

Employee Name

CHRIS POWERS

Current Asbestos License

2/28/2017

Current Asbestos Training

3/26/2017

Current Medical

4/19/2017

Current Respirator Fit Test

7/13/2017

Other

30 Hour OSHA

10 Hour OSHA

11/28/2018

Confined Spaces

9/24/2016

Fall Protection- Ladder Safety

9/24/2016

PPE Ergonomics & Hazard Asmt

10/28/2016

Adult First Aid CPR/AED

10/29/2016

Hazardous Waste & Emgcy Response

3/5/2017

Aerial Work Platforms

5/2/2019

PIT- Forklift Operator

5/2/2019

Powered Industrial Trucks

3/29/2016

Polychlorinated Biphenyl

7/11/2015

Lead Awareness

7/11/2015

PCB Awareness

8/13/2014

Aerial Lift Competent Person

7/6/2009



State of Connecticut

Lookup Detail View**Name****Name**

CHRISTOPHER W POWERS

License Information
lookup

License Type	License Number	Expiration Date	Granted Date	License Name	License Status	Licensure Actions or Pending Charges
Asbestos Abatement Supervisor	1522	02/28/2017	03/08/2002	Christopher W. Powers	ACTIVE	None

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ENVIRONMENTAL TRAINING AND ASSESSMENT

Certificate of Completion
Asbestos Abatement Site Supervisor

Chris Powers
3 Sharon Avenue
West Haven, CT 06516

Has successfully completed, and passed an examination covering the contents of the one day 8 (eight) Hour Refresher Training Course for Asbestos Abatement Site Supervisor. This course is accredited by the State of Connecticut, and is in accordance with the EPA Revised MAP for accreditation under the TSCA Title II.

Course Date: 3/26/2016 Examination Grade: 91%
Examination Date: 3/26/2016 Certificate Number: ASR-02109
Expiration Date: 3/26/2017


Stephen J. Craig, Training Manager

Boston Lead Company, LLC
dba
Environmental Training and Assessment
62 Washington Street
Middletown, CT 06457
860-347-7277

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

Service Date: 04/19/2016

Patient: Powers, Christopher
 SSN: XXX-XX-8766
 DOB: 02/20/1958
 Gender: M
 Marital Status: S
 Address: 3 Sharon Ave
WEST HAVEN, CT 06516
 Home Phone: (203) 410-8926
 Work Phone: _____ Ext.: _____

Job Title: _____
 Employer: Pike Falls Corporation-West Hav
 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 04/19/2016 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): _____

[Signature]
 Provider Signature

4/19/16
 Date

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: 04/19/2016

Employee SSN: XXX-XX-8766

Employee Name:
Powers, Christopher

Address:
3 Sharon Ave

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

Kristin Kinslow-Pae
PLHCP Name (printed)

Employee's Signature

4/19/18
Expiration Date

¹Physician or other Licensed Healthcare Professional

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

Respiratory Fit Test Record

Employee Name: Chris Powers

Social Security: 8766

Location: PIKE FALLS 16 HAMILTON STREET

WEST HAVEN CT 06516

Location if Different then Above: _____

Date Tested: _____

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: 7-13-16

Administrator: [Signature] Date: 7/13/16

Respiratory Fit Test Record

Employee Name: Chris Powers

Social Security: 8766

Location: PIKE FALLS 16 HAMILTON STREET

WEST HAVEN CT 06516

Location if Different then Above: _____

Date Tested: 7/13/15

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: Chris Powers

Date: 7-13-15

Administrator: [Signature]

Date: 7/13/15

40 HOURS
ASBESTOS INITIAL

ENVIRONMENTAL TRAINING AND ASSESSMENT

Certificate of Completion Asbestos Abatement Site Supervisor Initial Training Course

Christopher Powers

045-60-8766

421 Platt Avenue

West Haven, Connecticut 06516

Has successfully completed, and passed an examination covering the contents of the initial 40 Hour Training Course for Asbestos Abatement Site Supervisor. This course is accredited by the State of Connecticut, and is in accordance with the EPA Revised MAP for accreditation under the TSCA Title II.

Course Date: 02/25/2002 Through 03/02/2002 Examination Grade: 90%
Examination Date: 03/02/2002 Certificate Number: ASI-00043
Expiration Date: 03/02/2003

Stephen J. Craig

Stephen J. Craig, Training Manager

Boston Lead Company, LLC
dba
Environmental Training and Assessment
62 Washington Street
Middletown, CT 06426
860-347-7277