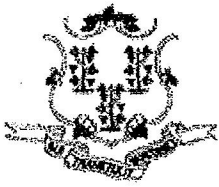


Employee Name	EULALIO LEON
Current Asbestos License	12/31/2017
Current Asbestos Training	3/16/2017
Current Medical	3/17/2017
Current Respirator Fit Test	3/21/2017
Other	
10 Hour OSHA	11/28/2018
Polychlorinated Biphenyl	2/21/2015
Confined Spaces	9/24/2016
Ladder Safety- Fall Protection	9/24/2016
Hazardous Waste & Emgcy Response	10/8/2017
PPE, Ergonomics & Hazard Asmt	10/28/2016
Lead Awareness	5/31/2015



State of Connecticut

Lookup Detail View

Name**Name**

EULALIO LEON

License Information

lookup

License Type	License Number	Expiration Date	Granted Date	License Name	License Status	Licensure Actions or Pending Charges
Asbestos Abatement Worker	6548	12/31/2017	05/28/2003	Eulalio Leon	ACTIVE	None

Generated on: 1/10/2017 11:17:16 AM



Environmental Compliance and Occupational Safety Training

44-01 21st St, 3rd Fl, Long Island City, NY 11101

Tel: (718) 349-3235 Fax: (718) 349-3238

HEREBY CERTIFIES THAT

Eulalio Leon

HAS COMPLETED A NYS DOH US EPA AHERA 8 HOURS COURSE ENTITLED

ASBESTOS WORKER-REFRESHER

(Spanish)

FOR THE PURPOSE OF TITLE 10 NYCRR PART 73 AND EP 40 FR PART 763 ACCREDITATION
THE OFFICIAL RECORD OF COMPLETION FOR THE COURSE IS THE NYS DOH FORM 2832

On this 16th Day of March, 2016

Date(s) of course: 03/16/2016

Director: Nicolas Portela

Nicolas Portela

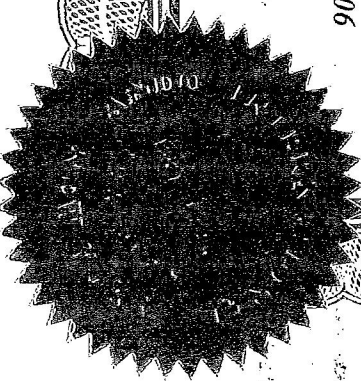
Expiration Date: 03/16/2017

Certificate #: 031620164HRNY-06

Exam Date: 03/16/2016

Exam Grade: 76%

76%



Concentra Medical Centers (CT)

701 Main Street EAST HARTFORD, CT 06108
Phone: (860) 289-5561 Fax: (860) 291-1895

PLHCP¹ WRITTEN STATEMENT for RESPIRATORS (EMPLOYEE)

Service Date: 03/17/2016

Employee Name:

Leon salinas, Eulalio

Employee SSN: XXX-XX-4374

Address:

29 concord street apt 2

HAMDEN CT 06514

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

3/17/17
Expiration Date

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

Concentra Medical Centers (CT)701 Main Street EAST HARTFORD, CT 06108
Phone: (860) 289-5561 Fax: (860) 291-1895**EMPLOYER AUTHORIZATION AND INFORMATION FOR RESPIRATORY EVALUATION****EMPLOYER TO COMPLETE THE FOLLOWING :**Employee Name: Leon salinas, EulalioEmployer: AIG (Abatement Industries Group) FKA Pike Falls**Check Type of Respirator(s) To Be Used (Check ☒ ALL that apply)**

- ☒ Air-purifying (non-powered) ☐ Air-purifying (powered)
☐ Atmosphere supplying Respirator
☐ Combination air-line and SCBA
☐ Continuous-Flow Respirator
☐ Supplied-Air Respirator
☐ Open Circuit SCBA ☐ Closed Circuit SCBA
☐ Dust Mask ☐ 1/2 Face with Canisters ☐ Full Face with Canisters

