

Blades Holding Company

Asbestos Air Sampling

at

5392 State Route 19
Amity, New York

September 28 - October 4, 2011

REPORT PREPARED BY

Paradigm Environmental Services, Inc.

179 Lake Avenue, Rochester, New York 14608

Project Number: 11-0883

Scale House
Furnace Room

EXECUTIVE SUMMARY

Paradigm Environmental Inc. was retained by **Blades Holding Company** for the work at **5392 State Route 19, Amity, New York**. Sample analysis and reporting were performed by Paradigm Environmental Services, Inc. All field activities, including air monitoring and a project monitor to complete a final visual inspection were performed by Envoy Environmental Consultants, Inc. as sub-contractors to Paradigm.

ASBESTOS ABATEMENT AIR MONITORING

The scope of work for this small project consisted of the removal of asbestos containing Floor Tile and Floor Tile Mastic materials from the Scale House Furnace Room.

Paradigm contracted with Envoy Environmental Consultants to provide New York State Department of Labor certified air technician to conduct asbestos abatement air sampling and a project monitor to complete a final visual inspection. Air sampling consisted of **Phase IB (Background) and Phase IIC (Clearance)** sampling to monitor the concentrations of airborne fibrous material within the specified areas. The Final visual inspection passed, see attached visual inspection report.

Envoy Environmental Consultants, Inc. conducted the air sampling in general accordance of New York State Department of Labor (NYSDOL) Asbestos Industrial Code Rule 56, 12NYCRR 56 as Amended January 11th 2006.

The PCM satisfactory clearance air sample results shall be considered satisfactory when every clearance air sample demonstrates an airborne concentration of fibers of less than 0.01 fibers per cubic centimeter, or the established levels(s), whichever is greater.

LABORATORY ANALYSIS

The samples were individually preserved within a container and transported to the Paradigm analytical laboratory for fiber content analysis.

The Paradigm laboratory is accredited through NYSDOH/ELAP (Lab ID# 10958) for Solid and Hazardous Waste, and Air and Emissions. Samples are stored at the laboratory for 90 days then disposed of as asbestos containing material.

The analytical methodology used is as follows:

Airborne Fibrous Material Samples - All analyses will be performed utilizing Phase Contrast Microscopy (PCM) according to NIOSH Analytical Method 7400 as prescribed in Title 12 NYCRR, Part 56, Subpart 56-4.6. Calculated intra laboratory variability is 0.263 f/mm². Calculated inter laboratory variability is 0.410 f/mm².

Laboratory QA/QC is conducted in accordance with requirements for Paradigm laboratory accreditations. These requirements include:

10% Duplicate Analysis
Standard Reference Samples
Proficiency Samples



PCM AIR REPORT

Client: Blades Holding Company
Location: 5392 State Route 19, Amity, New York
Work Area: Scale House Furnace Room
Project No.: 11-0883
Activity: Phase IB (Background)

Lab Log No: 10270-11
Sample Date: 09/28/2011
Sampling Tech.: D. Eiffert
Page : 1 of 2

Abatement Contractor: KS Laforge, Inc.

Field Data and Sampling Provided By: **Envoy Environmental Consultants, Inc.**

Field Sample ID:	I-1	I-2	I-3	O-6	O-7	O-8	B-1	B-2				
Sample Volume (L):	300	300	300	300	300	300	N/A	N/A				

Laboratory Analysis Performed By: **Paradigm Environmental Services, Inc. Rochester, New York** ELAP ID No: 10958

Lab Sample ID:	65164	65165	65166	65167	65168	65169	65170	65171				
Fibers / 100 Fields:	0.5	2	2.5	2.5	0	1	0	0				
Fibers / mm2:	<7.0	<7.0	<7.0	<7.0	<7.0	<7.0	<7.0	<7.0				
Fibers / cc:	<0.01	<0.01	<0.01	<0.01	<0.01	<0.01	N/A	N/A				

Legend: I=Inside O=Outside E=Environmental B=Blank These results relate only to the items tested or to the samples as received by the laboratory.

Samples were analyzed according to the NIOSH 7400 method.

Comments:

Date of Analysis: 09/30/2011
Microscope: Olympus 8H06485
Analyst: J. Wheeler

Relative Standard Deviations	Fiber Ranges		
	5 -20	20 - 50	50 - 100
J. Wheeler	0.405	0.268	0.185
Laboratory	0.335	0.247	0.191

Laboratory Results Approved By: _____
 Asbestos Technical Director

Mary Dohr

Paradigm Environmental Services, Inc. is not responsible for the data supplied by an independent inspector. New York State Department of Health Environment Laboratory Approval Program (ELAP) requirements mandate that this report must not be reproduced except in full without the approval of the laboratory. These PCM results relate only to the items tested as received by the lab. This report must not be used to claim product endorsement by NYS ELAP or any agency of the U.S. Government. Quality control data (including 95% confidence limits and laboratory or analysts' precision) is available upon request.

10270-11



PARADIGM

ENVIRONMENTAL SERVICES, INC.

