



**Addendum #1**

**NJSDA EMERGENT PROJECT:**

Paterson Elementary School No.6  
Window Replacement  
137 Carroll Street  
Paterson, NJ  
NJSDA Project No. #EP-0029-C01

**DESCRIPTION:**

This addendum shall be considered part of the Bid Documents issued in connection with the referenced project. Should information conflict with the Bid Documents, this Addendum shall supercede the relevant information in the Bid Documents.

**A. Request for Information (RFI)**

Q1. Will there be a second walk-thru at the site for interested subcontractors to review the work?

A.1 A second walk-thru was broadcast at 9:30 AM, June 29, 2012 to all bidders who attended the pre-bid meeting stating that on Monday, July 2, 2012 at 9:00 AM, a second walk-thru would be held at the school.

Q2. It appears that vertical mullions on the existing windows will come out during demolition. Details #8 & #9 on drawing A2.6 show the mullion remaining, please clarify?

A.2 The existing Marvin Shop drawings were used to develop the replacement window scope. The existing window mullions and structural supports shall be removed and new ones installed. The new structural supports shall be installed and clad in aluminum panning and casing trim as indicated in the drawings.

Q.3 Please provide information regarding where the GC's trailer, storage box, & dumpster, parking can be located?

A.3 The District will provide a corner area, not to exceed 25% of the playground, for the storage of tools, materials, and dumpster. The location of said area will be adjacent to the perimeter fence, furthest away from the school. The area shall be provided with temporary fencing to separate the storage area from the balance of the playground. Temporary fence, access and security shall be the Contractor's responsibility. Contractor parking is on street when the school is occupied or in session. When school is closed or no children are present, the playground may be utilized for parking. One door will be opened to provide access to the school at the playground.

Q.4 Please provide the hours that is permitted on the weekends?

A.4 The district can arrange weekend hours between 7:30 AM and no later than 5:30 PM if required.

Q.5 Please advise how many rooms will be made available on a per day basis in order to complete the work.

A.5 The contractors are to remove only those windows they can replace in one shift. Classrooms must be returned to the school for their use on the next school day. If a window cannot be replaced within a given shift, the GC must insure that there is a temporary seal to the window opening that is security proof and weather resistant. There will be no storage of tools or materials within the school building. The district is responsible for moving all furniture, movable equipment, computers, or any other movable school property away from the windows. The removal, disconnect, storage, and reconnection of school fixtures, such as window blinds, AC units, ductwork, partitions abutting mullions, electrical conduit or other equipment hanging from, or permanently attached to, or adjacent to the existing windows and/or casing, is the responsibility of the Contractor.

Q.6 Please provide the model and make of the existing security screens.

A.6 There is no information at this time. Existing screens are to be removed and reinstalled in the same place and configuration as they were found.

Q.7 Will Swing stages be allowed for use?

A.7 The means and methods utilized to perform the work, and therefore all equipment, is the responsibility of the contractor including engineering calculations, retrofits, or reinforcing. The means and methods cannot damage the school facility in any way, however if damage does occur, it is the Contractor's responsibility to restore it to its original condition.

Q.8 Please provide a manufacturer for the poles for sashes that shall be operated above 5ft.

A.8 The window manufacturer shall include in their price, the cost and recommended make and model window pole utilized in the operation of their windows. It is the responsibility of the Contractor to coordinate pole supplier with the window manufacturer.

Q.9 Please confirm the number of lintels to be replaced, the drawings indicate removing and replacement of brick veneer at 8 locations which conflicts with 10 counted?

A.9 Drawing A2.4 shows only 8 window heads with masonry repairs. The bid shall include two additional window head repairs size 27 feet wide and 1 foot high, to be identified by SDA.

Q.10 What is the scope of the cleaning of masonry?

A.10 The cleaning shall be required of all masonry areas where windows were replaced and/or lintels repair. Any and all surfaces that have dust, demolition debris or residue resulting from activities associated with the window replacement and lintel repairs shall be clean. The Contractor shall clean the building to the condition that the building was found in at the start of the work.

Q.11 Window sills are cracked, broken & need repointing- drawings do not indicate any work. What is the scope of repointing?

A.11 Repointing of the windows sills is not required. After the removal of the existing windows, any and all defects surrounding the opening, inclusive of jambs, sills and heads shall be repaired to insure that the

new window replacement at their head jambs and sill will be properly sealed for water infiltration. This includes the application of sealant and the repair of sill joints, or cracks in masonry immediately within the masonry rough opening adjacent to the new panning.

Q.12 Are there any shop drawings for special masonry shapes, or submittals, or mock up panels involving masonry work?

A.12 The Contractor is responsible for submitting samples of all items required in the section 040120 to include but not be limited to brick color samples, mortar color, and any other items involved with the lintel repair. A "mock-up panel" or one lintel chosen by the NJSDA will have masonry removed and the hidden conditions inspected to validate the scope of the lintel repair indicated in the drawings. The repair will be initiated at that location and will be included and suffice as a "mock-up panel" and be included as part of the work if it meets the quality standards expected of the repair work.

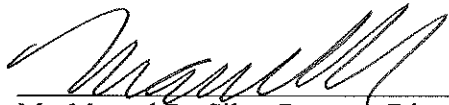
Q.13 Is there any masonry paint removers involved in the scope of the work.

A.13 There are none required in the scope of work.

Q.14 Please provide copies of the environmental reports regarding PCB's, Lead Paint & Asbestos.

A.14 The District's current Asbestos Hazard Emergency Response Act (A.H.E.R.A.) report is included as part of this addendum.

Submitted By:



Mr. Manuel Da Silva, Program Director

7/5/2012  
Date:

**Addendum #1**

**NJSDA**

Mr. Marty Taylor, Procurement Analyst  
1 West State Street  
P.O. Box 991  
Trenton, NJ 08626  
Fax: 609-656-4609

**Date: 7/5/2012**

**NJSDA Project No. #EP-0029-C01**

**DESCRIPTION:**

**Paterson Elementary School #6 Window Replacement  
137 Carroll Street  
Paterson, NJ**

**Addendum No.1**

**Acknowledgement of Receipt of Addendum**

Contractor must acknowledge the receipt of the Addendum by signing in the space provided below and returning via fax no. 609-656-4609. Signed acknowledgement must be received prior to the Bid Due Date. Signed Acknowledgement of the Addendum must be made in Section E.6 of the Price Proposal Submission.

\_\_\_\_\_  
Signature:

\_\_\_\_\_  
Print Name:

\_\_\_\_\_  
Company Name:

\_\_\_\_\_  
Date:

**End of Addendum No. 1**

# HEALTH AND SAFETY EVALUATION OF SCHOOL BUILDINGS

COUNTY: PASSAIC DOE STAFF: \_\_\_\_\_

DISTRICT: PATERSON PUBLIC SCHOOL (Academy of Performing Arts) DISTRICT STAFF: \_\_\_\_\_

BUILDING: 137 Carroll St., Paterson, NJ 07501 DATE: \_\_\_\_\_

***This checklist emphasizes the health and safety of your students and your staff even in the absence of a specific Statute or Code. The items listed are not mutually exclusive of other findings a monitor/inspector may site. (This checklist must be completed annually.)***

| ADMINISTRATIVE  | YES | NO | N/A | LOCATION OF VIOLATION   |
|---|-----|----|-----|---|
| 1. A certificate of compliance with the Uniform Fire Code has been issued by the local or state fire official/inspector within the year.  |     | X  |     | Knock boxes are being installed. Once complete, certificate will be issued. |
| 2. A current inspection report of the local health official (kitchen, cafeteria, pool, etc.) is available.  |     | X  |     |   |
| 3. A 3 year asbestos management plan, as required by A.H.E.R.A., is available including current 6 month surveillance letters. If constructed without asbestos, a letter of certification from the architect is available.                                       | X   |    |     |   |
| 4. An annual inspection report of the Department of Environmental Protection for the operation of a sewage treatment plant, where applicable, is available.   |     |    | X   |   |
| 5. Current boiler inspection certificate is posted at site of boiler  |     | X  |     |   |
| 6. Licenses for high and low pressure boiler operators, as required by code, are current and properly posted.   | X   |    |     |   |
| 7. Current drinking water supply inspection reports are available to comply with the Safe Water Drinking Act.   |     | X  |     | PVWC report possible lead in water.   |
| 8. Two fire drills are held each month in each building   | X   |    |     |   |
| 9. Right To Know requirements are properly posted   | X   |    |     |   |
| EXITS/EXTERIOR  |     |    |     |   |
| 10. Exterior switches and receptacles are covered by securely fastened weather-proof plates and fixtures are securely mounted with no exposed wires.  |     |    | X   |   |
| 11. Fire escapes and/or exterior stairs can be safely negotiated, are in good condition, and are free of any storage beneath them.  | X   |    |     |   |
| 12. All exterior exits are operable and free of obstructions.   | X   |    |     |   |
| 13. Panic hardware is provided on exit doors of all spaces with an occupancy load/capacity of 50 or more persons.   | X   |    |     |   |
| INTERIOR  |     |    |     |   |
| 14. Switches, receptacles and junction boxes are covered by securely fastened plates. Electrical wires are completely enclosed or in surface mounted cabinets.  | X   |    |     |   |
| 15. Fuses and/or circuit breaker panels are protected by metal covers and all unused circuit breaker openings are covered.  | X   |    |     |   |
| 16. Sufficient access and working space is provided and maintained around all electrical spaces. Items, especially combustibles, are a minimum of 36 inches from electrical power sources or equipment; i.e.: circuit breaker panels, fuse boxes, transformers. | X   |    |     |   |

|  |           |          |           |  |
|--|-----------|----------|-----------|--|
| 17. Instructional areas are free of all unapproved construction; e.g.: walls, partitions, doors and stairs etc.  |           |          | X         |  |
| 18. Doors on any occupied space are free of dead bolts or slide bolts and permit exiting without use of a key.   | X         |          |           |  |
| 19. Unobstructed vision panels with code approved glass are installed in doors opening into corridors. Interior glazing shall be safety glazing.   | X         |          |           |  |
| 20. Kindergarten and Pre-K toilet requirements are met.  | X         |          |           |  |
| 21. Temporary spaces have required approvals in place.   |           |          | X         |  |
| <b>VOCATIONAL/LABORATORIES</b>   |           |          |           |  |
| 22. Key-operated electric solenoid shut-off valves on natural gas lines are provided in science laboratories and shops constructed after 1979. On all other gas lines there is an emergency shut off valve which is clearly marked and accessible. | X         |          |           |  |
| 23. At a minimum, one # 20 BC rated fire extinguisher is provided in each laboratory and vocational area.  | X         |          |           |  |
| 24. Eye protection devices (glasses, goggles) are provided for students and faculty in each laboratory and shop area, including an appropriate provision for their sanitation.   | X         |          |           |  |
| 25. An emergency eyewash device, with 15 minutes continuous flow, is provided where caustic or corrosive materials are used.   | X         |          |           |  |
| 26. An emergency cold-water shower for a chemistry laboratory is provided in the laboratory if constructed after October 1985.   |           |          | X         |  |
| 27. Liquefied petroleum gas (propane) is not stored in the building.   | X         |          |           |  |
| 28. Fume hoods capable of exhausting toxic and offensive vapors to the exterior are provided.  |           |          | X         |  |
| 29. Explosive materials are not present in the building; i.e.: gunpowder, picric acid, etc.  | X         |          |           |  |
| 30. Power equipment is secured to the floor and equipped with required point of operation guards to protect users from injury due to moving parts.   |           |          | X         |  |
| 31. Push-type emergency cut-out switches are provided at appropriate locations within shops to de-energize the electrical supply to nonportable machinery.   |           |          | X         |  |
| 32. Non-portable machinery is provided with magnetic type switches to prevent machines from automatic restart upon restoration of power after an electrical failure or reactivation of the emergency cut-off switch.                               |           |          | X         |  |
| 33. Local or general exhaust ventilation is operating to remove fumes to the exterior during welding operations.   |           |          | X         |  |
| 34. Auto shop exhaust and paint spray booths (or similar areas) are on separate exhaust systems.   |           |          | X         |  |
|  | <b>19</b> | <b>4</b> | <b>11</b> |  |

| <b>30% COMPLIANCE</b>   |            |           |            |   |
|---|------------|-----------|------------|---|
| <b>EXITS/EXTERIOR</b>   | <b>YES</b> | <b>NO</b> | <b>N/A</b> | <b>LOCATION OF VIOLATION</b>                    |
| 35. Exterior walls are free of structural cracks, loose masonry and crumbling parapets. Lintels are free of rust and flaking.   | X          |           |            |   |
| 36. All exterior receptacles are GFI protected in accordance with code.   |            |           | X          |   |
| 37. Gutters and downspouts appear to be in good condition and are secured to the building and runoff does not appear to be obstructed or create drainage or soil erosion.   | X          |           |            |   |
| 38. Fences are maintained and are free of holes.  | X          |           |            |   |
| 39. All school grounds including general purpose play areas and athletic fields are free of holes, glass, stumps, roots, rocks and other hazardous obstacles.   |            | X         |            | Playground has holes and uneven surfaces.       |
| 40. The playground area equipment is in safe operating condition.   |            | X         |            | Backboards missing                              |
| 41. Playground equipment is in compliance with code and district maintains documentation of compliance and annual inspections.  |            | X         |            |   |
| <b>INTERIOR</b>   |            |           |            |   |
| 42. Corridors are free of excessive combustible materials and items being stored which would hinder exiting.  | X          |           |            |   |
| 43. Stage curtains are flame proof or flame retardant and certificates are on file.   | X          |           |            |   |
| 44. Doors leading to interior courtyards are clearly marked: "Not an Emergency Exit"  |            |           | X          |   |
| 45. Emergency evacuation procedures are posted at a visible height and standard location in all instructional areas.  | X          |           |            |   |
| 46. Gas-powered equipment is stored in proper areas and not located in boiler room or other hazardous areas.  | X          |           |            |   |
| 47. Flammable and combustible materials are stored in properly rated cabinets.  | X          |           |            |   |
| 48. A communication system is installed in each classroom for emergency use.  | X          |           |            |   |
| 49. Any receptacle within 6 ft of water is GFI protected in accordance with code.   | X          |           |            |   |
| 50. Electrical extension cords and surge protectors are used appropriately.   | X          |           |            |   |
| 51. A health unit (nurse's area) is provided according to code and secure storage is provided for medical records and medications including refrigerated medications.   | X          |           |            |   |
| 52. Individual mechanical ventilation units or central mechanical ventilation units are operating in all instructional rooms, toilet facilities and other student occupied areas and air conditioners are operational in windowless interior areas. |            | X         |            | WO placed for repairs.                          |
| 53. Lighting levels in all areas, as measured with a light meter, comply with code and lights are covered with a lens cover or equivalent protection.   |            | X         |            | WO missing covers and need ballast replacement. |

| VIOLATION (CONTINUED)  | YES | NO | N/A | LOCATION OF VIOLATION  |
|--|-----|----|-----|--|
| 54. Instructional areas have no unauthorized and/or potentially hazardous materials/equipment in rooms.  | X   |    |     |  |
| 55. A chalkboard or whiteboard, and/or display board is provided in each instructional space and is free of cracks and jagged edges.           | X   |    |     |  |
| 56. Ceilings, walls and floors are free of holes, sags, and evidence of water damage.  |     | X  |     | WO placed for floor replacement. Coils rupture and cause water damage. |
| 57. Floors throughout the school are clean and free of trash   | X   |    |     |  |
| 58. Storage racks in all areas (over 6 feet in height) are properly secured from tipping.  |     |    | X   |  |
| 59. There is no storage within 24 inches of the ceiling.   | X   |    |     |  |
| 60. Handrails on both sides of interior stairways and guardrails are free of surface features which may cause injury and are properly secured. | X   |    |     |  |
| 61. Interior stair treads do not show evidence of extensive wear and are generally in good repair.   |     | X  |     | WO placed to repair stairs.  |
| 62. Student lockers are usable; i.e.: doors, handles and locks are operable.   | X   |    |     |  |
| 63. Drinking fountains are provided with sufficient water pressure.  |     | X  |     | WO placed to regulate pressure in fountains.                           |
| 64. Student toilet facilities are accessible, at all times, during occupancy of the building and bathroom fixtures are all operational.        | X   |    |     |  |
| 65. Stall partitions are secured and doors are provided.   | X   |    |     |  |
| 66. Area and floor drains, where provided, appear to be in working order and covered with appropriate plates.                                  | X   |    |     |  |
| 67. Unused (abandoned) waste lines (drains) are sealed off and capped.   |     |    | X   |  |
| 68. Food and nonfood items (cleaning products, etc.) in home economics rooms & cafeteria are stored separately                                 | X   |    |     |  |
| 69. Non-instructional areas are free of all unapproved construction; e.g.: walls, partitions, doors and stairs.                                | X   |    |     |  |
| <b>EDUCATIONAL LABORATORIES</b>  |     |    |     |  |
| 70. Corrosives, toxic and other hazardous substances are stored in proper corrosive storage cabinets and are properly labeled.                 | X   |    |     |  |
| 71. Required space is available for the safe operation of machinery (Recommendation: A minimum of three feet between machines).                |     |    | X   |  |
| 72. Mechanical and hydraulic automotive lifts have locking devices to hold them in the extended (open) position.                               |     |    | X   |  |
| 73. Floor(s) and aisles in all shops are free of slipping and tripping hazards.  |     |    | X   |  |
| 74. "Eye Hazard Area-Wear Your Eye Protection" signs are posted.   | X   |    |     |  |
| 75. Welding curtains are provided and are painted with a finish of low reflectivity.   |     |    | X   |  |
| 76. Pressurized gas cylinders are secured (chain and eye hooks to welding cart, etc.) and valve protection caps are in place.                  |     |    | X   |  |



| VIOLATION  | YES | NO | NA | LOCATION OF VIOLATION |
|--|-----|----|----|-----------------------|
| 77. Personal protective equipment (goggles, aprons, etc.) for welding operations are provided.   |     |    | X  |                       |
| 78. Oxygen cylinders in storage are separated from fuel gas cylinders (acetylene) or combustible materials a minimum distance of 20 feet.  |     |    | X  |                       |
| 79. Power tools and machines which generate dust are provided with dust collecting equipment. Such equipment shall be either single or multi-use vacuum packs or a central dust collection system. |     |    | X  |                       |
|  | 25  | 8  | 12 |                       |

|                        |   |   |
|------------------------|---|---|
| <b>100% COMPLIANCE</b> |   | <b>NJSAC OPERATIONS DPR (A.3b: All items are in compliance in all buildings)</b>    |
| # of NO responses      | 4 | <input type="checkbox"/> COMPLIANT <input checked="" type="checkbox"/> NONCOMPLIANT |

|                       |      |  |
|-----------------------|------|--|
| <b>80% COMPLIANCE</b> |      | <b>NJSAC OPERATIONS DPR (A.3c: At least 80% of items in compliance in all buildings)</b>   |
| a. # of YES responses | 25   | <p>If Line (a) is equal to or greater than Line (e), the building is compliant. If Line (a) is less than Line (e), the building is noncompliant.</p> <p><input type="checkbox"/> COMPLIANT      <input checked="" type="checkbox"/> NONCOMPLIANT</p> |
| b. # of NO responses  | 8    |  |
| c. Subtotal           | 33   |  |
| d. Multiply (x 80%)   | 26.4 |  |
| e. Required # items   | 33   |  |

| <b>LEA SIGNATURES:</b>            |             |   |
|-----------------------------------|-------------|---|
| Brenda Zemo/Franklyn Tapia        | 1/6/2010    | Environmental Occupational Health and Safety Officer/ Chief Custodian |
| <i>Completed by</i>               | <i>Date</i> | <i>Title</i>  |
| <i>Chief School Administrator</i> | <i>Date</i> |   |

PATERSON BOARD OF EDUCATION  
 PATERSON SCHOOL #6  
 137 Carroll Street & Hamilton Avenue  
 Paterson, New Jersey 07501  
 (201) 881-6030

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A

FOR STATE USE ONLY

ASBESTOS MANAGEMENT PLAN - INSPECTION COVER SHEET

of Responsible Governing Authority  
PATERSON BOARD OF EDUCATION

Telephone Number  
( 201 ) 881-6075

Address  
33 CHURCH STREET, PATERSON, NJ 07505

Name of Facility  
PATERSON SCHOOL #6

Telephone Number  
( 201 ) 881-6030

Building Assessed  
PATERSON SCHOOL #6

Telephone Number  
( 201 ) 881-6030

Address  
137 CARROLL STREET & HAMILTON AVENUE, PATERSON, NJ 07501

Asbestos Program Manager  
JOSEPH KELLERMANN, JR.

Telephone Number  
( 201 ) 881-6075

Address  
33 CHURCH STREET, PATERSON, NJ 07505

Original Year of Building Construction  
1920

List Date(s) of Additional Construction (These dates should be incorporated as appropriate into inspection forms for each room/functional area)

Date

Description

| Date | Description |
|------|-------------|
|      |             |
|      |             |
|      |             |

Type of Heating System: OIL FIRED STEAM.

Has any part of the heating system, including boiler(s), hot water pipes, water heater, etc., been renovated or replaced?

Yes       No

List areas affected and year(s)

Description/Location of Action

Year

ASBESTOS ABATEMENT PIPES & LAGGING

SUMMER 1986

INSPECTORS/ASSESSORS

|   | Name                    | Address                                 | Telephone Number       |
|---|-------------------------|---|------------------------|
| 1 | Kevin Tucker            | 300 Grand Avenue<br>Englewood, NJ 07631 | ( 201 ) 569-6708       |
|   | Affiliation             | State of Accreditation/Acc. No.         | Signature              |
|   | Detail Associates, Inc. | RWJ00978/RWJ0116A                       | <i>Kevin C. Tucker</i> |
| 2 | Name                    | Address                                 | Telephone Number       |
|   |                         |   | (    )                 |
|   | Affiliation             | State of Accreditation/Acc. No.         | Signature              |
|   |                         |   |                        |
| 3 | Name                    | Address                                 | Telephone Number       |
|   |                         |   | (    )                 |
|   | Affiliation             | State of Accreditation/Acc. No.         | Signature              |
|   |                         |   |                        |



*University of Medicine and Dentistry of New Jersey  
 Robert Wood Johnson Medical School  
 Piscataway, New Jersey*

*This is to certify that*

KEVIN CHARLES TUCKER

CERTIFICATE #RWJ00973

*has successfully completed the course entitled*

MANAGING ASBESTOS IN BUILDINGS

*conducted by the*  
 MID-ATLANTIC ASBESTOS TRAINING CENTER  
 (Sponsored by U.S. Environmental Protection Agency)  
 Office of Consumer Health Education  
 Department of Environmental and Community Medicine

*Andrew K. Lutich*  
 Center Director

FEBRUARY 18-19, 1988  
 Date

*Jack Carman*  
 Course Director



*University of Medicine and Dentistry of New Jersey  
 Robert Wood Johnson Medical School  
 Piscataway, New Jersey*

*This is to certify that*

KEVIN CHARLES TUCKER

CERTIFICATE #RWJ0116A

*has successfully completed the course entitled*

INSPECTING BUILDINGS FOR ASBESTOS CONTAINING MATERIALS

*conducted by the*  
 MID-ATLANTIC ASBESTOS TRAINING CENTER  
 (Sponsored by U.S. Environmental Protection Agency)  
 Office of Consumer Health Education  
 Department of Environmental and Community Medicine

*Anna Aepf*  
 Center Director

FEBRUARY. 15-17, 1988  
 Date

*[Signature]*  
 Course Director

ROOM/FUNCTIONAL SPACE INSPECTION

Building Assessed

TRIERSON SCHOOL #6

Room/Functional Space

INDUSTRIAL ARTS CLOSET / SPACE - 005

Date of Construction

1920

Type of Material (Only ONE type may be checked per individual page:  
see instructions)

Surfacing  Thermal  Miscellaneous

Material

Friable  Non-Friable

Description

PIPE INSULATION - ELBOWS

Square/Linear Footage  
6 LFT

Percent of Area  
100 %

Homogeneous ID No.  
T-5

Damage Assessment

| Type of Damage | YES                      | NO                                  | Amount<br>(Square/Linear Feet) | Comments (Severity, Cause) |
|----------------|--------------------------|-------------------------------------|--------------------------------|----------------------------|
| Deterioration  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | _____                          | _____                      |
| Delamination   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | _____                          | _____                      |
| Water          | <input type="checkbox"/> | <input checked="" type="checkbox"/> | _____                          | _____                      |
| Physical       | <input type="checkbox"/> | <input checked="" type="checkbox"/> | _____                          | _____                      |
| Other _____    | <input type="checkbox"/> | <input checked="" type="checkbox"/> | _____                          | _____                      |

|  |  |          |
|--|--|----------|
| Extent of Damage   | Is dust/debris present?                                  | Location |
| <input type="checkbox"/> Localized<br><input type="checkbox"/> Distributed | <input type="checkbox"/> Yes <input type="checkbox"/> No |          |

|  |  |
|--|--|
| Was bulk/surface material obtained?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | If surfacing material, is dust/debris released when material is brushed by hand using moderate pressure?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|--|

|   |          |
|---|----------|
| Accessibility ( More than 1 possible answer: see instructions)<br><input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 | Comments |
|---|----------|

|   |  |
|---|--|
| Is there a potential for disturbance of this material?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Explain<br>POTENTIAL FOR PHYSICAL OR WATER DAMAGE. |
|---|--|

|  |   |
|--|---|
| Is this material in an air plenum or exposed to air stream?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Explain<br>EXPOSED TO AIR STREAM IN THE ROOM. |
|--|---|

|  |   |
|--|---|
| Degree of Damage   |   |
| <input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Thermal System Insulation | <input checked="" type="checkbox"/> ACBM With Potential for Damage            |
| <input type="checkbox"/> Damaged Friable Surfacing ACM   | <input type="checkbox"/> ACBM With Potential for Significant Damage           |
| <input type="checkbox"/> Significantly Damaged Friable Surfacing ACM   | <input type="checkbox"/> Any Remaining Friable ACBM or Friable Suspected ACBM |
| <input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Friable Miscellaneous ACM |   |

Additional Comments

Signature(s) of Inspector(s)/Assessor(s)

Form #6-01B

*Karin C. Tucker*

ROOM/FUNCTIONAL SPACE INSPECTION

Building Assessed

WATERSON SCHOOL #6

Room/Functional Space

INDUSTRIAL ARTS CLOSET / SPACE - 005

Date of Construction

1920

Type of Material (Only ONE type may be checked per individual page:  
see instructions)

Surfacing  Thermal  Miscellaneous

Material

Friable  Non-Friable

Description

PIPE INSULATION - STRAIGHT SECTIONS ARE AIR CELL.

Square/Linear Footage  
10 LFT

Percent of Area  
100 %

Homogeneous ID No.  
T-4

Damage Assessment

| Type of Damage | YES                      | NO                                  | Amount<br>(Square/Linear Feet) | Comments (Severity, Cause) |
|----------------|--------------------------|-------------------------------------|--------------------------------|----------------------------|
| Deterioration  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | _____                          | _____                      |
| Delamination   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | _____                          | _____                      |
| Water          | <input type="checkbox"/> | <input checked="" type="checkbox"/> | _____                          | _____                      |
| Physical       | <input type="checkbox"/> | <input checked="" type="checkbox"/> | _____                          | _____                      |
| Other _____    | <input type="checkbox"/> | <input checked="" type="checkbox"/> | _____                          | _____                      |

Extent of Damage

Localized  
 Distributed

Is dust/debris present?

Yes  No

Location

Was bulk/surface material obtained?

Yes  No

If surfacing material, is dust/debris released when  
material is brushed by hand using moderate pressure?  
 Yes  No

Accessibility ( More than 1 possible  
answer: see instructions)

1  2  3

Comments

Is there a potential for disturbance of  
this material?

Yes  No

Explain

POTENTIAL FOR PHYSICAL OR WATER DAMAGE.

Is this material in an air plenum or  
exposed to air stream?

Yes  No

Explain

EXPOSED TO AIR STREAM IN THE ROOM.

Degree of Damage

Damaged or  Significantly Damaged  
Thermal System Insulation  
 Damaged Friable Surfacing ACM  
 Significantly Damaged Friable Surfacing ACM  
 Damaged or  Significantly Damaged  
Friable Miscellaneous ACM

ACBM With Potential for Damage  
 ACBM With Potential for Significant Damage  
 Any Remaining Friable ACBM  
or Friable Suspected ACBM

Additional Comments

Signature(s) of Inspector(s)/Assessor(s)

Form #6-02B

*Kerrin C. Tucker*

ROOM/FUNCTIONAL SPACE INSPECTION

Building Assessed

PATERSON SCHOOL #6

|   |  |
|---|--|
| Room/Functional Space<br>HOME ECONOMICS ROOM / SPACE - 009  | Date of Construction<br>1920   |
| Type of Material (Only ONE type may be checked per individual page:<br>see instructions)<br><input type="checkbox"/> Surfacing <input type="checkbox"/> Thermal <input checked="" type="checkbox"/> Miscellaneous | Material<br><input type="checkbox"/> Friable <input checked="" type="checkbox"/> Non-Friable |

Description

FLOOR TILE - 9" SQUARE - GRAY

|                                  |                          |                           |
|----------------------------------|--------------------------|---------------------------|
| Square/Linear Footage<br>360 SFT | Percent of Area<br>100 % | Homogeneous ID No.<br>F-3 |
|----------------------------------|--------------------------|---------------------------|

Damage Assessment

| Type of Damage | YES                      | NO                                  | Amount<br>(Square/Linear Feet) | Comments (Severity, Cause) |
|----------------|--------------------------|-------------------------------------|--------------------------------|----------------------------|
| Deterioration  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | _____                          | _____                      |
| Delamination   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | _____                          | _____                      |
| Water          | <input type="checkbox"/> | <input checked="" type="checkbox"/> | _____                          | _____                      |
| Physical       | <input type="checkbox"/> | <input checked="" type="checkbox"/> | _____                          | _____                      |
| Other _____    | <input type="checkbox"/> | <input checked="" type="checkbox"/> | _____                          | _____                      |

|  |   |          |
|--|---|----------|
| Extent of Damage<br><input type="checkbox"/> Localized<br><input type="checkbox"/> Distributed | Is dust/debris present?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Location |
|--|---|----------|

|  |  |
|--|--|
| Was bulk/surface material obtained?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | If surfacing material, is dust/debris released when material is brushed by hand using moderate pressure?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|--|

|   |          |
|---|----------|
| Accessibility ( More than 1 possible answer: see instructions)<br><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 | Comments |
|---|----------|

|   |  |
|---|--|
| Is there a potential for disturbance of this material?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Explain<br>POTENTIAL FOR PHYSICAL DISTURBANCE. |
|---|--|

|  |   |
|--|---|
| Is this material in an air plenum or exposed to air stream?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Explain<br>MATERIAL IS EXPOSED TO AIR STREAM IN THE ROOM. |
|--|---|

|  |  |
|--|--|
| Degree of Damage<br><input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Thermal System Insulation<br><input type="checkbox"/> Damaged Friable Surfacing ACM<br><input type="checkbox"/> Significantly Damaged Friable Surfacing ACM<br><input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Friable Miscellaneous ACM | <input checked="" type="checkbox"/> ACBM With Potential for Damage<br><input type="checkbox"/> ACBM With Potential for Significant Damage<br><input type="checkbox"/> Any Remaining Friable ACBM or Friable Suspected ACBM |
|--|--|

Additional Comments

Signature(s) of Inspector(s)/Assessor(s)

Form #6-03B

*Kevin C. Tucker*



ROOM/FUNCTIONAL SPACE INSPECTION

Building Assessed

PATERSON SCHOOL #6

|  |  |
|--|--|
| Room/Functional Space<br><b>CAFETERIA / SPACE - 018</b>  | Date of Construction<br><b>1920</b>  |
| Type of Material (Only ONE type may be checked per individual page: see instructions)<br><input type="checkbox"/> Surfacing <input type="checkbox"/> Thermal <input checked="" type="checkbox"/> Miscellaneous | Material<br><input type="checkbox"/> Friable <input checked="" type="checkbox"/> Non-Friable |

Description

FLOOR TILE - 9" SQUARE - TAN AND BROWN

|   |                                 |                                  |
|---|---------------------------------|----------------------------------|
| Square/Linear Footage<br><b>580 SFT</b> | Percent of Area<br><b>100 %</b> | Homogeneous ID No.<br><b>F-5</b> |
|---|---------------------------------|----------------------------------|

Damage Assessment

| Type of Damage | YES                      | NO                                  | Amount<br>(Square/Linear Feet) | Comments (Severity, Cause) |
|----------------|--------------------------|-------------------------------------|--------------------------------|----------------------------|
| Deterioration  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | _____                          | _____                      |
| Delamination   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | _____                          | _____                      |
| Water          | <input type="checkbox"/> | <input checked="" type="checkbox"/> | _____                          | _____                      |
| Physical       | <input type="checkbox"/> | <input checked="" type="checkbox"/> | _____                          | _____                      |
| Other _____    | <input type="checkbox"/> | <input checked="" type="checkbox"/> | _____                          | _____                      |

|  |   |          |
|--|---|----------|
| Extent of Damage<br><input type="checkbox"/> Localized<br><input type="checkbox"/> Distributed | Is dust/debris present?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Location |
|--|---|----------|

|  |  |
|--|--|
| Was bulk/surface material obtained?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | If surfacing material, is dust/debris released when material is brushed by hand using moderate pressure?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|--|

|   |          |
|---|----------|
| Accessibility ( More than 1 possible answer: see instructions)<br><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 | Comments |
|---|----------|

|   |   |
|---|---|
| Is there a potential for disturbance of this material?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Explain<br><b>POTENTIAL FOR PHYSICAL DISTURBANCE.</b> |
|---|---|

|  |  |
|--|--|
| Is this material in an air plenum or exposed to air stream?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Explain<br><b>MATERIAL IS EXPOSED TO AIR STREAM IN THE ROOM.</b> |
|--|--|

|  |  |
|--|--|
| Degree of Damage<br><input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Thermal System Insulation<br><input type="checkbox"/> Damaged Friable Surfacing ACM<br><input type="checkbox"/> Significantly Damaged Friable Surfacing ACM<br><input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Friable Miscellaneous ACM | <input checked="" type="checkbox"/> ACBM With Potential for Damage<br><input type="checkbox"/> ACBM With Potential for Significant Damage<br><input type="checkbox"/> Any Remaining Friable ACBM or Friable Suspected ACBM |
|--|--|

Additional Comments

Signature(s) of Inspector(s)/Assessor(s)

Form #6-04B

*Kevin C. Tucker*

ROOM/FUNCTIONAL SPACE INSPECTION

Building Assessed

PATERSON SCHOOL #6

Room/Functional Space

CAFETERIA SERVING AREA / SPACE - 020

Date of Construction

1920

Type of Material (Only ONE type may be checked per individual page:  
see instructions)

Surfacing  Thermal  Miscellaneous

Material

Friable  Non-Friable

Description

FLOOR TILE - 9" SQUARE - TAN AND BROWN

Square/Linear Footage  
100 SFT

Percent of Area  
100 %

Homogeneous ID No.  
F-5

Damage Assessment

| Type of Damage | YES                      | NO                                  | Amount<br>(Square/Linear Feet) | Comments (Severity, Cause) |
|----------------|--------------------------|-------------------------------------|--------------------------------|----------------------------|
| Deterioration  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | _____                          | _____                      |
| Delamination   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | _____                          | _____                      |
| Water          | <input type="checkbox"/> | <input checked="" type="checkbox"/> | _____                          | _____                      |
| Physical       | <input type="checkbox"/> | <input checked="" type="checkbox"/> | _____                          | _____                      |
| Other _____    | <input type="checkbox"/> | <input checked="" type="checkbox"/> | _____                          | _____                      |

Extent of Damage

Localized  
 Distributed

Is dust/debris present?

Yes  No

Location

Was bulk/surface material obtained?

Yes  No

If surfacing material, is dust/debris released when  
material is brushed by hand using moderate pressure?  
 Yes  No

Accessibility ( More than 1 possible  
answer: see instructions)

1  2  3

Comments

Is there a potential for disturbance of  
this material?

Yes  No

Explain

POTENTIAL FOR PHYSICAL DISTURBANCE.

Is this material in an air plenum or  
exposed to air stream?

Yes  No

Explain

MATERIAL IS EXPOSED TO AIR STREAM IN THE ROOM.

Degree of Damage

Damaged or  Significantly Damaged  
Thermal System Insulation  
 Damaged Friable Surfacing ACM  
 Significantly Damaged Friable Surfacing ACM  
 Damaged or  Significantly Damaged  
Friable Miscellaneous ACM

ACBM With Potential for Damage  
 ACBM With Potential for Significant Damage  
 Any Remaining Friable ACBM  
or Friable Suspected ACBM

Additional Comments

Signature(s) of Inspector(s)/Assessor(s)

Form #6-05B

*Kevin C. Tucker*

ROOM/FUNCTIONAL SPACE INSPECTION

Building Assessed

PATERSON SCHOOL #6

Room/Functional Space

TEACHERS LOUNGE / SPACE - 106

Date of Construction

1920

Type of Material (Only ONE type may be checked per individual page; see instructions)

Surfacing  Thermal  Miscellaneous

Material

Friable  Non-Friable

Description

FLOOR TILE - 9" SQUARE - GREEN AND WHITE

Square/Linear Footage  
160 SFT

Percent of Area  
100 %

Homogeneous ID No.  
F-6

Damage Assessment

| Type of Damage | YES                      | NO                                  | Amount<br>(Square/Linear Feet) | Comments (Severity, Cause) |
|----------------|--------------------------|-------------------------------------|--------------------------------|----------------------------|
| Deterioration  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | _____                          | _____                      |
| Delamination   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | _____                          | _____                      |
| Water          | <input type="checkbox"/> | <input checked="" type="checkbox"/> | _____                          | _____                      |
| Physical       | <input type="checkbox"/> | <input checked="" type="checkbox"/> | _____                          | _____                      |
| Other _____    | <input type="checkbox"/> | <input checked="" type="checkbox"/> | _____                          | _____                      |

ABATED

Extent of Damage

Localized  
 Distributed

Is dust/debris present?

Yes  No

Location

Was bulk/surface material obtained?

Yes  No

If surfacing material, is dust/debris released when material is brushed by hand using moderate pressure?  
 Yes  No

Accessibility (More than 1 possible answer: see instructions)

1  2  3

Comments

Is there a potential for disturbance of this material?

Yes  No

Explain

POTENTIAL FOR PHYSICAL DISTURBANCE.

Is this material in an air plenum or exposed to air stream?

Yes  No

Explain

MATERIAL IS EXPOSED TO AIR STREAM IN THE ROOM.

Degree of Damage

Damaged or  Significantly Damaged Thermal System Insulation  
 Damaged Friable Surfacing ACM  
 Significantly Damaged Friable Surfacing ACM  
 Damaged or  Significantly Damaged Friable Miscellaneous ACM

ACBM With Potential for Damage  
 ACBM With Potential for Significant Damage  
 Any Remaining Friable ACBM or Friable Suspected ACBM

Additional Comments

Name(s) of Inspector(s)/Assessor(s)

Form #6-06B

*Kevin C. Tucker*

ROOM/FUNCTIONAL SPACE INSPECTION

Building Assessed

TERSON SCHOOL #6

Room/Functional Space

MAIN OFFICE / SPACE - 108

Date of Construction

1920

Type of Material (Only ONE type may be checked per individual page:  
see instructions)

Surfacing  Thermal  Miscellaneous

Material

Friable  Non-Friable

Description

FLOOR TILE - 9" SQUARE - GREEN AND WHITE

Square/Linear Footage  
220 SFT

Percent of Area  
100 %

Homogeneous ID No.  
F-6

Damage Assessment

Type of Damage

YES NO

Amount  
(Square/Linear Feet)

Comments (Severity, Cause)

Deterioration

Delamination

Water

Physical

Other

Extent of Damage

Localized  
 Distributed

Is dust/debris present?

Yes  No

Location

Was bulk/surface material obtained?

Yes  No

If surfacing material, is dust/debris released when  
material is brushed by hand using moderate pressure?  
 Yes  No

Accessibility (More than 1 possible  
answer: see instructions)

1  2  3

Comments

Is there a potential for disturbance of  
this material?

Yes  No

Explain

POTENTIAL FOR PHYSICAL DISTURBANCE.

Is this material in an air plenum or  
exposed to air stream?

Yes  No

Explain

MATERIAL IS EXPOSED TO AIR STREAM IN THE ROOM.

Degree of Damage

Damaged or  Significantly Damaged  
Thermal System Insulation  
 Damaged Friable Surfacing ACM  
 Significantly Damaged Friable Surfacing ACM  
 Damaged or  Significantly Damaged  
Friable Miscellaneous ACM

ACBM With Potential for Damage  
 ACBM With Potential for Significant Damage  
 Any Remaining Friable ACBM  
or Friable Suspected ACBM

Additional Comments

Signature(s) of Inspector(s)/Assessor(s)

Form #6-07B

Kevin C. Tucker

ROOM/FUNCTIONAL SPACE INSPECTION

Building Assessed

PATERSON SCHOOL #6

Room/Functional Space

STORAGE ABOVE FRONT ENTRANCE/ SPACE - 109

Date of Construction

1920

Type of Material (Only ONE type may be checked per individual page:  
see instructions)

Surfacing  Thermal  Miscellaneous

Material

Friable  Non-Friable

Description

FLOOR TILE - 9" SQUARE - GREEN AND WHITE

Square/Linear Footage  
40 SFT

Percent of Area  
100 %

Homogeneous ID No.  
F-6

Damage Assessment

| Type of Damage | YES                      | NO                                  | Amount<br>(Square/Linear Feet) | Comments (Severity, Cause) |
|----------------|--------------------------|-------------------------------------|--------------------------------|----------------------------|
| Deterioration  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | _____                          | _____                      |
| Delamination   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | _____                          | _____                      |
| Water          | <input type="checkbox"/> | <input checked="" type="checkbox"/> | _____                          | _____                      |
| Physical       | <input type="checkbox"/> | <input checked="" type="checkbox"/> | _____                          | _____                      |
| Other _____    | <input type="checkbox"/> | <input checked="" type="checkbox"/> | _____                          | _____                      |

Extent of Damage

Localized  
 Distributed

Is dust/debris present?

Yes  No

Location

Was bulk/surface material obtained?

Yes  No

If surfacing material, is dust/debris released when  
material is brushed by hand using moderate pressure?  
 Yes  No

Accessibility ( More than 1 possible  
answer: see instructions)

1  2  3

Comments

Is there a potential for disturbance of  
this material?

Yes  No

Explain

POTENTIAL FOR PHYSICAL DISTURBANCE.

Is this material in an air plenum or  
exposed to air stream?

Yes  No

Explain

MATERIAL IS EXPOSED TO AIR STREAM IN THE ROOM.

Degree of Damage

Damaged or  Significantly Damaged  
Thermal System Insulation  
 Damaged Friable Surfacing ACM  
 Significantly Damaged Friable Surfacing ACM  
 Damaged or  Significantly Damaged  
Friable Miscellaneous ACM

ACBM With Potential for Damage  
 ACBM With Potential for Significant Damage  
 Any Remaining Friable ACBM  
or Friable Suspected ACBM

Additional Comments

Signature(s) of Inspector(s)/Assessor(s)

Form #6-08B

*Kevin C. Tucker*

ROOM/FUNCTIONAL SPACE INSPECTION

Building Assessed

PATERSON SCHOOL #6

Room/Functional Space

OFFICE / SPACE - 111

Date of Construction

1920

Type of Material (Only ONE type may be checked per individual page:  
see instructions)

Surfacing  Thermal  Miscellaneous

Material

Friable  Non-Friable

Description

FLOOR TILE - 9" SQUARE - DARK RED

Square/Linear Footage  
130 SFT

Percent of Area  
100 %

Homogeneous ID No.  
F-7

Damage Assessment

| Type of Damage | YES                      | NO                                  | Amount<br>(Square/Linear Feet) | Comments (Severity, Cause) |
|----------------|--------------------------|-------------------------------------|--------------------------------|----------------------------|
| Deterioration  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | _____                          | _____                      |
| Delamination   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | _____                          | _____                      |
| Water          | <input type="checkbox"/> | <input checked="" type="checkbox"/> | _____                          | _____                      |
| Physical       | <input type="checkbox"/> | <input checked="" type="checkbox"/> | _____                          | _____                      |
| Other _____    | <input type="checkbox"/> | <input checked="" type="checkbox"/> | _____                          | _____                      |

Extent of Damage

Localized  
 Distributed

Is dust/debris present?

Yes  No

Location

Was bulk/surface material obtained?

Yes  No

If surfacing material, is dust/debris released when  
material is brushed by hand using moderate pressure?  
 Yes  No

Accessibility ( More than 1 possible  
answer: see instructions)

1  2  3

Comments

Is there a potential for disturbance of  
this material?

Yes  No

Explain

POTENTIAL FOR PHYSICAL DISTURBANCE.

Is this material in an air plenum or  
exposed to air stream?

Yes  No

Explain

MATERIAL IS EXPOSED TO AIR STREAM IN THE ROOM.

Degree of Damage

Damaged or  Significantly Damaged  
Thermal System Insulation  
 Damaged Friable Surfacing ACM  
 Significantly Damaged Friable Surfacing ACM  
 Damaged or  Significantly Damaged  
Friable Miscellaneous ACM

ACBM With Potential for Damage  
 ACBM With Potential for Significant Damage  
 Any Remaining Friable ACBM  
or Friable Suspected ACBM

Additional Comments

Signature(s) of Inspector(s)/Assessor(s)

Form #6-09B

*Kevin C. Tucker*

ROOM/FUNCTIONAL SPACE INSPECTION

Building Assessed

PATERSON SCHOOL #6

Room/Functional Space

CLASSROOM 203 / SPACE - 203

Date of Construction

1920

Type of Material (Only ONE type may be checked per individual page:  
see instructions)

Surfacing  Thermal  Miscellaneous

Material

Friable  Non-Friable

Description

TAN LINOLEUM

Square/Linear Footage  
300 SFT

Percent of Area  
100 %

Homogeneous ID No.  
L-2

Damage Assessment

| Type of Damage | YES                      | NO                                  | Amount<br>(Square/Linear Feet) | Comments (Severity, Cause) |
|----------------|--------------------------|-------------------------------------|--------------------------------|----------------------------|
| Deterioration  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | _____                          |                            |
| Delamination   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | _____                          |                            |
| Water          | <input type="checkbox"/> | <input checked="" type="checkbox"/> | _____                          |                            |
| Physical       | <input type="checkbox"/> | <input checked="" type="checkbox"/> | _____                          |                            |
| Other _____    | <input type="checkbox"/> | <input checked="" type="checkbox"/> | _____                          |                            |

ABATED

Extent of Damage

Localized  
 Distributed

Is dust/debris present?

Yes  No

Location

Was bulk/surface material obtained?

Yes  No

If surfacing material, is dust/debris released when  
material is brushed by hand using moderate pressure?  
 Yes  No

Accessibility ( More than 1 possible  
answer: see instructions)

1  2  3

Comments

Is there a potential for disturbance of  
this material?

Yes  No

Explain

POTENTIAL FOR PHYSICAL DISTURBANCE.

Is this material in an air plenum or  
exposed to air stream?

Yes  No

Explain

MATERIAL IS EXPOSED TO AIR STREAM IN THE ROOM.

Degree of Damage

Damaged or  Significantly Damaged  
Thermal System Insulation  
 Damaged Friable Surfacing ACM  
 Significantly Damaged Friable Surfacing ACM  
 Damaged or  Significantly Damaged  
Friable Miscellaneous ACM

ACBM With Potential for Damage  
 ACBM With Potential for Significant Damage  
 Any Remaining Friable ACBM  
or Friable Suspected ACBM

Additional Comments

Signature(s) of Inspector(s)/Assessor(s)

Form #6-108

*Kevin C. Tucker*

ROOM/FUNCTIONAL SPACE INSPECTION

Building Assessed

PATERSON SCHOOL #6

Room/Functional Space

CLASSROOM 204 / SPACE - 204

Date of Construction

1920

Type of Material (Only ONE type may be checked per individual page:  
see instructions)

Surfacing  Thermal  Miscellaneous

Material

Friable  Non-Friable

Description

BROWN LINOLEUM

Square/Linear Footage  
300 SFT

Percent of Area  
100 %

Homogeneous ID No.  
L-1

Damage Assessment

| Type of Damage | YES                      | NO                                  | Amount<br>(Square/Linear Feet) | Comments (Severity, Cause) |
|----------------|--------------------------|-------------------------------------|--------------------------------|----------------------------|
| Deterioration  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                                |                            |
| Delamination   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                                |                            |
| Water          | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                                |                            |
| Physical       | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                                |                            |
| Other _____    | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                                |                            |

ABATED

Extent of Damage

Localized  
 Distributed

Is dust/debris present?

Yes  No

Location

Was bulk/surface material obtained?

Yes  No

If surfacing material, is dust/debris released when  
material is brushed by hand using moderate pressure?  
 Yes  No

Accessibility ( More than 1 possible  
answer: see instructions)

1  2  3

Comments

Is there a potential for disturbance of  
this material?

Yes  No

Explain

POTENTIAL FOR PHYSICAL DISTURBANCE.

Is this material in an air plenum or  
exposed to air stream?

Yes  No

Explain

MATERIAL IS EXPOSED TO AIR STREAM IN THE ROOM.

Degree of Damage

Damaged or  Significantly Damaged  
Thermal System Insulation  
 Damaged Friable Surfacing ACM  
 Significantly Damaged Friable Surfacing ACM  
 Damaged or  Significantly Damaged  
Friable Miscellaneous ACM

ACBM With Potential for Damage  
 ACBM With Potential for Significant Damage  
 Any Remaining Friable ACBM  
or Friable Suspected ACBM

Additional Comments

Signature(s) of Inspector(s)/Assessor(s)

Form #6-11B

Kevin C. Tucker



ROOM/FUNCTIONAL SPACE INSPECTION

Building Assessed

PATERSON SCHOOL #6

Room/Functional Space

NURSE'S OFFICE / SPACE - 216

Date of Construction

1920

Type of Material (Only ONE type may be checked per individual page:  
see instructions)

Surfacing  Thermal  Miscellaneous

Material

Friable  Non-Friable

Description

FLOOR TILE - 9" SQUARE WHITE

Square/Linear Footage  
130 SFT

Percent of Area  
100 %

Homogeneous ID No.  
F-8

Damage Assessment

| Type of Damage | YES                      | NO                                  | Amount<br>(Square/Linear Feet) | Comments (Severity, Cause) |
|----------------|--------------------------|-------------------------------------|--------------------------------|----------------------------|
| Deterioration  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | _____                          | _____                      |
| Delamination   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | _____                          | _____                      |
| Water          | <input type="checkbox"/> | <input checked="" type="checkbox"/> | _____                          | _____                      |
| Physical       | <input type="checkbox"/> | <input checked="" type="checkbox"/> | _____                          | _____                      |
| Other _____    | <input type="checkbox"/> | <input checked="" type="checkbox"/> | _____                          | _____                      |

ABATED

|  |   |          |
|--|---|----------|
| Extent of Damage<br><input type="checkbox"/> Localized<br><input type="checkbox"/> Distributed | Is dust/debris present?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Location |
|--|---|----------|

|  |  |
|--|--|
| Was bulk/surface material obtained?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | If surfacing material, is dust/debris released when material is brushed by hand using moderate pressure?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|--|

|   |          |
|---|----------|
| Accessibility ( More than 1 possible answer: see instructions)<br><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 | Comments |
|---|----------|

|   |  |
|---|--|
| Is there a potential for disturbance of this material?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Explain<br>POTENTIAL FOR PHYSICAL DISTURBANCE. |
|---|--|

|  |   |
|--|---|
| Is this material in an air plenum or exposed to air stream?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Explain<br>MATERIAL IS EXPOSED TO AIR STREAM IN THE ROOM. |
|--|---|

|  |  |
|--|--|
| Degree of Damage<br><input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Thermal System Insulation<br><input type="checkbox"/> Damaged Friable Surfacing ACM<br><input type="checkbox"/> Significantly Damaged Friable Surfacing ACM<br><input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Friable Miscellaneous ACM | <input checked="" type="checkbox"/> ACBM With Potential for Damage<br><input type="checkbox"/> ACBM With Potential for Significant Damage<br><input type="checkbox"/> Any Remaining Friable ACBM or Friable Suspected ACBM |
|--|--|

Additional Comments

Signature(s) of Inspector(s)/Assessor(s) \_\_\_\_\_ Form #6-12B

\_\_\_\_\_ Kevin C. Tucker

ROOM/FUNCTIONAL SPACE INSPECTION

Building Assessed

PATERSON SCHOOL #6

Room/Functional Space

PROJECTION AND STORAGE ROOM / SPACE - 230

Date of Construction

1920

Type of Material (Only ONE type may be checked per individual page:  
see instructions)

Surfacing  Thermal  Miscellaneous

Material

Friable  Non-Friable

Description

TRANSITE PANELS FOR WINDOW OPENINGS

Square/Linear Footage  
5 SFT

Percent of Area  
100 %

Homogeneous ID No.  
M-2

Damage Assessment

| Type of Damage | YES                      | NO                                  | Amount<br>(Square/Linear Feet) | Comments (Severity, Cause) |
|----------------|--------------------------|-------------------------------------|--------------------------------|----------------------------|
| Deterioration  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | _____                          | _____                      |
| Delamination   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | _____                          | _____                      |
| Water          | <input type="checkbox"/> | <input checked="" type="checkbox"/> | _____                          | _____                      |
| Physical       | <input type="checkbox"/> | <input checked="" type="checkbox"/> | _____                          | _____                      |
| Other _____    | <input type="checkbox"/> | <input checked="" type="checkbox"/> | _____                          | _____                      |

Extent of Damage

Localized  
 Distributed

Is dust/debris present?

Yes  No

Location

Was bulk/surface material obtained?

Yes  No

If surfacing material, is dust/debris released when  
material is brushed by hand using moderate pressure?  
 Yes  No

Accessibility ( More than 1 possible  
answer: see instructions)

1  2  3

Comments

Is there a potential for disturbance of  
this material?

Yes  No

Explain

POTENTIAL FOR PHYSICAL DAMAGE.

Is this material in an air plenum or  
exposed to air stream?

Yes  No

Explain

MATERIAL IS EXPOSED TO AIR STREAM IN THE ROOM.

Degree of Damage

Damaged or  Significantly Damaged  
Thermal System Insulation  
 Damaged Friable Surfacing ACM  
 Significantly Damaged Friable Surfacing ACM  
 Damaged or  Significantly Damaged  
Friable Miscellaneous ACM

ACBM With Potential for Damage  
 ACBM With Potential for Significant Damage  
 Any Remaining Friable ACBM  
or Friable Suspected ACBM

Additional Comments

Signature(s) of Inspector(s)/Assessor(s)

Form #6-13B

*Kevin C. Tucker*

ROOM/FUNCTIONAL SPACE INSPECTION

Building Assessed

PATERSON SCHOOL #6

Room/Functional Space

CLASSROOM 301 / SPACE - 301

Date of Construction

1920

Type of Material (Only ONE type may be checked per individual page:  
see instructions)

Surfacing  Thermal  Miscellaneous

Material

Friable  Non-Friable

Description

FLOOR TILE - 9" SQUARE - WHITE

Square/Linear Footage  
360 SFT

Percent of Area  
100 %

Homogeneous ID No.  
F-8

Damage Assessment

| Type of Damage | YES                      | NO                                  | Amount<br>(Square/Linear Feet) | Comments (Severity, Cause) |
|----------------|--------------------------|-------------------------------------|--------------------------------|----------------------------|
| Deterioration  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | _____                          | _____                      |
| Delamination   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | _____                          | _____                      |
| Water          | <input type="checkbox"/> | <input checked="" type="checkbox"/> | _____                          | _____                      |
| Physical       | <input type="checkbox"/> | <input checked="" type="checkbox"/> | _____                          | _____                      |
| Other _____    | <input type="checkbox"/> | <input checked="" type="checkbox"/> | _____                          | _____                      |

Extent of Damage

Localized  
 Distributed

Is dust/debris present?

Yes  No

Location

Was bulk/surface material obtained?

Yes  No

If surfacing material, is dust/debris released when  
material is brushed by hand using moderate pressure?  
 Yes  No

Accessibility ( More than 1 possible  
answer: see instructions)

1  2  3

Comments

Is there a potential for disturbance of  
this material?

Yes  No

Explain

POTENTIAL FOR PHYSICAL DAMAGE.

Is this material in an air plenum or  
exposed to air stream?

Yes  No

Explain

MATERIAL IS EXPOSED TO AIR STREAM IN THE ROOM.

Degree of Damage

Damaged or  Significantly Damaged  
Thermal System Insulation  
 Damaged Friable Surfacing ACM  
 Significantly Damaged Friable Surfacing ACM  
 Damaged or  Significantly Damaged  
Friable Miscellaneous ACM

ACBM With Potential for Damage  
 ACBM With Potential for Significant Damage  
 Any Remaining Friable ACBM  
or Friable Suspected ACBM

Additional Comments

Signature(s) of Inspector(s)/Assessor(s)

Form #6-14B

*Kevin C. Tucker*

ROOM/FUNCTIONAL SPACE INSPECTION

Building Assessed

PATERSON SCHOOL #6

Room/Functional Space

CLASSROOM 302 / SPACE - 302

Date of Construction

1920

Type of Material (Only ONE type may be checked per individual page:  
see instructions)

Surfacing  Thermal  Miscellaneous

Material

Friable  Non-Friable

Description

FLOOR TILE - 9" SQUARE - WHITE

Square/Linear Footage  
360 SFT

Percent of Area  
100 %

Homogeneous ID No.  
F-8

Damage Assessment

| Type of Damage | YES                      | NO                                  | Amount<br>(Square/Linear Feet) | Comments (Severity, Cause) |
|----------------|--------------------------|-------------------------------------|--------------------------------|----------------------------|
| Deterioration  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | _____                          | _____                      |
| Delamination   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | _____                          | _____                      |
| Water          | <input type="checkbox"/> | <input checked="" type="checkbox"/> | _____                          | _____                      |
| Physical       | <input type="checkbox"/> | <input checked="" type="checkbox"/> | _____                          | _____                      |
| Other _____    | <input type="checkbox"/> | <input checked="" type="checkbox"/> | _____                          | _____                      |

Extent of Damage

Localized  
 Distributed

Is dust/debris present?

Yes  No

Location

Was bulk/surface material obtained?

Yes  No

If surfacing material, is dust/debris released when  
material is brushed by hand using moderate pressure?  
 Yes  No

Accessibility ( More than 1 possible  
answer: see instructions)

1  2  3

Comments

Is there a potential for disturbance of  
this material?

Yes  No

Explain

POTENTIAL FOR PHYSICAL DAMAGE.

Is this material in an air plenum or  
exposed to air stream?

Yes  No

Explain

MATERIAL IS EXPOSED TO AIR STREAM IN THE ROOM.

Degree of Damage

Damaged or  Significantly Damaged  
Thermal System Insulation  
 Damaged Friable Surfacing ACM  
 Significantly Damaged Friable Surfacing ACM  
 Damaged or  Significantly Damaged  
Friable Miscellaneous ACM

ACBM With Potential for Damage  
 ACBM With Potential for Significant Damage  
 Any Remaining Friable ACBM  
or Friable Suspected ACBM

Additional Comments

Signature(s) of Inspector(s)/Assessor(s)

Form #6-158

*Kevin C. Tucker*

ROOM/FUNCTIONAL SPACE INSPECTION

Building Assessed

PATERSON SCHOOL #6

|   |   |
|---|---|
| Room/Functional Space<br>OFFICE / SPACE - 321   | Date of Construction<br>1920  |
| Type of Material (Only ONE type may be checked per individual page:<br>see instructions)<br><input type="checkbox"/> Surfacing <input type="checkbox"/> Thermal <input checked="" type="checkbox"/> Miscellaneous | Material<br><input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable |

Description

FLOOR TILE - 9" SQUARE - GREEN AND WHITE

|                                  |                          |                           |
|----------------------------------|--------------------------|---------------------------|
| Square/Linear Footage<br>150 SFT | Percent of Area<br>100 % | Homogeneous ID No.<br>F-8 |
|----------------------------------|--------------------------|---------------------------|

Damage Assessment

| Type of Damage | YES                      | NO                                  | Amount<br>(Square/Linear Feet) | Comments (Severity, Cause) |
|----------------|--------------------------|-------------------------------------|--------------------------------|----------------------------|
| Deterioration  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | _____                          | _____                      |
| Delamination   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | _____                          | _____                      |
| Water          | <input type="checkbox"/> | <input checked="" type="checkbox"/> | _____                          | _____                      |
| Physical       | <input type="checkbox"/> | <input checked="" type="checkbox"/> | _____                          | _____                      |
| Other _____    | <input type="checkbox"/> | <input checked="" type="checkbox"/> | _____                          | _____                      |

|  |   |          |
|--|---|----------|
| Extent of Damage<br><input type="checkbox"/> Localized<br><input type="checkbox"/> Distributed | Is dust/debris present?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Location |
|--|---|----------|

|  |  |
|--|--|
| Was bulk/surface material obtained?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | If surfacing material, is dust/debris released when material is brushed by hand using moderate pressure?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|--|

|   |          |
|---|----------|
| Accessibility ( More than 1 possible answer: see instructions)<br><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 | Comments |
|---|----------|

|   |   |
|---|---|
| Is there a potential for disturbance of this material?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Explain<br>POTENTIAL FOR PHYSICAL DAMAGE. |
|---|---|

|  |   |
|--|---|
| Is this material in an air plenum or exposed to air stream?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Explain<br>MATERIAL IS EXPOSED TO AIR STREAM IN THE ROOM. |
|--|---|

|  |  |
|--|--|
| Degree of Damage<br><input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Thermal System Insulation<br><input type="checkbox"/> Damaged Friable Surfacing ACM<br><input type="checkbox"/> Significantly Damaged Friable Surfacing ACM<br><input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Friable Miscellaneous ACM | <input checked="" type="checkbox"/> ACBM With Potential for Damage<br><input type="checkbox"/> ACBM With Potential for Significant Damage<br><input type="checkbox"/> Any Remaining Friable ACBM or Friable Suspected ACBM |
|--|--|

Additional Comments

Signature(s) of Inspector(s)/Assessor(s)

Form #6-16B

*Kevin C. Tucker*

B

FOR STATE USE ONLY

ROOM/FUNCTIONAL SPACE INSPECTION

Being Assessed

PATERSON SCHOOL #6

Room/Functional Space

BOILER ROOM / SPACE #06

Date of Construction

1920

Type of Material (Only ONE type may be checked per individual page:  
see instructions)

Surfacing  Thermal  Miscellaneous

Material

Friable  Non-Friable

Description

TOP OF BOILER INSULATION / DEBRIS

Square/Linear Footage  
200 SFT

Percent of Area  
100 %

Homogeneous ID No.  
T-3

Damage Assessment

| Type of Damage | YES                                 | NO                                  | Amount<br>(Square/Linear Feet) | Comments (Severity, Cause) |
|----------------|-------------------------------------|-------------------------------------|--------------------------------|----------------------------|
| Deterioration  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | _____                          | _____                      |
| Delamination   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | _____                          | _____                      |
| Water          | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | _____                          | _____                      |
| Physical       | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 5 SF                           | _____                      |
| Other _____    | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | _____                          | _____                      |

ABATED

Extent of Damage

Localized  
 Distributed

Is dust/debris present?

Yes  No

Location

TOP OF BOILER

Was bulk/surface material obtained?

Yes  No

If surfacing material, is dust/debris released when  
material is brushed by hand using moderate pressure?  
 Yes  No

Accessibility ( More than 1 possible  
answer: see instructions)

1  2  3

Comments

Is there a potential for disturbance of  
this material?

Yes  No

Explain

Is this material in an air plenum or  
exposed to air stream?

Yes  No

Explain

Degree of Damage

Damaged or  Significantly Damaged  
Thermal System Insulation  
 Damaged Friable Surfacing ACM  
 Significantly Damaged Friable Surfacing ACM  
 Damaged or  Significantly Damaged  
Friable Miscellaneous ACM

ACBM With Potential for Damage  
 ACBM With Potential for Significant Damage  
 Any Remaining Friable ACBM  
or Friable Suspected ACBM

Additional Comments

Signature(s) of Inspector(s)/Assessor(s)

Form #6-178

Kevin C. Tucker

C

FOR STATE USE ONLY

ASBESTOS MANAGEMENT PLAN - COVER SHEET

Name of Responsible Governing Authority  
PATERSON BOARD OF EDUCATION

Telephone Number  
( 201 ) 881-6075

Address  
33 CHURCH STREET, PATERSON, NJ 07505

Name of Facility  
PATERSON SCHOOL #06

Telephone Number  
( 201 ) 881-6030

Building Assessed  
PATERSON SCHOOL #06

County  
PASSAIC

Address  
137 Carroll Street & Hamilton Avenue, Paterson, NJ 07501

Telephone Number  
( 201 ) 881-6030

Type of Facility  
School

Date of Inspection  
10/06/89

Does this building contain (check all that apply)?

|   |                                    |                |
|---|------------------------------------|----------------|
| <input checked="" type="checkbox"/> Friable ACBM            | Total Amount (Square/Linear Feet): |                |
| <input checked="" type="checkbox"/> Non-Friable ACBM        | Surfacing ACBM                     | NONE           |
| <input type="checkbox"/> Assumed Friable ACM                | Thermal Insulation ACBM            | 16 LFT/200 SFT |
| <input checked="" type="checkbox"/> Assumed Non-Friable ACM | Miscellaneous ACM                  | 3,195 SFT      |

ASBESTOS PROGRAM MANAGER \*

Name of Asbestos Program Manager  
Joseph Kellermann, Jr.

Telephone Number  
( 201 ) 881-6075

Address  
33 Church Street, Paterson, NJ 07505

Training Attended

| Course Name | Training Agency | Place of Training | Date(s) | Training Hours |
|-------------|-----------------|-------------------|---------|----------------|
|             |                 |                   |         |                |
|             |                 |                   |         |                |

INSPECTOR(S)/ASSESSOR(S) \*\*

| Name            | Accreditation Number/State | Affiliation             | Signature |
|-----------------|----------------------------|-------------------------|-----------|
| Kevin C. Tucker | RWJ0097B/                  | Detail Associates, Inc. |           |
|                 | RWJ0116A /                 |                         |           |
|                 |                            |                         |           |

MANAGEMENT PLANNER(S) \*\*

(The undersigned Management Planner(s) have prepared or assisted in preparation or reviewed this plan and assure that this plan is in compliance with current law.)

| Name                    | Address                         | Telephone Number       |
|-------------------------|---------------------------------|------------------------|
| Kevin C. Tucker         | 300 Grand Avenue, Englewood, NJ | (201) 569-6708         |
| Affiliation             | State of Accreditation/Acc. No. | Signature              |
| Detail Associates, Inc. | RWJ0097B/RWJ0116A               | <i>Kevin C. Tucker</i> |

OTHER CONSULTANTS/PERSONS INVOLVED IN THE DEVELOPMENT OF THIS MANAGEMENT PLAN \*\*

| Name | Accreditation Number/State | Affiliation | Signature |
|------|----------------------------|-------------|-----------|
|      |                            |             |           |
|      |                            |             |           |

\*Include copies of certificates of completion for all training courses.

ASBESTOS MANAGEMENT PLAN - ROOM/FUNCTIONAL SPACE INSPECTION  
RESPONSE ACTIONS

Building Assessed: PATERSON SCHOOL #06  
Room/Functional Space: INDUSTRIAL ARTS CLOSET / SPACE - 005

SECTION I: TYPE OF ASBESTOS-CONTAINING MATERIAL (CHECK ONLY ONE TYPE PER SHEET)

[X] THERMAL  
Check One: [X] Pipe Insulation, [ ] Elbow/Joint, [ ] Other:  
Check One: [ ] Air Cell, [ ] Cementitious, [ ] Solid Lag, [ ] Other:  
[ ] SURFACING  
Check One: [ ] Ceiling, [ ] Wall, [ ] Other:  
[ ] MISCELLANEOUS  
Check One: [ ] VAT, [ ] Ceiling Tiles, [ ] Transite, [ ] Other:

Homogeneous ID No. T-5  
Check One: [ ] Sample Taken, [X] Material Assumed  
Material: [ ] Friable, [X] Non-Friable  
Total Sq./LF: 6 LFT  
Material: [ ] Localized, [ ] Distributed  
Accessibility: [ ] 1, [X] 2, [ ] 3

Damage Assessment:  
[ ] Damaged or [ ] Significantly Damaged Thermal System Insulation  
[ ] Damaged Friable Surfacing ACM  
[ ] Significantly Damaged Friable Surfacing ACM  
[ ] Damaged or [ ] Significantly Damaged Friable Miscellaneous ACM  
[X] ACBM With Potential for Damage  
[ ] ACBM With Potential for Significant Damage  
[ ] Any Remaining Friable ACBM or Friable Suspected ACBM

Response Table with columns: Action(s), Date of Response, Square/Linear Feet. Includes entries for O&M until major renovation and demolition requirements.

Comments section and FORM #6-01D label.

SECTION II: TYPE OF ASBESTOS-CONTAINING MATERIAL (CHECK ONLY ONE TYPE PER SHEET)

[X] THERMAL  
Check One: [X] Pipe Insulation, [ ] Elbow/Joint, [ ] Other:  
Check One: [X] Air Cell, [ ] Cementitious, [ ] Solid Lag, [ ] Other:  
[ ] SURFACING  
Check One: [ ] Ceiling, [ ] Wall, [ ] Other:  
[ ] MISCELLANEOUS  
Check One: [ ] VAT, [ ] Ceiling Tiles, [ ] Transite, [ ] Other:

Homogeneous ID No. 10 LFT  
Check One: [ ] Sample Taken, [X] Material Assumed  
Material: [ ] Friable, [X] Non-Friable  
Total Sq./LF: 10 LFT  
Material: [ ] Localized, [ ] Distributed  
Accessibility: [ ] 1, [X] 2, [ ] 3

Damage Assessment:  
[ ] Damaged or [ ] Significantly Damaged Thermal System Insulation  
[ ] Damaged Friable Surfacing ACM  
[ ] Significantly Damaged Friable Surfacing ACM  
[ ] Damaged or [ ] Significantly Damaged Friable Miscellaneous ACM  
[X] ACBM With Potential for Damage  
[ ] ACBM With Potential for Significant Damage  
[ ] Any Remaining Friable ACBM or Friable Suspected ACBM

Response Table with columns: Action(s), Date of Response, Square/Linear Feet. Includes entries for O&M until major renovation and demolition requirements.

Comments section and FORM #6-02D label.



