

Employee Name

FREDI PAREDES

Current Asbestos License

10/31/2016⁷

Current Asbestos Training

2/20/2017

Current Medical

3/14/2017

Current Respirator Fit Test

2/18/2017

Other

10 Hour OSHA

11/28/2018

30 Hour OSHA

11/18/2011

Polychlorinated Biphenyl

2/21/2016

Lead Supervisor Initial

4/10/2016

Confined Spaces

9/24/2016

Fall Protection- Ladder Safety

9/24/2016

Hazardous Waste & Emgcy Response

10/24/2016

PPE, Ergonomics & Hazard Asmt

10/28/2016

Lead Awareness

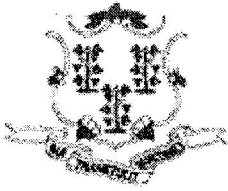
7/11/2015

PCB Awareness

8/13/2014

2 Hour Lead Awareness

6/12/2009



State of Connecticut

Lookup Detail View

Name

Name

FREDI PAREDES

License Information

lookup

License Type	License Number	Expiration Date	Granted Date	License Name	License Status	Licensure Actions or Pending Charges
Asbestos Abatement Worker	8650	10/31/2017	03/14/2006	Fredi Paredes	ACTIVE	None

Generated on: 12/2/2016 9:10:25 AM

Certificate Number: 022016A WR258



Earth Environmental Consultants LLC

Training Division

11 Norden Place, Unit 14, Norwalk, CT 06855, Tel: (203) 831-8911. Training Location: 25 Van Zant Street, Norwalk, CT 06855

Certifies that

Fredi Paredes

167 Gilbert Street #1, West Haven CT 06516

Has successfully met certificate requirements for

8 Hour Asbestos Abatement Worker Refresher Training Course (In Spanish Language)

In accordance with

EPA Standards for Asbestos Accreditation under TSCA Title II
40 CFR Part 763 and CT Title 19a Part 332a-22

Course Date: 02-20-2016

Examination Date: 02-20-2016

Examination Grade: *92* %

Expiration Date: 02-20-2017

Eduardo J. Meza, Training Manager

Concentra Medical Centers (CT)

370 James St Suite 304 NEW HAVEN, CT 06513
Phone: (203) 503-0482 Fax: (203) 503-0492

PLHCP¹ WRITTEN STATEMENT for RESPIRATORS (EMPLOYEE)

Service Date: 03/14/2016

Employee SSN: XXX-XX-2845

Employee Name:

Paredes, Fredi

Address:

167 Gilbert Street

WEST HAVEN CT 06516

Employer: AIG (Abatement Industries Group) FKA Pike Falls

You were evaluated in this office of your medical status related to your physical capability to wear a respirator. (Check ☒ one that applies)

- ☒ There were no abnormal findings that would hamper your ability to perform your job duties while wearing a respirator.
- ☐ The abnormal findings listed below were not related to wearing a respirator but should be reported to your personal physician for further evaluation.

Based upon the results of this evaluation it is my opinion that you: (Check ☒ ALL that apply)

- ☒ ARE qualified to wear a respirator.
- ☐ Have the following restrictions concerning respirator usage: _____
- ☐ ARE NOT qualified to wear a respirator.
- ☐ Require further testing by your private physician who must submit a written report of his/her findings to Concentra Medical Centers (CT) so that a final decision on your ability to wear a respirator can be made.
- ☐ Must wear Special prescription eye-wear needed to accommodate respirator.
- ☐ Must use an Eye glass conversion kit.
- ☐ May need to shave Facial hair to assure tight seal on certain face masks.
- ☐ Need to stop smoking.

(Check ☒ ALL that apply)

- ☒ The above individual HAS been examined for respirator fitness in accordance with 29 CFR 1910.134. This limited evaluation is specific to respirator use only. Employees should be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.
- ☐ The above individual HAS NOT been examined by me for respirator fitness. The employee's medical evaluation consisted of a review of OSHA's Medical Evaluation Questionnaire in Appendix C Part A Section 2. In accordance with 29 CFR 1910.134, this limited evaluation is specific to respirator use only. Employees should be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.
- ☒ In accordance with specific OSHA requirements, I have informed the above named individual of the results of this evaluation and of any medical conditions resulting from exposures that may require further explanation or treatment. Where applicable, the above named individual has been informed of the increased risk of lung cancer attributable to the combined effect of smoking and asbestos, lead and/or other chemical exposure(s).