179 Lake Avenue, Rochester, NY 14608 Office (585) 647-2530 Fax (585) 647-3311
1815 Love Road, Grand Island, NY 14072 Office (716) 775-5777 Fax (716) 775-5778

Asbestos Air Monitoring Chain of Custody

Meets NYCRR 56 amended March 21, 2007

Lab Job #	10270-11
Job Ticket #	49967
Project #	11-0823

BLADES HOLDING COMPANY	
Client 5392 CTY RTE 19	SCALE HOUSE
BELMONT, NY	FURNACE RM.
Building/Location	Work Area
KS LaForge Inc.	KEVIN LaFORGE
Contractor	Contractor Contact
68	TO150310201
Rotometer #	Cassette Lot #

BOB BLADES 607-382-6069	
Client Contact	Client Contact Phone
Dennis EIFFERT 607-664-6106	
Air Technician	Air Technician Phone
Envoy Env.	607-661-4037
Fax Results To:	Fax #
FT/FTM	
Materials to be Removed	

Project Phase Phase IB Phase IIA Phase IIB Phase IIC Phase IIC Env.

Background Work Area Preparation Asbestos Handling Final Cleaning Clearance Airs

Field Data and Sampling Provided By: Envoy Environmental Consultants, Inc.

Field Sample #	I1	I2	I3	06	07	08	B1	B2				
Pre-Calibrated Flow Rate	2	2	2	2	2	2	-	-				
Post-Calibrated Flow Rate	2	2	2	2	2	2	-	-				
Average Flow Rate	2	2	2	2	2	2	-	-				
Start Time Military Time	1155	1156	1157	1158	1159	1200	-	-				
End Time Military Time	1425	1426	1427	1428	1429	1430	-	-				
Duration (Minutes)	150	150	150	150	150	150	-	-				
Sample Volume (Liters)	300	300	300	300	300	300	-	-				

Laboratory analysis Performed by: Paradigm Environmental Services, Inc. Buf ELAP ID # 11955 Roch ELAP ID # 10958

Lab Sample #	105	104	105	106	107	108	109	110	111			
Fibers/100 Fields:	0.5	2	2.5	2.5	0	1	0	0				
Fibers/cc:	<.01	<.01	<.01	<.01	<.01	<.01	N/A	N/A				

Sampled by: Dennis Eiffert	Date: 9/28/11
Relinquished by: Dennis Eiffert	Date: 9/28/11
Received in Lab By: [Signature]	Date: 9-29-11
Analyzed By: [Signature]	Date: 9-30-11
Microscope Make, Model & #: [Signature]	Turn-around Time Immed. 24 Hr. 48 Hr.

Comments:



PCM AIR REPORT

Client: Blades Holding Company
Location: 5392 State Route 19, Amity, New York
Work Area: Scale House Furnace Room
Project No.: 11-0883
Activity: Phase IIC (Clearance)

Lab Log No: 10423-11
Sample Date: 10/04/2011
Sampling Tech.: D. Eiffert
Page : 1 of 2

Abatement Contractor: KS Laforge, Inc.

Field Data and Sampling Provided By: Envoy Environmental Consultants, Inc.

Field Sample ID:	I-1	I-2	I-3	O-6	O-7	O-8	B-1	B-2				
Sample Volume (L):	450	450	450	450	450	450	N/A	N/A				

Laboratory Analysis Performed By: Paradigm Environmental Services, Inc. Rochester, New York ELAP ID No: 10958

Lab Sample ID:	66072	66073	66074	66075	66076	66077	66078	66079				
Fibers / 100 Fields:	0.5	1	1	2	0	1	0	0				
Fibers / mm2:	<7.0	<7.0	<7.0	<7.0	<7.0	<7.0	<7.0	<7.0				
Fibers / cc:	<0.01	<0.01	<0.01	<0.01	<0.01	<0.01	N/A	N/A				

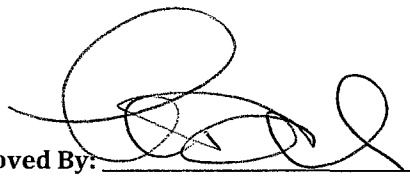
Legend: I=Inside O=Outside E=Environmental B=Blank These results relate only to the items tested or to the samples as received by the laboratory.

Samples were analyzed according to the NIOSH 7400 method.

Comments:

Date of Analysis: 10/04/2011
Microscope: Olympus 8H06485
Analyst: D. Bell

Relative Standard Deviations	Fiber Ranges		
	5 - 20	20 - 50	50 - 100
D. Bell	0.286	0.218	0.26
Laboratory	0.335	0.247	0.191

Laboratory Results Approved By: 
 Asbestos Technical Director Mary Dohr

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Asbestos Air Monitoring Chain of Custody

Meets NYCRR 56 amended March 21, 2007

Lab Job # 10423-11
Job Ticket # 4992
Project # 11-0883

10423-11

BLADES HOLDING COMPANY
 Client SCALE HOUSE
 5392 ST RTE 19 AINITY FURNACE RM.
 Building/Location Work Area
 K.S. LAFORGE LARRY GEFFERS
 Contractor Contractor Contact
 68 TO150310201
 Rotometer # Cassette Lot #

BOB BLADES 607-382-6069
 Client Contact Client Contact Phone
 DENNIS EIFFERT 607-664-6106
 Air Technician Air Technician Phone
 Envoy Env. 607-661-4037
 Fax Results To: Fax #
 FT/FTM
 Materials to be Removed

Project
 Phase Phase IB Phase IIA Phase IIB Phase IIC Phase IIC Env.
 Background Work Area Preparation Asbestos Handling Final Cleaning Clearance Airs

Field Data and Sampling Provided By: Envoy Environmental Consultants, Inc.