ASBESTOS MANAGEMENT PLAN - ROOM/FUNCTIONAL SPACE INSPECTION  
RESPONSE ACTIONS

**D**

Building Assessed

Room/Functional Space

PATERSON SCHOOL #6

HOME ECONOMICS ROOM/ SPACE - 009

SECTION I: TYPE OF ASBESTOS-CONTAINING MATERIAL (CHECK ONLY ONE TYPE PER SHEET)

|   |  |   |  |   |  |   |  |
|---|--|---|--|---|--|---|--|
| <input type="checkbox"/> THERMAL<br>Check One:<br><input type="checkbox"/> Pipe Insulation<br><input type="checkbox"/> Elbow/Joint<br><input type="checkbox"/> Other: _____ |  | Check One:<br><input type="checkbox"/> Air Cell<br><input type="checkbox"/> Cementitious<br><input type="checkbox"/> Solid Lag<br><input type="checkbox"/> Other: _____ |  | <input type="checkbox"/> SURFACING<br>Check One:      Check One:<br><input type="checkbox"/> Ceiling <input type="checkbox"/> Sprayed On<br><input type="checkbox"/> Wall <input type="checkbox"/> Troweled On<br><input type="checkbox"/> Other: <input type="checkbox"/> Other: _____ |  | <input checked="" type="checkbox"/> MISCELLANEOUS<br><input checked="" type="checkbox"/> VAT<br><input type="checkbox"/> Ceiling Tiles<br><input type="checkbox"/> Transite<br><input type="checkbox"/> Other: _____<br>9" SQUARE |  |
|---|--|---|--|---|--|---|--|

|                           |  |   |                         |  |  |
|---------------------------|--|---|-------------------------|--|--|
| Homogeneous ID No.<br>F-3 | Check One<br><input type="checkbox"/> Sample Taken<br><input checked="" type="checkbox"/> Material Assumed | Material<br><input type="checkbox"/> Friable<br><input checked="" type="checkbox"/> Non-Friable | Total Sq./LF<br>360 SFT | Material<br><input type="checkbox"/> Localized<br><input type="checkbox"/> Distributed | Accessibility<br>(See Instructions)<br><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 |
|---------------------------|--|---|-------------------------|--|--|

Damage Assessment

|  |   |
|--|---|
| <input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Thermal System Insulation | <input checked="" type="checkbox"/> ACBM With Potential for Damage            |
| <input type="checkbox"/> Damaged Friable Surfacing ACM   | <input type="checkbox"/> ACBM With Potential for Significant Damage           |
| <input type="checkbox"/> Significantly Damaged Friable Surfacing ACM   | <input type="checkbox"/> Any Remaining Friable ACBM or Friable Suspected ACBM |
| <input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Friable Miscellaneous ACM |   |

| Response | Action(s)                              | Date of Response | Square/Linear Feet |
|----------|--|------------------|--------------------|
|          | CONTINUE O&M UNTIL MAJOR RENOVATION OR | MARCH 1, 1990    | 360 SFT            |
|          | DEMOLITION REQUIRES REMOVAL.           |                  |                    |

Comments

FORM #6-030

SECTION II: TYPE OF ASBESTOS-CONTAINING MATERIAL (CHECK ONLY ONE TYPE PER SHEET)

|   |  |   |  |   |  |  |  |
|---|--|---|--|---|--|--|--|
| <input type="checkbox"/> THERMAL<br>Check One:<br><input type="checkbox"/> Pipe Insulation<br><input type="checkbox"/> Elbow/Joint<br><input type="checkbox"/> Other: _____ |  | Check One:<br><input type="checkbox"/> Air Cell<br><input type="checkbox"/> Cementitious<br><input type="checkbox"/> Solid Lag<br><input type="checkbox"/> Other: _____ |  | <input type="checkbox"/> SURFACING<br>Check One:      Check One:<br><input type="checkbox"/> Ceiling <input type="checkbox"/> Sprayed On<br><input type="checkbox"/> Wall <input type="checkbox"/> Troweled On<br><input type="checkbox"/> Other: <input type="checkbox"/> Other: _____ |  | <input type="checkbox"/> MISCELLANEOUS<br><input type="checkbox"/> VAT<br><input type="checkbox"/> Ceiling Tiles<br><input type="checkbox"/> Transite<br><input type="checkbox"/> Other: _____ |  |
|---|--|---|--|---|--|--|--|

|                    |   |  |              |  |   |
|--------------------|---|--|--------------|--|---|
| Homogeneous ID No. | Check One<br><input type="checkbox"/> Sample Taken<br><input type="checkbox"/> Material Assumed | Material<br><input type="checkbox"/> Friable<br><input type="checkbox"/> Non-Friable | Total Sq./LF | Material<br><input type="checkbox"/> Localized<br><input type="checkbox"/> Distributed | Accessibility<br>(See Instructions)<br><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 |
|--------------------|---|--|--------------|--|---|

Damage Assessment

|  |   |
|--|---|
| <input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Thermal System Insulation | <input type="checkbox"/> ACBM With Potential for Damage                       |
| <input type="checkbox"/> Damaged Friable Surfacing ACM   | <input type="checkbox"/> ACBM With Potential for Significant Damage           |
| <input type="checkbox"/> Significantly Damaged Friable Surfacing ACM   | <input type="checkbox"/> Any Remaining Friable ACBM or Friable Suspected ACBM |
| <input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Friable Miscellaneous ACM |   |

| Response | Action(s) | Date of Response | Square/Linear Feet |
|----------|-----------|------------------|--------------------|
|          |           |                  |                    |
|          |           |                  |                    |

Comments

FORM #

ASBESTOS MANAGEMENT PLAN - ROOM/FUNCTIONAL SPACE INSPECTION  
RESPONSE ACTIONS

D

|   |  |
|---|--|
| Building Assessed<br>PATERSON SCHOOL #6 | Room/Functional Space<br>CAFETERIA / SPACE - 01B |
|---|--|

SECTION I: TYPE OF ASBESTOS-CONTAINING MATERIAL (CHECK ONLY ONE TYPE PER SHEET)

|   |   |  |  |   |
|---|---|--|--|---|
| <input type="checkbox"/> THERMAL<br>Check One:<br><input type="checkbox"/> Pipe Insulation<br><input type="checkbox"/> Elbow/Joint<br><input type="checkbox"/> Other: _____ | Check One:<br><input type="checkbox"/> Air Cell<br><input type="checkbox"/> Cementitious<br><input type="checkbox"/> Solid Lag<br><input type="checkbox"/> Other: _____ | <input type="checkbox"/> SURFACING<br>Check One:<br><input type="checkbox"/> Ceiling<br><input type="checkbox"/> Wall<br><input type="checkbox"/> Other: _____ | Check One:<br><input type="checkbox"/> Sprayed On<br><input type="checkbox"/> Troweled On<br><input type="checkbox"/> Other: _____ | <input checked="" type="checkbox"/> MISCELLANEOUS<br><input checked="" type="checkbox"/> VAT<br><input type="checkbox"/> Ceiling Tiles<br><input type="checkbox"/> Transite<br><input type="checkbox"/> Other: _____<br>9" SQUARE |
|---|---|--|--|---|

|                           |  |   |                         |  |  |
|---------------------------|--|---|-------------------------|--|--|
| Homogeneous ID No.<br>F-5 | Check One<br><input type="checkbox"/> Sample Taken<br><input checked="" type="checkbox"/> Material Assumed | Material<br><input type="checkbox"/> Friable<br><input checked="" type="checkbox"/> Non-Friable | Total Sq./LF<br>580 SFT | Material<br><input type="checkbox"/> Localized<br><input type="checkbox"/> Distributed | Accessibility<br>(See Instructions)<br><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 |
|---------------------------|--|---|-------------------------|--|--|

Damage Assessment

|  |   |
|--|---|
| <input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Thermal System Insulation | <input checked="" type="checkbox"/> ACBM With Potential for Damage            |
| <input type="checkbox"/> Damaged Friable Surfacing ACM   | <input type="checkbox"/> ACBM With Potential for Significant Damage           |
| <input type="checkbox"/> Significantly Damaged Friable Surfacing ACM   | <input type="checkbox"/> Any Remaining Friable ACBM or Friable Suspected ACBM |
| <input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Friable Miscellaneous ACM |   |

Response

| Action(s)                              | Date of Response | Square/Linear Feet |
|--|------------------|--------------------|
| CONTINUE O&M UNTIL MAJOR RENOVATION OR | MARCH 1, 1990    | 580 SFT            |
| DEMOLITION REQUIRES REMOVAL.           |                  |                    |

Comments

FORM #6-04D

SECTION II: TYPE OF ASBESTOS-CONTAINING MATERIAL (CHECK ONLY ONE TYPE PER SHEET)

|   |   |  |  |  |
|---|---|--|--|--|
| <input type="checkbox"/> THERMAL<br>Check One:<br><input type="checkbox"/> Pipe Insulation<br><input type="checkbox"/> Elbow/Joint<br><input type="checkbox"/> Other: _____ | Check One:<br><input type="checkbox"/> Air Cell<br><input type="checkbox"/> Cementitious<br><input type="checkbox"/> Solid Lag<br><input type="checkbox"/> Other: _____ | <input type="checkbox"/> SURFACING<br>Check One:<br><input type="checkbox"/> Ceiling<br><input type="checkbox"/> Wall<br><input type="checkbox"/> Other: _____ | Check One:<br><input type="checkbox"/> Sprayed On<br><input type="checkbox"/> Troweled On<br><input type="checkbox"/> Other: _____ | <input type="checkbox"/> MISCELLANEOUS<br><input type="checkbox"/> VAT<br><input type="checkbox"/> Ceiling Tiles<br><input type="checkbox"/> Transite<br><input type="checkbox"/> Other: _____ |
|---|---|--|--|--|

|                    |   |  |              |  |   |
|--------------------|---|--|--------------|--|---|
| Homogeneous ID No. | Check One<br><input type="checkbox"/> Sample Taken<br><input type="checkbox"/> Material Assumed | Material<br><input type="checkbox"/> Friable<br><input type="checkbox"/> Non-Friable | Total Sq./LF | Material<br><input type="checkbox"/> Localized<br><input type="checkbox"/> Distributed | Accessibility<br>(See Instructions)<br><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 |
|--------------------|---|--|--------------|--|---|

Damage Assessment

|  |   |
|--|---|
| <input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Thermal System Insulation | <input type="checkbox"/> ACBM With Potential for Damage                       |
| <input type="checkbox"/> Damaged Friable Surfacing ACM   | <input type="checkbox"/> ACBM With Potential for Significant Damage           |
| <input type="checkbox"/> Significantly Damaged Friable Surfacing ACM   | <input type="checkbox"/> Any Remaining Friable ACBM or Friable Suspected ACBM |
| <input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Friable Miscellaneous ACM |   |

Response

| Action(s) | Date of Response | Square/Linear Feet |
|-----------|------------------|--------------------|
|           |                  |                    |
|           |                  |                    |
|           |                  |                    |

Comments

FORM #

ASBESTOS MANAGEMENT PLAN - ROOM/FUNCTIONAL SPACE INSPECTION  
RESPONSE ACTIONS

D

|   |   |
|---|---|
| Building Assessed<br>PATERSON SCHOOL #6 | Room/Functional Space<br>CAFETERIA SERVING AREA / SPACE - 020 |
|---|---|

SECTION I: TYPE OF ASBESTOS-CONTAINING MATERIAL (CHECK ONLY ONE TYPE PER SHEET)

|   |   |  |  |   |
|---|---|--|--|---|
| <input type="checkbox"/> THERMAL<br>Check One:<br><input type="checkbox"/> Pipe Insulation<br><input type="checkbox"/> Elbow/Joint<br><input type="checkbox"/> Other: _____ | Check One:<br><input type="checkbox"/> Air Cell<br><input type="checkbox"/> Cementitious<br><input type="checkbox"/> Solid Lag<br><input type="checkbox"/> Other: _____ | <input type="checkbox"/> SURFACING<br>Check One:<br><input type="checkbox"/> Ceiling<br><input type="checkbox"/> Wall<br><input type="checkbox"/> Other: _____ | Check One:<br><input type="checkbox"/> Sprayed On<br><input type="checkbox"/> Troweled On<br><input type="checkbox"/> Other: _____ | <input checked="" type="checkbox"/> MISCELLANEOUS<br><input checked="" type="checkbox"/> VAT<br><input type="checkbox"/> Ceiling Tiles<br><input type="checkbox"/> Transite<br><input type="checkbox"/> Other: _____<br>9" SQUARE |
|---|---|--|--|---|

|                           |  |   |                         |  |  |
|---------------------------|--|---|-------------------------|--|--|
| Homogeneous ID No.<br>F-5 | Check One<br><input type="checkbox"/> Sample Taken<br><input checked="" type="checkbox"/> Material Assumed | Material<br><input type="checkbox"/> Friable<br><input checked="" type="checkbox"/> Non-Friable | Total Sq./LF<br>100 SFT | Material<br><input type="checkbox"/> Localized<br><input type="checkbox"/> Distributed | Accessibility<br>(See Instructions)<br><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 |
|---------------------------|--|---|-------------------------|--|--|

Damage Assessment

|  |   |
|--|---|
| <input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Thermal System Insulation | <input checked="" type="checkbox"/> ACBM With Potential for Damage            |
| <input type="checkbox"/> Damaged Friable Surfacing ACM   | <input type="checkbox"/> ACBM With Potential for Significant Damage           |
| <input type="checkbox"/> Significantly Damaged Friable Surfacing ACM   | <input type="checkbox"/> Any Remaining Friable ACBM or Friable Suspected ACBM |
| <input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Friable Miscellaneous ACM |   |

| Response | Action(s)                              | Date of Response | Square/Linear Feet |
|----------|--|------------------|--------------------|
|          | CONTINUE O&M UNTIL MAJOR RENOVATION OR | MARCH 1, 1990    | 100 SFT            |
|          | DEMOLITION REQUIRES REMOVAL.           |                  |                    |

Comments

FORM #6-05D

SECTION II: TYPE OF ASBESTOS-CONTAINING MATERIAL (CHECK ONLY ONE TYPE PER SHEET)

|   |   |  |  |  |
|---|---|--|--|--|
| <input type="checkbox"/> THERMAL<br>Check One:<br><input type="checkbox"/> Pipe Insulation<br><input type="checkbox"/> Elbow/Joint<br><input type="checkbox"/> Other: _____ | Check One:<br><input type="checkbox"/> Air Cell<br><input type="checkbox"/> Cementitious<br><input type="checkbox"/> Solid Lag<br><input type="checkbox"/> Other: _____ | <input type="checkbox"/> SURFACING<br>Check One:<br><input type="checkbox"/> Ceiling<br><input type="checkbox"/> Wall<br><input type="checkbox"/> Other: _____ | Check One:<br><input type="checkbox"/> Sprayed On<br><input type="checkbox"/> Troweled On<br><input type="checkbox"/> Other: _____ | <input type="checkbox"/> MISCELLANEOUS<br><input type="checkbox"/> VAT<br><input type="checkbox"/> Ceiling Tiles<br><input type="checkbox"/> Transite<br><input type="checkbox"/> Other: _____ |
|---|---|--|--|--|

|                    |   |  |              |  |   |
|--------------------|---|--|--------------|--|---|
| Homogeneous ID No. | Check One<br><input type="checkbox"/> Sample Taken<br><input type="checkbox"/> Material Assumed | Material<br><input type="checkbox"/> Friable<br><input type="checkbox"/> Non-Friable | Total Sq./LF | Material<br><input type="checkbox"/> Localized<br><input type="checkbox"/> Distributed | Accessibility<br>(See Instructions)<br><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 |
|--------------------|---|--|--------------|--|---|

Damage Assessment

|  |   |
|--|---|
| <input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Thermal System Insulation | <input type="checkbox"/> ACBM With Potential for Damage                       |
| <input type="checkbox"/> Damaged Friable Surfacing ACM   | <input type="checkbox"/> ACBM With Potential for Significant Damage           |
| <input type="checkbox"/> Significantly Damaged Friable Surfacing ACM   | <input type="checkbox"/> Any Remaining Friable ACBM or Friable Suspected ACBM |
| <input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Friable Miscellaneous ACM |   |

| Response | Action(s) | Date of Response | Square/Linear Feet |
|----------|-----------|------------------|--------------------|
|          |           |                  |                    |
|          |           |                  |                    |

Comments

FORM #

ASBESTOS MANAGEMENT PLAN - ROOM/FUNCTIONAL SPACE INSPECTION  
RESPONSE ACTIONS

D

Building Assessed

Room/Functional Space

ATERSON SCHOOL #6

TEACHERS LOUNGE / SPACE - 106

SECTION I: TYPE OF ASBESTOS-CONTAINING MATERIAL (CHECK ONLY ONE TYPE PER SHEET)

|   |  |  |                         |  |  |
|---|--|--|-------------------------|--|--|
| <input type="checkbox"/> THERMAL<br>Check One:<br><input type="checkbox"/> Pipe Insulation<br><input type="checkbox"/> Elbow/Joint<br><input type="checkbox"/> Other: _____ |  | <input type="checkbox"/> SURFACING<br>Check One:<br><input type="checkbox"/> Ceiling<br><input type="checkbox"/> Wall<br><input type="checkbox"/> Other: _____ |                         | <input checked="" type="checkbox"/> MISCELLANEOUS<br><input checked="" type="checkbox"/> VAT<br><input type="checkbox"/> Ceiling Tiles<br><input type="checkbox"/> Transite<br><input type="checkbox"/> Other: _____<br>9" SQUARE<br>GREEN AND WHITE |  |
| Homogeneous ID No.<br>F-6   | Check One<br><input type="checkbox"/> Sample Taken<br><input checked="" type="checkbox"/> Material Assumed | Material<br><input type="checkbox"/> Friable<br><input checked="" type="checkbox"/> Non-Friable  | Total Sq./LF<br>160 SFT | Material<br><input type="checkbox"/> Localized<br><input type="checkbox"/> Distributed   | Accessibility<br>(See Instructions)<br><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 |

Damage Assessment

|  |   |
|--|---|
| <input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Thermal System Insulation<br><input type="checkbox"/> Damaged Friable Surfacing ACM<br><input type="checkbox"/> Significantly Damaged Friable Surfacing ACM<br><input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Friable Miscellaneous ACM | <input type="checkbox"/> ACBM With Potential for Damage<br><input type="checkbox"/> ACBM With Potential for Significant Damage<br><input type="checkbox"/> Any Remaining Friable ACBM or Friable Suspected ACBM |
|--|---|

| Response | Action(s)                              | Date of Response | Square/Linear Feet |
|----------|--|------------------|--------------------|
|          | CONTINUE O&M UNTIL MAJOR RENOVATION OR | MARCH 1, 1990    | 160 SFT            |
|          | DEMOLITION REQUIRES REMOVAL.           |                  |                    |

Comments

FORM #6-06D

SECTION II: TYPE OF ASBESTOS-CONTAINING MATERIAL (CHECK ONLY ONE TYPE PER SHEET)

|   |   |  |              |  |   |
|---|---|--|--------------|--|---|
| <input type="checkbox"/> THERMAL<br>Check One:<br><input type="checkbox"/> Pipe Insulation<br><input type="checkbox"/> Elbow/Joint<br><input type="checkbox"/> Other: _____ |   | <input type="checkbox"/> SURFACING<br>Check One:<br><input type="checkbox"/> Ceiling<br><input type="checkbox"/> Wall<br><input type="checkbox"/> Other: _____ |              | <input type="checkbox"/> MISCELLANEOUS<br><input type="checkbox"/> VAT<br><input type="checkbox"/> Ceiling Tiles<br><input type="checkbox"/> Transite<br><input type="checkbox"/> Other: _____ |   |
| Homogeneous ID No.  | Check One<br><input type="checkbox"/> Sample Taken<br><input type="checkbox"/> Material Assumed | Material<br><input type="checkbox"/> Friable<br><input type="checkbox"/> Non-Friable   | Total Sq./LF | Material<br><input type="checkbox"/> Localized<br><input type="checkbox"/> Distributed   | Accessibility<br>(See Instructions)<br><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 |

Damage Assessment

|  |   |
|--|---|
| <input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Thermal System Insulation<br><input type="checkbox"/> Damaged Friable Surfacing ACM<br><input type="checkbox"/> Significantly Damaged Friable Surfacing ACM<br><input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Friable Miscellaneous ACM | <input type="checkbox"/> ACBM With Potential for Damage<br><input type="checkbox"/> ACBM With Potential for Significant Damage<br><input type="checkbox"/> Any Remaining Friable ACBM or Friable Suspected ACBM |
|--|---|

| Response | Action(s) | Date of Response | Square/Linear Feet |
|----------|-----------|------------------|--------------------|
|          |           |                  |                    |
|          |           |                  |                    |

Comments

FORM #

ASBESTOS MANAGEMENT PLAN - ROOM/FUNCTIONAL SPACE INSPECTION  
RESPONSE ACTIONS

Being Assessed

Room/Functional Space

PATERSON SCHOOL #6

MAIN OFFICE / SPACE - 108

SECTION I: TYPE OF ASBESTOS-CONTAINING MATERIAL (CHECK ONLY ONE TYPE PER SHEET)

|   |  |   |                         |  |  |  |  |
|---|--|---|-------------------------|--|--|--|--|
| <input type="checkbox"/> THERMAL<br>Check One:<br><input type="checkbox"/> Pipe Insulation<br><input type="checkbox"/> Elbow/Joint<br><input type="checkbox"/> Other: _____ |  | Check One:<br><input type="checkbox"/> Air Cell<br><input type="checkbox"/> Cementitious<br><input type="checkbox"/> Solid Lag<br><input type="checkbox"/> Other: _____ |                         | <input type="checkbox"/> SURFACING<br>Check One:<br><input type="checkbox"/> Ceiling<br><input type="checkbox"/> Wall<br><input type="checkbox"/> Other: _____ |  | <input checked="" type="checkbox"/> MISCELLANEOUS<br><input checked="" type="checkbox"/> VAT<br><input type="checkbox"/> Ceiling Tiles<br><input type="checkbox"/> Transite<br><input type="checkbox"/> Other:<br>9" SQUARE<br>GREEN AND WHITE |  |
| Homogeneous ID No.<br>F-6   | Check One<br><input type="checkbox"/> Sample Taken<br><input checked="" type="checkbox"/> Material Assumed | Material<br><input type="checkbox"/> Friable<br><input checked="" type="checkbox"/> Non-Friable   | Total Sq./LF<br>220 SFT | Material<br><input type="checkbox"/> Localized<br><input type="checkbox"/> Distributed   | Accessibility<br>(See Instructions)<br><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 |  |  |

Damage Assessment

- |  |   |
|--|---|
| <input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Thermal System Insulation | <input checked="" type="checkbox"/> ACBM With Potential for Damage            |
| <input type="checkbox"/> Damaged Friable Surfacing ACM   | <input type="checkbox"/> ACBM With Potential for Significant Damage           |
| <input type="checkbox"/> Significantly Damaged Friable Surfacing ACM   | <input type="checkbox"/> Any Remaining Friable ACBM or Friable Suspected ACBM |
| <input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Friable Miscellaneous ACM |   |

Response

| Action(s)                              | Date of Response | Square/Linear Feet |
|--|------------------|--------------------|
| CONTINUE O&M UNTIL MAJOR RENOVATION OR | MARCH 1, 1990    | 220 SFT            |
| DEMOLITION REQUIRES REMOVAL.           |                  |                    |

Comments

FORM #6-07D

SECTION II: TYPE OF ASBESTOS-CONTAINING MATERIAL (CHECK ONLY ONE TYPE PER SHEET)

|   |   |   |              |  |   |  |  |
|---|---|---|--------------|--|---|--|--|
| <input type="checkbox"/> THERMAL<br>Check One:<br><input type="checkbox"/> Pipe Insulation<br><input type="checkbox"/> Elbow/Joint<br><input type="checkbox"/> Other: _____ |   | Check One:<br><input type="checkbox"/> Air Cell<br><input type="checkbox"/> Cementitious<br><input type="checkbox"/> Solid Lag<br><input type="checkbox"/> Other: _____ |              | <input type="checkbox"/> SURFACING<br>Check One:<br><input type="checkbox"/> Ceiling<br><input type="checkbox"/> Wall<br><input type="checkbox"/> Other: _____ |   | <input type="checkbox"/> MISCELLANEOUS<br><input type="checkbox"/> VAT<br><input type="checkbox"/> Ceiling Tiles<br><input type="checkbox"/> Transite<br><input type="checkbox"/> Other: _____ |  |
| Homogeneous ID No.  | Check One<br><input type="checkbox"/> Sample Taken<br><input type="checkbox"/> Material Assumed | Material<br><input type="checkbox"/> Friable<br><input type="checkbox"/> Non-Friable  | Total Sq./LF | Material<br><input type="checkbox"/> Localized<br><input type="checkbox"/> Distributed   | Accessibility<br>(See Instructions)<br><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 |  |  |

Damage Assessment

- |  |   |
|--|---|
| <input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Thermal System Insulation | <input type="checkbox"/> ACBM With Potential for Damage                       |
| <input type="checkbox"/> Damaged Friable Surfacing ACM   | <input type="checkbox"/> ACBM With Potential for Significant Damage           |
| <input type="checkbox"/> Significantly Damaged Friable Surfacing ACM   | <input type="checkbox"/> Any Remaining Friable ACBM or Friable Suspected ACBM |
| <input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Friable Miscellaneous ACM |   |

Response

| Action(s) | Date of Response | Square/Linear Feet |
|-----------|------------------|--------------------|
| _____     | _____            | _____              |
| _____     | _____            | _____              |
| _____     | _____            | _____              |

Comments

FORM #

ASBESTOS MANAGEMENT PLAN - ROOM/FUNCTIONAL SPACE INSPECTION  
RESPONSE ACTIONS

Assessed

Room/Functional Space

TERSON SCHOOL #6

STORAGE ABOVE FRONT ENTRANCE / SPACE - 109

SECTION I: TYPE OF ASBESTOS-CONTAINING MATERIAL (CHECK ONLY ONE TYPE PER SHEET)

|  |  |   |  |   |  |  |  |  |  |
|--|--|---|--|---|--|--|--|--|--|
| THERMAL<br>Check One:<br><input type="checkbox"/> Pipe Insulation<br><input type="checkbox"/> Elbow/Joint<br><input type="checkbox"/> Other: _____ |  | Check One:<br><input type="checkbox"/> Air Cell<br><input type="checkbox"/> Cementitious<br><input type="checkbox"/> Solid Lag<br><input type="checkbox"/> Other: _____ |  | [ ] SURFACING<br>Check One:<br><input type="checkbox"/> Ceiling<br><input type="checkbox"/> Wall<br><input type="checkbox"/> Other: _____ |  | Check One:<br><input type="checkbox"/> Sprayed On<br><input type="checkbox"/> Troweled On<br><input type="checkbox"/> Other: _____ |  | [X] MISCELLANEOUS<br>[X] VAT<br><input type="checkbox"/> Ceiling Tiles<br><input type="checkbox"/> Transite<br><input type="checkbox"/> Other: _____<br><b>9" SQUARE</b> |  |
|--|--|---|--|---|--|--|--|--|--|

|                         |  |   |                        |  |  |
|-------------------------|--|---|------------------------|--|--|
| hogeneous ID No.<br>F-6 | Check One<br><input type="checkbox"/> Sample Taken<br><input checked="" type="checkbox"/> Material Assumed | Material<br><input type="checkbox"/> Friable<br><input checked="" type="checkbox"/> Non-Friable | Total Sq./LF<br>40 SFT | Material<br><input type="checkbox"/> Localized<br><input type="checkbox"/> Distributed | Accessibility<br>(See Instructions)<br><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 |
|-------------------------|--|---|------------------------|--|--|

Damage Assessment

- |  |   |
|--|---|
| <input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Thermal System Insulation | <input checked="" type="checkbox"/> ACBM With Potential for Damage            |
| <input type="checkbox"/> Damaged Friable Surfacing ACM   | <input type="checkbox"/> ACBM With Potential for Significant Damage           |
| <input type="checkbox"/> Significantly Damaged Friable Surfacing ACM   | <input type="checkbox"/> Any Remaining Friable ACBM or Friable Suspected ACBM |
| <input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Friable Miscellaneous ACM |   |

Response

| Action(s)   | Date of Response | Square/Linear Feet |
|---|------------------|--------------------|
| CONTINUE O&M UNTIL MAJOR RENOVATION OR DEMOLITION REQUIRES REMOVAL. | MARCH 1, 1990    | 40 SFT             |
|   |                  |                    |
|   |                  |                    |

Comments

FORM #6-08D

SECTION II: TYPE OF ASBESTOS-CONTAINING MATERIAL (CHECK ONLY ONE TYPE PER SHEET)

|  |  |   |  |   |  |  |  |   |  |
|--|--|---|--|---|--|--|--|---|--|
| THERMAL<br>Check One:<br><input type="checkbox"/> Pipe Insulation<br><input type="checkbox"/> Elbow/Joint<br><input type="checkbox"/> Other: _____ |  | Check One:<br><input type="checkbox"/> Air Cell<br><input type="checkbox"/> Cementitious<br><input type="checkbox"/> Solid Lag<br><input type="checkbox"/> Other: _____ |  | [ ] SURFACING<br>Check One:<br><input type="checkbox"/> Ceiling<br><input type="checkbox"/> Wall<br><input type="checkbox"/> Other: _____ |  | Check One:<br><input type="checkbox"/> Sprayed On<br><input type="checkbox"/> Troweled On<br><input type="checkbox"/> Other: _____ |  | [ ] MISCELLANEOUS<br><input type="checkbox"/> VAT<br><input type="checkbox"/> Ceiling Tiles<br><input type="checkbox"/> Transite<br><input type="checkbox"/> Other: _____ |  |
|--|--|---|--|---|--|--|--|---|--|

|                  |   |  |              |  |   |
|------------------|---|--|--------------|--|---|
| hogeneous ID No. | Check One<br><input type="checkbox"/> Sample Taken<br><input type="checkbox"/> Material Assumed | Material<br><input type="checkbox"/> Friable<br><input type="checkbox"/> Non-Friable | Total Sq./LF | Material<br><input type="checkbox"/> Localized<br><input type="checkbox"/> Distributed | Accessibility<br>(See Instructions)<br><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 |
|------------------|---|--|--------------|--|---|

Damage Assessment

- |  |   |
|--|---|
| <input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Thermal System Insulation | <input type="checkbox"/> ACBM With Potential for Damage                       |
| <input type="checkbox"/> Damaged Friable Surfacing ACM   | <input type="checkbox"/> ACBM With Potential for Significant Damage           |
| <input type="checkbox"/> Significantly Damaged Friable Surfacing ACM   | <input type="checkbox"/> Any Remaining Friable ACBM or Friable Suspected ACBM |
| <input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Friable Miscellaneous ACM |   |

Response

| Action(s) | Date of Response | Square/Linear Feet |
|-----------|------------------|--------------------|
|           |                  |                    |
|           |                  |                    |
|           |                  |                    |

Comments

FORM #

FOR STATE USE ONLY

ASBESTOS MANAGEMENT PLAN - ROOM/FUNCTIONAL SPACE INSPECTION  
RESPONSE ACTIONS

Building Assessed  
PATERSON SCHOOL #6

Room/Functional Space  
OFFICE - SPACE - 111

SECTION I: TYPE OF ASBESTOS-CONTAINING MATERIAL (CHECK ONLY ONE TYPE PER SHEET)

|   |  |   |  |   |  |  |  |
|---|--|---|--|---|--|--|--|
| <input type="checkbox"/> THERMAL<br>Check One:<br><input type="checkbox"/> Pipe Insulation<br><input type="checkbox"/> Elbow/Joint<br><input type="checkbox"/> Other: _____ |  | Check One:<br><input type="checkbox"/> Air Cell<br><input type="checkbox"/> Cementitious<br><input type="checkbox"/> Solid Lag<br><input type="checkbox"/> Other: _____ |  | <input type="checkbox"/> SURFACING<br>Check One:      Check One:<br><input type="checkbox"/> Ceiling <input type="checkbox"/> Sprayed On<br><input type="checkbox"/> Wall <input type="checkbox"/> Troweled On<br><input type="checkbox"/> Other: <input type="checkbox"/> Other: _____ |  | <input checked="" type="checkbox"/> MISCELLANEOUS<br><input checked="" type="checkbox"/> VAT<br><input type="checkbox"/> Ceiling Tiles<br><input type="checkbox"/> Transite<br><input type="checkbox"/> Other: _____<br><b>9" SQUARE</b> |  |
|---|--|---|--|---|--|--|--|

|                           |  |   |                         |  |  |
|---------------------------|--|---|-------------------------|--|--|
| Homogeneous ID No.<br>F-7 | Check One<br><input type="checkbox"/> Sample Taken<br><input checked="" type="checkbox"/> Material Assumed | Material<br><input type="checkbox"/> Friable<br><input checked="" type="checkbox"/> Non-Friable | Total Sq./LF<br>130 SFT | Material<br><input type="checkbox"/> Localized<br><input type="checkbox"/> Distributed | Accessibility<br>(See Instructions)<br><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 |
|---------------------------|--|---|-------------------------|--|--|

Damage Assessment

|  |   |
|--|---|
| <input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Thermal System Insulation | <input checked="" type="checkbox"/> ACBM With Potential for Damage            |
| <input type="checkbox"/> Damaged Friable Surfacing ACM   | <input type="checkbox"/> ACBM With Potential for Significant Damage           |
| <input type="checkbox"/> Significantly Damaged Friable Surfacing ACM   | <input type="checkbox"/> Any Remaining Friable ACBM or Friable Suspected ACBM |
| <input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Friable Miscellaneous ACM |   |

| Response | Action(s)                              | Date of Response | Square/Linear Feet |
|----------|--|------------------|--------------------|
|          | CONTINUE O&M UNTIL MAJOR RENOVATION OR | MARCH 1, 1990    | 130 SFT            |
|          | DEMOLITION REQUIRES REMOVAL.           |                  |                    |

Comments

FORM #6-09D

SECTION II: TYPE OF ASBESTOS-CONTAINING MATERIAL (CHECK ONLY ONE TYPE PER SHEET)

|   |  |   |  |   |  |  |  |
|---|--|---|--|---|--|--|--|
| <input type="checkbox"/> THERMAL<br>Check One:<br><input type="checkbox"/> Pipe Insulation<br><input type="checkbox"/> Elbow/Joint<br><input type="checkbox"/> Other: _____ |  | Check One:<br><input type="checkbox"/> Air Cell<br><input type="checkbox"/> Cementitious<br><input type="checkbox"/> Solid Lag<br><input type="checkbox"/> Other: _____ |  | <input type="checkbox"/> SURFACING<br>Check One:      Check One:<br><input type="checkbox"/> Ceiling <input type="checkbox"/> Sprayed On<br><input type="checkbox"/> Wall <input type="checkbox"/> Troweled On<br><input type="checkbox"/> Other: <input type="checkbox"/> Other: _____ |  | <input type="checkbox"/> MISCELLANEOUS<br><input type="checkbox"/> VAT<br><input type="checkbox"/> Ceiling Tiles<br><input type="checkbox"/> Transite<br><input type="checkbox"/> Other: _____ |  |
|---|--|---|--|---|--|--|--|

|                    |   |  |              |  |   |
|--------------------|---|--|--------------|--|---|
| Homogeneous ID No. | Check One<br><input type="checkbox"/> Sample Taken<br><input type="checkbox"/> Material Assumed | Material<br><input type="checkbox"/> Friable<br><input type="checkbox"/> Non-Friable | Total Sq./LF | Material<br><input type="checkbox"/> Localized<br><input type="checkbox"/> Distributed | Accessibility<br>(See Instructions)<br><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 |
|--------------------|---|--|--------------|--|---|

Damage Assessment

|  |   |
|--|---|
| <input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Thermal System Insulation | <input type="checkbox"/> ACBM With Potential for Damage                       |
| <input type="checkbox"/> Damaged Friable Surfacing ACM   | <input type="checkbox"/> ACBM With Potential for Significant Damage           |
| <input type="checkbox"/> Significantly Damaged Friable Surfacing ACM   | <input type="checkbox"/> Any Remaining Friable ACBM or Friable Suspected ACBM |
| <input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Friable Miscellaneous ACM |   |

| Response | Action(s) | Date of Response | Square/Linear Feet |
|----------|-----------|------------------|--------------------|
|          |           |                  |                    |
|          |           |                  |                    |

Comments

FORM #

ASBESTOS MANAGEMENT PLAN - ROOM/FUNCTIONAL SPACE INSPECTION  
RESPONSE ACTIONS

Assessed

Room/Functional Space

STERSON SCHOOL #6

CLASSROOM 203 / SPACE #203

SECTION I: TYPE OF ASBESTOS-CONTAINING MATERIAL (CHECK ONLY ONE TYPE PER SHEET)

|   |  |   |  |  |  |   |  |
|---|--|---|--|--|--|---|--|
| <input type="checkbox"/> THERMAL<br>Check One:<br><input type="checkbox"/> Pipe Insulation<br><input type="checkbox"/> Elbow/Joint<br><input type="checkbox"/> Other: _____ |  | Check One:<br><input type="checkbox"/> Air Cell<br><input type="checkbox"/> Cementitious<br><input type="checkbox"/> Solid Lag<br><input type="checkbox"/> Other: _____ |  | <input type="checkbox"/> SURFACING<br>Check One:<br><input type="checkbox"/> Ceiling<br><input type="checkbox"/> Wall<br><input type="checkbox"/> Other: _____ |  | <input checked="" type="checkbox"/> MISCELLANEOUS<br><input checked="" type="checkbox"/> VAT<br><input type="checkbox"/> Ceiling Tiles<br><input type="checkbox"/> Transite<br><input type="checkbox"/> Other: _____<br>TAN |  |
|---|--|---|--|--|--|---|--|

|                           |  |   |                         |  |  |
|---------------------------|--|---|-------------------------|--|--|
| Homogeneous ID No.<br>L-2 | Check One<br><input checked="" type="checkbox"/> Sample Taken<br><input type="checkbox"/> Material Assumed | Material<br><input type="checkbox"/> Friable<br><input checked="" type="checkbox"/> Non-Friable | Total Sq./LF<br>300 SFT | Material<br><input type="checkbox"/> Localized<br><input type="checkbox"/> Distributed | LINOLEUM<br>Accessibility<br>(See Instructions)<br><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 |
|---------------------------|--|---|-------------------------|--|--|

Image Assessment

|  |  |
|--|--|
| <input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Thermal System Insulation<br><input type="checkbox"/> Damaged Friable Surfacing ACM<br><input type="checkbox"/> Significantly Damaged Friable Surfacing ACM<br><input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Friable Miscellaneous ACM | <input checked="" type="checkbox"/> ACBM With Potential for Damage<br><input type="checkbox"/> ACBM With Potential for Significant Damage<br><input type="checkbox"/> Any Remaining Friable ACBM or Friable Suspected ACBM |
|--|--|

| Response | Action(s)                           | Date of Response | Square/Linear Feet |
|----------|-------------------------------------|------------------|--------------------|
|          | CONTINUE O&M UNTIL MAJOR RENOVATION | MARCH 1, 1990    | 300 SFT            |
|          | DEMOLITION REQUIRES REMOVAL.        |                  |                    |

Comments

FORM #6-100

SECTION II: TYPE OF ASBESTOS-CONTAINING MATERIAL (CHECK ONLY ONE TYPE PER SHEET)

|   |  |   |  |  |  |  |  |
|---|--|---|--|--|--|--|--|
| <input type="checkbox"/> THERMAL<br>Check One:<br><input type="checkbox"/> Pipe Insulation<br><input type="checkbox"/> Elbow/Joint<br><input type="checkbox"/> Other: _____ |  | Check One:<br><input type="checkbox"/> Air Cell<br><input type="checkbox"/> Cementitious<br><input type="checkbox"/> Solid Lag<br><input type="checkbox"/> Other: _____ |  | <input type="checkbox"/> SURFACING<br>Check One:<br><input type="checkbox"/> Ceiling<br><input type="checkbox"/> Wall<br><input type="checkbox"/> Other: _____ |  | <input type="checkbox"/> MISCELLANEOUS<br><input type="checkbox"/> VAT<br><input type="checkbox"/> Ceiling Tiles<br><input type="checkbox"/> Transite<br><input type="checkbox"/> Other: _____ |  |
|---|--|---|--|--|--|--|--|

|                    |   |  |              |  |   |
|--------------------|---|--|--------------|--|---|
| Homogeneous ID No. | Check One<br><input type="checkbox"/> Sample Taken<br><input type="checkbox"/> Material Assumed | Material<br><input type="checkbox"/> Friable<br><input type="checkbox"/> Non-Friable | Total Sq./LF | Material<br><input type="checkbox"/> Localized<br><input type="checkbox"/> Distributed | Accessibility<br>(See Instructions)<br><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 |
|--------------------|---|--|--------------|--|---|

Image Assessment

|  |   |
|--|---|
| <input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Thermal System Insulation<br><input type="checkbox"/> Damaged Friable Surfacing ACM<br><input type="checkbox"/> Significantly Damaged Friable Surfacing ACM<br><input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Friable Miscellaneous ACM | <input type="checkbox"/> ACBM With Potential for Damage<br><input type="checkbox"/> ACBM With Potential for Significant Damage<br><input type="checkbox"/> Any Remaining Friable ACBM or Friable Suspected ACBM |
|--|---|

| Response | Action(s) | Date of Response | Square/Linear Feet |
|----------|-----------|------------------|--------------------|
|          |           |                  |                    |
|          |           |                  |                    |

Comments

FORM #



ASBESTOS MANAGEMENT PLAN - ROOM/FUNCTIONAL SPACE INSPECTION  
RESPONSE ACTIONS

Building Assessed

Room/Functional Space

PATERSON SCHOOL #6

CLASSROOM 204 / SPACE #204

SECTION I: TYPE OF ASBESTOS-CONTAINING MATERIAL (CHECK ONLY ONE TYPE PER SHEET)

|   |   |  |  |   |
|---|---|--|--|---|
| <input type="checkbox"/> THERMAL<br>Check One:<br><input type="checkbox"/> Pipe Insulation<br><input type="checkbox"/> Elbow/Joint<br><input type="checkbox"/> Other: _____ | Check One:<br><input type="checkbox"/> Air Cell<br><input type="checkbox"/> Cementitious<br><input type="checkbox"/> Solid Lag<br><input type="checkbox"/> Other: _____ | <input type="checkbox"/> SURFACING<br>Check One:<br><input type="checkbox"/> Ceiling<br><input type="checkbox"/> Wall<br><input type="checkbox"/> Other: _____ | Check One:<br><input type="checkbox"/> Sprayed On<br><input type="checkbox"/> Troweled On<br><input type="checkbox"/> Other: _____ | <input checked="" type="checkbox"/> MISCELLANEOUS<br><input checked="" type="checkbox"/> VAT<br><input type="checkbox"/> Ceiling Tiles<br><input type="checkbox"/> Transite<br><input type="checkbox"/> Other:<br>BROWN |
|---|---|--|--|---|

|                           |  |   |                         |  |  |
|---------------------------|--|---|-------------------------|--|--|
| Homogeneous ID No.<br>L-1 | Check One<br><input checked="" type="checkbox"/> Sample Taken<br><input type="checkbox"/> Material Assumed | Material<br><input type="checkbox"/> Friable<br><input checked="" type="checkbox"/> Non-Friable | Total Sq./LF<br>300 SFT | Material<br><input type="checkbox"/> Localized<br><input type="checkbox"/> Distributed | Accessibility<br>(See Instructions)<br><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 |
|---------------------------|--|---|-------------------------|--|--|

Damage Assessment

|  |   |
|--|---|
| <input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Thermal System Insulation | <input checked="" type="checkbox"/> ACBM With Potential for Damage            |
| <input type="checkbox"/> Damaged Friable Surfacing ACM   | <input type="checkbox"/> ACBM With Potential for Significant Damage           |
| <input type="checkbox"/> Significantly Damaged Friable Surfacing ACM   | <input type="checkbox"/> Any Remaining Friable ACBM or Friable Suspected ACBM |
| <input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Friable Miscellaneous ACM |   |

| Response | Action(s)                              | Date of Response | Square/Linear Feet |
|----------|--|------------------|--------------------|
|          | CONTINUE O&M UNTIL MAJOR RENOVATION OR | MARCH 1, 1990    | 300 SFT            |
|          | DEMOLITION REQUIRES REMOVAL.           |                  |                    |

Comments

FORM #6-11D

SECTION II: TYPE OF ASBESTOS-CONTAINING MATERIAL (CHECK ONLY ONE TYPE PER SHEET)

|   |   |  |  |  |
|---|---|--|--|--|
| <input type="checkbox"/> THERMAL<br>Check One:<br><input type="checkbox"/> Pipe Insulation<br><input type="checkbox"/> Elbow/Joint<br><input type="checkbox"/> Other: _____ | Check One:<br><input type="checkbox"/> Air Cell<br><input type="checkbox"/> Cementitious<br><input type="checkbox"/> Solid Lag<br><input type="checkbox"/> Other: _____ | <input type="checkbox"/> SURFACING<br>Check One:<br><input type="checkbox"/> Ceiling<br><input type="checkbox"/> Wall<br><input type="checkbox"/> Other: _____ | Check One:<br><input type="checkbox"/> Sprayed On<br><input type="checkbox"/> Troweled On<br><input type="checkbox"/> Other: _____ | <input type="checkbox"/> MISCELLANEOUS<br><input type="checkbox"/> VAT<br><input type="checkbox"/> Ceiling Tiles<br><input type="checkbox"/> Transite<br><input type="checkbox"/> Other: _____ |
|---|---|--|--|--|

|                    |   |  |              |  |   |
|--------------------|---|--|--------------|--|---|
| Homogeneous ID No. | Check One<br><input type="checkbox"/> Sample Taken<br><input type="checkbox"/> Material Assumed | Material<br><input type="checkbox"/> Friable<br><input type="checkbox"/> Non-Friable | Total Sq./LF | Material<br><input type="checkbox"/> Localized<br><input type="checkbox"/> Distributed | Accessibility<br>(See Instructions)<br><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 |
|--------------------|---|--|--------------|--|---|

Damage Assessment

|  |   |
|--|---|
| <input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Thermal System Insulation | <input type="checkbox"/> ACBM With Potential for Damage                       |
| <input type="checkbox"/> Damaged Friable Surfacing ACM   | <input type="checkbox"/> ACBM With Potential for Significant Damage           |
| <input type="checkbox"/> Significantly Damaged Friable Surfacing ACM   | <input type="checkbox"/> Any Remaining Friable ACBM or Friable Suspected ACBM |
| <input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Friable Miscellaneous ACM |   |

| Response | Action(s) | Date of Response | Square/Linear Feet |
|----------|-----------|------------------|--------------------|
|          |           |                  |                    |
|          |           |                  |                    |

Comments

FORM #

ASBESTOS MANAGEMENT PLAN - ROOM/FUNCTIONAL SPACE INSPECTION  
RESPONSE ACTIONS

D

Building Assessed

Room/Functional Space

PATERSON SCHOOL #6

NURSE'S OFFICE / SPACE #216

SECTION I: TYPE OF ASBESTOS-CONTAINING MATERIAL (CHECK ONLY ONE TYPE PER SHEET)

|   |  |   |                         |  |  |   |  |
|---|--|---|-------------------------|--|--|---|--|
| <input type="checkbox"/> THERMAL<br>Check One:<br><input type="checkbox"/> Pipe Insulation<br><input type="checkbox"/> Elbow/Joint<br><input type="checkbox"/> Other: _____ |  | Check One:<br><input type="checkbox"/> Air Cell<br><input type="checkbox"/> Cementitious<br><input type="checkbox"/> Solid Lag<br><input type="checkbox"/> Other: _____ |                         | <input type="checkbox"/> SURFACING<br>Check One:<br><input type="checkbox"/> Ceiling<br><input type="checkbox"/> Wall<br><input type="checkbox"/> Other: _____ |  | <input checked="" type="checkbox"/> MISCELLANEOUS<br><input checked="" type="checkbox"/> VAT<br><input type="checkbox"/> Ceiling Tiles<br><input type="checkbox"/> Transite<br><input type="checkbox"/> Other: _____<br>9" SQUARE |  |
| Homogeneous ID No.<br>F-8   | Check One<br><input type="checkbox"/> Sample Taken<br><input checked="" type="checkbox"/> Material Assumed | Material<br><input type="checkbox"/> Friable<br><input checked="" type="checkbox"/> Non-Friable   | Total Sq./LF<br>130 SFT | Material<br><input type="checkbox"/> Localized<br><input type="checkbox"/> Distributed   | FLOOR TILE<br>Accessibility<br>(See Instructions)<br><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 |   |  |

ABANDONED

Damage Assessment

|  |   |
|--|---|
| <input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Thermal System Insulation | <input checked="" type="checkbox"/> ACBM With Potential for Damage            |
| <input type="checkbox"/> Damaged Friable Surfacing ACM   | <input type="checkbox"/> ACBM With Potential for Significant Damage           |
| <input type="checkbox"/> Significantly Damaged Friable Surfacing ACM   | <input type="checkbox"/> Any Remaining Friable ACBM or Friable Suspected ACBM |
| <input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Friable Miscellaneous ACM |   |

Response

| Action(s)                              | Date of Response | Square/Linear Feet |
|--|------------------|--------------------|
| CONTINUE O&M UNTIL MAJOR RENOVATION OR | MARCH 1, 1990    | 130 SFT            |
| DEMOLITION REQUIRES REMOVAL.           |                  |                    |

Comments

FORM #6-12D

SECTION II: TYPE OF ASBESTOS-CONTAINING MATERIAL (CHECK ONLY ONE TYPE PER SHEET)

|   |   |   |              |  |   |  |  |
|---|---|---|--------------|--|---|--|--|
| <input type="checkbox"/> THERMAL<br>Check One:<br><input type="checkbox"/> Pipe Insulation<br><input type="checkbox"/> Elbow/Joint<br><input type="checkbox"/> Other: _____ |   | Check One:<br><input type="checkbox"/> Air Cell<br><input type="checkbox"/> Cementitious<br><input type="checkbox"/> Solid Lag<br><input type="checkbox"/> Other: _____ |              | <input type="checkbox"/> SURFACING<br>Check One:<br><input type="checkbox"/> Ceiling<br><input type="checkbox"/> Wall<br><input type="checkbox"/> Other: _____ |   | <input type="checkbox"/> MISCELLANEOUS<br><input type="checkbox"/> VAT<br><input type="checkbox"/> Ceiling Tiles<br><input type="checkbox"/> Transite<br><input type="checkbox"/> Other: _____ |  |
| Homogeneous ID No.  | Check One<br><input type="checkbox"/> Sample Taken<br><input type="checkbox"/> Material Assumed | Material<br><input type="checkbox"/> Friable<br><input type="checkbox"/> Non-Friable  | Total Sq./LF | Material<br><input type="checkbox"/> Localized<br><input type="checkbox"/> Distributed   | Accessibility<br>(See Instructions)<br><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 |  |  |

Damage Assessment

|  |   |
|--|---|
| <input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Thermal System Insulation | <input type="checkbox"/> ACBM With Potential for Damage                       |
| <input type="checkbox"/> Damaged Friable Surfacing ACM   | <input type="checkbox"/> ACBM With Potential for Significant Damage           |
| <input type="checkbox"/> Significantly Damaged Friable Surfacing ACM   | <input type="checkbox"/> Any Remaining Friable ACBM or Friable Suspected ACBM |
| <input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Friable Miscellaneous ACM |   |

Response

| Action(s) | Date of Response | Square/Linear Feet |
|-----------|------------------|--------------------|
| _____     | _____            | _____              |
| _____     | _____            | _____              |
| _____     | _____            | _____              |

Comments

FORM #

ASBESTOS MANAGEMENT PLAN - ROOM/FUNCTIONAL SPACE INSPECTION  
RESPONSE ACTIONS

Building Assessed

Room/Functional Space

PATERSON SCHOOL #6

PROJECTION AND STORAGE ROOM / SPACE #230

SECTION I: TYPE OF ASBESTOS-CONTAINING MATERIAL (CHECK ONLY ONE TYPE PER SHEET)

|   |  |   |  |  |  |  |  |
|---|--|---|--|--|--|--|--|
| <input type="checkbox"/> THERMAL<br>Check One:<br><input type="checkbox"/> Pipe Insulation<br><input type="checkbox"/> Elbow/Joint<br><input type="checkbox"/> Other: _____ |  | Check One:<br><input type="checkbox"/> Air Cell<br><input type="checkbox"/> Cementitious<br><input type="checkbox"/> Solid Lag<br><input type="checkbox"/> Other: _____ |  | <input type="checkbox"/> SURFACING<br>Check One:<br><input type="checkbox"/> Ceiling<br><input type="checkbox"/> Wall<br><input type="checkbox"/> Other: _____ |  | <input checked="" type="checkbox"/> MISCELLANEOUS<br><input type="checkbox"/> VAT<br><input type="checkbox"/> Ceiling Tiles<br><input checked="" type="checkbox"/> Transite<br><input type="checkbox"/> Other: _____ |  |
|---|--|---|--|--|--|--|--|

|                           |  |   |                       |  |   |
|---------------------------|--|---|-----------------------|--|---|
| Homogeneous ID No.<br>M-2 | Check One<br><input type="checkbox"/> Sample Taken<br><input checked="" type="checkbox"/> Material Assumed | Material<br><input type="checkbox"/> Friable<br><input checked="" type="checkbox"/> Non-Friable | Total Sq./LF<br>5 SFT | Material<br><input type="checkbox"/> Localized<br><input type="checkbox"/> Distributed | Accessibility<br>(See Instructions)<br><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 |
|---------------------------|--|---|-----------------------|--|---|

Damage Assessment

|  |   |
|--|---|
| <input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Thermal System Insulation | <input checked="" type="checkbox"/> ACBM With Potential for Damage            |
| <input type="checkbox"/> Damaged Friable Surfacing ACM   | <input type="checkbox"/> ACBM With Potential for Significant Damage           |
| <input type="checkbox"/> Significantly Damaged Friable Surfacing ACM   | <input type="checkbox"/> Any Remaining Friable ACBM or Friable Suspected ACBM |
| <input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Friable Miscellaneous ACM |   |

| Response | Action(s)                              | Date of Response | Square/Linear Feet |
|----------|--|------------------|--------------------|
|          | CONTINUE O&M UNTIL MAJOR RENOVATION OR | MARCH 1, 1990    | 5 SFT              |
|          | DEMOLITION REQUIRES REMOVAL.           |                  |                    |

Comments

FORM #6-130

SECTION II: TYPE OF ASBESTOS-CONTAINING MATERIAL (CHECK ONLY ONE TYPE PER SHEET)

|   |  |   |  |  |  |  |  |
|---|--|---|--|--|--|--|--|
| <input type="checkbox"/> THERMAL<br>Check One:<br><input type="checkbox"/> Pipe Insulation<br><input type="checkbox"/> Elbow/Joint<br><input type="checkbox"/> Other: _____ |  | Check One:<br><input type="checkbox"/> Air Cell<br><input type="checkbox"/> Cementitious<br><input type="checkbox"/> Solid Lag<br><input type="checkbox"/> Other: _____ |  | <input type="checkbox"/> SURFACING<br>Check One:<br><input type="checkbox"/> Ceiling<br><input type="checkbox"/> Wall<br><input type="checkbox"/> Other: _____ |  | <input type="checkbox"/> MISCELLANEOUS<br><input type="checkbox"/> VAT<br><input type="checkbox"/> Ceiling Tiles<br><input type="checkbox"/> Transite<br><input type="checkbox"/> Other: _____ |  |
|---|--|---|--|--|--|--|--|

|                    |   |  |              |  |   |
|--------------------|---|--|--------------|--|---|
| Homogeneous ID No. | Check One<br><input type="checkbox"/> Sample Taken<br><input type="checkbox"/> Material Assumed | Material<br><input type="checkbox"/> Friable<br><input type="checkbox"/> Non-Friable | Total Sq./LF | Material<br><input type="checkbox"/> Localized<br><input type="checkbox"/> Distributed | Accessibility<br>(See Instructions)<br><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 |
|--------------------|---|--|--------------|--|---|

Damage Assessment

|  |   |
|--|---|
| <input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Thermal System Insulation | <input type="checkbox"/> ACBM With Potential for Damage                       |
| <input type="checkbox"/> Damaged Friable Surfacing ACM   | <input type="checkbox"/> ACBM With Potential for Significant Damage           |
| <input type="checkbox"/> Significantly Damaged Friable Surfacing ACM   | <input type="checkbox"/> Any Remaining Friable ACBM or Friable Suspected ACBM |
| <input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Friable Miscellaneous ACM |   |

| Response | Action(s) | Date of Response | Square/Linear Feet |
|----------|-----------|------------------|--------------------|
|          |           |                  |                    |
|          |           |                  |                    |

Comments

FORM #

ASBESTOS MANAGEMENT PLAN - ROOM/FUNCTIONAL SPACE INSPECTION  
RESPONSE ACTIONS

Building Assessed

Room/Functional Space

PATERSON SCHOOL #6

CLASSROOM 301/ SPACE #301

SECTION I: TYPE OF ASBESTOS-CONTAINING MATERIAL (CHECK ONLY ONE TYPE PER SHEET)

|   |  |   |  |  |  |  |  |
|---|--|---|--|--|--|--|--|
| <input type="checkbox"/> THERMAL<br>Check One:<br><input type="checkbox"/> Pipe Insulation<br><input type="checkbox"/> Elbow/Joint<br><input type="checkbox"/> Other: _____ |  | Check One:<br><input type="checkbox"/> Air Cell<br><input type="checkbox"/> Cementitious<br><input type="checkbox"/> Solid Lag<br><input type="checkbox"/> Other: _____ |  | <input type="checkbox"/> SURFACING<br>Check One:<br><input type="checkbox"/> Ceiling<br><input type="checkbox"/> Wall<br><input type="checkbox"/> Other: _____ |  | <input checked="" type="checkbox"/> MISCELLANEOUS<br><input checked="" type="checkbox"/> VAT<br><input type="checkbox"/> Ceiling Tiles<br><input type="checkbox"/> Transite<br><input type="checkbox"/> Other: _____ |  |
|---|--|---|--|--|--|--|--|

|                           |  |   |                         |  |  |
|---------------------------|--|---|-------------------------|--|--|
| Homogeneous ID No.<br>F-8 | Check One<br><input type="checkbox"/> Sample Taken<br><input checked="" type="checkbox"/> Material Assumed | Material<br><input type="checkbox"/> Friable<br><input checked="" type="checkbox"/> Non-Friable | Total Sq./LF<br>360 SFT | Material<br><input type="checkbox"/> Localized<br><input type="checkbox"/> Distributed | Accessibility<br>(See Instructions)<br><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 |
|---------------------------|--|---|-------------------------|--|--|

Damage Assessment

|  |   |
|--|---|
| <input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Thermal System Insulation | <input checked="" type="checkbox"/> ACBM With Potential for Damage            |
| <input type="checkbox"/> Damaged Friable Surfacing ACM   | <input type="checkbox"/> ACBM With Potential for Significant Damage           |
| <input type="checkbox"/> Significantly Damaged Friable Surfacing ACM   | <input type="checkbox"/> Any Remaining Friable ACBM or Friable Suspected ACBM |
| <input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Friable Miscellaneous ACM |   |

| Response | Action(s)                              | Date of Response   | Square/Linear Feet |
|----------|--|--------------------|--------------------|
|          | CONTINUE O&M UNTIL MAJOR RENOVATION OR | THRU MARCH 1, 1990 | 360 SFT            |
|          | DEMOLITION REQUIRES REMOVAL.           |                    |                    |

Comments

FORM #6-14D

SECTION II: TYPE OF ASBESTOS-CONTAINING MATERIAL (CHECK ONLY ONE TYPE PER SHEET)

|   |  |   |  |  |  |  |  |
|---|--|---|--|--|--|--|--|
| <input type="checkbox"/> THERMAL<br>Check One:<br><input type="checkbox"/> Pipe Insulation<br><input type="checkbox"/> Elbow/Joint<br><input type="checkbox"/> Other: _____ |  | Check One:<br><input type="checkbox"/> Air Cell<br><input type="checkbox"/> Cementitious<br><input type="checkbox"/> Solid Lag<br><input type="checkbox"/> Other: _____ |  | <input type="checkbox"/> SURFACING<br>Check One:<br><input type="checkbox"/> Ceiling<br><input type="checkbox"/> Wall<br><input type="checkbox"/> Other: _____ |  | <input type="checkbox"/> MISCELLANEOUS<br><input type="checkbox"/> VAT<br><input type="checkbox"/> Ceiling Tiles<br><input type="checkbox"/> Transite<br><input type="checkbox"/> Other: _____ |  |
|---|--|---|--|--|--|--|--|

|                    |   |  |              |  |   |
|--------------------|---|--|--------------|--|---|
| Homogeneous ID No. | Check One<br><input type="checkbox"/> Sample Taken<br><input type="checkbox"/> Material Assumed | Material<br><input type="checkbox"/> Friable<br><input type="checkbox"/> Non-Friable | Total Sq./LF | Material<br><input type="checkbox"/> Localized<br><input type="checkbox"/> Distributed | Accessibility<br>(See Instructions)<br><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 |
|--------------------|---|--|--------------|--|---|

Damage Assessment

|  |   |
|--|---|
| <input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Thermal System Insulation | <input type="checkbox"/> ACBM With Potential for Damage                       |
| <input type="checkbox"/> Damaged Friable Surfacing ACM   | <input type="checkbox"/> ACBM With Potential for Significant Damage           |
| <input type="checkbox"/> Significantly Damaged Friable Surfacing ACM   | <input type="checkbox"/> Any Remaining Friable ACBM or Friable Suspected ACBM |
| <input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Friable Miscellaneous ACM |   |

| Response | Action(s) | Date of Response | Square/Linear Feet |
|----------|-----------|------------------|--------------------|
|          |           |                  |                    |
|          |           |                  |                    |

Comments

FORM #

ASBESTOS MANAGEMENT PLAN - ROOM/FUNCTIONAL SPACE INSPECTION  
RESPONSE ACTIONS

Being Assessed

Room/Functional Space

PATERSON SCHOOL #6

CLASSROOM 302/ SPACE #302

SECTION I: TYPE OF ASBESTOS-CONTAINING MATERIAL (CHECK ONLY ONE TYPE PER SHEET)

|   |  |   |  |   |  |  |  |
|---|--|---|--|---|--|--|--|
| <input type="checkbox"/> THERMAL<br>Check One:<br><input type="checkbox"/> Pipe Insulation<br><input type="checkbox"/> Elbow/Joint<br><input type="checkbox"/> Other: _____ |  | Check One:<br><input type="checkbox"/> Air Cell<br><input type="checkbox"/> Cementitious<br><input type="checkbox"/> Solid Lag<br><input type="checkbox"/> Other: _____ |  | <input type="checkbox"/> SURFACING<br>Check One:      Check One:<br><input type="checkbox"/> Ceiling <input type="checkbox"/> Sprayed On<br><input type="checkbox"/> Wall <input type="checkbox"/> Troweled On<br><input type="checkbox"/> Other: <input type="checkbox"/> Other: _____ |  | <input checked="" type="checkbox"/> MISCELLANEOUS<br><input checked="" type="checkbox"/> VAT<br><input type="checkbox"/> Ceiling Tiles<br><input type="checkbox"/> Transite<br><input type="checkbox"/> Other: _____<br>9" |  |
|---|--|---|--|---|--|--|--|

|                           |  |   |                         |  |   |
|---------------------------|--|---|-------------------------|--|---|
| Homogeneous ID No.<br>F-8 | Check One<br><input type="checkbox"/> Sample Taken<br><input checked="" type="checkbox"/> Material Assumed | Material<br><input type="checkbox"/> Friable<br><input checked="" type="checkbox"/> Non-Friable | Total Sq./LF<br>360 SFT | Material<br><input type="checkbox"/> Localized<br><input type="checkbox"/> Distributed | SQUARE WHITE FLOOR TILE<br>Accessibility<br>(See Instructions)<br><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 |
|---------------------------|--|---|-------------------------|--|---|

Damage Assessment

|  |   |
|--|---|
| <input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Thermal System Insulation | <input checked="" type="checkbox"/> ACBM With Potential for Damage            |
| <input type="checkbox"/> Damaged Friable Surfacing ACM   | <input type="checkbox"/> ACBM With Potential for Significant Damage           |
| <input type="checkbox"/> Significantly Damaged Friable Surfacing ACM   | <input type="checkbox"/> Any Remaining Friable ACBM or Friable Suspected ACBM |
| <input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Friable Miscellaneous ACM |   |

| Response | Action(s)                              | Date of Response | Square/Linear Feet |
|----------|--|------------------|--------------------|
|          | CONTINUE O&M UNTIL MAJOR RENOVATION OR | MARCH 1, 1990    | 360 SFT            |
|          | DEMOLITION REQUIRES REMOVAL.           |                  |                    |

Comments

FORM #6-15D

SECTION II: TYPE OF ASBESTOS-CONTAINING MATERIAL (CHECK ONLY ONE TYPE PER SHEET)

|   |  |   |  |   |  |  |  |
|---|--|---|--|---|--|--|--|
| <input type="checkbox"/> THERMAL<br>Check One:<br><input type="checkbox"/> Pipe Insulation<br><input type="checkbox"/> Elbow/Joint<br><input type="checkbox"/> Other: _____ |  | Check One:<br><input type="checkbox"/> Air Cell<br><input type="checkbox"/> Cementitious<br><input type="checkbox"/> Solid Lag<br><input type="checkbox"/> Other: _____ |  | <input type="checkbox"/> SURFACING<br>Check One:      Check One:<br><input type="checkbox"/> Ceiling <input type="checkbox"/> Sprayed On<br><input type="checkbox"/> Wall <input type="checkbox"/> Troweled On<br><input type="checkbox"/> Other: <input type="checkbox"/> Other: _____ |  | <input type="checkbox"/> MISCELLANEOUS<br><input type="checkbox"/> VAT<br><input type="checkbox"/> Ceiling Tiles<br><input type="checkbox"/> Transite<br><input type="checkbox"/> Other: _____ |  |
|---|--|---|--|---|--|--|--|

|                    |   |  |              |  |   |
|--------------------|---|--|--------------|--|---|
| Homogeneous ID No. | Check One<br><input type="checkbox"/> Sample Taken<br><input type="checkbox"/> Material Assumed | Material<br><input type="checkbox"/> Friable<br><input type="checkbox"/> Non-Friable | Total Sq./LF | Material<br><input type="checkbox"/> Localized<br><input type="checkbox"/> Distributed | Accessibility<br>(See Instructions)<br><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 |
|--------------------|---|--|--------------|--|---|

Damage Assessment

|  |   |
|--|---|
| <input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Thermal System Insulation | <input type="checkbox"/> ACBM With Potential for Damage                       |
| <input type="checkbox"/> Damaged Friable Surfacing ACM   | <input type="checkbox"/> ACBM With Potential for Significant Damage           |
| <input type="checkbox"/> Significantly Damaged Friable Surfacing ACM   | <input type="checkbox"/> Any Remaining Friable ACBM or Friable Suspected ACBM |
| <input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Friable Miscellaneous ACM |   |

| Response | Action(s) | Date of Response | Square/Linear Feet |
|----------|-----------|------------------|--------------------|
|          |           |                  |                    |
|          |           |                  |                    |

Comments

FORM #

ASBESTOS MANAGEMENT PLAN - ROOM/FUNCTIONAL SPACE INSPECTION  
RESPONSE ACTIONS

**D**

Building Assessed

Room/Functional Space

PATERSON SCHOOL #6

OFFICE / SPACE #321

SECTION I: TYPE OF ASBESTOS-CONTAINING MATERIAL (CHECK ONLY ONE TYPE PER SHEET)

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| <input type="checkbox"/> THERMAL<br>Check One:<br><input type="checkbox"/> Pipe Insulation<br><input type="checkbox"/> Elbow/Joint<br><input type="checkbox"/> Other: _____<br>Check One:<br><input type="checkbox"/> Air Cell<br><input type="checkbox"/> Cementitious<br><input type="checkbox"/> Solid Lag<br><input type="checkbox"/> Other: _____ |  | <input type="checkbox"/> SURFACING<br>Check One:      Check One:<br><input type="checkbox"/> Ceiling <input type="checkbox"/> Sprayed On<br><input type="checkbox"/> Wall <input type="checkbox"/> Troweled On<br><input type="checkbox"/> Other: <input type="checkbox"/> Other: _____ |  | <input checked="" type="checkbox"/> MISCELLANEOUS<br><input checked="" type="checkbox"/> VAT<br><input type="checkbox"/> Ceiling Tiles<br><input type="checkbox"/> Transite<br><input type="checkbox"/> Other: _____<br>9" |  |
|--|--|---|--|--|--|

|                           |  |   |                         |  |  |
|---------------------------|--|---|-------------------------|--|--|
| Homogeneous ID No.<br>F-6 | Check One<br><input type="checkbox"/> Sample Taken<br><input checked="" type="checkbox"/> Material Assumed | Material<br><input type="checkbox"/> Friable<br><input checked="" type="checkbox"/> Non-Friable | Total Sq./LF<br>150 SFT | Material<br><input type="checkbox"/> Localized<br><input type="checkbox"/> Distributed | Accessibility<br>(See Instructions)<br><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 |
|---------------------------|--|---|-------------------------|--|--|

Damage Assessment

|  |   |
|--|---|
| <input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged<br>Thermal System Insulation<br><input type="checkbox"/> Damaged Friable Surfacing ACM<br><input type="checkbox"/> Significantly Damaged Friable Surfacing ACM<br><input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged<br>Friable Miscellaneous ACM | <input checked="" type="checkbox"/> ACBM With Potential for Damage<br><input type="checkbox"/> ACBM With Potential for Significant Damage<br><input type="checkbox"/> Any Remaining Friable ACBM<br>or Friable Suspected ACBM |
|--|---|

| Response | Action(s)  | Date of Response | Square/Linear Feet |
|----------|--|------------------|--------------------|
|          | CONTINUE O&M UNTIL MAJOR RENOVATION OR<br>DEMOLITION REQUIRES REMOVAL. | MARCH 1, 1990    | 150 SFT            |
|          |  |                  |                    |

Comments

FORM #6-16D

SECTION II: TYPE OF ASBESTOS-CONTAINING MATERIAL (CHECK ONLY ONE TYPE PER SHEET)

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| <input type="checkbox"/> THERMAL<br>Check One:<br><input type="checkbox"/> Pipe Insulation<br><input type="checkbox"/> Elbow/Joint<br><input type="checkbox"/> Other: _____<br>Check One:<br><input type="checkbox"/> Air Cell<br><input type="checkbox"/> Cementitious<br><input type="checkbox"/> Solid Lag<br><input type="checkbox"/> Other: _____ |  | <input type="checkbox"/> SURFACING<br>Check One:      Check One:<br><input type="checkbox"/> Ceiling <input type="checkbox"/> Sprayed On<br><input type="checkbox"/> Wall <input type="checkbox"/> Troweled On<br><input type="checkbox"/> Other: <input type="checkbox"/> Other: _____ |  | <input type="checkbox"/> MISCELLANEOUS<br><input type="checkbox"/> VAT<br><input type="checkbox"/> Ceiling Tiles<br><input type="checkbox"/> Transite<br><input type="checkbox"/> Other: _____ |  |
|--|--|---|--|--|--|

|                    |   |  |              |  |   |
|--------------------|---|--|--------------|--|---|
| Homogeneous ID No. | Check One<br><input type="checkbox"/> Sample Taken<br><input type="checkbox"/> Material Assumed | Material<br><input type="checkbox"/> Friable<br><input type="checkbox"/> Non-Friable | Total Sq./LF | Material<br><input type="checkbox"/> Localized<br><input type="checkbox"/> Distributed | Accessibility<br>(See Instructions)<br><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 |
|--------------------|---|--|--------------|--|---|

Damage Assessment

|  |  |
|--|--|
| <input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged<br>Thermal System Insulation<br><input type="checkbox"/> Damaged Friable Surfacing ACM<br><input type="checkbox"/> Significantly Damaged Friable Surfacing ACM<br><input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged<br>Friable Miscellaneous ACM | <input type="checkbox"/> ACBM With Potential for Damage<br><input type="checkbox"/> ACBM With Potential for Significant Damage<br><input type="checkbox"/> Any Remaining Friable ACBM<br>or Friable Suspected ACBM |
|--|--|

| Response | Action(s) | Date of Response | Square/Linear Feet |
|----------|-----------|------------------|--------------------|
|          |           |                  |                    |
|          |           |                  |                    |

Comments

FORM #

ASB-7  
JUN 88

New Jersey State Department of Health  
Asbestos Control Service  
CN 360, Trenton, NJ 08625-0360

E

FOR STATE USE ONLY

ASBESTOS MANAGEMENT PLAN - ROOM/FUNCTIONAL SPACE INSPECTION  
BOILER ROOM RESPONSE ACTIONS

|   |   |
|---|---|
| Building Assessed<br>PATERSON SCHOOL #6 | Room/Functional Space<br>BOILER ROOM / SPACE - 06 |
|---|---|

SECTION I: TYPE OF ASBESTOS-CONTAINING MATERIAL (CHECK ONLY ONE TYPE PER SHEET)

|   |   |  |  |
|---|---|--|--|
| <input checked="" type="checkbox"/> THERMAL<br>Check One:<br><input type="checkbox"/> Pipe Insulation<br><input type="checkbox"/> Elbow/Joints<br><input checked="" type="checkbox"/> Boiler<br><input type="checkbox"/> Duct<br><input type="checkbox"/> Breeching<br><input type="checkbox"/> Hot Water Tank<br><input type="checkbox"/> Other: _____ | Check One:<br><input type="checkbox"/> Air Cell<br><input checked="" type="checkbox"/> Cementitious<br><input type="checkbox"/> Solid Lag<br><input type="checkbox"/> Asbestos Block<br><input type="checkbox"/> Other: _____ | <input type="checkbox"/> SURFACING<br>Check One:<br><input type="checkbox"/> Ceiling<br><input type="checkbox"/> Wall<br><input type="checkbox"/> Other: _____ | <input type="checkbox"/> MISCELLANEOUS<br><input type="checkbox"/> VAT<br><input type="checkbox"/> Transite<br><input type="checkbox"/> Other: _____ |
|---|---|--|--|

|                           |  |   |                         |   |  |
|---------------------------|--|---|-------------------------|---|--|
| Homogeneous ID No.<br>T-3 | Check One<br><input checked="" type="checkbox"/> Sample Taken<br><input type="checkbox"/> Material Assumed | Material<br><input checked="" type="checkbox"/> Friable<br><input type="checkbox"/> Non-Friable | Total Sq./LF<br>200 SFT | Material<br><input type="checkbox"/> Localized<br><input checked="" type="checkbox"/> Distributed | Accessibility<br>(See Instructions)<br><input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 |
|---------------------------|--|---|-------------------------|---|--|

Damage Assessment

|   |   |
|---|---|
| <input checked="" type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Thermal System Insulation<br><input type="checkbox"/> Damaged Friable Surfacing ACM<br><input type="checkbox"/> Significantly Damaged Friable Surfacing ACM<br><input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Friable Miscellaneous ACM | <input type="checkbox"/> ACBM With Potential for Damage<br><input type="checkbox"/> ACBM With Potential for Significant Damage<br><input type="checkbox"/> Any Remaining Friable ACBM or Friable Suspected ACBM |
|---|---|

| Response   | Action(s) | Date of Response | Square/Linear Feet |
|--|-----------|------------------|--------------------|
| ENCAPSULATE TOP OF BOILER                            |           | 6/90- 8/90       | 220 SFT            |
| REMOVE UNTIL MAJOR RENOVATION OR DEMOLITION REQUIRES |           | 8/90- 8/92       | 200 SFT            |
| REMOVAL  |           |                  |                    |

Comments  
 ASSUME THERE IS ASBESTOS INSIDE OF BOILER. IF BOILER IS DISMANTLED, IT MUST BE CONSIDERED TO HAVE ASBESTOS. *Encapsulated Spring 1992*  
 Form #6-01E

SECTION II: TYPE OF ASBESTOS-CONTAINING MATERIAL (CHECK ONLY ONE TYPE PER SHEET)

|   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> THERMAL<br>Check One:<br><input type="checkbox"/> Pipe Insulation<br><input type="checkbox"/> Elbow/Joints<br><input type="checkbox"/> Boiler<br><input type="checkbox"/> Duct<br><input type="checkbox"/> Breeching<br><input type="checkbox"/> Hot Water Tank<br><input type="checkbox"/> Other: _____ | Check One:<br><input type="checkbox"/> Air Cell<br><input type="checkbox"/> Cementitious<br><input type="checkbox"/> Solid Lag<br><input type="checkbox"/> Asbestos Block<br><input type="checkbox"/> Other: _____ | <input type="checkbox"/> SURFACING<br>Check One:<br><input type="checkbox"/> Ceiling<br><input type="checkbox"/> Wall<br><input type="checkbox"/> Other: _____ | <input type="checkbox"/> MISCELLANEOUS<br><input type="checkbox"/> VAT<br><input type="checkbox"/> Transite<br><input type="checkbox"/> Other: _____ |
|---|--|--|--|

|                    |   |  |              |  |   |
|--------------------|---|--|--------------|--|---|
| Homogeneous ID No. | Check One<br><input type="checkbox"/> Sample Taken<br><input type="checkbox"/> Material Assumed | Material<br><input type="checkbox"/> Friable<br><input type="checkbox"/> Non-Friable | Total Sq./LF | Material<br><input type="checkbox"/> Localized<br><input type="checkbox"/> Distributed | Accessibility<br>(See Instructions)<br><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 |
|--------------------|---|--|--------------|--|---|

Damage Assessment

|  |   |
|--|---|
| <input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Thermal System Insulation<br><input type="checkbox"/> Damaged Friable Surfacing ACM<br><input type="checkbox"/> Significantly Damaged Friable Surfacing ACM<br><input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Friable Miscellaneous ACM | <input type="checkbox"/> ACBM With Potential for Damage<br><input type="checkbox"/> ACBM With Potential for Significant Damage<br><input type="checkbox"/> Any Remaining Friable ACBM or Friable Suspected ACBM |
|--|---|

| Response | Action(s) | Date of Response | Square/Linear Feet |
|----------|-----------|------------------|--------------------|
|          |           |                  |                    |
|          |           |                  |                    |
|          |           |                  |                    |

Comments

ASBESTOS MANAGEMENT PLAN - HOMOGENEOUS MATERIAL IDENTIFICATION

Building Assessed  
PATERSON SCHOOL 6

| Homogeneous ID No.  | [ ] Sampled<br>[ ] Assumed | Homogeneous ID No.  | [ ] Sampled<br>[ ] Assumed | Homogeneous ID No.  | [ ] Sampled<br>[ ] Assumed | Homogeneous ID No.  | [ ] Sampled<br>[ ] Assumed |
|---|----------------------------|---|----------------------------|---|----------------------------|---|----------------------------|
| C-2   | [ ] Sampled<br>[ ] Assumed | M-1   | [ ] Sampled<br>[ ] Assumed | F-1   | [ ] Sampled<br>[ ] Assumed | T-6   | [ ] Sampled<br>[ ] Assumed |
| Description of material   |                            | Description of Material   |                            | Description of material   |                            | Description of Material   |                            |
| GLUE ON CEILING TILE  |                            | FLOOR MASTIC LEVELING<br>COMPOUND                                     |                            | 12" SQUARE WHITE VINYL<br>FLOOR TILE                                  |                            | BREACHING EXHAUST FLUE  |                            |
| List All Locations  |                            | List All Locations  |                            | List All Locations  |                            | List All Locations  |                            |
| SPACE #   |                            | SPACE #GYM FLOOR  |                            | SPACE #   |                            | SPACE#06  |                            |
| Total Footage of Damage<br>8,000SF                                    |                            | Total Footage of Damage<br>20 LFT                                     |                            | Total Footage of Damage<br>2,000SFT                                   |                            | Total Footage of Damage<br>800 SFT                                    |                            |
| % Damage of Total   |                            | % Damage of Total   |                            | % Damage of Total   |                            | % Damage of Total   |                            |
| Damage Severity *<br>[ ] Major [ ] Minor<br>[ ] Severe [ ] Occasional |                            | Damage Severity *<br>[ ] Major [ ] Minor<br>[ ] Severe [ ] Occasional |                            | Damage severity *<br>[ ] Major [ ] Minor<br>[ ] Severe [ ] Occasional |                            | Damage Severity *<br>[ ] Major [ ] Minor<br>[ ] Severe [ ] Occasional |                            |

\* See instructions



**F**

FOR STATE USE ONLY

ASBESTOS MANAGEMENT PLAN - HOMOGENEOUS MATERIAL IDENTIFICATION

Building Assessed  
PATERSON SCHOOL 6

| Homogeneous ID No.                               | [ ] Sampled<br>[X] Assumed | Homogeneous ID No.                               | [ ] Sampled<br>[X] Assumed | Homogeneous ID No.                               | [ ] Sampled<br>[X] Assumed | Homogeneous ID No.                               | [ ] Sampled<br>[X] Assumed |
|--|----------------------------|--|----------------------------|--|----------------------------|--|----------------------------|
| F-6  | [ ] Sampled<br>[X] Assumed | F-7  | [ ] Sampled<br>[X] Assumed | L-2  | [ ] Sampled<br>[X] Assumed | L-1  | [ ] Sampled<br>[X] Assumed |
| Description of material                          |                            | Description of Material                          |                            | Description of material                          |                            | Description of Material                          |                            |
| FLOOR TILE - 9" SQUARE<br>GREEN AND WHITE        |                            | FLOOR TILE - 9" SQUARE<br>DARK RED               |                            | TAN LINOLEUM                                     |                            | BROWN LINOLEUM                                   |                            |
| List All Locations                               |                            | List All Locations                               |                            | List All Locations                               |                            | List All Locations                               |                            |
| SPACE #106,108,109,                              |                            | SPACE #111                                       |                            | SPACE #203                                       |                            | SPACE #204                                       |                            |
| Total Footage of Damage                          | % Damage of Total          | Total Footage of Damage                          | % Damage of Total          | Total Footage of Damage                          | % Damage of Total          | Total Footage of Damage                          | % Damage of Total          |
| 570 SFT  | NONE                       | 130 SFT  | NONE                       | 300 SFT  | NONE                       | 300 SFT  | NONE                       |
| Damage Severity *                                |                            | Damage Severity *                                |                            | Damage severity *                                |                            | Damage Severity *                                |                            |
| [ ] Major [ ] Minor<br>[ ] Severe [X] Occasional |                            | [ ] Major [ ] Minor<br>[ ] Severe [X] Occasional |                            | [ ] Major [ ] Minor<br>[ ] Severe [X] Occasional |                            | [ ] Major [ ] Minor<br>[ ] Severe [X] Occasional |                            |





**F**

FOR STATE USE ONLY

ASBESTOS MANAGEMENT PLAN - HOMOGENEOUS MATERIAL IDENTIFICATION

Building Assessed  
PATERSON SCHOOL 6

| Homogeneous ID No.  | [ ] Sampled<br>[X] Assumed | Homogeneous ID No.  | [ ] Sampled<br>[X] Assumed | Homogeneous ID No.  | [ ] Sampled<br>[X] Assumed | Homogeneous ID No.  | [ ] Sampled<br>[X] Assumed |
|---|----------------------------|---|----------------------------|---|----------------------------|---|----------------------------|
| T-5   | [ ] Sampled<br>[X] Assumed | T-4   | [ ] Sampled<br>[X] Assumed | F-3   | [ ] Sampled<br>[X] Assumed | F-5   | [ ] Sampled<br>[X] Assumed |
| Description of material   |                            | Description of Material   |                            | Description of material   |                            | Description of Material   |                            |
| PIPE INSULATION - ELBOWS  |                            | PIPE INSULATION - STRAIGHT<br>SECTIONS ARE AIR CELL                   |                            | FLOOR TILE - 9" SQUARE<br>GRAY  |                            | FLOOR TILE - 9" SQUARE<br>TAN AND BROWN                               |                            |
| List All Locations  |                            | List All Locations  |                            | List All Locations  |                            | List All Locations  |                            |
| SPACE #005  |                            | SPACE #005  |                            | SPACE #009  |                            | SPACE #018/020  |                            |
| Total Footage of Damage<br>6 LFT                                      |                            | Total Footage of Damage<br>10 LFT                                     |                            | Total Footage of Damage<br>360 SFT                                    |                            | Total Footage of Damage<br>680 SFT                                    |                            |
| % Damage of Total<br>NONE   |                            | % Damage of Total<br>NONE   |                            | % Damage of Total<br>NONE   |                            | % Damage of Total<br>NONE   |                            |
| Damage Severity *<br>[ ] Major [ ] Minor<br>[ ] Severe [X] Occasional |                            | Damage Severity *<br>[ ] Major [ ] Minor<br>[ ] Severe [X] Occasional |                            | Damage severity *<br>[ ] Major [ ] Minor<br>[ ] Severe [X] Occasional |                            | Damage Severity *<br>[ ] Major [ ] Minor<br>[ ] Severe [X] Occasional |                            |

ASBESTOS MANAGEMENT PLAN  
LISTING OF LABORATORIES UTILIZED FOR SAMPLE ANALYSIS

Building Assessed  
PATERSON SCHOOL #6

| Lab No. | Laboratory Name and Address  | County | Telephone Number | NJSDH<br>Certification No.<br>(If applicable) |
|---------|--|--------|------------------|---|
| 1.      | DETAIL ASSOCIATES, INC.<br>300 GRAND AVENUE<br>ENGLEWOOD, NJ 07631 | BERGEN | (201) 569-6708   | NVLAP1030                                     |
| 2.      |  |        |                  |   |
| 3.      |  |        |                  |   |
| 4.      |  |        |                  |   |
| 5.      |  |        |                  |   |
| 6.      |  |        |                  |   |
| 7.      |  |        |                  |   |
| 8.      |  |        |                  |   |

ASBESTOS MANAGEMENT PLAN - SUMMARY OF LABORATORY SAMPLES

FOR STATE USE ONLY

(A copy of the Chain of Custody form and Laboratory Analysis form for each sample MUST be included.)  
Building Assessed

PATERSON SCHOOL #6

| Sample Number   | Name of Sample Collector | Type * | Homo-geneous ID No. | Exact Location  | Result                               |  | Lead ID Number | Date      |          | Manner To Determine Location** | Method of Analysis |
|-----------------|--------------------------|--------|---------------------|---|--------------------------------------|--|----------------|-----------|----------|--------------------------------|--------------------|
|                 |                          |        |                     |   | %                                    | Type Asbestos  |                | Collected | Analyzed |                                |                    |
| PAT-6-1006-438X | K.T.                     | 2      | T-3                 | Space No.:006<br>Coordinates (Ft):<br>East 16' West<br>South North22'<br>High 20' | NONE<br><1<br>NONE<br>NONE<br><1     | Amosite<br>Chrysotile<br>Crocidolite<br>Other<br>TOTAL | NVLAP1030      | 10/06/89  | 10/25/89 | C                              | PLM                |
| PAT-6-0307-448  | K.T.                     | 2      | T-6                 | Space No.:006<br>Coordinates (Ft):<br>East 18' West<br>South North20'<br>High 20' | NONE<br>NONE<br>NONE<br>NONE<br>NONE | Amosite<br>Chrysotile<br>Crocidolite<br>Other<br>TOTAL | NVLAP1030      | 10/06/89  | 10/25/89 | C                              | PLM                |
| PAT-6-0307-458  | K.T.                     | 2      | T-6                 | Space No.:006<br>Coordinates (Ft):<br>East 24' West<br>South North20'<br>High 20' | NONE<br>NONE<br>NONE<br>NONE<br>NONE | Amosite<br>Chrysotile<br>Crocidolite<br>Other<br>TOTAL | NVLAP1030      | 10/06/89  | 10/25/89 | C                              | PLM                |
| PAT-6-0307-468  | K.T.                     | 2      | T-6                 | Space No.:006<br>Coordinates (Ft):<br>East 28' West<br>South North20'<br>High 20' | NONE<br>NONE<br>NONE<br>NONE<br>NONE | Amosite<br>Chrysotile<br>Crocidolite<br>Other<br>TOTAL | NVLAP1030      | 10/06/89  | 10/25/89 | C                              | PLM                |
| PAT-6-0307-478X | K.T.                     | 2      | T-3                 | Space No.:006<br>Coordinates (Ft):<br>East West 16'<br>South12' North<br>High 20' | NONE<br>2<br>NONE<br>NONE<br>2       | Amosite<br>Chrysotile<br>Crocidolite<br>Other<br>TOTAL | NVLAP1030      | 10/06/89  | 10/25/89 | C                              | PLM                |
| PAT-6-0307-488  | K.T.                     | 2      | T-3                 | Space No.:006<br>Coordinates (Ft):<br>East 20' West<br>South North18'<br>High 20' | NONE<br>NONE<br>NONE<br>NONE<br>NONE | Amosite<br>Chrysotile<br>Crocidolite<br>Other<br>TOTAL | NVLAP1030      | 3/8/89    | 10/25/89 | C                              | PLM                |

\*Type Codes:  
1. - Air  
2. - Bulk  
3. - Surface

\*\*Codes - Manner Used to Determine Sampling Location (List all reasons which apply for each for each sample):  
A - The total extent of each homogeneous area was analyzed.  
B - The number of samples are as required.  
C - The material at each selected location is representative of the homogeneous area.  
D - The locations are UNIFORMLY distributed throughout the homogeneous area.  
E - The locations are RANDOMLY distributed throughout the homogeneous area.  
F - Each location is reasonably accessible.