Respirators must be properly selected based on the containment and concentration levels to which the worker will be exposed. Failure to follow the use and fitting instruction and warnings for proper use contained on the respirator packaging and/or failure to wear the respirator during all times of exposure can reduce the respirator's effectiveness and result in sickness or death. Wearer must be trained in the proper care of any respirator. Refer to product literature and packaging for specific information regarding fit, use and/or limitations.

PLHCP Signature

PLHCP Name (printed)

¹Physician or other Licensed Healthcare Professional

Employee's Signature

Expiration Date

To be maintained in the employee's file with a copy to the employee

Concentra Medical Centers (CT)370 James St Suite 304 NEW HAVEN, CT 06513
Phone: (203) 503-0482 Fax: (203) 503-0492**EMPLOYER AUTHORIZATION AND INFORMATION FOR RESPIRATORY EVALUATION****EMPLOYER TO COMPLETE THE FOLLOWING :**Employee Name: Paredes, FrediEmployer: AIG (Abatement Industries Group) FKA Pike Falls**Check Type of Respirator(s) To Be Used (Check ☒ ALL that apply)**

- | | |
|--|---|
| <input type="checkbox"/> Air-purifying (non-powered) | <input type="checkbox"/> Air-purifying (powered) |
| <input type="checkbox"/> Atmosphere supplying Respirator | |
| <input type="checkbox"/> Combination air-line and SCBA | |
| <input type="checkbox"/> Continuous-Flow Respirator | |
| <input type="checkbox"/> Supplied-Air Respirator | |
| <input type="checkbox"/> Open Circuit SCBA | <input type="checkbox"/> Closed Circuit SCBA |
| <input type="checkbox"/> Dust Mask | <input type="checkbox"/> 1/2 Face with Canisters |
| | <input type="checkbox"/> Full Face with Canisters |

Make: _____ Model: _____ Cartridge: _____

**Special Work Conditions
(Check ☒ ALL That Apply When Wearing Respirator)**

- | | | |
|---|--|--|
| <input type="checkbox"/> High Places | <input type="checkbox"/> Enclosed Places | <input type="checkbox"/> Protective Clothing |
| <input type="checkbox"/> Temperature Extremes | <input type="checkbox"/> Mostly Cold | <input type="checkbox"/> Mostly Hot |
| <input type="checkbox"/> Other: | | |

Questionnaire will be: ☐ HAND CARRIED ☐ MAILED ☐ OTHER

Address:

167 Gilbert StreetWEST HAVEN CT 06516Employee SSN: XXX-XX-2845**Extent of Useage (Check ☒ ALL that apply)**

- | |
|--|
| <input type="checkbox"/> On a daily basis _____ Total Hours |
| <input type="checkbox"/> Occasionally - but not more than twice a week _____ Total Hours |
| <input type="checkbox"/> Rarely - or for Emergency situations only _____ Total Hours |

Expected Physical Effort Required (Check ☒ ALL that apply)

- | | | |
|--------------------------------|-----------------------------------|--------------------------------|
| <input type="checkbox"/> Light | <input type="checkbox"/> Moderate | <input type="checkbox"/> Heavy |
|--------------------------------|-----------------------------------|--------------------------------|

Exposure to Hazardous Materials (Check ☒ ALL that apply)

- | | |
|---|---|
| <input type="checkbox"/> Arsenic | <input type="checkbox"/> Benzene |
| <input type="checkbox"/> Coke Oven | <input type="checkbox"/> Cotton Seed / Dust |
| <input type="checkbox"/> Cadmium | <input type="checkbox"/> Formaldehyde |
| <input type="checkbox"/> Methylene Chloride | <input type="checkbox"/> Lead |
| <input type="checkbox"/> Textiles | <input type="checkbox"/> Chromium |

Other(s): _____

EVALUATION AUTHORIZATION BY: _____

Signature of Employer Representative

DO NOT WRITE BELOW THIS LINE

DO NOT WRITE BELOW THIS LINE

DO NOT WRITE BELOW THIS LINE

PLHCP¹ WRITTEN STATEMENT for RESPIRATORS (EMPLOYER)**PHYSICIAN WILL COMPLETE THE FOLLOWING**

This report may contain confidential medical information and is intended for the designated employer contact only. The Americans with Disabilities Act (ADA) imposes very strict limitations on the use of information obtained during physical examination of qualified individuals with disabilities. All information must be collected and maintained on separate forms, in separate files, and must be treated as a confidential medical record, with the following exceptions:

- Supervisors and managers may be informed about necessary restrictions on the work or duties of an employee and necessary accommodations.
- First aid and safety personnel may be informed, when appropriate, if the disability might require emergency treatment.