Field Sample #	I1	I2	I3	06	07	08	B1	B2				
Pre-Calibrated Flow Rate	5	5	5	5	5	5	-	-				
Post-Calibrated Flow Rate	5	5	5	5	5	5	-	-				
Average Flow Rate	5	5	5	5	5	5	-	-				
Start Time Military Time	1440	1441	1442	1443	1444	1445	-	-				
End Time Military Time	1610	1611	1612	1613	1614	1615	-	-				
Duration (Minutes)	90	90	90	90	90	90	-	-				
Sample Volume (Liters)	450	450	450	450	450	450	-	-				

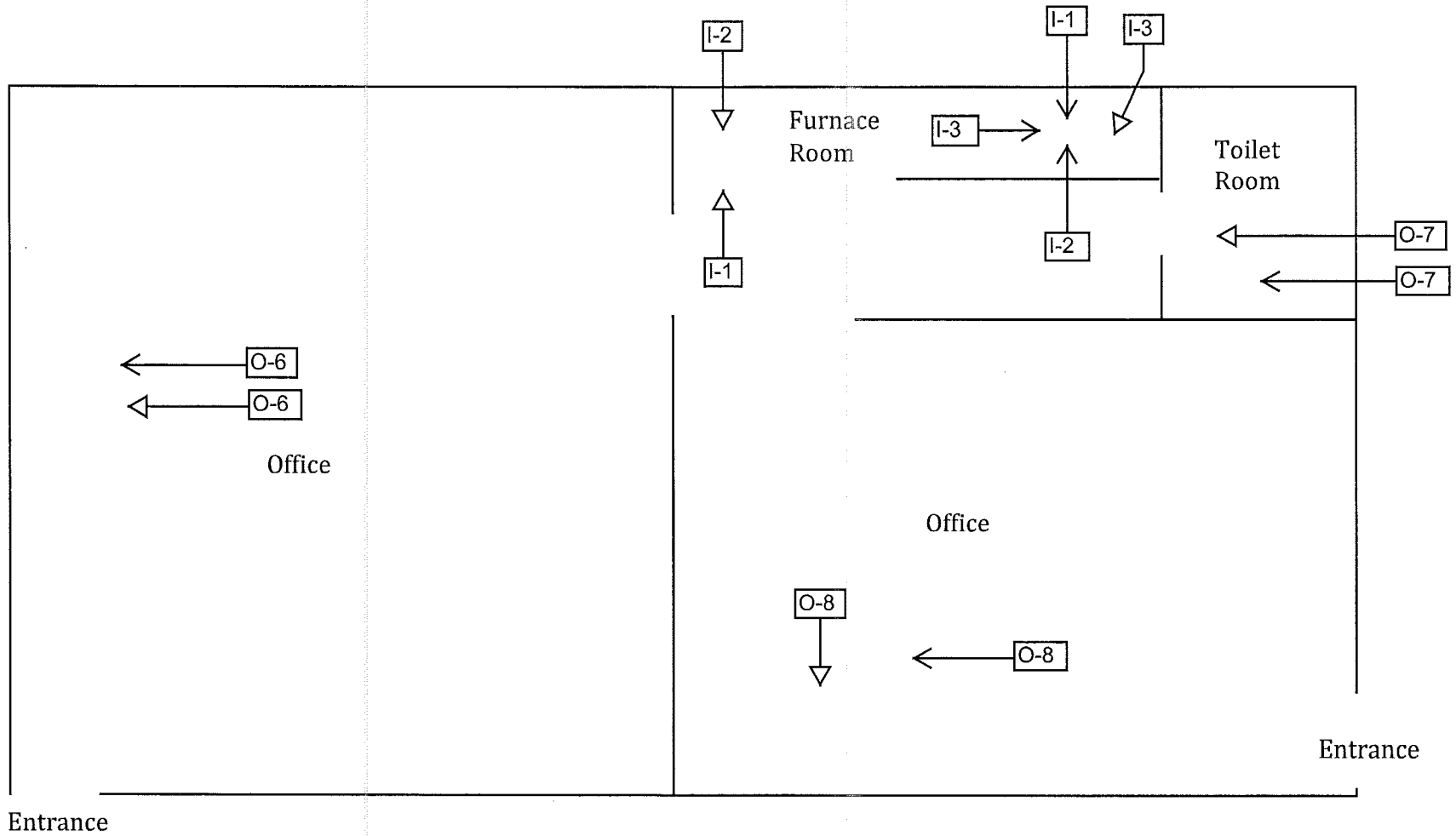
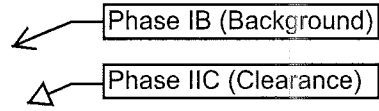
Laboratory analysis Performed by: Paradigm Environmental Services, Inc. Buf ELAP ID # 11955 Roch ELAP ID # 10958

Lab Sample #	072	073	074	075	076	077	078	079				
Fibers/100 Fields:	0.5	1	1	2	0	1	0	0				
Fibers/cc:	2.01	2.01	2.01	2.01	2.01	2.01	NA	NA				

Sampled by: Dennis Eiffert	Date: 10/4/11
Relinquished by: Dennis Eiffert	Date: 10/4/11
Received in Lab By: [Signature]	Date: 10-4-11
Analyzed By: [Signature]	Date: 10-4-11
Microscope Make, Model & #: 8H06485	Turn-around Time: Immed 24 Hr. 48 Hr.

