

EPA ACCREDITED

Nº 57699
AHERA APPROVED



OCCUPATIONAL TRAINING INSTITUTE, INC.

BE IT KNOWN TO ALL THAT
Reynaldo Rosales

HAS SUCCESSFULLY COMPLETED A 1 DAY COURSE AND, AFTER PASSING
THE REQUIRED EXAMINATION, IS AWARDED THIS CERTIFICATE

ON
October 22, 2022

FOR
ASBESTOS ABATEMENT
WORKER TRAINING - ANNUAL REFRESHER
(SPANISH INSTRUCTION)

COURSE DATES: October 22, 2022.

EXAM DATE: October 22, 2022

AAWT-R-14449-22

ACCREDITATION NO.

October 22, 2023

EXPIRATION DATE



Nubia Ayala-Director

AUTHORIZED SIGNATURE

Nubia Ayala

EXAM ADMINISTRATOR
DOSH APPROVAL #CA-017-12

For purposes of accreditation required under the Toxic Substances Control Act (TSCA)
Occupational Training Institute, Inc (OCCUTRAIN)- 621 Atlantic Ave. Ste. E, Long Beach, CA 90802 TEL: # 562-612-3109

Universal Industrial Care
16025 E. Gale Ave. Suite B-10
City of Industry, CA 91745



Company: FER, INC
Applicant: Rosales, Reynaldo
Home Address: 1311 E 114th St
City/State: Los Angeles, CA
Phone: (323) 455-2108
Social Security: 542-77-7369
Age: 43
Date of Birth: 7/6/79
Have you ever been at this clinic before? Yes No

The undersigned hereby authorizes Universal Industrial Care Clinic to provide (company): FER, INC with information relative to my physical condition and any diagnosis rendered by you. You are also authorized to allow said company to examine and copy all medical, laboratory and hospital records concerning me.

Signature: *[Handwritten Signature]*
Date: 10-20-22
Witness: _____
Expiration Date (2 years): _____

DRUG AND ALCOHOL CONSENT

I consent to giving a sample of my urine, blood, and/or saliva, and I authorize to submit the sample to its designated medical laboratory for testing for alcohol and drugs. I authorize the results to be released to:

FER, INC

Signature: *[Handwritten Signature]*
Date: 10-20-22

Witness: _____

Expiration Date (2 years): _____

REFUSAL

I hereby refuse to authorize testing of my urine, blood, and/or saliva, for alcohol or drugs. I understand that my refusal means that I cannot complete my pre-placement physical or examination.

Signature: _____
Date: _____

Witness: _____
Expiration Date: _____

Medical Doctors are
Licensed & regulated by the
Medical Board of California
800-633-2322

Email: Registration@uicmedcenter.com

Time In: _____
Time Out: _____
Date: 10-20-22

Date: 10-20-22

Reynaldo Rosales

FIT FOR DUTY

Fit for Duty - In accordance with 8 CCU 5192 Hazardous Waste Workers and CFR 1910, 120 Hazardous waste operations and emergency response, the employee mentioned above is fit for duty including the ability to wear any required PPE under conditions (i.e., temperatures extremes) that may be expected at the work site.

Not fit for Duty.

Physician's Signature: _____

FIT TO WEAR A RESPIRATOR

Able to Wear a Respirator - In accordance with 8 CCU 5144 - Respirator Use and 1910, 134 - Respiratory Protection, I have determined that the employee mentioned above is able to wear a respirator and engage in duties of his/her position.

Not Able to Wear a Respirator.

Physician's Signature: _____

CT 20/2022

Date

Examining Physician's Signature

- A. This employee is cleared for respirator use.
- B. This employee's medical approval for respirator use is pending further physician review.
- C. This employee is not cleared for a powered respirator use.
- D. This employee is cleared for a powered respirator use only.
- E. I have not detected any medical conditions that would place the employee at an increased risk of material health impairment from exposure to asbestos.
- F. The following medical conditions have been detected that could place the employee at an increased risk of material health impairment from exposure to asbestos.
- G. I have informed the above employee of the results of his/her medical examination and of any medical conditions resulting from asbestos exposure that require further explanation or treatment. In addition, the employee has been informed of the increased risk of lung cancer attributable to the combined effect of smoking and asbestos exposure.

ON THE BASIS OF THIS EXAMINATION, THE FOLLOWING ARE PRELIMINARY RECOMMENDATIONS FOR RESPIRATOR USE, PENDING THE OUTCOME OF ALL STANDING TESTS.

Base on spirometry test. The following are preliminary recommendations for respirator use pending the outcome of all outstanding tests.