Make: _____ Model: _____ Cartridge: _____

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

- ☐ High Places ☐ Enclosed Places ☐ Protective Clothing
☐ Temperature Extremes ☐ Mostly Cold ☐ Mostly Hot
☐ Other: _____

Questionnaire will be: ☐ HAND CARRIED ☐ MAILED ☐ OTHER

Address:

29 concord street apt 2HAMDEN CT 06514Employee SSN: XXX-XX-4374**Extent of Usage (Check ☒ ALL that apply)**

- ☐ On a daily basis _____ Total Hours
☐ Occasionally - but not more than twice a week _____ Total Hours
☐ Rarely - or for Emergency situations only _____ Total Hours

Expected Physical Effort Required (Check ☒ ALL that apply)

- ☐ Light ☐ Moderate ☐ Heavy

Exposure to Hazardous Materials (Check ☒ ALL that apply)

- ☐ Arsenic ☐ Benzene
☐ Coke Oven ☐ Cotton Seed / Dust
☐ Cadmium ☐ Formaldehyde
☐ Methylene Chloride ☐ Lead
☐ Textiles ☐ 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

PA1207

Physician's License Number (Optional in Most States)

Physician's Name (Printed)

3/17/16
Date of Exam3/17/17
Expires On

Concentra Medical Centers (CT)701 Main Street EAST HARTFORD, CT 06108
Phone: (860) 289-5561 Fax: (860) 291-1895**Medical Surveillance - Asbestos**

Service Date: 03/17/2016

Patient: Leon salinas, Eulalio
SSN: XXX-XX-4374
DOB: 12/07/1964
Gender: M
Marital Status: S
Address: 29 concord street apt 2
HAMDEN, CT 06514
Home Phone: (203) 747-2771
Work Phone: Ext.:

Job Title:
Employer: Pike Falls-Abatement Ind
Address: 16 Hamilton St
West Haven, CT 065162300
Job Contact: Monica Giannetta
Role: Primary Contact
Phone: (203) 932-9639 **Ext.:**
Fax: (203) 931-8786
Race: ASIAN BLACK HISPANIC INDIAN WHITE OTHER

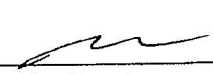
The above individual was seen on 03/17/2016 in accordance with: 29 CFR 1926.1101.
40 CFR 763.121.

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 Signature3/17/16
Date

Patient Information

Name LEON
 ID 645564374
 Age 51
 Height 5 ft 8 in
 Weight 182 lbs, BMI 27.9
 Gender MALE
 Ethnic HISPANIC
 Smoker NO
 Asthma NO

Test Information

Test Date/Time 03/17/2016 02:28pm
 Post Time --
 Test Mode DIAGNOSTIC
 Interpretation GOLD/Hardie
 Predicted Ref NHANES III
 Value Select BEST VALUE
 Tech ID
 Automated QC ON
 BTPS (INEX) --/ 1.02