Comments: Verbal results to Dennis 20:17 10-4-11 [Signature]

CLIENT: Blades Holding Company
LOCATION: 5392 State Route 19 Amity, New York
AREA: Scale House, Furnace Room
PHASE: IB Background and IIC Clearance
JOB NUMBER: 11-0883



ENVOY

environmental consultants, inc.

Air Sampling Log Book

As per 12NYCRR amended January 11, 2006

Project Monitor:
Air Technician: DENNIS EIFFERT Date: 9/28/11 Project #: 11-0823
Job Ticket #: 49967

Building / Location: 5392 CTY RTE, 19 BELMONT NY. Work Area: SCALE HOUSE FURNACE ROOM Shift (A) B C

Project Description: BLADES HOLDING COMPANY Client / Owner (Print Name): KS LAFORGE INC. Client / Owner Representative (Print Name): KEVIN LAFORGE Client Contact (Print Name): BOB BLADES

Abatement Contractor (Print Name): Yes No Abatement Supervisor (Print Name): 68 NYSDOL Asbestos Handling Certificate Number: 8/10/11

Map Completed: Rotometer Number: Date of Last Calibration:

Project Phase: Phase IB Backgrounds Phase IIA Work Preparation samples Phase IIB Asbestos Handling Samples Phase IIC Final Cleaning Samples Phase IIC Clearance Air Samples

Class I Class II Large Small Minor

Job Type: FT/FTM Sq/ft Ln/ft Project with multiple removals

Type of Material: 1st Check 1315 2nd Check 3rd Check 4th Check 5th Check

Time of air sampling pump check

Notes

1115- Envoy ARRIVES AT WORK SITE AND MEETS WITH BOB BLADES TO DISCUSS SCOPE OF WORK. BOB STATED THAT FLOOR TILE & MASTIC WAS TO BE REMOVED FROM THE SCALE HOUSE FURNACE RM. FURNACE ROOM APPROX 3 FT X 5 FT.

1135- ENVOY PRECAL'S AND SETS UP AIR PUMPS 2 LPM.

1155- ENVOY BEGINS PHASE I B BACKGROUND AIR SAMPLES IAW NYS ICR 56. USED LOW VOL. PUMPS DUE TO NO ELECTRIC SERVICE TO SITE.

1315- ENVOY EQUIPMENT CHECK, NO PROBLEMS FOUND.

1425- POSTCAL AND COLLECT PHASE I B BACKGROUND SAMPLES.

1445- ENVOY DEPARTS WORK AREA.

Dennis Eiffert

Air Technician Signature
The Air Monitoring Log Book is a multi-page document which must be viewed in its entirety.

Envoy Environmental Consultants Inc.

Project Monitor Visual Inspection Report

As per 12NYCRR Part 56 amended January 11, 2006

Building & Location: 5392 STRITAVITY SCALE HOUSE FURNACE RM. Job Ticket # 4999Z

Project Description: BLADES HOLDING COMPANY Work Area: SCALE HOUSE FURNACE RM. PROJECT # 11-0883

Client/Owner (Print Name): LA FOLY INC Client/Owner Representative (print name): LARRY D CEFFERS JR NYSDOL Asbestos Handling Certificate Number: 07-07911

Abatement Contractor: LA FOLY INC Supervisor (print name): LARRY D CEFFERS JR NYSDOL Asbestos Handling Certificate Number: 07-07911

Supervisors Visual Inspection Completed? Yes No Supervisor Completing Visual Inspection (print name): DENNIS EIFFERT NYSDOL Asbestos Handling Certificate Number: 11-10175 Date: 10/4/11

Project Monitor (Print Name): DENNIS EIFFERT NYSDOL Asbestos Handling Certificate Number: 11-10175 Date: 10/4/11

Site Emergency Phone: _____
 Job Type: Class I Class II FT/FTM
 Job Size: Large Small Material (Sq) Ln (Fl)