4. Acceptance without restrictions:

3. Acceptance subject to the following restrictions:

2. Acceptance pending employee's receipt of:

b) Pending: X-RAY

Results:

_____ Chest
 _____ Back

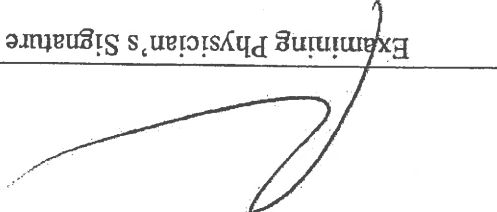
Normal: _____
 Abnormal: _____
 Comments: _____

1. a) Pending: LAB

Results:

_____ Urine
 _____ Blood
 _____ Drug Screen

Normal: _____
 Abnormal: _____
 Comments: _____



RESPIRATOR FIT TEST RECORD

Potential Fit Problems (beard, long sideburns, deep scars, receding chin, glasses, dentures, claustrophobia.)

Name: (Last) <u>Rosales</u>	Name: (First) <u>Reynolds</u>	Employee Number: <u>(M)</u>	Department:
Classification:		Evaluation Type <input type="checkbox"/> Original Issue <input type="checkbox"/> Periodic <input type="checkbox"/> Special (Check One)	

Date: 10-20-22

Respirator 1	Respirator 2	Respirator 3
Brand: <u>Honeywell</u>	Brand:	Brand:
Model: <u>7700</u>	Model:	Model:
Size: <u>M</u>	Size:	Size:

Qualitative	Fit	No Fit	Fit	No Fit	Fit	No Fit
Negative Pressure						
Positive Pressure						
Irritant Smoke						
Amyl Acetate						
Ammonia Ampule						
Saccharin						
Other: Vanilla Extract						
Instrument Brand:		Model:		Serial No.		
Aerosol:		Respirator 1	Respirator 2	Respirator 3		
Normal Breathing						
Deep Breathing						
Head Side to Side						
Head Up and Down						
Talking						
Other						
Fit Factor						

EPA ACCREDITED

OCCUTRAIN

Nº 54940
AHERA APPROVED

OCCUPATIONAL TRAINING INSTITUTE, INC.

BE IT KNOWN TO ALL THAT
Joe Morales

HAS SUCCESSFULLY COMPLETED A 1 DAY COURSE AND, AFTER PASSING
THE REQUIRED EXAMINATION, IS AWARDED THIS CERTIFICATE

ON
March 12, 2022

FOR
ASBESTOS ABATEMENT
CONTRACTOR/ SUPERVISORS- ANNUAL REFRESHER

COURSE DATES: March 12, 2022

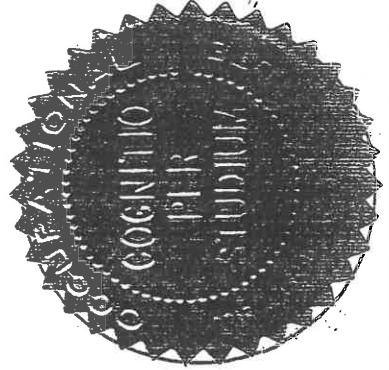
EXAM DATE: March 12, 2022

AACS-R-13277-22

ACCREDITATION NO.

March 12, 2023

EXPIRATION DATE



Nubia Ayala-Director


AUTHORIZED SIGNATURE

Alfredo Amaro

EXAM ADMINISTRATOR

DOSH APPROVAL #CA-017-04

For purposes of accreditation required under section 206 of the Toxic Substances Control Act (TSCA)
Occupational Training Institute, Inc (OCCUTRAIN) 621 Atlantic Ave, Ste. E, Long Beach CA 90802 TEL (562) 612-3109


 Universal Industrial Care
 16025 E. Gale Ave. Suite B-10
 City of Industry, CA 91745

Time In: _____
 Time Out: _____
 Date: _____

Company: ERIC INC.
 Applicant: Eric
 Last Name: Eric First Name: Eric Initial: ER
 Home Address: 16167 Valleyview Dr
 City / State / Zip: Fontana, CA 92337
 Phone # (951) 453-9648
 Age: 58 Sex: Male Female
 Social Security: 559-19-1299
 Date of Birth: 08/16/1965
 Have you ever been at this clinic before? Yes No

The undersigned hereby authorizes Universal Industrial Care Clinic to provide (company): _____
 with information relative to my physical condition and any diagnosis rendered by you. You are also authorized to allow said company to
 examine and copy all medical, laboratory and hospital records concerning me.

Signature: _____
 Date: _____
 Expiration Date (2 years): _____
 Witness: _____

DRUG AND ALCOHOL CONSENT

I consent to giving a sample of my urine, blood, and/or saliva, and I authorize to submit
 the sample to its designated medical laboratory for testing for alcohol and drugs. I authorize the results to be released to:

CONFIDENTIAL

Signature: _____
 Date: _____
 Expiration Date (2 years): _____
 Witness: _____

REFUSAL

I hereby refuse to authorize testing of my urine, blood, and/or saliva, for alcohol or drugs. I understand that my refusal means that I
 cannot complete my pre-placement physical or examination.