G0054

ASBESTOS MANAGEMENT PLAN - SUMMARY OF LABORATORY SAMPLES

(A copy of the Chain of Custody form and Laboratory Analysis form for each sample MUST be included.)  
Building Assessed

FOR STATE USE ONLY

PATERSON SCHOOL #6

| Sample Number  | Name of Sample Collector | Type * | Homo- geneous ID No. | Exact Location   | Result                       |  | Lad ID Number | Date      |          | Manner To Determine Location** | Method of Analysis |
|----------------|--------------------------|--------|----------------------|--|------------------------------|--|---------------|-----------|----------|--------------------------------|--------------------|
|                |                          |        |                      |  | %                            | Type Asbestos  |               | Collected | Analyzed |                                |                    |
| PAT-6-1006-01B | K.T.                     | 2      | T-1                  | Space No.:019<br>Coordinates (Ft):<br>East 9', West<br>South North10',<br>High 10' | NONE<br>NONE<br>NONE<br>NONE | Amosite<br>Chrysotile<br>Crocidolite<br>Other<br>TOTAL | NVLAP1030     | 10/06/89  | 10/25/89 | C                              | PLM                |
| PAT-6-1006-02B | K.T.                     | 2      | T-1                  | Space No.:019<br>Coordinates (Ft):<br>East 9', West<br>South North11',<br>High 10' | NONE<br>NONE<br>NONE<br>NONE | Amosite<br>Chrysotile<br>Crocidolite<br>Other<br>TOTAL | NVLAP1030     | 10/06/89  | 10/25/89 | C                              | PLM                |
| PAT-6-1006-03B | K.T.                     | 2      | T-1                  | Space No.:019<br>Coordinates (Ft):<br>East 1', West<br>South North11',<br>High 10' | NONE<br>NONE<br>NONE<br>NONE | Amosite<br>Chrysotile<br>Crocidolite<br>Other<br>TOTAL | NVLAP1030     | 10/06/89  | 10/25/89 | C                              | PLM                |
| PAT-6-1006-04B | K.T.                     | 2      | T-2                  | Space No.:001A<br>Coordinates (Ft):<br>East West 8',<br>South North1',<br>High 5'  | NONE<br>NONE<br>NONE<br>NONE | Amosite<br>Chrysotile<br>Crocidolite<br>Other<br>TOTAL | NVLAP1030     | 10/06/89  | 10/25/89 | C                              | PLM                |
| PAT-6-1006-05B | K.T.                     | 2      | T-2                  | Space No.:001A<br>Coordinates (Ft):<br>East West 8',<br>South North2',<br>High 3'  | NONE<br>NONE<br>NONE<br>NONE | Amosite<br>Chrysotile<br>Crocidolite<br>Other<br>TOTAL | NVLAP1030     | 10/06/89  | 10/25/89 | C                              | PLM                |
| PAT-6-1006-06B | K.T.                     | 2      | C-1                  | Space No.:001<br>Coordinates (Ft):<br>East 4', West<br>South16', North<br>High 9'  | NONE<br>NONE<br>NONE<br>NONE | Amosite<br>Chrysotile<br>Crocidolite<br>Other<br>TOTAL | NVLAP1030     | 3/8/89    | 10/25/89 | C                              | PLM                |

\*Type Codes:  
1. - Air  
2. - Bulk  
3. - Surface

\*\*Codes - Manner Used to Determine Sampling Location (List all reasons which apply for each sample):  
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Building Assessed

PATERSON SCHOOL #6

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| Sample Number  | Name of Sample Collector | Type * | Homo- geneous ID No. | Exact Location   | Result                               |  | Lad ID Number | Date      |          | Manner To Determine Location** | Method of Analysis |
|----------------|--------------------------|--------|----------------------|--|--------------------------------------|--|---------------|-----------|----------|--------------------------------|--------------------|
|                |                          |        |                      |  | %                                    | Type Asbestos  |               | Collected | Analyzed |                                |                    |
| PAT-6-1006-07B | K.T.                     | 2      | M-1                  | Space No.:017<br>Coordinates (Ft):<br>East 15', West<br>South North20<br>High 0  | NONE<br>NONE<br>NONE<br>NONE<br>NONE | Amosite<br>Chrysotile<br>Crocidolite<br>Other<br>TOTAL | NVLAP1030     | 10/06/89  | 10/25/89 | C                              | PLM                |
| PAT-6-1006-08B | K.T.                     | 2      | M-1                  | Space No.:017<br>Coordinates (Ft):<br>East 3', West<br>South North25',<br>High 0 | NONE<br>NONE<br>NONE<br>NONE<br>NONE | Amosite<br>Chrysotile<br>Crocidolite<br>Other<br>TOTAL | NVLAP1030     | 10/06/89  | 10/25/89 | C                              | PLM                |
| PAT-6-1006-09B | K.T.                     | 2      | M-1                  | Space No.:017<br>Coordinates (Ft):<br>East West 1',<br>South North14',<br>High 0 | NONE<br>NONE<br>NONE<br>NONE<br>NONE | Amosite<br>Chrysotile<br>Crocidolite<br>Other<br>TOTAL | NVLAP1030     | 10/06/89  | 10/25/89 | C                              | PLM                |
| PAT-6-1006-10B | K.T.                     | 2      | C-1                  | Space No.:014<br>Coordinates (Ft):<br>East West 1',<br>South North5',<br>High 8' | NONE<br>NONE<br>NONE<br>NONE<br>NONE | Amosite<br>Chrysotile<br>Crocidolite<br>Other<br>TOTAL | NVLAP1030     | 10/06/89  | 10/25/89 | C                              | PLM                |
| PAT-6-1006-11B | K.T.                     | 2      | P-1                  | Space No.:306<br>Coordinates (Ft):<br>East 1', West<br>South North<br>High 9'    | NONE<br>NONE<br>NONE<br>NONE<br>NONE | Amosite<br>Chrysotile<br>Crocidolite<br>Other<br>TOTAL | NVLAP1030     | 10/06/89  | 10/25/89 | C                              | PLM                |
| PAT-6-1006-12B | K.T.                     | 2      | C-1                  | Space No.:306<br>Coordinates (Ft):<br>East 1', West<br>South1', North<br>High 9' | NONE<br>NONE<br>NONE<br>NONE<br>NONE | Amosite<br>Chrysotile<br>Crocidolite<br>Other<br>TOTAL | NVLAP1030     | 3/8/89    | 10/25/89 | C                              | PLM                |

\*Type Codes:  
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2. - Bulk  
3. - Surface

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PATERSON SCHOOL #6

| Sample Number  | Name of Sample Collector | Type * | Homo- geneous ID No. | Exact Location  | Result                       |  | Lad ID Number | Date      |          | Manner To Determine Location** | Method of Analysis |
|----------------|--------------------------|--------|----------------------|---|------------------------------|--|---------------|-----------|----------|--------------------------------|--------------------|
|                |                          |        |                      |   | %                            | Type Asbestos  |               | Collected | Analyzed |                                |                    |
| PAT-6-1006-13B | K.T.                     | 2      | P-1                  | Space No.:309<br>Coordinates (Ft):<br>East West<br>South14' North<br>High 4'    | NONE<br>NONE<br>NONE<br>NONE | Amosite<br>Chrysotile<br>Crocidolite<br>Other<br>TOTAL | NVLAP1030     | 10/06/89  | 10/25/89 | C                              | PLM                |
| PAT-6-1006-14B | K.T.                     | 2      | P-1                  | Space No.:311<br>Coordinates (Ft):<br>East 7' West<br>South North<br>High 8'    | NONE<br>NONE<br>NONE<br>NONE | Amosite<br>Chrysotile<br>Crocidolite<br>Other<br>TOTAL | NVLAP1030     | 10/06/89  | 10/25/89 | C                              | PLM                |
| PAT-6-1006-15B | K.T.                     | 2      | C-1                  | Space No.:324<br>Coordinates (ft):<br>East West 1'<br>South25' North<br>High 9' | NONE<br>NONE<br>NONE<br>NONE | Amosite<br>Chrysotile<br>Crocidolite<br>Other<br>TOTAL | NVLAP1030     | 10/06/89  | 10/25/89 | C                              | PLM                |
| PAT-6-1006-16B | K.T.                     | 2      | P-1                  | Space No.:324<br>Coordinates (Ft):<br>East West 0<br>South20' North<br>High 9'  | NONE<br>NONE<br>NONE<br>NONE | Amosite<br>Chrysotile<br>Crocidolite<br>Other<br>TOTAL | NVLAP1030     | 10/06/89  | 10/25/89 | C                              | PLM                |
| PAT-6-1006-17B | K.T.                     | 2      | T-2                  | Space No.:318A<br>Coordinates (Ft):<br>East West 6'<br>South North1'<br>High 4' | NONE<br>NONE<br>NONE<br>NONE | Amosite<br>Chrysotile<br>Crocidolite<br>Other<br>TOTAL | NVLAP1030     | 10/06/89  | 10/25/89 | C                              | PLM                |
| PAT-6-1006-18B | K.T.                     | 2      | F-1                  | Space No.:212<br>Coordinates (Ft):<br>East West 1'<br>South North6'<br>High 0   | NONE<br>NONE<br>NONE<br>NONE | Amosite<br>Chrysotile<br>Crocidolite<br>Other<br>TOTAL | NVLAP1030     | 3/8/89    | 10/25/89 | C                              | PLM                |

\*Type Codes:  
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2. - Bulk  
3. - Surface

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ASBESTOS MANAGEMENT PLAN - SUMMARY OF LABORATORY SAMPLES

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PATERSON SCHOOL #6

| Sample Number  | Name of Sample Collector | Type * | Homo- geneous ID No. | Exact Location  | Result                               |  | Lad ID Number | Date      |          | Manner To Determine Location** | Method of Analysis |
|----------------|--------------------------|--------|----------------------|---|--------------------------------------|--|---------------|-----------|----------|--------------------------------|--------------------|
|                |                          |        |                      |   | %                                    | Type Asbestos  |               | Collected | Analyzed |                                |                    |
| PAT-6-1006-198 | K.T.                     | 2      | F-1                  | Space No.:215<br>Coordinates (Ft):<br>East 1', West<br>South North8',<br>High 0   | NONE<br>NONE<br>NONE<br>NONE<br>NONE | Amosite<br>Chrysotile<br>Crocidolite<br>Other<br>TOTAL | NVLAP1030     | 10/06/89  | 10/25/89 | C                              | PLM                |
| PAT-6-1006-208 | K.T.                     | 2      | F-1                  | Space No.:215<br>Coordinates (Ft):<br>East 1', West<br>South North10',<br>High 0  | NONE<br>NONE<br>NONE<br>NONE<br>NONE | Amosite<br>Chrysotile<br>Crocidolite<br>Other<br>TOTAL | NVLAP1030     | 10/06/89  | 10/25/89 | C                              | PLM                |
| PAT-6-1006-218 | K.T.                     | 2      | C-2                  | Space No.:212<br>Coordinates (Ft):<br>East West 1',<br>South North6',<br>High 9'  | NONE<br>NONE<br>NONE<br>NONE<br>NONE | Amosite<br>Chrysotile<br>Crocidolite<br>Other<br>TOTAL | NVLAP1030     | 10/06/89  | 10/25/89 | C                              | PLM                |
| PAT-6-1006-228 | K.T.                     | 2      | C-2                  | Space No.:213<br>Coordinates (Ft):<br>East 3', West<br>South1', North<br>High 9'  | NONE<br>NONE<br>NONE<br>NONE<br>NONE | Amosite<br>Chrysotile<br>Crocidolite<br>Other<br>TOTAL | NVLAP1030     | 10/06/89  | 10/25/89 | C                              | PLM                |
| PAT-6-1006-238 | K.T.                     | 2      | C-2                  | Space No.:213<br>Coordinates (Ft):<br>East 1', West<br>South3', North<br>High 9'  | NONE<br>NONE<br>NONE<br>NONE<br>NONE | Amosite<br>Chrysotile<br>Crocidolite<br>Other<br>TOTAL | NVLAP1030     | 10/06/89  | 10/25/89 | C                              | PLM                |
| PAT-6-1006-248 | K.T.                     | 2      | C-2                  | Space No.:215<br>Coordinates (Ft):<br>East 11', West<br>South North5',<br>High 9' | NONE<br>NONE<br>NONE<br>NONE<br>NONE | Amosite<br>Chrysotile<br>Crocidolite<br>Other<br>TOTAL | NVLAP1030     | 3/8/89    | 10/25/89 | C                              | PLM                |

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2. - Bulk  
3. - Surface

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PATERSON SCHOOL #6

| Sample Number   | Name of Sample Collector | Type * | Homo- geneous ID No. | Exact Location  | Result                               |  | Lad ID Number | Date      |          | Manner To Determine Location** | Method of Analysis |
|-----------------|--------------------------|--------|----------------------|---|--------------------------------------|--|---------------|-----------|----------|--------------------------------|--------------------|
|                 |                          |        |                      |   | %                                    | Type Asbestos  |               | Collected | Analyzed |                                |                    |
| PAT-6-1006-25B  | K.T.                     | 2      | C-2                  | Space No.:206<br>Coordinates (Ft):<br>East West 1',<br>South 1', North<br>High 9' | NONE<br>NONE<br>NONE<br>NONE<br>NONE | Amosite<br>Chrysotile<br>Crocidolite<br>Other<br>TOTAL | NVLAP1030     | 10/06/89  | 10/25/89 | C                              | PLM                |
| PAT-6-1006-26B  | K.T.                     | 2      | P-1                  | Space No.:213<br>Coordinates (Ft):<br>East West<br>South 3', North<br>High 5'     | NONE<br>NONE<br>NONE<br>NONE<br>NONE | Amosite<br>Chrysotile<br>Crocidolite<br>Other<br>TOTAL | NVLAP1030     | 10/06/89  | 10/25/89 | C                              | PLM                |
| PAT-6-1006-27B  | K.T.                     | 2      | P-1                  | Space No.:215<br>Coordinates (Ft):<br>East 10', West<br>South North<br>High 4'    | NONE<br>NONE<br>NONE<br>NONE<br>NONE | Amosite<br>Chrysotile<br>Crocidolite<br>Other<br>TOTAL | NVLAP1030     | 10/06/89  | 10/25/89 | C                              | PLM                |
| PAT-6-1006-28B  | K.T.                     | 2      | C-1                  | Space No.:224<br>Coordinates (Ft):<br>East West 1',<br>South 1', North<br>High 9' | NONE<br>NONE<br>NONE<br>NONE<br>NONE | Amosite<br>Chrysotile<br>Crocidolite<br>Other<br>TOTAL | NVLAP1030     | 10/06/89  | 10/25/89 | C                              | PLM                |
| PAT-6-1006-29BX | K.T.                     | 2      | M-2                  | Space No.:230<br>Coordinates (Ft):<br>East 8', West<br>South 0', North<br>High 7' | NONE<br>80<br>NONE<br>NONE<br>80     | Amosite<br>Chrysotile<br>Crocidolite<br>Other<br>TOTAL | NVLAP1030     | 10/06/89  | 10/25/89 | C                              | PLM                |
| PAT-6-1006-30B  | K.T.                     | 2      | P-1                  | Space No.:224<br>Coordinates (Ft):<br>East 30', West<br>South North<br>High 4'    | NONE<br>NONE<br>NONE<br>NONE<br>NONE | Amosite<br>Chrysotile<br>Crocidolite<br>Other<br>TOTAL | NVLAP1030     | 3/8/89    | 10/25/89 | C                              | PLM                |

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2. - Bulk  
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PATERSON SCHOOL #6

| Sample Number   | Name of Sample Collector | Type * | Homo- geneous ID No. | Exact Location  | Result                 |  | Lad ID Number | Date      |          | Manner To Determine Location** | Method of Analysis |
|-----------------|--------------------------|--------|----------------------|---|------------------------|--|---------------|-----------|----------|--------------------------------|--------------------|
|                 |                          |        |                      |   | %                      | Type Asbestos  |               | Collected | Analyzed |                                |                    |
| PAT-6-1006-318X | K.T.                     | 2      | F-2                  | Space No.:229<br>Coordinates (Ft):<br>East West 1',<br>South North2',<br>High 0     | NONE<br>5<br>NONE<br>5 | Amosite<br>Chrysotile<br>Crocidolite<br>Other<br>TOTAL | NVLAP1030     | 10/06/89  | 10/25/89 | C                              | PLM                |
| PAT-6-1006-328X | K.T.                     | 2      | F-2                  | Space No.:229<br>Coordinates (Ft):<br>East 3', West 1',<br>South North6',<br>High 0 | NONE<br>5<br>NONE<br>5 | Amosite<br>Chrysotile<br>Crocidolite<br>Other<br>TOTAL | NVLAP1030     | 10/06/89  | 10/25/89 | C                              | PLM                |
| PAT-6-1006-338X | K.T.                     | 2      | F-2                  | Space No.:229<br>Coordinates (Ft):<br>East West 1',<br>South North7',<br>High 0     | NONE<br>5<br>NONE<br>5 | Amosite<br>Chrysotile<br>Crocidolite<br>Other<br>TOTAL | NVLAP1030     | 10/06/89  | 10/25/89 | C                              | PLM                |
| PAT-6-1006-348X | K.T.                     | 2      | F-3                  | Space No.:120<br>Coordinates (Ft):<br>East West 21',<br>South1' North<br>High 0     | NONE<br>5<br>NONE<br>5 | Amosite<br>Chrysotile<br>Crocidolite<br>Other<br>TOTAL | NVLAP1030     | 10/06/89  | 10/25/89 | C                              | PLM                |
| PAT-6-1006-358X | K.T.                     | 2      | F-3                  | Space No.:120<br>Coordinates (Ft):<br>East West 27',<br>South1' North<br>High 0     | NONE<br>5<br>NONE<br>5 | Amosite<br>Chrysotile<br>Crocidolite<br>Other<br>TOTAL | NVLAP1030     | 10/06/89  | 10/25/89 | C                              | PLM                |
| PAT-6-1006-368X | K.T.                     | 2      | F-3                  | Space No.:120<br>Coordinates (Ft):<br>East West 68',<br>South1' North0<br>High 0    | NONE<br>5<br>NONE<br>5 | Amosite<br>Chrysotile<br>Crocidolite<br>Other<br>TOTAL | NVLAP1030     | 3/8/89    | 10/25/89 | C                              | PLM                |

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|-----------------|--------------------------|--------|----------------------|---|----------------------------------|--|---------------|-----------|----------|--------------------------------|--------------------|
|                 |                          |        |                      |   | %                                | Type Asbestos  |               | Collected | Analyzed |                                |                    |
| PAT-6-1006-378  | K.T.                     | 2      | P-1                  | Space No.:104<br>Coordinates (Ft):<br>East West 14'<br>South North0<br>High 2'    | NONE<br>NONE<br>NONE<br>NONE     | Amosite<br>Chrysotile<br>Crocidolite<br>Other<br>TOTAL | NVLAP1030     | 10/06/89  | 10/25/89 | C                              | PLM                |
| PAT-6-1006-388  | K.T.                     | 2      | P-1                  | Space No.:127<br>Coordinates (Ft):<br>East West 1'<br>South North1'<br>High 9'    | NONE<br>NONE<br>NONE<br>NONE     | Amosite<br>Chrysotile<br>Crocidolite<br>Other<br>TOTAL | NVLAP1030     | 10/06/89  | 10/25/89 | C                              | PLM                |
| PAT-6-1006-398X | K.T.                     | 2      | L-1                  | Space No.:204<br>Coordinates (Ft):<br>East 1' West<br>South12' North0<br>High 0   | NONE<br>25<br>NONE<br>NONE<br>25 | Amosite<br>Chrysotile<br>Crocidolite<br>Other<br>TOTAL | NVLAP1030     | 10/06/89  | 10/25/89 | C                              | PLM                |
| PAT-6-1006-408X | K.T.                     | 2      | L-2                  | Space No.:203<br>Coordinates (Ft):<br>East 1' West<br>South12' North0<br>High 0   | NONE<br>25<br>NONE<br>NONE<br>25 | Amosite<br>Chrysotile<br>Crocidolite<br>Other<br>TOTAL | NVLAP1030     | 10/06/89  | 10/25/89 | C                              | PLM                |
| PAT-6-1006-418X | K.T.                     | 2      | T-3                  | Space No.:006<br>Coordinates (Ft):<br>East 16' West<br>South North15'<br>High 20' | NONE<br>5<br>NONE<br>NONE<br>5   | Amosite<br>Chrysotile<br>Crocidolite<br>Other<br>TOTAL | NVLAP1030     | 10/06/89  | 10/25/89 | C                              | PLM                |
| PAT-6-1006-428X | K.T.                     | 2      | T-3                  | Space No.:006<br>Coordinates (Ft):<br>East 20' West<br>South North18'<br>High 20' | NONE<br>5<br>NONE<br>NONE<br>5   | Amosite<br>Chrysotile<br>Crocidolite<br>Other<br>TOTAL | NVLAP1030     | 3/8/89    | 10/25/89 | C                              | PLM                |

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2. - Bulk  
3. - Surface

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|-----------------|--------------------------|--------|--------------------|---|--------------------------------------|--|---------------|-----------|----------|--------------------------------|--------------------|
|                 |                          |        |                    |   | %                                    | Type Asbestos  |               | Collected | Analyzed |                                |                    |
| PAT-6-1006-438X | K.T.                     | 2      | T-3                | Space No.:006<br>Coordinates (Ft):<br>East 16', West<br>South North22',<br>High 20' | NONE<br><1<br>NONE<br>NONE<br><1     | Amosite<br>Chrysotile<br>Crocidolite<br>Other<br>TOTAL | NVLAP1030     | 10/06/89  | 10/25/89 | C                              | PLM                |
| PAT-6-0307-448  | K.T.                     | 2      | T-4                | Space No.:006<br>Coordinates (Ft):<br>East 18', West<br>South North20',<br>High 20' | NONE<br>NONE<br>NONE<br>NONE<br>NONE | Amosite<br>Chrysotile<br>Crocidolite<br>Other<br>TOTAL | NVLAP1030     | 10/06/89  | 10/25/89 | C                              | PLM                |
| PAT-6-0307-458  | K.T.                     | 2      | T-4                | Space No.:006<br>Coordinates (Ft):<br>East 24', West<br>South North20',<br>High 20' | NONE<br>NONE<br>NONE<br>NONE<br>NONE | Amosite<br>Chrysotile<br>Crocidolite<br>Other<br>TOTAL | NVLAP1030     | 10/06/89  | 10/25/89 | C                              | PLM                |
| PAT-6-0307-468  | K.T.                     | 2      | T-4                | Space No.:006<br>Coordinates (Ft):<br>East 28', West<br>South North20',<br>High 20' | NONE<br>NONE<br>NONE<br>NONE<br>NONE | Amosite<br>Chrysotile<br>Crocidolite<br>Other<br>TOTAL | NVLAP1030     | 10/06/89  | 10/25/89 | C                              | PLM                |
| PAT-6-0307-478X | K.T.                     | 2      | T-3                | Space No.:006<br>Coordinates (Ft):<br>East West 16',<br>South12', North<br>High 20' | NONE<br>2<br>NONE<br>NONE<br>2       | Amosite<br>Chrysotile<br>Crocidolite<br>Other<br>TOTAL | NVLAP1030     | 10/06/89  | 10/25/89 | C                              | PLM                |
| PAT-6-0307-488  | K.T.                     | 2      | T-3                | Space No.:006<br>Coordinates (Ft):<br>East 20', West<br>South North18',<br>High 20' | NONE<br>NONE<br>NONE<br>NONE<br>NONE | Amosite<br>Chrysotile<br>Crocidolite<br>Other<br>TOTAL | NVLAP1030     | 3/8/89    | 10/25/89 | C                              | PLM                |

\*Type Codes:  
1. - Air  
2. - Bulk  
3. - Surface

\*\*Codes - Manner Used to Determine Sampling Location (List all reasons which apply for each for each sample):  
A - The total extent of each homogeneous area was analyzed.  
B - The number of samples are as required.  
C - The material at each selected location is representative of the homogeneous area.  
D - The locations are UNIFORMLY distributed throughout the homogeneous area.  
E - The locations are RANDOMLY distributed throughout the homogeneous area.  
F - Each location is reasonably accessible.

G0054

FOR STATE USE ONLY

ASBESTOS MANAGEMENT PLAN - SUMMARY OF LABORATORY SAMPLES

(A copy of the Chain of Custody form and Laboratory Analysis form for each sample MUST be included.)  
Building Assessed

PATERSON SCHOOL #6

| Sample Number  | Name of Sample Collector | Type * | Homo- geneous ID No. | Exact Location  | Result                       |  | Lad ID Number | Date      |          | Manner To Determine Location** | Method of Analysis |
|----------------|--------------------------|--------|----------------------|---|------------------------------|--|---------------|-----------|----------|--------------------------------|--------------------|
|                |                          |        |                      |   | %                            | Type Asbestos  |               | Collected | Analyzed |                                |                    |
| PAT-6-0307-498 | K.T.                     | 2      | T-3                  | Space No.:006<br>Coordinates (Ft):<br>East 30' West<br>South North22'<br>High 20' | NONE<br>NONE<br>NONE<br>NONE | Amosite<br>Chrysotile<br>Crocidolite<br>Other<br>TOTAL | NVLAP1030     | 10/06/89  | 10/25/89 | C                              | PLM                |
|                | K.T.                     | 2      |                      | Space No.:<br>Coordinates (Ft):<br>East West<br>South North<br>High               |                              | Amosite<br>Chrysotile<br>Crocidolite<br>Other<br>TOTAL | NVLAP1030     | 10/06/89  | 10/25/89 | C                              | PLM                |
|                | K.T.                     | 2      |                      | Space No.:<br>Coordinates (Ft):<br>East West<br>South North<br>High               |                              | Amosite<br>Chrysotile<br>Crocidolite<br>Other<br>TOTAL | NVLAP1030     | 10/06/89  | 10/25/89 | C                              | PLM                |
|                | K.T.                     | 2      |                      | Space No.:<br>Coordinates (Ft):<br>East West<br>South North<br>High               |                              | Amosite<br>Chrysotile<br>Crocidolite<br>Other<br>TOTAL | NVLAP1030     | 10/06/89  | 10/25/89 | C                              | PLM                |
|                | K.T.                     | 2      |                      | Space No.:<br>Coordinates (Ft):<br>East West<br>South North<br>High               |                              | Amosite<br>Chrysotile<br>Crocidolite<br>Other<br>TOTAL | NVLAP1030     | 10/06/89  | 10/25/89 | C                              | PLM                |
|                | K.T.                     | 2      |                      | Space No.:<br>Coordinates (Ft):<br>East West<br>South North<br>High               |                              | Amosite<br>Chrysotile<br>Crocidolite<br>Other<br>TOTAL | NVLAP1030     | 3/8/89    | 10/25/89 | C                              | PLM                |

\*Type Codes:  
1. - Air  
2. - Bulk  
3. - Surface

\*\*Codes - Manner Used to Determine Sampling Location (List all reasons which apply for each for each sample):  
A - The total extent of each homogeneous area was analyzed.  
B - The number of samples are as required.  
C - The material at each selected location is representative of the homogeneous area.  
D - The locations are UNIFORMLY distributed throughout the homogeneous area.  
E - The locations are RANDOMLY distributed throughout the homogeneous area.  
F - Each location is reasonably accessible.

G0054

|                    |  |                  |  |                    |  |
|--------------------|--|------------------|--|--------------------|--|
| PURCHASE ORDER NO. |  | SUBMITTAL DATE   |  | LABORATORY JOB NO. |  |
| CLIENT JOB NO.     |  | NAME             |  | TITLE              |  |
| DEPT               |  | COMPANY          |  | Mailing Address    |  |
| ADDRESS            |  | CITY, STATE, ZIP |  | TELEPHONE NO.      |  |
| CITY, STATE, ZIP   |  | TELEPHONE NO.    |  | TELEFAX NO.        |  |

FIELD SHEET ATTACHED  YES  NO

DATE VERBAL RESULTS ARE REQUIRED: \_\_\_\_\_

DATE WRITTEN REPORT REQUESTED: \_\_\_\_\_

RUSH CHARGES AUTHORIZED?  YES  NO

**SAMPLE DATA**

| CLIENT SAMPLE NO. | DATE SAMPLED | SAMPLE DESCRIPTION | VOLUME (Specify Units) | TYPE OF ANALYSIS REQUESTED | RECEIVING CONDITION |
|-------------------|--------------|--------------------|------------------------|----------------------------|---------------------|
| PAT6-0307-44B     | 3-7-90       | Thermal Insulation | 50 gm                  | PLM                        | Good                |
| 45B               | "            | "                  | "                      | "                          | "                   |
| 46B               | "            | "                  | "                      | "                          | "                   |
| 47B               | "            | "                  | "                      | "                          | "                   |
| 48D               | "            | "                  | "                      | "                          | "                   |
| 49B               | "            | "                  | "                      | "                          | "                   |
| <del>_____</del>  |              |                    |                        |                            |                     |
| <del>_____</del>  |              |                    |                        |                            |                     |

SPECIAL INSTRUCTIONS (METHOD, LIMIT OF DETECTION, RUSH ANALYSIS, ETC.)

RELINQUISHED BY: Karin C. Tucker DATE/TIME: 3/7/90 @ 1530

METHOD OF SHIPMENT: Hand Delivered

AUTHORIZED BY: \_\_\_\_\_ DATE/TIME: \_\_\_\_\_

(CLIENT SIGNATURE MUST ACCOMPANY REQUEST)

RECEIVED BY: PC DATE/TIME: 3/7/90

ANALYZED BY: PC DATE/TIME: 3/7/90

RESULTS REPORTED TO: \_\_\_\_\_ DATE/TIME: \_\_\_\_\_

COMMENTS: \_\_\_\_\_



Detective Associates, Inc.  
 ENVIRONMENTAL ENGINEERING CONSULTANTS  
 300 Grand Avenue  
 Englewood, NJ 07631  
 (201) 569-6708 FAX (201) 569-4378

**CHAIN OF CUSTODY**

**Laboratory Analytical Services**

(Please refer to  
 this number  
 for inquiries)

**No 1276**

|                    |  |                |  |                    |  |
|--------------------|--|----------------|--|--------------------|--|
| PURCHASE ORDER NO. |  | SUBMITTAL DATE |  | LABORATORY JOB NO. |  |
| NAME               |  | CLIENT JOB NO. |  | NAME               |  |
| COMPANY            |  | DEPT           |  | COMPANY            |  |
| ADDRESS            |  |                |  | MAILING ADDRESS    |  |
| CITY, STATE, ZIP   |  |                |  | CITY, STATE, ZIP   |  |
|                    |  |                |  | TELEPHONE NO.      |  |
|                    |  |                |  | TELEFAX NO.        |  |

FIELD SHEET ATTACHED  YES  NO

DATE VERBAL RESULTS ARE REQUIRED: \_\_\_\_\_

DATE WRITTEN REPORT REQUESTED: \_\_\_\_\_

RUSH CHARGES AUTHORIZED?  YES  NO

**SAMPLE DATA**

| CLIENT SAMPLE NO. | DATE SAMPLED | SAMPLE DESCRIPTION | VOLUME (Specify Units) | TYPE OF ANALYSIS REQUESTED | RECEIVING CONDITION |
|-------------------|--------------|--------------------|------------------------|----------------------------|---------------------|
| PAT 6 - 0307-44B  | 3-7-90       | Thermal Insulation | 50 gm                  | PLM                        | Good                |
| 45 B              | "            | "                  | "                      | "                          | "                   |
| 46 B              | "            | "                  | "                      | "                          | "                   |
| 47 B              | "            | "                  | "                      | "                          | "                   |
| 48 B              | "            | "                  | "                      | "                          | "                   |
| 49 B              | "            | "                  | "                      | "                          | "                   |
| <del> </del>      | <del> </del> | <del> </del>       | <del> </del>           | <del> </del>               | <del> </del>        |
| <del> </del>      | <del> </del> | <del> </del>       | <del> </del>           | <del> </del>               | <del> </del>        |
| <del> </del>      | <del> </del> | <del> </del>       | <del> </del>           | <del> </del>               | <del> </del>        |
| <del> </del>      | <del> </del> | <del> </del>       | <del> </del>           | <del> </del>               | <del> </del>        |

**SPECIAL INSTRUCTIONS (METHOD, LIMIT OF DETECTION, RUSH ANALYSIS, ETC.)**

RELINQUISHED BY: Karin C. Tucker DATE/TIME: 3/7/90 @ 1530

METHOD OF SHIPMENT: Hand Delivery

AUTHORIZED BY: \_\_\_\_\_ DATE/TIME \_\_\_\_\_

(CLIENT SIGNATURE MUST ACCOMPANY REQUEST)

RECEIVED BY: PC DATE/TIME: 3/7/90

ANALYZED BY: PC DATE/TIME: 3/7/90

RESULTS REPORTED TO: \_\_\_\_\_ DATE/TIME: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

DETAIL ASSOCIATES, INC  
 310 GRAND AVENUE  
 ENGLEWOOD, NJ 07631

201-569-6708

CHAIN OF CUSTODY

Sample Site: Petersen School #6 ID Number: \_\_\_\_\_ Test Number: \_\_\_\_\_  
 Date Sampled: 10-6-87 Invoice Number: \_\_\_\_\_  
 Shipped By: KCT Date Received: 10/9/89  
 Date Shipped: 10-9-87 Received by: PC  
 Carrier: KCT Condition: Good

| SAMPLE NUMBER  | SAMPLE DESCRIPTION       | SHIPPING CONDITION | RECEIVING CONDITION |
|----------------|--------------------------|--------------------|---------------------|
| PAT 6-1000-1 B | Pipe insulation          | Good               | Good                |
| 2              | "                        |                    |                     |
| 3              | "                        |                    |                     |
| 4              | aluminum insulation      |                    |                     |
| 5              | ceiling tiles            |                    |                     |
| 6              | floor mortar/level comp. |                    |                     |
| 7              | "                        |                    |                     |
| 8              | "                        |                    |                     |
| 9              | ceiling tiles            |                    |                     |
| 10             | plaster                  |                    |                     |

Signature of Sender: Kenneth C. Tucker Date: 10-9-87  
 Signature of Receiver: Ping F. Che Date: 10/9/89  
 Page 1 of 1 \$

DETAIL ASSOCIATES, INC  
 310 GRAND AVENUE  
 ENGLEWOOD, NJ 07631

201-569-6708

CHAIN OF CUSTODY

Sample Site: Perkins School #6 ID Number: \_\_\_\_\_ Test Number: \_\_\_\_\_  
 Date Sampled: 10/6/89 Invoice Number: \_\_\_\_\_  
 Shipped By: PC Date Received: 10/5/89  
 Date Shipped: 10/11/89 Received by: PC  
 Carrier: KCT Condition: Good

| SAMPLE NUMBER | SAMPLE DESCRIPTION | SHIPPING CONDITION | RECEIVING CONDITION |
|---------------|--------------------|--------------------|---------------------|
| 11            | Perkins            | Good               | Good                |
| 12            | Building 101       |                    |                     |
| 13            | Perkins            |                    |                     |
| 14            | "                  |                    |                     |
| 15            | Building 101       |                    |                     |
| 16            | Perkins            |                    |                     |
| 17            | Perkins            |                    |                     |
| 18            | Perkins            |                    |                     |
| 19            | "                  |                    |                     |
| 20            | "                  |                    |                     |

Signature of Sender: Kevin C. Tucker Date: 10-9-89  
 Signature of Receiver: Ping T. Chen Date: 10/9/89  
 Page 2 of 5

DETAIL ASSOCIATES, INC  
 310 GRAND AVENUE  
 ENGLEWOOD, NC 07631

201-569-6708

CHAIN OF CUSTODY

Sample Site: RTG - Sub. 46 ID Number: \_\_\_\_\_ Test Number: \_\_\_\_\_  
 Date Sampled: 10-6-89 Invoice Number: \_\_\_\_\_  
 Shipped By: KCT Date Received: 10/9/89  
 Date Shipped: 10-7-89 Received by: PC  
 Carrier: KSI Condition: Good

| SAMPLE      | NUMBER | SAMPLE | DESCRIPTION   | SHIPPING  | RECEIVING |
|-------------|--------|--------|---------------|-----------|-----------|
|             |        |        |               | CONDITION | CONDITION |
| RTG - Sub - | 21     | B      | Sub. 46       |           | Good      |
|             | 22     | "      | "             |           |           |
|             | 23     | "      | "             |           |           |
|             | 24     | "      | "             |           |           |
|             | 25     | "      | "             |           |           |
|             | 26     |        | Plaster       |           |           |
|             | 27     | "      | "             |           |           |
|             | 28     |        | Caulking tube |           |           |
|             | 29     |        | Plaster       |           |           |
|             | 30     |        | Plaster       |           |           |

Signature of Sender: Kevin Date: \_\_\_\_\_  
 Signature of Receiver: Ping T. Chen Date: 10/9/89  
 Page 3 of 5



DETAIL ASSOCIATES, INC  
 310 GRAND AVENUE  
 ENGLEWOOD, NC 07631

201-569-6708

CHAIN OF CUSTODY

Sample Size: 1000 Sub. rep 40 ID Number: \_\_\_\_\_ Test Number: \_\_\_\_\_  
 Date Sampled: 10/9/89 Invoice Number: \_\_\_\_\_  
 Shipped By: K. S. J. Date Received: 10/9/89  
 Date Shipped: 10/9/89 Received by: PC  
 Carrier: VCT Condition: Good

| SAMPLE NUMBER   | SAMPLE DESCRIPTION | SHIPPING CONDITION | RECEIVING CONDITION |
|-----------------|--------------------|--------------------|---------------------|
| 1000            | 41 B               | Good               | Good                |
| 42 B            | "                  | "                  | "                   |
| 43 B            | "                  | "                  | "                   |
| <del>44 B</del> | <del>"</del>       | <del>"</del>       | <del>"</del>        |
| <del>45 B</del> | <del>"</del>       | <del>"</del>       | <del>"</del>        |
| <del>46 B</del> | <del>"</del>       | <del>"</del>       | <del>"</del>        |
| <del>47 B</del> | <del>"</del>       | <del>"</del>       | <del>"</del>        |
| <del>48 B</del> | <del>"</del>       | <del>"</del>       | <del>"</del>        |
| <del>49 B</del> | <del>"</del>       | <del>"</del>       | <del>"</del>        |
| <del>50 B</del> | <del>"</del>       | <del>"</del>       | <del>"</del>        |

Signature of Sender: Karl C. Jucker Date: 10/9/89  
 Signature of Receiver: Paul F. Ch... Date: 10/9/89  
 Page 5 of 5

BSA-03  
MAR-90

DETAIL ASSOCIATES, INC.  
300 Grand Avenue  
Englewood, New Jersey 07631  
(201) 569-6708

>> BULK SAMPLE ANALYSIS REPORT <<

FORM-BBB

Client Name...: PATERSON BOARD OF EDUCATION Project No.....: 89-178-17  
Facility.....: PATERSON SCHOOL #6 Sampling Date...: 10/06/89  
Job Site Addr: 137 CARROLL STREET Hygienist.....: K.T.  
PATERSON, NJ07501

Sample No.....: PAT-6-0307-46B Suspect Material: PIPE  
Floor No.....: BASE Material Desc...: BREECH/EXH FLUE  
Room No.....: Room Desc....: BOILER ROOM Exterior Color...: WHITE  
Room Desc....: BOILER ROOM Sample Location Coordinates (Ft):  
Space No.....: 006 South...: East...: 28'  
Space Use....: BOILER ROOM North...: 20' West...:  
Homogeneous ID T-6 Height: 20'

Analytical Method.....: PLM

Interior Color.....: WHITE

Gross Sample Appearance:

1. Homogeneous, Fibrous.....:
2. Homogeneous, Nonfibrous.....:
3. Heterogeneous, Fibrous.....:
4. Heterogeneous, Nonfibrou
5. Heterogeneous, Mixed.....: YES

Sample Treatment:

1. Homogenized.....:
2. Untreated.....: YES

Amount of Material Examined (mg)..: 3 mg

Asbestos Present:

1. Amosite (%).....: NONE
2. Chrysotile (%).....: NONE
3. Crocidolite (%).....: NONE
4. Other (%).....: NONE

Total Asbestos Content (%).....: NONE

Other Fibrous Material Present:

1. Fiberglass.....:
2. Mineral Wool.....: YES
3. Cellulose.....:
4. Glass Wool...:
5. Polyester...:
6. Other.....:

Nonfibrous Material Present:

1. Gypsum.....:
2. Silicates.....:
3. Sand.....:
4. Cement.....:
5. Mica.....:
6. Calcium Carbonate:
7. Vermiculite.....:
8. Perlite.....:
9. Diatoms.....:
10. Pumice.....:
11. Paint.....: YES
12. Binders.....: YES
13. Other.....:

BSA-03  
MAR-90

DETAIL ASSOCIATES, INC.  
300 Grand Avenue  
Englewood, New Jersey 07631  
(201) 569-6708

>> BULK SAMPLE ANALYSIS REPORT <<

FORM-BBB

Client Name...: PATERSON BOARD OF EDUCATION Project No.....: 89-178-17  
Facility.....: PATERSON SCHOOL #6 Sampling Date...: 10/06/89  
Job Site Addr: 137 CARROLL STREET Hygienist.....: K.T.  
PATERSON, NJ 07501

Sample No.....: PAT-6-0307-45B Suspect Material: PIPE  
Floor No.....: BASE Material Desc...: BREECH/EXH FLUE  
Room No.....: Room Desc....: BOILER ROOM Exterior Color...: WHITE  
Room Desc....: BOILER ROOM Sample Location Coordinates (Ft):  
Space No.....: 006 South...: East...: 24'  
Space Use.....: BOILER ROOM North...: 20' West...:  
Homogeneous ID T-6 Height: 20'

Analytical Method.....: PLM

Interior Color.....: WHITE

Gross Sample Appearance:

1. Homogeneous, Fibrous.....:
2. Homogeneous, Nonfibrous.....:
3. Heterogeneous, Fibrous.....:
4. Heterogeneous, Nonfibrous.....:
5. Heterogeneous, Mixed.....: YES

Sample Treatment:

1. Homogenized.....:
2. Untreated.....: YES

Amount of Material Examined (mg): 3 mg

Asbestos Present:

1. Amosite (%).....: NONE
2. Chrysotile (%).....: NONE
3. Crocidolite (%).....: NONE
4. Other (%).....: NONE

Total Asbestos Content (%).....: NONE

Other Fibrous Material Present:

1. Fiberglass.....:
2. Mineral Wool.....: YES
3. Cellulose.....: YES
4. Glass Wool...:
5. Polyester...:
6. Other.....:

Nonfibrous Material Present:

1. Gypsum.....:
2. Silicates.....:
3. Sand.....:
4. Cement.....:
5. Mica.....:
6. Calcium Carbonate:
7. Vermiculite.....:
8. Perlite.....:
9. Diatoms.....:
10. Pumice.....:
11. Paint.....: YES
12. Binders.....: YES
13. Other.....:



BSA-03  
MAR-90

DETAIL ASSOCIATES, INC.  
300 Grand Avenue  
Englewood, New Jersey 07631  
(201) 569-6708

>> BULK SAMPLE ANALYSIS REPORT <<

FORM-BBB

=====  
Client Name...: PATERSON BOARD OF EDUCATION Project No.....: 89-178-17  
Facility.....: PATERSON SCHOOL #6 Sampling Date...: 10/06/89  
Job Site Addr: 137 CARROLL STREET Hygienist.....: K.T.  
PATERSON, NJ 07501

Sample No.....: PAT-6-0307-44B Suspect Material: PIPE  
Floor No.....: BASE Material Desc...: BREECH/EXH FLUE  
Room No.....: Room Desc.....: BOILER ROOM Exterior Color...: WHITE  
Room Desc.....: BOILER ROOM Sample Location Coordinates (Ft):  
Space No.....: 006 South...: East...: 18'  
Space Use.....: BOILER ROOM North...: 20' West...:  
Homogeneous ID T-6 Height: 20'

Analytical Method.....: PLM

Interior Color.....: WHITE

Gross Sample Appearance:

1. Homogeneous, Fibrous.....:
2. Homogeneous, Nonfibrous.....:
3. Heterogeneous, Fibrous.....:
4. Heterogeneous, Nonfibrous.....:
5. Heterogeneous, Mixed.....: YES

Sample Treatment:

1. Homogenized.....:
2. Untreated.....: YES

Amount of Material Examined (mg)..: 3 mg

Asbestos Present:

1. Amosite (%).....: NONE
2. Chrysotile (%).....: NONE
3. Crocidolite (%).....: NONE
4. Other (%).....: NONE

Total Asbestos Content (%).....: NONE

Other Fibrous Material Present:

- |                           |  |                   |
|---------------------------|--|-------------------|
| 1. Fiberglass.....:       |  | 4. Glass Wool...: |
| 2. Mineral Wool.....: YES |  | 5. Polyester...:  |
| 3. Cellulose.....: YES    |  | 6. Other.....:    |

Nonfibrous Material Present:

- |                       |  |                       |
|-----------------------|--|-----------------------|
| 1. Gypsum.....:       |  | 8. Perlite.....:      |
| 2. Silicates.....:    |  | 9. Diatoms.....:      |
| 3. Sand.....:         |  | 10. Pumice.....:      |
| 4. Cement.....:       |  | 11. Paint.....: YES   |
| 5. Mica.....:         |  | 12. Binders.....: YES |
| 6. Calcium Carbonate: |  | 13. Other.....:       |
| 7. Vermiculite.....:  |  |                       |

BSA-03  
R-90

DETAIL ASSOCIATES, INC.  
300 Grand Avenue  
Englewood, New Jersey 07631  
(201) 569-6708

>> BULK SAMPLE ANALYSIS REPORT <<

FORM-BBB

=====  
Client Name...: PATERSON BOARD OF EDUCATION Project No.....: 89-178-17  
Facility.....: PATERSON SCHOOL #6 Sampling Date...: 10/06/89  
Job Site Addr: 137 CARROLL STREET Hygienist.....: K.T.  
PATERSON, NJ 07501  
=====

Sample No.....: PAT-6-1006-01B Suspect Material: PIPE  
Floor No.....: BASE Material Desc...: PIPE  
Room No.....: Room Desc.....: KITCHEN Exterior Color...: WHITE  
Space No.....: 019 Sample Location Coordinates (Ft):  
Space Use.....: KITCHEN South...: East...: 9'  
Homogeneous ID T-1 North...: 10' West...:  
Height: 10'

Analytical Method.....: PLM

Interior Color.....: WHITE/TAN

Gross Sample Appearance:

1. Homogeneous, Fibrous.....: YES
2. Homogeneous, Nonfibrous.....:
3. Heterogeneous, Fibrous.....:
4. Heterogeneous, Nonfibrous.....:
5. Heterogeneous, Mixed.....:

Sample Treatment:

1. Homogenized.....:
2. Untreated.....: YES

Amount of Material Examined (mg): 3 mg

Asbestos Present:

1. Amosite (%).....: NONE
2. Chrysotile (%).....: NONE
3. Crocidolite (%).....: NONE
4. Other (%).....: NONE

Total Asbestos Content (%).....: NONE

Other Fibrous Material Present:

1. Fiberglass.....:
2. Mineral Wool.....:
3. Cellulose.....: YES
4. Glass Wool...:
5. Polyester...:
6. Other.....:

Nonfibrous Material Present:

1. Gypsum.....:
2. Silicates.....:
3. Sand.....:
4. Cement.....:
5. Mica.....:
6. Calcium Carbonate:
7. Vermiculite.....:
8. Perlite.....:
9. Diatoms.....:
10. Pumice.....:
11. Paint.....:
12. Binders.....: YES
13. Other.....:

Lab Analyst....: P.C.  
Date Analyzed..: 10/25/89

BSA-03  
MAR-90

DETAIL ASSOCIATES, INC.  
300 Grand Avenue  
Englewood, New Jersey 07631  
(201) 569-6708

>> BULK SAMPLE ANALYSIS REPORT <<

FORM-BBB

=====  
Client Name...: PATERSON BOARD OF EDUCATION Project No.....: 89-178-17  
Facility.....: PATERSON SCHOOL #6 Sampling Date...: 10/06/89  
Job Site Addr: 137 CARROLL STREET Hygienist.....: K.T.  
PATERSON, NJ 07501

Sample No.....: PAT-6-1006-02B Suspect Material: PIPE  
Floor No.....: BASE Material Desc...: PIPE  
Room No.....: Room Desc.....: KITCHEN Exterior Color...: WHITE  
Space No.....: 019 Sample Location Coordinates (Ft):  
Space Use.....: KITCHEN South...: East...: 9'  
Homogeneous ID T-1 North...: 11' West...:  
Height: 10'

Analytical Method.....: PLM

Interior Color.....: WHITE/TAN

Gross Sample Appearance:

1. Homogeneous, Fibrous.....: YES
2. Homogeneous, Nonfibrous.....:
3. Heterogeneous, Fibrous.....:
4. Heterogeneous, Nonfibrous.....:
5. Heterogeneous, Mixed.....:

Sample Treatment:

1. Homogenized.....:
2. Untreated.....: YES

Amount of Material Examined (mg)..: 3 mg

Asbestos Present:

1. Amosite (%).....: NONE
2. Chrysotile (%).....: NONE
3. Crocidolite (%).....: NONE
4. Other (%).....: NONE

Total Asbestos Content (%).....: NONE

Other Fibrous Material Present:

1. Fiberglass.....:
2. Mineral Wool.....:
3. Cellulose.....: YES
4. Glass Wool...:
5. Polyester...:
6. Other.....:

Nonfibrous Material Present:

1. Gypsum.....:
2. Silicates.....:
3. Sand.....:
4. Cement.....:
5. Mica.....:
6. Calcium Carbonate:
7. Vermiculite.....:
8. Perlite.....:
9. Diatoms.....:
10. Pumice.....:
11. Paint.....:
12. Binders.....: YES
13. Other.....:

Lab Analyst.....: P.C.  
Date Analyzed...: 10/25/89

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300 Grand Avenue  
Englewood, New Jersey 07631  
(201) 569-6708

>> BULK SAMPLE ANALYSIS REPORT <<

FORM-BBB

=====  
Client Name...: PATERSON BOARD OF EDUCATION Project No.....: 89-178-17  
Facility.....: PATERSON SCHOOL #6 Sampling Date...: 10/06/89  
Job Site Addr: 137 CARROLL STREET Hygienist.....: K.T.  
PATERSON, NJ 07501  
=====

Sample No.....: PAT-6-1006-03B Suspect Material: PIPE  
Floor No.....: BASE Material Desc...: PIPE  
Room No.....: Exterior Color...: WHITE  
Room Desc....: KITCHEN Sample Location Coordinates (Ft):  
Space No.....: 019 South...: East...: 1'  
Space Use....: KITCHEN North...: 11' West...:  
Homogeneous ID T-1 Height: 10'

Analytical Method.....: PLM

Interior Color.....: WHITE/TAN

Gross Sample Appearance:

1. Homogeneous, Fibrous.....: YES
2. Homogeneous, Nonfibrous.....:
3. Heterogeneous, Fibrous.....:
4. Heterogeneous, Nonfibrous.....:
5. Heterogeneous, Mixed.....:

Sample Treatment:

1. Homogenized.....:
2. Untreated.....: YES

Amount of Material Examined (mg): 3 mg

Asbestos Present:

1. Amosite (%).....: NONE
2. Chrysotile (%).....: NONE
3. Crocidolite (%).....: NONE
4. Other (%).....: NONE

Total Asbestos Content (%).....: NONE

Other Fibrous Material Present:

1. Fiberglass.....:
2. Mineral Wool.....:
3. Cellulose.....: YES
4. Glass Wool...:
5. Polyester...:
6. Other.....:

Nonfibrous Material Present:

1. Gypsum.....:
2. Silicates.....:
3. Sand.....:
4. Cement.....:
5. Mica.....:
6. Calcium Carbonate:
7. Vermiculite.....:
8. Perlite.....:
9. Diatoms.....:
10. Pumice.....:
11. Paint.....:
12. Binders.....: YES
13. Other.....:

Lab Analyst....: P.C.  
Date Analyzed...: 10/25/89

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DETAIL ASSOCIATES, INC.  
300 Grand Avenue  
Englewood, New Jersey 07631  
(201) 569-6708

>> BULK SAMPLE ANALYSIS REPORT <<

FORM-BBB

=====  
Client Name...: PATERSON BOARD OF EDUCATION Project No.....: 89-178-17  
Facility.....: PATERSON SCHOOL #6 Sampling Date...: 10/06/89  
Job Site Addr: 137 CARROLL STREET Hygienist.....: K.T.  
PATERSON, NJ 07501

Sample No.....: PAT-6-1006-04B Suspect Material: PIPE  
Floor No.....: BASE Material Desc...: ELBOW  
Room No.....: Room Desc.....: BOY'S LAV. Exterior Color...: WHITE  
Space No.....: 001A Sample Location Coordinates (Ft):  
Space Use.....: PIPE CHASE South...: East...:  
Homogeneous ID T-2 North...: 1' West...: 8'  
Height: 5'

Analytical Method.....: PLM

Interior Color.....: WHITE

Gross Sample Appearance:

1. Homogeneous, Fibrous.....: YES
2. Homogeneous, Nonfibrous.....:
3. Heterogeneous, Fibrous.....:
4. Heterogeneous, Nonfibrous.....:
5. Heterogeneous, Mixed.....:

Sample Treatment:

1. Homogenized.....:
2. Untreated.....: YES

Amount of Material Examined (mg)..: 3 mg

Asbestos Present:

1. Amosite (%).....: NONE
2. Chrysotile (%).....: NONE
3. Crocidolite (%).....: NONE
4. Other (%).....: NONE

Total Asbestos Content (%).....: NONE

Other Fibrous Material Present:

1. Fiberglass.....:
2. Mineral Wool.....: YES
3. Cellulose.....: YES
4. Glass Wool...:
5. Polyester...:
6. Other.....:

Nonfibrous Material Present:

1. Gypsum.....:
2. Silicates.....:
3. Sand.....:
4. Cement.....:
5. Mica.....:
6. Calcium Carbonate:
7. Vermiculite.....:
8. Perlite.....:
9. Diatoms.....:
10. Pumice.....:
11. Paint.....:
12. Binders.....: YES
13. Other.....:

Lab Analyst.....: P.C.  
Date Analyzed...: 10/25/89

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>> BULK SAMPLE ANALYSIS REPORT <<

FORM-BBB

=====  
Client Name...: PATERSON BOARD OF EDUCATION Project No.....: 89-178-17  
Facility.....: PATERSON SCHOOL #6 Sampling Date...: 10/06/89  
Job Site Addr: 137 CARROLL STREET Hygienist.....: K.T.  
PATERSON, NJ 07501

Sample No.....: PAT-6-1006-05B Suspect Material: PIPE  
Floor No.....: BASE Material Desc...: ELBOW  
Room No.....: Exterior Color...: WHITE  
Room Desc.....: BOY'S LAV. Sample Location Coordinates (Ft):  
Space No.....: 001A South...: East...:  
Space Use.....: PIPE CHASE North...: 2' West...: 8'  
Homogeneous ID T-2 Height: 3'

Analytical Method.....: PLM

Interior Color.....: WHITE

Gross Sample Appearance:

1. Homogeneous, Fibrous.....: YES
2. Homogeneous, Nonfibrous.....:
3. Heterogeneous, Fibrous.....:
4. Heterogeneous, Nonfibrous.....:
5. Heterogeneous, Mixed.....:

Sample Treatment:

1. Homogenized.....:
2. Untreated.....: YES

Amount of Material Examined (mg)..: 3 mg

Asbestos Present:

1. Amosite (%).....: NONE
2. Chrysotile (%).....: NONE
3. Crocidolite (%).....: NONE
4. Other (%).....: NONE

Total Asbestos Content (%).....: NONE

Other Fibrous Material Present:

1. Fiberglass.....:
2. Mineral Wool.....: YES
3. Cellulose.....: YES
4. Glass Wool...:
5. Polyester...:
6. Other.....:

Nonfibrous Material Present:

1. Gypsum.....:
2. Silicates.....:
3. Sand.....:
4. Cement.....:
5. Mica.....:
6. Calcium Carbonate:
7. Vermiculite.....:
8. Perlite.....:
9. Diatoms.....:
10. Pumice.....:
11. Paint.....:
12. Binders.....: YES
13. Other.....: ALUMINIUM

Lab Analyst.....: P.C.  
Date Analyzed...: 10/25/89

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>> BULK SAMPLE ANALYSIS REPORT <<

FORM-BBB

=====  
Client Name...: PATERSON BOARD OF EDUCATION Project No.....: 89-178-17  
Facility.....: PATERSON SCHOOL #6 Sampling Date...: 10/06/89  
Job Site Addr: 137 CARROLL STREET Hygienist.....: K.T.  
PATERSON, NJ 07501

Sample No.....: PAT-6-1006-06B Suspect Material: PIPE  
Floor No.....: BASE Material Desc...: LAYIN CEIL TILE  
Room No.....: Room Desc.....: BOY'S LAV. Exterior Color...: WHITE  
Space No.....: 001 Sample Location Coordinates (Ft):  
Space Use.....: BOY'S LAV. South...: 16' East...: 4'  
Homogeneous ID C-1 North...: West...:  
Height: 9'

Analytical Method.....: PLM

Interior Color.....: WHITE

Gross Sample Appearance:

1. Homogeneous, Fibrous.....: YES
2. Homogeneous, Nonfibrous.....:
3. Heterogeneous, Fibrous.....:
4. Heterogeneous, Nonfibrou
5. Heterogeneous, Mixed.....:

Sample Treatment:

1. Homogenized.....:
2. Untreated.....: YES

Amount of Material Examined (mg)..: 3 mg

Asbestos Present:

1. Amosite (%).....: NONE
2. Chrysotile (%).....: NONE
3. Crocidolite (%).....: NONE
4. Other (%).....: NONE

Total Asbestos Content (%).....: NONE

Other Fibrous Material Present:

1. Fiberglass.....:
2. Mineral Wool.....: YES
3. Cellulose.....: YES
4. Glass Wool...:
5. Polyester...:
6. Other.....:

Nonfibrous Material Present:

1. Gypsum.....:
2. Silicates.....:
3. Sand.....:
4. Cement.....:
5. Mica.....:
6. Calcium Carbonate:
7. Vermiculite.....:
8. Perlite.....: YES
9. Diatoms.....:
10. Pumice.....:
11. Paint.....: YES
12. Binders.....: YES
13. Other.....:

Lab Analyst.....: P.C.  
Date Analyzed...: 10/25/89

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>> BULK SAMPLE ANALYSIS REPORT <<

FORM-BBB

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Client Name...: PATERSON BOARD OF EDUCATION Project No.....: 89-178-17  
Facility.....: PATERSON SCHOOL #6 Sampling Date...: 10/06/89  
Job Site Addr: 137 CARROLL STREET Hygienist.....: K.T.  
PATERSON, NJ 07501

Sample No.....: PAT-6-1006-07B Suspect Material: PIPE  
Floor No.....: BASE Material Desc...: FL MASTIC/LEV COM  
Room No.....: Room Desc.....: GYM Exterior Color...: BLACK  
Space No.....: 017 Sample Location Coordinates (Ft):  
Space Use.....: GYM South...: East...: 15'  
Homogeneous ID M-1 North...: 20 West...: Height: 0

Analytical Method.....: PLM

Interior Color.....: BLACK

Gross Sample Appearance:

1. Homogeneous, Fibrous.....:
2. Homogeneous, Nonfibrous.....:
3. Heterogeneous, Fibrous.....:
4. Heterogeneous, Nonfibrous.....: YES
5. Heterogeneous, Mixed.....:

Sample Treatment:

1. Homogenized.....:
2. Untreated.....: YES

Amount of Material Examined (mg)..: 3 mg

Asbestos Present:

1. Amosite (%).....: NONE
2. Chrysotile (%).....: NONE
3. Crocidolite (%).....: NONE
4. Other (%).....: NONE

Total Asbestos Content (%).....: NONE

Other Fibrous Material Present:

1. Fiberglass.....:
2. Mineral Wool.....:
3. Cellulose.....:
4. Glass Wool...:
5. Polyester...:
6. Other.....:

Nonfibrous Material Present:

1. Gypsum.....:
2. Silicates.....: YES
3. Sand.....:
4. Cement.....:
5. Mica.....:
6. Calcium Carbonate:
7. Vermiculite.....:
8. Perlite.....:
9. Diatoms.....:
10. Pumice.....:
11. Paint.....:
12. Binders.....: YES
13. Other.....: TAR/GLUE

Lab Analyst.....: P.C.  
Date Analyzed...: 10/25/89



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>> BULK SAMPLE ANALYSIS REPORT <<

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Client Name...: PATERSON BOARD OF EDUCATION Project No.....: 89-178-17  
Facility.....: PATERSON SCHOOL #6 Sampling Date...: 10/06/89  
Job Site Addr: 137 CARROLL STREET Hygienist.....: K.T.  
PATERSON, NJ 07501

Sample No.....: PAT-6-1006-08B Suspect Material: PIPE  
Floor No.....: BASE Material Desc...: FL MASTIC/LEV COM  
Room No.....: Exterior Color...: BLACK  
Room Desc....: GYM Sample Location Coordinates (Ft):  
Space No.....: 017 South...: East...: 3'  
Space Use....: GYM North...: 25' West...:  
Homogeneous ID M-1 Height: 0

Analytical Method.....: PLM

Interior Color.....: BLACK

Gross Sample Appearance:

- 1. Homogeneous, Fibrous.....:
- 2. Homogeneous, Nonfibrous.....:
- 3. Heterogeneous, Fibrous.....:
- 4. Heterogeneous, Nonfibrous.....: YES
- 5. Heterogeneous, Mixed.....:

Sample Treatment:

- 1. Homogenized.....:
- 2. Untreated.....: YES

Amount of Material Examined (mg)..: 3 mg

Asbestos Present:

- 1. Amosite (%).....: NONE
- 2. Chrysotile (%).....: NONE
- 3. Crocidolite (%).....: NONE
- 4. Other (%).....: NONE

Total Asbestos Content (%).....: NONE

Other Fibrous Material Present:

- 1. Fiberglass.....:
- 2. Mineral Wool.....:
- 3. Cellulose.....:
- 4. Glass Wool...:
- 5. Polyester...:
- 6. Other.....:

Nonfibrous Material Present:

- 1. Gypsum.....:
- 2. Silicates.....: YES
- 3. Sand.....:
- 4. Cement.....:
- 5. Mica.....:
- 6. Calcium Carbonate:
- 7. Vermiculite.....:
- 8. Perlite.....:
- 9. Diatoms.....:
- 10. Pumice.....:
- 11. Paint.....:
- 12. Binders.....: YES
- 13. Other.....: TAR/GLUE

Lab Analyst.....: P.C.  
Date Analyzed...: 10/25/89

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>> BULK SAMPLE ANALYSIS REPORT <<

FORM-BBB

=====  
Client Name...: PATERSON BOARD OF EDUCATION Project No.....: 89-178-17  
Facility.....: PATERSON SCHOOL #6 Sampling Date...: 10/06/89  
Job Site Addr: 137 CARROLL STREET Hygienist.....: K.T.  
PATERSON, NJ 07501

Sample No.....: PAT-6-1006-09B Suspect Material: PIPE  
Floor No.....: BASE Material Desc...: FL MASTIC/LEV COM  
Room No.....: Exterior Color...: BLACK  
Room Desc....: GYM Sample Location Coordinates (Ft):  
Space No.....: 017 South...: East...:  
Space Use....: GYM North...: 14' West...: 1'  
Homogeneous ID M-1 Height: 0

Analytical Method.....: PLM

Interior Color.....: BLACK

Gross Sample Appearance:

- 1. Homogeneous, Fibrous.....:
- 2. Homogeneous, Nonfibrous.....:
- 3. Heterogeneous, Fibrous.....:
- 4. Heterogeneous, Nonfibrous.....: YES
- 5. Heterogeneous, Mixed.....:

Sample Treatment:

- 1. Homogenized.....:
- 2. Untreated.....: YES

Amount of Material Examined (mg): 3 mg

Asbestos Present:

- 1. Amosite (%).....: NONE
- 2. Chrysotile (%).....: NONE
- 3. Crocidolite (%).....: NONE
- 4. Other (%).....: NONE

Total Asbestos Content (%).....: NONE

Other Fibrous Material Present:

- 1. Fiberglass.....:
- 2. Mineral Wool.....:
- 3. Cellulose.....:
- 4. Glass Wool...:
- 5. Polyester...:
- 6. Other.....:

Nonfibrous Material Present:

- 1. Gypsum.....:
- 2. Silicates.....: YES
- 3. Sand.....:
- 4. Cement.....:
- 5. Mica.....:
- 6. Calcium Carbonate:
- 7. Vermiculite.....:
- 8. Perlite.....:
- 9. Diatoms.....:
- 10. Pumice.....:
- 11. Paint.....:
- 12. Binders.....: YES
- 13. Other.....: TAR/GLUE

Lab Analyst....: P.C.  
Date Analyzed...: 10/25/89

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Englewood, New Jersey 07631  
(201) 569-6708

>> BULK SAMPLE ANALYSIS REPORT <<

FORM-BBB

=====  
Client Name...: PATERSON BOARD OF EDUCATION Project No.....: 89-178-17  
Facility.....: PATERSON SCHOOL #6 Sampling Date...: 10/06/89  
Job Site Addr: 137 CARROLL STREET Hygienist.....: K.T.  
PATERSON, NJ 07501  
=====

Sample No....: PAT-6-1006-10B Suspect Material: PIPE  
Floor No.....: BASE Material Desc...: LAYIN CEIL TILE  
Room No.....: Room Desc....: GIRL'S LAV Exterior Color...: WHITE  
Space No.....: 014 Sample Location Coordinates (Ft):  
Space Use....: GIRL'S LAV South...: East...:  
Homogeneous ID C-1 North...: 5' West...: 1'  
Height: 8'

Analytical Method.....: PLM

Interior Color.....: WHITE

Gross Sample Appearance:

1. Homogeneous, Fibrous.....: YES
2. Homogeneous, Nonfibrous.....:
3. Heterogeneous, Fibrous.....:
4. Heterogeneous, Nonfibrou
5. Heterogeneous, Mixed.....:

Sample Treatment:

1. Homogenized.....:
2. Untreated.....: YES

Amount of Material Examined (mg): 3 mg

Asbestos Present:

1. Amosite (%).....: NONE
2. Chrysotile (%).....: NONE
3. Crocidolite (%).....: NONE
4. Other (%).....: NONE

Total Asbestos Content (%).....: NONE

Other Fibrous Material Present:

1. Fiberglass.....:
2. Mineral Wool.....: YES
3. Cellulose.....: YES
4. Glass Wool...:
5. Polyester...:
6. Other.....:

Nonfibrous Material Present:

1. Gypsum.....:
2. Silicates.....:
3. Sand.....:
4. Cement.....:
5. Mica.....:
6. Calcium Carbonate:
7. Vermiculite.....:
8. Perlite.....: YES
9. Diatoms.....:
10. Pumice.....:
11. Paint.....: YES
12. Binders.....: YES
13. Other.....:

Lab Analyst....: P.C.  
Date Analyzed..: 10/25/89

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>> BULK SAMPLE ANALYSIS REPORT <<

FORM-BBB

=====  
Client Name...: PATERSON BOARD OF EDUCATION Project No.....: 89-178-17  
Facility.....: PATERSON SCHOOL #6 Sampling Date...: 10/06/89  
Job Site Addr: 137 CARROLL STREET Hygienist.....: K.T.  
PATERSON, NJ 07501

Sample No.....: PAT-6-1006-11B Suspect Material: PIPE  
Floor No.....: THIRD Material Desc...: PLS/CMT/WALL/CEIL  
Room No.....: 306 Exterior Color...: BLUE  
Room Desc....: CLASSROOM Sample Location Coordinates (Ft):  
Space No.....: 306 South...: East...: 1'  
Space Use....: CLASSROOM North...: West...:  
Homogeneous ID P-1 Height: 9'

Analytical Method.....: PLM

Interior Color.....: WHITE/BLUE

Gross Sample Appearance:

1. Homogeneous, Fibrous.....
2. Homogeneous, Nonfibrous.....: YES
3. Heterogeneous, Fibrous.....
4. Heterogeneous, Nonfibrous.....
5. Heterogeneous, Mixed.....

Sample Treatment:

1. Homogenized.....
2. Untreated.....: YES

Amount of Material Examined (mg): 3 mg

Asbestos Present:

1. Amosite (%).....: NONE
2. Chrysotile (%).....: NONE
3. Crocidolite (%).....: NONE
4. Other (%).....: NONE

Total Asbestos Content (%).....: NONE

Other Fibrous Material Present:

1. Fiberglass.....
2. Mineral Wool.....
3. Cellulose.....
4. Glass Wool...
5. Polyester...
6. Other.....

Nonfibrous Material Present:

1. Gypsum.....
2. Silicates.....: YES
3. Sand.....
4. Cement.....
5. Mica.....
6. Calcium Carbonate:
7. Vermiculite.....
8. Perlite.....
9. Diatoms.....
10. Pumice.....
11. Paint.....: YES
12. Binders.....: YES
13. Other.....