Test Results

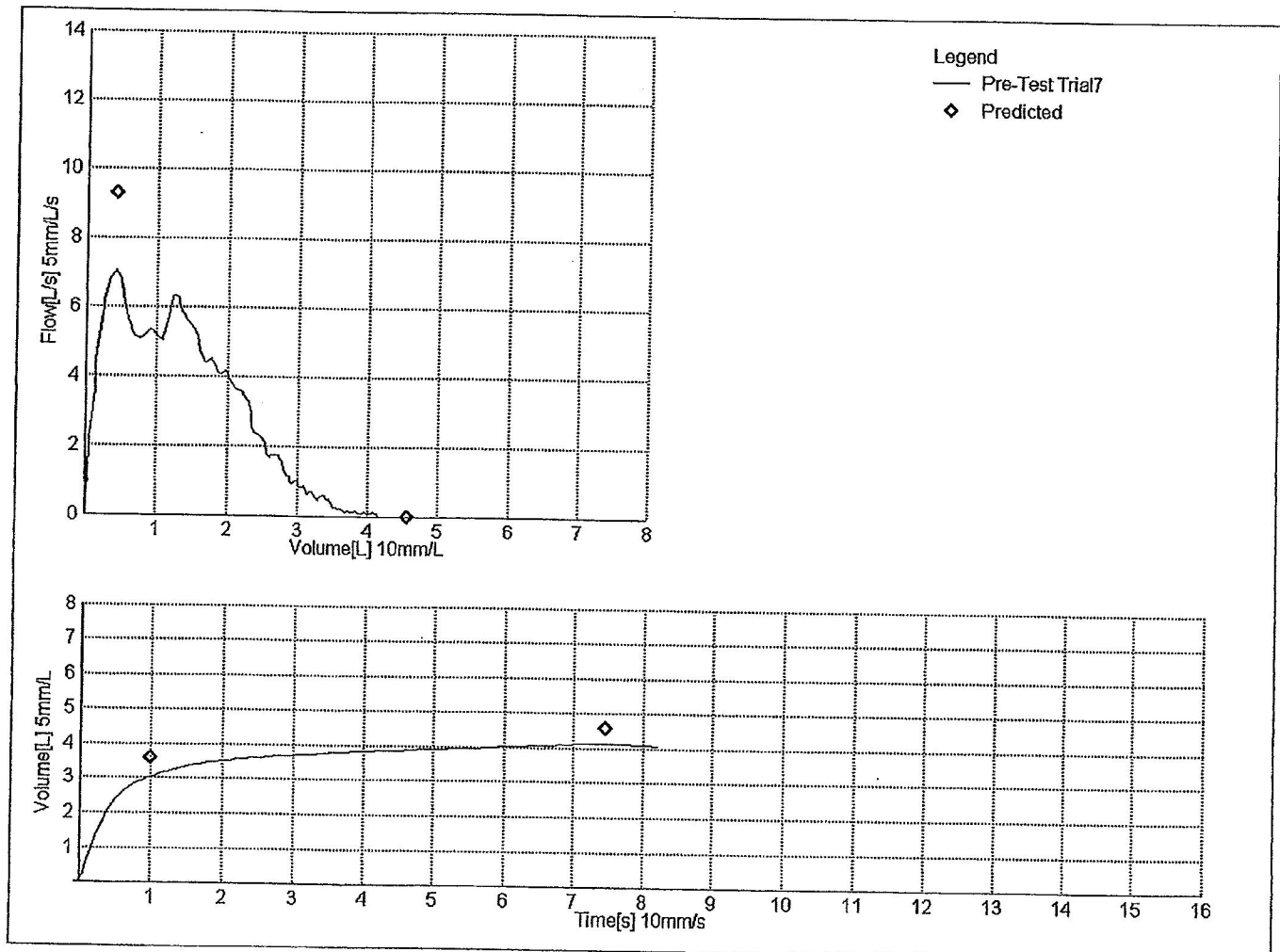
Your FEV1 is 85% Predicted

Parameter	Best	Trial7	Trial6	Trial3	Pred	%Pred
FVC[L]	4.15	4.15	4.06	3.77	4.58	91
FEV1[L]	3.07	3.07	3.07	2.89	3.61	85
FEV1/FVC[%]	74.0	74.0	75.5	76.7	78.8	94
PEF[L/min]	424.7	424.7	437.1	375.2*	556.9	76
FEF25-75[L/s]	2.39	2.39	2.51	2.55	3.47	69
FET[s]	7.46	7.46	6.59	6.56	--	--

* Indicates Below LLN or Significant Post Change

Pre-Test FEV1 Var=0.00L 0.1%; FVC Var=0.09L 2.2%; Session Quality A
 Interpretation Normal Spirometry

Handwritten signature



Respiratory Fit Test Record

Employee Name: Eulalio Leon

Social Security: 4374

Location: PIKE FALLS 16 HAMILTON STREET

WEST HAVEN CT 06516

Location if Different then Above: _____

Date Tested: 3/21/16

Type of Test: Irritant Smoke Qualitative Testing

Type of Respirator: North 1/2 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: 3/21/16

Administrator: [Signature] Date: 3/21/16