Based upon my findings, I have determined that this individual **(Check ☒ ALL that apply)**☐ Employee must schedule a medical examination with Concentra Medical Centers (CT) prior to respirator approval and usage.☒ Class I - No Restrictions on Respirator Use☐ Class II - Some Specific Use Restrictions☐ To be used for Emergency Response or Escape Only☐ Other: _____☐ Class III - Respirator Use is NOT PERMITTED☐ Further Testing / Evaluation is Required. ²☐ Fit Test Required☐ Fit Test Performed Satisfactorily☐ Fit Test Performed Unsatisfactorily☐ Fit Test NOT Performed at: Concentra Medical Centers (CT)☐ Special prescription eyewear needed to accommodate respirator☐ Special prescription eyewear needed to accommodate respirator☐ Facial hair needs to be shaved to assure tight seal on certain face masks.¹ Physician or other Licensed Healthcare Professional² Employee must seek further medical evaluation by a private physician who must submit a report to Concentra Medical Centers (CT) of his/her findings to**(Check ☒ ALL that apply)**☒ The above individual HAS been examined for respirator fitness in accordance with 29 CFR 1910.134. This limited evaluation is specific to respirator use only. Employees should be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.☐ The above individual HAS NOT been examined by me for respirator fitness. The employee's medical evaluation consisted of a review of OSHA's Medical Evaluation Questionnaire in Appendix C Part A Section 2. In accordance with 29 CFR 1910.134, this limited evaluation is specific to respirator use only. Employees would be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.☒ In accordance with specific OSHA requirements, I have informed the above named individual of the results of this evaluation and of any medical conditions resulting from exposures that may require further explanation or treatment. Where applicable, the above named individual has been informed of the increased risk of lung cancer attributable to the combined effect of smoking and asbestos, lead and/or other chemical exposure(s).

Physician's Signature

Physician's License Number (Optional in Most States) 00280 / CT

Physician's Name (Printed)

Kristen Kmslaw PR
3/14/16

Date of Exam

3/14/17
Expires On

Concentra Medical Centers (CT)370 James St Suite 304 NEW HAVEN, CT 06513
Phone: (203) 503-0482 Fax: (203) 503-0492

Service Date: 03/14/2016

Medical Surveillance - Asbestos

Patient: <u>Paredes, Fredi</u>	Job Title: _____
SSN: <u>XXX-XX-2845</u>	Employer: <u>Pike Falls-Abatement Ind</u>
DOB: <u>10/23/1981</u>	Address: <u>16 Hamilton St</u>
Gender: <u>M</u>	_____
Marital Status: <u>M</u>	<u>West Haven, CT 065162300</u>
Address: <u>167 Gilbert Street</u>	Job Contact: <u>Monica Giannetta</u>
_____	Role: <u>Primary Contact</u>
<u>WEST HAVEN, CT 06516</u>	Phone: <u>(203) 932-9639</u> Ext.: _____
Home Phone: <u>(203) 528-6507</u>	Fax: <u>(203) 931-8786</u>
Work Phone: _____ Ext.: _____	Race: <u>ASIAN BLACK HISPANIC INDIAN WHITE OTHER</u>

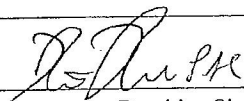
The above individual was seen on 03/14/2016 in accordance with: 29 CFR 1926.1101.
40 CFR 763.121.