Lab Analyst.....: P.C.  
Date Analyzed...: 10/25/89

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>> BULK SAMPLE ANALYSIS REPORT <<

FORM-BBB

Client Name...: PATERSON BOARD OF EDUCATION Project No.....: 89-178-17  
Facility.....: PATERSON SCHOOL #6 Sampling Date...: 10/06/89  
Job Site Addr: 137 CARROLL STREET Hygienist.....: K.T.  
PATERSON, NJ 07501

Sample No.....: PAT-6-1006-12B Suspect Material: PIPE  
Floor No.....: THIRD Material Desc...: LAYIN CEIL TILE  
Room No.....: 306 Exterior Color...: WHITE  
Room Desc....: CLASSROOM Sample Location Coordinates (Ft):  
Space No.....: 306 South...: 1' East...: 1'  
Space Use....: CLASSROOM North...: West...:  
Homogeneous ID C-1 Height: 9'

Analytical Method.....: PLM

Interior Color.....: WHITE

Gross Sample Appearance:

1. Homogeneous, Fibrous.....: YES
2. Homogeneous, Nonfibrous.....:
3. Heterogeneous, Fibrous.....:
4. Heterogeneous, Nonfibrou
5. Heterogeneous, Mixed.....:

Sample Treatment:

1. Homogenized.....:
2. Untreated.....: YES

Amount of Material Examined (mg)..: 3 mg

Asbestos Present:

1. Amosite (%).....: NONE
2. Chrysotile (%).....: NONE
3. Crocidolite (%).....: NONE
4. Other (%).....: NONE

Total Asbestos Content (%).....: NONE

Other Fibrous Material Present:

1. Fiberglass.....:
2. Mineral Wool.....: YES
3. Cellulose.....: YES
4. Glass Wool...:
5. Polyester...:
6. Other.....:

Nonfibrous Material Present:

1. Gypsum.....:
2. Silicates.....:
3. Sand.....:
4. Cement.....:
5. Mica.....:
6. Calcium Carbonate:
7. Vermiculite.....:
8. Perlite.....: YES
9. Diatoms.....:
10. Pumice.....:
11. Paint.....: YES
12. Binders.....: YES
13. Other.....:

Lab Analyst.....: P.C.  
Date Analyzed...: 10/25/89

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>> BULK SAMPLE ANALYSIS REPORT <<

FORM-BBB

=====  
Client Name...: PATERSON BOARD OF EDUCATION Project No.....: 89-178-17  
Facility.....: PATERSON SCHOOL #6 Sampling Date...: 10/06/89  
Job Site Addr: 137 CARROLL STREET Hygienist.....: K.T.  
PATERSON, NJ 07501

Sample No.....: PAT-6-1006-13B Suspect Material: PIPE  
Floor No.....: THIRD Material Desc...: PLS/CMT/WALL/CEIL  
Room No.....: 309 Exterior Color...: BLUE  
Room Desc....: CLASSROOM Sample Location Coordinates (Ft):  
Space No.....: 309 South...: 14' East...:  
Space Use....: CLASSROOM North...: West...:  
Homogeneous ID P-1 Height: 4'

Analytical Method.....: PLM

Interior Color.....: WHITE/BLUE

Gross Sample Appearance:

1. Homogeneous, Fibrous.....:  
2. Homogeneous, Nonfibrous.....:  
3. Heterogeneous, Fibrous.....:  
4. Heterogeneous, Nonfibrous.....: YES  
5. Heterogeneous, Mixed.....:

Sample Treatment:

1. Homogenized.....:  
2. Untreated.....: YES

Amount of Material Examined (mg): 3 mg

Asbestos Present:

1. Amosite (%).....: NONE  
2. Chrysotile (%).....: NONE  
3. Crocidolite (%).....: NONE  
4. Other (%).....: NONE

Total Asbestos Content (%): NONE

Other Fibrous Material Present:

1. Fiberglass.....: 4. Glass Wool...:  
2. Mineral Wool.....: 5. Polyester...:  
3. Cellulose.....: 6. Other.....: HORSE HAIR

Nonfibrous Material Present:

1. Gypsum.....: 8. Perlite.....:  
2. Silicates.....: YES 9. Diatoms.....:  
3. Sand.....: 10. Pumice.....:  
4. Cement.....: 11. Paint.....: YES  
5. Mica.....: 12. Binders.....: YES  
6. Calcium Carbonate: 13. Other.....:  
7. Vermiculite.....:

Lab Analyst.....: P.C.  
Date Analyzed...: 10/25/89

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(201) 569-6708

>> BULK SAMPLE ANALYSIS REPORT <<

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=====  
Client Name...: PATERSON BOARD OF EDUCATION Project No.....: 89-178-17  
Facility.....: PATERSON SCHOOL #6 Sampling Date...: 10/06/89  
Job Site Addr: 137 CARROLL STREET Hygienist.....: K.T.  
PATERSON, NJ 07501

Sample No.....: PAT-6-1006-14B Suspect Material: PIPE  
Floor No.....: THIRD Material Desc...: PLS/CMT/WALL/CEIL  
Room No.....: 311 Exterior Color...: BLUE  
Room Desc....: CLASSROOM Sample Location Coordinates (Ft):  
Space No.....: 311 South...: East...: 7'  
Space Use....: CLASSROOM North...: West...:  
Homogeneous ID P-1 Height: 8'

Analytical Method.....: PLM

Interior Color.....: WHITE/BLUE

Gross Sample Appearance:

1. Homogeneous, Fibrous.....:
2. Homogeneous, Nonfibrous.....:
3. Heterogeneous, Fibrous.....:
4. Heterogeneous, Nonfibrous.....: YES
5. Heterogeneous, Mixed.....:

Sample Treatment:

1. Homogenized.....:
2. Untreated.....: YES

Amount of Material Examined (mg): 3 mg

Asbestos Present:

1. Amosite (%).....: NONE
2. Chrysotile (%).....: NONE
3. Crocidolite (%).....: NONE
4. Other (%).....: NONE

Total Asbestos Content (%).....: NONE

Other Fibrous Material Present:

1. Fiberglass.....:
2. Mineral Wool.....:
3. Cellulose.....:
4. Glass Wool...:
5. Polyester...:
6. Other.....: HORSE HAIR

Nonfibrous Material Present:

1. Gypsum.....:
2. Silicates.....: YES
3. Sand.....:
4. Cement.....:
5. Mica.....:
6. Calcium Carbonate:
7. Vermiculite.....:
8. Perlite.....:
9. Diatoms.....:
10. Pumice.....:
11. Paint.....: YES
12. Binders.....: YES
13. Other.....:

Lab Analyst.....: P.C.  
Date Analyzed...: 10/25/89

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DETAIL ASSOCIATES, INC.  
300 Grand Avenue  
Englewood, New Jersey 07631  
(201) 569-6708

>> BULK SAMPLE ANALYSIS REPORT <<

FORM-BBB

=====  
Client Name...: PATERSON BOARD OF EDUCATION Project No.....: 89-178-17  
Facility.....: PATERSON SCHOOL #6 Sampling Date...: 10/06/89  
Job Site Addr: 137 CARROLL STREET Hygienist.....: K.T.  
PATERSON, NJ 07501

Sample No.....: PAT-6-1006-15B Suspect Material: PIPE  
Floor No.....: THIRD Material Desc...: LAYIN CEIL TILE  
Room No.....: Room Desc.....: CORRIDOR Exterior Color...: WHITE  
Space No.....: 324 Sample Location Coordinates (Ft):  
Space Use.....: CORRIDOR South...: 25' East...:  
Homogeneous ID C-1 North...: West...: 1'  
Height: 9'

Analytical Method.....: PLM

Interior Color.....: WHITE

Gross Sample Appearance:

- 1. Homogeneous, Fibrous.....: YES
- 2. Homogeneous, Nonfibrous.....:
- 3. Heterogeneous, Fibrous.....:
- 4. Heterogeneous, Nonfibrous.....:
- 5. Heterogeneous, Mixed.....:

Sample Treatment:

- 1. Homogenized.....:
- 2. Untreated.....: YES

Amount of Material Examined (mg)..: 3 mg

Asbestos Present:

- 1. Amosite (%).....: NONE
- 2. Chrysotile (%).....: NONE
- 3. Crocidolite (%).....: NONE
- 4. Other (%).....: NONE

Total Asbestos Content (%).....: NONE

Other Fibrous Material Present:

- 1. Fiberglass.....:
- 2. Mineral Wool.....: YES
- 3. Cellulose.....: YES
- 4. Glass Wool...:
- 5. Polyester...:
- 6. Other.....:

Nonfibrous Material Present:

- 1. Gypsum.....:
- 2. Silicates.....:
- 3. Sand.....:
- 4. Cement.....:
- 5. Mica.....:
- 6. Calcium Carbonate:
- 7. Vermiculite.....:
- 8. Perlite.....: YES
- 9. Diatoms.....:
- 10. Pumice.....:
- 11. Paint.....: YES
- 12. Binders.....: YES
- 13. Other.....:

Lab Analyst.....: P.C.  
Date Analyzed...: 10/25/89



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(201) 569-6708

>> BULK SAMPLE ANALYSIS REPORT <<

FORM-BBB

=====  
Client Name...: PATERSON BOARD OF EDUCATION Project No.....: 89-178-17  
Facility.....: PATERSON SCHOOL #6 Sampling Date...: 10/06/89  
Job Site Addr: 137 CARROLL STREET Hygienist.....: K.T.  
PATERSON, NJ 07501

Sample No.....: PAT-6-1006-16B Suspect Material: PIPE  
Floor No.....: THIRD Material Desc...: PLS/CMT/WALL/CEIL  
Room No.....: Room Desc.....: CORRIDOR Exterior Color...: TAN  
Space No.....: 324 Sample Location Coordinates (Ft):  
Space Use.....: CORRIDOR South...: 20' East...:  
Homogeneous ID P-1 North...: West...: 0  
Height: 9'

Analytical Method.....: PLM

Interior Color.....: WHITE/TAN

Gross Sample Appearance:

1. Homogeneous, Fibrous.....:  
2. Homogeneous, Nonfibrous.....:  
3. Heterogeneous, Fibrous.....:  
4. Heterogeneous, Nonfibrous.....: YES  
5. Heterogeneous, Mixed.....:

Sample Treatment:

1. Homogenized.....:  
2. Untreated.....: YES

Amount of Material Examined (mg): 3 mg

Asbestos Present:

1. Amosite (%).....: NONE  
2. Chrysotile (%).....: NONE  
3. Crocidolite (%).....: NONE  
4. Other (%).....: NONE

Total Asbestos Content (%).....: NONE

Other Fibrous Material Present:

1. Fiberglass.....: 4. Glass Wool...:  
2. Mineral Wool.....: 5. Polyester...:  
3. Cellulose.....: 6. Other.....: HORSE HAIR

Nonfibrous Material Present:

1. Gypsum.....: 8. Perlite.....:  
2. Silicates.....: YES 9. Diatoms.....:  
3. Sand.....: 10. Pumice.....:  
4. Cement.....: 11. Paint.....: YES  
5. Mica.....: 12. Binders.....: YES  
6. Calcium Carbonate: 13. Other.....:  
7. Vermiculite.....:

Lab Analyst.....: P.C.  
Date Analyzed...: 10/25/89

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Englewood, New Jersey 07631  
(201) 569-6708

>> BULK SAMPLE ANALYSIS REPORT <<

FORM-BBB

=====  
Client Name...: PATERSON BOARD OF EDUCATION Project No.....: 89-178-17  
Facility.....: PATERSON SCHOOL #6 Sampling Date...: 10/06/89  
Job Site Addr: 137 CARROLL STREET Hygienist.....: K.T.  
PATERSON, NJ 07501

Sample No.....: PAT-6-1006-17B Suspect Material: PIPE  
Floor No.....: THIRD Material Desc...: ELBOW  
Room No.....: Exterior Color...: WHITE  
Room Desc....: GIRL'S LAV Sample Location Coordinates (Ft):  
Space No.....: 318A South...: East...:  
Space Use....: PIPE CHASE North...: 1' West...: 6'  
Homogeneous ID T-2 Height: 4'

Analytical Method.....: PLM

Interior Color.....: WHITE

Gross Sample Appearance:

1. Homogeneous, Fibrous.....: YES
2. Homogeneous, Nonfibrous.....:
3. Heterogeneous, Fibrous.....:
4. Heterogeneous, Nonfibrous.....:
5. Heterogeneous, Mixed.....:

Sample Treatment:

1. Homogenized.....:
2. Untreated.....: YES

Amount of Material Examined (mg)..: 3 mg

Asbestos Present:

1. Amosite (%).....: NONE
2. Chrysotile (%).....: NONE
3. Crocidolite (%).....: NONE
4. Other (%).....: NONE

Total Asbestos Content (%).....: NONE

Other Fibrous Material Present:

1. Fiberglass.....:
2. Mineral Wool.....: YES
3. Cellulose.....:
4. Glass Wool...:
5. Polyester...:
6. Other.....:

Nonfibrous Material Present:

1. Gypsum.....:
2. Silicates.....:
3. Sand.....:
4. Cement.....:
5. Mica.....:
6. Calcium Carbonate:
7. Vermiculite.....:
8. Perlite.....:
9. Diatoms.....:
10. Pumice.....:
11. Paint.....:
12. Binders.....: YES
13. Other.....:

Lab Analyst.....: P.C.  
Date Analyzed...: 10/25/89

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>> BULK SAMPLE ANALYSIS REPORT <<

FORM-BBB

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Client Name...: PATERSON BOARD OF EDUCATION Project No.....: 89-178-17  
Facility.....: PATERSON SCHOOL #6 Sampling Date...: 10/06/89  
Job Site Addr: 137 CARROLL STREET Hygienist.....: K.T.  
PATERSON, NJ 07501

Sample No.....: PAT-6-1006-18B Suspect Material: PIPE  
Floor No.....: SECOND Material Desc...: VINYL FLOOR TILE  
Room No.....: 212 Exterior Color...: WHITE  
Room Desc....: CLASSROOM Sample Location Coordinates (Ft):  
Space No.....: 212 South...: East...:  
Space Use....: CLASSROOM North...: 6' West...: 1'  
Homogeneous ID F-1 Height: 0

Analytical Method.....: PLM

Interior Color.....: WHITE/GRAY

Gross Sample Appearance:

1. Homogeneous, Fibrous.....:
2. Homogeneous, Nonfibrous.....: YES
3. Heterogeneous, Fibrous.....:
4. Heterogeneous, Nonfibrous.....:
5. Heterogeneous, Mixed.....:

Sample Treatment:

1. Homogenized.....:
2. Untreated.....: YES

Amount of Material Examined (mg)..: 3 mg

Asbestos Present:

1. Amosite (%).....: NONE
2. Chrysotile (%).....: NONE
3. Crocidolite (%).....: NONE
4. Other (%).....: NONE

Total Asbestos Content (%).....: NONE

Other Fibrous Material Present:

1. Fiberglass.....:
2. Mineral Wool.....:
3. Cellulose.....: YES
4. Glass Wool...:
5. Polyester...:
6. Other.....:

Nonfibrous Material Present:

1. Gypsum.....:
2. Silicates.....: YES
3. Sand.....:
4. Cement.....:
5. Mica.....:
6. Calcium Carbonate:
7. Vermiculite.....:
8. Perlite.....:
9. Diatoms.....:
10. Pumice.....:
11. Paint.....:
12. Binders.....: YES
13. Other.....:

Lab Analyst....: P.C.  
Date Analyzed..: 10/25/89

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>> BULK SAMPLE ANALYSIS REPORT <<

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Client Name...: PATERSON BOARD OF EDUCATION Project No.....: 89-178-17  
Facility.....: PATERSON SCHOOL #6 Sampling Date...: 10/06/89  
Job Site Addr: 137 CARROLL STREET Hygienist.....: K.T.  
PATERSON, NJ 07501

Sample No.....: PAT-6-1006-19B Suspect Material: PIPE  
Floor No.....: SECOND Material Desc...: VINYL FLOOR TILE  
Room No.....: 215 Exterior Color..: WHITE  
Room Desc....: CLASSROOM Sample Location Coordinates (Ft):  
Space No.....: 215 South...: East...: 1'  
Space Use....: CLASSROOM North...: 8' West...:  
Homogeneous ID F-1 Height: 0

Analytical Method.....: PLM

Interior Color.....: WHITE/GRAY

Gross Sample Appearance:

1. Homogeneous, Fibrous.....:
2. Homogeneous, Nonfibrous.....: YES
3. Heterogeneous, Fibrous.....:
4. Heterogeneous, Nonfibrous.....:
5. Heterogeneous, Mixed.....:

Sample Treatment:

1. Homogenized.....:
2. Untreated.....: YES

Amount of Material Examined (mg)..: 3 mg

Asbestos Present:

1. Amosite (%).....: NONE
2. Chrysotile (%).....: NONE
3. Crocidolite (%).....: NONE
4. Other (%).....: NONE

Total Asbestos Content (%).....: NONE

Other Fibrous Material Present:

1. Fiberglass.....:
2. Mineral Wool.....:
3. Cellulose.....: YES
4. Glass Wool...:
5. Polyester...:
6. Other.....:

Nonfibrous Material Present:

1. Gypsum.....:
2. Silicates.....: YES
3. Sand.....:
4. Cement.....:
5. Mica.....:
6. Calcium Carbonate:
7. Vermiculite.....:
8. Perlite.....:
9. Diatoms.....:
10. Pumice.....:
11. Paint.....:
12. Binders.....: YES
13. Other.....:

Lab Analyst.....: P.C.  
Date Analyzed...: 10/25/89

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>> BULK SAMPLE ANALYSIS REPORT <<

FORM-BBB

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Client Name...: PATERSON BOARD OF EDUCATION Project No.....: 89-178-17  
Facility.....: PATERSON SCHOOL #6 Sampling Date...: 10/06/89  
Job Site Addr: 137 CARROLL STREET Hygienist.....: K.T.  
PATERSON, NJ 07501

Sample No.....: PAT-6-1006-20B Suspect Material: PIPE  
Floor No.....: SECOND Material Desc...: VINYL FLOOR TILE  
Room No.....: 215 Exterior Color...: WHITE  
Room Desc.....: CLASSROOM Sample Location Coordinates (Ft):  
Space No.....: 215 South...: East...: 1'  
Space Use.....: CLASSROOM North...: 10' West...:  
Homogeneous ID F-1 Height: 0

Analytical Method.....: PLM

Interior Color.....: WHITE/GRAY

Gross Sample Appearance:

1. Homogeneous, Fibrous.....
2. Homogeneous, Nonfibrous..... YES
3. Heterogeneous, Fibrous.....
4. Heterogeneous, Nonfibrous.....
5. Heterogeneous, Mixed.....

Sample Treatment:

1. Homogenized.....
2. Untreated..... YES

Amount of Material Examined (mg)..: 3 mg

Asbestos Present:

1. Amosite (%)..... NONE
2. Chrysotile (%)..... NONE
3. Crocidolite (%)..... NONE
4. Other (%)..... NONE

Total Asbestos Content (%).....: NONE

Other Fibrous Material Present:

1. Fiberglass.....
2. Mineral Wool.....
3. Cellulose..... YES
4. Glass Wool...
5. Polyester...
6. Other.....

Nonfibrous Material Present:

1. Gypsum.....
2. Silicates..... YES
3. Sand.....
4. Cement.....
5. Mica.....
6. Calcium Carbonate:
7. Vermiculite.....
8. Perlite.....
9. Diatoms.....
10. Pumice.....
11. Paint.....
12. Binders..... YES
13. Other.....

Lab Analyst.....: P.C.  
Date Analyzed...: 10/25/89

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(201) 569-6708

>> BULK SAMPLE ANALYSIS REPORT <<

FORM-BBB

=====  
Client Name...: PATERSON BOARD OF EDUCATION Project No.....: 89-178-17  
Facility.....: PATERSON SCHOOL #6 Sampling Date...: 10/06/89  
Job Site Addr: 137 CARROLL STREET Hygienist.....: K.T.  
PATERSON, NJ 07501  
=====

Sample No.....: PAT-6-1006-21B Suspect Material: PIPE  
Floor No.....: SECOND Material Desc...: GLUE ON CEIL TILE  
Room No.....: 212 Exterior Color...: WHITE  
Room Desc....: CLASSROOM Sample Location Coordinates (Ft):  
Space No.....: 212 South...: East...:  
Space Use....: CLASSROOM North...: 6' West...: 1'  
Homogeneous ID C-2 Height: 9'

Analytical Method.....: PLM

Interior Color.....: WHITE/TAN

Gross Sample Appearance:

1. Homogeneous, Fibrous.....:
2. Homogeneous, Nonfibrous.....:
3. Heterogeneous, Fibrous.....:
4. Heterogeneous, Nonfibrous.....:
5. Heterogeneous, Mixed.....: YES

Sample Treatment:

1. Homogenized.....:
2. Untreated.....: YES

Amount of Material Examined (mg):: 3 mg

Asbestos Present:

1. Amosite (%).....: NONE
2. Chrysotile (%).....: NONE
3. Crocidolite (%).....: NONE
4. Other (%).....: NONE

Total Asbestos Content (%).....: NONE

Other Fibrous Material Present:

1. Fiberglass.....:
2. Mineral Wool.....:
3. Cellulose.....: YES
4. Glass Wool...:
5. Polyester...:
6. Other.....:

Nonfibrous Material Present:

1. Gypsum.....:
2. Silicates.....:
3. Sand.....:
4. Cement.....:
5. Mica.....:
6. Calcium Carbonate:
7. Vermiculite.....:
8. Perlite.....:
9. Diatoms.....:
10. Pumice.....:
11. Paint.....: YES
12. Binders.....:
13. Other.....:

Lab Analyst.....: P.C.  
Date Analyzed...: 10/25/89

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>> BULK SAMPLE ANALYSIS REPORT <<

FORM-BBB

=====  
Client Name...: PATERSON BOARD OF EDUCATION Project No.....: 89-178-17  
Facility.....: PATERSON SCHOOL #6 Sampling Date...: 10/06/89  
Job Site Addr: 137 CARROLL STREET Hygienist.....: K.T.  
PATERSON, NJ 07501

Sample No.....: PAT-6-1006-22B Suspect Material: PIPE  
Floor No.....: SECOND Material Desc...: GLUE ON CEIL TILE  
Room No.....: 213 Exterior Color...: WHITE  
Room Desc....: CLASSROOM Sample Location Coordinates (Ft):  
Space No.....: 213 South...: 1' East...: 3'  
Space Use....: CLASSROOM North...: West...:  
Homogeneous ID C-2 Height: 9'

Analytical Method.....: PLM

Interior Color.....: WHITE/TAN

Gross Sample Appearance:

1. Homogeneous, Fibrous.....:
2. Homogeneous, Nonfibrous.....:
3. Heterogeneous, Fibrous.....:
4. Heterogeneous, Nonfibrous.....:
5. Heterogeneous, Mixed.....: YES

Sample Treatment:

1. Homogenized.....:
2. Untreated.....: YES

Amount of Material Examined (mg)..: 3 mg

Asbestos Present:

1. Amosite (%).....: NONE
2. Chrysotile (%).....: NONE
3. Crocidolite (%).....: NONE
4. Other (%).....: NONE

Total Asbestos Content (%).....: NONE

Other Fibrous Material Present:

1. Fiberglass.....:
2. Mineral Wool.....:
3. Cellulose.....: YES
4. Glass Wool...:
5. Polyester...:
6. Other.....:

Nonfibrous Material Present:

1. Gypsum.....:
2. Silicates.....:
3. Sand.....:
4. Cement.....:
5. Mica.....:
6. Calcium Carbonate:
7. Vermiculite.....:
8. Perlite.....:
9. Diatoms.....:
10. Pumice.....:
11. Paint.....: YES
12. Binders.....:
13. Other.....:

Lab Analyst.....: P.C.  
Date Analyzed...: 10/25/89

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>> BULK SAMPLE ANALYSIS REPORT <<

FORM-BBB

=====  
Client Name...: PATERSON BOARD OF EDUCATION Project No.....: 89-178-17  
Facility.....: PATERSON SCHOOL #6 Sampling Date...: 10/06/89  
Job Site Addr: 137 CARROLL STREET Hygienist.....: K.T.  
PATERSON, NJ 07501  
=====

Sample No.....: PAT-6-1006-23B Suspect Material: PIPE  
Floor No.....: SECOND Material Desc...: GLUE ON CEIL TILE  
Room No.....: 213 Exterior Color...: WHITE  
Room Desc....: CLASSROOM Sample Location Coordinates (Ft):  
Space No.....: 213 South...: 3' East...: 1'  
Space Use....: CLASSROOM North...: West...:  
Homogeneous ID C-2 Height: 9'

Analytical Method.....: PLM

Interior Color.....: WHITE/TAN

Gross Sample Appearance:

1. Homogeneous, Fibrous.....:
2. Homogeneous, Nonfibrous.....:
3. Heterogeneous, Fibrous.....:
4. Heterogeneous, Nonfibrous.....:
5. Heterogeneous, Mixed.....: YES

Sample Treatment:

1. Homogenized.....:
2. Untreated.....: YES

Amount of Material Examined (mg): 3 mg

Asbestos Present:

1. Amosite (%).....: NONE
2. Chrysotile (%).....: NONE
3. Crocidolite (%).....: NONE
4. Other (%).....: NONE

Total Asbestos Content (%).....: NONE

Other Fibrous Material Present:

1. Fiberglass.....:
2. Mineral Wool.....:
3. Cellulose.....: YES
4. Glass Wool...:
5. Polyester...:
6. Other.....:

Nonfibrous Material Present:

1. Gypsum.....:
2. Silicates.....:
3. Sand.....:
4. Cement.....:
5. Mica.....:
6. Calcium Carbonate:
7. Vermiculite.....:
8. Perlite.....:
9. Diatoms.....:
10. Pumice.....:
11. Paint.....: YES
12. Binders.....:
13. Other.....:

Lab Analyst.....: P.C.  
Date Analyzed...: 10/25/89



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>> BULK SAMPLE ANALYSIS REPORT <<

FORM-BBB

=====  
Client Name...: PATERSON BOARD OF EDUCATION Project No.....: 89-178-17  
Facility.....: PATERSON SCHOOL #6 Sampling Date...: 10/06/89  
Job Site Addr: 137 CARROLL STREET Hygienist.....: K.T.  
PATERSON, NJ 07501

Sample No.....: PAT-6-1006-24B Suspect Material: PIPE  
Floor No.....: SECOND Material Desc...: GLUE ON CEIL TILE  
Room No.....: 215 Exterior Color...: WHITE  
Room Desc....: CLASSROOM Sample Location Coordinates (Ft):  
Space No.....: 215 South...: East...: 11'  
Space Use....: CLASSROOM North...: 5' West...:  
Homogeneous ID C-2 Height: 9'

Analytical Method.....: PLM

Interior Color.....: WHITE/TAN

Gross Sample Appearance:

1. Homogeneous, Fibrous.....:
2. Homogeneous, Nonfibrous.....:
3. Heterogeneous, Fibrous.....:
4. Heterogeneous, Nonfibrous.....:
5. Heterogeneous, Mixed.....: YES

Sample Treatment:

1. Homogenized.....:
2. Untreated.....: YES

Amount of Material Examined (mg)..: 3 mg

Asbestos Present:

1. Amosite (%).....: NONE
2. Chrysotile (%).....: NONE
3. Crocidolite (%).....: NONE
4. Other (%).....: NONE

Total Asbestos Content (%).....: NONE

Other Fibrous Material Present:

- |                        |                   |
|------------------------|-------------------|
| 1. Fiberglass.....:    | 4. Glass Wool...: |
| 2. Mineral Wool.....:  | 5. Polyester...:  |
| 3. Cellulose.....: YES | 6. Other.....:    |

Nonfibrous Material Present:

- |                       |                     |
|-----------------------|---------------------|
| 1. Gypsum.....:       | 8. Perlite.....:    |
| 2. Silicates.....:    | 9. Diatoms.....:    |
| 3. Sand.....:         | 10. Pumice.....:    |
| 4. Cement.....:       | 11. Paint.....: YES |
| 5. Mica.....:         | 12. Binders.....:   |
| 6. Calcium Carbonate: | 13. Other.....:     |
| 7. Vermiculite.....:  |                     |

Lab Analyst.....: P.C.  
Date Analyzed...: 10/25/89

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>> BULK SAMPLE ANALYSIS REPORT <<

FORM-BBB

=====  
Client Name...: PATERSON BOARD OF EDUCATION Project No.....: 89-178-17  
Facility.....: PATERSON SCHOOL #6 Sampling Date...: 10/06/89  
Job Site Addr: 137 CARROLL STREET Hygienist.....: K.T.  
PATERSON, NJ 07501

Sample No.....: PAT-6-1006-25B Suspect Material: PIPE  
Floor No.....: SECOND Material Desc...: GLUE ON CEIL TILE  
Room No.....: 206 Exterior Color...: WHITE  
Room Desc....: CLASSROOM Sample Location Coordinates (Ft):  
Space No.....: 206 South...: 1' East...:  
Space Use....: CLASSROOM North...: West...: 1'  
Homogeneous ID C-2 Height: 9'

Analytical Method.....: PLM

Interior Color.....: WHITE/TAN

Gross Sample Appearance:

1. Homogeneous, Fibrous.....:
2. Homogeneous, Nonfibrous.....:
3. Heterogeneous, Fibrous.....:
4. Heterogeneous, Nonfibrous.....:
5. Heterogeneous, Mixed.....: YES

Sample Treatment:

1. Homogenized.....:
2. Untreated.....: YES

Amount of Material Examined (mg)..: 3 mg

Asbestos Present:

1. Amosite (%).....: NONE
2. Chrysotile (%).....: NONE
3. Crocidolite (%).....: NONE
4. Other (%).....: NONE

Total Asbestos Content (%).....: NONE

Other Fibrous Material Present:

1. Fiberglass.....:
2. Mineral Wool.....:
3. Cellulose.....: YES
4. Glass Wool...:
5. Polyester...:
6. Other.....:

Nonfibrous Material Present:

1. Gypsum.....:
2. Silicates.....:
3. Sand.....:
4. Cement.....:
5. Mica.....:
6. Calcium Carbonate:
7. Vermiculite.....:
8. Perlite.....:
9. Diatoms.....:
10. Pumice.....:
11. Paint.....: YES
12. Binders.....:
13. Other.....:

Lab Analyst.....: P.C.  
Date Analyzed...: 10/25/89

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300 Grand Avenue  
Englewood, New Jersey 07631  
(201) 569-6708

>> BULK SAMPLE ANALYSIS REPORT <<

FORM-BBB

=====  
Client Name...: PATERSON BOARD OF EDUCATION Project No.....: 89-178-17  
Facility.....: PATERSON SCHOOL #6 Sampling Date...: 10/06/89  
Job Site Addr: 137 CARROLL STREET Hygienist.....: K.T.  
PATERSON, NJ 07501

Sample No.....: PAT-6-1006-26B Suspect Material: PIPE  
Floor No.....: SECOND Material Desc...: PLS/CMT/WALL/CEIL  
Room No.....: 213 Exterior Color...: GREEN  
Room Desc....: CLASSROOM Sample Location Coordinates (Ft):  
Space No.....: 213 South...: 3' East...:  
Space Use....: CLASSROOM North...: West...:  
Homogeneous ID P-1 Height: 5'

Analytical Method.....: PLM

Interior Color.....: WHT/GRN/GRAY

Gross Sample Appearance:

1. Homogeneous, Fibrous.....:
2. Homogeneous, Nonfibrous.....:
3. Heterogeneous, Fibrous.....:
4. Heterogeneous, Nonfibrous.....: YES
5. Heterogeneous, Mixed.....:

Sample Treatment:

1. Homogenized.....:
2. Untreated.....: YES

Amount of Material Examined (mg)..: 3 mg

Asbestos Present:

1. Amosite (%).....: NONE
2. Chrysotile (%).....: NONE
3. Crocidolite (%).....: NONE
4. Other (%).....: NONE

Total Asbestos Content (%).....: NONE

Other Fibrous Material Present:

1. Fiberglass.....:
2. Mineral Wool.....:
3. Cellulose.....:
4. Glass Wool...:
5. Polyester...:
6. Other.....: HORSE HAIR

Nonfibrous Material Present:

1. Gypsum.....:
2. Silicates.....: YES
3. Sand.....:
4. Cement.....:
5. Mica.....:
6. Calcium Carbonate:
7. Vermiculite.....:
8. Perlite.....:
9. Diatoms.....:
10. Pumice.....:
11. Paint.....: YES
12. Binders.....: YES
13. Other.....:

Lab Analyst.....: P.C.  
Date Analyzed...: 10/25/89

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300 Grand Avenue  
Englewood, New Jersey 07631  
(201) 569-6708

>> BULK SAMPLE ANALYSIS REPORT <<

FORM-BBB

=====  
Client Name...: PATERSON BOARD OF EDUCATION Project No.....: 89-178-17  
Facility.....: PATERSON SCHOOL #6 Sampling Date...: 10/06/89  
Job Site Addr: 137 CARROLL STREET Hygienist.....: K.T.  
PATERSON, NJ 07501

Sample No.....: PAT-6-1006-27B Suspect Material: PIPE  
Floor No.....: SECOND Material Desc....: PLS/CMT/WALL/CEIL  
Room No.....: 215 Exterior Color...: GREEN  
Room Desc....: CLASSROOM Sample Location Coordinates (Ft):  
Space No.....: 215 South...: East...: 10'  
Space Use....: CLASSROOM North...: West...:  
Homogeneous ID P-1 Height: 4'

Analytical Method.....: PLM

Interior Color.....: WHT/GRN/GRAY

Gross Sample Appearance:

1. Homogeneous, Fibrous.....:
2. Homogeneous, Nonfibrous.....:
3. Heterogeneous, Fibrous.....:
4. Heterogeneous, Nonfibrous.....: YES
5. Heterogeneous, Mixed.....:

Sample Treatment:

1. Homogenized.....:
2. Untreated.....: YES

Amount of Material Examined (mg)..: 3 mg

Asbestos Present:

1. Amosite (%).....: NONE
2. Chrysotile (%).....: NONE
3. Crocidolite (%).....: NONE
4. Other (%).....: NONE

Total Asbestos Content (%).....: NONE

Other Fibrous Material Present:

1. Fiberglass.....:
2. Mineral Wool.....:
3. Cellulose.....:
4. Glass Wool...:
5. Polyester...:
6. Other.....: HORSE HAIR

Nonfibrous Material Present:

1. Gypsum.....:
2. Silicates.....: YES
3. Sand.....:
4. Cement.....:
5. Mica.....:
6. Calcium Carbonate:
7. Vermiculite.....:
8. Perlite.....:
9. Diatoms.....:
10. Pumice.....:
11. Paint.....: YES
12. Binders.....: YES
13. Other.....:

Lab Analyst.....: P.C.  
Date Analyzed...: 10/25/89

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DETAIL ASSOCIATES, INC.  
300 Grand Avenue  
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(201) 569-6708

>> BULK SAMPLE ANALYSIS REPORT <<

FORM-BBB

=====  
Client Name...: PATERSON BOARD OF EDUCATION Project No.....: 89-178-17  
Facility.....: PATERSON SCHOOL #6 Sampling Date...: 10/06/89  
Job Site Addr: 137 CARROLL STREET Hygienist.....: K.T.  
PATERSON, NJ 07501

Sample No.....: PAT-6-1006-28B Suspect Material: PIPE  
Floor No.....: SECOND Material Desc...: LAYIN CEIL TILE  
Room No.....: Room Desc....: CORRIDOR Exterior Color...: WHITE  
Space No.....: 224 Sample Location Coordinates (Ft):  
Space Use.....: CORRIDOR South...: 1' East...:  
Homogeneous ID C-1 North...: West...: 1'  
Height: 9'

Analytical Method.....: PLM

Interior Color.....: WHITE

Gross Sample Appearance:

1. Homogeneous, Fibrous.....: YES
2. Homogeneous, Nonfibrous.....:
3. Heterogeneous, Fibrous.....:
4. Heterogeneous, Nonfibrous.....:
5. Heterogeneous, Mixed.....:

Sample Treatment:

1. Homogenized.....:
2. Untreated.....: YES

Amount of Material Examined (mg)..: 3 mg

Asbestos Present:

1. Amosite (%).....: NONE
2. Chrysotile (%).....: NONE
3. Crocidolite (%).....: NONE
4. Other (%).....: NONE

Total Asbestos Content (%).....: NONE

Other Fibrous Material Present:

- |                       |     |                   |
|-----------------------|-----|-------------------|
| 1. Fiberglass.....:   |     | 4. Glass Wool...: |
| 2. Mineral Wool.....: | YES | 5. Polyester...:  |
| 3. Cellulose.....:    | YES | 6. Other.....:    |

Nonfibrous Material Present:

- |                       |  |                   |     |
|-----------------------|--|-------------------|-----|
| 1. Gypsum.....:       |  | 8. Perlite.....:  | YES |
| 2. Silicates.....:    |  | 9. Diatoms.....:  |     |
| 3. Sand.....:         |  | 10. Pumice.....:  |     |
| 4. Cement.....:       |  | 11. Paint.....:   | YES |
| 5. Mica.....:         |  | 12. Binders.....: | YES |
| 6. Calcium Carbonate: |  | 13. Other.....:   |     |
| 7. Vermiculite.....:  |  |                   |     |

Lab Analyst.....: P.C.  
Date Analyzed...: 10/25/89

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Englewood, New Jersey 07631  
(201) 569-6708

>> BULK SAMPLE ANALYSIS REPORT <<

FORM-BBB

=====  
Client Name...: PATERSON BOARD OF EDUCATION Project No.....: 89-178-17  
Facility.....: PATERSON SCHOOL #6 Sampling Date...: 10/06/89  
Job Site Addr: 137 CARROLL STREET Hygienist.....: K.T.  
PATERSON, NJ 07501

Sample No.....: PAT-6-1006-29BX Suspect Material: PIPE  
Floor No.....: SECOND Material Desc...: TRANSITE BOARDS  
Room No.....: Exterior Color...: WHITE  
Room Desc....: PROJECTION RM Sample Location Coordinates (Ft):  
Space No.....: 230 South...: 0 East...: 8'  
Space Use....: PROJECTION RM North...: West...:  
Homogeneous ID M-2 Height: 7'

Analytical Method.....: PLM

Interior Color.....: WHITE

Gross Sample Appearance:

1. Homogeneous, Fibrous.....: YES
2. Homogeneous, Nonfibrous.....:
3. Heterogeneous, Fibrous.....:
4. Heterogeneous, Nonfibrous.....:
5. Heterogeneous, Mixed.....:

Sample Treatment:

1. Homogenized.....:
2. Untreated.....: YES

Amount of Material Examined (mg)..: 3 mg

Asbestos Present:

1. Amosite (%).....: NONE
2. Chrysotile (%).....: 80
3. Crocidolite (%).....: NONE
4. Other (%).....: NONE

Total Asbestos Content (%).....: 80

Other Fibrous Material Present:

1. Fiberglass.....:
2. Mineral Wool.....:
3. Cellulose.....:
4. Glass Wool...:
5. Polyester...:
6. Other.....:

Nonfibrous Material Present:

1. Gypsum.....:
2. Silicates.....:
3. Sand.....:
4. Cement.....:
5. Mica.....:
6. Calcium Carbonate:
7. Vermiculite.....:
8. Perlite.....:
9. Diatoms.....:
10. Pumice.....:
11. Paint.....:
12. Binders.....: YES
13. Other.....:

Lab Analyst.....: P.C.  
Date Analyzed...: 10/25/89

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>> BULK SAMPLE ANALYSIS REPORT <<

FORM-BBB

=====  
Client Name..: PATERSON BOARD OF EDUCATION Project No.....: 89-178-17  
Facility.....: PATERSON SCHOOL #6 Sampling Date..: 10/06/89  
Job Site Addr: 137 CARROLL STREET Hygienist.....: K.T.  
PATERSON, NJ 07501

Sample No.....: PAT-6-1006-30B Suspect Material: PIPE  
Floor No.....: SECOND Material Desc...: PLS/CMT/WALL/CEIL  
Room No.....: Exterior Color...: TAN  
Room Desc.....: CORRIDOR Sample Location Coordinates (Ft):  
Space No.....: 224 South...: East...: 30'  
Space Use.....: CORRIDOR North...: West...:  
Homogeneous ID P-1 Height: 4'

Analytical Method.....: PLM

Interior Color.....: WHITE/TAN

Gross Sample Appearance:

1. Homogeneous, Fibrous.....
2. Homogeneous, Nonfibrous.....
3. Heterogeneous, Fibrous.....
4. Heterogeneous, Nonfibrous.....
5. Heterogeneous, Mixed.....: YES

Sample Treatment:

1. Homogenized.....
2. Untreated.....: YES

Amount of Material Examined (mg)..: 3 mg

Asbestos Present:

1. Amosite (%).....: NONE
2. Chrysotile (%).....: NONE
3. Crocidolite (%).....: NONE
4. Other (%).....: NONE

Total Asbestos Content (%).....: NONE

Other Fibrous Material Present:

1. Fiberglass.....
2. Mineral Wool.....
3. Cellulose.....: YES
4. Glass Wool...:
5. Polyester...:
6. Other.....: HORSE HAIR

Nonfibrous Material Present:

1. Gypsum.....
2. Silicates.....: YES
3. Sand.....
4. Cement.....
5. Mica.....
6. Calcium Carbonate:
7. Vermiculite.....
8. Perlite.....:
9. Diatoms.....:
10. Pumice.....:
11. Paint.....: YES
12. Binders.....: YES
13. Other.....:

Lab Analyst.....: P.C.  
Date Analyzed..: 10/25/89

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(201) 569-6708

>> BULK SAMPLE ANALYSIS REPORT <<

FORM-BBB

=====  
Client Name...: PATERSON BOARD OF EDUCATION Project No.....: 89-178-17  
Facility.....: PATERSON SCHOOL #6 Sampling Date...: 10/06/89  
Job Site Addr: 137 CARROLL STREET Hygienist.....: K.T.  
PATERSON, NJ 07501

Sample No.....: PAT-6-1006-31BX Suspect Material: PIPE  
Floor No.....: SECOND Material Desc...: VINYL FLOOR TILE  
Room No.....: 211A Exterior Color...: BROWN/BEIGE  
Room Desc....: VICE-PRINCIPAL Sample Location Coordinates (Ft):  
Space No.....: 229 South...: East...:  
Space Use....: VICE-PRINCIPAL North...: 2' West...: 1'  
Homogeneous ID F-2 Height: 0

Analytical Method.....: PLM

Interior Color.....: BEIGE/BROWN

Gross Sample Appearance:

1. Homogeneous, Fibrous.....:  
2. Homogeneous, Nonfibrous.....:  
3. Heterogeneous, Fibrous.....:  
4. Heterogeneous, Nonfibrous.....: YES  
5. Heterogeneous, Mixed.....:

Sample Treatment:

1. Homogenized.....:  
2. Untreated.....: YES

Amount of Material Examined (mg)..: 3 mg

Asbestos Present:

1. Amosite (%).....: NONE  
2. Chrysotile (%).....: 5  
3. Crocidolite (%).....: NONE  
4. Other (%).....: NONE

Total Asbestos Content (%).....: 5

Other Fibrous Material Present:

1. Fiberglass.....: 4. Glass Wool...:  
2. Mineral Wool.....: 5. Polyester...:  
3. Cellulose.....: YES 6. Other.....:

Nonfibrous Material Present:

1. Gypsum.....: 8. Perlite.....:  
2. Silicates.....: YES 9. Diatoms.....:  
3. Sand.....: 10. Pumice.....:  
4. Cement.....: 11. Paint.....:  
5. Mica.....: 12. Binders.....: YES  
6. Calcium Carbonate: 13. Other.....: TAR  
7. Vermiculite.....:

Lab Analyst.....: P.C.  
Date Analyzed...: 10/25/89



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(201) 569-6708

>> BULK SAMPLE ANALYSIS REPORT <<

FORM-BBB

Client Name...: PATERSON BOARD OF EDUCATION Project No.....: 89-178-17  
Facility.....: PATERSON SCHOOL #6 Sampling Date...: 10/06/89  
Job Site Addr: 137 CARROLL STREET Hygienist.....: K.T.  
PATERSON, NJ 07501

Sample No.....: PAT-6-1006-32BX Suspect Material: PIPE  
Floor No.....: SECOND Material Desc...: VINYL FLOOR TILE  
Room No.....: 211A Exterior Color...: BROWN/BEIGE  
Room Desc....: VICE-PRINCIPAL Sample Location Coordinates (Ft):  
Space No.....: 229 South...: East...: 3'  
Space Use....: VICE-PRINCIPAL North...: 6' West...: 1'  
Homogeneous ID F-2 Height: 0

Analytical Method.....: PLM

Interior Color.....: BEIGE

Gross Sample Appearance:

1. Homogeneous, Fibrous.....
2. Homogeneous, Nonfibrous.....: YES
3. Heterogeneous, Fibrous.....
4. Heterogeneous, Nonfibrous.....
5. Heterogeneous, Mixed.....

Sample Treatment:

1. Homogenized.....
2. Untreated.....: YES

Amount of Material Examined (mg)..: 3 mg

Asbestos Present:

1. Amosite (%).....: NONE
2. Chrysotile (%).....: 5
3. Crocidolite (%).....: NONE
4. Other (%).....: NONE

Total Asbestos Content (%).....: 5

Other Fibrous Material Present:

1. Fiberglass.....
2. Mineral Wool.....
3. Cellulose.....: YES
4. Glass Wool...:
5. Polyester...:
6. Other.....:

Nonfibrous Material Present:

1. Gypsum.....
2. Silicates.....: YES
3. Sand.....
4. Cement.....
5. Mica.....
6. Calcium Carbonate:
7. Vermiculite.....
8. Perlite.....:
9. Diatoms.....:
10. Pumice.....:
11. Paint.....:
12. Binders.....: YES
13. Other.....: TAR

Lab Analyst.....: P.C.  
Date Analyzed...: 10/25/89

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300 Grand Avenue  
Englewood, New Jersey 07631  
(201) 569-6708

>> BULK SAMPLE ANALYSIS REPORT <<

FORM-BBB

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Client Name...: PATERSON BOARD OF EDUCATION Project No.....: 89-178-17
Facility.....: PATERSON SCHOOL #6 Sampling Date...: 10/06/89
Job Site Addr: 137 CARROLL STREET Hygienist.....: K.T.
                PATERSON, NJ 07501
=====