Project Monitor Visual Inspection Checklist Project with Multiple Removals

Section A <input type="checkbox"/>	Section B <input type="checkbox"/>	Section C <input type="checkbox"/>
Inspectors Checklist	Visual Inspection	Procedures/ Paperwork
Equipment	Personal Decontamination Unit	Paperwork & Procedures
Inspection	Waste Decontamination Unit	Paperwork & Procedures
Areas to Inspect	Regulated Abatement Work Area	
1. Flashlight <input checked="" type="checkbox"/> SAT <input type="checkbox"/> Needs Action <input type="checkbox"/> N/A	22. Clean & Free of Debris & Dust <input checked="" type="checkbox"/> SAT <input type="checkbox"/> Needs Action <input type="checkbox"/> N/A	42. Written Scope of Work (attached) <input type="checkbox"/> SAT <input type="checkbox"/> Needs Action <input checked="" type="checkbox"/> N/A
2. Knife or pointed object <input checked="" type="checkbox"/> SAT <input type="checkbox"/> Needs Action <input type="checkbox"/> N/A	23. No Visible Pools of Liquid <input checked="" type="checkbox"/> SAT <input type="checkbox"/> Needs Action <input type="checkbox"/> N/A	43. Verbal Scope of Work (see below) <input checked="" type="checkbox"/> SAT <input type="checkbox"/> Needs Action <input type="checkbox"/> N/A
3. Respirator <input checked="" type="checkbox"/> SAT <input type="checkbox"/> Needs Action <input type="checkbox"/> N/A	24. No condensation <input checked="" type="checkbox"/> SAT <input type="checkbox"/> Needs Action <input type="checkbox"/> N/A	44. Supervisor Present <input checked="" type="checkbox"/> SAT <input type="checkbox"/> Needs Action <input type="checkbox"/> N/A
4. Hard Hat <input checked="" type="checkbox"/> SAT <input type="checkbox"/> Needs Action <input type="checkbox"/> N/A	25. All Isolation Barriers intact <input checked="" type="checkbox"/> SAT <input type="checkbox"/> Needs Action <input type="checkbox"/> N/A	45. Wait period observed <input checked="" type="checkbox"/> SAT <input type="checkbox"/> Needs Action <input type="checkbox"/> N/A
5. Safety Glasses <input checked="" type="checkbox"/> SAT <input type="checkbox"/> Needs Action <input type="checkbox"/> N/A	26. Clean & Free of Debris & Dust <input checked="" type="checkbox"/> SAT <input type="checkbox"/> Needs Action <input type="checkbox"/> N/A	45. Area Asbestos Survey <input type="checkbox"/> SAT <input type="checkbox"/> Needs Action <input checked="" type="checkbox"/> N/A
6. Tyvek Suit <input checked="" type="checkbox"/> SAT <input type="checkbox"/> Needs Action <input type="checkbox"/> N/A	27. No Visible Pools of Liquid <input checked="" type="checkbox"/> SAT <input type="checkbox"/> Needs Action <input type="checkbox"/> N/A	46. Sign into work area <input checked="" type="checkbox"/> SAT <input type="checkbox"/> Needs Action <input type="checkbox"/> N/A
7. Gloves <input checked="" type="checkbox"/> SAT <input type="checkbox"/> Needs Action <input type="checkbox"/> N/A	28. No condensation <input checked="" type="checkbox"/> SAT <input type="checkbox"/> Needs Action <input type="checkbox"/> N/A	47. Sign out of work area <input checked="" type="checkbox"/> SAT <input type="checkbox"/> Needs Action <input type="checkbox"/> N/A
8. Enter all Spaces <input checked="" type="checkbox"/> SAT <input type="checkbox"/> Needs Action <input type="checkbox"/> N/A	29. All Isolation Barriers intact <input checked="" type="checkbox"/> SAT <input type="checkbox"/> Needs Action <input type="checkbox"/> N/A	48. Entry into Supervisors Log <input checked="" type="checkbox"/> SAT <input type="checkbox"/> Needs Action <input type="checkbox"/> N/A
9. Inspect at Close Range <input checked="" type="checkbox"/> SAT <input type="checkbox"/> Needs Action <input type="checkbox"/> N/A	30. No Visible Pools of Liquid <input checked="" type="checkbox"/> SAT <input type="checkbox"/> Needs Action <input type="checkbox"/> N/A	49. Detail Findings <input checked="" type="checkbox"/> SAT <input type="checkbox"/> Needs Action <input type="checkbox"/> N/A
10. Permanent Fixtures <input checked="" type="checkbox"/> SAT <input type="checkbox"/> Needs Action <input type="checkbox"/> N/A	31. No condensation <input checked="" type="checkbox"/> SAT <input type="checkbox"/> Needs Action <input type="checkbox"/> N/A	50. Enter Full Name <input checked="" type="checkbox"/> SAT <input type="checkbox"/> Needs Action <input type="checkbox"/> N/A
11. Light Fixtures <input checked="" type="checkbox"/> SAT <input type="checkbox"/> Needs Action <input type="checkbox"/> N/A	32. All Criticals intact <input checked="" type="checkbox"/> SAT <input type="checkbox"/> Needs Action <input type="checkbox"/> N/A	51. Enter AH Cert. Number <input checked="" type="checkbox"/> SAT <input type="checkbox"/> Needs Action <input type="checkbox"/> N/A
12. Ductwork <input checked="" type="checkbox"/> SAT <input type="checkbox"/> Needs Action <input type="checkbox"/> N/A	33. All Isolation Barriers Intact <input checked="" type="checkbox"/> SAT <input type="checkbox"/> Needs Action <input type="checkbox"/> N/A	52. Worker Present <input checked="" type="checkbox"/> SAT <input type="checkbox"/> Needs Action <input type="checkbox"/> N/A
13. Elevated Horizontal Surfaces <input checked="" type="checkbox"/> SAT <input type="checkbox"/> Needs Action <input type="checkbox"/> N/A	34. No Unremoved Materials <input checked="" type="checkbox"/> SAT <input type="checkbox"/> Needs Action <input type="checkbox"/> N/A	
14. Pipes <input checked="" type="checkbox"/> SAT <input type="checkbox"/> Needs Action <input type="checkbox"/> N/A	35. No Visible Debris <input checked="" type="checkbox"/> SAT <input type="checkbox"/> Needs Action <input type="checkbox"/> N/A	
15. Ceiling Grids/Sprinkler Heads <input checked="" type="checkbox"/> SAT <input type="checkbox"/> Needs Action <input type="checkbox"/> N/A	36. No Visible Dust <input checked="" type="checkbox"/> SAT <input type="checkbox"/> Needs Action <input type="checkbox"/> N/A	
16. Conduits <input checked="" type="checkbox"/> SAT <input type="checkbox"/> Needs Action <input type="checkbox"/> N/A	37. Examine Contractor Equipment <input checked="" type="checkbox"/> SAT <input type="checkbox"/> Needs Action <input type="checkbox"/> N/A	
17. Houseman Channels <input checked="" type="checkbox"/> SAT <input type="checkbox"/> Needs Action <input type="checkbox"/> N/A	38. Negative Air in Operation <input checked="" type="checkbox"/> SAT <input type="checkbox"/> Needs Action <input type="checkbox"/> N/A	
18. Floor and Wall Penetrations <input checked="" type="checkbox"/> SAT <input type="checkbox"/> Needs Action <input type="checkbox"/> N/A	39. No Debris or Water under Plastic <input checked="" type="checkbox"/> SAT <input type="checkbox"/> Needs Action <input type="checkbox"/> N/A	
19. Creases & Folds in Criticals <input checked="" type="checkbox"/> SAT <input type="checkbox"/> Needs Action <input type="checkbox"/> N/A	40. Completeness of Abatement** <input checked="" type="checkbox"/> SAT <input type="checkbox"/> Needs Action <input type="checkbox"/> N/A	
20. Walls & Corners <input checked="" type="checkbox"/> SAT <input type="checkbox"/> Needs Action <input type="checkbox"/> N/A	41. Completeness of Clean-up** <input checked="" type="checkbox"/> SAT <input type="checkbox"/> Needs Action <input type="checkbox"/> N/A	
21. Floors <input checked="" type="checkbox"/> SAT <input type="checkbox"/> Needs Action <input type="checkbox"/> N/A		