The following was performed:

- ☒ Completion and review of the standardized medical questionnaire and work history with special emphasis directed to the pulmonary, cardiovascular, and gastrointestinal systems per Appendix D in 1926.1101.
- ☐ Review of the employer's description of: this employee's duties as they relate to the employee's exposure, the employee's representative or anticipated exposure level, and personal protection equipment to be utilized by the employee.
- ☐ Review of information from previous medical examinations if available.
- ☒ A physical examination with emphasis upon the pulmonary, cardiovascular, and gastrointestinal systems.
- ☒ A pulmonary function test of forced vital capacity (FVC) and forced expiratory volume at one second (FEV 1) in accordance with NIOSH and ATS standards.
- ☐ A chest roentgenogram, posterior-anterior, 14x17 inches (or current film on file) with interpretation in accordance with 29 CFR 1926.1101. (M)(2)(ii)(C).
- ☒ NOTE: According to 29 CFR 1926.1101 (M)(2)(ii)(C), it is up to the discretion of the physician whether or not a chest X-ray is required.
- ☒ The employee was informed by the physician of the results of the exam and of any medical conditions that may result from asbestos exposure including the increased risk of lung cancer attributable to the combined effect of smoking and asbestos exposure.

Unless otherwise noted below, this evaluation indicates that there are no detected medical conditions that would place the employee at an increased risk of material health impairment from exposure to asbestos, and there are no recommended limitations on the employee concerning the use of personal protective equipment or respirator.

Comments or limitations (if any): _____



Provider Signature

3/14/16

Date

Patient Information

Name
 ID 000002854
 Age 34
 Height 5 ft 5 in
 Weight 170 lbs, BMI 28.3
 Gender MALE
 Ethnic HISPANIC
 Smoker YES
 Asthma NO

Test Information

Test Date/Time
 Post Time
 Test Mode
 Interpretation
 Predicted Ref
 Value Select
 Tech ID
 Automated QC
 BTPS (INEX)

03/14/2016 01:54pm

DIAGNOSTIC
 GOLD/Hardie
 Knudson83 * 1.00
 BEST VALUE

ON
 --/ 1.02

Test Results

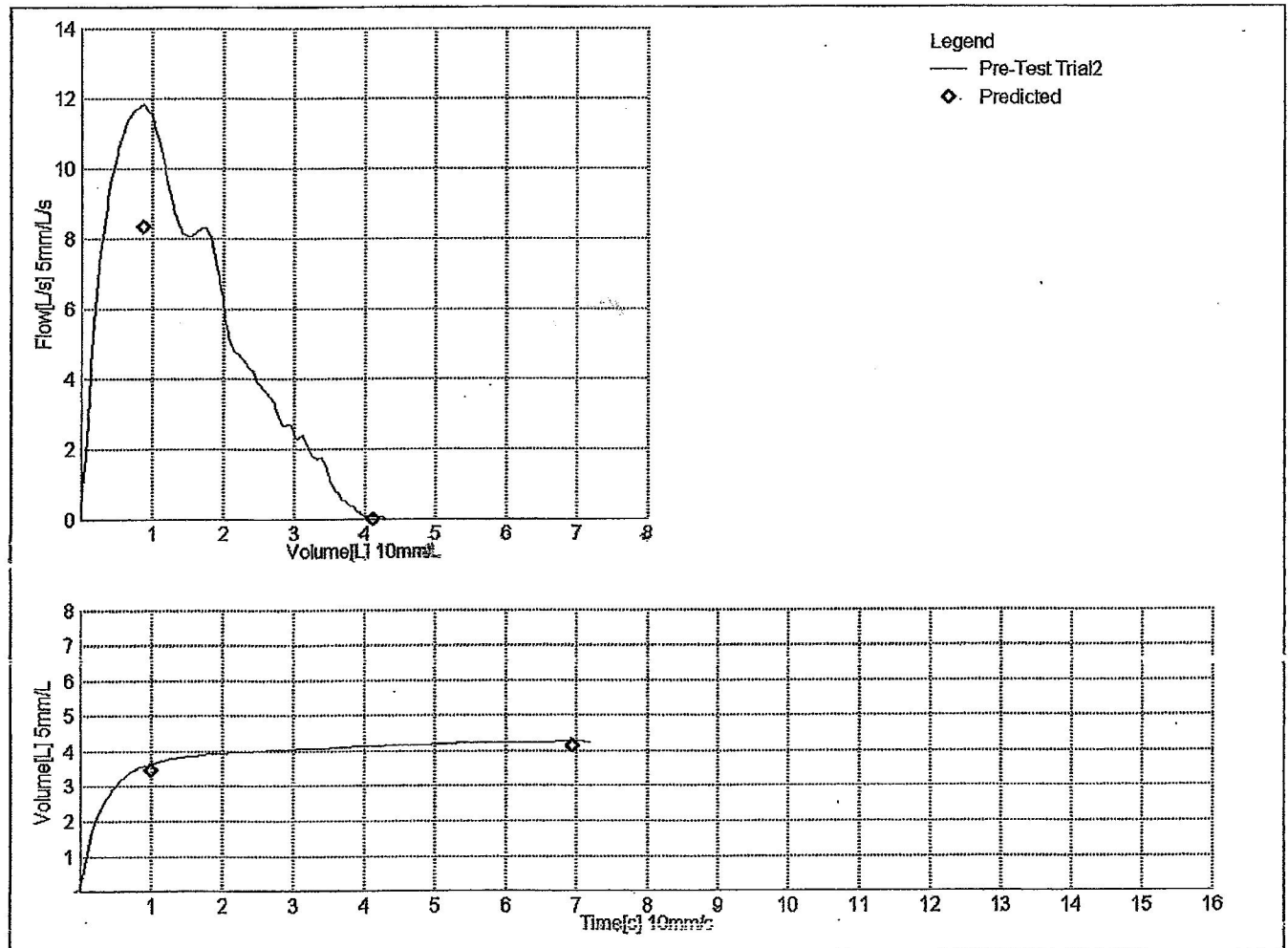
Your FEV1 is 106% Predicted, Your Lung Age is 34