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Sample No.....: PAT-6-1006-33BX Suspect Material: PIPE
Floor No.....: SECOND Material Desc...: VINYL FLOOR TILE
Room No.....: 211A Exterior Color...: BROWN/BEIGE
Room Desc....: VICE-PRINCIPAL Sample Location Coordinates (Ft):
Space No.....: 229 South...: East...:
Space Use....: VICE-PRINCIPAL North...: 7' West...: 1'
Homogeneous ID F-2 Height: 0

```

Analytical Method.....: PLM

Interior Color.....: BEIGE

Gross Sample Appearance:

- 1. Homogeneous, Fibrous.....: YES
- 2. Homogeneous, Nonfibrous.....: YES
- 3. Heterogeneous, Fibrous.....: YES
- 4. Heterogeneous, Nonfibrous.....: YES
- 5. Heterogeneous, Mixed.....: YES

Sample Treatment:

- 1. Homogenized.....: YES
- 2. Untreated.....: YES

Amount of Material Examined (mg)..: 3 mg

Asbestos Present:

- 1. Amosite (%).....: NONE
- 2. Chrysotile (%).....: 5
- 3. Crocidolite (%).....: NONE
- 4. Other (%).....: NONE

Total Asbestos Content (%).....: 5

Other Fibrous Material Present:

- 1. Fiberglass.....: YES
- 2. Mineral Wool.....: YES
- 3. Cellulose.....: YES
- 4. Glass Wool...: YES
- 5. Polyester...: YES
- 6. Other.....: YES

Nonfibrous Material Present:

- 1. Gypsum.....: YES
- 2. Silicates.....: YES
- 3. Sand.....: YES
- 4. Cement.....: YES
- 5. Mica.....: YES
- 6. Calcium Carbonate.....: YES
- 7. Vermiculite.....: YES
- 8. Perlite.....: YES
- 9. Diatoms.....: YES
- 10. Pumice.....: YES
- 11. Paint.....: YES
- 12. Binders.....: YES
- 13. Other.....: TAR

Lab Analyst.....: P.C.  
Date Analyzed...: 10/25/89

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300 Grand Avenue  
Englewood, New Jersey 07631  
(201) 569-6708

>> BULK SAMPLE ANALYSIS REPORT <<

FORM-BBB

=====  
Client Name...: PATERSON BOARD OF EDUCATION Project No.....: 89-178-17  
Facility.....: PATERSON SCHOOL #6 Sampling Date...: 10/06/89  
Job Site Addr: 137 CARROLL STREET Hygienist.....: K.T.  
PATERSON, NJ 07501

Sample No.....: PAT-6-1006-34BX Suspect Material: PIPE  
Floor No.....: FIRST Material Desc...: VINYL FLOOR TILE  
Room No.....: Room Desc.....: AUDITORIUM Exterior Color...: GREEN  
Room Desc.....: AUDITORIUM Sample Location Coordinates (Ft):  
Space No.....: 120 South...: 1' East...:  
Space Use.....: AUDITORIUM North...: West...: 21'  
Homogeneous ID F-3 Height: 0

Analytical Method.....: PLM

Interior Color.....: GREEN

Gross Sample Appearance:

1. Homogeneous, Fibrous.....:
2. Homogeneous, Nonfibrous.....: YES
3. Heterogeneous, Fibrous.....:
4. Heterogeneous, Nonfibrous.....:
5. Heterogeneous, Mixed.....:

Sample Treatment:

1. Homogenized.....:
2. Untreated.....: YES

Amount of Material Examined (mg): 3 mg

Asbestos Present:

1. Amosite (%).....: NONE
2. Chrysotile (%).....: 5
3. Crocidolite (%).....: NONE
4. Other (%).....: NONE

Total Asbestos Content (%).....: 5

Other Fibrous Material Present:

1. Fiberglass.....:
2. Mineral Wool.....:
3. Cellulose.....:
4. Glass Wool...:
5. Polyester...:
6. Other.....:

Nonfibrous Material Present:

1. Gypsum.....:
2. Silicates.....: YES
3. Sand.....:
4. Cement.....:
5. Mica.....:
6. Calcium Carbonate:
7. Vermiculite.....:
8. Perlite.....:
9. Diatoms.....:
10. Pumice.....:
11. Paint.....:
12. Binders.....: YES
13. Other.....:

Lab Analyst.....: P.C.  
Date Analyzed...: 10/25/89

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300 Grand Avenue  
Englewood, New Jersey 07631  
(201) 569-6708

>> BULK SAMPLE ANALYSIS REPORT <<

FORM-BBB

=====  
Client Name...: PATERSON BOARD OF EDUCATION Project No.....: 89-178-17  
Facility.....: PATERSON SCHOOL #6 Sampling Date...: 10/06/89  
Job Site Addr: 137 CARROLL STREET Hygienist.....: K.T.  
PATERSON, NJ 07501

Sample No.....: PAT-6-1006-35BX Suspect Material: PIPE  
Floor No.....: FIRST Material Desc...: VINYL FLOOR TILE  
Room No.....: Exterior Color...: GREEN  
Room Desc....: AUDITORIUM Sample Location Coordinates (Ft):  
Space No.....: 120 South...: 1' East...:  
Space Use....: AUDITORIUM North...: West...: 27'  
Homogeneous ID F-3 Height: 0

Analytical Method.....: PLM

Interior Color.....: GREEN

Gross Sample Appearance:

1. Homogeneous, Fibrous.....:
2. Homogeneous, Nonfibrous.....: YES
3. Heterogeneous, Fibrous.....:
4. Heterogeneous, Nonfibrous.....:
5. Heterogeneous, Mixed.....:

Sample Treatment:

1. Homogenized.....:
2. Untreated.....: YES

Amount of Material Examined (mg)..: 3 mg

Asbestos Present:

1. Amosite (%).....: NONE
2. Chrysotile (%).....: 5
3. Crocidolite (%).....: NONE
4. Other (%).....: NONE

Total Asbestos Content (%).....: 5

Other Fibrous Material Present:

1. Fiberglass.....:
2. Mineral Wool.....:
3. Cellulose.....:
4. Glass Wool...:
5. Polyester...:
6. Other.....:

Nonfibrous Material Present:

1. Gypsum.....:
2. Silicates.....: YES
3. Sand.....:
4. Cement.....:
5. Mica.....:
6. Calcium Carbonate:
7. Vermiculite.....:
8. Perlite.....:
9. Diatoms.....:
10. Pumice.....:
11. Paint.....:
12. Binders.....: YES
13. Other.....:

Lab Analyst.....: P.C.  
Date Analyzed..: 10/25/89

ESA-03  
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DETAIL ASSOCIATES, INC.  
300 Grand Avenue  
Englewood, New Jersey 07631  
(201) 569-6708

>> BULK SAMPLE ANALYSIS REPORT <<

FORM-BBB

Client Name...: PATERSON BOARD OF EDUCATION Project No.....: 89-178-17  
Facility.....: PATERSON SCHOOL #6 Sampling Date...: 10/06/89  
Job Site Addr: 137 CARROLL STREET Hygienist.....: K.T.  
PATERSON, NJ 07501

Sample No.....: PAT-6-1006-36BX Suspect Material: PIPE  
Floor No.....: FIRST Material Desc...: VINYL FLOOR TILE  
Room No.....: Exterior Color...: GREEN  
Room Desc....: AUDITORIUM Sample Location Coordinates (Ft):  
Space No.....: 120 South...: 1' East...:  
Space Use....: AUDITORIUM North...: 0 West...: 68'  
Homogeneous ID F-3 Height: 0

Analytical Method.....: PLM

Interior Color.....: GREEN

Gross Sample Appearance:

1. Homogeneous, Fibrous.....: YES
2. Homogeneous, Nonfibrous.....: YES
3. Heterogeneous, Fibrous.....: YES
4. Heterogeneous, Nonfibrous.....: YES
5. Heterogeneous, Mixed.....: YES

Sample Treatment:

1. Homogenized.....: YES
2. Untreated.....: YES

Amount of Material Examined (mg)..: 3 mg

Asbestos Present:

1. Amosite (%).....: NONE
2. Chrysotile (%).....: NONE
3. Crocidolite (%).....: NONE
4. Other (%).....: NONE

Total Asbestos Content (%).....: NONE

Other Fibrous Material Present:

1. Fiberglass.....: 4. Glass Wool...
2. Mineral Wool.....: 5. Polyester...
3. Cellulose.....: 6. Other.....

Nonfibrous Material Present:

1. Gypsum.....: 8. Perlite.....
2. Silicates.....: YES 9. Diatoms.....
3. Sand.....: 10. Pumice.....
4. Cement.....: 11. Paint.....
5. Mica.....: 12. Binders.....: YES
6. Calcium Carbonate.....: 13. Other.....
7. Vermiculite.....

Lab Analyst.....: P.C.  
Date Analyzed...: 10/25/89

BSA-03  
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DETAIL ASSOCIATES, INC.  
300 Grand Avenue  
Englewood, New Jersey 07631  
(201) 569-6708

>> BULK SAMPLE ANALYSIS REPORT <<

FORM-BBB

=====  
Client Name...: PATERSON BOARD OF EDUCATION Project No.....: 89-178-17  
Facility.....: PATERSON SCHOOL #6 Sampling Date...: 10/06/89  
Job Site Addr: 137 CARROLL STREET Hygienist.....: K.T.  
PATERSON, NJ 07501

Sample No.....: PAT-6-1006-37B Suspect Material: PIPE  
Floor No.....: FIRST Material Desc...: PLS/CMT/WALL/CEIL  
Room No.....: Room Desc....: CLASSROOM Exterior Color...: WHITE  
Space No.....: 104 Sample Location Coordinates (Ft):  
Space Use.....: CLASSROOM South...: East...:  
Homogeneous ID P-1 North...: 0 West...: 14'  
Height: 2'

Analytical Method.....: PLM

Interior Color.....: GREEN/WHITE

Gross Sample Appearance:

1. Homogeneous, Fibrous.....:
2. Homogeneous, Nonfibrous.....:
3. Heterogeneous, Fibrous.....:
4. Heterogeneous, Nonfibrous.....: YES
5. Heterogeneous, Mixed.....:

Sample Treatment:

1. Homogenized.....:
2. Untreated.....: YES

Amount of Material Examined (mg)..: 3 mg

Asbestos Present:

1. Amosite (%).....: NONE
2. Chrysotile (%).....: NONE
3. Crocidolite (%).....: NONE
4. Other (%).....: NONE

Total Asbestos Content (%).....: NONE

Other Fibrous Material Present:

1. Fiberglass.....:
2. Mineral Wool.....:
3. Cellulose.....:
4. Glass Wool...:
5. Polyester...:
6. Other.....: HORSE HAIR

Nonfibrous Material Present:

1. Gypsum.....:
2. Silicates.....: YES
3. Sand.....:
4. Cement.....:
5. Mica.....:
6. Calcium Carbonate:
7. Vermiculite.....:
8. Perlite.....:
9. Diatoms.....:
10. Pumice.....:
11. Paint.....: YES
12. Binders.....: YES
13. Other.....:

Lab Analyst.....: P.C.  
Date Analyzed...: 10/25/89

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DETAIL ASSOCIATES, INC.  
300 Grand Avenue  
Englewood, New Jersey 07631  
(201) 569-6708

>> BULK SAMPLE ANALYSIS REPORT <<

FORM-BBB

=====  
Client Name...: PATERSON BOARD OF EDUCATION Project No.....: 89-178-17  
Facility.....: PATERSON SCHOOL #6 Sampling Date...: 10/06/89  
Job Site Addr: 137 CARROLL STREET Hygienist.....: K.T.  
PATERSON, NJ 07501

Sample No.....: PAT-6-1006-38B Suspect Material: PIPE  
Floor No.....: FIRST Material Desc...: PLS/CMT/WALL/CEIL  
Room No.....: Exterior Color...: BROWN  
Room Desc....: TEACHER RM LAV Sample Location Coordinates (Ft):  
Space No.....: 127 South...: East...:  
Space Use....: TEACHER RM LAV North...: 1' West...: 1'  
Homogeneous ID P-1 Height: 9'

Analytical Method.....: PLM

Interior Color.....: BEIGE/WHITE

Gross Sample Appearance:

1. Homogeneous, Fibrous.....:  
2. Homogeneous, Nonfibrous.....:  
3. Heterogeneous, Fibrous.....:  
4. Heterogeneous, Nonfibrous.....: YES  
5. Heterogeneous, Mixed.....:

Sample Treatment:

1. Homogenized.....:  
2. Untreated.....: YES

Amount of Material Examined (mg)..: 3 mg

Asbestos Present:

1. Amosite (%).....: NONE  
2. Chrysotile (%).....: NONE  
3. Crocidolite (%).....: NONE  
4. Other (%).....: NONE

Total Asbestos Content (%).....: NONE

Other Fibrous Material Present:

1. Fiberglass.....: 4. Glass Wool...:  
2. Mineral Wool.....: 5. Polyester...:  
3. Cellulose.....: 6. Other.....:

Nonfibrous Material Present:

1. Gypsum.....: 8. Perlite.....:  
2. Silicates.....: 9. Diatoms.....:  
3. Sand.....: 10. Pumice.....:  
4. Cement.....: 11. Paint.....: YES  
5. Mica.....: 12. Binders.....: YES  
6. Calcium Carbonate:  
7. Vermiculite.....: 13. Other.....:

Lab Analyst.....: P.C.  
Date Analyzed...: 10/25/89

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Englewood, New Jersey 07631  
(201) 569-6708

>> BULK SAMPLE ANALYSIS REPORT <<

FORM-BBB

=====  
Client Name...: PATERSON BOARD OF EDUCATION Project No.....: 89-178-17  
Facility.....: PATERSON SCHOOL #6 Sampling Date...: 10/06/89  
Job Site Addr: 137 CARROLL STREET Hygienist.....: K.T.  
PATERSON, NJ 07501

Sample No.....: PAT-6-1006-39BX Suspect Material: PIPE  
Floor No.....: SECOND Material Desc...: LINOLEUM  
Room No.....: 204 Exterior Color...: BROWN  
Room Desc....: CLASSROOM Sample Location Coordinates (Ft):  
Space No.....: 204 South...: 12' East...: 1'  
Space Use....: CLASSROOM North...: 0 West...: 0  
Homogeneous ID L-1 Height: 0

Analytical Method.....: PLM

Interior Color.....: BROWN

Gross Sample Appearance:

1. Homogeneous, Fibrous.....:
2. Homogeneous, Nonfibrous.....:
3. Heterogeneous, Fibrous.....:
4. Heterogeneous, Nonfibrous.....:
5. Heterogeneous, Mixed.....: YES

Sample Treatment:

1. Homogenized.....:
2. Untreated.....: YES

Amount of Material Examined (mg)..: 3 mg

Asbestos Present:

1. Amosite (%).....: NONE
2. Chrysotile (%).....: 25
3. Crocidolite (%).....: NONE
4. Other (%).....: NONE

Total Asbestos Content (%).....: 25

Other Fibrous Material Present:

1. Fiberglass.....:
2. Mineral Wool.....:
3. Cellulose.....: YES
4. Glass Wool...:
5. Polyester...:
6. Other.....:

Nonfibrous Material Present:

1. Gypsum.....:
2. Silicates.....: YES
3. Sand.....:
4. Cement.....:
5. Mica.....:
6. Calcium Carbonate:
7. Vermiculite.....:
8. Perlite.....:
9. Diatoms.....:
10. Pumice.....:
11. Paint.....:
12. Binders.....: YES
13. Other.....: TAR

Lab Analyst.....: P.C.  
Date Analyzed...: 10/25/89



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>> BULK SAMPLE ANALYSIS REPORT <<

FORM-BBB

Client Name...: PATERSON BOARD OF EDUCATION Project No.....: 89-178-17  
Facility.....: PATERSON SCHOOL #6 Sampling Date...: 10/06/89  
Job Site Addr: 137 CARROLL STREET Hygienist.....: K.T.  
PATERSON, NJ 07501

Sample No.....: PAT-6-1006-40BX Suspect Material: PIPE  
Floor No.....: SECOND Material Desc...: LINOLEUM  
Room No.....: 203 Exterior Color...: TAN  
Room Desc....: CLASSROOM Sample Location Coordinates (Ft):  
Space No.....: 203 South...: 12' East...: 1'  
Space Use....: CLASSROOM North...: 0 West...:  
Homogeneous ID L-2 Height: 0

Analytical Method.....: PLM

Interior Color.....: TAN

Gross Sample Appearance:

1. Homogeneous, Fibrous.....:
2. Homogeneous, Nonfibrous.....:
3. Heterogeneous, Fibrous.....:
4. Heterogeneous, Nonfibrous.....:
5. Heterogeneous, Mixed.....: YES

Sample Treatment:

1. Homogenized.....:
2. Untreated.....: YES

Amount of Material Examined (mg)..: 3 mg

Asbestos Present:

1. Amosite (%).....: NONE
2. Chrysotile (%).....: 25
3. Crocidolite (%).....: NONE
4. Other (%).....: NONE

Total Asbestos Content (%).....: 25

Other Fibrous Material Present:

1. Fiberglass.....:
2. Mineral Wool.....:
3. Cellulose.....: YES
4. Glass Wool...:
5. Polyester...:
6. Other.....:

Nonfibrous Material Present:

1. Gypsum.....:
2. Silicates.....: YES
3. Sand.....:
4. Cement.....:
5. Mica.....:
6. Calcium Carbonate:
7. Vermiculite.....:
8. Perlite.....:
9. Diatoms.....:
10. Pumice.....:
11. Paint.....:
12. Binders.....: YES
13. Other.....: TAR

Lab Analyst.....: P.C.  
Date Analyzed...: 10/25/89

PSA-03  
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DETAIL ASSOCIATES, INC.  
300 Grand Avenue  
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(201) 569-6708

>> BULK SAMPLE ANALYSIS REPORT <<

FORM-BBB

=====  
Client Name...: PATERSON BOARD OF EDUCATION Project No.....: 89-178-17  
Facility.....: PATERSON SCHOOL #6 Sampling Date...: 10/06/89  
Job Site Addr: 137 CARROLL STREET Hygienist.....: K.T.  
PATERSON, NJ 07501

Sample No.....: PAT-6-1006-41BX Suspect Material: PIPE  
Floor No.....: BASE Material Desc...: CMT DEBR TOP BOIL  
Room No.....: Room Desc.....: BOILER ROOM Exterior Color...: GRAY  
Space No.....: 006 Sample Location Coordinates (Ft):  
Space Use.....: BOILER ROOM South...: East...: 16'  
Homogeneous ID T-3 North...: 15' West...: Height: 20'

Analytical Method.....: PLM

Interior Color.....: GRAY

Gross Sample Appearance:

1. Homogeneous, Fibrous.....:
2. Homogeneous, Nonfibrous.....: YES
3. Heterogeneous, Fibrous.....:
4. Heterogeneous, Nonfibrous.....:
5. Heterogeneous, Mixed.....:

Sample Treatment:

1. Homogenized.....:
2. Untreated.....: YES

Amount of Material Examined (mg): 3 mg

Asbestos Present:

1. Amosite (%).....: NONE
2. Chrysotile (%).....: 5
3. Crocidolite (%).....: NONE
4. Other (%).....: NONE

Total Asbestos Content (%).....: 5

Other Fibrous Material Present:

1. Fiberglass.....:
2. Mineral Wool.....: YES
3. Cellulose.....:
4. Glass Wool...:
5. Polyester...:
6. Other.....:

Nonfibrous Material Present:

1. Gypsum.....:
2. Silicates.....:
3. Sand.....:
4. Cement.....:
5. Mica.....:
6. Calcium Carbonate:
7. Vermiculite.....:
8. Perlite.....:
9. Diatoms.....:
10. Pumice.....:
11. Paint.....:
12. Binders.....: YES
13. Other.....:

Lab Analyst.....: P.C.  
Date Analyzed...: 10/25/89

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R-90

DETAIL ASSOCIATES, INC.  
300 Grand Avenue  
Englewood, New Jersey 07631  
(201) 569-6708

>> BULK SAMPLE ANALYSIS REPORT <<

FORM-BBB

=====  
Client Name...: PATERSON BOARD OF EDUCATION Project No.....: 89-178-17  
Facility.....: PATERSON SCHOOL #6 Sampling Date...: 10/06/89  
Job Site Addr: 137 CARROLL STREET Hygienist.....: K.T.  
PATERSON, NJ 07501

Sample No.....: PAT-6-1006-42BX Suspect Material: PIPE  
Floor No.....: BASE Material Desc....: CMT DEBR TOP BOIL  
Room No.....: Room Desc.....: BOILER ROOM Exterior Color...: GRAY  
Room Desc.....: BOILER ROOM Sample Location Coordinates (Ft):  
Space No.....: 006 South...: East...: 20'  
Space Use.....: BOILER ROOM North...: 18' West...:  
Homogeneous ID T-3 Height: 20'

Analytical Method.....: PLM

Interior Color.....: GRAY

Gross Sample Appearance:

1. Homogeneous, Fibrous.....:
2. Homogeneous, Nonfibrous.....: YES
3. Heterogeneous, Fibrous.....:
4. Heterogeneous, Nonfibrous.....:
5. Heterogeneous, Mixed.....:

Sample Treatment:

1. Homogenized.....:
2. Untreated.....: YES

Amount of Material Examined (mg): 3 mg

Asbestos Present:

1. Amosite (%).....: NONE
2. Chrysotile (%).....: 5
3. Crocidolite (%).....: NONE
4. Other (%).....: NONE

Total Asbestos Content (%).....: 5

Other Fibrous Material Present:

1. Fiberglass.....:
2. Mineral Wool.....: YES
3. Cellulose.....:
4. Glass Wool...:
5. Polyester...:
6. Other.....:

Nonfibrous Material Present:

1. Gypsum.....:
2. Silicates.....:
3. Sand.....:
4. Cement.....:
5. Mica.....:
6. Calcium Carbonate.....:
7. Vermiculite.....:
8. Perlite.....:
9. Diatoms.....:
10. Pumice.....:
11. Paint.....:
12. Binders.....: YES
13. Other.....:

Lab Analyst.....: P.C.  
Date Analyzed...: 10/25/89

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Englewood, New Jersey 07631  
(201) 569-6708

>> BULK SAMPLE ANALYSIS REPORT <<

FORM-BBB

Client Name...: PATERSON BOARD OF EDUCATION Project No.....: 89-178-17  
Facility.....: PATERSON SCHOOL #6 Sampling Date...: 10/06/89  
Job Site Addr: 137 CARROLL STREET Hygienist.....: K.T.  
PATERSON, NJ 07501

Sample No.....: PAT-6-1006-43BX Suspect Material: PIPE  
Floor No.....: BASE Material Desc...: CMT DEBR TOP BOIL  
Room No.....: Room Desc....: BOILER ROOM Exterior Color...: GRAY  
Space No.....: 006 Sample Location Coordinates (Ft):  
Space Use....: BOILER ROOM South...: East...: 16'  
Homogeneous ID T-3 North...: 22' West...: Height: 20'

Analytical Method.....: PLM

Interior Color.....: GRAY

Gross Sample Appearance:

1. Homogeneous, Fibrous.....
2. Homogeneous, Nonfibrous.....: YES
3. Heterogeneous, Fibrous.....
4. Heterogeneous, Nonfibrous.....
5. Heterogeneous, Mixed.....

Sample Treatment:

1. Homogenized.....
2. Untreated.....: YES

Amount of Material Examined (mg)..: 3 mg

Asbestos Present:

1. Amosite (%).....: NONE
2. Chrysotile (%).....: <1
3. Crocidolite (%).....: NONE
4. Other (%).....: NONE

Total Asbestos Content (%).....: <1

Other Fibrous Material Present:

- |                      |     |                   |
|----------------------|-----|-------------------|
| 1. Fiberglass.....   |     | 4. Glass Wool...: |
| 2. Mineral Wool..... | YES | 5. Polyester...:  |
| 3. Cellulose.....    |     | 6. Other.....:    |

Nonfibrous Material Present:

- |                       |     |                       |
|-----------------------|-----|-----------------------|
| 1. Gypsum.....        |     | 8. Perlite.....:      |
| 2. Silicates.....     | YES | 9. Diatoms.....:      |
| 3. Sand.....          |     | 10. Pumice.....:      |
| 4. Cement.....        |     | 11. Paint.....:       |
| 5. Mica.....          |     | 12. Binders.....: YES |
| 6. Calcium Carbonate: |     | 13. Other.....:       |
| 7. Vermiculite.....:  |     |                       |

Lab Analyst.....: P.C.  
Date Analyzed...: 10/25/89

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300 Grand Avenue  
Englewood, New Jersey 07631  
(201) 569-6708

>> BULK SAMPLE ANALYSIS REPORT <<

FORM-BBB

=====  
Client Name...: PATERSON BOARD OF EDUCATION Project No.....: 89-178-17  
Facility.....: PATERSON SCHOOL #6 Sampling Date...: 10/06/89  
Job Site Addr: 137 CARROLL STREET Hygienist.....: K.T.  
PATERSON, NJ 07501

Sample No.....: PAT-6-0307-44B Suspect Material: PIPE  
Floor No.....: BASE Material Desc...: BREECH/EXH FLUE  
Room No.....: Exterior Color...: WHITE  
Room Desc.....: BOILER ROOM Sample Location Coordinates (Ft):  
Space No.....: 006 South...: East...: 18'  
Space Use.....: BOILER ROOM North...: 20' West...:  
Homogeneous ID T-4 Height: 20'

Analytical Method.....: PLM  
Interior Color.....: WHITE

Gross Sample Appearance:  
1. Homogeneous, Fibrous.....:  
2. Homogeneous, Nonfibrous.....:  
3. Heterogeneous, Fibrous.....:  
4. Heterogeneous, Nonfibrous.....:  
5. Heterogeneous, Mixed.....: YES

Sample Treatment:  
1. Homogenized.....:  
2. Untreated.....: YES

Amount of Material Examined (mg): 3 mg

Asbestos Present:  
1. Amosite (%).....: NONE  
2. Chrysotile (%).....: NONE  
3. Crocidolite (%).....: NONE  
4. Other (%).....: NONE

Total Asbestos Content (%).....: NONE

Other Fibrous Material Present:  
1. Fiberglass.....: 4. Glass Wool...:  
2. Mineral Wool.....: YES 5. Polyester...:  
3. Cellulose.....: YES 6. Other.....:

Nonfibrous Material Present:  
1. Gypsum.....: 8. Perlite.....:  
2. Silicates.....: 9. Diatoms.....:  
3. Sand.....: 10. Pumice.....:  
4. Cement.....: 11. Paint.....: YES  
5. Mica.....: 12. Binders.....: YES  
6. Calcium Carbonate.....: 13. Other.....:  
7. Vermiculite.....:

Lab Analyst.....: P.C.  
Date Analyzed...: 10/25/89

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Englewood, New Jersey 07631  
(201) 569-6708

>> BULK SAMPLE ANALYSIS REPORT <<

FORM-BBB

=====  
Client Name...: PATERSON BOARD OF EDUCATION Project No.....: 89-178-17  
Facility.....: PATERSON SCHOOL #6 Sampling Date...: 10/06/89  
Job Site Addr: 137 CARROLL STREET Hygienist.....: K.T.  
PATERSON, NJ 07501

Sample No.....: PAT-6-0307-45B Suspect Material: PIPE  
Floor No.....: BASE Material Desc...: BREECH/EXH FLUE  
Room No.....: Room Desc.....: BOILER ROOM Exterior Color...: WHITE  
Space No.....: 006 Sample Location Coordinates (Ft):  
Space Use.....: BOILER ROOM South...: East...: 24'  
Homogeneous ID T-4 North...: 20' West...:  
Height: 20'

Analytical Method.....: PLM

Interior Color.....: WHITE

Gross Sample Appearance:

1. Homogeneous, Fibrous.....:
2. Homogeneous, Nonfibrous.....:
3. Heterogeneous, Fibrous.....:
4. Heterogeneous, Nonfibrous.....:
5. Heterogeneous, Mixed.....: YES

Sample Treatment:

1. Homogenized.....:
2. Untreated.....: YES

Amount of Material Examined (mg)..: 3 mg

Asbestos Present:

1. Amosite (%).....: NONE
2. Chrysotile (%).....: NONE
3. Crocidolite (%).....: NONE
4. Other (%).....: NONE

Total Asbestos Content (%).....: NONE

Other Fibrous Material Present:

- |                       |     |                   |
|-----------------------|-----|-------------------|
| 1. Fiberglass.....:   |     | 4. Glass Wool...: |
| 2. Mineral Wool.....: | YES | 5. Polyester...:  |
| 3. Cellulose.....:    | YES | 6. Other.....:    |

Nonfibrous Material Present:

- |                       |  |                       |
|-----------------------|--|-----------------------|
| 1. Gypsum.....:       |  | 8. Perlite.....:      |
| 2. Silicates.....:    |  | 9. Diatoms.....:      |
| 3. Sand.....:         |  | 10. Pumice.....:      |
| 4. Cement.....:       |  | 11. Paint.....: YES   |
| 5. Mica.....:         |  | 12. Binders.....: YES |
| 6. Calcium Carbonate: |  | 13. Other.....:       |
| 7. Vermiculite.....:  |  |                       |

Lab Analyst.....: P.C.  
Date Analyzed...: 10/25/89

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>> BULK SAMPLE ANALYSIS REPORT <<

FORM-BBB

=====  
Client Name...: PATERSON BOARD OF EDUCATION Project No.....: 89-178-17  
Facility.....: PATERSON SCHOOL #6 Sampling Date...: 10/06/89  
Job Site Addr: 137 CARROLL STREET Hygienist.....: K.T.  
PATERSON, NJ 07501

Sample No.....: PAT-6-0307-46B Suspect Material: PIPE  
Floor No.....: BASE Material Desc...: BREECH/EXH FLUE  
Room No.....: Room Desc.....: BOILER ROOM Exterior Color...: WHITE  
Space No.....: 006 Sample Location Coordinates (Ft):  
Space Use.....: BOILER ROOM South...: East...: 28'  
Homogeneous ID T-4 North...: 20' West...:  
Height: 20'

Analytical Method.....: PLM

Interior Color.....: WHITE

Gross Sample Appearance:

1. Homogeneous, Fibrous.....:  
2. Homogeneous, Nonfibrous.....:  
3. Heterogeneous, Fibrous.....:  
4. Heterogeneous, Nonfibrous.....:  
5. Heterogeneous, Mixed.....: YES

Sample Treatment:

1. Homogenized.....:  
2. Untreated.....: YES

Amount of Material Examined (mg): 3 mg

Asbestos Present:

1. Amosite (%).....: NONE  
2. Chrysotile (%).....: NONE  
3. Crocidolite (%).....: NONE  
4. Other (%).....: NONE

Total Asbestos Content (%).....: NONE

Other Fibrous Material Present:

1. Fiberglass.....: 4. Glass Wool...:  
2. Mineral Wool.....: YES 5. Polyester...:  
3. Cellulose.....: 6. Other.....:

Nonfibrous Material Present:

1. Gypsum.....: 8. Perlite.....:  
2. Silicates.....: 9. Diatoms.....:  
3. Sand.....: 10. Pumice.....:  
4. Cement.....: 11. Paint.....: YES  
5. Mica.....: 12. Binders.....: YES  
6. Calcium Carbonate: 13. Other.....:  
7. Vermiculite.....:

Lab Analyst.....: P.C.  
Date Analyzed...: 10/25/89

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(201) 569-6708

>> BULK SAMPLE ANALYSIS REPORT <<

FORM-BBB

=====  
Client Name...: PATERSON BOARD OF EDUCATION Project No.....: 89-178-17  
Facility.....: PATERSON SCHOOL #6 Sampling Date...: 10/06/89  
Job Site Addr: 137 CARROLL STREET Hygienist.....: K.T.  
PATERSON, NJ 07501

Sample No.....: PAT-6-0307-47BX Suspect Material: PIPE  
Floor No.....: BASE Material Desc...: DEBRIS  
Room No.....: Exterior Color...: WHITE  
Room Desc....: BOILER ROOM Sample Location Coordinates (Ft):  
Space No.....: 006 South...: 12' East...:  
Space Use....: BOILER ROOM North...: West...: 16'  
Homogeneous ID T-3 Height: 20'

Analytical Method.....: PLM

Interior Color.....: WHITE/BROWN

Gross Sample Appearance:

1. Homogeneous, Fibrous.....:
2. Homogeneous, Nonfibrous.....:
3. Heterogeneous, Fibrous.....:
4. Heterogeneous, Nonfibrous.....:
5. Heterogeneous, Mixed.....: YES

Sample Treatment:

1. Homogenized.....:
2. Untreated.....: YES

Amount of Material Examined (mg)..: 3 mg

Asbestos Present:

1. Amosite (%).....: NONE
2. Chrysotile (%).....: 2
3. Crocidolite (%).....: NONE
4. Other (%).....: NONE

Total Asbestos Content (%).....: 2

Other Fibrous Material Present:

- |                       |     |                   |
|-----------------------|-----|-------------------|
| 1. Fiberglass.....:   |     | 4. Glass Wool...: |
| 2. Mineral Wool.....: | YES | 5. Polyester...:  |
| 3. Cellulose.....:    |     | 6. Other.....:    |

Nonfibrous Material Present:

- |                       |  |                               |
|-----------------------|--|-------------------------------|
| 1. Gypsum.....:       |  | 8. Perlite.....:              |
| 2. Silicates.....:    |  | 9. Diatoms.....:              |
| 3. Sand.....:         |  | 10. Pumice.....:              |
| 4. Cement.....:       |  | 11. Paint.....: YES           |
| 5. Mica.....:         |  | 12. Binders.....: YES         |
| 6. Calcium Carbonate: |  | 13. Other.....: FERROUS OXIDE |
| 7. Vermiculite.....:  |  |                               |

Lab Analyst.....: P.C.  
Date Analyzed...: 10/25/89



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>> BULK SAMPLE ANALYSIS REPORT <<

FORM-BBB

=====  
Client Name...: PATERSON BOARD OF EDUCATION Project No.....: 89-178-17  
Facility.....: PATERSON SCHOOL #6 Sampling Date...: 10/06/89  
Job Site Addr: 137 CARROLL STREET Hygienist.....: K.T.  
PATERSON, NJ 07501

Sample No.....: PAT-6-0307-48B Suspect Material: PIPE  
Floor No.....: BASE Material Desc...: DEBRIS TOP BOILER  
Room No.....: Room Desc.....: BOILER ROOM Exterior Color...: WHITE  
Space No.....: 006 Sample Location Coordinates (Ft):  
Space Use.....: BOILER ROOM South...: East...: 20'  
Homogeneous ID T-3 North...: 18' West...:  
Height: 20'

Analytical Method.....: PLM

Interior Color.....: GRAY

Gross Sample Appearance:

1. Homogeneous, Fibrous.....:
2. Homogeneous, Nonfibrous.....: YES
3. Heterogeneous, Fibrous.....:
4. Heterogeneous, Nonfibrous.....:
5. Heterogeneous, Mixed.....:

Sample Treatment:

1. Homogenized.....:
2. Untreated.....: YES

Amount of Material Examined (mg)..: 3 mg

Asbestos Present:

1. Amosite (%).....: NONE
2. Chrysotile (%).....: NONE
3. Crocidolite (%).....: NONE
4. Other (%).....: NONE

Total Asbestos Content (%).....: NONE

Other Fibrous Material Present:

1. Fiberglass.....:
2. Mineral Wool.....:
3. Cellulose.....:
4. Glass Wool...: YES
5. Polyester...:
6. Other.....:

Nonfibrous Material Present:

1. Gypsum.....:
2. Silicates.....: YES
3. Sand.....:
4. Cement.....:
5. Mica.....:
6. Calcium Carbonate.....:
7. Vermiculite.....:
8. Perlite.....:
9. Diatoms.....:
10. Pumice.....:
11. Paint.....:
12. Binders.....: YES
13. Other.....:

Lab Analyst.....: P.C.  
Date Analyzed...: 10/25/89

EPA-03  
R-90

DETAIL ASSOCIATES, INC.  
300 Grand Avenue  
Englewood, New Jersey 07631  
(201) 569-6708

>> BULK SAMPLE ANALYSIS REPORT <<

FORM-BBB

=====  
Client Name...: PATERSON BOARD OF EDUCATION Project No.....: 89-178-17  
Facility.....: PATERSON SCHOOL #6 Sampling Date...: 10/06/89  
Job Site Addr: 137 CARROLL STREET Hygienist.....: K.T.  
PATERSON, NJ 07501

Sample No.....: PAT-6-0307-49B Suspect Material: PIPE  
Floor No.....: BASE Material Desc...: DEBRIS TOP BOILER  
Room No.....: Room Desc.....: BOILER ROOM Exterior Color..: WHITE  
Space No.....: 006 Sample Location Coordinates (Ft):  
Space Use.....: BOILER ROOM South...: East...: 30'  
Homogeneous ID T-3 North...: 22' West...:  
Height: 20'

Analytical Method.....: PLM

Interior Color.....: WHITE

Gross Sample Appearance:

1. Homogeneous, Fibrous.....:
2. Homogeneous, Nonfibrous.....:
3. Heterogeneous, Fibrous.....:
4. Heterogeneous, Nonfibrous.....:
5. Heterogeneous, Mixed.....: YES

Sample Treatment:

1. Homogenized.....:
2. Untreated.....: YES

Amount of Material Examined (mg)..: 3 mg

Asbestos Present:

1. Amosite (%).....: NONE
2. Chrysotile (%).....: NONE
3. Crocidolite (%).....: NONE
4. Other (%).....: NONE

Total Asbestos Content (%).....: NONE

Other Fibrous Material Present:

1. Fiberglass.....:
2. Mineral Wool.....:
3. Cellulose.....: YES
4. Glass Wool...:
5. Polyester...:
6. Other.....:

Nonfibrous Material Present:

1. Gypsum.....:
2. Silicates.....:
3. Sand.....:
4. Cement.....:
5. Mica.....:
6. Calcium Carbonate:
7. Vermiculite.....:
8. Perlite.....:
9. Diatoms.....:
10. Pumice.....:
11. Paint.....:
12. Binders.....: YES
13. Other.....:

Lab Analyst.....: P.C.  
Date Analyzed...: 10/25/89



J

FOR STATE USE ONLY

ASBESTOS MANAGEMENT PLAN  
DESCRIPTION OF CHAIN OF COMMAND

Name of Responsible Governing Authority

PATERSON BOARD OF EDUCATION

Name of Facility

PATERSON SCHOOL #6

Building Assesaed

PATERSON SCHOOL #6

A. Description of a chain of command including delegation of responsibilities and procedures for reporting, obtaining supplies and storage and disposal of asbestos waste.

Mr. Joseph L. Kellermann, Jr. the Environmental Specialist for the Paterson School #6, is the LEA

Designated Person responsible for reporting to the School Board of Trustees.

The Board has given Mr. Kellermann the authority and responsibility of the LEA Designated Person to enact all duties and accept all responsibilities concerning asbestos-containing materials in the District and implementation of this Management Plan. The duties include:

- o Arranging and coordinating training of all faculty and staff with 60-day updates for all new personnel.
- o Arranging for abatement procedures called for in the abatement/response section.
- o Complying with all state, OSHA, or EPA rules or regulations regarding asbestos abatement activities.
- o Routine maintenance activities by in-house personnel.
- o Coordinating and overseeing work done by outside contractors when the possibility exists that ACBM n be disturbed by this work.
- o Establishment of a respiratory protection program for "Asbestos Maintenance" in accordance with OSHA recommendations, when District employees are trained pursuant to N.J.A.C. 12:120 and N.J.A.C. 8:60.
- o Procurement and maintenance of specialized equipment and supplies needed for implementation of this plan.
- o Monitoring of all asbestos-containing materials in the building.
- o Ensure that all asbestos waste generated at the school is packaged, transported and disposed of in accordance with EPA and NJDEP requirements and that the necessary chain of custody documentation is maintained.
- o Warnings, notifications and recordkeeping as outlined in EPA Regulation 40 CFR Part 763.94.
- o Maintenance of all medical records required by OSHA for any school employees involved in in-house repair or removal of ACBM.
- o Updating existing management program every six months or less.
- o Posting warning signs in routine maintenance areas as specified in 40 CFR 763.95, where ACBM is confirmed or assumed.

To ensure conformance with his/her duties, Mr. Kellermann has established the following procedure:

ASBESTOS MANAGEMENT PLAN - CONTINUATION SHEET

|   |  |
|---|--|
| Building Assessed<br>PATERSON SCHOOL #6 | Room/Functional Space<br>DISTRICT WIDE |
|---|--|

C. Comments / Operations and Maintenance Activities / Periodic Surveillance

FORM J - DESCRIPTION OF CHAIN OF COMMAND continued

I. QUALITY ASSURANCE

PURPOSE: Since areas of each building, where daily operations and repair/renovations occur or may occur, have ACBM, either non-friable or assumed ACBM, the following process is to be followed so as not to disturb ACM:

A. It is the Board policy of Paterson School #6 that all custodial and maintenance personnel refrain from disturbing any asbestos-containing materials or assumed ACM. Any activity and/or response actions concerning ACBM or assumed ACBM shall be delegated by the LEA Designated Person to Detail Associates, Inc., an asbestos safety control monitor, as evidenced by the attached order. The Board shall also require any facility owner in leased facilities to adhere to the conditions of the Management Plan as a condition the lease agreement.

B. All work orders in areas cited below are to be visually checked (either by hard copy or electronic transmission), against the Management Plan by Detail Associates, Inc. to certify no ACBM will be disturbed in conformance with N.J.A.C. 5:23-8.17(a)(1)(i).

Affected areas are illustrated in Form M "Plan to Inform."

C. Detail Associates, Inc., will send certification attached to (or electronically transmitted) the work order to Buildings & Grounds Department for normal processing with the reminder for employees to refrain from all prohibited activities such as:

1. Drilling holes in asbestos-containing materials.
2. Hanging plants or pictures on structures covered with asbestos-containing materials.
3. Sanding asbestos-containing floor tile.
4. Damaging asbestos-containing materials while moving furniture or other objects.
5. Installing curtains, drapes, or dividers in such a way that they damage asbestos-containing materials.
6. Dusting floors, ceiling, moldings or other surfaces in asbestos-contaminated environments with a dry brush or sweep with a dry broom.
7. Using an ordinary vacuum to clean up asbestos-containing debris.
8. Removing ceiling tiles below asbestos-containing materials without wearing the proper respiratory protection, clearing the area of other people, and observing asbestos removal waste disposal procedures.
9. Removing ventilation system filters dry.
10. Shaking ventilation system filters.

ASBESTOS MANAGEMENT PLAN - CONTINUATION SHEET

Building Assessed

PATERSON SCHOOL #6

Room/Functional Space

DISTRICT WIDE

C. Comments / Operations and Maintenance Activities / Periodic Surveillance

FORM J - DESCRIPTION OF CHAIN OF COMMAND continued

D. Where certification is in doubt, i.e., Management Plan shows ACBM confirmed or assumed IN THE FUNCTIONAL SPACE WHERE THE WORK IS TO BE DONE, the LEA Designated Person will order Detail Associates, Inc. to have an accredited inspector inspect and take bulk samples to test any assumed ACBM or inspect for the potential of disturbing any confirmed ACBM.

E. Where ACBM is found in the Management Plan or by paragraph D (above), the LEA Designated Person will order project design and specifications from Detail Associates, Inc. for the appropriate response action(s).

F. Supplies

The LEA Designated Person shall require a sample or samples, not to exceed 8 oz. in weight, and U.S. Department of Labor Material Safety Data Sheets of any building materials or supplies, ordered by the District, its contractors or subcontractors, to be delivered with the order to a location designated on the purchase order. Copies of the Material Safety Data Sheets will be sent to Detail Associates, Inc. for their review. Detail Associates, Inc. will issue additional instructions on use of the product as required. Samples and the Material Safety Data Sheets will be kept by the LEA Designated Person in a safe environment for future testing by Detail Associates, Inc. to assure the materials do not contain any ACM. These items shall become part of the on-going record for reference during reinspection.

On or about October 12, 1988, the LEA Designated Person shall order the following materials and supplies for use on any emergency or small scale, short-duration (SS,SD) project by Detail Associates, Inc. within the District:

- 1 - portable HEPA filter vacuum with attachments
- 1 - 5 gallon pail of encapsulant (tint included)
- 1 - sheet (75 sq. ft.) of encapsulating cloth
- 1 - case of Tyvek protective coveralls with attached hood and boots
- 25 - 6 mil disposable polyethylene bags
- 1 - roll (12 ft. x 10 ft.) of 6 mil polyethylene sheeting
- 1 - 2 gallon pressurized sprayer
- 2 - utility knives
- 1 - tin snips
- 5 - rolls of industrial duct tape
- 1 - roll of O.S.H.A.-approved barricade tape
- 25 - O.S.H.A.-approved hazard signs

ASBESTOS MANAGEMENT PLAN - CONTINUATION SHEET

|   |  |
|---|--|
| Building Assessed<br>PATERSON SCHOOL #6 | Room/Functional Space<br>DISTRICT WIDE |
|---|--|

C. Comments / Operations and Maintenance Activities / Periodic Surveillance

FORM J - DESCRIPTION OF CHAIN OF COMMAND continued

- 50 - heavy duty wiping cloths
- 1 - box (6) of abrasive scrubbing pads
- 2 - cans of spray encapsulant
- 2 - cans of spray adhesive
- 10 - glovebags
- 2 - brushes (for encapsulant application)
- 1 - quart of concentrated surfactant
- 1 - roll of asbestos identification labels
- 1 - smoke tube test kit
- 1 - Nylon bristle brush

F. DISPOSAL

All asbestos-containing materials or debris shall be disposed of by Detail Associates, Inc. at the end of any emergency or SS,SD project at the end of each project in accordance with N.J.A.C. 5:23-

.15.

G. RECORDS

All records of purchases shall be kept at Central Office.

ASBESTOS MANAGEMENT PLAN  
PLAN FOR REINSPECTION

K

Name of Responsible Governing Authority

PATERSON BOARD OF EDUCATION

|  |   |
|--|---|
| Name of Facility<br>PATERSON SCHOOL #6 | Building Assessed<br>PATERSON SCHOOL #6 |
|--|---|

B. Explain plans for reinspection.

On or prior to September 1, 1991, the LEA Designated Person shall have this facility reinspected and reassessed for all known or assumed friable and non-friable ACBM by an accredited inspector from Detail Associates, Inc., an environmental engineering company.

The accredited inspector shall:

1. reinspect all known or assumed ACBM and shall determine by touching whether non-friable material has become friable since the last inspection,
2. sample any newly friable materials or continue to assume the material to be ACBM,
3. record changes in the material's conditions, sample locations, and the inspection date for inclusion in the management plan,
4. assess newly friable known or assumed ACBM, re-assess the condition of friable known or assumed ACBM, and
5. submit assessment and reassessment information to the building owner within 30 days of the reinspection for inclusion in the management plan.
6. determine and record if the accessibility status of the area.

For any homogeneous areas which were assumed to contain ACM and have become friable, bulk samples shall be taken and analyzed by an accredited laboratory. A "Chain of Custody" for accompany every sample. Exact locations where samples are collected; the method used to determine sampling locations, and the condition of each homogeneous area shall be written and photographically recorded at that time.

All records shall be signed by the accredited inspector with his/her state of accreditation, accreditation number and date of expiration.

If, during the course of conducting the reassessment of ACBM, the inspector determines that a functional space contains significantly damaged friable surfacing ACBM or significantly damaged friable miscellaneous ACBM, he shall notify the Designated Person immediately. The Designated Person is required to:

1. Immediately isolate the functional space and restrict access, unless isolation is not necessary to protect human health and the environment.
2. Remove the material in the functional space or enclose or encapsulate it if such a procedure is sufficient to contain fibers.

In addition, the accredited inspector shall review all U.S. Department of Labor Material Safety Data Sheets, collect the samples from all material and supplies ordered and delivered to this facility



ASBESTOS MANAGEMENT PLAN - CONTINUATION SHEET  
PLAN FOR REINSPECTION

Building Assessed

PATERSON SCHOOL #6

Room/Functional Space

DISTRICT WIDE

Comments / Operations and Maintenance Activities / Periodic Surveillance

from initial inspection date through September 1991, as specified in Form J "Description of Chain of Command", paragraph F. All suspected samples shall be tested by an accredited laboratory to determine the material is free of ACM.

The LEA Designated Person shall revise this Management Plan to incorporate the reinspection information and submit the revised Plan to the New Jersey Department of Health and U.S. Environmental Protection Agency, Region II by October 12, 1991.

A copy of this Management Plan and the revised 1991 inspection and Management Plan shall be kept in the office of this facility, Central Office and be made known and available to the employees, students, parents of students, occupants, outside contractors, and the public in accordance with the guidelines of Form M of this Management Plan.

Reinspection may be ordered, however, at any time prior to September 1, 1991 when the Designated Person prepares to proceed with any renovation or repair of any area of confirmed or assumed ACBM. If ACBM is found pursuant to Form J of this Management Plan, Detail Associates, Inc. will design a project abatement for removal of ACBM from the affected area(s), write specification and supply all information needed for the advertised bid.

If no ACM is found in an area of assumed ACBM, the Designated Person shall have an accredited inspector certify the area is free of ACM and shall revise this Management Plan accordingly. The revision shall be filed with the New Jersey Department of Health and U.S. Environmental Agency, Region II.

All non-asbestos-containing samples collected since the previous inspection or reinspection shall be disposed of pursuant to all federal, state and municipal laws regarding garbage, hazardous, or non-hazardous waste, including any current state and municipal recycling laws.

This process for reinspection shall be repeated after October 13, 1991 prior to October 12, 1994.

A copy of the revised Management Plan shall be kept in the office of this facility, Central Office and be made known and available to the employees, students, parents of students, occupants, outside contractors, and the public in accordance with the guidelines of Form M of this Management Plan.

All original records shall remain in the protective custody of the LEA Designated Person for a period of 30 years.

L

FOR STATE USE ONLY

ASBESTOS MANAGEMENT PLAN  
PLAN FOR OPERATIONS AND MAINTENANCE ACTIVITIES

Name of Responsible Governing Authority

PATERSON BOARD OF EDUCATION

Name of Facility

PATERSON SCHOOL #6

Building Assessed

PATERSON SCHOOL #6

C. Explain a plan for operations and maintenance activities, including periodic surveillance. Include information regarding work practices, equipment, disposal, supplies, respiratory protection program, medical surveillance, etc.

It is the Policy of the Board that all ACBM or assumed ACBM in District facilities will be contracted to Detail Associates, Inc. and that District employees shall refrain from disturbing any ACBM or assumed ACBM as identified in this Plan. Equipment and supplies, other than itemized in Form J for use by Detail Associates, Inc. on District emergency or SS,SD projects, will not be ordered.

I. QUALITY ASSURANCE

PURPOSE: Since areas of this school building where repair/renovations will occur have ACBM either friable, non-friable, or assumed ACBM, the following process is to be followed so as not to disturb ACM:

A. All work orders are to be visually checked (either by hard copy or electronic transmission), against the Management Plan by the LEA Designated Person to certify no ACBM will be disturbed [conforms with N.J.A.C. 5:23-8.17 (a)(1)(i)].

B. LEA Designated Person will send certification attached to (or electronically transmitted) the work order to Buildings & Grounds Department for normal processing with the reminder for employees to refrain from all prohibited activities such as:

1. Drilling holes in asbestos-containing materials.
2. Hanging plants or pictures on structures covered with asbestos-containing materials.
3. Sanding asbestos-containing floor tile.
4. Damaging asbestos-containing materials while moving furniture or other objects.
5. Installing curtains, drapes, or dividers in such a way that they damage asbestos-containing materials.
6. Dusting floors, ceiling, moldings or other surfaces in asbestos-contaminated environments with a dry brush or sweep with a dry broom.
7. Using an ordinary vacuum to clean up asbestos-containing debris.
8. Removing ceiling tiles below asbestos-containing materials without wearing the proper respiratory protection, clearing the area of other people, and observing asbestos removal waste disposal procedures.
9. Removing ventilation system filters dry.
10. Shaking ventilation system filters.

ASBESTOS MANAGEMENT PLAN - CONTINUATION SHEET

Name of Facility

PATERSON SCHOOL #6

Building Assessed

PATERSON SCHOOL #6

Comments / Operations and Maintenance Activities / Periodic Surveillance  
FORM L - PLAN FOR OPERATIONS AND MAINTENANCE CONTINUED

C. Where certification is in doubt, i.e., Management Plan shows ACBM confirmed or assumed IN THE FUNCTIONAL SPACE WHERE THE WORK IS TO BE DONE, LEA Designated Person will order inspection and testing of assumed ACBM or inspection for potential to disturb confirmed ACBM by an accredited inspector from Detail Associates, Inc.

D. Where ACBM is found in Management Plan or by paragraph C (above), LEA Designated Person will order project design and specifications by Detail Associates, Inc. Detail Associates, Inc. shall assure the following response actions:

1. Small-Project, Short Duration (<3sf, <3lf)

Source: 40 CFR 763 Appendix B

General Requirements, but see #2 for more restrictive New Jersey requirements:

- a. 16-hour trained maintenance personnel, see paragraph III (A)(1-5) and (6(a - e) of this Section.
- b. Post signs; restrict entry to area
- c. Shut off or temporarily modify air-handling system
- d. Use proper work practices or other controls (Appendix 7 of this Plan)
- e. Clean all fixtures or other components in the immediate work area
- f. Wet-wipe and remove all movable objects from the area or cover with 6-mil thick polyethylene plastic; HEPA vacuum
- g. Wet and remove all ventilation filters
- h. Use disposable clothing and respirators
- i. Place asbestos debris and other cleaning materials in a sealed, leak-tight container
- j. Properly dispose of all materials, debris and cleaning mops, rags, etc. pursuant to N.J.A.C. 5:23-8.15. Note: storage of asbestos-containing materials is not allowed in New Jersey.

k. Records to AHERA files in building and Central Office

2. Minor Asbestos Hazard Abatement Project (<25sf, <10lf)

Source: N.J.A.C. 5:23-8.5

General Requirements (all of the above with the following inclusions and exceptions):

- a. Pre-Project Procedure (2-hour custodial training per paragraph III (A)(1 - 5) of this Section).

ASBESTOS MANAGEMENT PLAN - CONTINUATION SHEET

Name of Facility

PATERSON SCHOOL #6

Building Assessed

PATERSON SCHOOL #6

Comments / Operations and Maintenance Activities / Periodic Surveillance

FORM L - PLAN FOR OPERATIONS AND MAINTENANCE CONTINUED

- b. NJDOL Permit workers.
- c. General Isolation of area
- d. Proper Clean-Up procedures, including HEPA vacuuming and wet-wiping
- e. Shower facilities
- f. Prep area
- g. Wet methods, whether glove bag or mini-enclosure
- h. Proper disposal of all Asbestos-containing materials and clean-up equipment)

pursuant to N.J.A.C. 5:23-8.15.

i. Specific records to AHERA file at Central Office, School Building and to Building Inspector.

3. Small Asbestos Hazard Abatement Project

Source: N.J.A.C. 5:23-8.12 (25-160 sf; 10-260 lf)

General Requirements (all of the above with the following inclusions and exceptions):

- a. Pre-project procedures (2-hour custodial training per paragraph III (A)(1 - 5) of this Section.
- b. NJDOL licensed contractor
- c. Asbestos Safety Control Monitor (ASCM)
- d. Asbestos Construction Permit from Building Inspector
- e. Final air test (PCM until specified dates at 0.010 f/cc, pursuant to N.J.A.C. 5:23-8.23.
- f. Building not in general use
- g. Removal according to proper procedure; Addendum 1 of this Section, "Work Sequence."
- h. Certificates of Completion and Occupancy
- i. Records to AHERA files in building, Central Office and Building Inspector

4. Large Asbestos Hazard Abatement Project

Source: N.J.A.C. 5:23-8.11 (>160 SF; > 260 LF)

General Requirements (all of the above with the following inclusions and exceptions):

- a. Pre-project procedures (2-hour custodial training per paragraph III (A)(1 - of this Section.
- b. NJDOL licensed contractor

ASBESTOS MANAGEMENT PLAN - CONTINUATION SHEET

Name of Facility

Building Assessed

PATERSON SCHOOL #6

PATERSON SCHOOL #6

Comments / Operations and Maintenance Activities / Periodic Surveillance

- c. Asbestos Safety Control Monitor
- d. Asbestos Construction Permit from Building Inspector
- e. Final air test (PCM until specified dates at 0.010 f/cc or TEM, pursuant to N.J.A.C. 5:23-8.23 and NJDOH Order June 29, 1987.
- f. Unoccupied building
- g. Removal according to proper procedure; Addendum 1 of this Section, "Work Sequence."
- h. Certificates of Completion and Occupancy
- i. Records to AHRA files in building, Central Office and Building Inspector

E. In case of an Emergency, such as blown water or steam pipe, pipe leaks or fire, the LEA Designated Person will instruct trained maintenance personnel to:

- a. Stop problem source
- b. Seal off area and restrict entry
- c. Post warning signs
- d. Evacuate the building and call NJDOH and NJDCA to notify each agency if project exceeds or may exceed Minor Asbestos Hazard Abatement Project status. A blown water or steam line, for instance, could spread asbestos thermal insulation over a large area and water from fire hoses could significantly damage previously undamaged asbestos-containing material, requiring immediate removal.

e. Proceed based on applicable job size classification noted above.

(SOURCE: Personal interview with J. Murphy of NJDOH on 7/1/88)

F. Fiber release episodes

1. Minor fiber release episode. Detail Associates, Inc. shall ensure that the procedures described below are followed in the event of a minor fiber release episode (i.e., the falling or dislodging of 3 square or linear feet or less of friable ACBM):

- a. Thoroughly saturate the debris using wet methods.
- b. Clean the area, as described in paragraph IV "Cleaning" of this Plan.
- c. Place the asbestos debris in a sealed, leak-tight container.
- d. Repair the area of damaged ACM with materials such as asbestos-free spackling, plaster, cement,

or insulation, or seal with latex paint or an encapsulant, or immediately have the appropriate response action implemented as required by paragraph I D)(1-2) of this Section.

(2) Major fiber release episode. Detail Associates, Inc. shall ensure that the procedures described below are followed in the event of a major fiber release episode (i.e., the falling or

ASBESTOS MANAGEMENT PLAN - CONTINUATION SHEET

Name of Facility

Building Assessed

PATERSON SCHOOL #6

PATERSON SCHOOL #6

Comments / Operations and Maintenance Activities / Periodic Surveillance

FORM L - PLAN FOR OPERATIONS AND MAINTENANCE CONTINUED

dislodging of more than 3 square or linear feet of friable ACBM) as required in paragraph I (D)(3-4) of this Section.

a. Restrict entry into the area and post signs to prevent entry into the area by persons other than those necessary to perform the response action.

b. Shut off or temporarily modify the air-handling system to prevent the distribution of fibers to other areas in the building.

c. The response action for any major fiber release episode must be designed by persons accredited to design response actions and conducted by persons accredited to conduct response actions.

II. PROTECTION OF BUILDING OCCUPANTS AND PUBLIC

A. Detail Associates, Inc. shall ensure that the procedures described below to protect building occupants shall be followed for any operations and maintenance activities disturbing friable ACBM:

1. Restrict entry into the area by persons other than those necessary to perform the maintenance project either by physically isolating the area or by scheduling.
2. Post signs to prevent entry by unauthorized persons.
3. Shut off or temporarily modify the air-handling system and restrict other sources of air movement.
4. Use work practices or other controls, such as, wet methods, protective clothing, HEPA-vacuums, mini-enclosures, glove bags, as necessary to inhibit the spread of any released fibers.
5. Clean all fixtures or other components in the immediate work area.
6. Place the asbestos debris and other cleaning materials in a sealed, leak-tight container.
7. Properly dispose of all materials, debris and cleaning mops, rags, etc. pursuant to N.J.A.C. 5:23-8.15.

III. Training

A. Training

District employees have received the required 2 hours training by Detail Associates, Inc. New custodial and maintenance employees shall be trained within 60 days after commencement of employment. The LEA Designated Person shall receive notice

ASBESTOS MANAGEMENT PLAN - CONTINUATION SHEET

|                                   |   |
|-----------------------------------|---|
| of Facility<br>PATERSON SCHOOL #6 | Building Assessed<br>PATERSON SCHOOL #6 |
|-----------------------------------|---|

Comments / Operations and Maintenance Activities / Periodic Surveillance  
FORM L - PLAN FOR OPERATIONS AND MAINTENANCE CONTINUED

of employment from the Personnel Department of all new employees for the purposes of providing the training. The LEA Designated Person shall maintain training records in each employee's file and in the Central Office AHERA file.

Training included, but was not limited to:

1. Information regarding asbestos and its various uses and forms.
2. Information on the health effects associated with asbestos exposure.
3. Locations of ACBM identified throughout each school building in which they may work.
4. Recognition of damage, deterioration, and delamination of ACBM.
5. Name and telephone number of LEA Designated Person and the availability and location

of the Management Plan.

6. Upon decision of the Board to have District employees do work involving ACBM or assumed ACBM, the LEA Designated Person shall ensure that all members of its maintenance and custodial staff who conduct any activities that will result in the disturbance of ACBM shall receive training described in 1 - 5 above and 14 hours of additional training. Additional training shall include, but not be limited to:

- a. Descriptions of the proper methods of handling ACBM.
- b. Information on the use of respiratory protection as contained in the EPA/NIOSH

Guide to Respiratory Protection for the Asbestos Abatement Industry, September 1986 (EPA 560/OPTS-86-001), available for study in the Buildings & Grounds Department.

c. The provisions of this section and section 763.91, Appendices A, B, C, D of this part, EPA regulations contained in 40 CFR Part 763, Subpart G, and in 40 CFR Part 61, Subpart M, and OSHA regulations contained in 29 CFR 1926.58 are also available for study in the Buildings & Grounds Department.

d. Hands-on training in the use of respiratory protection, other personal protection measures, and good work practices.

e. Local education agency maintenance and custodial staff who have attended EPA-approved asbestos training or received equivalent training for O&M and periodic surveillance activities involving asbestos shall be considered trained for the purposes of this section.

f. The District Respiratory and Medical Surveillance Programs are included in this Section at Addendums 2 and 3, respectively.

g. Detail Associates, Inc. shall ensure that all outside contractors and tradesperson who are working on school property have received training in recognition of asbestos-

ASBESTOS MANAGEMENT PLAN - CONTINUATION SHEET

Name of Facility

Building Assessed

PATERSON SCHOOL #6

PATERSON SCHOOL #6

Comments / Operations and Maintenance Activities / Periodic Surveillance  
FORM L - PLAN FOR OPERATIONS AND MAINTENANCE CONTINUED

containing materials prior to starting to work on any school property project. The LEA Designated Person shall ensure that each outside contractor or tradesperson has a plan of any functional space containing confirmed or assumed ACBM where he or she is to work.

IV. Periodic surveillance

A. At least once every 6 months after the Management Plan is in effect, Detail Associates Inc. shall conduct or order periodic surveillance in each building that it leases, owns, or otherwise uses as a school building that contains ACBM or is assumed to contain ACBM.

1. Each person performing periodic surveillance shall:

a. Visually inspect and photographically document all areas that are identified in the Management Plan as ACBM or assumed ACBM.

b. Record the date of the surveillance, his or her name, and any changes in the condition of the materials.

c. Submit to the LEA Designated Person a copy of such record for inclusion in the Management Plan.

2. In addition, all custodians and maintenance personnel have been instructed that if, during the course of their normal activities, they find a functional space contains significantly damaged friable surfacing ACBM or significantly damaged friable miscellaneous ACBM, they will notify the LEA Designated Person immediately. The Designated Person will order the following steps to be taken:

a. Immediate isolation of the functional space and restrict access, unless isolation is not necessary to protect human health and the environment.

b. Removal of the material in the functional space or enclosure or encapsulation of it if such a procedure is sufficient to contain fibers.

V. Worker Protection

A. Detail Associates, Inc. shall provide worker protection cited at 40 CFR 763.121 and included in Addendum 4 of this Section during asbestos abatement projects.

VI. Cleaning

A. Initial Cleaning. The LEA Designated Person shall order all areas of a school building where friable ACBM, damaged or significantly damaged thermal system insulation ACM, or friable suspected ACBM assumed to be ACM are present shall be cleaned at least once during the Winter or Spring School Vacation and before the initiation of any response action, other than O&M activities or repair, according to the following procedures:



ASBESTOS MANAGEMENT PLAN - CONTINUATION SHEET

|                                   |   |
|-----------------------------------|---|
| of Facility<br>PATERSON SCHOOL #6 | Building Assessed<br>PATERSON SCHOOL #6 |
|-----------------------------------|---|

Comments / Operations and Maintenance Activities / Periodic Surveillance  
FORM L - PLAN FOR OPERATIONS AND MAINTENANCE CONTINUED

1. HEPA-vacuum or steam clean all carpets
2. HEPA-vacuum or wet-clean all other floors and all other horizontal surfaces.
3. Dispose of all debris, filters, mopheads, and cloths in sealed, leak-tight containers.

B. Additional cleaning. The accredited management planner shall make a written recommendation to the local education agency whether additional cleaning is needed, and if so, the methods and frequency of such cleaning.

DETAIL ASSOCIATES, INC  
310 Grand Avenue  
Engelwood, New Jersey 07631

201 569 6708

WORK SEQUENCE - ASBESTOS HAZARD ABATEMENT PROJECT

Detail Associates, Inc shall ensure that all School District maintenance workers or contractors doing any phase of a small or large asbestos hazard abatement project are in possession of current permits issued by NJDOT and will strictly follow these operating guidelines. Adherence to these procedures ensures that each job will be performed to the highest professional standards, and that asbestos abated properties will comply with all pertinent safety and insurance regulations.

The Work Sequence outlined below conforms with New Jersey asbestos abatement regulations, and is followed meticulously by this School District.

1. CAUTIONS SIGNS. Cautionary signs are placed at all points of egress and exit to the work area.
2. PRE PROJECT PROCEDURE. All movable items not attached to asbestos are wet-wiped and/or HEPA vacuumed, and then removed from the work area by School District maintenance/ custodial workers who have permitted by NJDOT pursuant to N.J.A.C. 8-60 and N.J.A.C. 12-120 unless otherwise specified or the area is certified by the LEA Designated Person to be free of asbestos contamination per O&H Plan, Form L, 1(A).
3. ASCH PRE-COMMENCEMENT INSPECTION; OPTIONAL NJDEA PRE-COMMENCEMENT INSPECTION
4. ASCH WRITTEN NOTICE TO CONTRACTOR TO PROCEED
5. DECONTAMINATION CHAMBER. A secure decontamination chamber is constructed on-site.
6. LIGHTING/VENTILATION SYSTEM. The heating, ventilation and air conditioning (HVAC) and lighting systems are shut down and sealed off.
7. EMERGENCY PROCEDURES. Written emergency procedures are established, and posted throughout the work area.
8. CRITICAL BARRIERS. All critical barriers (except for HVAC ducts) are securely sealed, using two (2) layers of 6 mil polyethylene sheeting and, where required, woodframe and plywood barriers/partitions.
9. HVAC FILTERS, DUCTS. All filters are wetted and removed from the HVAC system and disposed of according to handling procedures for all contaminated waste materials. HVAC ducts are then securely sealed, using two (2) layers of 6 mil polyethylene sheeting.
10. NON REMOVABLE OBJECTS. All non removable objects are wet-wiped and/or HEPA vacuumed, and then secured covered with two (2) layers of 6 mil polyethylene sheeting.
11. ATTACHED OBJECTS. All removable electrical, heating and ventilating equipment or objects attached to asbestos surfaces are removed from the work area and wet cleaned.
12. WALLS AND FLOORS. All floor and wall surfaces are now plasticized.

Floors are covered with two (2) layers of 6 mil polyethylene sheeting; first layer of polyethylene floor sheeting is to extend up the wall at least 12 inches from each floor/wall juncture; the second layer shall extend up the sidewalls at least 24 inches from each floor/wall juncture. Floor drains are covered

first individually with two (2) layers of 6 mil polyethylene; then covered with all other floor covering.

Wall surfaces are then covered with at least one (1) layer of 6-mil polyethylene sheeting, which extends from wall/ ceiling junctures to at least 18 inches overlap of the second floor layer.

Great care is to be taken to ensure against any seams in floor and wall sheeting, especially in corners.

13. NEGATIVE AIR SYSTEM The negative air system, ensuring against the outflow of air from the work area is installed and activated.

14. REMOVAL All asbestos material designated for removal is now removed, carefully following these four steps:

a. All asbestos material is thoroughly wetted, insuring against a high incidence of airborne fiber concentrations;

b. Asbestos materials now removed, and securely double bagged in labeled 6 mil polyethylene bags while still wet. Fiber drums are also double bagged with labeled 6 mil polyethylene bags.

c. Stripped surfaces are thoroughly brushed and wet-wiped to remove all asbestos remnants;

d. After removal operations, all accessory equipment is wrapped in 6-mil polyethylene sheeting, taken to a secure equipment room for decontamination and subsequent removal.

15. CLEAN UP; INSPECTION The critical clean up phase is coordinated with inspection in this eight step procedure:

a. All surfaces in the containment area are thoroughly wet wiped and allowed to dry;

b. ASCEM clean up inspection (requested 48 hours prior) and HUDOH Visual Inspection of occupied areas.

c. Inspector is notified in writing that the containment area is ready for pre-encapsulation inspection;

d. ASCEM written acceptance of Pre sealant inspection.

e. After the area is inspected, all surfaces in the containment area are encapsulated with a light colored encapsulant and allowed to dry.

f. Polyethylene sheeting is now carefully removed from all wall and floor surfaces, and rolled for removal in double 6 mil polyethylene bags. Critical barriers are still in place during this procedure.

g. All surfaces in the containment area are thoroughly wet wiped and allowed to dry; wet wiping then repeated;

h. Critical barriers are now encapsulated;

i. Inspector is notified that work area is ready for visual inspection;

j. Assuming no visible contamination is discovered during the inspection, a final air tests (FET) are then taken.

14. FINAL AIR TEST. If the results of the final air tests show a level above 0.010 fiber/cubic centimeter, the entire area will be wet-wiped and dried two additional times; the test can then be repeated.
15. If the results of the final air tests show a level of 0.010 f/cc or below, ASCM issues written notice to remove Critical Barriers.
16. Critical barriers (including the decontamination chamber) are removed. Areas beneath the critical barrier structures are then carefully wet-wiped, to complete the entire operation.
17. WASTE REMOVAL. All asbestos containing materials, polyethylene sheeting, contaminated clothing and cleaning cloths in 6 mil polyethylene bags shall be moved through the decontamination chamber to the shower room where the outer bag shall be removed. The inner bag shall be wet-wiped in the shower prior to being moved out of the containment area. The outer bag shall be disposed of as contaminated in a new bag which is then wet-wiped before moving it out of the containment area. Waste shower water shall be added to asbestos contaminated waste.
18. ASCM Final Visual Inspection after Critical Barriers are removed. NIDCA Final Visual Inspection optional.
19. DETACHED OBJECTS. Return all electrical, heating and ventilating equipment or objects that were attached to asbestos surfaces and removed from the work area.
20. ASCM written Certificate of Completion to Building Inspector.
21. Building Inspector verifies building restored to Uniform Construction Code.
22. Certificate of Completion by Building Inspector.

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## RESPIRATORY PROGRAM

Uncontained asbestos represents a health risk to all in its proximity and, in particular, to those involved in its containment and removal. Recognizing this, DETAIL ASSOCIATES, INC. is named the HEALTH and SAFETY COORDINATOR for this facility. DETAIL ASSOCIATES, INC. employs a rigorous program of respiratory safety procedures for all field workers to ensure their safety and that of building occupants. The program, detailed below, illustrates the commitment of DETAIL ASSOCIATES, INC. to the highest standards of safety both for ALL asbestos workers and those who live or work in buildings under their asbestos-abatement responsibility.

## TRAINING

Each worker who will be working in asbestos abatement operations receives an in-depth orientation to the hazards inherent in the handling of asbestos and the procedures designed to assure his or her safety. This training orientation includes all the following topics:

1. An overall rationale for the necessity of respiratory protection against exposure to asbestos.
2. The nature, extent and effects of asbestos exposure to the human body. This discussion includes information on the types of cancer and other diseases associated with exposure to asbestos, the epidemiological record for regularly-exposed groups (such as pipe insulators), and the relationship between cigarette smoking and asbestos exposure in their harmful effects on the body.
3. Asbestos-handling standards, which require the use of engineering controls to reduce airborne concentrations of asbestos, emphasizing that even the most stringent controls cannot eliminate such concentrations altogether.
4. Respirator equipment selection, which is made in accordance with measured amounts of airborne asbestos.
5. The operation, capabilities and limitations of selected respirators. This includes a discussion of Respirator Protection Fa as the National Institute for Occupational Safety & Health regarding the use of respirators.
6. General procedures for inspecting, donning, checking fit, and the wearing of the respirator for the duration of a

work shift.

7. Maintenance, cleaning, disinfecting and storing respirators.

## WEARING INSTRUCTIONS

Each asbestos-abatement worker is given intensive instruction and training on the proper wearing of his or her respirator, including practical demonstrations and practice exercises as follows:

1. Basic instruction on donning, wearing and removing the respirator properly.

2. Adjusting the respirator to insure that its inlet covering is properly fitted on the wearer and that the respirator causes the wearer a minimum of discomfort.

3. Orientation exercise, wherein the worker is allowed to wear the respirator in a safe atmosphere for a period of time adequate to familiarize him or her thoroughly with the operational characteristics of the respirator.

4. Exercise wherein the worker wears the respirator in a test atmosphere, to demonstrate that the respirator does provide protection to the wearer. A test atmosphere is one in which the worker can carry out activities simulating work movements, and which allows the worker to detect respirator leakage or malfunction.

Such qualitative fit-testing employs isoamyl acetate vapor (banana oil), and organic vapor cartridges inserted into the respirator; irritant smoke with organic vapor cartridges, or a saccharine mist utilizing filter media for dust, fumes and mists.

## RESPIRATOR FIT & SEAL

Because of certain facial characteristics, certain individuals will find it impossible to obtain a proper facial seal with a respirator. No such worker is assigned a respirator; these employees are assigned to non-asbestos environments. Some of the conditions that result in improper facial seals are:

1. Facial hair, including mustache, stubble, sideburns, beard; a low hairline or bangs can also interfere with the sealing surface of the respirator.

2. Facial structures, such as small and large faces or certain nose shapes can interfere with a proper facial seal.

3. Missing teeth or dentures can prevent a proper facial seal.

To insure strict adherence to respirator fitting procedures, records are kept of Respirator Fitting Tests. These records include:

1. Type of Respirator Fitting Test used;

2. Specific make and model of respirator used;
3. Name of person tested;
4. Name of test operator;
5. Date of test;
6. Results of test.

#### RESPIRATOR CLEANING & SANITIZING

The importance of cleaning and sanitizing respirator equipment is carefully stressed. The DETAIL ASSOCIATES, INC. program requires that each employee is issued his or her own respiratory device.

Respirators are cleaned and sanitized daily. Depending on job conditions, this responsibility will either be assigned to one worker, or will be the individual responsibility of each worker for his or her own equipment.

Procedures for the cleaning and sanitizing of respirator equipment are as follows:

1. Before cleaning and sanitizing, the following components of the respiratory inlet covering assemblies are removed: filters, cartridges, canisters, speaking diaphragms, demand and pressure-demand valve assemblies, and any other components recommended by the manufacturer of the respirator.
2. Respiratory inlet covering assemblies are washed in warm (49 degree C or 120 degree F minimum temperature) cleaner/sanitizer solution. A stiff-bristle (not wire) brush may be used to facilitate removal of dirt or other foreign material.
3. Respiratory inlet covering assemblies are rinsed in clean, warm water.
4. All water is drained from the respiratory inlet covering assemblies, which are then air-dried.
5. All parts removed from the respirator inlet covering assemblies are cleaned and sanitized, according to manufacturer's specifications.
6. Respiratory inlet covering assemblies, all parts and all gasket and valve sealing surfaces are hand-wiped with a damp, lint-free cloth as needed to remove water residue and all foreign materials.
7. Parts are inspected, and replaced if found defective.
8. Parts on respiratory inlet covering assemblies are re-assembled.

9. New filters, cartridges and canisters are attached to respiratory inlet coverings.
10. Parts and respiratory assemblies are visually inspected and, where possible, tested for proper functioning.
11. Assembled respirators are placed in appropriate containers for storage.

#### RESPIRATOR INSPECTION, REPAIR AND STORAGE

Each respirator shall be inspected routinely before and after each use. The inspection, repair and storage guidelines follow:

1. After being cleaned and sanitized, each respirator is inspected to determine if it is in proper working condition, if it requires replacement of parts or repairs, or if it should be discarded.

Respirator inspection includes a check for tightness of connections, for the condition of the respiratory inlet covering, head harness, valves, connecting tubes, harness, assemblies, filters, cartridges, canisters, end-of-life indicator and shelf-life date(s), and for the proper function of regulators, alarms and other warning systems.

2. Each rubber or other elastomeric part is inspected for pliability and signs of deterioration. Each air and oxygen cylinder is inspected to insure that it is fully charged according to manufacturer's instructions.

3. PART REPLACEMENT & REPAIR. Replacement of parts and/or repairs is performed only by persons trained in proper respirator assembly and correction of possible malfunctions and defects. Only replacement parts designed for the specific respirator being repaired are used. Reducing or admission valves, regulators and alarms are returned to their manufacturer or to a trained technician for repair of adjustment.

Instrumentation for valve, regulator and alarm adjustments and tests must be those approved by the valve, regulator or alarm manufacturer.

4. STORAGE. Respirators are stored in a manner that protects them against dust, sunlight, heat, extreme cold, excessive moisture or damaging chemicals. Respirators are stored in a way that prevents distortion of rubber and other elastomeric parts. Respirators are not stored in such places as lockers or tool boxes, unless they are protected from contamination, distortion and damage.



## IV. MEDICAL SURVEILLANCE

## ADDENDUM #3 MEDICAL SURVEILLANCE

### Introduction

OSHA 1910.134 (h) (10) requires that no employee be assigned to a task that requires the use of a respirator, unless it has been determined that the person is physically able to perform under such conditions. In addition, once a determination is made as to physical ability to wear a respirator and perform the work task, a review of the employee's health status must be made periodically. For instance, "annually." A physician with knowledge of pulmonary disease and respiratory protection practices should determine what medical factors are pertinent, which tests will be performed and ultimately whether or not an employee may wear a respiratory protection device.

### Physiological Factors

Wearing any type of respirator imposes some physiological stress on the wearer. With air purifying devices, resistance to inhalation is always experienced because the filter or chemical cartridge restricts air flow; in addition, the wearer must work against the exhalation valve upon expiration. Similar breathing resistance will be encountered when using demand type air line respirators or self contained breathing apparatus (SCBA). The exhalation valve used in pressure demand SCBA or air line devices is designed to always maintain positive pressure within the mask; therefore, significant exhalation breathing resistance is encountered when using this equipment.

The bulk and weight of SCBA (up to 45 lbs.) will be of some concern, especially when the employee must perform strenuous work. Air line respirator outlets require that the wearer strap around the air line hose, which will also add to the stress of job performance.

### Pulmonary Factors

Respirator wearers should be examined for any evidence of respiratory impairment such as emphysema, obstructive lung disease, bronchial asthma, etc. Historical and clinical evidence of impairment of pulmonary function, including x-ray findings: a reduction in vital capacity or forced expiratory volume, may justify forbidding a person to wear a respirator that restricts inhalation and exhalation (the individual may be able to perform adequately in a continuous flow supplied air device). *Breathing difficulty may not, in and of itself, prohibit the wearing of a respirator if the employee is reasonably comfortable using the device, and a proper medical clearance has been obtained, especially when such a prohibition might deprive the individual of the individual.*

### Cardiovascular

The use of air purifying, demand type or pressure demand supplied air devices may pose a serious problem for employees with cardiovascular disease. These people may be able to use continuous flow devices. As always, the physician must make the final determination.

Serious consideration should be given to the assignment of employees with cardiovascular disease to a job where they need *not* respond to an emergency situation or escape from a contaminated area with respiratory protective devices.

### Health Problems

Conditions that may prevent an employee from wearing a respirator, and thus from working in a contaminated area, include:

- a. Diabetes, insipidous or mellitus
- b. Epilepsy, Grand mal or petit mal
- c. Alcoholism
- d. Use of certain medication
- e. Fungus ear drum
- f. Skin sensitivities
- g. Impaired or non-existent sense of smell
- h. Emphysema
- i. Chronic pulmonary obstructive disease
- j. Bronchial asthma
- k. X-ray evidence of pneumoconiosis
- l. Evidence of reduced pulmonary function
- m. Coronary artery disease or cerebral blood vessel disease
- n. Severe or progressive hypertension
- o. Anemia, pernicious
- p. Pneumomediastinum gap
- q. Communication of sinuses through upper jaw to oral cavity
- r. Experiences breathing difficulty when wearing a respirator
- s. Experiences claustrophobia when wearing a respirator
- t. Any other condition that the plant physician determines to place the employee at added physical risk.

### Facial Irritation

Facial deformities or excessive facial hair, as determined by the examining physician, may prohibit wearing of certain types of respirator facepieces or mouthpieces, since the face to face piece seal may not be adequate or reliable.

**Psychological Limitation**

While somewhat less clearly defined than physical limitations in respirator usage, psychological factors may prevent an employee from wearing a respirator. A physician should be consulted for advice in these cases.

A somewhat more difficult problem to deal with is discomfort. A respirator that is improperly fitted or causes continual discomfort will inevitably result in an industrial relations problem. These problems generally can be avoided by proper fitting, education and training.

## V. PROGRAM SURVEILLANCE AND EVALUATION

### Introduction

OSHA 1910.134(h)(9) requires regular evaluation of the effectiveness of the respirator program. Frequent monitoring is necessary to ensure that employees are properly protected from respiratory hazards. It is recommended that the program be evaluated annually. The written operating procedures should be modified to reflect the evaluation results if necessary.

### Respirator Inspection

Periodic inspection of respirator use will determine whether the correct respirators are being used and worn properly.

Examination of respirators in use and in storage will indicate how well they are maintained.

### Employee Acceptance

Workers should be consulted periodically by their supervisor about their acceptance of the respirators. They should be questioned about discomfort, breathing resistance, fatigue, interference with vision or communication, restriction of movement, and interference with job performance. Some discussion of employee confidence in the respirator and its effectiveness is also useful.

Appendix A1. Environmental Protection Agency Regulations Governing  
Asbestos Abatement Projects (40 CFR 763.120, 121)

SUBPART C ASBESTOS ABATEMENT PROJECTS

763.120 SCOPE

- (a) This part establishes requirements which must be followed during asbestos abatement projects, which include any activity involving the removal, enclosure, or encapsulation of any material containing more than 1 percent asbestos by weight which, when dry, may be crumbled, pulverized, or reduced to powder by hand pressure.
- (b) This part applies to all employers of State and local government employees not covered by the Asbestos Standard of the Occupational Safety and Health Administration (OSHA), 29 CFR 1910.1001, or an Asbestos Standard adopted by a State as part of a State plan approved by OSHA under section 18 of the Occupational Safety and Health Act. The rule covers the employees of those employers. The employer is the public department, agency, or entity which hires the employee. This includes, but is not limited to the following examples of public entities: any State, County, City, or other local governmental entity which operates or administers schools; a department of health or human services; a library; a police department; a fire department; or similar public service agencies or offices.

ADDENDUM #4

WORKER PROTECTION

763.121 REGULATORY REQUIREMENTS

(a) Definitions

For the purpose of this section:

(1) "Asbestos" means the asbestiform varieties of chrysotile (serpentine); crocidolite (riebeckite); amosite (tremolite-grunerite); tremolite; anthophyllite; and actinolite."

(2) "Asbestos fibers" means asbestos fibers longer than 5 micrometers.

(b) Permissible exposure to airborne concentrations of asbestos fibers.

(1) Reserved.

