIVE RESPIRATOR FIT TEST

NAME: Dixie Bayless

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: _____ 12/7/95 DATE

TEST GIVEN BY: _____ 12/7/95 DATE

THE COMPANY DOCTOR

COMPANY NOTIFIED (WHO/WHEN)	
	/

____ PATIENT INFORMED OF RESULTS

TIME IN: 2 00	TIME OUT

REPORT OF PHYSICAL EXAMINATION

To: J. Graves

From: _____, M.D.

Employee Name: Boyles, Drew

Date of Exam: 9/6/95

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

X ____ 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

____ Special Equipment

____ Alteration of Tasks

____ 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 consitutes a direct threat to him/herself or others in performance of the essential functions of this job. (Accommodation(s) need not be considered.)

B Tulsville M

Signature

CD-113

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
12/7/95
DATE

TEST GIVEN BY: Jeff Cashwell
12/7/95
DATE

OTTER CREEK FAMILY CLINIC

11321 I-30 — Suite 101
P.O. Box 975
Mabelvale, Arkansas 72103-0975
(501) 455-1331

DATE: 6-1-95

RE: 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

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 7/26/95

TEST GIVEN BY: Jeff Hubbard

DATE 7/26/95

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	31 August 1996	Keith A. Michaels
ISSUE DATE	EXPIRE DATE	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 B. Jones Jr.
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

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 1992
ISSUE DATE

31 August 1996
EXPIRE DATE

Keith A. Michael
Chief, Air Division