Inspection requires a project monitor review of a written scope of work prior to the visual inspection to assure completeness of abatement and clean up.

Deficiencies, Corrections or notes Briefly list all deficiencies and target compliance dates

- 1.
- 2.
- 3.
- 4.

Verbal Scope of Work (any verbal scope of work supplied by the contractor must be written below, if materials within the regulated are to remain also state this).

REMOVE FLOOR TILE & MASTIC FROM SCALE HOUSE FURNACE RM.

Supervisors Signature: [Signature] Date: 10/4/11

Project Monitor Signature: [Signature] Date: 10/4/11

PASS Area Cleared to proceed with Clearance Airs FAIL Area needs Reclean and Reinspection

This report represents the condition of the above mentioned site at the time and date the observations were made. Inspection performed by certified project monitor, scope does not include full project monitoring responsibilities as defined by 12 NYCRR Part 56-3.2(d)(8). Inspection was performed in accordance with 12NYCRR 56-9.1(d) & (d)(1) and ASTM document E-1386-05, (8.4.1 & 8.4.5). Visual inspections do not include inspections behind, under or above critical or isolation barriers. This inspection is the responsibility of the asbestos abatement's supervisor under subpart 56-9.3 of ICR-56.

Copy delivered to: _____ On Date: _____ By: _____

ENVOY

environmental consultants, inc.

Air Sampling Log Book

As per 12NYCRR amended January 11, 2006

Project Monitor:

Project #: 11-0223

Air Technician: DENNIS EIFFERT

Date: 10/4/11

Job Ticket #: 4992

Building / Location: 5392 ST. RTE 19 AMITY

Work Area: SCALE HOUSE

Shift A B C

Project Description

BLADES HOLDING CO.

BOB BLADES

Client / Owner (Print Name)

Client / Owner Representative (Print Name)

Client Contact (Print Name)

KSLAFOR YE INC

LARRY GEFERS

07-07911

Abatement Contractor (Print Name)

Abatement Supervisor (Print Name)

NYSDOL Asbestos Handling Certificate Number

Yes No

68

8/10/11

Map Completed

Rotometer Number

Date of Last Calibration

Phase IB

Phase IIA

Phase IIB

Phase IIC

Phase IIC

Project Phase

Backgrounds

Work Preparation samples

Asbestos Handling Samples

Final Cleaning Samples

Clearance Air Samples

Class I

Class II

Large

Small

Minor

Job Type

FT/FTM/CAULK/SHINGLES

Sq/ft

Ln/ft

Project with multiple removals

Type of Material

1st Check

2nd Check

3rd Check

4th Check

5th Check

Time of air sampling pump check

Notes

1400 - ENVOY ARRIVES ON SITE AND MEETS WITH SUPERVISOR TO DO FVI'S ON CONTROL TOWER ROOF, SCALE HOUSE WINDOWS & FURNACE RM.

1430 - FVI'S ON CONTROL TOWER ROOF, SCALE HOUSE WINDOWS & FURNACE RM. ALL PASSED - SET UP PUMPS FOR FINAL CLEARANCE AIR SAMPLES - LOW VOL PUMPS 5LPM.

1440 - BEGAN FINAL CLEARANCE AIR SAMPLING IN SCALE HOUSE FURNACE RM.

1610 - POSTCAL & COLLECT FINAL CLEARANCE AIR SAMPLES.

1620 - DEPART WORK AREA, FOR TRIP TO LAB IN ROCHESTER.