(2) *Standard effective July 12, 1985.* The 8-hour time-weighted average airborne concentrations of asbestos fibers to which any employee may be exposed shall not exceed two fibers, longer than 5 micrometers, per cubic centimeter of air, as determined by the method prescribed in paragraph (c) of this section.

(3) *Ceiling concentration.* No employee shall be exposed at any time to airborne concentrations of asbestos fibers in excess of 10 fibers, longer than 5 micrometers, per cubic centimeter of air, as determined by the method prescribed in paragraph (c) of this section.

(c) Methods of compliance

(1) *Engineering methods*

(i) *Engineering controls.* Engineering controls, such as, but not limited to, isolation, enclosure, exhaust ventilation, and dust collection, shall be used to meet the exposure limits prescribed in paragraph (b) of this section.

(ii) *Local exhaust ventilation*

(A) Local exhaust ventilation and dust collection systems shall be designed, constructed, installed, and maintained in accordance with the American National Standard Fundamentals Governing the Design and Operation of Local Exhaust Systems, ANSI Z92.1-1979, (Revision of AFSA Z92-1971) which is incorporated by reference herein.

(B) APLS 792 1979 is available for inspection at the Office of the Federal Register Information Center, Rm 3301, 1100 I St., N.W., Washington, DC 20408. This incorporation by reference was approved by the Director of the Office of the Federal Register. This material is incorporated as it exists on the date of approval and a notice of any change in this material will be published in the Federal Register. Copies of the incorporated material may be obtained from the Document Control Office (15 793), Office of Toxic Substances, EPA, Rm 107, 401 M St., S.W., Washington, DC 20460, and from the American National Standards Institute, 1130 Broadway, New York, NY, 10018 (212 351 3173).

(iii) *Particular tools.* All hand operated and power operated tools which may produce or release asbestos fibers in excess of the exposure limits prescribed in paragraph (b) of this section, such as, but not limited to, saws, sawers, abrasive wheels, and drills, shall be provided with local exhaust ventilation systems in accordance with paragraph (c) (1) (ii) of this section.

(2) *Work practices*

(i) *Wet methods.* Insofar as practicable, asbestos shall be handled, mixed, applied, removed, cut, scored, or otherwise worked in a wet state sufficient to prevent the emission of airborne fibers in excess of the exposure limits prescribed in paragraph (b) of this section, unless the usefulness of the product would be diminished thereby.

(ii) *Particular products and operations.* The asbestos cement, mortar, coating, grout, plaster, or similar material containing asbestos shall be removed from bags, cartons, or other containers in which they are shipped, without being either wetted, or enclosed, or ventilated so as to prevent effectively the release of airborne asbestos fibers in excess of the limits prescribed in paragraph (b) of this section.

(iii) *Spraying, demolition, or removal.* Employees engaged in the spraying of asbestos, the removal, or demolition of pipes, structures, or equipment covered or insulated with asbestos, and in the removal or demolition of asbestos insulation or coverings shall be provided with respiratory equipment in accordance with paragraph (d) (2) (iii) of this section and with special clothing in accordance with paragraph (d) (3) of this section.

(d) *Personal protective equipment*

(1) Compliance with the exposure limits prescribed by paragraph (b) of this section may not be achieved by the use of respirators or shift rotation of employees, except:

(i) During the time period necessary to install the engineering controls and to institute the work practices required by paragraph (c) of this section;

(ii) In work situations in which the methods prescribed in paragraph (c) of this section are either technically not feasible or feasible to an extent insufficient to reduce the airborne concentrations of asbestos fibers below the limits prescribed by paragraph (b) of this section; or

(iii) In emergencies.

(2) Where a respirator is permitted by paragraph (d)(1) of this section, it shall be selected from among those approved by the Bureau of Mines, Department of the Interior, or the National Institute for Occupational Safety and Health, Department of Health, Education, and Welfare, under the provisions of MCHR Part 11 (37 FR 6211, Mar. 25, 1972), and shall be used in accordance with paragraph (d)(2)(i), (ii), (iii), and (iv) of this section.

(i) *Air purifying respirator.* A reusable or single use air purifying respirator, or a respirator described in paragraph (d)(2)(ii) or (iii) of this section, shall be used to reduce the concentrations of airborne asbestos fibers in the respirator below the exposure limits prescribed in paragraph (b) of this section, when the ceiling or the 8 hour time weighted average airborne concentrations of asbestos fibers are reasonably expected to exceed no more than 10 times these limits.

(ii) *Powered air purifying respirator.* A full facepiece powered air purifying respirator, or a powered air purifying respirator, or a respirator described in paragraph (d)(2)(iii) of this section, shall be used to reduce the concentrations of airborne asbestos fibers in the respirator below the exposure limits prescribed in paragraph (b) of this section, when the ceiling or the 8 hour time weighted average concentrations of asbestos fibers are reasonably expected to exceed 10 times, but not 100 times, those limits.

(iii) *Type "C" supplied air respirators, continuous flow or pressure demand class.* A type "C" continuous flow or pressure demand, supplied air respirator shall be used to reduce the concentrations of airborne asbestos fibers in the respirator below the exposure limits prescribed in paragraph (b) of this section, when the ceiling or the 8 hour time weighted average airborne concentrations of asbestos fibers are reasonably expected to exceed 100 times those limits.

(iv) *Establishment of a respirator program.*

(A) The employer shall establish a respirator program in accordance with the requirements of the American National Standard Practices for Respiratory Protection, ANSI Z89.2-1980 (Revision of ANSI Z89.2-1969), which is incorporated by reference herein.

(B) ANSI Z89.2-1980 is available for inspection at the Office of the Federal Register Information Center, Room 3301, 1100 I St., NW, Washington, DC 20108. This incorporation by reference was approved by the Director of the Office of the Federal Register. This material is incorporated as it exists on the date of approval and a notice of any change in this material will be published in the Federal Register. Copies of the incorporated material may be obtained from the Document Control Office (LS 793), Office of Toxic Substances, EPA, Room 407, 401 M St., SW, Washington, DC 20460, and from the American National Standards Institute, 1130 Broadway, New York, NY 10018, (212 351 3133).

(C) The employer shall be assigned to tasks requiring the use of respirators if, based upon his most recent examination, an examining physician determines that the employee will be unable to function normally wearing a respirator, or that the safety or health of the employee or other employees will be impaired by his use of a respirator. Such employee shall be rotated to another job or given the opportunity to transfer to a different position where duties he is able to perform with the same employer, in the same geographical area and with the same seniority, status, and rate of pay he had just prior to such transfer, if such a different position is available.

(A) *Special Clothing.* The employer shall provide, and require the use of, special clothing, such as coveralls or similar whole body clothing, head coverings, gloves and foot coverings for any employee exposed to airborne concentrations of asbestos fibers, which exceed the ceiling level prescribed in paragraph (b) of this section.

(A) *Change rooms.*

(i) At any fixed place of employment exposed to airborne concentrations of asbestos fibers in excess of the exposure limits prescribed in paragraph (b) of this section, the employer shall provide change rooms for employees working regularly at the place.

(ii) *Clothes lockers.* The employer shall provide two separate lockers or containers for each employee, so separated or isolated as to prevent contamination of the employee's street clothes from his work clothes.

(iii) *Laundering.*

(A) Laundering of asbestos contaminated clothing shall be done so as to prevent the release of airborne asbestos fibers in excess of the exposure limits prescribed in paragraph (b) of this section.

(B) Any employer who gives asbestos contaminated clothing to another person for laundering shall inform such person of the requirement in paragraph (d)(4)(iii)(A) of this section to effectively prevent the release of airborne asbestos fibers in excess of the exposure limits prescribed in paragraph (b) of this section.

(c) Contaminated clothing shall be transported in sealed impermeable bags, or other closed, impermeable containers, and labeled in accordance with paragraph (g) of this section.

(c) *Method of measurement.* All determinations of airborne concentrations of asbestos fibers shall be made by the membrane filter method at 400 - 450 x (magnification)(1 millimeter objective) with phase contrast illumination.

(d) *Monitoring.*

(1) *Initial determinations.* Every employer shall cause every place of employment where asbestos fibers are released to be monitored in such a way as to determine whether every employee's exposure to asbestos fibers is below the limits prescribed in paragraph (b) of this section. If the limits are exceeded, the employer shall immediately undertake a compliance program in accordance with paragraph (c) of this section.

(2) *Personal monitoring.*

(i) Samples shall be collected from within the breathing zone of the employees, on membrane filters of 0.8 micrometer porosity mounted in an open face filter holder. Samples shall be taken for the determination of the 8 hour time-weighted average airborne concentrations and of the ceiling concentrations of asbestos fibers.

(ii) *Sampling frequency and pattern.* After the initial determinations required by paragraph (1)(1) of this section, samples shall be of such frequency and pattern as to represent with reasonable accuracy the levels of exposure of employees.

(3) *Environmental monitoring.*

(i) Samples shall be collected from areas of a work environment which are representative of the airborne concentrations of asbestos fibers which may reach the breathing zone of employees. Samples shall be collected on a membrane filter of 0.8 micrometer porosity mounted in an open face filter holder. Samples shall be taken for the determination of the 8 hour time-weighted average airborne concentrations and of the ceiling concentrations of asbestos fibers.

(ii) *Sampling frequency and pattern.* After the initial determinations required by paragraph (1)(1) of this section, samples shall be of such frequency and pattern as to represent with reasonable accuracy the levels of exposure of the employees.

(4) *Employer observation of monitoring.* Affected employees, or their representatives, shall be given a reasonable opportunity to observe any monitoring required by this paragraph and shall have access to the records thereof.

(g) *Caution signs and labels.*

(1) *Caution signs.*

(i) *Posting.* Caution signs shall be provided and displayed at each location where airborne concentrations of asbestos fibers may in excess of the exposure limits prescribed in paragraph (b) of this section. Signs shall be posted at such a distance from such a location so that an employee may read the signs and take necessary protective steps before entering the area marked by the signs. Signs shall be posted at all approaches to areas containing excessive concentrations of airborne asbestos fibers.

(ii) *Sign specifications.* The warning signs required by paragraph (g)(1)(i) of this section shall conform to the requirements of 20" x 14" vertical format signs specified in 29 CFR 1910.145 (d)(1), and to this paragraph (g)(1)(ii). The signs shall display the following legend in the lower panel, with letter sizes and styles of a visibility at least equal to that specified in this paragraph (g)(1)(ii).

| LEGEND   | NOTATION                         |
|--|----------------------------------|
| Asbestos .....   | 1" Sans Serif, Gothic or Block   |
| Dust Hazard .....  | 3/4" Sans Serif, Gothic or Block |
| Avoid Breathing Dust .....                                       | 3/4" Gothic                      |
| Wear Assigned Protective Equipment .....                         | 3/4" Gothic                      |
| Do Not Remain in Area Unless Your Work Requires It .....         | 3/4" Gothic                      |
| Breathing Asbestos Dust<br>May be Hazardous to Your Health ..... | 14 Point Gothic                  |

Spacing between lines shall be at least equal to the height of the upper of any two lines.

(2) *Caution labels*

(i) *Labeling*—Caution labels shall be affixed to all raw materials, mixtures, scrap, waste, debris, and other products containing asbestos fibers, or to their containers, except that no label is required where asbestos fibers have been modified by a bonding agent, coating, binder, or other material so that during any reasonably foreseeable use, handling, storage, disposal, processing, or transportation, no airborne concentrations of asbestos fibers in excess of the exposure limits prescribed in paragraph (b) of this section will be released.

(ii) *Label specifications*—The caution labels required by paragraph (g)(2)(i) of this section shall be printed in letters of sufficient size and contrast to be readily visible and legible. The label shall state:

CONTAINS ASBESTOS FIBERS  
AVOID CREATING DUST  
BREATHING ASBESTOS DUST MAY CAUSE  
SERIOUS BODY HARM

(b) *Housekeeping*

(1) *Cleaning*—All external surfaces in any place of employment shall be maintained free of accumulations of asbestos fibers if, with their dispersion, there would be an excessive concentration.

(2) *Waste disposal*—Asbestos waste, scrap, debris, logs, containers, equipment, and asbestos-contaminated clothing, consigned for disposal, which may produce in any reasonably foreseeable use, handling, storage, processing, disposal, or transportation airborne concentrations of asbestos fibers in excess of the exposure limits prescribed in paragraph (b) of this section shall be collected and disposed of in sealed impervious bags, or other closed, impervious containers.

(i) *Recordkeeping*

(1) *Exposure records*—Every employer shall maintain records of any personal or environmental monitoring required by this section. Records shall be maintained for a period of at least 20 years and shall be made available upon request to the Environmental Protection Agency, the Assistant Secretary of Labor for Occupational Safety and Health, the Director of the National Institute for Occupational Safety and Health, and to authorized representatives of either.

(2) *Employee access*—Every employee and former employee shall have reasonable access to any record required to be maintained by paragraph (i)(1) of this section, which indicates the employee's own exposure to asbestos fibers.



- (3) *Employee notification* Any employer found to have been exposed at any time to airborne concentrations of asbestos fibers in excess of the limits prescribed by paragraph (b) of this section shall be notified in writing of the exposure as soon as practicable but not later than 5 days of the finding. The employer shall also be timely notified of the corrective action being taken.

(j) *Medical examinations*

- (1) *General* The employer shall provide or make available at his cost, medical examinations relative to exposure to asbestos required by this paragraph.
- (2) *Placement* The employer shall provide or make available to each of his employees, with 30 calendar days following his first employment in an occupation exposed to airborne concentrations of asbestos fibers, a comprehensive medical examination, which shall include, as a minimum, a chest roentgenogram (posterior anterior 14 x 17 inches), a history to elicit symptomatology of respiratory disease, and pulmonary function tests to include forced vital capacity (FVC) and forced expiratory volume at 1 second (FEV<sub>1.0</sub>).
- (3) *Annual examinations* On or before July 14, 1986, and at least annually thereafter, every employer shall provide, or make available, comprehensive medical examinations to each of his employees engaged in occupations exposed to airborne concentrations of asbestos fibers. Such annual examination shall include, as a minimum, a chest roentgenogram (posterior anterior 14 x 17 inches), a history to elicit symptomatology of respiratory disease, and pulmonary function tests to include forced vital capacity (FVC) and forced expiratory volume at 1 second (FEV<sub>1.0</sub>).
- (4) *Termination of employment* The employer shall provide, or make available, within 30 calendar days before or after the termination of employment of any employee engaged in an occupation exposed to airborne concentrations of asbestos fibers, a comprehensive medical examination which shall include, as a minimum, a chest roentgenogram (posterior anterior 14 x 17 inches), a history to elicit symptomatology of respiratory disease, and pulmonary function tests to include forced vital capacity (FVC) and forced expiratory volume at 1 second (FEV<sub>1.0</sub>).
- (5) *Recent examinations* No medical examination is required of any employee, if adequate records show that the employee has been examined in accordance with this paragraph within the past 1 year period.

(k) *Medical records*

- (i) *Maintenance* Employers of employees examined pursuant to this paragraph shall cause to be maintained complete and accurate records of all such medical examinations. Records shall be retained by employers for at least 20 years.
- (ii) *Access* The contents of the records of the medical examinations required by this paragraph shall be made available, for inspection and copying, to the Environmental Protection Agency, the Assistant Secretary of Labor for Occupational Safety and Health, the Director of NIOSH, to authorized physicians and medical consultants of either of them, and, upon the request of an employee or former employee, to this physician. Any physician who conducts a medical examination required by this paragraph shall furnish to the employer of the examined employee all the information specifically required by this paragraph, and any other medical information related to occupational exposure to asbestos fibers.

M

ASBESTOS MANAGEMENT PLAN  
PLAN TO INFORM

Name of Responsible Governing Authority

PATERSON BOARD OF EDUCATION

Name of Facility

PATERSON SCHOOL #6

Building Assessed

PATERSON SCHOOL #6

D. Describe the steps taken to inform maintenance personnel, building occupants, and/or legal guardians of children, regarding:

1. Inspections
2. Reinspections
3. Response Actions
4. Post-Response Action Activities
5. Periodic Reinspections
6. Surveillance Activities That are Planned or In Progress.

At a public meeting of the Board of Trustees, held on / /89, explained the development of this management plan and its schedule for submission.

Other plans to inform the public shall be as follows:

Upon submission of the inspection and management plan, the LEA Designated Person will communicate in writing about the Plan's availability and its components, i.e., Inspections, Reinspections, Response Actions, Post-Response Action Activities, Periodic Reinspections, and Surveillance Activities that are planned or in progress. This information will be sent directly to the following interested groups:

1. Each school PTA & PTO
2. Education Association
3. Students/Parents
4. Administration Staff
5. Outside Groups using Facilities
6. Contractors working in the Facilities, including utility work personnel.

The Designated Person shall also communicate this information to the public at large through the local media.

The Designated Person shall explain to all interested persons the decision-making process of asbestos management in terms of:

1. Recommended EPA response actions based on inspection,
2. The benefits of the strong O&M Plan including:
  - a. Lessening the exposure of ACBM to external elements which can cause damage.
  - b. Refresher courses every six months for all personnel to keep them aware of the importance of surveillance for potential damage of ACBM.

ASBESTOS MANAGEMENT PLAN  
PLAN TO INFORM

Name of Responsible Governing Authority

PATERSON BOARD OF EDUCATION

Name of Facility

PATERSON SCHOOL #6

Building Assessed

PATERSON SCHOOL #6

OBJECTIVE: To prevent and/or control the hazards of asbestos.

The LEA Designated Person shall provide information about asbestos to provide a basic understanding of the material to all interested residents through print, audio, audio-visual media, and public forums.

This information shall include, but not be limited to, the following:

1. What it is.
2. When is it hazardous?
3. How it can be identified.
4. Where it can be found in the home as well as in the school (Presentation of Management Plan).
5. What has been done in the school system to date (Form O of Management Plan) and how it is being managed now (Form L) including introduction of accredited personnel and consultants.
6. Explanation of how they will be able to obtain information on:
  - a. Inspections
  - b. Re-inspections
  - c. Response Actions
  - d. Post-Response Actions
  - e. Periodic Re-inspections
  - f. Surveillance Activities
6. How can it be handled safely?
7. Where to get more information about asbestos.
8. The benefits of AHERA in other ways such as:
  - a. complementing the District's Functional Space Survey which expedites our state mandated 1990 Master Plan. This, in turn,
    - (1) provides a better budgeting tool.
    - (2) provides a better tool for scheduling of custodial personnel and ordering custodial supplies.
    - (3) provides a better tool for managing and ordering materials for our regular maintenance activities.

Optional mediums include:

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ASBESTOS MANAGEMENT PLAN  
PLAN TO INFORM

Name of Responsible governing Authority

PATERSON BOARD OF EDUCATION

Name of Facility

PATERSON SCHOOL #6

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PATERSON SCHOOL #6

1. Newspaper releases explaining what is being done.
2. Public Service Announcements on Radio.
3. Instructional video to be shown in school and public libraries.
4. Booklets with hotline numbers in English and Spanish, with a special warning about asbestos fibers and cigarette smoking.
5. Posters and send home flyers with simple graphics.
6. Public forums with accredited speakers.

Targeted groups or individuals who are most concerned or motivated to learn about asbestos include:

The LEA Designated Person will explain the decision-making process about asbestos management in terms of:

1. Recommended EPA response actions based on inspection
2. The benefits of the strong O&M Plan including:
  - a. Lessening exposure through reduced potential asbestos fiber releases (show 6-year plan for protecting building, i.e., new roofs, windows, etc., from external elements which can cause problems).
  - b. Substantial abatement project cost savings allows money to be funneled into facility improvements.
  - c. Certified training for maintenance and custodial staff not only helps ensure correct emergency responses, but strengthens the O&M Plan for managing the building.

CONTACTS:

1. Rhode Island State Asbestos Administrator/ EPA Regional Coordinator. Re: Jonathan Steven's article
2. U.S. Consumer Product Safety Commission  
Washington, D.C. 20207  
Hotline: 800-638-8326 Re: Asbestos in the home

|                    |
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ASBESTOS MANAGEMENT PLAN  
EVALUATION OF RESOURCES

Name of Responsible Governing Authority

PATERSON BOARD OF EDUCATION

|                    |                    |
|--------------------|--------------------|
| Name of Facility   | Building Assessed  |
| PATERSON SCHOOL #6 | PATERSON SCHOOL #6 |

E. Evaluation of resources needed to complete response actions successfully and carry out reinspection and operations and maintenance activities.

Since it is Board Policy that District employees refrain from disturbing any asbestos-containing materials, all asbestos related activities are to be delegated to Detail Associates, Inc. Detail Associates, Inc. will respond to all asbestos related activities unless or until the Board approves the proper training of District employees.

All larger asbestos projects will be advertised and awarded to NJDOL licensed asbestos contractors.

In view of this, there shall be no purchases of material or equipment for asbestos related work at this time, except as itemized in Form J "Description of Chain of Command" for their use in District SS,SD, Minor or emergency projects by Detail Associated, Inc.

Our evaluation of resources for all other required items are shown on the attached spreadsheet.

**CONTRACT B - ASBESTOS REMOVAL CONTRACT  
UNIT PRICE SCHEDULE**

To be utilized for asbestos removal on a partial floor or full floor specific pipes or room as directed by SIRHC.

|   |    |                 |       |
|---|----|-----------------|-------|
| Clean work area prior to prep:  | \$ | <u>3.00</u>     | /sf   |
| Construction of and removal of 1 stage decontamination chamber (with shower and filtration):            | \$ | <u>4,500.00</u> | /each |
| Construction and removal of wood isolation barriers:  | \$ | <u>4.35</u>     | /sf   |
| Plastic prep and removal - walls:   | \$ | <u>.80</u>      | /sf   |
| Plastic prep and removal - floors:  | \$ | <u>.90</u>      | /sf   |
| Price per AFD unit required to obtain negative pressure in work area above specified negative pressure: | \$ | <u>50.00</u>    | /day  |
| Install water atomizer devices and remove:  | \$ | <u>20.00</u>    | /day  |
| Install and remove AFD manifold:  | \$ | <u>150.00</u>   | /each |
| Install and remove AVH manifold:  | \$ | <u>150.00</u>   | /each |
| Blank and unblank duct (include local acoustic tile ceiling removal):                                   | \$ | <u>75.00</u>    | /each |
| Remove carpets (construction debris):   | \$ | <u>1.50</u>     | /sf   |

|  |    |               |       |
|--|----|---------------|-------|
| Remove raised computer floor<br>(including suspension system -<br>construction debris):          | \$ | <u>7.00</u>   | /sf   |
| Demolish partitions (including doors,<br>frames, windows, etc. - construction<br>debris):        | \$ | <u>15.00</u>  | /sf   |
| Remove light fixtures (asbestos<br>contaminated):  | \$ | <u>20.00</u>  | /each |
| Remove light fixtures (PCB<br>contaminated):   | \$ | <u>25.00</u>  | /each |
| Remove light fixtures (clean -<br>construction debris):  | \$ | <u>30.00</u>  | /each |
| Acoustical tile ceiling demolition<br>(including suspension system -<br>asbestos contaminated):  | \$ | <u>2.00</u>   | /sf   |
| Finish plaster ceiling demolition<br>(including suspension system -<br>asbestos contaminated):   | \$ | <u>12.00</u>  | /sf   |
| Remove duct work, clean and reinstall:   | \$ | <u>100.00</u> | /lf   |
| Remove asbestos fireproofing<br>(struct'l. steel, steel packing, etc.)<br>(including overspray): | \$ | <u>15.00</u>  | /sf   |
| Remove vinyl asbestos tiles:   | \$ | <u>4.00</u>   | /sf   |
| Remove asbestos pipe insulation<br>(less than 6"):   | \$ | <u>30.00</u>  | /lf   |
| Remove asbestos pipe insulation<br>(6" or greater):  | \$ | <u>32.00</u>  | /lf   |
| Remove asbestos fittings (less<br>than 6"):  | \$ | <u>30.00</u>  | /each |
| Remove asbestos fittings<br>(6" or greater):   | \$ | <u>35.00</u>  | /each |
| Application of sealant to deck:  | \$ | <u>1.00</u>   | /sf   |
| Clean entire work area prior to<br>post test:  | \$ | <u>1.00</u>   | /sf   |

|   |    |               |                |
|---|----|---------------|----------------|
| Respray cementitious fireproofing<br>(Specify manufacturer:<br>): | \$ | <u>1.30</u>   | /sf            |
| Remove fiberglass pipe insulation<br>(less than 6"):              | \$ |               | /lf            |
| Remove fiberglass pipe insulation<br>(6" or greater):             | \$ |               | /lf            |
| Remove asbestos tank insulation:                                  | \$ | <u>30.00</u>  | /sf            |
| Remove asbestos breeching insulation:                             | \$ | <u>30.00</u>  | /sf            |
| Remove asbestos boiler insulation:                                | \$ | <u>40.00</u>  | /sf            |
| Remove asbestos fan casing insulation:                            | \$ |               | /sf            |
| Remove asbestos duct insulation:                                  | \$ | <u>30.00</u>  | /sf            |
| Remove fiberglass duct insulation<br>(contaminated):              | \$ | <u>20.00</u>  | /sf            |
| Remove transite insulation:                                       | \$ | <u>20.00</u>  | /sf            |
| Remove asbestos acoustical plaster:                               | \$ | <u>20.00</u>  | /sf            |
| Remove asbestos contaminated soil:                                | \$ | <u>6.00</u>   | /sf            |
| Contractors air monitoring:                                       | \$ | <u>570.00</u> | /shift         |
| Transporting of construction debris<br>(one way):                 | \$ |               | /mile          |
| Transporting of asbestos and<br>contaminated debris (one way):    | \$ |               | /mile          |
| Landfill disposal fee - construction<br>debris:                   | \$ |               | /cubic<br>yard |
| Landfill disposal fee - asbestos<br>and contaminated debris:      | \$ |               | /cubic<br>yard |



SB-17  
JV 89

New Jersey State Department of Health  
Asbestos Control Service  
CN 360, Trenton, NJ 08625-0360



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**ASBESTOS MANAGEMENT PLAN  
PREVIOUS/CURRENT ASBESTOS ABATEMENT LOG**

Name of Responsible Governing Authority

PATERSON BOARD OF EDUCATION

Name of Facility

Building Assessed

PATERSON SCHOOL #6

PATERSON SCHOOL #6

Description of previous/current asbestos abatement log.

Lined area for description of asbestos abatement log.

ASB-18  
NOV 89

New Jersey State Department of Health  
Asbestos Control Service  
CN 360, Trenton, NJ 08625-0360

P

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ASBESTOS MANAGEMENT PLAN  
MAJOR/MINOR FIBER RELEASE EPISODE LOG

Name of Responsible Governing Authority

PATERSON BOARD OF EDUCATION

Name of Facility

Building Assessed

PATERSON SCHOOL #6

PATERSON SCHOOL #6

G. Description of minor/major fiber release episode log, including the following information in the event of a fiber release episode:

1. Date of Episode
2. Location of Episode
3. Method of Repair
4. Preventive Measures or Response Actions Taken
5. Name, Address, Telephone Number, and Affiliation of Each Person Performing the Work
6. If ACM is Removed, the Name and Location of the Storage or Disposal Site for ACM.

G0055

ASBESTOS MANAGEMENT PLAN  
STATEMENT OF ENSURANCES

Name of Responsible Governing Authority

PATERSON PUBLIC SCHOOLS

Name of Facility

PUBLIC SCHOOL NO. 6

Building Assessed

PUBLIC SCHOOL NO. 6

The undersigned does hereby ensure and certify that:

1. This management plan has been developed, signed and submitted by an accredited management planner as required by current law and regulation.
2. The activities of any person(s) who perform(s) inspections, re-inspections, periodic surveillance, develop and update management plans, and develop and implement response actions, including operations and maintenance, are carried out in accordance with current law and regulation.
3. All custodial and maintenance employees are properly trained as required by current law and all other applicable Federal and/or State regulations, e.g., the Public Employee Occupational Safety and Health Act, the EPA worker protection rule, or applicable state regulations.
4. All workers and building occupants, or their legal guardians, are informed annually, pursuant to current law and regulation regarding inspection, reinspections, response actions, post-response action activities, including periodic reinspection and surveillance that are planned or in progress.
5. All short term workers who may come in contact with ACBM in the building are provided information regarding the locations of ACM and suspected ACBM assumed to be ACM. Compliance with this requirement shall be accomplished through the preparation and distribution of written material to all short term workers accessing areas where they may come in contact with ACBM.
6. All warning labels, signs and notices are posted as required by current law and regulation.
7. All management plans are available for inspection and notification of such availability has been provided as specified by current law and regulation.
8. The undersigned person (asbestos program manager) designated by the responsible governing authority has received training as required by current law and regulation.
9. The asbestos program manager has and will consider whether any conflict of interest may arise from the interrelationship among accredited personnel and whether that should influence the selection of accredited personnel to perform activities necessary to develop and/or implement this management plan.
10. All laboratories utilized for the development of this management plan meet applicable requirements as provided for by current law and regulation.
11. The Responsible Governing Authority maintains a copy of the asbestos management plan submitted to NJSDH in it's administrative office to be updated at least once every 6 months with all prior information retained.
12. All persons who design or implement response actions, except for O&M activities, are licensed pursuant to NJAC 8:60-8 or by another state that has a reciprocal agreement with New Jersey.
13. Proper cleaning has taken place at least once after each inspection and before initiation of any response action other than operations and maintenance activities or repair, unless the building has been cleaned using required methods within the previous 6 months.
14. All abatement work except for operations and maintenance activities is performed in accordance with the Asbestos Hazard Abatement Subcode of the Uniform Construction Code (NJAC 5:23-8).
15. The management plan shall be maintained for a period of no less than 30 years after the building is demolished, shall be updated to keep it current with all asbestos related activities and shall include the following information:
  - a. For each preventive measure or response action taken, a detailed description of the activity, location, reasons for selecting activity, start and completion dates, names and addresses of all contractors and ASCM firms and their respective accreditation credentials (including copies of licensing documents), and if ACBM is removed the name and location of the storage or disposal site.

Q

New Jersey State Department of Health  
Asbestos Control Service  
CN 360, Trenton, NJ 08625-0360

ASB-19  
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ASBESTOS MANAGEMENT PLAN  
STATEMENT OF ENSURANCES

Name of Responsible Governing Authority

**Paterson Public Schools**

Name of Facility

Building Assessed

**School No. 6**

**137 Carroll Street Paterson**

The undersigned does hereby ensure and certify that:

1. This management plan has been developed, signed and submitted by an accredited management planner as required by current law and regulations.
2. The activities of any person(s) who perform(s) inspections, re-inspections, periodic surveillance, develop and update management plans, and develop and implement response actions, including operations and maintenance, are carried out in accordance with current law and regulations.
3. All custodial and maintenance employees are properly trained as required by current law and all other applicable Federal and/or State regulations, e.g., the Public Employee Occupational Safety and Health Act, the EPA worker protection rule, or applicable state regulations.
4. All workers and building occupants, or their legal guardians, are informed annually, pursuant to current law and regulation regarding inspection, reinspections, response actions, post-response action activities, including periodic reinspection and surveillance that are planned or in progress.
5. All short term workers who may come in contact with ACBM in the building are provided information regarding the locations of ACM and suspected ACBM assumed to be ACM. Compliance with this requirement shall be accomplished through the preparation and distribution of written material to all short term workers accessing areas where they may come in contact with ACBM.
6. All warning labels, signs and notices are posted as required by current law and regulation.
7. All management plans are available for inspection and notification of such availability has been provided as specified by current law and regulations.
8. The undersigned person (asbestos program manager) designated by the responsible governing authority has received training as required by current law and regulation.
9. The asbestos program manager has and will consider whether any conflict of interest may arise from the interrelationship among accredited personnel and whether that should influence the selection of accredited personnel to perform activities necessary to develop and/or implement this management plan.
10. All laboratories utilized for the development of this management plan meet applicable requirements as provided for by current law and regulation.
11. The Responsible Governing Authority maintains a copy of the asbestos management plan submitted to NJSDH in its administrative office to be updated at least once every 6 months with all prior information retained.
12. All persons who design or implement response actions, except for O&M activities, are licensed pursuant to NJAC 8:60-8 or by another state that has a reciprocal agreement with New Jersey.
13. Proper cleaning has taken place at least once after each inspection and before initiation of any response action other than operations and maintenance activities or repair, unless the building has been cleaned using required methods within the previous 6 months.
14. All abatement work except for operations and maintenance activities is performed in accordance with the Asbestos Hazard Abatement Subcode of the Uniform Construction Code (NJAC 5:23-8).
15. The management plan shall be maintained for a period of no less than 30 years after the building is demolished, shall be updated to keep it current with asbestos related activities and shall include the following information:
  - a. For each preventive measure or response action taken, a detailed description of the activity, location, reasons for selecting activity, start and completion dates, names and addresses of all contractors and ASCM firms and their respective accreditation credentials (including copies of licensing documents), and if ACBM is removed the name and location of the storage or disposal site.

- a. For the completion of response actions, the name and signature of each person collecting air samples, the exact location where each sample was collected, date of collection, name, address, and telephone number of laboratory, date of analysis, results of analysis, name and the signature of person performing the analyses
- b. For required staff training, each person's name, job title, date of training, training agency, course name, place and hours of training and a copy of each persons certificate of completion, if applicable, for each course taken.
- c. For required cleaning, the name of each person performing the cleaning and location of cleaning and methods used.
- d. For each operations and maintenance activity performed, the name of each person completing the activity, the start and completion dates, the location of the activity and if ACBM is removed, the name and location of the storage or disposal site.
- e. For each fiber release episode, the date and location of the episode, the preventive measure or response action taken, the name of the person(s) performing the work, and if ACBM is removed, the name and location of the storage or disposal site.
16. The following information is included as part of the management plan submitted to the Asbestos Control Service and is properly filed in the administrative office of the Responsible Governing Authority:
- a. A listing of the name, address, affiliation (if applicable), signature and accreditation credentials including copies of licensing documents, of the following persons: inspectors/assessors, management planners.
- b. A description of assessments of all ACBM and suspected ACBM assumed to be ACM.
- c. A blueprint, floor plan, or diagram of each building that clearly identifies each location and approximate square or linear footage of homogeneous areas of friable suspected ACBM, non-friable ACM, and friable and non-friable suspected ACBM assumed to be ACM.
- d. Substantiating data submitted as indicated on NJSDH management plan forms.
- e. The name, NJSDH certification identification number (if applicable), address, and telephone number of any laboratory that analyzed bulk, surface, and air samples, the date of collection, date of analysis and name and signature of the collector and person analyzing the samples.
- f. Copies of chain of custody forms and laboratory analysis forms for each sample.
- g. Plans and specifications for response actions.
- h. A plan for reinspection at least once every three years after the management plan is implemented.
- i. A plan for operations and maintenance activities, including periodic surveillance.
- j. A listing of additional cleaning recommended in conjunction with operations and maintenance activities and the response to the recommendations.
- k. A detailed description of the steps taken annually to inform maintenance personnel, building occupants and children's parents or legal guardians regarding:
  - Inspection
  - Re-inspection
  - Response Actions
  - Post Response Action Activities
  - Periodic Reinspection
  - Surveillance Activities that are planned or in progress
  - A detailed description of a chain of command including delegation of responsibilities and procedures for reporting, obtaining supplies and storage and disposal of asbestos wastes
- l. Previous/current Asbestos Abatement Log.
- m. An evaluation of the resources needed to complete response actions successfully and carry out reinspection and operations and maintenance activities.
- n. A description of a chain of command including delegation of responsibilities and procedures for reporting, obtaining supplies and storage or disposal of asbestos waste.

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully or intentionally false, I am subject to punishment.

|   |                                |                                |
|---|--------------------------------|--------------------------------|
| Name of Asbestos Program Manager<br><b>James Ruff</b>                               | Signature<br><i>James Ruff</i> | Date<br>9-2-04                 |
| Address<br>Paterson Public Schools, 200 Sheridan Avenue, Paterson, New Jersey 07502 |                                | Phone Number<br>(973) 321-0935 |

# PERIODIC SURVEILLANCE REPORT

DATE: 2-2-10  
 FACILITY: School No. 6  
 ADDRESS: 137 Carroll Street

INSPECTOR: James Ruff

SIGNATURE: *James Ruff*

ACCRED#: NAETI 215251

| Location                   | Material                  | Total Amount | Amount w/Dam. | Change Y/N | Comments |
|----------------------------|---------------------------|--------------|---------------|------------|----------|
| room 14                    | 9" brown floor tile       | 750 sf       | 0 sf          | N          |          |
| room 14                    | mastic a/w floor tile     | 750 sf       | 0 sf          | N          |          |
| room 13                    | 12" grey floor tile       | 375 sf       | 0 sf          | N          |          |
| room 13                    | mastic a/w floor tile     | 375 sf       | 0 sf          | N          |          |
| room 12 computer rm        | 12" white floor tile      | 880 sf       | 0 sf          | N          |          |
| room 12 computer rm        | mastic a/w floor tile     | 880 sf       | 0 sf          | N          |          |
| cafeteria 1                | 12" gray floor tile       | 1250 sf      | 0 sf          | N          |          |
| cafeteria 1                | mastic a/w floor tile     | 1250 sf      | 0 sf          | N          |          |
| room 11                    | 12" tan floor tile        | 250 sf       | 0 sf          | N          |          |
| room 11                    | mastic a/w floor tile     | 250 sf       | 0 sf          | N          |          |
| cafeteria 2                | 9" brown floor tile       | 1600 sf      | 0 sf          | N          |          |
| cafeteria 2                | mastic a/w floor tile     | 1600 sf      | 0 sf          | N          |          |
| room 4                     | 12" grey floor tile       | 750 sf       | 0 sf          | N          |          |
| room 4                     | mastic a/w floor tile     | 750 sf       | 0 sf          | N          |          |
| room 4 storage             | 9" green floor tile       | 90 sf        | 0 sf          | N          |          |
| room 4 storage             | mastic a/w floor tile     | 90 sf        | 0 sf          | N          |          |
| room 5                     | 12" tan floor tile        | 750 sf       | 0 sf          | N          |          |
| room 5                     | mastic a/w floor tile     | 750 sf       | 0 sf          | N          |          |
| room 32                    | 9" green/white floor tile | 150 sf       | 0 sf          | N          |          |
| room 32                    | mastic a/w floor tile     | 150 sf       | 0 sf          | N          |          |
| storage above entrance 109 | 9" green floor tile       | 40 sf        | 0 sf          | N          |          |
| storage above entrance 109 | mastic a/w floor tile     | 40 sf        | 0 sf          | N          |          |
| room 101                   | 12" white floor tile      | 700 sf       | 0 sf          | N          |          |
| room 101                   | mastic a/w floor tile     | 700 sf       | 0 sf          | N          |          |
| auditorium                 | 12" white floor tile      | 1400 sf      | 0 sf          | N          |          |
| auditorium                 | mastic a/w floor tile     | 1400 sf      | 0 sf          | N          |          |
| main office                | 12" blue floor tile       | 250 sf       | 0 sf          | N          |          |

# PERIODIC SURVEILLANCE REPORT

DATE: 2-2-10  
 FACILITY: School No. 6  
 ADDRESS: 137 Carroll Street

INSPECTOR: James Ruff  
 SIGNATURE:   
 ACCRED#: \_\_\_\_\_

| Location               | Material                  | Total Amount | Amount w/Dam. | Change Y/N | Comments |
|------------------------|---------------------------|--------------|---------------|------------|----------|
| main office            | mastic a/w floor tile     | 250 sf       | 0 sf          | N          |          |
| stair balcony          | 12" blue floor tile       | 52 sf        | 0 sf          | N          |          |
| stair balcony          | mastic a/w floor tile     | 52 sf        | 0 sf          | N          |          |
| principals office      | 12" blue floor tile       | 150 sf       | 0 sf          | N          |          |
| principals office      | mastic a/w floor tile     | 150 sf       | 0 sf          | N          |          |
| room 115               | 9" reddish brown flr tile | 600 sf       | 0 sf          | N          |          |
| room 115               | mastic a/w floor tile     | 600 sf       | 0 sf          | N          |          |
| room 213               | 12" white floor tile      | 400 sf       | 0 sf          | N          |          |
| room 213               | 12" grey floor tile       | 100 sf       | 0 sf          | N          |          |
| room 213               | mastic a/w floor tile     | 500 sf       | 0 sf          | N          |          |
| room 212               | 12" white floor tile      | 400 sf       | 0 sf          | N          |          |
| room 212               | 12" grey floor tile       | 100 sf       | 0 sf          | N          |          |
| room 212               | mastic a/w floor tile     | 500 sf       | 0 sf          | N          |          |
| room 211A VP office    | 12" white floor tile      | 80 sf        | 0 sf          | N          |          |
| room 211A VP office    | 12" red floor tile        | 80 sf        | 0 sf          | N          |          |
| room 211A VP office    | mastic a/w floor tile     | 175 sf       | 0 sf          | N          |          |
| room 216 nurses office | 12" white floor tile      | 250 sf       | 0 sf          | N          |          |
| room 216 nurses office | mastic a/w floor tile     | 250 sf       | 0 sf          | N          |          |
| room 204               | 12" white floor tile      | 400 sf       | 0 sf          | N          |          |
| room 204               | 12" grey floor tile       | 100 sf       | 0 sf          | N          |          |
| room 204               | mastic a/w floor tile     | 500 sf       | 0 sf          | N          |          |
| room 203               | 12" white floor tile      | 400 sf       | 0 sf          | N          |          |
| room 203               | 12" grey floor tile       | 100 sf       | 0 sf          | N          |          |
| room 203               | mastic a/w floor tile     | 500 sf       | 0 sf          | N          |          |
| room 201               | 12" white floor tile      | 700 sf       | 0 sf          | N          |          |
| room 201               | mastic a/w floor tile     | 700 sf       | 0 sf          | N          |          |
| projection room        | transite panels           | 30 sf        | 0 sf          | N          |          |







EMSL Analytical, Inc.  
307 West 38th Street, New York, NY 10018

Phone: (212) 290-0051 Fax: (212) 290-0058 Email: manhattanlab@emsl.com

Attn: **Detail Associates, Inc.**  
**300 Grand Avenue**  
**Englewood, NJ 07631**

Fax: (201) 569-4378  
Project: NJ09-7008

Phone: (201) 569-6708

Customer ID: DETA50  
Customer PO: CC 003811  
Received: 10/15/09 12:36 PM  
EMSL Order: 030926299  
EMSL Proj:  
Analysis Date: 10/15/2009

### Test Report: Asbestos Analysis of Bulk Materials via EPA 600/R-93/116 Method using Polarized Light Microscopy

| Sample                         | Description              | Appearance                                 | Non-Asbestos  |   | Asbestos      |
|--------------------------------|--------------------------|--|---------------|---|---------------|
|                                |                          |  | % Fibrous     | % Non-Fibrous                               | % Type        |
| PAT-1013-6-1<br>030926299-0001 | "PYRO-BAR"<br>WALL BLOCK | Gray<br>Non-Fibrous<br>Heterogeneous       | 2% Cellulose  | 10% Ca Carbonate<br>89% Non-fibrous (other) | None Detected |
| PAT-1013-6-2<br>030926299-0002 | "PYRO-BAR"<br>WALL BLOCK | Brown/Gray<br>Non-Fibrous<br>Heterogeneous | 3% Cellulose  | 5% Ca Carbonate<br>92% Non-fibrous (other)  | None Detected |
| PAT-1013-6-3<br>030926299-0003 | "PYRO-BAR"<br>WALL BLOCK | Gray<br>Non-Fibrous<br>Heterogeneous       | <1% Cellulose | 5% Ca Carbonate<br>95% Non-fibrous (other)  | None Detected |

Analyst(s)

Alexander Baizer (3)

James Hall, Laboratory Manager  
or other approved signatory

Due to magnification limitations inherent in PLM, asbestos fibers in dimensions below the resolution capability of PLM may not be detected. The limit of detection as stated in the method is 1%. The above test report relates only to the items tested and may not be reproduced in any form without the express written approval of EMSL Analytical, Inc. EMSL's liability is limited to the cost of analysis. EMSL bears no responsibility for sample collection activities or analytical method limitations. Interpretation and use of test results are the responsibility of the client. Samples received in good condition unless otherwise noted. This report must not be used to claim product endorsement by NVLAP or any agency of the U.S. Government.

Samples analyzed by EMSL Analytical, Inc. New York 307 West 38th Street, New York NY NVLAP Lab Code 101048-6, AIHA IHLAP 102581, NYS ELAP 11506, CT PH-0170, MA AA000170

## BULK SAMPLE LOG SHEET

**Client:** Paterson Public Schools  
 Jim Ruff  
 200 Sheridan Avenue  
 Paterson, NJ 07502  
 T: 973-321-0935  
 F: 973-321-0940  
 E: jruff@paterson.k12.nj.us

**Project:** PS 6

**Date Sampled:** 10-13-09

**Date Received:** 10-13-09 Hand delivered *(Signature)*

| LAB ID | CLIENT ID                    | LOCATION                            |
|--------|------------------------------|-------------------------------------|
|        | 6-1 "PYRO-BAR" WALL<br>BLOCK | PS 6 Auditorium Northeast<br>corner |
|        | 6-2 "PYRO-BAR" WALL<br>BLOCK | PS 6 Auditorium Northeast<br>corner |
|        | 6-3 "PYRO-BAR" WALL<br>BLOCK | PS 6 Auditorium Northeast<br>corner |
|        |                              |                                     |
|        |                              |                                     |
|        |                              |                                     |
|        |                              |                                     |
|        |                              |                                     |
|        |                              |                                     |
|        |                              |                                     |
|        |                              |                                     |

***Detail Associates, Inc.***

*300 Grand Avenue  
Englewood, NJ 07631  
(201) 569-6708*

**BULK SAMPLE SUMMARY SHEET**

***Project #:*** NJ097008  
***Client:*** Paterson Public Schools  
***Dates:*** 10/13/09 to 10/13/09

| <b><i>Sample #</i></b> | <b><i>Sample Location</i></b>   | <b><i>Total Asbestos</i></b> |
|------------------------|---|------------------------------|
| PAT-1013-6-1           | Public School #6, 137 Carroll St., Paterson, NJ – Auditorium, Northeast Corner, 'Pyro-Bar' Wall Block | None Detected                |
| PAT-1013-6-2           | Public School #6, 137 Carroll St., Paterson, NJ – Auditorium, Northeast Corner, 'Pyro-Bar' Wall Block | None Detected                |
| PAT-1013-6-3           | Public School #6, 137 Carroll St., Paterson, NJ – Auditorium, Northeast Corner, 'Pyro-Bar' Wall Block | None Detected                |

**Detail Associates, Inc.**

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Englewood, NJ 07631  
(201) 569-6708

**BULK SAMPLE CERTIFICATE OF ANALYSIS**

**Client Name:** Paterson Public Schools **Project #:** NJ097008  
**Sample # :** PAT-1013-6-1 **Sample Date:** 10/13/2009  
**Location:** Public School #6, 137 Carroll St., Paterson, NJ -- Auditorium, Northeast Corner, 'Pyro-Bar' Wall Block **Date Analyzed:** 10/15/2009

-----  
**Test Method: PLM/DS (EPA 600/R-93/116)**

**Gross Sample Appearance -**

- 1. Homogeneous, Friable:
- 2. Homogeneous, Nonfriable:
- 3. Heterogeneous, Friable:
- 4. Heterogeneous, Nonfriable: GRAY
- 5. Heterogeneous, Mixed:

**Sample Treatment -**

- 1. Homogenized:
- 2. Chemical Treated:
- 3. Untreated:

**Asbestos Present -**

- 1. Chrysotile: ND
- 2. Amosite: ND
- 3. Crocidolite: ND
- 4. Anthophyllite: ND
- 5. Tremolite: ND
- 6. Actinolite: ND

**Total Asbestos Present:** None Detected

**Other Fibrous Material Present -**

- 1. Fiber Glass:
- 2. Cellulose: YES
- 3. Synthetic Fiber:
- 4. Brucite:
- 5. Cotton:
- 6. Mineral Wool:
- 7. Ceramic Fiber:
- 8. Animal Fibers:
- 9. Wollastonite:
- 10. Other: (Desc.):

**Nonfibrous Material Present -**

- 1. Gypsum:
- 2. Vermiculite:
- 3. Paint:
- 4. Binders:
- 5. Quartz:
- 6. Perlite:
- 7. Asphalt:
- 8. Other: YES (Desc.):

- 1. The accuracy of percentage is plus or minus 1-5%.
- 2. PLM is not reliable for NOB sample only ND (Not Determined) can be reported or if it is positive. Quantitative TEM is the only method to report negative.
- 3. This Certificate shall not be reproduced except in full with the written approval by DAI. The results relate only to the items tested.

**Detail Associates, Inc.**

300 Grand Avenue  
Englewood, NJ 07631  
(201) 569-6708

**BULK SAMPLE CERTIFICATE OF ANALYSIS**

**Client Name:** Paterson Public Schools **Project #:** NJ097008  
**Sample #:** PAT-1013-6-2 **Sample Date:** 10/13/2009  
**Location:** Public School #6, 137 Carroll St., Paterson, NJ – Auditorium, Northeast Corner, 'Pyro-Bar' Wall Block **Date Analyzed:** 10/15/2009

-----  
**Test Method: PLM/DS (EPA 600/R-93/116)**

**Gross Sample Appearance -**

- 1. Homogeneous, Friable:
- 2. Homogeneous, Nonfriable:
- 3. Heterogeneous, Friable:
- 4. Heterogeneous, Nonfriable: BROWN/GRAY
- 5. Heterogeneous, Mixed:

**Sample Treatment -**

- 1. Homogenized:
- 2. Chemical Treated:
- 3. Untreated:

**Asbestos Present -**

- 1. Chrysotile: ND
- 2. Amosite: ND
- 3. Crocidolite: ND
- 4. Anthophyllite: ND
- 5. Tremolite: ND
- 6. Actinolite: ND

**Total Asbestos Present:** None Detected

**Other Fibrous Material Present -**

- 1. Fiber Glass:
- 2. Cellulose: YES
- 3. Synthetic Fiber:
- 4. Brucite:
- 5. Cotton:
- 6. Mineral Wool:
- 7. Ceramic Fiber:
- 8. Animal Fibers:
- 9. Wollastonite:
- 10. Other:  
(Desc.):

**Nonfibrous Material Present -**

- 1. Gypsum:
- 2. Vermiculite:
- 3. Paint:
- 4. Binders:
- 5. Quartz:
- 6. Perlite:
- 7. Asphalt:
- 8. Other: YES  
(Desc.):

- 1. The accuracy of percentage is plus or minus 1-5%.
- 2. PLM is not reliable for NOB sample only ND (Not Determined) can be reported or if it is positive. Quantitative TEM is the only method to report negative.
- 3. This Certificate shall not be reproduced except in full with the written approval by DAI. The results relate only to the items tested.

# Detail Associates, Inc.

300 Grand Avenue  
Englewood, NJ 07631  
(201) 569-6708

## BULK SAMPLE CERTIFICATE OF ANALYSIS

**Client Name:** Paterson Public Schools **Project #:** NJ097008  
**Sample # :** PAT-1013-6-3 **Sample Date:** 10/13/2009  
**Location:** Public School #6, 137 Carroll St., Paterson, NJ – Auditorium, Northeast Corner, 'Pyro-Bar' Wall Block **Date Analyzed:** 10/15/2009

-----  
**Test Method: PLM/DS (EPA 600/R-93/116)**

### Gross Sample Appearance -

1. Homogeneous, Friable:
2. Homogeneous, Nonfriable:
3. Heterogeneous, Friable:
4. Heterogeneous, Nonfriable: GRAY
5. Heterogeneous, Mixed:

### Sample Treatment -

1. Homogenized:
2. Chemical Treated:
3. Untreated:

### Asbestos Present -

1. Chrysotile: ND
2. Amosite: ND
3. Crocidolite: ND
4. Anthophyllite: ND
5. Tremolite: ND
6. Actinolite: ND

**Total Asbestos Present:** None Detected

### Other Fibrous Material Present -

- |                     |  |                    |
|---------------------|--|--------------------|
| 1. Fiber Glass:     |  | 6. Mineral Wool:   |
| 2. Cellulose: YES   |  | 7. Ceramic Fibers: |
| 3. Synthetic Fiber: |  | 8. Animal Fibers:  |
| 4. Brucite:         |  | 9. Wollastonite:   |
| 5. Cotton:          |  | 10. Other:         |
|                     |  | (Desc.):           |

### Nonfibrous Material Present -

- |                 |  |               |
|-----------------|--|---------------|
| 1. Gypsum:      |  | 5. Quartz:    |
| 2. Vermiculite: |  | 6. Perlite:   |
| 3. Paint:       |  | 7. Asphalt:   |
| 4. Binders:     |  | 8. Other: YES |
|                 |  | (Desc.):      |

1. The accuracy of percentage is plus or minus 1-5%.
2. PLM is not reliable for NOB sample only ND (Not Determined) can be reported or if it is positive. Quantitative TEM is the only method to report negative.
3. This Certificate shall not be reproduced except in full with the written approval by DAI. The results relate only to the items tested.

## PERIODIC SURVEILLANCE REPORT

DATE: 8-19-09

FACILITY: School No. 6

ADDRESS: 137 Carroll Street

INSPECTOR: James Ruff

SIGNATURE: *James Ruff*

ACCRED#: N/AETI 21526

| Location                   | Material                  | Total Amount | Amount w/Dam. | Change Y/N | Comments |
|----------------------------|---------------------------|--------------|---------------|------------|----------|
| room 14                    | 9" brown floor tile       | 750 sf       | 0 sf          | N          |          |
| room 14                    | mastic a/w floor tile     | 750 sf       | 0 sf          | N          |          |
| room 13                    | 12" grey floor tile       | 375 sf       | 0 sf          | N          |          |
| room 13                    | mastic a/w floor tile     | 375 sf       | 0 sf          | N          |          |
| room 12 computer rm        | 12" white floor tile      | 880 sf       | 0 sf          | N          |          |
| room 12 computer rm        | mastic a/w floor tile     | 880 sf       | 0 sf          | N          |          |
| cafeteria 1                | 12" grey floor tile       | 1250 sf      | 0 sf          | N          |          |
| cafeteria 1                | mastic a/w floor tile     | 1250 sf      | 0 sf          | N          |          |
| room 11                    | 12" tan floor tile        | 250 sf       | 0 sf          | N          |          |
| room 11                    | mastic a/w floor tile     | 250 sf       | 0 sf          | N          |          |
| cafeteria 2                | 9" brown floor tile       | 1600 sf      | 0 sf          | N          |          |
| cafeteria 2                | mastic a/w floor tile     | 1600 sf      | 0 sf          | N          |          |
| room 4                     | 12" grey floor tile       | 750 sf       | 0 sf          | N          |          |
| room 4                     | mastic a/w floor tile     | 750 sf       | 0 sf          | N          |          |
| room 4 storage             | 9" green floor tile       | 90 sf        | 0 sf          | N          |          |
| room 4 storage             | mastic a/w floor tile     | 90 sf        | 0 sf          | N          |          |
| room 5                     | 12" tan floor tile        | 750 sf       | 0 sf          | N          |          |
| room 5                     | mastic a/w floor tile     | 750 sf       | 0 sf          | N          |          |
| room 32                    | 9" green/white floor tile | 150 sf       | 0 sf          | N          |          |
| room 32                    | mastic a/w floor tile     | 150 sf       | 0 sf          | N          |          |
| storage above entrance 109 | 9" green floor tile       | 40 sf        | 0 sf          | N          |          |
| storage above entrance 109 | mastic a/w floor tile     | 40 sf        | 0 sf          | N          |          |
| room 101                   | 12" white floor tile      | 700 sf       | 0 sf          | N          |          |
| room 101                   | mastic a/w floor tile     | 700 sf       | 0 sf          | N          |          |
| auditorium                 | 12" white floor tile      | 1400 sf      | 0 sf          | N          |          |
| auditorium                 | mastic a/w floor tile     | 1400 sf      | 0 sf          | N          |          |
| main office                | 12" blue floor tile       | 250 sf       | 0 sf          | N          |          |
| main office                | mastic a/w floor tile     | 250 sf       | 0 sf          | N          |          |

## PERIODIC SURVEILLANCE REPORT

DATE: 8-14-09

FACILITY: School No. 6

ADDRESS: 137 Carroll Street

INSPECTOR: James Ruff

SIGNATURE: 

ACCRED#: \_\_\_\_\_

| Location               | Material                  | Total Amount | Amount w/Dam. | Change Y/N | Comments |
|------------------------|---------------------------|--------------|---------------|------------|----------|
| stair balcony          | 12" blue floor tile       | 52 sf        | 0 sf          | N          |          |
| stair balcony          | mastic a/w floor tile     | 52 sf        | 0 sf          | N          |          |
| principals office      | 12" blue floor tile       | 150 sf       | 0 sf          | N          |          |
| principals office      | mastic a/w floor tile     | 150 sf       | 0 sf          | N          |          |
| room 115               | 9" reddish brown flr tile | 600 sf       | 0 sf          | N          |          |
| room 115               | mastic a/w floor tile     | 600 sf       | 0 sf          | N          |          |
| room 213               | 12" white floor tile      | 400 sf       | 0 sf          | N          |          |
| room 213               | 12" grey floor tile       | 100 sf       | 0 sf          | N          |          |
| room 213               | mastic a/w floor tile     | 500 sf       | 0 sf          | N          |          |
| room 212               | 12" white floor tile      | 400 sf       | 0 sf          | N          |          |
| room 212               | 12" grey floor tile       | 100 sf       | 0 sf          | N          |          |
| room 212               | mastic a/w floor tile     | 500 sf       | 0 sf          | N          |          |
| room 211A VP office    | 12" white floor tile      | 80 sf        | 0 sf          | N          |          |
| room 211A VP office    | 12" red floor tile        | 80 sf        | 0 sf          | N          |          |
| room 211A VP office    | mastic a/w floor tile     | 175 sf       | 0 sf          | N          |          |
| room 216 nurses office | 12" white floor tile      | 250 sf       | 0 sf          | N          |          |
| room 216 nurses office | mastic a/w floor tile     | 250 sf       | 0 sf          | N          |          |
| room 204               | 12" white floor tile      | 400 sf       | 0 sf          | N          |          |
| room 204               | 12" grey floor tile       | 100 sf       | 0 sf          | N          |          |
| room 204               | mastic a/w floor tile     | 500 sf       | 0 sf          | N          |          |
| room 203               | 12" white floor tile      | 400 sf       | 0 sf          | N          |          |
| room 203               | 12" grey floor tile       | 100 sf       | 0 sf          | N          |          |
| room 203               | mastic a/w floor tile     | 500 sf       | 0 sf          | N          |          |
| room 201               | 12" white floor tile      | 700 sf       | 0 sf          | N          |          |
| room 201               | mastic a/w floor tile     | 700 sf       | 0 sf          | N          |          |
| projection room        | transite panels           | 30 sf        | 0 sf          | N          |          |





# PERIODIC SURVEILLANCE REPORT

DATE: 2-5-09  
 FACILITY: School No. 6  
 ADDRESS: 137 Carroll Street

INSPECTOR: James Ruff  
 SIGNATURE: *James Ruff*  
 ACCRED#: NAETI 19822

| Location                   | Material                  | Total Amount | Amount w/Dam. | Change Y/N | Comments |
|----------------------------|---------------------------|--------------|---------------|------------|----------|
| room 14                    | 9" brown floor tile       | 750 sf       | 0 sf          | N          |          |
| room 14                    | mastic a/w floor tile     | 750 sf       | 0 sf          | N          |          |
| room 13                    | 12" grey floor tile       | 375 sf       | 0 sf          | N          |          |
| room 13                    | mastic a/w floor tile     | 375 sf       | 0 sf          | N          |          |
| room 12 computer rm        | 12" white floor tile      | 880 sf       | 0 sf          | N          |          |
| room 12 computer rm        | mastic a/w floor tile     | 880 sf       | 0 sf          | N          |          |
| cafeteria 1                | 12" gray floor tile       | 1250 sf      | 0 sf          | N          |          |
| cafeteria 1                | mastic a/w floor tile     | 1250 sf      | 0 sf          | N          |          |
| room 11                    | 12" tan floor tile        | 250 sf       | 0 sf          | N          |          |
| room 11                    | mastic a/w floor tile     | 250 sf       | 0 sf          | N          |          |
| cafeteria 2                | 9" brown floor tile       | 1600 sf      | 0 sf          | N          |          |
| cafeteria 2                | mastic a/w floor tile     | 1600 sf      | 0 sf          | N          |          |
| room 4                     | 12" grey floor tile       | 750 sf       | 0 sf          | N          |          |
| room 4                     | mastic a/w floor tile     | 750 sf       | 0 sf          | N          |          |
| room 4 storage             | 9" green floor tile       | 90 sf        | 0 sf          | N          |          |
| room 4 storage             | mastic a/w floor tile     | 90 sf        | 0 sf          | N          |          |
| room 5                     | 12" tan floor tile        | 750 sf       | 0 sf          | N          |          |
| room 5                     | mastic a/w floor tile     | 750 sf       | 0 sf          | N          |          |
| room 32                    | 9" green/white floor tile | 150 sf       | 0 sf          | N          |          |
| room 32                    | mastic a/w floor tile     | 150 sf       | 0 sf          | N          |          |
| storage above entrance 109 | 9" green floor tile       | 40 sf        | 0 sf          | N          |          |
| storage above entrance 109 | mastic a/w floor tile     | 40 sf        | 0 sf          | N          |          |
| room 101                   | 12" white floor tile      | 700 sf       | 0 sf          | N          |          |
| room 101                   | mastic a/w floor tile     | 700 sf       | 0 sf          | N          |          |
| auditorium                 | 12" white floor tile      | 1400 sf      | 0 sf          | N          |          |
| auditorium                 | mastic a/w floor tile     | 1400 sf      | 0 sf          | N          |          |
| main office                | 12" blue floor tile       | 250 sf       | 0 sf          | N          |          |

# PERIODIC SURVEILLANCE REPORT

DATE: 2-5-09  
 FACILITY: School No. 6  
 ADDRESS: 137 Carroll Street

INSPECTOR: James Ruff  
 SIGNATURE:   
 ACCRED#: \_\_\_\_\_

| Location               | Material                  | Total Amount | Amount w/Dam. | Change Y/N | Comments |
|------------------------|---------------------------|--------------|---------------|------------|----------|
| main office            | mastic a/w floor tile     | 250 sf       | 0 sf          | N          |          |
| stair balcony          | 12" blue floor tile       | 52 sf        | 0 sf          | N          |          |
| stair balcony          | mastic a/w floor tile     | 52 sf        | 0 sf          | N          |          |
| principals office      | 12" blue floor tile       | 150 sf       | 0 sf          | N          |          |
| principals office      | mastic a/w floor tile     | 150 sf       | 0 sf          | N          |          |
| room 115               | 9" reddish brown fir tile | 600 sf       | 0 sf          | N          |          |
| room 115               | mastic a/w floor tile     | 600 sf       | 0 sf          | N          |          |
| room 213               | 12" white floor tile      | 400 sf       | 0 sf          | N          |          |
| room 213               | 12" grey floor tile       | 100 sf       | 0 sf          | N          |          |
| room 213               | mastic a/w floor tile     | 500 sf       | 0 sf          | N          |          |
| room 212               | 12" white floor tile      | 400 sf       | 0 sf          | N          |          |
| room 212               | 12" grey floor tile       | 100 sf       | 0 sf          | N          |          |
| room 212               | mastic a/w floor tile     | 500 sf       | 0 sf          | N          |          |
| room 211A VP office    | 12" white floor tile      | 80 sf        | 0 sf          | N          |          |
| room 211A VP office    | 12" red floor tile        | 80 sf        | 0 sf          | N          |          |
| room 211A VP office    | mastic a/w floor tile     | 175 sf       | 0 sf          | N          |          |
| room 216 nurses office | 12" white floor tile      | 250 sf       | 0 sf          | N          |          |
| room 216 nurses office | mastic a/w floor tile     | 250 sf       | 0 sf          | N          |          |
| room 204               | 12" white floor tile      | 400 sf       | 0 sf          | N          |          |
| room 204               | 12" grey floor tile       | 100 sf       | 0 sf          | N          |          |
| room 204               | mastic a/w floor tile     | 500 sf       | 0 sf          | N          |          |
| room 203               | 12" white floor tile      | 400 sf       | 0 sf          | N          |          |
| room 203               | 12" grey floor tile       | 100 sf       | 0 sf          | N          |          |
| room 203               | mastic a/w floor tile     | 500 sf       | 0 sf          | N          |          |
| room 201               | 12" white floor tile      | 700 sf       | 0 sf          | N          |          |
| room 201               | mastic a/w floor tile     | 700 sf       | 0 sf          | N          |          |
| projection room        | transite panels           | 30 sf        | 0 sf          | N          |          |



# PERIODIC SURVEILLANCE REPORT

DATE: 8-13-08

FACILITY: School No. 6

ADDRESS: 137 Carroll Street

INSPECTOR: James Ruff

SIGNATURE: James Ruff

ACCREDITED#: MAET: 19822

| Location                   | Material                  | Total Amount | Amount w/Dam. | Change Y/N | Comments |
|----------------------------|---------------------------|--------------|---------------|------------|----------|
| room 14                    | 9" brown floor tile       | 750 sf       | 0 sf          | N          |          |
| room 14                    | mastic a/w floor tile     | 750 sf       | 0 sf          | N          |          |
| room 13                    | 12" grey floor tile       | 375 sf       | 0 sf          | N          |          |
| room 13                    | mastic a/w floor tile     | 375 sf       | 0 sf          | N          |          |
| room 12 computer rm        | 12" white floor tile      | 880 sf       | 0 sf          | N          |          |
| room 12 computer rm        | mastic a/w floor tile     | 880 sf       | 0 sf          | N          |          |
| cafeteria 1                | 12" gray floor tile       | 1250 sf      | 0 sf          | N          |          |
| cafeteria 1                | mastic a/w floor tile     | 1250 sf      | 0 sf          | N          |          |
| room 11                    | 12" tan floor tile        | 250 sf       | 0 sf          | N          |          |
| room 11                    | mastic a/w floor tile     | 250 sf       | 0 sf          | N          |          |
| cafeteria 2                | 9" brown floor tile       | 1600 sf      | 0 sf          | N          |          |
| cafeteria 2                | mastic a/w floor tile     | 1600 sf      | 0 sf          | N          |          |
| room 4                     | 12" grey floor tile       | 750 sf       | 0 sf          | N          |          |
| room 4                     | mastic a/w floor tile     | 750 sf       | 0 sf          | N          |          |
| room 4 storage             | 9" green floor tile       | 90 sf        | 0 sf          | N          |          |
| room 4 storage             | mastic a/w floor tile     | 90 sf        | 0 sf          | N          |          |
| room 5                     | 12" tan floor tile        | 750 sf       | 0 sf          | N          |          |
| room 5                     | mastic a/w floor tile     | 750 sf       | 0 sf          | N          |          |
| room 32                    | 9" green/white floor tile | 150 sf       | 0 sf          | N          |          |
| room 32                    | mastic a/w floor tile     | 150 sf       | 0 sf          | N          |          |
| storage above entrance 109 | 9" green floor tile       | 40 sf        | 0 sf          | N          |          |
| storage above entrance 109 | mastic a/w floor tile     | 40 sf        | 0 sf          | N          |          |
| room 101                   | 12" white floor tile      | 700 sf       | 0 sf          | N          |          |
| room 101                   | mastic a/w floor tile     | 700 sf       | 0 sf          | N          |          |
| auditorium                 | 12" white floor tile      | 1400 sf      | 0 sf          | N          |          |
| auditorium                 | mastic a/w floor tile     | 1400 sf      | 0 sf          | N          |          |
| main office                | 12" blue floor tile       | 250 sf       | 0 sf          | N          |          |
| main office                | mastic a/w floor tile     | 250 sf       | 0 sf          | N          |          |

# PERIODIC SURVEILLANCE REPORT

DATE: 8-13-08  
 FACILITY: School No. 6  
 ADDRESS: 137 Carroll Street

INSPECTOR: James Ruff  
 SIGNATURE:   
 ACCRED#: \_\_\_\_\_

| Location               | Material                  | Total Amount | Amount w/Dam. | Change Y/N | Comments |
|------------------------|---------------------------|--------------|---------------|------------|----------|
| stair balcony          | 12" blue floor tile       | 52 sf        | 0 sf          | N          |          |
| stair balcony          | mastic a/w floor tile     | 52 sf        | 0 sf          | N          |          |
| principals office      | 12" blue floor tile       | 150 sf       | 0 sf          | N          |          |
| principals office      | mastic a/w floor tile     | 150 sf       | 0 sf          | N          |          |
| room 115               | 9" reddish brown fir tile | 600 sf       | 0 sf          | N          |          |
| room 115               | mastic a/w floor tile     | 600 sf       | 0 sf          | N          |          |
| room 213               | 12" white floor tile      | 400 sf       | 0 sf          | N          |          |
| room 213               | 12" grey floor tile       | 100 sf       | 0 sf          | N          |          |
| room 213               | mastic a/w floor tile     | 500 sf       | 0 sf          | N          |          |
| room 212               | 12" white floor tile      | 400 sf       | 0 sf          | N          |          |
| room 212               | 12" grey floor tile       | 100 sf       | 0 sf          | N          |          |
| room 212               | mastic a/w floor tile     | 500 sf       | 0 sf          | N          |          |
| room 211A VP office    | 12" white floor tile      | 80 sf        | 0 sf          | N          |          |
| room 211A VP office    | 12" red floor tile        | 80 sf        | 0 sf          | N          |          |
| room 211A VP office    | mastic a/w floor tile     | 175 sf       | 0 sf          | N          |          |
| room 216 nurses office | 12" white floor tile      | 250 sf       | 0 sf          | N          |          |
| room 216 nurses office | mastic a/w floor tile     | 250 sf       | 0 sf          | N          |          |
| room 204               | 12" white floor tile      | 400 sf       | 0 sf          | N          |          |
| room 204               | 12" grey floor tile       | 100 sf       | 0 sf          | N          |          |
| room 204               | mastic a/w floor tile     | 500 sf       | 0 sf          | N          |          |
| room 203               | 12" white floor tile      | 400 sf       | 0 sf          | N          |          |
| room 203               | 12" grey floor tile       | 100 sf       | 0 sf          | N          |          |
| room 203               | mastic a/w floor tile     | 500 sf       | 0 sf          | N          |          |
| room 201               | 12" white floor tile      | 700 sf       | 0 sf          | N          |          |
| room 201               | mastic a/w floor tile     | 700 sf       | 0 sf          | N          |          |
| projection room        | transite panels           | 30 sf        | 0 sf          | N          |          |



# PERIODIC SURVEILLANCE REPORT


INSPECTOR: James Ruff  
 SIGNATURE: *James Ruff*  
 ACCRED#: NACTI 1054911

DATE: 2-7-08  
 FACILITY: School No. 6  
 ADDRESS: 137 Carroll Street

| Location                   | Material                  | Total Amount | Amount w/Dam. | Change Y/N | Comments |
|----------------------------|---------------------------|--------------|---------------|------------|----------|
| room 14                    | 9" brown floor tile       | 750 sf       | 0 sf          | N          |          |
| room 14                    | mastic a/w floor tile     | 750 sf       | 0 sf          | N          |          |
| room 13                    | 12" grey floor tile       | 375 sf       | 0 sf          | N          |          |
| room 13                    | mastic a/w floor tile     | 375 sf       | 0 sf          | N          |          |
| room 12 computer rm        | 12" white floor tile      | 880 sf       | 0 sf          | N          |          |
| room 12 computer rm        | mastic a/w floor tile     | 880 sf       | 0 sf          | N          |          |
| cafeteria 1                | 12" gray floor tile       | 1250 sf      | 0 sf          | N          |          |
| cafeteria 1                | mastic a/w floor tile     | 1250 sf      | 0 sf          | N          |          |
| room 11                    | 12" tan floor tile        | 250 sf       | 0 sf          | N          |          |
| room 11                    | mastic a/w floor tile     | 250 sf       | 0 sf          | N          |          |
| cafeteria 2                | 9" brown floor tile       | 1600 sf      | 0 sf          | N          |          |
| cafeteria 2                | mastic a/w floor tile     | 1600 sf      | 0 sf          | N          |          |
| room 4                     | 12" grey floor tile       | 750 sf       | 0 sf          | N          |          |
| room 4                     | mastic a/w floor tile     | 750 sf       | 0 sf          | N          |          |
| room 4 storage             | 9" green floor tile       | 90 sf        | 0 sf          | N          |          |
| room 4 storage             | mastic a/w floor tile     | 90 sf        | 0 sf          | N          |          |