Parameter	Pre-Test				Pred	%Pred
	Best	Trial2	Trial3	Trial1		
FVC[L]	4.27	4.27	4.26	4.04	4.13	103
FEV1[L]	3.67	3.67	3.61	3.44	3.46	106
FEV1/FVC[%]	86.0	86.0	84.6	85.1	83.1	103
PEF[L/min]	710.0	710.0	595.4	613.7	499.6	142
FEF25-75[L/s]	4.45	4.45	4.18	4.30	3.80	117
FET[s]	6.95	6.95	7.15	8.28	--	--

Pre-Test FEV1 Var=0.07L 1.8%; FVC Var=0.01L 0.2%; Session Quality A
 Interpretation Normal Spirometry

BU

KH
 3/14/16



Respiratory Fit Test Record

Employee Name: Fredi Paredes

Social Security: 2845

Location: PIKE FALLS 16 HAMILTON STREET

WEST HAVEN CT 06516

Location if Different then Above: _____

Date Tested: 2/18/14

Type of Test: **Irritant Smoke Qualitative Testing**

Type of Respirator: North ½ Face (7700-30 small, medium, **large**) **circle one**

Test Results: **Pass** / Fail

Type of Respirator: Racal PAPR (under Negative Pressure)

Test Results: **Pass** / Fail

Other Types of Respirator: _____

Test Results: **Pass** / Fail

Employee Signature: [Signature] Date: 02/18/16

Administrator: [Signature] Date: 2/18/14

32 HOUR ASBESTOS INITIAL

SENAGRYPH TRAINING FACILITIES

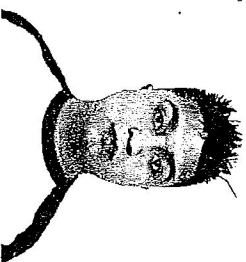
SERVING THE ASBESTOS AND LEAD ABATEMENT INDUSTRY

37-42 72nd St. Jackson Hts. N.Y. 11372 (718) 429-0647 E-MAIL: senagryph@aol.com

HEREBY CERTIFIES THAT

FREDI PAREDES

SS# 062-69-2845



HAS SUCCESSFULLY COMPLETED

A 32 HOUR NYS-EPA (TSCA TITLE II) APPROVED COURSE ENTITLED

ASBESTOS ABATEMENT WORKER

INCLUDING CLASSROOM LECTURES HANDS-ON WORKSHOP INSTRUCTION AND FINAL EXAM

ON THIS 12TH DAY OF FEBRUARY 2006

COURSE DATES: 02/04-12/06

EXPIRATION DATE: 02/12/07

LANGUAGE: SPANISH

TEST SCORE: 70%

DIRECTOR:

Julia Herrera
JULIA HERRERA

INSTRUCTOR:

[Signature]
MORRIS LLANOS

FOR COURSE PARTICIPANTS SEEKING NEW YORK STATE CERTIFICATION OR TRAINING
RECIPROCITY FROM ANOTHER STATE, THE OFFICIAL RECORD OF SUCCESSFUL COMPLETION
IS THE NYS-DOH 2832 CERTIFICATE OF COMPLETION OF ASBESTOS SAFETY TRAINING