Dennis Eiffert

Air Technician Signature

The Air Monitoring Log Book is a multi-page document which must be viewed in its entirety.

Scale House

EXECUTIVE SUMMARY

Paradigm Environmental Inc. was retained by for work at **Blades Holding Company, 5392 State Route 19, Amity, New York**. All field activities, including a final visual inspection were performed by Envoy Environmental Consultants, Inc. as sub-contractors to Paradigm.

ASBESTOS ABATEMENT VISUAL INSPECTIONS

The scope of work for this project consisted of the removal of asbestos containing Window caulk from the scale house.

Paradigm contracted with Envoy Environmental Consultants to provide New York State Department of Labor certified project monitor to complete a final visual inspection. The final visual inspection passed, see attached visual inspection report.

Envoy Environmental Consultants, Inc. conducted the visual inspections in general accordance of New York State Department of Labor (NYSDOL) Asbestos Industrial Code Rule 56, 12NYCRR 56 as Amended January 11th 2006.

Envoy Environmental Consultants Inc.

Project Monitor Visual Inspection Report

As per 12NYCRR Part 56 amended January 11, 2006

Building & Location: 5392 STRTE 19 AMITY SCALE HOUSE Job Ticket # 49992

Project Description: BLADES HOLDING CO. Work Area: PROJECT # 11-0883

Client/Owner (Print Name): KS LAFORGE INC. Client/Owner Representative (print name): LARRY D GEFFERS JR NYSDOL Asbestos Handling Certificate Number: 09-0911

Abatement Contractor: LARRY D GEFFERS JR Supervisor (print name): LARRY D GEFFERS JR NYSDOL Asbestos Handling Certificate Number: 09-0911

Supervisors Visual Inspection Completed? Yes No Supervisor Completing Visual Inspection (print name): DENNIS EIFFERT NYSDOL Asbestos Handling Certificate Number: 11-10175 Date: 10/4/11

Project Monitor (Print Name): DENNIS EIFFERT NYSDOL Asbestos Handling Certificate Number: 11-10175 Date: 10/4/11

Site Emergency Phone: _____

Job Type: Class I Class II WINDOW CAULK Material: _____

Job Size: Large Small Project with Multiple Removals

Project Monitor Visual Inspection Checklist

Section A		Needs	Action	N/A	Section B		Needs	Action	N/A	Section C		Needs	Action	N/A
Inspectors Checklist	SAT				Visual Inspection	SAT				Procedures/ Paperwork	SAT			
Equipment		Not Required			Personal Decontamination Unit	Required to Pass				Paperwork & Procedures	Required to Pass			
1. Flashlight	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22. Clean & Free of Debris & Dust	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	42. Written Scope of Work (attached)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Knife or pointed object	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23. No Visible Pools of Liquid	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	43. Verbal Scope of Work (see below)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Respirator	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	24. No condensation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	44. Supervisor Present	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Hard Hat	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25. All Isolation Barriers intact	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	45. Wait period observed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Safety Glasses	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Waste Decontamination Unit	Required to Pass				Paperwork & Procedures	Not Required			
6. Tyvek Suit	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	26. Clean & Free of Debris & Dust	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	45. Area Asbestos Survey	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Gloves	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	27. No Visible Pools of Liquid	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	46. Sign into work area	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspection		Not Required			28. No condensation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	47. Sign out of work area	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Enter all Spaces	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	29. All Isolation Barriers intact	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	48. Entry into Supervisors Log	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Inspect at Close Range	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Regulated Abatement Work Area	Required to Pass				49. Detail Findings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Areas to Inspect		Not Required			30. No Visible Pools of Liquid	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	50. Enter Full Name	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Permanent Fixtures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	31. No condensation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	51. Enter AH Cert. Number	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Light Fixtures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	32. All Criticals intact	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	52. Worker Present	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Ductwork	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	33. All Isolation Barriers Intact	<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"/>
13. Elevated Horizontal Surfaces	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	34. No Unremoved Materials	<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"/>
14. Pipes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	35. No Visible Debris	<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"/>
15. Ceiling Grnds/Sprinkler Heads	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	36. No Visible Dust	<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"/>
16. Conduits	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	37. Examine Contractor Equipment	<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"/>
17. Houseman Channels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	38. Negative Air in Operation	<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"/>
18. Floor and Wall Penetrations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	39. No Debris or Water under Plastic	<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"/>
19. Creases & Folds in Criticals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	40. Completeness of Abatement**	<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"/>
20. Walls & Corners	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	41. Completeness of Clean-up**	<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"/>
21. Floors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>

Inspection requires a project monitor review of a written scope of work prior to the visual inspection to assure completeness of abatement and clean up.

Deficiencies, Corrections or notes Briefly list all deficiencies and target compliance dates

- 1.
- 2.
- 3.
- 4.

Verbal Scope of Work (any verbal scope of work supplied by the contractor must be written below, if materials within the regulated are to remain also state this).

REMOVE WINDOW CAULK FROM WINDOWS.