| room 5                     | 12" tan floor tile        | 750 sf       | 0 sf          | N          |          |
| room 5                     | mastic a/w floor tile     | 750 sf       | 0 sf          | N          |          |
| room 32                    | 9" green/white floor tile | 150 sf       | 0 sf          | N          |          |
| room 32                    | mastic a/w floor tile     | 150 sf       | 0 sf          | N          |          |
| storage above entrance 109 | 9" green floor tile       | 40 sf        | 0 sf          | N          |          |
| storage above entrance 109 | mastic a/w floor tile     | 40 sf        | 0 sf          | N          |          |
| room 101                   | 12" white floor tile      | 700 sf       | 0 sf          | N          |          |
| room 101                   | mastic a/w floor tile     | 700 sf       | 0 sf          | N          |          |
| auditorium                 | 12" white floor tile      | 1400 sf      | 0 sf          | N          |          |
| auditorium                 | mastic a/w floor tile     | 1400 sf      | 0 sf          | N          |          |
| main office                | 12" blue floor tile       | 250 sf       | 0 sf          | N          |          |
| main office                | mastic a/w floor tile     | 250 sf       | 0 sf          | N          |          |



# PERIODIC SURVEILLANCE REPORT

DATE: 2-7-08  
 FACILITY: School No. 6  
 ADDRESS: 137 Carroll Street  
 INSPECTOR: James Ruff  
 SIGNATURE:   
 ACCRED#: \_\_\_\_\_

| Location               | Material                  | Total Amount | Amount w/Dam. | Change Y / N | Comments |
|------------------------|---------------------------|--------------|---------------|--------------|----------|
| stair balcony          | 12" blue floor tile       | 52 sf        | 0 sf          | N            |          |
| stair balcony          | mastic a/w floor tile     | 52 sf        | 0 sf          | N            |          |
| principals office      | 12" blue floor tile       | 150 sf       | 0 sf          | N            |          |
| principals office      | mastic a/w floor tile     | 150 sf       | 0 sf          | N            |          |
| room 115               | 9" reddish brown fir tile | 600 sf       | 0 sf          | N            |          |
| room 115               | mastic a/w floor tile     | 600 sf       | 0 sf          | N            |          |
| room 213               | 12" white floor tile      | 400 sf       | 0 sf          | N            |          |
| room 213               | 12" grey floor tile       | 100 sf       | 0 sf          | N            |          |
| room 213               | mastic a/w floor tile     | 500 sf       | 0 sf          | N            |          |
| room 212               | 12" white floor tile      | 400 sf       | 0 sf          | N            |          |
| room 212               | 12" grey floor tile       | 100 sf       | 0 sf          | N            |          |
| room 212               | mastic a/w floor tile     | 500 sf       | 0 sf          | N            |          |
| room 211A VP office    | 12" white floor tile      | 80 sf        | 0 sf          | N            |          |
| room 211A VP office    | 12" red floor tile        | 80 sf        | 0 sf          | N            |          |
| room 211A VP office    | mastic a/w floor tile     | 175 sf       | 0 sf          | N            |          |
| room 216 nurses office | 12" white floor tile      | 250 sf       | 0 sf          | N            |          |
| room 216 nurses office | mastic a/w floor tile     | 250 sf       | 0 sf          | N            |          |
| room 204               | 12" white floor tile      | 400 sf       | 0 sf          | N            |          |
| room 204               | 12" grey floor tile       | 100 sf       | 0 sf          | N            |          |
| room 204               | mastic a/w floor tile     | 500 sf       | 0 sf          | N            |          |
| room 203               | 12" white floor tile      | 400 sf       | 0 sf          | N            |          |
| room 203               | 12" grey floor tile       | 100 sf       | 0 sf          | N            |          |
| room 203               | mastic a/w floor tile     | 500 sf       | 0 sf          | N            |          |
| room 201               | 12" white floor tile      | 700 sf       | 0 sf          | N            |          |
| room 201               | mastic a/w floor tile     | 700 sf       | 0 sf          | N            |          |
| projection room        | transite panels           | 30 sf        | 0 sf          | N            |          |



# PERIODIC SURVEILLANCE REPORT

DATE: 2-5-07  
 FACILITY: School No. 6  
 ADDRESS: 137 Carroll Street

INSPECTOR: James Ruff  
 SIGNATURE: *James Ruff*  
 ACCRED#: ADETI 13423

| Location                   | Material                  | Total Amount | Amount w/Dam. | Change Y/N | Comments |
|----------------------------|---------------------------|--------------|---------------|------------|----------|
| room 14                    | 9" brown floor tile       | 750 sf       | 0 sf          | N          |          |
| room 14                    | mastic a/w floor tile     | 750 sf       | 0 sf          | N          |          |
| room 13                    | 12" grey floor tile       | 375 sf       | 0 sf          | N          |          |
| room 13                    | mastic a/w floor tile     | 375 sf       | 0 sf          | N          |          |
| room 12 computer rm        | 12" white floor tile      | 880 sf       | 0 sf          | N          |          |
| room 12 computer rm        | mastic a/w floor tile     | 880 sf       | 0 sf          | N          |          |
| cafeteria 1                | 12" gray floor tile       | 1250 sf      | 0 sf          | N          |          |
| cafeteria 1                | mastic a/w floor tile     | 1250 sf      | 0 sf          | N          |          |
| room 11                    | 12" tan floor tile        | 250 sf       | 0 sf          | N          |          |
| room 11                    | mastic a/w floor tile     | 250 sf       | 0 sf          | N          |          |
| cafeteria 2                | 9" brown floor tile       | 1600 sf      | 0 sf          | N          |          |
| cafeteria 2                | mastic a/w floor tile     | 1600 sf      | 0 sf          | N          |          |
| room 4                     | 12" grey floor tile       | 750 sf       | 0 sf          | N          |          |
| room 4                     | mastic a/w floor tile     | 750 sf       | 0 sf          | N          |          |
| room 4 storage             | 9" green floor tile       | 90 sf        | 0 sf          | N          |          |
| room 4 storage             | mastic a/w floor tile     | 90 sf        | 0 sf          | N          |          |
| room 5                     | 12" tan floor tile        | 750 sf       | 0 sf          | N          |          |
| room 5                     | mastic a/w floor tile     | 750 sf       | 0 sf          | N          |          |
| room 32                    | 9" green/white floor tile | 150 sf       | 0 sf          | N          |          |
| room 32                    | mastic a/w floor tile     | 150 sf       | 0 sf          | N          |          |
| storage above entrance 109 | 9" green floor tile       | 40 sf        | 0 sf          | N          |          |
| storage above entrance 109 | mastic a/w floor tile     | 40 sf        | 0 sf          | N          |          |
| room 101                   | 12" white floor tile      | 700 sf       | 0 sf          | N          |          |
| room 101                   | mastic a/w floor tile     | 700 sf       | 0 sf          | N          |          |
| auditorium                 | 12" white floor tile      | 1400 sf      | 0 sf          | N          |          |
| auditorium                 | mastic a/w floor tile     | 1400 sf      | 0 sf          | N          |          |
| main office                | 12" blue floor tile       | 250 sf       | 0 sf          | N          |          |
| main office                | mastic a/w floor tile     | 250 sf       | 0 sf          | N          |          |

# PERIODIC SURVEILLANCE REPORT

DATE: 2-5-07  
 FACILITY: School No. 6  
 ADDRESS: 137 Carroll Street  
 INSPECTOR: James Raff  
 SIGNATURE:   
 ACCRED#: \_\_\_\_\_

| Location               | Material                  | Total Amount | Amount w/Dam. | Change Y/N | Comments                         |
|------------------------|---------------------------|--------------|---------------|------------|----------------------------------|
| stair balcony          | 12" blue floor tile       | 52 sf        | 0 sf          | N          |                                  |
| stair balcony          | mastic a/w floor tile     | 52 sf        | 0 sf          | N          |                                  |
| principals office      | 12" blue floor tile       | 150 sf       | 0 sf          | N          |                                  |
| principals office      | mastic a/w floor tile     | 150 sf       | 0 sf          | N          |                                  |
| room 115               | 9" reddish brown fir tile | 600 sf       | 0 sf          | N          |                                  |
| room 115               | mastic a/w floor tile     | 600 sf       | 0 sf          | N          |                                  |
| room 213               | 12" white floor tile      | 400 sf       | 0 sf          | N          |                                  |
| room 213               | 12" grey floor tile       | 100 sf       | 0 sf          | N          | sampled negative white tile only |
| room 213               | mastic a/w floor tile     | 500 sf       | 0 sf          | N          |                                  |
| room 212               | 12" white floor tile      | 400 sf       | 0 sf          | N          |                                  |
| room 212               | 12" grey floor tile       | 100 sf       | 0 sf          | N          | sampled negative white tile only |
| room 212               | mastic a/w floor tile     | 500 sf       | 0 sf          | N          |                                  |
| room 211A VP office    | 12" white floor tile      | 80 sf        | 0 sf          | N          |                                  |
| room 211A VP office    | 12" red floor tile        | 80 sf        | 0 sf          | N          |                                  |
| room 211A VP office    | mastic a/w floor tile     | 175 sf       | 0 sf          | N          |                                  |
| room 216 nurses office | 12" white floor tile      | 250 sf       | 0 sf          | N          |                                  |
| room 216 nurses office | mastic a/w floor tile     | 250 sf       | 0 sf          | N          |                                  |
| room 204               | 12" white floor tile      | 400 sf       | 0 sf          | N          |                                  |
| room 204               | 12" grey floor tile       | 100 sf       | 0 sf          | N          |                                  |
| room 204               | mastic a/w floor tile     | 500 sf       | 0 sf          | N          |                                  |
| room 203               | 12" white floor tile      | 400 sf       | 0 sf          | N          |                                  |
| room 203               | 12" grey floor tile       | 100 sf       | 0 sf          | N          |                                  |
| room 203               | mastic a/w floor tile     | 500 sf       | 0 sf          | N          |                                  |
| room 201               | 12" white floor tile      | 700 sf       | 0 sf          | N          |                                  |
| room 201               | mastic a/w floor tile     | 700 sf       | 0 sf          | N          |                                  |
| projection room        | transite panels           | 30 sf        | 0 sf          | N          |                                  |



# PERIODIC SURVEILLANCE REPORT

DATE: August 2, 2006  
 FACILITY: School No. 6  
 ADDRESS: 137 Carroll Street

INSPECTOR: James Ruff  
 SIGNATURE: James Ruff  
 ACCREDITED#: N/A 134123

| Location                   | Material                  | Total Amount | Amount w/Dam. | Change Y/N | Comments |
|----------------------------|---------------------------|--------------|---------------|------------|----------|
| room 14                    | 9" brown floor tile       | 750 sf       | 0 sf          | N          |          |
| room 14                    | mastic a/w floor tile     | 750 sf       | 0 sf          | N          |          |
| room 13                    | 12" grey floor tile       | 375 sf       | 0 sf          | N          |          |
| room 13                    | mastic a/w floor tile     | 375 sf       | 0 sf          | N          |          |
| room 12 computer rm        | 12" white floor tile      | 880 sf       | 0 sf          | N          |          |
| room 12 computer rm        | mastic a/w floor tile     | 880 sf       | 0 sf          | N          |          |
| cafeteria 1                | 12" gray floor tile       | 1250 sf      | 0 sf          | N          |          |
| cafeteria 1                | mastic a/w floor tile     | 1250 sf      | 0 sf          | N          |          |
| room 11                    | 12" tan floor tile        | 250 sf       | 0 sf          | N          |          |
| room 11                    | mastic a/w floor tile     | 250 sf       | 0 sf          | N          |          |
| cafeteria 2                | 9" brown floor tile       | 1600 sf      | 0 sf          | N          |          |
| cafeteria 2                | mastic a/w floor tile     | 1600 sf      | 0 sf          | N          |          |
| room 4                     | 12" grey floor tile       | 750 sf       | 0 sf          | N          |          |
| room 4                     | mastic a/w floor tile     | 750 sf       | 0 sf          | N          |          |
| room 4 storage             | 9" green floor tile       | 90 sf        | 0 sf          | N          |          |
| room 4 storage             | mastic a/w floor tile     | 90 sf        | 0 sf          | N          |          |
| room 5                     | 12" tan floor tile        | 750 sf       | 0 sf          | N          |          |
| room 5                     | mastic a/w floor tile     | 750 sf       | 0 sf          | N          |          |
| room 32                    | 9" green/white floor tile | 150 sf       | 0 sf          | N          |          |
| room 32                    | mastic a/w floor tile     | 150 sf       | 0 sf          | N          |          |
| storage above entrance 109 | 9" green floor tile       | 40 sf        | 0 sf          | N          |          |
| storage above entrance 109 | mastic a/w floor tile     | 40 sf        | 0 sf          | N          |          |
| room 101                   | 12" white floor tile      | 700 sf       | 0 sf          | N          |          |
| room 101                   | mastic a/w floor tile     | 700 sf       | 0 sf          | N          |          |
| auditorium                 | 12" white floor tile      | 1400 sf      | 0 sf          | N          |          |
| auditorium                 | mastic a/w floor tile     | 1400 sf      | 0 sf          | N          |          |
| main office                | 12" blue floor tile       | 250 sf       | 0 sf          | N          |          |
| main office                | mastic a/w floor tile     | 250 sf       | 0 sf          | N          |          |

# PERIODIC SURVEILLANCE REPORT

INSPECTOR: James Ruff  
 SIGNATURE: James Ruff  
 ACCRED#: NETI 13423

DATE: 8-2-06  
 FACILITY: School No. 6  
 ADDRESS: 137 Carroll Street

| Location               | Material                  | Total Amount | Amount w/Dam. | Change Y/N | Comments                         |
|------------------------|---------------------------|--------------|---------------|------------|----------------------------------|
| stair balcony          | 12" blue floor tile       | 52 sf        | 0 sf          | N          |                                  |
| stair balcony          | mastic a/w floor tile     | 52 sf        | 0 sf          | N          |                                  |
| principals office      | 12" blue floor tile       | 150 sf       | 0 sf          | N          |                                  |
| principals office      | mastic a/w floor tile     | 150 sf       | 0 sf          | N          |                                  |
| room 115               | 9" reddish brown flr tile | 600 sf       | 0 sf          | N          |                                  |
| room 115               | mastic a/w floor tile     | 600 sf       | 0 sf          | N          |                                  |
| room 213               | 12" white floor tile      | 400 sf       | 0 sf          | -          | sampled negative white tile only |
| room 213               | 12" grey floor tile       | 100 sf       | 0 sf          | N          |                                  |
| room 213               | mastic a/w floor tile     | 500 sf       | 0 sf          | N          |                                  |
| room 212               | 12" white floor tile      | 400 sf       | 0 sf          | -          | sampled negative white tile only |
| room 212               | 12" grey floor tile       | 100 sf       | 0 sf          | N          |                                  |
| room 212               | mastic a/w floor tile     | 500 sf       | 0 sf          | N          |                                  |
| room 211A VP office    | 12" white floor tile      | 80 sf        | 0 sf          | N          |                                  |
| room 211A VP office    | 12" red floor tile        | 80 sf        | 0 sf          | N          |                                  |
| room 211A VP office    | mastic a/w floor tile     | 175 sf       | 0 sf          | N          |                                  |
| room 216 nurses office | 12" white floor tile      | 250 sf       | 0 sf          | N          |                                  |
| room 216 nurses office | mastic a/w floor tile     | 250 sf       | 0 sf          | N          |                                  |
| room 204               | 12" white floor tile      | 400 sf       | 0 sf          | N          |                                  |
| room 204               | 12" grey floor tile       | 100 sf       | 0 sf          | N          |                                  |
| room 204               | mastic a/w floor tile     | 500 sf       | 0 sf          | N          |                                  |
| room 203               | 12" white floor tile      | 400 sf       | 0 sf          | N          |                                  |
| room 203               | 12" grey floor tile       | 100 sf       | 0 sf          | N          |                                  |
| room 203               | mastic a/w floor tile     | 500 sf       | 0 sf          | N          |                                  |
| room 201               | 12" white floor tile      | 700 sf       | 0 sf          | N          |                                  |
| room 201               | mastic a/w floor tile     | 700 sf       | 0 sf          | N          |                                  |
| projection room        | transite panels           | 30 sf        | 0 sf          | N          |                                  |





# PERIODIC SURVEILLANCE REPORT

DATE: 2-1-06  
 FACILITY: School No. 6  
 ADDRESS: 137 Carroll Street

INSPECTOR: James Ruff  
 SIGNATURE: *James Ruff*  
 ACCRED#: MAET 10441

| Location                   | Material                  | Total Amount | Amount w/Dam. | Change Y/N | Comments |
|----------------------------|---------------------------|--------------|---------------|------------|----------|
| room 14                    | 9" brown floor tile       | 750 sf       | 0 sf          | N          |          |
| room 14                    | mastic a/w floor tile     | 750 sf       | 0 sf          | N          |          |
| room 13                    | 12" grey floor tile       | 375 sf       | 0 sf          | N          |          |
| room 13                    | mastic a/w floor tile     | 375 sf       | 0 sf          | N          |          |
| room 12                    | 12" floor tile            | 880 sf       | 0 sf          | N          |          |
| room 12                    | mastic a/w floor tile     | 880 sf       | 0 sf          | N          |          |
| cafeteria 1                | 12" green floor tile      | 1250 sf      | 0 sf          | N          |          |
| cafeteria 1                | mastic a/w floor tile     | 1250 sf      | 0 sf          | N          |          |
| room 11                    | 12" tan floor tile        | 250 sf       | 0 sf          | N          |          |
| room 11                    | mastic a/w floor tile     | 250 sf       | 0 sf          | N          |          |
| cafeteria 2                | 9" brown floor tile       | 1600 sf      | 0 sf          | N          |          |
| cafeteria 2                | mastic a/w floor tile     | 1600 sf      | 0 sf          | N          |          |
| room 4                     | 12" grey floor tile       | 750 sf       | 0 sf          | N          |          |
| room 4                     | mastic a/w floor tile     | 750 sf       | 0 sf          | N          |          |
| room 4 storage             | 9" green floor tile       | 90 sf        | 0 sf          | N          |          |
| room 4 storage             | mastic a/w floor tile     | 90 sf        | 0 sf          | N          |          |
| room 5                     | 12" tan floor tile        | 750 sf       | 0 sf          | N          |          |
| room 5                     | mastic a/w floor tile     | 750 sf       | 0 sf          | N          |          |
| room 32                    | 9" green/white floor tile | 150 sf       | 0 sf          | N          |          |
| room 32                    | mastic a/w floor tile     | 150 sf       | 0 sf          | N          |          |
| storage above entrance 109 | 9" green floor tile       | 40 sf        | 0 sf          | N          |          |
| storage above entrance 109 | mastic a/w floor tile     | 40 sf        | 0 sf          | N          |          |
| room 101                   | 12" white floor tile      | 700 sf       | 0 sf          | N          |          |
| room 101                   | mastic a/w floor tile     | 700 sf       | 0 sf          | N          |          |
| auditorium                 | 12" white floor tile      | 1400 sf      | 0 sf          | N          |          |
| auditorium                 | mastic a/w floor tile     | 1400 sf      | 0 sf          | N          |          |
| main office                | 12" blue floor tile       | 250 sf       | 0 sf          | N          |          |
| main office                | mastic a/w floor tile     | 250 sf       | 0 sf          | N          |          |

# PERIODIC SURVEILLANCE REPORT

DATE: 2-1-06  
 FACILITY: School No. 6  
 ADDRESS: 137 Carroll Street

INSPECTOR: James Raff  
 SIGNATURE:   
 ACCRED#: \_\_\_\_\_

| Location               | Material                  | Total Amount | Amount w/Dam. | Change Y/N | Comments                         |
|------------------------|---------------------------|--------------|---------------|------------|----------------------------------|
| stair balcony          | 12" blue floor tile       | 52 sf        | 0 sf          | N          |                                  |
| stair balcony          | mastic a/w floor tile     | 52 sf        | 0 sf          | N          |                                  |
| principals office      | 12" blue floor tile       | 150 sf       | 0 sf          | N          |                                  |
| principals office      | mastic a/w floor tile     | 150 sf       | 0 sf          | N          |                                  |
| room 115               | 9" reddish brown fir tile | 600 sf       | 0 sf          | N          |                                  |
| room 115               | mastic a/w floor tile     | 600 sf       | 0 sf          | N          |                                  |
| room 213               | 12" white floor tile      | 400 sf       | 0 sf          | —          | sampled negative white tile only |
| room 213               | 12" grey floor tile       | 100 sf       | 0 sf          | N          |                                  |
| room 213               | mastic a/w floor tile     | 500 sf       | 0 sf          | N          |                                  |
| room 215               | 12" white floor tile      | 550 sf       | 0 sf          | —          | sampled negative white tile only |
| room 215               | mastic a/w floor tile     | 550 sf       | 0 sf          | N          |                                  |
| room 212               | 12" white floor tile      | 400 sf       | 0 sf          | —          | sampled negative white tile only |
| room 212               | 12" grey floor tile       | 100 sf       | 0 sf          | N          |                                  |
| room 212               | mastic a/w floor tile     | 500 sf       | 0 sf          | N          |                                  |
| room 211A VP office    | 12" white floor tile      | 80 sf        | 0 sf          | N          |                                  |
| room 211A VP office    | 12" red floor tile        | 80 sf        | 0 sf          | N          |                                  |
| room 211A VP office    | mastic a/w floor tile     | 175 sf       | 0 sf          | N          |                                  |
| room 216 nurses office | 12" white floor tile      | 250 sf       | 0 sf          | N          |                                  |
| room 216 nurses office | mastic a/w floor tile     | 250 sf       | 0 sf          | N          |                                  |
| room 204               | 12" white floor tile      | 400 sf       | 0 sf          | N          |                                  |
| room 204               | 12" grey floor tile       | 100 sf       | 0 sf          | N          |                                  |
| room 204               | mastic a/w floor tile     | 500 sf       | 0 sf          | N          |                                  |
| room 203               | 12" white floor tile      | 400 sf       | 0 sf          | N          |                                  |
| room 203               | 12" grey floor tile       | 100 sf       | 0 sf          | N          |                                  |
| room 203               | mastic a/w floor tile     | 500 sf       | 0 sf          | N          |                                  |
| room 201               | 12" white floor tile      | 700 sf       | 0 sf          | N          |                                  |
| room 201               | mastic a/w floor tile     | 700 sf       | 0 sf          | N          |                                  |
| projection room        | transite panels           | 30 sf        | 0 sf          | N          |                                  |




# PERIODIC SURVEILLANCE REPORT

INSPECTOR: James Ruff  
 SIGNATURE: *James Ruff*  
 ACCRED#: NHEI 10441

DATE: 8-1-05  
 FACILITY: School No. 6  
 ADDRESS: 137 Carroll Street

| Location                   | Material                  | Total Amount | Amount w/Dam. | Change Y / N | Comments |
|----------------------------|---------------------------|--------------|---------------|--------------|----------|
| room 14                    | 9" brown floor tile       | 750 sf       | 0 sf          | N            |          |
| room 14                    | mastic a/w floor tile     | 750 sf       | 0 sf          | N            |          |
| room 13                    | 12" grey floor tile       | 375 sf       | 0 sf          | N            |          |
| room 13                    | mastic a/w floor tile     | 375 sf       | 0 sf          | N            |          |
| room 12                    | 12" grey floor tile       | 880 sf       | 0 sf          | N            |          |
| room 12                    | mastic a/w floor tile     | 880 sf       | 0 sf          | N            |          |
| cafeteria 1                | 12" green floor tile      | 1250 sf      | 0 sf          | N            |          |
| cafeteria 1                | mastic a/w floor tile     | 1250 sf      | 0 sf          | N            |          |
| room 11                    | 12" tan floor tile        | 250 sf       | 0 sf          | N            |          |
| room 11                    | mastic a/w floor tile     | 250 sf       | 0 sf          | N            |          |
| cafeteria 2                | 9" brown floor tile       | 1600 sf      | 0 sf          | N            |          |
| cafeteria 2                | mastic a/w floor tile     | 1600 sf      | 0 sf          | N            |          |
| room 4                     | 12" grey floor tile       | 750 sf       | 0 sf          | N            |          |
| room 4                     | mastic a/w floor tile     | 750 sf       | 0 sf          | N            |          |
| room 4 storage             | 9" green floor tile       | 90 sf        | 0 sf          | N            |          |
| room 4 storage             | mastic a/w floor tile     | 90 sf        | 0 sf          | N            |          |
| room 5                     | 12" tan floor tile        | 750 sf       | 0 sf          | N            |          |
| room 5                     | mastic a/w floor tile     | 750 sf       | 0 sf          | N            |          |
| room 32                    | 9" green/white floor tile | 150 sf       | 0 sf          | N            |          |
| room 32                    | mastic a/w floor tile     | 150 sf       | 0 sf          | N            |          |
| storage above entrance 109 | 9" green floor tile       | 40 sf        | 0 sf          | N            |          |
| storage above entrance 109 | mastic a/w floor tile     | 40 sf        | 0 sf          | N            |          |
| room 101                   | 12" white floor tile      | 700 sf       | 0 sf          | N            |          |
| room 101                   | mastic a/w floor tile     | 700 sf       | 0 sf          | N            |          |
| auditorium                 | 12" white floor tile      | 1400 sf      | 0 sf          | N            |          |
| auditorium                 | mastic a/w floor tile     | 1400 sf      | 0 sf          | N            |          |
| main office                | 12" blue floor tile       | 250 sf       | 0 sf          | N            |          |
| main office                | mastic a/w floor tile     | 250 sf       | 0 sf          | N            |          |

# PERIODIC SURVEILLANCE REPORT

INSPECTOR: James Raff  
 SIGNATURE:   
 ACCRED#: \_\_\_\_\_

DATE: 8-1-05  
 FACILITY: School No. 6  
 ADDRESS: 137 Carroll Street

| Location               | Material                  | Total Amount | Amount w/Dam. | Change Y/N | Comments                         |
|------------------------|---------------------------|--------------|---------------|------------|----------------------------------|
| stair balcony          | 12" blue floor tile       | 52 sf        | 0 sf          | N          |                                  |
| stair balcony          | mastic a/w floor tile     | 52 sf        | 0 sf          | N          |                                  |
| principals office      | 12" blue floor tile       | 150 sf       | 0 sf          | N          |                                  |
| principals office      | mastic a/w floor tile     | 150 sf       | 0 sf          | N          |                                  |
| room 115               | 9" reddish-brown flr tile | 600 sf       | 0 sf          | N          |                                  |
| room 115               | mastic a/w floor tile     | 600 sf       | 0 sf          | N          |                                  |
| room 213               | 12" white floor tile      | 400 sf       | 0 sf          | -          | sampled negative white tile only |
| room 213               | 12" grey floor tile       | 100 sf       | 0 sf          | N          |                                  |
| room 213               | mastic a/w floor tile     | 500 sf       | 0 sf          | N          |                                  |
| room 215               | 12" white floor tile      | 550 sf       | 0 sf          | -          | sampled negative white tile only |
| room 215               | mastic a/w floor tile     | 550 sf       | 0 sf          | N          |                                  |
| room 212               | 12" white floor tile      | 400 sf       | 0 sf          | -          | sampled negative white tile only |
| room 212               | 12" grey floor tile       | 100 sf       | 0 sf          | N          |                                  |
| room 212               | mastic a/w floor tile     | 500 sf       | 0 sf          | N          |                                  |
| room 211A VP office    | 12" white floor tile      | 80 sf        | 0 sf          | N          |                                  |
| room 211A VP office    | 12" red floor tile        | 80 sf        | 0 sf          | N          |                                  |
| room 211A VP office    | mastic a/w floor tile     | 175 sf       | 0 sf          | N          |                                  |
| room 216 nurses office | 12" white floor tile      | 250 sf       | 0 sf          | N          |                                  |
| room 216 nurses office | mastic a/w floor tile     | 250 sf       | 0 sf          | N          |                                  |
| room 204               | 12" white floor tile      | 400 sf       | 0 sf          | N          |                                  |
| room 204               | 12" grey floor tile       | 100 sf       | 0 sf          | N          |                                  |
| room 204               | mastic a/w floor tile     | 500 sf       | 0 sf          | N          |                                  |
| room 203               | 12" white floor tile      | 400 sf       | 0 sf          | N          |                                  |
| room 203               | 12" grey floor tile       | 100 sf       | 0 sf          | N          |                                  |
| room 203               | mastic a/w floor tile     | 500 sf       | 0 sf          | N          |                                  |
| room 201               | 12" white floor tile      | 700 sf       | 0 sf          | N          |                                  |
| room 201               | mastic a/w floor tile     | 700 sf       | 0 sf          | N          |                                  |
| projection room        | transite panels           | 30 sf        | 0 sf          | N          |                                  |



# PERIODIC SURVEILLANCE REPORT

DATE: 3-17-05  
 FACILITY: School No. 6  
 ADDRESS: 137 Carroll Street

INSPECTOR: James Ruff  
 SIGNATURE: [Signature]  
 ACCRED#: WAETI 1044

| Location                   | Material                  | Total Amount | Amount w/Dam. | Change Y/N | Comments |
|----------------------------|---------------------------|--------------|---------------|------------|----------|
| room 14                    | 9" brown floor tile       | 750 sf       | 0 sf          |            |          |
| room 14                    | mastic a/w floor tile     | 750 sf       | 0 sf          |            |          |
| room 13                    | 12" grey floor tile       | 375 sf       | 0 sf          |            |          |
| room 13                    | mastic a/w floor tile     | 375 sf       | 0 sf          |            |          |
| room 12                    | 12" floor tile            | 880 sf       | 0 sf          |            |          |
| room 12                    | mastic a/w floor tile     | 880 sf       | 0 sf          |            |          |
| cafeteria 1                | 12" green floor tile      | 1250 sf      | 0 sf          |            |          |
| cafeteria 1                | mastic a/w floor tile     | 1250 sf      | 0 sf          |            |          |
| room 11                    | 12" tan floor tile        | 250 sf       | 0 sf          |            |          |
| room 11                    | mastic a/w floor tile     | 250 sf       | 0 sf          |            |          |
| cafeteria 2                | 9" brown floor tile       | 1600 sf      | 0 sf          |            |          |
| cafeteria 2                | mastic a/w floor tile     | 1600 sf      | 0 sf          |            |          |
| room 4                     | 12" grey floor tile       | 750 sf       | 0 sf          |            |          |
| room 4                     | mastic a/w floor tile     | 750 sf       | 0 sf          |            |          |
| room 4 storage             | 9" green floor tile       | 90 sf        | 0 sf          |            |          |
| room 4 storage             | mastic a/w floor tile     | 90 sf        | 0 sf          |            |          |
| room 5                     | 12" tan floor tile        | 750 sf       | 0 sf          |            |          |
| room 5                     | mastic a/w floor tile     | 750 sf       | 0 sf          |            |          |
| room 32                    | 9" green/white floor tile | 150 sf       | 0 sf          |            |          |
| room 32                    | mastic a/w floor tile     | 150 sf       | 0 sf          |            |          |
| storage above entrance 109 | 9" green floor tile       | 40 sf        | 0 sf          |            |          |
| storage above entrance 109 | mastic a/w floor tile     | 40 sf        | 0 sf          |            |          |
| room 101                   | 12" white floor tile      | 700 sf       | 0 sf          |            |          |
| room 101                   | mastic a/w floor tile     | 700 sf       | 0 sf          |            |          |
| auditorium                 | 12" white floor tile      | 1400 sf      | 0 sf          |            |          |
| auditorium                 | mastic a/w floor tile     | 1400 sf      | 0 sf          |            |          |
| main office                | 12" blue floor tile       | 250 sf       | 0 sf          |            |          |
| main office                | mastic a/w floor tile     | 250 sf       | 0 sf          |            |          |

# PERIODIC SURVEILLANCE REPORT

DATE: 3-17-05  
 FACILITY: School No. 6  
 ADDRESS: 137 Carroll Street

INSPECTOR: James Ruff  
 SIGNATURE: *James Ruff*  
 ACCRED#: NETT 10441

| Location               | Material                  | Total Amount | Amount w/Dam. | Change Y / N | Comments                         |
|------------------------|---------------------------|--------------|---------------|--------------|----------------------------------|
| stair balcony          | 12" blue floor tile       | 52 sf        | 0 sf          |              |                                  |
| stair balcony          | mastic a/w floor tile     | 52 sf        | 0 sf          |              |                                  |
| principals office      | 12" blue floor tile       | 150 sf       | 0 sf          |              |                                  |
| principals office      | mastic a/w floor tile     | 150 sf       | 0 sf          |              |                                  |
| room 115               | 9" reddish brown flr tile | 600 sf       | 0 sf          |              |                                  |
| room 115               | mastic a/w floor tile     | 600 sf       | 0 sf          |              |                                  |
| room 213               | 12" white floor tile      | 400 sf       | 0 sf          |              | sampled negative white tile only |
| room 213               | 12" grey floor tile       | 100 sf       | 0 sf          |              |                                  |
| room 213               | mastic a/w floor tile     | 500 sf       | 0 sf          |              |                                  |
| room 215               | 12" white floor tile      | 550 sf       | 0 sf          |              | sampled negative white tile only |
| room 215               | mastic a/w floor tile     | 550 sf       | 0 sf          |              |                                  |
| room 212               | 12" white floor tile      | 400 sf       | 0 sf          |              | sampled negative white tile only |
| room 212               | 12" grey floor tile       | 100 sf       | 0 sf          |              |                                  |
| room 212               | mastic a/w floor tile     | 500 sf       | 0 sf          |              |                                  |
| room 211A VP office    | 12" white floor tile      | 80 sf        | 0 sf          |              |                                  |
| room 211A VP office    | 12" red floor tile        | 80 sf        | 0 sf          |              |                                  |
| room 211A VP office    | mastic a/w floor tile     | 175 sf       | 0 sf          |              |                                  |
| room 216 nurses office | 12" white floor tile      | 250 sf       | 0 sf          |              |                                  |
| room 216 nurses office | mastic a/w floor tile     | 250 sf       | 0 sf          |              |                                  |
| room 204               | 12" white floor tile      | 400 sf       | 0 sf          |              |                                  |
| room 204               | 12" grey floor tile       | 100 sf       | 0 sf          |              |                                  |
| room 204               | mastic a/w floor tile     | 500 sf       | 0 sf          |              |                                  |
| room 203               | 12" white floor tile      | 400 sf       | 0 sf          |              |                                  |
| room 203               | 12" grey floor tile       | 100 sf       | 0 sf          |              |                                  |
| room 203               | mastic a/w floor tile     | 500 sf       | 0 sf          |              |                                  |
| room 201               | 12" white floor tile      | 700 sf       | 0 sf          |              |                                  |
| room 201               | mastic a/w floor tile     | 700 sf       | 0 sf          |              |                                  |
| projection room        | transite panels           | 30 sf        | 0 sf          |              |                                  |





Attachment to Form "K"

**PERIODIC SURVEILLANCE/REINSPECTION RECORD**

Date: 11/21/05

Name of Inspector: Edmund S. Karl, III.

Accreditation: 003092

**Area/Material Inspected**

**Changes in Material Condition**

All known or suspected material as listed in the Management Plan has been inspected.

Materials noted as damaged have been listed separately. See attached for response

actions.

# Tri-Tech Environmental Engineering, Inc.

18 W. Blackwell St. • Dover, NJ 07801

973-366-2020 • Fax: 973-366-0496

Email: info@tritechglobal.com

Visit our website at: [www.tritechglobal.com](http://www.tritechglobal.com)



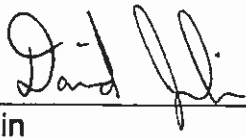
## Certification of AHERA Six Month Surveillance

**Public School 6  
137 Carroll Ave.  
Paterson, NJ**

This is to certify that an AHERA Six Month Surveillance was conducted at the above referenced facility by Tri-Tech Environmental Engineering, Inc.

The AHERA Six Month Surveillance was performed on December 28, 2001

Certified:

  
\_\_\_\_\_  
David Jurkin

Chief: Bridges, Alfred C.

(4F) Rev. & Logged in  
Asb Mgt File

P 5# 06

Ref: Periodic Surveillance of asbestos (1996)

1. Industrial art's closet # 005 - Water damage  
on elbow's & tee has signs of deterioration.

Date 1/2/96 (KB)

2. Home Economics Rm # 009 - Brown tile

(No Damage) Date 1/2/96 (KB)

Call # 018 - Six tiles missing. 1/2/96 (KB)

Call Serving area # 020 - Hole in tile  
next to exit door. 1/2/96 (KB)

Teachers Lounge # 106 - No Damage. 1/2/96  
(KB)

Main office # 108 - No Damage. 1/2/96  
(KB)

Storage above front entrance # 109 - Carpet  
over floor. 1/2/96 (KB)

8. Office Space # 111 - No Damage. 1/2/96 (KB)

9. Class Rm # 203 - Tile over tile. 1/2/96 (KB)

10. Class Rm # 204 - Tile over tile 1/2/96 (KB)

11. Nurse office # 216 - No Damage. 1/2/96 (KB)

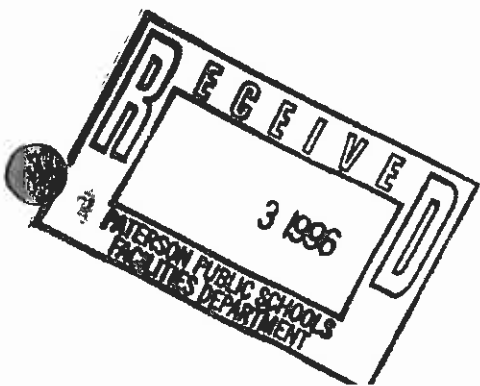
12. Projection & Storage Rm # 230. No Damage. 1/2/96 (KB)

13. Class Rm # 301 - Tile over tile. 1/2/96 (KB)

14. Class Rm # 302 - Tile over tile 1/2/96 (KB)

15. Office # 321 - No Damage. 1/2/96 (KB)

16. Boiler Rm # 06 - Physical Damage on top of boiler. 1/2/96 (KB)



S. J. Alfred L. Bridges

Chief of P.S. # 06  
D.A. 1-3-96

Chief: Wilfred C. Bridges

P.S # 06.

Re: Periodic Surveillance of asbestos.

Industrial Arts closet # 005 - The elbow has water damage. The tile has signs of deterioration. Date 2/3/95 (NB)

Home Economics Rm # 009 - In the asbestos plan book it states gray tile however there's tan & brown tile. No Damage. 2/3/95 (NB)

Cafeteria # 018 - Five tiles missing 2/3/95 (NB)

Cafeteria Serving area # 020 - Hole in tile next to exit door. 2/3/95 (NB)

Teacher's Lounge # 106 - No Damage 2/3/95 (NB)

Main office # 108 - No Damage 2/3/95 (NB)

Storage above front entrance # 109 - Carpet  
over tile. 2/3/95 (NB)

Office Space # 111 - No Damage 2/3/95 (NB)

Class Room # 203 - Tile over tile 2/3/95 (NB)

Class Room # 204 - Tile over tile 2/3/95 (NB)

Nurse office # 216 - No Damage 2/3/95 (NB)

Projection & Storage Room # 230 - No Damage  
2/3/95 (NB)

Class Room # 301 - Tile over tile. 2/3/95 (NB)

Class Room # 302 - Tile over tile. 2/3/95 (NB)

Office # 321 - No Damage 2/3/95 (NB)

Boiler Room # 06 - Physical damage on  
top of boiler. 2/3/95 (NB)

Sig. Alfred L. Bridges  
Chief of Division

D.S #6

Periodic Surveillance

RE: Periodic Surveillance of asbestos. 1/95

Industrial art closet # 005 - The elbow has water damage. The tee has signs of deterioration. Date 1/19/95 (NB)

Home Economics Rm # 009 - In the asbestos plan book it states gray tile however there's tan & brown tile. No Damage. Date 1/19/95 (NB)

Cafeteria # 018 - Five tiles missing. Date 1/19/95 (NB)

Cafeteria serving area # 020 - Hole in tile next to exit door. Date 1/19/95 (NB)

Teacher's lounge # 106 - No Damage. 1/19/95 (NB)

Main office # 108 - No Damage. 1/19/95 (NB)

Storage above front entrance # 109 - Carpet over tile. 1/19/95 (NB)

Office space # 111 - No Damage. 1/19/95 (NB)

Class room # 203 - Tile over tile. 1/19/95 (NB)



Class Room # 204 - Tile over tile. 1/19/95 (NB)

Nurse office # 216 - No Damage. 1/19/95 (NB)

Projection & Storage Room # 230 - No Damage  
1/19/95 (NB)

Class Room # 301 - Tile over tile. 1/19/95 (NB)

Class Room # 302 - Tile over tile. 1/19/95 (NB)

Office # 321 - No Damage. 1/19/95 (NB)

Boiler Room # 06 - Physical damage on  
top of boiler. 1/19/95 (NB)

Sig: Alfred C. Bridges

Chief of P.S. # 6.

New Jersey State Department of Health  
 Division of Occupational and Environmental Health  
 Environmental Health Service

**LETTER OF ASSURANCE  
 THREE-YEAR REINSPECTION OF SCHOOL BUILDINGS PURSUANT TO AHERA**

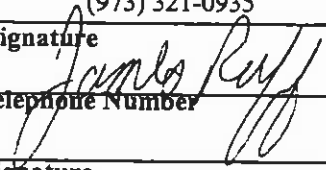
**RESPONSIBLE GOVERNING AUTHORITY**

|   |   |   |
|---|---|---|
| <b>Name of Responsible Governing Authority</b><br>PATERSON PUBLIC SCHOOLS |   | <b>Telephone Number</b><br>(973) 321-0935 |
| <b>Street Address</b><br>200 SHERIDAN AVENUE                              |   |   |
| <b>Town</b><br>PATERSON   |   | <b>County</b><br>PASSAIC                  |
| <b>Name of Asbestos Program Manager</b><br>JAMES RUFF                     | <b>Affiliation</b><br>PATERSON PUBLIC SCHOOLS | <b>Telephone Number</b><br>(973) 321-0935 |

**FACILITY**

|   |  |   |
|---|--|---|
| <b>Name of Facility</b><br>School 6         |  | <b>Telephone Number</b><br>(973) 321-0060 |
| <b>Building Assessed</b><br>School 6        |  | <b>Asb. Mgt. Plan No. (if known)</b>      |
| <b>Street Address</b><br>137 Carroll Street |  |   |
| <b>Town</b><br>PATERSON                     |  | <b>County</b><br>PASSAIC                  |

**Date Three-Year Reinspection Occurred**  
 August 9, 2007

| <b>INSPECTORS / ASSESSORS</b> |   |  |   |
|-------------------------------|---|--|---|
| 1                             | <b>Name</b><br>JAMES RUFF                     | <b>Address</b><br>200 SHERIDAN AVE., PATERSON NJ 07502       | <b>Telephone Number</b><br>(973) 321-0935   |
|                               | <b>Affiliation</b><br>PATERSON PUBLIC SCHOOLS | <b>State of Accreditation / Acc. No.</b><br>NJ / NAETI 10441 | <b>Signature</b><br> |
| 2                             | <b>Name</b>                                   | <b>Address</b>   | <b>Telephone Number</b>   |
|                               | <b>Affiliation</b>                            | <b>State of Accreditation / Acc. No.</b>                     | <b>Signature</b>  |
| 3                             | <b>Name</b>                                   | <b>Address</b>   | <b>Telephone Number</b>   |
|                               | <b>Affiliation</b>                            | <b>State of Accreditation / Acc. No.</b>                     | <b>Signature</b>  |

Return completed form to:

New Jersey State Department of Health  
 ATTN: Mr. James A. Brownlee, M.P.H., Director  
 Environmental Health Service  
 PO Box 360  
 Trenton, NJ 08625-0360

# THREE YEAR REINSPECTION REPORT

DATE: 8-9-07  
 FACILITY: School No. 6  
 ADDRESS: 137 Carroll Street

INSPECTOR: James Ruff  
 SIGNATURE: [Signature]  
 ACCRED#: ALP 110549

| Location                   | Material                  | Total Amount | Amount w/Dam. | Change Y/N | Comments |
|----------------------------|---------------------------|--------------|---------------|------------|----------|
| room 14                    | 9" brown floor tile       | 750 sf       | 0 sf          | N          |          |
| room 14                    | mastic a/w floor tile     | 750 sf       | 0 sf          | N          |          |
| room 13                    | 12" grey floor tile       | 375 sf       | 0 sf          | N          |          |
| room 13                    | mastic a/w floor tile     | 375 sf       | 0 sf          | N          |          |
| room 12 computer rm        | 12" white floor tile      | 880 sf       | 0 sf          | N          |          |
| room 12 computer rm        | mastic a/w floor tile     | 880 sf       | 0 sf          | N          |          |
| cafeteria 1                | 12" gray floor tile       | 1250 sf      | 0 sf          | N          |          |
| cafeteria 1                | mastic a/w floor tile     | 1250 sf      | 0 sf          | N          |          |
| room 11                    | 12" tan floor tile        | 250 sf       | 0 sf          | N          |          |
| room 11                    | mastic a/w floor tile     | 250 sf       | 0 sf          | N          |          |
| cafeteria 2                | 9" brown floor tile       | 1600 sf      | 0 sf          | N          |          |
| cafeteria 2                | mastic a/w floor tile     | 1600 sf      | 0 sf          | N          |          |
| room 4                     | 12" grey floor tile       | 750 sf       | 0 sf          | N          |          |
| room 4                     | mastic a/w floor tile     | 750 sf       | 0 sf          | N          |          |
| room 4 storage             | 9" green floor tile       | 90 sf        | 0 sf          | N          |          |
| room 4 storage             | mastic a/w floor tile     | 90 sf        | 0 sf          | N          |          |
| room 5                     | 12" tan floor tile        | 750 sf       | 0 sf          | N          |          |
| room 5                     | mastic a/w floor tile     | 750 sf       | 0 sf          | N          |          |
| room 32                    | 9" green/white floor tile | 150 sf       | 0 sf          | N          |          |
| room 32                    | mastic a/w floor tile     | 150 sf       | 0 sf          | N          |          |
| storage above entrance 109 | 9" green floor tile       | 40 sf        | 0 sf          | N          |          |
| storage above entrance 109 | mastic a/w floor tile     | 40 sf        | 0 sf          | N          |          |
| room 101                   | 12" white floor tile      | 700 sf       | 0 sf          | N          |          |
| room 101                   | mastic a/w floor tile     | 700 sf       | 0 sf          | N          |          |
| auditorium                 | 12" white floor tile      | 1400 sf      | 0 sf          | N          |          |
| auditorium                 | mastic a/w floor tile     | 1400 sf      | 0 sf          | N          |          |
| main office                | 12" blue floor tile       | 250 sf       | 0 sf          | N          |          |
| main office                | mastic a/w floor tile     | 250 sf       | 0 sf          | N          |          |

# THREE YEAR REINSPECTION REPORT

DATE: 8-9-07  
 FACILITY: School No. 6  
 ADDRESS: 137 Carroll Street

INSPECTOR: James Ruff  
 SIGNATURE:   
 ACCRED#: \_\_\_\_\_

| Location               | Material                  | Total Amount | Amount w/Dam. | Change Y / N | Comments |
|------------------------|---------------------------|--------------|---------------|--------------|----------|
| stair balcony          | 12" blue floor tile       | 52 sf        | 0 sf          | N            |          |
| stair balcony          | mastic a/w floor tile     | 52 sf        | 0 sf          | N            |          |
| principals office      | 12" blue floor tile       | 150 sf       | 0 sf          | N            |          |
| principals office      | mastic a/w floor tile     | 150 sf       | 0 sf          | N            |          |
| room 115               | 9" reddish brown fir tile | 600 sf       | 0 sf          | N            |          |
| room 115               | mastic a/w floor tile     | 600 sf       | 0 sf          | N            |          |
| room 213               | 12" white floor tile      | 400 sf       | 0 sf          | N            |          |
| room 213               | 12" grey floor tile       | 100 sf       | 0 sf          | N            |          |
| room 213               | mastic a/w floor tile     | 500 sf       | 0 sf          | N            |          |
| room 212               | 12" white floor tile      | 400 sf       | 0 sf          | N            |          |
| room 212               | 12" grey floor tile       | 100 sf       | 0 sf          | N            |          |
| room 212               | mastic a/w floor tile     | 500 sf       | 0 sf          | N            |          |
| room 211A VP office    | 12" white floor tile      | 80 sf        | 0 sf          | N            |          |
| room 211A VP office    | 12" red floor tile        | 80 sf        | 0 sf          | N            |          |
| room 211A VP office    | mastic a/w floor tile     | 175 sf       | 0 sf          | N            |          |
| room 216 nurses office | 12" white floor tile      | 250 sf       | 0 sf          | N            |          |
| room 216 nurses office | mastic a/w floor tile     | 250 sf       | 0 sf          | N            |          |
| room 204               | 12" white floor tile      | 400 sf       | 0 sf          | N            |          |
| room 204               | 12" grey floor tile       | 100 sf       | 0 sf          | N            |          |
| room 204               | mastic a/w floor tile     | 500 sf       | 0 sf          | N            |          |
| room 203               | 12" white floor tile      | 400 sf       | 0 sf          | N            |          |
| room 203               | 12" grey floor tile       | 100 sf       | 0 sf          | N            |          |
| room 203               | mastic a/w floor tile     | 500 sf       | 0 sf          | N            |          |
| room 201               | 12" white floor tile      | 700 sf       | 0 sf          | N            |          |
| room 201               | mastic a/w floor tile     | 700 sf       | 0 sf          | N            |          |
| projection room        | transite panels           | 30 sf        | 0 sf          | N            |          |



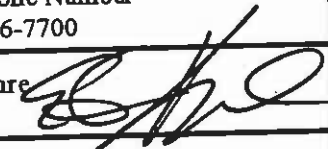
New Jersey State Department of Health  
 Division of Occupational and Environmental Health  
 Environmental Health Services

LETTER of ASSURANCE  
 THREE -YEAR REINSPECTION OF SCHOOL BUILDINGS PURSUANT TO AHERA

RESPONSIBLE GOVERNING AUTHORITY

|  |                    |                                  |         |
|--|--------------------|----------------------------------|---------|
| Name of responsible Governing Authority<br>PATERSON PUBLIC SCHOOL DISTRICT |                    | Telephone number<br>973/321-1000 |         |
| Street Address<br>33 CHURCH ST.  |                    |                                  |         |
| Town<br>PATERSON   |                    | County<br>PASSAIC                |         |
| Name of Asbestos Manager   | Affiliation        | Telephone number                 |         |
| Building Assessed<br>SCHOOL NO. 6  |                    | Asb. Mgt. Plan Number            |         |
| Street Address   | 137 CARROLL STREET |                                  |         |
| Town   | PATERSON           | County                           | PASSAIC |
| Date Three-Year Reinspection Occurred                                      |                    | 11/2004                          |         |

INSPECTORS/ASSESSORS

|                                    |  |   |
|------------------------------------|--|---|
| 1. Name<br>Edmund S. Karl ,III     | Address P.O. Box 645<br>Shillington P.A. 19607 | Telephone Number<br>610-856-7700  |
| Affiliation<br>Karl & Associates   | State of Accreditation/Acc.#<br>NJ/RWJ1036A    | Signature  |
| 2. Name<br>Mike Krisher            | Address P.O. Box 645<br>Shillington P.A. 19607 | Telephone Number<br>610-856-7700  |
| Affiliation<br>Karl and Associates | State of Accreditation/Acc.#<br>RAPA05640      | Signature   |

Return completed form to: New Jersey State Department of Health  
 ATTN: Mr. James A. Bownlee, M.P.H., Director  
 Environmental Health Services  
 Trenton N.J. 08625-0360

ASB-38  
 APR 91

CN 360  
 G2464

| LOCATION              | CONDITION  | SEVERE (S) /<br>MODERATE (M)<br>DAMAGE | RESPONSE ACTION  |
|-----------------------|--|--|--|
| 1. ROOM 101           | 700 SF 12" WHITE FLOOR TILE-15 DAMAGED   | M                                      | */MONITOR  |
| 2. AUDITORIUM         | 1400 SF 12" WHITE FLOOR TILE-10 DAMAGED  | M                                      | */MONITOR  |
| 3. MAIN OFFICE        | 250 SF 12" BLUE FLOOR TILE   |  | CONTINUE O & M   |
| 4. STAIR BALCONY      | 52 SF 12" BLUE FLOOR TILE  |  | CONTINUE O & M   |
| 5. PRINCIPALS OFFICE  | 150 SF 12" BLUE FLOOR TILE   |  | CONTINUE O & M   |
| 6. ROOM 115           | 600 SF 9" REDDISH BROWN FLOOR TILE<br>5 DAMAGED TILE-MASTIC EXPOSED  | M                                      | CONTINUE O & M<br>*/MONITOR                                |
| 7. ROOM 213           | 400 SF 12" WHITE FLOOR TILE<br>27 DAMAGED TILE-MASTIC EXPOSED<br>100 SF 12" GREY FLOOR TILE<br>7 DAMAGED TILE-MASTIC EXPOSED | M<br>M<br>M                            | CONTINUE O & M<br>*/MONITOR<br>CONTINUE O & M<br>*/MONITOR |
| 8. ROOM 215           | 550 SF 12" WHITE FLOOR TILE  |  | CONTINUE O & M   |
| 9. ROOM 212           | 400 SF 12" WHITE FLOOR TILE-10 DAMAGED<br>100 SF 12" GREY FLOOR TILE-11 DAMAGED  | M<br>M                                 | */MONITOR<br>*/MONITOR                                     |
| 10. V PRINCIPAL 211A  | 175 SF 12" RED/WHITE SPECKED FLOOR TILE<br>9 DAMAGED TILE  | M                                      | CONTINUE O & M<br>*/MONITOR                                |
| 11. NURSES OFFICE 216 | 250 SF 12" WHITE FLOOR TILE  |  | CONTINUE O & M   |
| 12. ROOM 204          | 400 SF 12" WHITE FLOOR TILE-8 DAMAGED<br>100 SF 12" GREY FLOOR TILE-2 DAMAGED  | M<br>M                                 | */MONITOR<br>*/MONITOR                                     |
| 13. ROOM 203          | 400 SF 12" WHITE FLOOR TILE-4 DAMAGED<br>100 SF 12" GREY FLOOR TILE-5 DAMAGED  | M<br>M                                 | */MONITOR<br>*/MONITOR                                     |
| 14. ROOM 201          | 700 SF 12" WHITE FLOOR TILE-30 DAMAGED   | M                                      | */MONITOR  |
| 15. PROJECTION RM     | 30 SF - TRANSITE PANELS  |  | CONTINUE O & M   |
| 16. ROOM 321          | 250 SF 9" GREEN/WHITE FLOOR TILE   |  | CONTINUE O & M   |
| 17. ROOM 317          | 6 SF 9" PAINTED FLOOR TILE   |  | CONTINUE O & M   |
| 18. ROOM 320          | 6 SF 9" PAINTED FLOOR TILE   |  | CONTINUE O & M   |
| 19. ROOM 316          | 100 SF 12" CREAM FLOOR TILE-1 DAMAGED  | M                                      | */MONITOR  |
| 20. PRINCIPALS OFFICE | 100 SF 12" CREAM FLOOR TILE  |  | CONTINUE O & M   |
| 21. ROOM 302          | 600 SF - FLOOR TILE UNDER CARPET   |  | MONITOR  |
| 22. ROOM 301          | 600 SF - FLOOR TILE UNDER CARPET   |  | MONITOR  |
| 23. ROOM 14           | 750 SF 9" BROWN/RED FLOOR TILE-20 DAMAGED  | M                                      | */MONITOR  |
| 24. ROOM 13           | 375 SF 12" GREY FLOOR TILE-20 DAMAGED  | M                                      | */MONITOR  |
| 25. ROOM 12           | 880 SF 12" FLOOR TILE-2 DAMAGED  | M                                      | */MONITOR  |

THREE YEAR / SIX MONTH INSPECTION

SCHOOL DISTRICT: PATERSON PUBLIC SCHOOL DISTRICT

DATE(S) CONDUCTED: 11/2004

BUILDING: SCHOOL NO. 6

| LOCATION                          | CONDITION   | SEVERE (S) /<br>MODERATE (M)<br>DAMAGE | RESPONSE ACTION           |
|-----------------------------------|---|--|---------------------------|
| 26. CAFÉ 1                        | 1250 SF 12" GREEN FLOOR TILE-50 DAMAGED   | M                                      | */MONITOR                 |
| 27. ROOM 11                       | 250 SF 12" TAN FLOOR TILE-5 DAMAGED   | M                                      | */MONITOR                 |
| 28. CAFÉ 2                        | 1600 SF 9" BROWN FLOOR TILE   |  | CONTINUE O & M            |
| 29. ROOM 4                        | 750 SF 12" GREY FLOOR TILE  |  | CONTINUE O & M            |
| 30. ROOM 4 STORAGE                | 90 SF 9" GREEN FLOOR TILE   |  | CONTINUE O & M            |
| 31. ROOM 5                        | 750 SF 12" TAN FLOOR TILE   |  | CONTINUE O & M            |
| 32. ROOM 32                       | 150 SF 9" GREEN/WHITE FLOOR TILE  |  | CONTINUE O & M            |
| 33. STORAGE ABOVE<br>ENTRANCE 109 | 40 SF 9" GREEN FLOOR TILE   |  | CONTINUE O & M            |
|                                   | POSSIBLE 9" FLOOR TILE UNDER 12" FLOOR TILE<br>*ALL MASTIC ASSOCIATED WITH 12" TILE |  | MONITOR<br>CONTINUE O & M |

\* USE LIQUID WAX TO SEAL DAMAGED SURFACES UNTIL CONDITION WARRANTS REMOVAL



New Jersey State Department of Health  
 Division of Occupational and Environmental Health  
 Environmental Health Service

LETTER OF ASSURANCE  
 THREE-YEAR REINSPECTION OF SCHOOL BUILDINGS PURSUANT TO AHERA

RESPONSIBLE GOVERNING AUTHORITY

|   |                           |                  |
|---|---------------------------|------------------|
| Name of Responsible Governing Authority |                           | Telephone Number |
| PATERSON PUBLIC SCHOOL DISTRICT         |                           | (201) 881-6075   |
| Street Address                          |                           |                  |
| 33 CHURCH STREET                        |                           |                  |
| Town                                    |                           | County           |
| PATERSON, NEW JERSEY 07505              |                           | PASSAIC          |
| Name of Asbestos Program Manager        | Affiliation               | Telephone Number |
| ALAN FORZIATI                           | DISTRICT ENVIRONMENTALIST | (201) 881-6075   |

FACILITY

|                                       |  |                                  |
|---------------------------------------|--|----------------------------------|
| Name of Facility                      |  | Telephone Number                 |
| SCHOOL #6                             |  | (201) 881-6030                   |
| Building Assessed                     |  | Asb. Mgt. Plan Number (if known) |
| SCHOOL #6                             |  |                                  |
| Street Address                        |  |                                  |
| 37 CARROLL STREET                     |  |                                  |
| Town                                  |  | County                           |
| PATERSON, NJ                          |  | PASSAIC                          |
| Date Three-Year Reinspection Occurred |  |                                  |
| 1/2/92                                |  |                                  |

INSPECTORS/ASSESSORS

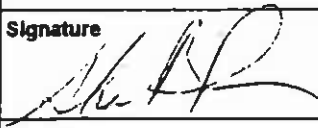
|   | Name   | Address                                  | Telephone Number         |
|---|--|--|--------------------------|
| 1 | THOMAS MARECKI                                   | P.O. 872<br>SOMERVILLE, NEW JERSEY 08876 | (908 ) 249 - 3005        |
|   | Affiliation                                      | State of Accreditation/Acc. No.          | Signature                |
|   | ENVIRONMENTAL MONITORING & CONSULTING ASSOCIATES | NY 7PS111891                             | <i>Thomas J. Marecki</i> |
| 2 | Name   | Address                                  | Telephone Number         |
|   |  |  | ( )                      |
|   | Affiliation                                      | State of Accreditation/Acc. No.          | Signature                |
|   |  |  |                          |
| 3 | Name   | Address                                  | Telephone Number         |
|   |  |  | ( )                      |
|   | Affiliation                                      | State of Accreditation/Acc. No.          | Signature                |
|   |  |  |                          |

Return completed form to:

New Jersey State Department of Health  
 ATTN: Mr. James A. Brownlee, M.P.H., Director  
 Environmental Health Service  
 CN 360  
 Trenton, NJ 08625-0360

New Jersey State Department of Health  
 Division of Occupational and Environmental Health  
 Environmental Health Service

LETTER OF ASSURANCE  
 THREE-YEAR REINSPECTION OF SCHOOL BUILDINGS PURSUANT TO AHERA

| RESPONSIBLE GOVERNING AUTHORITY  |   |   |  |
|--|---|---|--|
| Name of Responsible Governing Authority<br>Paterson Board of Education |   | Telephone Number<br>(201) 881 - 6213  |  |
| Street Address<br>33 Church Street                                     |   |   |  |
| Town<br>Paterson, NJ 07505   |   | County<br>Passaic   |  |
| Name of Asbestos Program Manager<br>Alan S. Forziati                   | Affiliation<br>Staff Environmental Supervisor | Telephone Number<br>(201) 956 - 2114  |  |
| FACILITY   |   |   |  |
| Name of Facility<br>SCHOOL #6  |   | Telephone Number<br>(201)881-6030   |  |
| Building Assessed<br>SCHOOL #6   |   | Asb. Mgt. Plan Number (If known)<br>N/A   |  |
| Street Address<br>137 CARROLL STREET                                   |   |   |  |
| Town<br>PATERSON   |   | County<br>PASSAIC   |  |
| Date Three-Year Reinspection Occurred<br>07/17/95                      |   |   |  |
| INSPECTORS/ASSESSORS   |   |   |  |
| 1  | Name<br>Alexander B. Paschyn                  | Address<br>E. Marko Associates<br>6981 N. Park Dr., Suite 402 W<br>Pennsauken, NJ 08109 | Telephone Number<br>(609) 661-8114   |
|  | Affiliation<br>Consultant                     | State of Accreditation/Acc. No.<br>New Jersey / BI - 995                                | Signature<br> |
| 2  | Name  | Address   | Telephone Number   |
|  | Affiliation                                   | State of Accreditation/Acc. No.   | Signature  |
| 3  | Name  | Address   | Telephone Number   |
|  | Affiliation                                   | State of Accreditation/Acc. No.   | Signature  |

Return completed form to:

New Jersey State Department of Health  
 ATTN: Mr. James A. Brownlee, M.P.H., Director  
 Environmental Health Service  
 CN 360  
 Trenton, NJ 08625-0360

ASB-38  
 APR 91

Building Location  
137 CARROLL STREET

Building Name/Number  
SCHOOL #6

| Homogeneous ID # and Description | Material Location       | List T | Material DC | Cond. PD | Tot. Amt. LF/SF | Dmgd. Amt. LF/SF | Response Actions | Notes                              |
|----------------------------------|-------------------------|--------|-------------|----------|-----------------|------------------|------------------|------------------------------------|
| F-10/9x9 Green floor tile        | SPACE 003 - ROOM 4      | M      | ND          | PD       | 100.00 S        | 0.00 S           | O&M              | MATERIAL PREVIOUSLY NOT IDENTIFIED |
| F-3/9x9 Gray floor tile          | SPACE 009 - HOME        | M      | D           | PD       | 500.00 S        | 22.00 S          | REMOVE           | REPLACE DAMAGED TILES              |
| F-5/9x9 Brown floor tile         | SPACE 018 - CAFETERIA   | M      | D           | PD       | 580.00 S        | 10.00 S          | O&M              |                                    |
| F-5/9x9 Brown floor tile         | SPACE 020 - CAFETERIA   | M      | ND          | PD       | 100.00 S        | 0.00 S           | O&M              |                                    |
| F-6/9x9 Green floor tile         | SPACE 106 - TEACHER'S   | M      | ND          | PD       |                 |                  | N/A              | MATERIAL NOT OBSERVED (REMOVED)    |
| F-6/9x9 Green floor tile         | SPACE 108 - OFFICE      | M      | D           | PD       | 220.00 S        | 4.00 S           | O&M              |                                    |
| F-6/9x9 Green floor tile         | SPACE 109 - ABOVE FRONT | M      | D           | PD       | 40.00 S         | 2.00 S           | O&M              |                                    |
| F-7/9x9 Red floor tile           | SPACE 111 - OFFICE      | M      | D           | PD       | 130.00 S        | 20.00 S          | REMOVE           | REPLACE DAMAGED TILES              |
| F-8/9x9 White floor tile         | SPACE 216 - NURSE'S     | M      | ND          | PD       |                 |                  | N/A              | MATERIAL NOT OBSERVED (REMOVED)    |
| F-8/9x9 White floor tile         | SPACE 301 - CLASSROOM   | M      | ND          | PD       | 360.00 S        | 0.00 S           | O&M              |                                    |
| F-8/9x9 White floor tile         | SPACE 302 - CLASSROOM   | M      | ND          | PD       | 360.00 S        | 0.00 S           | O&M              |                                    |
| F-8/9x9 Green floor tile         | SPACE 321 - OFFICE      | M      | D           | PD       | 150.00 S        | 2.00 S           | O&M              |                                    |
| F-9/9x9 Pink floor tile          | SPACE 003 - ROOM 4      | M      | ND          | PD       | 500.00 S        | 0.00 S           | O&M              | MATERIAL PREVIOUSLY NOT IDENTIFIED |

T - Material Type  
 S - Surfacing  
 M - Miscellaneous  
 T - Thermal Systems

DC - Damage Condition  
 ND - No Damage  
 D - Damage  
 SD - Significant Damage

PD - Potential Damage Categories  
 PD - Potential for Damage  
 PS - Significant Potential for Damage

Response Actions  
 Repair  
 Remove  
 Operations and Maintenance (O&M)  
 Encapsulate  
 Enclosure

Alexander Paschym

Title of Person Conducting Inspection

*Alexander Paschym*  
Signature

Building Name/Number  
SCHOOL #6

Building Location  
137 CARROLL STREET

| Homogeneous ID # and Description | Material Location      | List T | Material DC | Cond. PD | Tot. Amt. LF/SF | Dmgd. Amt. LF/SF | Response Actions | Notes                           |
|----------------------------------|------------------------|--------|-------------|----------|-----------------|------------------|------------------|---------------------------------|
| L-1/Brown linoleum               | SPACE 204 - CLASSROOM  | M      | ND          | PD       |                 |                  | N/A              | MATERIAL NOT OBSERVED (REMOVED) |
| L-2/Tan linoleum                 | SPACE 203 - CLASSROOM  | M      | ND          | PD       |                 |                  | N/A              | MATERIAL NOT OBSERVED (REMOVED) |
| M-2/Transite                     | SPACE 230 - PROJECTION | M      | D           | PD       | 5.00 S          | 0.50 S           | O&M              |                                 |
| T-3/Cementitious boiler          | SPACE 06 - BOILER ROOM | T      | ND          | PD       |                 |                  | N/A              | MATERIAL REMOVED 4/92           |
| T-4/Pipe insul. - air cell       | SPACE 005 - INDUSTRIAL | T      | ND          | PD       | 10.00 L         | 2.00 L           | REPAIR           |                                 |
| T-5/Pipe insulation              | SPACE 005 - INDUSTRIAL | T      | D           | PD       | 6.00 L          | 6.00 L           | REMOVE           |                                 |

T - Material Type  
 S - Surfacing  
 M - Miscellaneous  
 T - Thermal Systems

DC - Damage Condition  
 ND - No Damage  
 D - Damage  
 SD - Significant Damage

PD - Potential Damage Categories  
 PD - Potential for Damage  
 PS - Significant Potential for Damage

Response Actions  
 Repair  
 Remove  
 Operations and Maintenance (O&M)  
 Encapsulate  
 Enclosure

Alexander Paschyn

Title of Person Conducting Inspection

*Alexander Paschyn*  
Signature



E.Marko & Associates, Inc.  
 Cooper River Office Building  
 6981 North Park Drive Suite 402 West  
 Pennsauken, NJ 08109

Thursday, August 24, 1995

Ref Number: WT954910

**POLARIZED LIGHT MICROSCOPY (PLM)**

Project: 853/Patterson 3 Yr Reinspection

| SAMPLE        | LOCATION                            | APPEARANCE                     | SAMPLE TREATMENT | ASBESTOS      |            | NONASBESTOS |           |     |            |
|---------------|-------------------------------------|--------------------------------|------------------|---------------|------------|-------------|-----------|-----|------------|
|               |                                     |                                |                  | %             | TYPE       | %           | FIBROUS   | %   | NONFIBROUS |
| DART-2 MASTIC | Dale Ave-Gym Closets (Space 416A,C) | Yellow Fibrous Homogeneous     | Teased           | None Detected |            | 2%          | Cellulose | 98% | Other      |
| 6PT-1 TILE    | School 6-Space 3 (Rm. 4)            | Pink Fibrous Homogeneous       | Teased/Crushed   | 5%            | Chrysotile | 2%          | Cellulose | 92% | Other      |
|               |                                     |                                |                  |               |            | 1%          | Synthetic |     |            |
| 6PT-1 TAR     | School 6-Space 3 (Rm. 4)            | Black/Grey Fibrous Homogeneous | Teased           | None Detected |            | 2%          | Cellulose | 97% | Other      |
|               |                                     |                                |                  |               |            | 1%          | Synthetic |     |            |
| 6PT-2 TILE    | School 6-Space 3 (Rm. 4)            | Pink Fibrous Homogeneous       | Teased/Crushed   | 5%            | Chrysotile | 2%          | Cellulose | 92% | Other      |
|               |                                     |                                |                  |               |            | 1%          | Synthetic |     |            |
| 6PT-2 TAR     | School 6-Space 3 (Rm. 4)            | Black/Grey Fibrous Homogeneous | Teased           | None Detected |            | 2%          | Cellulose | 97% | Other      |
|               |                                     |                                |                  |               |            | 1%          | Synthetic |     |            |
| 6GBT-1 TILE   | School 6-Space 3 (Rm. 4)            | Green Fibrous Homogeneous      | Teased/Crushed   | 5%            | Chrysotile | 3%          | Cellulose | 90% | Other      |
|               |                                     |                                |                  |               |            | 2%          | Synthetic |     |            |

Comments: For all obviously heterogeneous samples easily separated into subsamples, and for layered samples, each component is analyzed separately. Also, "# of Layers" refers to number of separable subsamples.

*Essie J. Spencer*

Essie J. Spencer  
 Analyst

Laboratory  
 Supervisor

*Lucretia*  
 Other Approved  
 Signatory

Disclaimers: PLM has been known to miss asbestos in a small percentage of samples which contain asbestos. Thus negative PLM results cannot be guaranteed. Floor tiles and wipes should be tested with either SEM or TEM. The above test report relates only to the items tested. This report may only be reproduced in full with written approval by EMSL. The above test must not be used by the client to claim product endorsement by NVLAP nor any agency of the United States Government. All "NVLAP" reports with NVLAP logo must contain at least one signature to be valid. Laboratory is not responsible for the accuracy of results when requested to physically separate and analyze layered samples.



E.Marko & Associates, Inc.  
 Cooper River Office Building  
 6981 North Park Drive Suite 402 West  
 Pennsauken, NJ 08109

Thursday, August 24, 1995

Ref Number: WT954910

**POLARIZED LIGHT MICROSCOPY (PLM)**

Project: 853/Patterson 3 Yr Reinspection

| SAMPLE        | LOCATION                 | APPEARANCE                | SAMPLE TREATMENT | ASBESTOS      |            | NONASBESTOS |           |     |            |     |       |
|---------------|--------------------------|---------------------------|------------------|---------------|------------|-------------|-----------|-----|------------|-----|-------|
|               |                          |                           |                  | %             | TYPE       | %           | FIBROUS   | %   | NONFIBROUS |     |       |
| 6GBT-1 TAR    | School 6-Space 3 (Rm. 4) | Black Fibrous Homogeneous | Teased           | None Detected |            | 2%          | Cellulose | 98% | Other      |     |       |
| 6GBT-1QA TILE | School 6-Space 3 (Rm. 4) | Green Fibrous Homogeneous | Teased/Crushed   | 5%            | Chrysotile | 3%          | Cellulose | 2%  | Synthetic  | 90% | Other |
| 6GBT-1QA TAR  | School 6-Space 3 (Rm. 4) | Black Fibrous Homogeneous | Teased           | None Detected |            | 2%          | Cellulose | 1%  | Synthetic  | 97% | Other |
| 6GBT-2 TILE   | School 6-Space 3 (Rm. 4) | Green Fibrous Homogeneous | Teased/Crushed   | 5%            | Chrysotile | 2%          | Cellulose | 1%  | Synthetic  | 92% | Other |
| 6GBT-2 TAR    | School 6-Space 3 (Rm. 4) | Black Fibrous Homogeneous | Teased           | None Detected |            | 3%          | Cellulose | 2%  | Synthetic  | 95% | Other |
| 26PI-1        | School 26-Boiler Rm      | Black Fibrous Homogeneous | Teased           | 35%           | Chrysotile | 20%         | Cellulose | 5%  | Synthetic  | 40% | Other |

Comments: For all obviously heterogeneous samples easily separated into subsamples, and for layered samples, each component is analyzed separately. Also, "% of Layers" refers to number of separable subsamples.

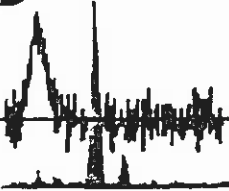
*Essie J. Spencer*

Essie J. Spencer  
 Analyst

Laboratory  
 Supervisor

*Lucy J. ...*  
 Other Approved  
 Signatory

Disclaimers: PLM has been known to miss asbestos in a small percentage of samples which contain asbestos. Thus negative PLM results cannot be guaranteed. Floor tiles and wipes should be tested with either SEM or TEM. The above test report relates only to the items tested. This report may only be reproduced in full with written approval by EMSL. The above test must not be used by the client to claim product endorsement by NVLAP nor any agency of the United States Government. All "NVLAP" reports with NVLAP logo must contain at least one signature to be valid. Laboratory is not responsible for the accuracy of results when requested to physically separate and analyze layered samples.





CHAIN OF CUSTODY 13 AUG 91 11:15:15

EMSL Representative: \_\_\_\_\_

Your Company Name: E. Marko Associates EMSL-Bill to: E. Marko Assoc.

Street: 6981 N. Park Drive Street: \_\_\_\_\_  
Box #: Suite 402 west Box #: \_\_\_\_\_  
City/State: Pennsauken, NJ Zip: 08109 City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Results to: Name \_\_\_\_\_ Fax Results to: Name Keith Koenig  
Telephone #: \_\_\_\_\_ Fax Number: (609) 661-8107

Project Name/Number: Patterson 3yr. reinspection/53 Purchase Order #: \_\_\_\_\_

MATRIX

TURNAROUND

- Air
- Bulk
- Wipe
- Floor Tile
- Drinking Water
- Wastewater
- Soil
- Dust

- 6-10 Days
  - 72 Hour
  - 24 Hour
  - Same Day\*
  - 5 Days
  - 48 Hour
  - 12 Hour
  - 6 Hour
- \*S.D. - A.M. delivery by Fed. Ex.-Results by Mid-night or earlier

PCM

- NIOSH 7400
- OSHA
- Other: \_\_\_\_\_

TEM AIR

- AHERA
- NIOSH 7402
- Level I
- Level II

TEM WATER

- Wastewater
- Drinking Water EPA 100.1
- Water - NY Wastewater
- Water-NY Drinking Water

PLM

- EPA 600
- NOB
- Point Count
- Other: \_\_\_\_\_

TEM BULK

- Drop Mount (Qualitative)
- Chatfield
- Chatfield / SEM QC
- Conventional (Quantitative)
- EMSL Method
- NOB
- NOB / SEM QC
- Micro Vac - Quantitative
- Micro Vac - Qualitative

TEM WIPE

- Quantitative
- Qualitative

SEM

- Qualitative
- Quantitative

XRD

- Asbestos
- Silica

OTHER

Client Sample # (s) 14 EL -1 - 02 L-2 Total Samples: 52

Relinquished: Keith Koenig Date: 8/21/95 Time: 11:15

Received: Plomand Date: \_\_\_\_\_ Time: \_\_\_\_\_



CHAIN OF CUSTODY

RR  
23 AUG 21 2011: 16

1

Your Company Name: F. Marko Associates

Project Name/Number: Paterson 3 yr. Reinspection <sup>853</sup> Purchase Order #: \_\_\_\_\_

| SAMPLE NUMBER        | LOCATION                                       | VOLUME (If Applicable) |
|----------------------|--|------------------------|
| KEL -1 (Kilpatricks) | Elbows in Cafeteria                            |                        |
| KEL -2               | ↓  |                        |
| KEL -3               | ↓  |                        |
| 11 PI -1 (School 11) | P.f.u Insulation - space 203 (Rm. 20)          |                        |
| 11 PI -2             | ↓  |                        |