Supervisors Signature: [Signature] Date: 10/4/11

Project Monitor Signature: [Signature] Date: 10/4/11

PASS Area Cleared to proceed with Clearance Airs **FAIL** Area needs Reclean and Reinspection

This report represents the condition of the above mentioned site at the time and date the observations were made. Inspection performed by certified project monitor, scope does not include full project monitoring responsibilities as defined by 12 NYCRR Part 56-3.2(d)(8). Inspection was performed in accordance with 12NYCRR 56-9.1(d) & (d)(1) and ASTM document E-1386-05, (8.4.1 & 8.4.5). Visual inspections do not include inspections behind, under or above critical or isolation barriers. This inspection is the responsibility of the asbestos abatement's supervisor under subpart 56-9.3 of ICR-56.

Copy delivered to: _____ On Date: _____ By: _____

Control Tower

EXECUTIVE SUMMARY

Paradigm Environmental Inc. was retained by for work at **Blades Holding Company, 5392 State Route 19, Amity, New York**. All field activities, including a final visual inspection were performed by Envoy Environmental Consultants, Inc. as sub-contractors to Paradigm.

ASBESTOS ABATEMENT VISUAL INSPECTIONS

The scope of work for this project consisted of the removal of asbestos containing Roof shingles from the control tower.

Paradigm contracted with Envoy Environmental Consultants to provide New York State Department of Labor certified project monitor to complete a final visual inspection. The final visual inspection passed, see attached visual inspection report.

Envoy Environmental Consultants, Inc. conducted the visual inspections in general accordance of New York State Department of Labor (NYSDOL) Asbestos Industrial Code Rule 56, 12NYCRR 56 as Amended January 11th 2006.

Air Monitoring Project Record

Air Monitoring Project Record:

- ✓ Copy of Envoy Environmental Consultants, Inc. Asbestos Contractors License.
- ✓ Copy of Envoy Environmental Consultants, Inc. Air Monitoring and Project Monitoring License.
- ✓ Final Visual Inspection by a Project Monitor (provided in area analytical reports)
- ✓ Copy of Paradigm Environmental Services, Inc. ELAP Certification for Environmental Analysis Air and Emissions Fibers NIOSH 7400 A Rules.
- Written Scope of Work (not provided by building owner or building owner representative)

Certifications

NEW YORK STATE - DEPARTMENT OF LABOR
DIVISION OF SAFETY AND HEALTH
LICENSE AND CERTIFICATE UNIT
STATE CAMPUS BUILDING 12
ALBANY, NY 12240

ASBESTOS HANDLING LICENSE

Envoy Environmental Consultants Inc.
57 Ambrose Street
Rochester, NY 14608

FILE NUMBER: 02-0527
LICENSE NUMBER: 28454
LICENSE CLASS: RESTRICTED
DATE OF ISSUE: 06/15/2011
EXPIRATION DATE: 06/30/2012

Duly Authorized Representative - Geoffrey M. Reed

This license has been issued in accordance with applicable provisions of Article 30 of the Labor Law of New York State and of the New York State Codes, Rules and Regulations (12 NYCRR Part 56). It is subject to suspension or revocation for a (1) serious violation of state, federal or local laws with regard to the conduct of an asbestos project, or (2) demonstrated lack of responsibility in the conduct of any job involving asbestos or asbestos material.

This license is valid only for the contractor named above and this license or a photocopy must be prominently displayed at the asbestos project worksite. This license verifies that all persons employed by the licensee on an asbestos project in New York State have been issued an Asbestos Certificate, appropriate for the type of work they perform, by the New York State Department of Labor.



Maureen A. Cox, Director
FOR THE COMMISSIONER OF LABOR

NEW YORK STATE DEPARTMENT OF HEALTH
WADSWORTH CENTER



Expires 12:01 AM April 01, 2012
Issued April 01, 2011

CERTIFICATE OF APPROVAL FOR LABORATORY SERVICE
Issued in accordance with and pursuant to section 502 Public Health Law of New York State

MR. BRUCE HOGGESTEGER
PARADIGM ENVIRONMENTAL SERVICES INC
179 LAKE AVENUE
ROCHESTER, NY 14608

NY Lab Id No: 10958
EPA Lab Code: NY01287

is hereby APPROVED as an Environmental Laboratory for the category
ENVIRONMENTAL ANALYSES AIR AND EMISSIONS
All approved subcategories and/or analytes are listed below:

Miscellaneous Air

Asbestos

NIOSH 7402

YAMATE, AGARWAL GIBB

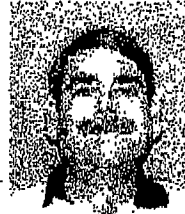
Fibers

NIOSH 7400 A RULES

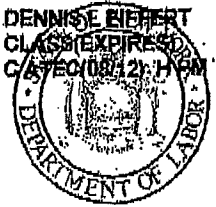
Serial No.: 44101

Property of the New York State Department of Health. Certificates are valid only at the address shown, must be conspicuously posted, and are printed on secure paper. Continued accreditation depends on successful ongoing participation in the Program. Consumers are urged to call (518) 485-5570 to verify the laboratory's accreditation status.

ASBESTOS CERTIFICATE



DENNIS EIBERT
CLASS EXPIRES
C/STEC/08/12: HPM (08/12)



CERT# 11-10176
DIV# 148402731

MUST BE CARRIED ON ASBESTOS PROJECTS



EYES HAZ
HAIR BRN
HGT 5' 07"

IF FOUND RETURN TO:
NYSDEL - LEC UNIT
ROOM 161A BUILDING 12
STATE OFFICE CAMPUS
ALBANY NY 12240