| 11 PI -3             | ↓  |                        |
| DA RT -1 (Dale Ave.) | Gum closets (space 416, etc) floor 9" x 9" Red |                        |
| DA RT -2             | ↓  |                        |
| 6 PT -1 (School 6)   | Pink floor tile 9" x 9" space 3 (Rm. 4)        |                        |
| 6 PT -2              | ↓  |                        |
| 6GBT -1              | Green tile floor tile 9" x 9" space 2 (Rm. 4)  |                        |
| 6GBT -1 QA           | ↓  |                        |
| 6GBT -2              | ↓  |                        |
| 26 PI -1 (School 26) | Pipe Insulation Boiler Rm. (pipe tunnel)       |                        |
| 26 PI -2             | ↓  |                        |
| 26 PI -3             | ↓  |                        |
| JFK PI -1 (JFK H.S.) | Pipe Insulation (Room 251)                     |                        |
| JFK PI -2            | ↓  |                        |
| JFK PI -2 QA         | ↓  |                        |
| JFK PI -3            | ↓  |                        |
| 8 EL -1 (School 8)   | B-7 (Boy's Bathroom closet) Elbows             |                        |
| 8 EL -2              | ↓  |                        |
| 8 EL -3              | ↓  |                        |

EM

NOTE: Please duplicate this form and use additional sheets if necessary.





1998

New Jersey State Department of Health  
Asbestos Control Service  
CN 360, Trenton, NJ 08625-0360

For State Use Only

**Building Assessed**

**Material Abated?:**

No

SCHOOL #8

**Room/Functional Space**

**Date of Construction**

INDUSTRIAL ARTS CLOSET - SPACE 005

1920

**Type of Material**

"S" = Surfacing

**Is material friable?**

T

"T" = Thermal

No

"M" = Miscellaneous

**Description**

PIPE INSULATION - ELBOWS

PIPE INSULATION - ELBOWS

**SQUARE LINEAR FOOTAGE:**

**PERCENT OF AREA:**

**HOMOGENEOUS ID NO:**

8

L

100

T-5

**Damage Assessment**

**Amount**

**q. / Linear Ft**

**Comments (severity, cause)**

DETERIORATION:

No

DELAMINATION:

No

WATER:

No

PHYSICAL:

No

OTHER:

No

**Extent of Damage**

**Is dust/debris present**

**Location of dust/debris**

L = localized; D = distribut

No

**Was bulk sample obtained?**

No

**If surfacing material, is dust/debris released when material is brushed by hand using moderate pressure?**

No

**Accessibility**

2

**Is there a potential for disturbance of this material?**

Yes

POTENTIAL FOR PHYSICAL OR WATER DAMAGE

**Is this material in an air plenum or exposed to an air**

Yes

EXPOSED TO AIR STREAM IN THE ROOM

**Degree of Damage**

**DAMAGE ASSESSMENT:**

**POTENTIAL DAMAGE ASSESSMENT:**

"D" = Damged

"D" = ACM with potential for damage

"S" = Significantly Damaged

"S" = ACM with potential for significant damage

**COMMENT**

**INSPECTOR:**

Damon E. Jenkins

**INSPECTION DATE:**

9/3/98



1998

For State Use Only

**Building Assessed**

**Material Abated?:**

No

SCHOOL #8

**Room/Functional Space**

**Date of Construction**

INDUSTRIAL ARTS CLOSET - SPACE 005

1920

**Type of Material**

"S" = Surfacing

**Is material friable?**

T

"T" = Thermal

No

"M" = Miscellaneous

**Description**

PIPE INSULATION - AIRCELL

PIPE INSULATION - AIRCELL

**SQUARE LINEAR FOOTAGE:**

**PERCENT OF AREA:**

**HOMOGENEOUS ID NO:**

10

L

100

T-4

**Damage Assessment**

**Amount**

**q. / Linear Ft**

**Comments (severity, cause)**

DETERIORATION:

No

DELAMINATION:

No

WATER:

No

PHYSICAL:

No

OTHER:

No

**Extent of Damage**

**Is dust/debris present**

**Location of dust/debris**

L = localized; D = distribut

No

**Was bulk sample obtained?**

No

**If surfacing material, is dust/debris released when material is brushed by hand using moderate pressure?**

No

**Accessibility**

2

**Is there a potential for disturbance of this material?**

Yes

POTENTIAL FOR PHYSICAL OR WATER DAMAGE

**Is this material in an air plenum or exposed to an air**

Yes

EXPOSED TO AIR STREAM IN THE ROOM

**Degree of Damage**

**DAMAGE ASSESSMENT:**

**POTENTIAL DAMAGE ASSESSMENT:**

"D" = Damged

"D" = ACM with potential for damage

"S" = Significantly Damaged

"S" = ACM with potential for significant damage

**COMMENT**

**INSPECTOR:**

Damon E. Jenkins

**INSPECTION DATE:**

9/3/98



1998

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**Building Assessed**

**Material Abated?:**

Yes

SCHOOL #8

**Room/Functional Space**

**Date of Construction**

BOILER ROOM - SPACE 08

1920

**Type of Material**

"S" = Surfacing  
"T" = Thermal  
"M" = Miscellaneous

**Is material friable?**

T

Yes

**Description**

TOP OF BOILER INSULATION - DEBRIS

TOP OF BOILER INSULATION - DEBRIS

**SQUARE LINEAR FOOTAGE:**

**PERCENT OF AREA:**

**HOMOGENEOUS ID NO:**

200

S

100

T-3

**Damage Assessment**

**Amount**

**q. / Linear Ft**

**Comments (severity, cause)**

DETERIORATION:

No

DELAMINATION:

No

WATER:

No

PHYSICAL:

Yes

5

S

OTHER:

No

**Extent of Damage**

**Is dust/debris present**

**Location of dust/debris**

D

L = localized; D = distribut

Yes

TOP OF BOILER

**Was bulk sample obtained?**

Yes

**If surfacing material, is dust/debris released when material is brushed by hand using moderate pressure?**

No

**Accessibility**

2

**Is there a potential for disturbance of this material?**

Yes

**Is this material in an air plenum or exposed to an air**

Yes

**Degree of Damage**

**DAMAGE ASSESSMENT:**

D

**POTENTIAL DAMAGE ASSESSMENT:**

"D" = Damged

"S" = Significantly Damaged

"D" = ACM with potential for damage

"S" = ACM with potential for significant damage

**COMMENT**

MATERIAL REMOVED

**INSPECTOR:**

Damon E. Jenkins

**INSPECTION DATE:**

9/3/98



1998

For State Use Only

**Building Assessed**

**Material Abated?:**

No

SCHOOL #8

**Room/Functional Space**

**Date of Construction**

HOME ECONOMICS ROOM - SPACE 009

1920

**Type of Material**

"S" = Surfacing  
"T" = Thermal  
"M" = Miscellaneous

**Is material friable?**

M

No

**Description**

9" x 9" GRAY FLOOR TILE

9" x 9" GRAY FLOOR TILE

**SQUARE LINEAR FOOTAGE:**

**PERCENT OF AREA:**

**HOMOGENEOUS ID NO:**

380

S

100

F-3

**Damage Assessment**

**Amount**

**q. / Linear Ft**

**Comments (severity, cause)**

DETERIORATION:

No

DELAMINATION:

No

WATER:

No

PHYSICAL:

No

OTHER:

No

**Extent of Damage**

**Is dust/debris present**

**Location of dust/debris**

L = localized; D = distribut

No

**Was bulk sample obtained?**

No

**If surfacing material, is dust/debris released when material is brushed by hand using moderate pressure?**

No

**Accessibility**

3

**Is there a potential for disturbance of this material?**

Yes

POTENTIAL FOR PHYSICAL DISTURBANCE

**Is this material in an air plenum or exposed to an air**

Yes

MATERIAL IS EXPOSED TO AIR STRAM IN THE ROOM

**Degree of Damage**

**DAMAGE ASSESSMENT:**

**POTENTIAL DAMAGE ASSESSMENT:**

"D" = Damged

"S" = Significantly Damaged

"D" = ACM with potential for damage

"S" = ACM with potential for significant damage

D

**COMMENT**

**INSPECTOR:**

Damon E. Jenkins

**INSPECTION DATE:**

9/3/98



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**Building Assessed**

**Material Abated?:**

Yes

SCHOOL #8

**Room/Functional Space**

**Date of Construction**

OFFICE - SPACE - 11

1920

**Type of Material**

M

"S" = Surfacing  
"T" = Thermal  
"M" = Miscellaneous

**Is material friable?**

No

**Description**

9" x 9" DARK RED FLOOR TILE

9" x 9" DARK RED FLOOR TILE

**SQUARE LINEAR FOOTAGE:**

130

S

**PERCENT OF AREA:**

100

**HOMOGENEOUS ID NO:**

F-7

**Damage Assessment**

**Amount**

**q. / Linear Ft**

**Comments (severity, cause)**

DETERIORATION:

No

DELAMINATION:

No

WATER:

No

PHYSICAL:

No

OTHER:

No

**Extent of Damage**

**Is dust/debris present**

**Location of dust/debris**

L = localized; D = distribut

No

**Was bulk sample obtained?**

No

**If surfacing material, is dust/debris released when material is brushed by hand using moderate pressure?**

No

**Accessibility**

3

**Is there a potential for disturbance of this material?**

Yes

POTENTIAL FOR PHYSICAL DISTURBANCE

**Is this material in an air plenum or exposed to an air**

Yes

MATERIAL IS EXPOSED TO AIR STREAM IN THE ROOM

**Degree of Damage**

**DAMAGE ASSESSMENT:**

"D" = Damaged

"S" = Significantly Damaged

**POTENTIAL DAMAGE ASSESSMENT:**

"D" = ACM with potential for damage

"S" = ACM with potential for significant damage

D

**COMMENT**

MATERIAL REMOVED

**INSPECTOR:**

Damon E. Jenkins

**INSPECTION DATE:**

9/3/98



1998

For State Use Only

Building Assessed

Material Abated?:

No

SCHOOL #8

Room/Functional Space

Date of Construction

CAFETERIA - SPACE 018

1920

Type of Material

"S" = Surfacing

Is material friable?

M

"T" = Thermal

No

"M" = Miscellaneous

Description

9" x 9" TAN AND BROWN FLOOR TILE

9" x 9" TAN AND BROWN FLOOR TILE

SQUARE LINEAR FOOTAGE:

PERCENT OF AREA:

HOMOGENEOUS ID NO:

580

S

100

F-5

Damage Assessment

Amount

q. / Linear Ft

Comments (severity, cause)

DETERIORATION:

No

DELAMINATION:

No

WATER:

No

PHYSICAL:

No

OTHER:

No

Extent of Damage

Is dust/debris present

Location of dust/debris

L = localized; D = distribut

No

Was bulk sample obtained?

No

If surfacing material, is dust/debris released when material is brushed by hand using moderate pressure?

No

Accessibility

3

Is there a potential for disturbance of this material?

Yes

POTENTIAL FOR PHYSICAL DISTURBANCE

Is this material in an air plenum or exposed to an air

Yes

MATERIAL IS EXPOSED TO AIR STRAM IN THE ROOM

Degree of Damage

DAMAGE ASSESSMENT:

POTENTIAL DAMAGE ASSESSMENT:

"D" = Damged

"D" = ACM with potential for damage

"S" = Significantly Damaged

"S" = ACM with potential for significant damage

COMMENT

INSPECTOR:

Damon E. Jenkins

INSPECTION DATE:

9/3/98



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**Building Assessed**

**Material Abated?:**

SCHOOL #8

**Room/Functional Space**

**Date of Construction**

CAFETERIA SERVING AREA - SPACE 020

**Type of Material**

"S" = Surfacing

**Is material friable?**

"T" = Thermal

"M" = Miscellaneous

**Description**

9" x 9" TAN AND BROWN FLOOR TILE

9" x 9" TAN AND BROWN FLOOR TILE

**SQUARE LINEAR FOOTAGE:**

**PERCENT OF AREA:**

**HOMOGENEOUS ID NO:**

**Damage Assessment**

**Amount**

**q. / Linear Ft**

**Comments (severity, cause)**

|                |                                 |                      |                      |                      |
|----------------|---------------------------------|----------------------|----------------------|----------------------|
| DETERIORATION: | <input type="text" value="No"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| DELAMINATION:  | <input type="text" value="No"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| WATER:         | <input type="text" value="No"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| PHYSICAL:      | <input type="text" value="No"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| OTHER:         | <input type="text" value="No"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

**Extent of Damage**

**Is dust/debris present**

**Location of dust/debris**

L = localized; D = distribut

**Was bulk sample obtained?**

**If surfacing material, is dust/debris released when material is brushed by hand using moderate pressure?**

**Accessibility**

**Is there a potential for disturbance of this material?**

POTENTIAL FOR PHYSICAL DISTURBANCE

**Is this material in an air plenum or exposed to an air**

MATERIAL IS EXPOSED TO AIR STREAM IN THE ROOM

**Degree of Damage**

**DAMAGE ASSESSMENT:**

**POTENTIAL DAMAGE ASSESSMENT:**

"D" = Damged

"D" = ACM with potential for damage

"S" = Significantly Damaged

"S" = ACM with potential for significant damage

**COMMENT**

**INSPECTOR:**

Damon E. Jenkins

**INSPECTION DATE:**



1998

For State Use Only

**Building Assessed**

**Material Abated?:**

Yes

SCHOOL #6

**Room/Functional Space**

**Date of Construction**

TEACHERS LOUNGE - SPACE 108

1920

**Type of Material**

"S" = Surfacing

**Is material friable?**

M

"T" = Thermal

No

"M" = Miscellaneous

**Description**

9" x 9" GREEN AND WHITE FLOOR TILE

9" x 9" GREEN AND WHITE FLOOR TILE

**SQUARE LINEAR FOOTAGE:**

**PERCENT OF AREA:**

**HOMOGENEOUS ID NO:**

160

S

100

F-6

**Damage Assessment**

**Amount**

**q. / Linear Ft**

**Comments (severity, cause)**

DETERIORATION:

No

DELAMINATION:

No

WATER:

No

PHYSICAL:

No

OTHER:

No

**Extent of Damage**

**Is dust/debris present**

**Location of dust/debris**

L = localized; D = distribut

No

**Was bulk sample obtained?**

No

**If surfacing material, is dust/debris released when material is brushed by hand using moderate pressure?**

No

**Accessibility**

3

**Is there a potential for disturbance of this material?**

Yes

POTENTIAL FOR PHYSICAL DISTURBANCE

**Is this material in an air plenum or exposed to an air**

Yes

MATERIAL IS EXPOSED TO AIR STREAM IN THE ROOM

**Degree of Damage**

**DAMAGE ASSESSMENT:**

**POTENTIAL DAMAGE ASSESSMENT:**

"D" = Damged

"D" = ACM with potential for damage

"S" = Significantly Damaged

"S" = ACM with potential for significant damage

**COMMENT**

MATERIAL REMOVED

**INSPECTOR:**

Damon E. Jenkins

**INSPECTION DATE:**

9/3/98





1998

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**Building Assessed**

**Material Abated?:**

SCHOOL #8

**Room/Functional Space**

**Date of Construction**

MAIN OFFICE - SPACE 108

**Type of Material**

"S" = Surfacing

**Is material friable?**

"T" = Thermal

"M" = Miscellaneous

**Description**

9" x 9" GREEN AND WHITE FLOOR TILE

9" x 9" GREEN AND WHITE FLOOR TILE

**SQUARE LINEAR FOOTAGE:**

**PERCENT OF AREA:**

**HOMOGENEOUS ID NO:**

**Damage Assessment**

**Amount**

**q. / Linear Ft**

**Comments (severity, cause)**

|                |                                 |                      |                      |                      |
|----------------|---------------------------------|----------------------|----------------------|----------------------|
| DETERIORATION: | <input type="text" value="No"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| DELAMINATION:  | <input type="text" value="No"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| WATER:         | <input type="text" value="No"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| PHYSICAL:      | <input type="text" value="No"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| OTHER:         | <input type="text" value="No"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

**Extent of Damage**

**Is dust/debris present**

**Location of dust/debris**

L = localized; D = distribut

**Was bulk sample obtained?**

**If surfacing material, is dust/debris released when material is brushed by hand using moderate pressure?**

**Accessibility**

**Is there a potential for disturbance of this material?**

POTENTIAL FOR PHYSICAL DISTURBANCE

**Is this material in an air plenum or exposed to an air**

MATERIAL IS EXPOSED TO AIR STREAM IN THE ROOM

**Degree of Damage**

**DAMAGE ASSESSMENT:**

**POTENTIAL DAMAGE ASSESSMENT:**

"D" = Damged

"D" = ACM with potential for damage

"S" = Significantly Damaged

"S" = ACM with potential for significant damage

**COMMENT**

**INSPECTOR:**

Damon E. Jenkins

**INSPECTION DATE:**

**B**

1998

New Jersey State Department of Health  
Asbestos Control Service  
CN 360, Trenton, NJ 08625-0360

For State Use Only

**Building Assessed**

**Material Abated?:**

CHOOl #8

**Room/Functional Space**

**Date of Construction**

STORAGE ABOVE FRONT ENTRANCE

**Type of Material**

"S" = Surfacing

**Is material friable?**

"T" = Thermal

"M" = Miscellaneous

**Description**

9" x 9" GREEN AND WHITE FLOOR TILE

9" x 9" GREEN AND WHITE FLOOR TILE

**SQUARE LINEAR FOOTAGE:**

**PERCENT OF AREA:**

**HOMOGENEOUS ID NO:**

**Damage Assessment**

**Amount**

**q. / Linear Ft**

**Comments (severity, cause)**

|                |                                 |                      |                      |                      |
|----------------|---------------------------------|----------------------|----------------------|----------------------|
| DETERIORATION: | <input type="text" value="No"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| DELAMINATION:  | <input type="text" value="No"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| WATER:         | <input type="text" value="No"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| PHYSICAL:      | <input type="text" value="No"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| OTHER:         | <input type="text" value="No"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

**Extent of Damage**

**Is dust/debris present**

**Location of dust/debris**

L = localized; D = distribut

**Was bulk sample obtained?**

**If surfacing material, is dust/debris released when material is brushed by hand using moderate pressure?**

**Accessibility**

**Is there a potential for disturbance of this material?**

POTENTIAL FOR PHYSICAL DISTURBANCE

**Is this material in an air plenum or exposed to an air**

MATERIAL IS EXPOSED TO AIR STREAM IN THE ROOM

**Degree of Damage**

**DAMAGE ASSESSMENT:**

**POTENTIAL DAMAGE ASSESSMENT:**

"D" = Darned

"D" = ACM with potential for damage

"S" = Significantly Darned

"S" = ACM with potential for significant damage

**COMMENT**

**INSPECTOR:**

Damon E. Jenkins

**INSPECTION DATE:**



1998

For State Use Only

**Building Assessed**

**Material Abated?:**

Yes

SCHOOL #8

**Room/Functional Space**

**Date of Construction**

CLASSROOM 203 - SPACE 203

1920

**Type of Material**

\*S\* = Surfacing

**Is material friable?**

M

\*T\* = Thermal

No

\*M\* = Miscellaneous

**Description**

TAN LINOLEUM

TAN LINOLEUM

**SQUARE LINEAR FOOTAGE:**

300

S

**PERCENT OF AREA:**

100

**HOMOGENEOUS ID NO:**

L-2

**Damage Assessment**

**Amount**

**q. / Linear Ft**

**Comments (severity, cause)**

DETERIORATION:

No

DELAMINATION:

No

WATER:

No

PHYSICAL:

No

OTHER:

No

**Extent of Damage**

**Is dust/debris present**

**Location of dust/debris**

L = localized; D = distribut

No

**Was bulk sample obtained?**

Yes

**If surfacing material, is dust/debris released when material is brushed by hand using moderate pressure?**

No

**Accessibility**

3

**Is there a potential for disturbance of this material?**

Yes

POTENTIAL FOR PHYSICAL DISTURBANCE

**Is this material in an air plenum or exposed to an air**

Yes

MATERIAL IS EXPOSED TO AIR STREAM IN THE ROOM

**Degree of Damage**

**DAMAGE ASSESSMENT:**

**POTENTIAL DAMAGE ASSESSMENT:**

"D" = Damged

"D" = ACM with potential for damage

"S" = Significantly Damaged

"S" = ACM with potential for significant damage

**COMMENT**

MATERIAL REMOVED

**INSPECTOR:**

Damon E. Jenkins

**INSPECTION DATE:**

9/3/98



1998

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Asbestos Control Service  
CN 360, Trenton, NJ 08625-0360

For State Use Only

**Building Assessed**

**Material Abated?:**

Yes

SCHOOL #8

**Room/Functional Space**

**Date of Construction**

CLASSROOM 204 - SPACE 204

1920

**Type of Material**

"S" = Surfacing

**Is material friable?**

M

"T" = Thermal

No

"M" = Miscellaneous

**Description**

BROWN LINOLEUM

BROWN LINOLEUM

**SQUARE LINEAR FOOTAGE:**

S

**PERCENT OF AREA:**

**HOMOGENEOUS ID NO:**

**Damage Assessment**

**Amount**

**q. / Linear Ft**

**Comments (severity, cause)**

DETERIORATION:

No

DELAMINATION:

No

WATER:

No

PHYSICAL:

No

OTHER:

No

**Extent of Damage**

**Is dust/debris present**

**Location of dust/debris**

L = localized; D = distribut

No

**Was bulk sample obtained?**

Yes

**If surfacing material, is dust/debris released when material is brushed by hand using moderate pressure?**

No

**Accessibility**

**Is there a potential for disturbance of this material?**

Yes

POTENTIAL FOR PHYSICAL DISTURBANCE

**Is this material in an air plenum or exposed to an air**

Yes

MATERIAL IS EXPOSED TO AIR STREAM IN THE FLOOR

**Degree of Damage**

**DAMAGE ASSESSMENT:**

**POTENTIAL DAMAGE ASSESSMENT:**

"D" = Damged

"D" = ACM with potential for damage

"S" = Significantly Damaged

"S" = ACM with potential for significant damage

**COMMENT**

MATERIAL REMOVED

**INSPECTOR:**

Damon E. Jenkins

**INSPECTION DATE:**

9/3/98



1998

New Jersey State Department of Health  
Asbestos Control Service  
CN 360, Trenton, NJ 08625-0360

For State Use Only

**Building Assessed**

**Material Abated?:**

Yes

SCHOOL #8

**Room/Functional Space**

**Date of Construction**

NURSE'S OFFICE - SPACE 216

1920

**Type of Material**

"S" = Surfacing

**Is material friable?**

M

"T" = Thermal

No

"M" = Miscellaneous

**Description**

9" x 9" WHITE FLOOR TILE

9" x 9" WHITE FLOOR TILE

**SQUARE LINEAR FOOTAGE:**

**PERCENT OF AREA:**

**HOMOGENEOUS ID NO:**

130

S

100

F-8

**Damage Assessment**

**Amount**

**q. / Linear Ft**

**Comments (severity, cause)**

DETERIORATION:

No

DELAMINATION:

No

WATER:

No

PHYSICAL:

No

OTHER:

No

**Extent of Damage**

**Is dust/debris present**

**Location of dust/debris**

L = localized; D = distribut

No

**Was bulk sample obtained?**

**If surfacing material, is dust/debris released when material is brushed by hand using moderate pressure?**

No

No

**Accessibility**

3

**Is there a potential for disturbance of this material?**

Yes

POTENTIAL FOR PHYSICAL DISTURBANCE

**Is this material in an air plenum or exposed to an air**

Yes

MATERIAL IS EXPOSED TO AIR STREAM IN THE ROOM

**Degree of Damage**

**DAMAGE ASSESSMENT:**

**POTENTIAL DAMAGE ASSESSMENT:**

"D" = Damged

"D" = ACM with potential for damage

"S" = Significantly Damaged

"S" = ACM with potential for significant damage

**COMMENT**

MATERIAL REMOVED

**INSPECTOR:**

Damon E. Jenkins

**INSPECTION DATE:**

9/3/98



1998

For State Use Only

**Building Assessed**

**Material Abated?:**

No

SCHOOL #6

**Room/Functional Space**

**Date of Construction**

PROJECTION AND STORAGE ROOM - SPACE 230

1920

**Type of Material**

"S" = Surfacing  
"T" = Thermal  
"M" = Miscellaneous

**Is material friable?**

M

No

**Description**

TRANSITE PANELS FOR WINDOW OPENINGS

TRANSITE PANELS FOR WINDOW OPENINGS

**SQUARE LINEAR FOOTAGE:**

**PERCENT OF AREA:**

**HOMOGENEOUS ID NO:**

5

S

100

M-2

**Damage Assessment**

**Amount**

**q. / Linear Ft**

**Comments (severity, cause)**

DETERIORATION:

No

DELAMINATION:

No

WATER:

No

PHYSICAL:

No

OTHER:

No

**Extent of Damage**

**Is dust/debris present**

**Location of dust/debris**

L = localized; D = distribut

No

**Was bulk sample obtained?**

Yes

**If surfacing material, is dust/debris released when material is brushed by hand using moderate pressure?**

No

**Accessibility**

2

**Is there a potential for disturbance of this material?**

Yes

POTENTIAL FOR PHYSICAL DISTURBANCE

**Is this material in an air plenum or exposed to an air**

Yes

MATERIAL IS EXPOSED TO AIR STREAM IN THE ROOM

**Degree of Damage**

**DAMAGE ASSESSMENT:**

**POTENTIAL DAMAGE ASSESSMENT:**

"D" = Damged

"S" = Significantly Damaged

"D" = ACM with potential for damage

"S" = ACM with potential for significant damage

**COMMENT**

**INSPECTOR:**

Damon E. Jenkins

**INSPECTION DATE:**

9/3/98



1998

New Jersey State Department of Health  
Asbestos Control Service  
CN 360, Trenton, NJ 08625-0360

For State Use Only

**Building Assessed**

**Material Abated?:**

Yes

SCHOOL #8

**Room/Functional Space**

**Date of Construction**

CLASSROOM 301 - SPACE 301

1920

**Type of Material**

"S" = Surfacing  
"T" = Thermal  
"M" = Miscellaneous

**Is material friable?**

M

No

**Description**

9" x 9" WHITE FLOOR TILE

9" x 9" WHITE FLOOR TILE

**SQUARE LINEAR FOOTAGE:**

**PERCENT OF AREA:**

**HOMOGENEOUS ID NO:**

360

S

100

F-8

**Damage Assessment**

**Amount**

**q. / Linear Ft**

**Comments (severity, cause)**

DETERIORATION:

No

DELAMINATION:

No

WATER:

No

PHYSICAL:

No

OTHER:

No

**Extent of Damage**

**Is dust/debris present**

**Location of dust/debris**

L = localized; D = distribut

No

**Was bulk sample obtained?**

No

**If surfacing material, is dust/debris released when material is brushed by hand using moderate pressure?**

No

**Accessibility**

3

**Is there a potential for disturbance of this material?**

Yes

POTENTIAL FOR PHYSICAL DISTURBANCE

**Is this material in an air plenum or exposed to an air**

Yes

MATERIAL IS EXPOSED TO AIR STREAM IN THE ROOM

**Degree of Damage**

**DAMAGE ASSESSMENT:**

**POTENTIAL DAMAGE ASSESSMENT:**

"D" = Danged

"D" = ACM with potential for damage

"S" = Significantly Damaged

"S" = ACM with potential for significant damage

**COMMENT**

MATERIAL REMOVED

**INSPECTOR:**

Damon E. Jenkins

**INSPECTION DATE:**

9/3/98



1998

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**Building Assessed**

**Material Abated?:**

Yes

SCHOOL #6

**Room/Functional Space**

**Date of Construction**

CLASSROOM 302 - SPACE 302

1920

**Type of Material**

"S" = Surfacing  
"T" = Thermal  
"M" = Miscellaneous

**Is material friable?**

M

No

**Description**

9" x 9" WHITE FLOOR TILE

9" x 9" WHITE FLOOR TILE

**SQUARE LINEAR FOOTAGE:**

**PERCENT OF AREA:**

**HOMOGENEOUS ID NO:**

360

S

100

F-8

**Damage Assessment**

**Amount**

**q. / Linear Ft**

**Comments (severity, cause)**

DETERIORATION:

No

DELAMINATION:

No

WATER:

No

PHYSICAL:

No

OTHER:

No

**Extent of Damage**

**Is dust/debris present**

**Location of dust/debris**

L = localized; D = distribut

No

**Was bulk sample obtained?**

No

**If surfacing material, is dust/debris released when material is brushed by hand using moderate pressure?**

No

**Accessibility**

3

**Is there a potential for disturbance of this material?**

Yes

POTENTIAL FOR PHYSICAL DISTURBANCE

**Is this material in an air plenum or exposed to an air**

Yes

MATERIAL IS EXPOSED TO AIR STREAM IN THE ROOM

**Degree of Damage**

**DAMAGE ASSESSMENT:**

**POTENTIAL DAMAGE ASSESSMENT:**

"D" = Damged

"D" = ACM with potential for damage

"S" = Significantly Damaged

"S" = ACM with potential for significant damage

**COMMENT**

MATERIAL REMOVED

**INSPECTOR:**

Damon E. Jenkins

**INSPECTION DATE:**

9/3/98





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Building Assessed

Material Abated?:

No

SCHOOL #6

Room/Functional Space

Date of Construction

OFFICE - SPACE 321

1920

Type of Material

"S" = Surfacing  
"T" = Thermal  
"M" = Miscellaneous

Is material friable?

M

No

Description

9" x 9" GREEN AND WHITE FLOOR TILE

9" x 9" GREEN AND WHITE FLOOR TILE

SQUARE LINEAR FOOTAGE:

150

S

PERCENT OF AREA:

100

HOMOGENEOUS ID NO:

F-8

Damage Assessment

Amount

q. / Linear Ft

Comments (severity, cause)

DETERIORATION:

No

DELAMINATION:

No

WATER:

No

PHYSICAL:

No

OTHER:

No

Extent of Damage

Is dust/debris present

Location of dust/debris

L = localized; D = distribut

No

Was bulk sample obtained?

No

If surfacing material, is dust/debris released when material is brushed by hand using moderate pressure?

No

Accessibility

3

Is there a potential for disturbance of this material?

Yes

POTENTIAL FOR PHYSICAL DISTURBANCE

Is this material in an air plenum or exposed to an air

Yes

MATERIAL IS EXPOSED TO AIR STREAM IN THE ROOM

Degree of Damage

DAMAGE ASSESSMENT:

POTENTIAL DAMAGE ASSESSMENT:

"D" = Damged

"S" = Significantly Damaged

"D" = ACM with potential for damage

"S" = ACM with potential for significant damage

COMMENT

INSPECTOR:

Damon E. Jenkins

INSPECTION DATE:

9/3/98



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### ROOM/FUNCTIONAL SPACE RESPONSE ACTIONS

#### Building Assessed

SCHOOL #8

#### Room/Functional Space

INDUSTRIAL ARTS CLOSET -  
SPACE 005

#### Material Abated?

No

### SECTION I: TYPE OF ASBESTOS CONTAINING MATERIAL

#### MATERIAL DESCRIPTION -

PIPE INSULATION - AIRCELL

PIPE INSULATION - AIRCELL

#### Thermal

#### Surfacing

#### Miscellaneous

- PIPE INSULATION:
- ELBOWS / JOINTS:
- BOILER INSULATION
- DUCT INSULATION:
- BREECHING INSULATION
- HOTWATER TANK INSULATION

- Ceiling
- Wall
- Other
- Sprayed On
- Trowelled On
- Plaster:
- Other

- VAT
- Ceiling Tile
- Transite
- Fire Door
- Linoleum:
- Other

- AIRCELL:
- CEMENTITIOUS:
- SOLIDLAG:
- BLOCK:

HOMOGENEOUS ID NO:

T-4

WAS BULK SAMPLE OBTAINED:

No

FRIABLE

No

SQ/LINEAR FT

10

L

ACCESSIBILITY:

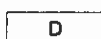
2

#### Damage Assessment



"D" = Damged

"S" = Significantly Damaged



"D" = ACM with potential for damage

"S" = ACM with potential for significant damage

#### Response Action

RESPONSE ACTION DATE:

SQ/LINEAR FT

RESPONSE ACTION COMMENTS:

NO ACCESS



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### ROOM/FUNCTIONAL SPACE RESPONSE ACTIONS

#### Building Assessed

SCHOOL #8

#### Room/Functional Space

INDUSTRIAL ARTS CLOSET -  
SPACE 005

#### Material Abated?

No

### SECTION I: TYPE OF ASBESTOS CONTAINING MATERIAL

#### MATERIAL DESCRIPTION -

PIPE INSULATION - ELBOWS

PIPE INSULATION - ELBOWS

#### Thermal

#### Surfacing

#### Miscellaneous

- PIPE INSULATION:
- ELBOWS / JOINTS:
- BOILER INSULATION
- DUCT INSULATION:
- BREECHING INSULATION
- HOTWATER TANK INSULATION
- [REDACTED]

- AIRCELL:
- CEMENTITIOUS:
- SOLIDLAG:
- BLOCK:
- [REDACTED]

- Ceiling
- Wall
- Other
- Sprayed On
- Trowelled On
- Plaster:
- Other

- VAT
- Ceiling Tile
- Transite
- Fire Door
- Linoleum:
- Other

#### HOMOGENEOUS ID NO:

T-5

#### WAS BULK SAMPLE OBTAINED:

No

#### FRIABLE:

No

#### SQ/LINEAR FT

6 L

#### ACCESSIBILITY:

2

#### Damage Assessment

[REDACTED]

"D" = Damged

"S" = Significantly Damaged

D

"D" = ACM with potential for damage

"S" = ACM with potential for significant damage

#### Response Action

[REDACTED]

#### RESPONSE ACTION DATE:

[REDACTED]

#### SQ/LINEAR FT

[REDACTED]

#### RESPONSE ACTION COMMENTS:

NO ACCESS



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### ROOM/FUNCTIONAL SPACE RESPONSE ACTIONS

**Building Assessed**

SCHOOL #6

**Room/Functional Space**

BOILER ROOM - SPACE 06

**Material Abated?**

Yes

### SECTION I: TYPE OF ASBESTOS CONTAINING MATERIAL

MATERIAL DESCRIPTION -

TOP OF BOILER INSULATION - DEBRIS

TOP OF BOILER INSULATION - DEBRIS

**Thermal**



**Surfacing**



**Miscellaneous**



- PIPE INSULATION:
- ELBOWS / JOINTS:
- BOILER INSULATION
- DUCT INSULATION:
- BREECHING INSULATION
- HOTWATER TANK INSULATION

- Ceiling
- Wall
- Other
- Sprayed On
- Trowelled On
- Plaster:
- Other

- VAT
- Ceiling Tile
- Transite
- Fire Door
- Linoleum:
- Other

- AIRCELL:
- CEMENTITIOUS:
- SOLIDLAG:
- BLOCK:

HOMOGENEOUS ID NO:

T-3

WAS BULK SAMPLE OBTAINED:

Yes

FRIABLE:

Yes

SQ/LINEAR FT

200

S

ACCESSIBILITY:

2

### Damage Assessment

D

"D" = Damged

"S" = Significantly Damaged

"D" = ACM with potential for damage

"S" = ACM with potential for significant damage

### Response Action

RESPONSE ACTION DATE:

SQ/LINEAR FT

RESPONSE ACTION COMMENTS:





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### ROOM/FUNCTIONAL SPACE RESPONSE ACTIONS

**Building Assessed**

SCHOOL #8

**Room/Functional Space**

OFFICE - SPACE - 11

**Material Abated?**

Yes

### SECTION I: TYPE OF ASBESTOS CONTAINING MATERIAL

**MATERIAL DESCRIPTION -**

9" x 9" DARK RED FLOOR TILE

9" x 9" DARK RED FLOOR TILE

Thermal

Surfacing

Miscellaneous

- PIPE INSULATION:
- ELBOWS / JOINTS:
- BOILER INSULATION
- DUCT INSULATION:
- BREECHING INSULATION
- HOTWATER TANK INSULATION
- [REDACTED]

- AIRCELL:
- CEMENTITIOUS:
- SOLIDLAG:
- BLOCK:
- [REDACTED]

- Ceiling
- Wall
- Other
- Sprayed On
- Trowelled On
- Plaster:
- Other

- VAT
- Ceiling Tile
- Transite
- Fire Door
- Linoleum:
- Other

**HOMOGENEOUS ID NO:**

F-7

**WAS BULK SAMPLE OBTAINED:**

No

**FRIABLE:**

No

**SQ/LINEAR FT**

130

S

**ACCESSIBILITY:**

3

### Damage Assessment



"D" = Damged

"S" = Significantly Damaged



"D" = ACM with potential for damage

"S" = ACM with potential for significant damage

### Response Action

[Empty box for response action]

**RESPONSE ACTION DATE:**

[Empty box for response action date]

**SQ/LINEAR FT**

[Empty box for response action sq/linear ft]

**RESPONSE ACTION COMMENTS:**

MATERIAL REMOVED



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### ROOM/FUNCTIONAL SPACE RESPONSE ACTIONS

#### Building Assessed

SCHOOL #6

#### Room/Functional Space

CAFETERIA - SPACE 018

#### Material Abated?

No

### SECTION I: TYPE OF ASBESTOS CONTAINING MATERIAL

#### MATERIAL DESCRIPTION -

9" x 9" TAN AND BROWN FLOOR TILE

9" x 9" TAN AND BROWN FLOOR TILE

#### Thermal

- PIPE INSULATION:
- ELBOWS / JOINTS:
- BOILER INSULATION
- DUCT INSULATION:
- BREECHING INSULATION
- HOTWATER TANK INSULATION
- [REDACTED]

- AIRCELL:
- CEMENTITIOUS:
- SOLIDLAG:
- BLOCK:
- [REDACTED]

#### Surfacing

- Ceiling
- Wall
- Other
- Sprayed On
- Trowelled On
- Plaster:
- Other

#### Miscellaneous

- VAT
- Ceiling Tile
- Transite
- Fire Door
- Linoleum:
- Other

#### HOMOGENEOUS ID NO:

F-5

#### WAS BULK SAMPLE OBTAINED:

No

#### FRIABLE:

No

#### SQ/LINEAR FT

580

S

#### ACCESSIBILITY:

3

### Damage Assessment



"D" = Damged

"S" = Significantly Damaged



"D" = ACM with potential for damage

"S" = ACM with potential for significant damage

### Response Action

REPLACE MISSING AND DAMAGED FLOOR TILES

#### RESPONSE ACTION DATE:

12/3/98

#### SQ/LINEAR FT

5

S

#### RESPONSE ACTION COMMENTS:

[Empty box for response action comments]



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### ROOM/FUNCTIONAL SPACE RESPONSE ACTIONS

#### Building Assessed

SCHOOL #6

#### Room/Functional Space

CAFETERIA SERVING AREA -  
SPACE 020

#### Material Abated?

No

### SECTION I: TYPE OF ASBESTOS CONTAINING MATERIAL

#### MATERIAL DESCRIPTION -

9" x 9" TAN AND BROWN FLOOR TILE

9" x 9" TAN AND BROWN FLOOR TILE

#### Thermal

- PIPE INSULATION:
- ELBOWS / JOINTS:
- BOILER INSULATION
- DUCT INSULATION:
- BREECHING INSULATION
- HOTWATER TANK INSULATION
- [REDACTED]

- AIRCELL:
- CEMENTITIOUS:
- SOLIDLAG:
- BLOCK:
- [REDACTED]

#### Surfacing

- Ceiling
- Wall
- Other
- Sprayed On
- Trowelled On
- Plaster:
- Other

#### Miscellaneous

- VAT
- Ceiling Tile
- Transite
- Fire Door
- Linoleum:
- Other

HOMOGENEOUS ID NO:

F-5

WAS BULK SAMPLE OBTAINED:

No

FRIABLE:

No

SQ/LINEAR FT

100

S

ACCESSIBILITY:

3

#### Damage Assessment



"D" = Damged

"S" = Significantly Damaged



"D" = ACM with potential for damage

"S" = ACM with potential for significant damage

#### Response Action

O&M

RESPONSE ACTION DATE:

SQ/LINEAR FT

RESPONSE ACTION COMMENTS:

[REDACTED]





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### ROOM/FUNCTIONAL SPACE RESPONSE ACTIONS

#### Building Assessed

SCHOOL #6

#### Room/Functional Space

TEACHERS LOUNGE - SPACE 106

#### Material Abated?

Yes

### SECTION I: TYPE OF ASBESTOS CONTAINING MATERIAL

#### MATERIAL DESCRIPTION -

9" x 9" GREEN AND WHITE FLOOR TILE

9" x 9" GREEN AND WHITE FLOOR TILE

#### Thermal

- PIPE INSULATION:
- ELBOWS / JOINTS:
- BOILER INSULATION
- DUCT INSULATION:
- BREECHING INSULATION
- HOTWATER TANK INSULATION
- [REDACTED]

- AIRCELL:
- CEMENTITIOUS:
- SOLIDLAG:
- BLOCK:
- [REDACTED]

#### Surfacing

- Ceiling
- Wall
- Other
- Sprayed On
- Trowelled On
- Plaster:
- Other



#### Miscellaneous

- VAT
- Ceiling Tile
- Transite
- Fire Door
- Linoleum:
- Other

#### HOMOGENEOUS ID NO:

F-6

#### WAS BULK SAMPLE OBTAINED:

No

#### FRIABLE

No

#### SQ/LINEAR FT

160 S

#### ACCESSIBILITY:

3

### Damage Assessment



"D" = Damged

"S" = Significantly Damaged



"D" = ACM with potential for damage

"S" = ACM with potential for significant damage

### Response Action

[REDACTED]

#### RESPONSE ACTION DATE:

[REDACTED]

#### SQ/LINEAR FT

[REDACTED]

#### RESPONSE ACTION COMMENTS:

[REDACTED]





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### ROOM/FUNCTIONAL SPACE RESPONSE ACTIONS

#### Building Assessed

SCHOOL #8

#### Room/Functional Space

STORAGE ABOVE FRONT  
ENTRANCE

#### Material Abated?

No

### SECTION I: TYPE OF ASBESTOS CONTAINING MATERIAL

#### MATERIAL DESCRIPTION -

9" x 9" GREEN AND WHITE FLOOR TILE

9" x 9" GREEN AND WHITE FLOOR TILE

#### Thermal

- PIPE INSULATION:
- ELBOWS / JOINTS:
- BOILER INSULATION
- DUCT INSULATION:
- BREECING INSULATION
- HOTWATER TANK INSULATION
- [REDACTED]

- AIRCELL:
- CEMENTITIOUS:
- SOLIDLAG:
- BLOCK:
- [REDACTED]

#### Surfacing

- Ceiling
- Wall
- Other
- Sprayed On
- Trowelled On
- Plaster:
- Other

#### Miscellaneous

- VAT
- Ceiling Tile
- Transite
- Fire Door
- Linoleum:
- Other

HOMOGENEOUS ID NO:

F-6

WAS BULK SAMPLE OBTAINED:

No

FRAGILE

No

SQ/LINEAR FT

40 S

ACCESSIBILITY:

3

#### Damage Assessment

[REDACTED]

"D" = Damged

"S" = Significantly Damaged

D

"D" = ACM with potential for damage

"S" = ACM with potential for significant damage

#### Response Action

O&M

RESPONSE ACTION DATE:

[REDACTED]

SQ/LINEAR FT

[REDACTED]

RESPONSE ACTION COMMENTS:

[REDACTED]



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### ROOM/FUNCTIONAL SPACE RESPONSE ACTIONS

**Building Assessed**

SCHOOL #8

**Room/Functional Space**

CLASSROOM 203 - SPACE 203

**Material Abated?**

Yes

### SECTION I: TYPE OF ASBESTOS CONTAINING MATERIAL

MATERIAL DESCRIPTION -

TAN LINOLEUM

TAN LINOLEUM

Thermal

Surfacing

Miscellaneous

- PIPE INSULATION:
- ELBOWS / JOINTS:
- BOILER INSULATION
- DUCT INSULATION:
- BREECING INSULATION
- HOTWATER TANK INSULATION
- [REDACTED]
- AIRCELL:
- CEMENTITIOUS:
- SOLIDLAG:
- BLOCK:
- [REDACTED]

- Ceiling
- Wall
- Other
- Sprayed On
- Trowelled On
- Plaster:
- Other

- VAT
- Ceiling Tile
- Transite
- Fire Door
- Linoleum:
- Other

HOMOGENEOUS ID NO:

L-2

WAS BULK SAMPLE OBTAINED:

Yes

**FRIABLE**

No

SQ/LINEAR FT

300 S

ACCESSIBILITY:

3

### Damage Assessment

"D" = Damged  
"S" = Significantly Damaged

"D" = ACM with potential for damage  
"S" = ACM with potential for significant damage

### Response Action

RESPONSE ACTION DATE:

SQ/LINEAR FT

[REDACTED]

[REDACTED]

[REDACTED]

RESPONSE ACTION COMMENTS:

[REDACTED]



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### ROOM/FUNCTIONAL SPACE RESPONSE ACTIONS

#### Building Assessed

SCHOOL #6

#### Room/Functional Space

CLASSROOM 204 - SPACE 204

#### Material Abated?

Yes

### SECTION I: TYPE OF ASBESTOS CONTAINING MATERIAL

#### MATERIAL DESCRIPTION -

BROWN LINOLEUM

BROWN LINOLEUM

#### Thermal

- PIPE INSULATION:
- ELBOWS / JOINTS:
- BOILER INSULATION
- DUCT INSULATION:
- BREECHING INSULATION
- HOTWATER TANK INSULATION
- [REDACTED]

- AIRCELL:
- CEMENTITIOUS:
- SOLIDLAG:
- BLOCK:
- [REDACTED]

#### Surfacing

- Ceiling
- Wall
- Other
- Sprayed On
- Trowelled On
- Plaster:
- Other

#### Miscellaneous

- VAT
- Ceiling Tile
- Transite
- Fire Door
- Linoleum:
- Other

HOMOGENEOUS ID NO:

L-1

WAS BULK SAMPLE OBTAINED:

Yes

FRIABLE:

No

SQ/LINEAR FT

300

S

ACCESSIBILITY:

3

#### Damage Assessment



"D" = Damged

"S" = Significantly Damaged



"D" = ACM with potential for damage

"S" = ACM with potential for significant damage

#### Response Action

[Empty box for response action]

RESPONSE ACTION DATE:

[Empty box for response action date]

SQ/LINEAR FT

[Empty box for response action sq/linear ft]

RESPONSE ACTION COMMENTS:

[Empty box for response action comments]



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### ROOM/FUNCTIONAL SPACE RESPONSE ACTIONS

#### Building Assessed

SCHOOL #6

#### Room/Functional Space

NURSE'S OFFICE - SPACE 218

#### Material Abated?

Yes

### SECTION I: TYPE OF ASBESTOS CONTAINING MATERIAL

MATERIAL DESCRIPTION - 9" x 9" WHITE FLOOR TILE  
9" x 9" WHITE FLOOR TILE

#### Thermal

- PIPE INSULATION:
  - ELBOWS / JOINTS:
  - BOILER INSULATION
  - DUCT INSULATION:
  - BREECHING INSULATION
  - HOTWATER TANK INSULATION
  - [REDACTED]
- 
- AIRCELL:
  - CEMENTITIOUS:
  - SOLIDLAG:
  - BLOCK:
  - [REDACTED]

#### Surfacing

- Ceiling
  - Wall
  - Other
- 
- Sprayed On
  - Trowelled On
  - Plaster:
  - Other
- 

#### Miscellaneous

- VAT
- Ceiling Tile
- Transite
- Fire Door
- Linoleum:
- Other

HOMOGENEOUS ID NO:

F-8

WAS BULK SAMPLE OBTAINED:

No

FRIABLE

No

SQ/LINEAR FT

130 S

ACCESSIBILITY:

3

#### Damage Assessment

"D" = Damged

"S" = Significantly Damaged

D

"D" = ACM with potential for damage

"S" = ACM with potential for significant damage

#### Response Action

[REDACTED]

RESPONSE ACTION DATE:

[REDACTED]

SQ/LINEAR FT

[REDACTED]

RESPONSE ACTION COMMENTS:

[REDACTED]



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### ROOM/FUNCTIONAL SPACE RESPONSE ACTIONS

**Building Assessed**

SCHOOL #8

**Room/Functional Space**

PROJECTION AND STORAGE ROOM - SPACE 230

**Material Abated?**

No

#### SECTION I: TYPE OF ASBESTOS CONTAINING MATERIAL

MATERIAL DESCRIPTION -  
TRANSITE PANELS FOR WINDOW OPENINGS  
TRANSITE PANELS FOR WINDOW OPENINGS

**Thermal**       **Surfacing**       **Miscellaneous**

- PIPE INSULATION:
- ELBOWS / JOINTS:
- BOILER INSULATION
- DUCT INSULATION:
- BREECHING INSULATION
- HOTWATER TANK INSULATION
- [REDACTED]
- AIRCELL:
- CEMENTITIOUS:
- SOLIDLAG:
- BLOCK:
- [REDACTED]

- Ceiling
- Wall
- Other
- Sprayed On
- Trowelled On
- Plaster:
- Other

- VAT
- Ceiling Tile
- Transite
- Fire Door
- Linoleum:
- Other

HOMOGENEOUS ID NO:       WAS BULK SAMPLE OBTAINED:       **FRIABLE:**       SQ/LINEAR FT        ACCESSIBILITY:

#### Damage Assessment

"D" = Damged       "D" = ACM with potential for damage  
 "S" = Significantly Damaged       "S" = ACM with potential for significant damage

#### Response Action

O&M       RESPONSE ACTION DATE:       SQ/LINEAR FT

RESPONSE ACTION COMMENTS:



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### ROOM/FUNCTIONAL SPACE RESPONSE ACTIONS

#### Building Assessed

SCHOOL #8

#### Room/Functional Space

CLASSROOM 301 - SPACE 301

#### Material Abated?

Yes

### SECTION I: TYPE OF ASBESTOS CONTAINING MATERIAL

#### MATERIAL DESCRIPTION -

9" x 9" WHITE FLOOR TILE

9" x 9" WHITE FLOOR TILE

#### Thermal

- PIPE INSULATION:
- ELBOWS / JOINTS:
- BOILER INSULATION
- DUCT INSULATION:
- BREECHING INSULATION
- HOTWATER TANK INSULATION
- [REDACTED]

- AIRCELL:
- CEMENTITIOUS:
- SOLIDLAG:
- BLOCK:
- [REDACTED]

#### Surfacing

- Ceiling
- Wall
- Other
- Sprayed On
- Trowelled On
- Plaster:
- Other



#### Miscellaneous

- VAT
- Ceiling Tile
- Transite
- Fire Door
- Linoleum:
- Other

HOMOGENEOUS ID NO:

F-8

WAS BULK SAMPLE OBTAINED:

No

FRIABLE

No

SQ/LINEAR FT

360

S

ACCESSIBILITY:

3

#### Damage Assessment



"D" = Damged

"S" = Significantly Damaged



"D" = ACM with potential for damage

"S" = ACM with potential for significant damage

#### Response Action

[REDACTED]

RESPONSE ACTION DATE:

[REDACTED]

SQ/LINEAR FT

[REDACTED]

[REDACTED]

RESPONSE ACTION COMMENTS:

MATERIAL REMOVED





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### ROOM/FUNCTIONAL SPACE RESPONSE ACTIONS

**Building Assessed**

SCHOOL #8

**Room/Functional Space**

CLASSROOM 302 - SPACE 302

**Material Abated?**

Yes

### SECTION I: TYPE OF ASBESTOS CONTAINING MATERIAL

**MATERIAL DESCRIPTION -**

9" x 9" WHITE FLOOR TILE

9" x 9" WHITE FLOOR TILE

**Thermal**

**Surfacing**

**Miscellaneous**

- PIPE INSULATION:
- ELBOWS / JOINTS:
- BOILER INSULATION
- DUCT INSULATION:
- BREECHING INSULATION
- HOTWATER TANK INSULATION
- [REDACTED]

- AIRCELL:
- CEMENTITIOUS:
- SOLIDLAG:
- BLOCK:
- [REDACTED]

- Ceiling
- Wall
- Other
- Sprayed On
- Trowelled On
- Plaster:
- Other

- VAT
- Ceiling Tile
- Transite
- Fire Door
- Linoleum:
- Other

**HOMOGENEOUS ID NO:**

F-8

**WAS BULK SAMPLE OBTAINED:**

No

**FRIABLE:**

No

**SQ/LINEAR FT**

360 S

**ACCESSIBILITY:**

3

### Damage Assessment

"D" = Damged

"S" = Significantly Damaged

"D" = ACM with potential for damage

"S" = ACM with potential for significant damage

### Response Action

**RESPONSE ACTION DATE:**

**SQ/LINEAR FT**

**RESPONSE ACTION COMMENTS:**

MATERIAL NOT OBSERVED

D

1998

New Jersey State Department of Health  
Asbestos Control Service  
CN 360, Trenton, NJ 08625-0360

For State Use Only

### ROOM/FUNCTIONAL SPACE RESPONSE ACTIONS

**Building Assessed**

SCHOOL #8

**Room/Functional Space**

OFFICE - SPACE 321

**Material Abated?**

No

### SECTION I: TYPE OF ASBESTOS CONTAINING MATERIAL

**MATERIAL DESCRIPTION -**

9" x 9" GREEN AND WHITE FLOOR TILE

9" x 9" GREEN AND WHITE FLOOR TILE

**Thermal**

**Surfacing**

**Miscellaneous**

- PIPE INSULATION:
- ELBOWS / JOINTS:
- BOILER INSULATION
- DUCT INSULATION:
- BREECING INSULATION
- HOTWATER TANK INSULATION
- [REDACTED]

- AIRCELL:
- CEMENTITIOUS:
- SOLIDLAG:
- BLOCK:
- [REDACTED]

- Ceiling
- Wall
- Other
- Sprayed On
- Trowelled On
- Plaster:
- Other

- VAT
- Ceiling Tile
- Transite
- Fire Door
- Linoleum:
- Other

**HOMOGENEOUS ID NO:**

F-8

**WAS BULK SAMPLE OBTAINED:**

No

**FRIABLE:**

No

**SQ/LINEAR FT**

150 S

**ACCESSIBILITY:**

3

### Damage Assessment

"D" = Damged

"S" = Significantly Damaged

D

"D" = ACM with potential for damage

"S" = ACM with potential for significant damage

### Response Action

O&M

**RESPONSE ACTION DATE:**

**SQ/LINEAR FT**

**RESPONSE ACTION COMMENTS:**

ASBESTOS MANAGEMENT PLAN  
STATEMENT OF COMPLIANCE

Name of Responsible Governing Authority

PATERSON BOARD OF EDUCATION

Name of Facility

SCHOOL #6

Building Assessed


SCHOOL #6

The undersigned does hereby ensure and certify that:

1. This management plan has been developed, signed and submitted by an accredited management plan required by current law and regulation.
2. The activities of any person(s) who perform(s) inspections, re-inspections, periodic surveys, develop and update management plans, and develop and implement response actions, including operations and maintenance, are carried out in accordance with current law and regulation.
3. All custodial and maintenance employees are properly trained as required by current law and applicable Federal and/or State regulations, e.g., the Public Employee Occupational Safety and Health Act, the EPA worker protection rule, or applicable state regulations.
4. All workers and building occupants, or their legal guardians, are informed annually, pursuant to law and regulation regarding inspection, re-inspections, response actions, post-response activities, including periodic reinspection and surveillance that are planned or in progress.
5. All short term workers who may come in contact with ACM in the building are provided with information regarding the locations of ACM and suspected ACM assumed to be ACM. Compliance with this requirement shall be accomplished through the preparation and distribution of written material to all workers accessing areas where they may come in contact with ACM.
6. All warning labels, signs and notices are posted as required by current law and regulation.
7. All management plans are available for inspection and notification of such availability has been as specified by current law and regulation.
8. The undersigned person (asbestos program manager) designated by the responsible governing authority has received training as required by current law and regulation.
9. The asbestos program manager has and will consider whether any conflict of interest may arise from the interrelationship among accredited personnel and whether that should influence the selection of accredited personnel to perform activities necessary to develop and/or implement this management plan.
10. All laboratories utilized for the development of this management plan meet applicable requirements provided for by current law and regulation.
11. The Responsible Governing Authority maintains a copy of the asbestos management plan submitted in its administrative office to be updated at least once every 6 months with all prior information retained.
12. All persons who design or implement response actions, except for OCM activities, are licensed pursuant to NJAC 8:60-8 or by another state that has a reciprocal agreement with New Jersey.
13. Proper cleaning has taken place at least once after each inspection and before initiation of any action other than operations and maintenance activities or repair, unless the building has been using required methods within the previous 6 months.
14. All abatement work except for operations and maintenance activities is performed in accordance with the Asbestos Hazard Abatement Subcode of the Uniform Construction Code (NJAC 5:23-8).
15. The management plan shall be maintained for a period of no less than 30 years after the building is demolished, shall be updated to keep it current with all asbestos related activities and shall contain the following information:
  - a. For each preventive measure or response action taken, a detailed description of the location, reasons for selecting activity, start and completion dates, names and addresses of contractors and ACM firms and their respective accreditation credentials (including licensing documents), and if ACM is removed the name and location of the storage or disposal.

New Jersey State Department of Health  
 Division of Occupational and Environmental Health  
 Environmental Health Service

LETTER OF ASSURANCE  
 THREE-YEAR REINSPECTION OF SCHOOL BUILDINGS PURSUANT TO AHERA

| RESPONSIBLE GOVERNING AUTHORITY         |                     |   |   |
|---|---------------------|---|---|
| Name of Responsible Governing Authority |                     | Telephone Number  |   |
| Paterson Board of Education             |                     | (973)881-6000   |   |
| Street Address                          |                     |   |   |
| 33 Church Street                        |                     |   |   |
| Town                                    |                     | County  |   |
| Paterson, NJ 07505                      |                     | Passaic   |   |
| Name of Asbestos Program Manager        | Affiliation         | Telephone Number  |   |
| Damon E. Jenkins                        | District Consultant | (973)366-2020   |   |
| FACILITY                                |                     |   |   |
| Name of Facility                        |                     | Telephone Number  |   |
| SCHOOL #6                               |                     | (973)881-6030   |   |
| Building Assessed                       |                     | Asb. Mgt. Plan Number (if known)                                    |   |
| SCHOOL #6                               |                     |   |   |
| Street Address                          |                     |   |   |
| 137 Carroll Street                      |                     |   |   |
| Town                                    |                     | County  |   |
| PATERSON                                |                     | PASSAIC   |   |
| Date Three-Year Reinspection Occurred   |                     |   |   |
| 9/3/98                                  |                     |   |   |
| INSPECTORS/ASSESSORS                    |                     |   |   |
| 1                                       | Name                | Address   | Telephone Number  |
|   | Damon E. Jenkins    | Tri-Tech Environmental<br>32 W. Blackwell Street<br>Dover, NJ 07801 | (973)366-2020   |
|   | Affiliation         | State of Accreditation/Acc. No.                                     | Signature   |
|   | Consultant          | RWJ 1320BB  |  |
| 2                                       | Name                | Address   | Telephone Number  |
|   |                     |   |   |
|   | Affiliation         | State of Accreditation/Acc. No.                                     | Signature   |
|   |                     |   |   |
| 3                                       | Name                | Address   | Telephone Number  |
|   |                     |   |   |
|   | Affiliation         | State of Accreditation/Acc. No.                                     | Signature   |
|   |                     |   |   |

Return completed form to:

New Jersey State Department of Health  
 ATTN: Mr. James A. Brownlee, M.P.H., Director  
 Environmental Health Service  
 CN 360  
 Trenton, NJ 08625-0360

# Asbestos Awareness Compliance Certificate

This is to certify that Mr. / Ms. James Harris of School # 6 has  
successfully completed 2 Hour Asbestos Awareness training as per OSHA Asbestos

Standard 29 CFR 1910.1001.

Avinet Rletta  
Training Provided By  
Title: Industrial Hygienist

10/22/10  
Date

10441  
**National Asbestos & Environmental Training Institute**

**CERTIFICATE OF COMPLETION**

AHERA/EPA Accredited Per 40 CFR Part 763  
Asbestos Accreditation under TSCA Title II

*This is to certify that*

**James Ruff**

*Successfully completed the course entitled*

**1/2-Day EPA/AHERA Asbestos Building Inspector Annual Refresher on  
March 4, 2005**

*Expiration Date on March 4, 2006*

  
Doris L. Adler  
President, NAETI

Per 10 NYCRR Part 73.2 (L) (1), DOH 2832 Certificate of Completion of Asbestos  
Safety Training is the only official record of training for N. Y. S. students.

Language: English

ABIH 1/2 CM POINT

3321 Doris Avenue, Building B, Ocean, NJ 07712

Phone (732) 531-5571

Fax (732) 531-5956

www.naeti.com

Number  
004784

Expiration Date  
March 2, 2005

# *Certificate of Training*

**CRITERION LABORATORIES, INC.**

HEREBY CERTIFIES THAT

*Edmund S. Karl*

273-46-0019

HAS SUCCESSFULLY COMPLETED A 4 HOUR COURSE ENTITLED

*Asbestos Building Inspector Refresher*

INCLUDING CLASSROOM INSTRUCTION

APPROVED FOR AHERA ACCREDITATION UNDER SECTION 206 OF TSCA

ON THIS 2<sup>nd</sup> DAY OF March, 2004

3370 Progress Drive, Suite J  
Bensalem, PA 19020  
(215) 244-1300 - Phone  
(215) 244-4349 - Fax  
[www.criterionlabs.com](http://www.criterionlabs.com)

*Course is conducted in English*

DIRECTOR:



JAMES A. WELTZ, CIH

Customer Name: O.H. E.P. & S. INC. 1100 12 STREET

DATE 12/27/91

**IN**

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Alfred Thompson  
 Leonard Stein  
 Anthony DeLuca  
 Joe Selleroli  
 Tom Selleroli  
 Reginald Byrd  
 Thomas Carter  
 George M. Carthy

Alfred Thompson  
 Leonard Stein  
 Anthony DeLuca  
 Joe Selleroli  
 Tom Selleroli  
 Reginald Byrd  
 Thomas Carter  
 George M. Carthy



FILE IN SHEET

Course Name: **08M 16 Hours** Date: **12/26/91**

**IN**

**OUT**

1 Regina of Byzal  
 2 ~~Blind shopping~~  
 3 ~~show in the~~  
 4 George M. Carthy  
 5 Anthony ...  
 6 Leonard ...  
 7 Tom Sellaroli  
 8 Jan Sellaroli

Reginald ...  
 Blind shopping  
 show in the  
 George M. Carthy  
 Anthony ...  
 Leonard ...  
 Tom Sellaroli  
 Jan Sellaroli

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901 Hudson Street 2nd Floor, Newark, NJ 07102 (201) 824 2623  
Meeting address: P.O. Box 1075 Newark, NJ 07102

7 AM

E.P.H.S.

SIGN IN SHEET

10/29

Cont. of 2/200 Oth. Contee

Date 12/26/91

IN

OUT

1 Theodore w. Mullins Theodore w Mullin

2 SEBASTIANO RUBERA Sebastiano Rubera

3 Ramon Lopez Phil Star

4 JUAN SORIA Juan Soria

5 Joe Constantino Ramon Lopez

6 Phil Star Joe Constantino

7 Gary M. Grangella Gary M. Grangella

8 Vincent LaCarrella Vincent LaCarrella

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White Lung Association  
of New Jersey

901 Broad Street, 2nd Floor, Newark, NJ 07102 (201) 824-2623  
Mailing address: P O Box 1073, Newark, NJ 07102

SIGN IN SHEET

Course Name O+M- P.H.S.

Date 10/16/91

**IN**

**OUT**

- ✓ ~~Gerardo Aguirre~~
- ✓ ~~Yvan Davis~~
- ✓ ~~Frank Laurin Jr.~~
- ✓ ~~Gary Mitt~~
- ✓ ~~John Hyle~~
- ✓ ~~Silvia Defari~~
- ✓ ~~Richard Coy~~
- ✓ ~~Kevin Moore~~
- ✓ ~~Donald R. Perry Sr.~~
- ✓ ~~Andrew Characi~~
- ✓ ~~Mary Margello~~
- ✓ ~~Ralph Terzullo~~
- ✓ ~~D. Marcus Peter~~
- ✓ ~~Brent Moore~~
- ✓ ~~Julien Stet~~
- ✓ ~~R. Dominguez~~
- ✓ ~~Michael Donora~~
- ✓ ~~Joseph Vaca~~
- ✓ ~~Edward Kulak~~
- ✓ ~~Gregory Perry~~
- ✓ ~~John Kessler~~
- ✓ ~~MOKAMAD SHARKAS~~

- ✓ ~~Gerardo Aguirre~~
- ✓ ~~Yvan Davis~~
- ✓ ~~Frank Laurin Jr.~~
- ✓ ~~Gary Mitt~~
- ✓ ~~John Hyle~~
- ✓ ~~Silvia Defari~~
- ✓ ~~Richard Coy~~
- ✓ ~~Kevin Moore~~
- ✓ ~~Donald R. Perry Sr.~~
- ✓ ~~Andrew Characi~~
- ✓ ~~D. Marcus Peter~~
- ✓ ~~Brent Moore~~
- ✓ ~~Julien Stet~~
- ✓ ~~R. Dominguez~~
- ✓ ~~Michael Donora~~
- ✓ ~~Joseph Vaca~~
- ✓ ~~Edward Kulak~~
- ✓ ~~Gregory Perry~~
- ✓ ~~John Kessler~~
- ✓ ~~MOKAMAD SHARKAS~~

of New Jersey  
901 Broad Street, 2nd Floor, Newark, NJ 07102 (201) 824-2623  
Mailing address: P O Box 1073, Newark, NJ 07102

SIGN IN SHEET

Course Name: O & M - P. H.S.

Date: 10/15/91.

**IN**

**OUT**

- ~~X~~ ~~Richard Cory~~
- ~~X~~ ~~John Flynn~~
- ~~X~~ ~~Ken Moor~~
- ~~X~~ ~~Tom Sellaroli~~
- ~~X~~ ~~Joseph Sellaroli~~
- ~~X~~ ~~Donald R. Perry Sr.~~
- ~~X~~ ~~Ralph Terrilli~~
- ~~X~~ ~~Sam Sargally~~
- ~~X~~ ~~John ... left at 11:00.~~
- ~~X~~ ~~Madrea Ferrasi~~
- ~~X~~ ~~Pete De Marco~~
- ~~X~~ ~~Kenatt Moore~~
- ~~X~~ ~~Robert Huntington~~
- ~~X~~ ~~Michael Somers~~
- ~~X~~ ~~Joseph Vanni~~
- ~~X~~ ~~Edward Kulak~~
- ~~X~~ ~~Harold Ligian~~
- ~~X~~ ~~Ken Anderson~~
- ~~X~~ ~~James ...~~
- ~~X~~ ~~James ...~~
- ~~X~~ ~~Thomas Chetani left morning~~
- ~~X~~ ~~John Ligian~~
- ~~X~~ ~~over~~

- ~~Richard Cory~~
- ~~John Flynn~~
- ~~Ken Moor~~
- ~~Thomas Sellaroli~~
- ~~Joseph Sellaroli~~
- ~~Don Perry Sr.~~
- ~~Ralph Terrilli~~
- ~~Madrea Ferrasi~~
- ~~Pete De Marco~~
- ~~Kenatt Moore~~
- ~~Robert Huntington~~
- ~~Michael Somers~~
- ~~Joseph Vanni~~
- ~~Edward Kulak~~
- ~~Harold Ligian~~
- ~~Ken Anderson~~
- ~~James ...~~
- ~~James ...~~
- ~~Thomas Chetani left morning~~
- ~~John Ligian~~

Reverse side of sign-in sheet 10/15/91

- ~~X Regional Bygd~~
- ~~X Anthony P. Weston~~
- 30 X JOHN KEYSER
- 31 X Greg Lund
- ~~X [unclear] [unclear]~~
- ~~X [unclear] [unclear]~~

Gregory Lund  
 John Keyser

901 Broad Street, 2nd Floor, Newark, NJ 07102 (201) 824-2623  
Mailing address: P.O. Box 1073, Newark, NJ 07102

SIGN-IN SHEET

Course Name

OEM - WRC

Date

10/10/91

IN

OUT

|    |                                 |                                 |
|----|---------------------------------|---------------------------------|
| 1  |                                 |                                 |
| 2  | <del>James H. ...</del>         | Joseph D. Huggins Jr            |
| 3  | <del>James H. ...</del>         | <del>James H. ...</del>         |
| 4  | Frank R. ...                    | C. ...                          |
| 5  | Marie Ver ...                   | Marie Ver ...                   |
| 6  | Shawn De ...                    | Shawn De ...                    |
| 7  | Mary ...                        | Mary ...                        |
| 8  | Alfred ... SCHOOL #07           | Alfred ... SCHOOL #07           |
| 9  | Alexander Rivera                | John ...                        |
| 10 | David ...                       | David ...                       |
| 11 | Phillip ...                     | Phillip ...                     |
| 12 | John ...                        | Frank R. ...                    |
| 13 | Rubus ...                       | Rubus ...                       |
| 14 | James M. ...                    | James M. ...                    |
| 15 | <del>James H. ...</del>         | <del>James H. ...</del>         |
| 16 | Cornelius ...                   | Alexander Rivera                |
| 17 | Joseph ...                      | J. ...                          |
| 18 | Tony ...                        | Tony ...                        |
| 19 | Albet ...                       | Albet ...                       |
| 20 | Joseph D. Huggins Jr            | Miguel A ...                    |
| 21 | <del>Joseph D. Huggins Jr</del> | <del>Joseph D. Huggins Jr</del> |
| 22 |                                 | <del>Joseph D. Huggins Jr</del> |
| 23 | Arnold De Marco                 | Arnold De Marco                 |
| 24 | Samuel ...                      | James ...                       |
| 25 | James ...                       | James ...                       |
| 27 | Nicandro Pelon                  | Nicandro Pelon                  |

White Lung Association  
of New Jersey

901 Broad Street, 2nd Floor, Newark, NJ 07102 (201) 824-2623  
Mailing address: P.O. Box 1073, Newark, NJ 07102

SIGN-IN SHEET

Course Name: O & M - WRC

Date: 10/9/91

**IN**

**OUT**

|    |                            |                  |
|----|----------------------------|------------------|
| 1  |                            |                  |
| 2  | Sharon La Cass             | Frank J. West    |
| 3  | Maeie Van Orden            | John Vaccaro     |
| 4  | Maeie Van Orden            | Arnold V. Marso  |
| 5  | David Smith                |                  |
| 6  | Phillip A. Adams           | Phillip A. Adams |
| 7  | Jane M. Papp               | Sharon La Cass   |
| 8  | Samuel S. Palkind          | C. Harris        |
| 9  | Joseph Higgins             | Maeie Van Orden  |
| 10 | Tony Gambelli              | Margaret A. Min  |
| 11 | Coraileen Tavis            | David Smith      |
| 12 | Alexander Klein            | Jane M. Papp     |
| 13 | Rubus Patterson            | John             |
| 14 | Geo. Elias SCHOOL HOT PAT. | John             |
| 15 | James Papp                 | John             |
| 16 | John                       | John             |
| 17 | Joseph Carrozz             | John             |
| 18 |                            | John             |
| 19 | Albert Wilson              | John             |
| 20 |                            | John             |
| 21 | Floyd J. J.                | Floyd J. J.      |
| 22 |                            | Alexander Klein  |
| 23 |                            | Samuel Palkind   |
| 24 |                            |                  |
| 25 | James Presti               | James Presti     |
| 27 | Nicastro Peloni            | Nicastro Peloni  |

SIGN IN SHEET

OPERATIONS & MAINTENANCE OF ASBESTOS COURSE - WILLIAM PATERSON  
COLLEGE - HAMBURG TURNPIKE WAYNE, NEW JERSEY

ATTENDANCE - OCTOBER 9th AND 10th - 8:00 A.M. to 5:00 P.M.

| <u>School</u> | <u>Name</u>     | <u>Record of Attendance</u> |
|---------------|-----------------|-----------------------------|
| EHS           | Alex Rivera     | <u>Alex Rivera</u>          |
| No. 1         | Philip Federico | <u>Philip Federico</u>      |
| No. 3         | Floyd Lewis     |                             |
| No. 5         | James Davis JR. | <u>James M. Davis</u>       |
| No. 7         | Al Gioia        | <u>Al Gioia</u>             |
| No. 9         | Cornelius Tanis | <u>Cornelius Tanis</u>      |
| No. 11        | Richard Cox     | <del>Richard Cox</del>      |
| No. 13        | Rufus Chatman   | <u>Rufus Chatman</u>        |
| No. 15        | Manuel Artero   | <u>Manuel Artero</u>        |
| No. 17        | Joseph Caiola   | <u>Joseph Caiola</u>        |
| No. 19        | Albert Wilson   | <u>Albert Wilson</u>        |
| No. 21        | Miguel Muniz    | <u>Miguel A. Muniz</u>      |
| No. 25        | James Presti    | <u>James Presti</u>         |
| No. 27        | Nick Pelosi     | <u>Nick Pelosi</u>          |



SIGN IN SHEET

OPERATIONS & MAINTENANCE OF ASBESTOS COURSE - WILLIAM PATERSON  
COLLEGE - HAMBURG TURNPIKE WAYNE, NEW JERSEY

ATTENDANCE - OCTOBER 9th AND 10th - 8:00 A.M. to 5:00 P.M.

| <u>School</u> | <u>Name</u>     | <u>Record of Attendance</u> |
|---------------|-----------------|-----------------------------|
| EHS           | Alex Rivera     | <u>Alexander Rivera</u>     |
| No. 1         | Philip Federico | <u>Phillip Federico</u>     |
| No. 3         | Floyd Lewis     | <u>Floyd Lewis</u>          |
| No. 5         | James Davis JR. | <u>James Davis Jr.</u>      |
| No. 7         | Al Gioia        | <u>Al Gioia</u>             |
| No. 9         | Cornelius Tanis | <u>Cornelius Tanis</u>      |
| No. 11        | Richard Cox     | <u>Richard Cox</u>          |
| No. 13        | Rufus Chatman   | <u>Rufus Chatman</u>        |
| No. 15        | Manuel Artero   | <u>Manuel Artero</u>        |
| No. 17        | Joseph Caiola   | <u>Joseph Caiola</u>        |
| No. 19        | Albert Wilson   | <u>Albert Wilson</u>        |
| No. 21        | Miguel Muniz    | <u>Miguel Muniz</u>         |
| No. 25        | James Presti    | <u>James Presti</u>         |
| No. 27        | Nick Pelosi     | <u>Nick Pelosi</u>          |

SIGN-IN SHEET

Course Name: O+M - P. E. HS.

Date: 10/11/91

**IN**

**OUT**

|                              |                             |
|------------------------------|-----------------------------|
| 1 ✓ Wilfredo Canacho         | Wilfredo Canacho            |
| 3 ✓ Joe Constantino          |                             |
| ✓ Michael Exposito           | Michael Exposito            |
| ✓ Michael J. Cortes          | Michael J. Cortes           |
| ✓ Ryan Paganelli             | Ryan Paganelli              |
| ✓ Leonard Conforte           | Leonard Conforte            |
| ✓ George Moggello            |                             |
| ✓ Chaka McDonald             | Chaka McDonald              |
| 10 KEVIN F. MCGUIRE          | <del>Kevin F. McGuire</del> |
| ✓ Vladimir Kuchinsky         | Vladimir Kuchinsky          |
| ✓ Vincent Carbonella         | Vincent Carbonella          |
| ✓ Leonard Chelsea            | Leonard Chelsea *           |
| ✓ Charles Barr               | Charles Barr                |
| ✓ Anthony Citra              | Anthony Citra               |
| ✓ L. Rivera                  | L. Rivera                   |
| ✓ Theodore W. Mullins.       | Theodore Mullin             |
| ✓ Amean L                    | Amean L                     |
| ✓ Paul m'Carthy              |                             |
| ✓ Rafael Cortes              | Rafael Cortes               |
| ✓ HECTOR SANCHEZ             | HECTOR SANCHEZ *            |
| ✓ ALVIN DAVIS                | Alvin Davis *               |
| ✓ Harold Alston              | Harold Alston               |
| ✓ Ronald Birblommen          | Ronald Birblommen           |
| 26. Ramon Lopez              | Ramon Lopez                 |
| 27. <del>Harold Alston</del> | Harold Alston               |
| 28. <del>Harold Alston</del> |                             |

SIGN IN SHEET

OPERATIONS & MAINTENANCE OF ASBESTOS COURSE - EHS (Re. 26)

ATTENDANCE - OCTOBER 3rd AND 4th - 8:00 A.M. to 4:00 P.M.

| <u>School</u> | <u>Name</u>        | <u>Record of Attendance</u> |
|---------------|--------------------|-----------------------------|
| No. 29        | Ramon Lopez        | <u>Ramon Lopez</u>          |
| Dale Ave.     | Joe Constantino    | <u>Joe Constantino</u>      |
| EMK           | Wilfredo Canecho   | <u>Wilfredo Canecho</u>     |
| NSW           | Ronald Bindhammer  | <u>Ronald Bindhammer</u>    |
| No. 2         | Leo Dellano        | <u>Leo Dellano</u>          |
| No. 4         | Alvin Davis        | <u>Alvin Davis</u>          |
| No. 6         | Robert Steele      | <u>Robert Steele</u>        |
| No. 8         | Harold Alston      | <u>Harold Alston</u>        |
| No. 10        | Sabastian Rubera   | <u>Sabastian Rubera</u>     |
| No. 12        | Theodore Mullins   | <u>Theodore Mullins</u>     |
| No. 14        | Vincent Carbonella | <u>Vincent Carbonella</u>   |

Maintenance Department Personnel

|                     |                            |       |
|---------------------|----------------------------|-------|
| Charles Barr        | <u>Charles Barr</u>        |       |
| Louis Cappucci      | <u>Louis Cappucci</u>      |       |
| Domenic Carratello  | <u>Domenic Carratello</u>  |       |
| Anthony Citro       | <u>Anthony Citro</u>       |       |
| Daniel Corsaro      | <u>Daniel Corsaro</u>      |       |
| Leonard Conforto    | <u>Leonard Conforto</u>    |       |
| George Morgello     | <u>George Morgello</u>     |       |
| Dominic Tolomeo     | <u>Dominic Tolomeo</u>     |       |
| Bennie Wilkins      | <u>Bennie Wilkins</u>      |       |
| Sanford Conklin     | <u>Sanford Conklin</u>     |       |
| Paul McCarthy       | <u>Paul McCarthy</u>       |       |
| Daniel Russomanno   | <u>Daniel Russomanno</u>   |       |
| Adolph Corrado      | <u>Adolph Corrado</u>      |       |
| Michael Corlese     | <u>Michael Corlese</u>     |       |
| Michael Esposito    | <u>Michael Esposito</u>    |       |
| Arman Lee           | <u>Arman Lee</u>           |       |
| Donald Perry        | <u>Donald Perry</u>        |       |
| HECTOR SANCHEZ      | <u>Hector Sanchez</u>      | UMDNJ |
| KEVIN F MCGUIRE     | <u>Kevin F McGuire</u>     | UMDNJ |
| VLADIMIR SINGLENSKY | <u>Vladimir Singlensky</u> | UMDNJ |
| CHARLES McDONALD    | <u>Charles McDonald</u>    | UMDNJ |

SIGN-IN SHEET

Course Name OTM COURSE P.H.S.

Date 10/3/91

**IN**

**OUT**

- 1
- 2 DAN LUNARO
- 3 ~~Joseph Luth~~
- 4 ~~Romani Casatelli~~
- 5 ~~Paul M. Cuthy~~
- 6 ~~Leonard Corfatti~~
- 7 ~~George Morzella~~
- 8 ~~Teddy Mullins~~
- 9 ~~Sebastiano Ribetza~~
- 10 ~~Ameal Lee~~
- 11 ~~Anthony Citro~~
- 12 ~~Charles Barr~~
- 13 ~~Samuel Chelms~~
- 14 ~~Louis Cassara~~
- 15 ~~Samuel Casatelli~~
- 16 ~~Ronald Bindhammer~~
- 17 ~~Ramon Lopez~~
- 18 ~~Vladimir Prodegsky~~
- 19 ~~Michael Esposito~~
- 20 ~~Michael J. Pate~~
- 21 ~~Cheri Davis~~
- 22 HECTOR SANCHEZ
- 23 Harold Alston
- 24 Van Coraggio
- 25 ~~Wilfredo Amachi~~
- 26 ~~Charles McDonald~~
- 27 KEVIN F. MCGUIRE
- 28 BENNIE WILKINS

- 1
- 2 ~~Joseph Luth~~
- 3 ~~Joseph Luth~~
- 4 ~~Romani Casatelli~~
- 5 ~~Leonard Corfatti~~
- 6 ~~George Morzella~~
- 7 ~~Teddy Mullins~~
- 8 ~~Sebastiano Ribetza~~
- 9 ~~Ameal Lee~~
- 10 ~~Anthony Citro~~
- 11 ~~Charles Barr~~
- 12 ~~Samuel Chelms~~
- 13 ~~Louis Cassara~~
- 14 ~~Samuel Casatelli~~
- 15 ~~Ronald Bindhammer~~
- 16 ~~Ramon Lopez~~
- 17 ~~Vladimir Prodegsky~~
- 18 ~~Michael Esposito~~
- 19 ~~Michael J. Pate~~
- 20 ~~Wilfredo Amachi~~
- 21 ~~Harold Alston~~
- 22 ~~Cheri Davis~~
- 23 HECTOR SANCHEZ
- 24 ~~Charles McDonald~~
- 25 ~~Kevin F. McGuire~~
- 26 BENNIE WILKINS

SIGN IN SHEET

OPERATIONS & MAINTENANCE OF ASBESTOS COURSE - EMS (Rm. 26)

ATTENDANCE - OCTOBER 3rd AND 4th - 8:00 A.M. to 4:00 P.M.

| <u>School</u> | <u>Name</u>        | <u>Record of Attendance</u> |
|---------------|--------------------|-----------------------------|
| No. 29        | Ramon Lopez        | <u>Ramon Lopez</u>          |
| Dele Ave.     | Joe Constantino    | <u>Joe Constantino</u>      |
| EMK           | Wilfredo Canacho   | <u>Wilfredo Canacho</u>     |
| NSW           | Ronald Bindhammer  | <u>Ronald Bindhammer</u>    |
| No. 2         | Leo Dellano        | <u>Leo Dellano</u>          |
| No. 4         | Alvin Davis        | <u>Alvin Davis</u>          |
| No. 6         | Robert Scania      | <u>Robert Scania</u>        |
| No. 8         | Harold Alston      | <u>Harold Alston</u>        |
| No. 10        | Sabastian Rubera   | <u>Sabastian Rubera</u>     |
| No. 12        | Theodore Mullins   | <u>Theodore Mullins</u>     |
| No. 14        | Vincent Carbonella | <u>Vincent Carbonella</u>   |

Maintenance Department Personnel

|                     |  |
|---------------------|--|
| Charles Barr        | <u>Charles Barr</u>                    |
| Louis Cappucci      | <u>Louis Cappucci</u>                  |
| Domenic Carratello  | <u>Domenic Carratello</u>              |
| Anthony Citro       | <u>Anthony Citro</u>                   |
| Daniel Corsaro      | <u>Daniel Corsaro</u>                  |
| Leonard Conforto    | <u>Leonard Conforto</u>                |
| George Morgello     | <u>George Morgello</u>                 |
| Dominic Tolomeo     | <u>Dominic Tolomeo</u>                 |
| Bennie Wilkins      | <u>Bennie Wilkins</u>                  |
| Sanford Conklin     | <u>Sanford Conklin</u>                 |
| Paul McCarthy       | <u>Paul McCarthy</u>                   |
| Daniel Russomanno   | <u>Daniel Russomanno</u>               |
| Adolph Corrado      | <u>Adolph Corrado</u>                  |
| Michael Cortese     | <u>Michael Cortese</u>                 |
| Michael Esposito    | <u>Michael Esposito</u>                |
| Arcan Lee           | <u>Arcan Lee</u>                       |
| Donald Perry        | <u>Donald Perry</u>                    |
| KEVIN F. MCGUIRE    | <u>Kevin F. McGuire U.M.D. of N.J.</u> |
| CHARLES McDONALD    | <u>Charles McDonald U.M.D. N.J.</u>    |
| VLADIMIR SIMOLENSKY | <u>Vladimir Simolensky UMDNJ</u>       |
| HECTOR SANCHEZ      | <u>Hector Sanchez</u>                  |



# PATERSON PUBLIC SCHOOLS



33-35 Church Street  
Paterson, New Jersey 07505  
Office: 973-321-0980  
Fax: 973-321-0470

Michael E. Glascoe, Ed.D.  
State District Superintendent  
mglascoe@paterson.k12.nj.us

Jacqueline Jones, M.Ed.  
Executive Assistant/  
Public Information Officer  
jjones@paterson.k12.nj.us

## *Memorandum*

TO: All Staff and Parents

FROM: Dr. Michael E. Glascoe

DATE: September 18, 2006

RE: 2006-2007 Asbestos Notification Letter

Please be advised that an Asbestos Inspection Report and Management Plan have been developed for each school and building in the Paterson Public School District.

As per the United States Environmental Protection Agency's "Asbestos Hazard Emergency Response Act" [(AHERA) 40 CFR Part 763], the chief custodian or lead administrator at each building is responsible for maintaining a copy of the Asbestos Management Plan. The plan is available for review at each school during normal school hours and is also on file in the District's Facilities Department located at 200 Sheridan Avenue. You may contact James Ruff, Environmental Project Manager at (973) 321-0935, for additional information or assistance regarding this matter. As required by the U.S.E.P.A., periodic inspections of each school are conducted every six months by properly trained and accredited individuals.

The attached notification correspondence is being provided for your files and information, and is intended to comply with 40 CFR Part 763.93 (g) (4).

### Attachment

c Board of Education  
Dr. J. Michael Rush  
Mrs. Jacqueline Jones  
Assistant Superintendents  
Mrs. Frances Finkelstein  
Mr. Robert Greuter  
Mr. James Ruff  
Legal Department

*"Children First"*

## *Memorandum*

TO: All Staff and Parents  
FROM: Dr. Michael E. Glascoe  
DATE: August 22, 2005  
RE: **2005-2006 Asbestos Notification Letter**

Please be advised that an Asbestos Inspection Report and Management Plan has been developed for each school and building in the Paterson Public School District.

As per the United States Environmental Protection Agency's "Asbestos Hazard Emergency Response Act" [(AHERA) 40 CFR Part 763], the chief custodian or lead administrator at each building is responsible for maintaining a copy of the Asbestos Management Plan. The plan is available for review at each school during normal school hours and is also on file at the District's Facilities Department located at 200 Sheridan Avenue. You may contact James Ruff, Environmental Project Manager at (973) 321-0935 for additional information or assistance regarding this matter. As required by the U.S.E.P.A., periodic inspections of each school are conducted every six months by properly trained and accredited individuals.

The attached notification correspondence is being provided for your files and information, and is intended to comply with 40 CFR Part 763.93 (g) (4).

### Attachment

c Board of Education  
Assistant Superintendents  
Coord. Director of Secondary Education  
Robert Greuter  
Agostino Ruttino  
Legal Department


*The Paterson Public Schools*  
*Division of Business Services*  
33 Church Street  
Paterson, New Jersey 07505  
(201) 881-6227/6228  
Fax (201) 742-7684

BARBARA KAYE MORTIMER  
Business Administrator

DR. LAVAL S. WILSON  
State District Superintendent

MEMORANDUM

TO: All Principals and Facility Supervisors

FROM: Alan S. Forziati, Supv. of Environmental Services 

DATE: November 5, 1992

RE: AHERA notification of students, staff, unions  
maintenance and utility workers

Please review the enclosed notices and distribute or post copies as specified at the bottom of the document. The Spanish version should be distributed to students, staff or parents you feel may not understand the English version.

Also, please take this opportunity to make certain the Notice to Short-term Workers (e.g., telephone workers, utility workers, exterminators etc.) is posted by your security desk or sign-in book. This notice should be visible to any worker who may come into contact with asbestos in the schools or other district facilities.

Upon request, additional Notice to Short-term Workers, No Smoking or Hazardous Waste Response Plan placards will be forwarded to you facility for posting.

Should you have any questions, please feel free to contact the undersigned at extension 6075.

enc.

c: Barbara Kaye Mortimer, Business Administrator



*The Paterson Public Schools*  
*Division of Business Services*  
33 Church Street  
Paterson, New Jersey 07505  
(201) 881-6227/6228  
Fax (201) 742-7684

BARBARA KAYE MORTIMER  
Business Administrator

NOVEMBER 5, 1992

DR. LAVAL S. WILSON  
State District Superintendent

**ATTENTION STUDENTS, PARENTS, AND STAFF MEMBERS**

**NOTICE OF ASBESTOS MANAGEMENT PLAN AVAILABILITY**

Please be advised the Paterson Public School District, in accordance with Federal Law: Asbestos Hazard Emergency Response Act (40 CFR Part 763.93 g (4)), hereby gives notice of the presence and availability of Asbestos Management Plans at each of the District's schools and facilities.


The Asbestos Management Plans are compiled in accordance with AHERA regulations and are designed to provide the following information: type, quantity, condition and location of asbestos and suspected asbestos materials, approximate concentration of asbestos through sampling and Polarized Light Microscopy analysis, potential for disturbance and proximity to air plenums, recommended response actions, post-response action activities and analysis, and other information useful to the Designated Person as set forth in the AHERA regulations. The information may then be evaluated to determine potential for exposure to students and staff.


Any planned abatement work or disturbances which may have taken place after these plans were issued, shall be addressed in the upcoming Three Year Re-Inspection as mandated by AHERA Regulations.

Any questions regarding this work should be directed to:

Alan S. Forziati  
The Paterson Public Schools  
33 Church Street  
Paterson, NJ 07505

(201) 881-6075

  
Barbara Kaye Mortimer  
Business Administrator

  
Alan S. Forziati  
Supv. of Environmental Services

THIS NOTICE IS TO BE POSTED IN THE MAIN OFFICE OF THE FACILITY. COPIES ARE TO BE SENT TO THE PTA, PEA AND STUDENTS

Our schools can use the help of all who desire to make a difference.

**The Paterson Public Schools**  
**Division of Business Services**  
33 Church Street  
Paterson, New Jersey 07505  
(201) 881-6227/6228  
Fax (201) 742-7684

BARBARA KAYE MORTIMER  
Business Administrator

DR. LAVAL S. WILSON  
State District Superintendent

**ATENCION ESTUDIANTES, PADRES Y EMPLEADOS**

Queremos avisarles que el Distrito Escolar de Paterson, de acuerdo con la Ley Federal: "Asbestos Hazard Emergency Response Act" (40 CFR Part 763.93 g (4), por este medio le notifica que los Planes de Manejamiento de Asbestos estan presentes y disponibles en todas las facilidades y escuelas del Distrito Escolar.

Los Planes de Manejamiento de Asbestos se recopilan de acuerdo a las regulaciones de AHERA y son designados a proporcionar la siguiente informacion: tipo, cantidad, condicion y localizacion de asbestos y material sospechoso de contener asbestos, concentracion estimada de asbestos a traves de muestras y analisis microscopicos de luz polarizada, posibilidad de disturbio y proximidad de cavidades de aires, respuestas a acciones recomendadas, accion posterior a actividades y analisis, y otra informacion util a la Persona Designada segun las regulaciones de AHERA. La informacion puede entonces ser evaluada para determinar posibles riesgos para los estudiantes y personal.

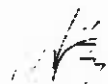
Cualquier trabajo o disturbio que haya ocurrido despues que estos planos fueron presentados, deben ser corregidos en la reinspeccion de tres anos que se avecina, como estipulan las Regulaciones de AHERA.

Cualquier pregunta relacionada con este trabajo debe ser dirigida a:

Alan S. Forziati  
Escuelas Publicas de Paterson  
33 Church Street  
Paterson, New Jersey 07505  
(201) 881-6075



Barbara Kaye Mortimer  
Business Administrator



Alan S. Forziati  
Supv. of Environmental Services

Our schools can use the help of all who desire to make a difference.

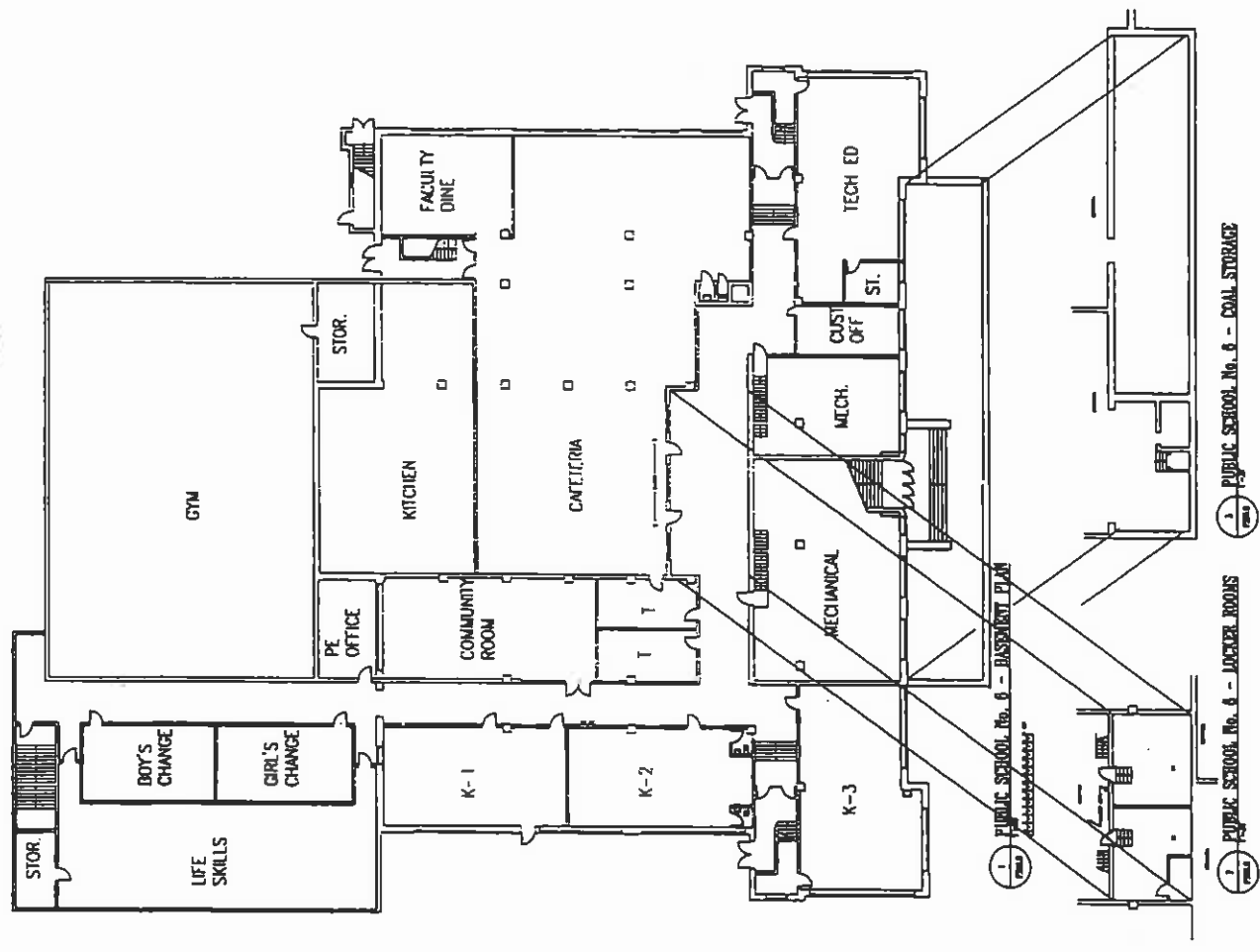
Paterson  
Public Schools

Located at:  
SCHOOL #6  
137 CARROLL STREET  
PATERSON, NJ

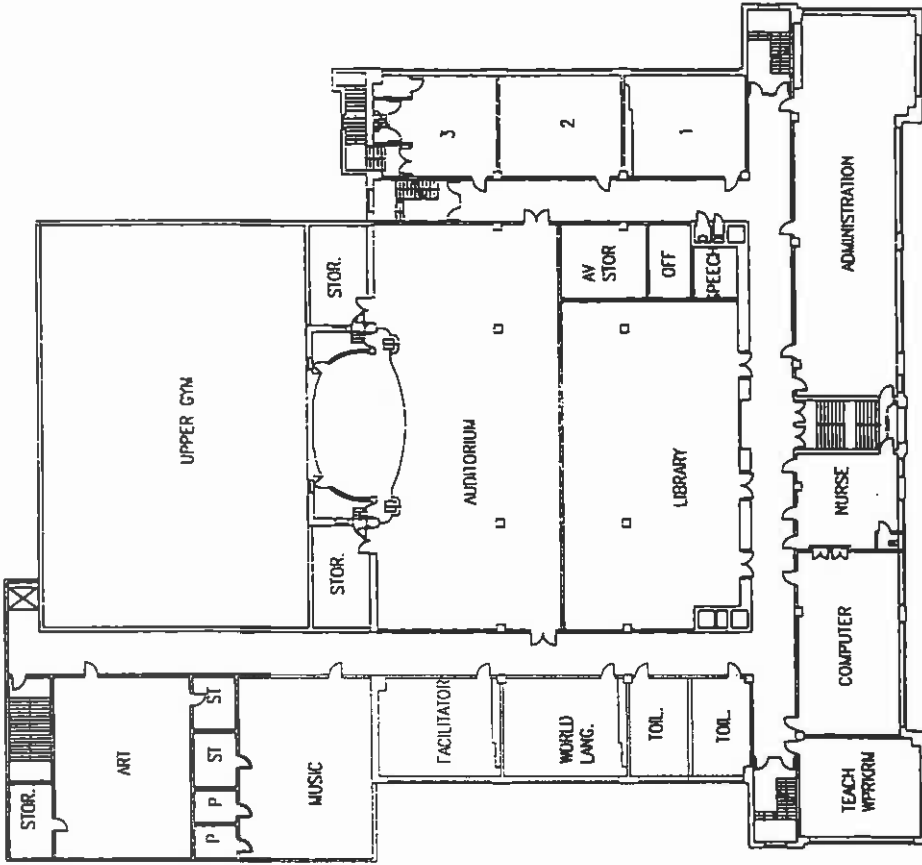
Prepared from:  
Archives of  
Paterson Public Schools



Doc. # 9740  
Scale: 1"=30'  
PS06-B



- 1 PUBLIC SCHOOL No. 6 - LOCKER ROOMS
- 2 PUBLIC SCHOOL No. 6 - COAL STORAGE
- 3 PUBLIC SCHOOL No. 6 - BASSMENT PLAN



① PATERN SCHOOL No. 6 - FIRST FLOOR PLAN

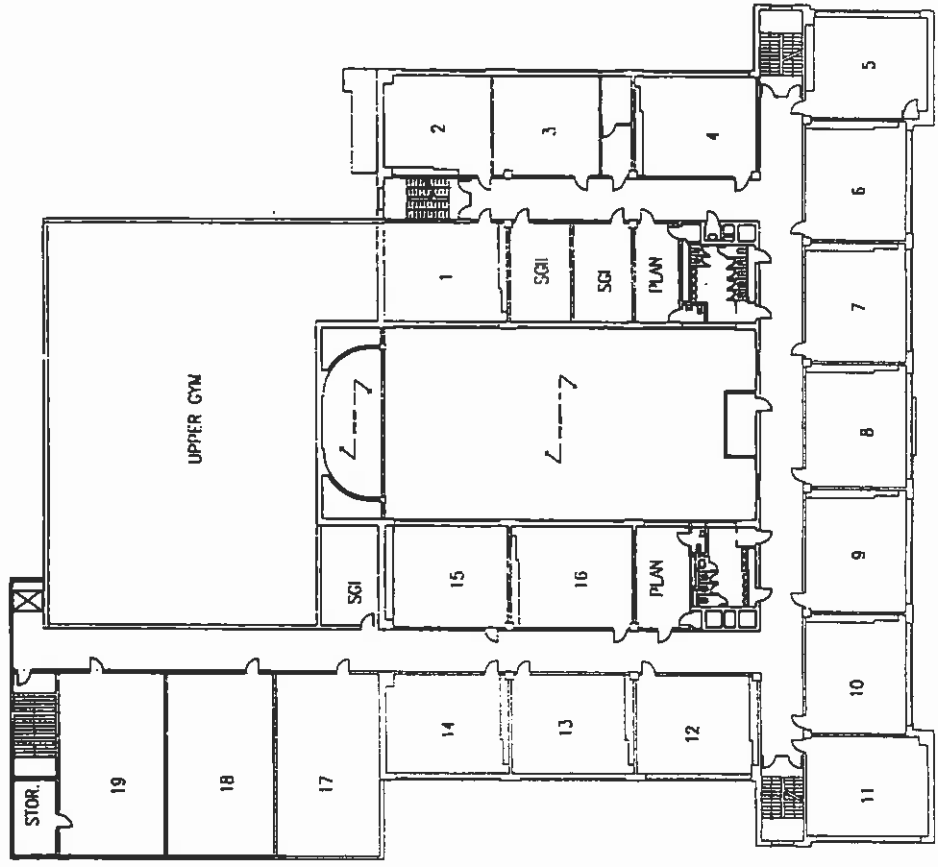
\*\*\*\*\*

Located at:  
SCHOOL #6  
137 CARROLL STREET  
PATERSON, NJ

Prepared from:  
Archives of  
Paterson Public Schools

North 

Drawn: 3/7/60  
Sheet: P-32  
PS06-2



 PUBLIC SCHOOL No. 6 - SECOND FLOOR PLAN

Paterson  
Public Schools

Located at:  
SCHOOL #6  
137 CARROLL STREET  
PATERSON, NJ

Prepared from:  
Archives of  
Paterson Public Schools

North

Date: 5/7/60  
Plot: 1'-0"

PS06-3



1. PUBLIC SCHOOL No. 6 - THIRD FLOOR PLAN


\*\*\*\*\*

PATERSON PUBLIC SCHOOLS  
Department of Facility and Service Operations  
Old School No. 5  
385-391 Totowa Avenue  
Paterson, NJ 07502

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**MEMORANDUM**

TO: All Chief Custodians

FROM: Louis Milone  
Supervisor of Maintenance and Custodial Services 

DATE: December 4, 1998

RE: Periodic Surveillance of Asbestos Containing Building Materials (ACBM)  
and Assumed ACBM

This will serve as a review for the Periodic Surveillance of Asbestos Containing Building Materials (ACBM) and Assumed ACBM.

Federal regulations require periodic surveillance of all ACBM or assumed ACBM be conducted at least once every six months (your report should be submitted no later than January 31).

In order to comply with these regulations, you are directed to perform the periodic surveillance for your facility in the following manner:

- 1) Visually inspect all areas that are identified in the Asbestos Management Plan (AMP) as ACBM or assumed ACBM.
- 2) Record the date of the surveillance, your name, and any changes in the condition of the material. (The original condition of the material including percent damaged, can be found on the "B" Forms of your AMP. Changes in condition may be caused by disturbance, vibration, air flow, moisture etc.) Also, please note any changes due to removal or encapsulation (wrapping).

- 3) Submit written report including location of materials and noted changes. If no changes have occurred, your report should state that all material is in the condition specified in the original inspection. The report must, however, address each location in the original plan. A letter simply stating, no changes have occurred, is not acceptable. Please take this opportunity to make sure all warning signs are properly posted where necessary. **Please submit your report no later than January 31, 1999 to Debbie Drobenak.**

If you have any questions, please feel free to contact me at (201) 956-2104.

c: J. Cummings  
Principals  
Sector Supervisors