Signature: _____
 Date: _____
 Expiration Date: _____
 Witness: _____

Medical Doctors are
 Licensed & regulated by the
 Medical Board of California
 800-633-2322

MEDICAL EMPLOYMENT RECOMMENDATIONS

1. a) Pending: LAB

Urine _____
 Blood _____
 Drug Screen _____

Results: _____

Normal: _____
 Abnormal: _____
 Comments: _____

b) Pending: X-RAY

Chest _____
 Back _____

Results: _____

Normal: _____
 Abnormal: _____
 Comments: _____

2. Acceptance pending employee's receipt of:

3. Acceptance subject to the following restrictions:

4. Acceptance without restrictions:

Base on spirometry test. The following are preliminary recommendations for respirator use pending the outcome of all outstanding tests.

ON THE BASIS OF THIS EXAMINATION, THE FOLLOWING ARE PRELIMINARY RECOMMENDATIONS FOR RESPIRATOR USE, PENDING THE OUTCOME OF ALL STANDING TESTS.

- A. This employee is cleared for respirator use.
- B. This employee's medical approval for respirator use is pending further physician review.
- C. This employee is not cleared for a powered respirator use.
- D. This employee is cleared for a powered respirator use only.
- E. I have not detected any medical conditions that would place the employee at an increased risk of material health impairment from exposure to asbestos.
- F. The following medical conditions have been detected that could place the employee at an increased risk of material health impairment from exposure to asbestos.
- G. I have informed the above employee of the results of his/her medical examination and of any medical conditions resulting from asbestos exposure that require further explanation or treatment. In addition, the employee has been informed of the increased risk of lung cancer attributable to the combined effect of smoking and asbestos exposure.

Examining Physician's Signature

6/18/2022

Date

RESPIRATOR FIT TEST RECORD

Name (Last) Mortimer	Employee Number: [M.D.]	Department: [M.D.]	Date:
Classification: Mortimer Van		Evaluation Type <input type="checkbox"/> Original Issue <input type="checkbox"/> Periodic <input type="checkbox"/> Special (Check One)	

Potential Fit Problems (beard, long sideburns, deep scars, receding chin, glasses, dentures, claustrophobia.)

FIT TEST		Respirator 1	Respirator 2	Respirator 3
Brand:	Mouth			
Model:	7700			
Size:	W			

Qualitative	Fit	No Fit	Fit	No Fit	Fit	No Fit
Negative Pressure						
Positive Pressure						
Irritant Smoke						
Amyl Acetate						
Ammonia Ampule						
Saccharin						
Other: Vanilla Extract	✓					

Instrument Brand:	Model:	Serial No.
PROTECTOR FACTOR		
Respirator 1	Respirator 2	Respirator 3
Aerosol:	Respirator 1	Respirator 2
Normal Breathing	500 P	
Deep Breathing		
Head Side to Side		
Head Up and Down		
Talking		
Other		
Fit Factor		

EPA ACCREDITED

Nº 54931
AHERA APPROVED



OCCUPATIONAL TRAINING INSTITUTE, INC.

BE IT KNOWN TO ALL THAT
Alfredo Millan

HAS SUCCESSFULLY COMPLETED A ¹ DAY COURSE AND, AFTER PASSING
THE REQUIRED EXAMINATION, IS AWARDED THIS CERTIFICATE

ON
March 12, 2022

FOR
ASBESTOS ABATEMENT
CONTRACTOR/ SUPERVISORS- ANNUAL REFRESHER

COURSE DATES: March 12, 2022

EXAM DATE: March 12, 2022

AACS-R-13268-22

ACCREDITATION NO.

March 12, 2023

EXPIRATION DATE



Nubia Ayala-Director

AUTHORIZED SIGNATURE

Alfredo Amaro

EXAM ADMINISTRATOR

DOSH APPROVAL #CA-017-04

For purposes of accreditation required under section 206 of the Toxic Substances Control Act (TSCA)
Occupational Training Institute, Inc (OCCUTRAIN) 621 Atlantic Ave, Ste. E, Long Beach CA 90802 TEL(562) 612-3109

Universal Industrial Care
 16025 E. Gale Ave. Suite B-10
 City of Industry, CA 91745



Time In: _____
 Time Out: _____
 Date: _____

Company: EER inc
 Applicant: Millan Alfredo
 Last Name: Millan First Name: Alfredo Initial: _____
 Home Address: 22397 Cottonwood Ave.
 City/State/Zip: Morano Valley (R. 92553)
 Age: 51 Sex: Male Female
 Social Security: 626-72-4142
 Phone # (951) 322 9794 Have you ever been at this clinic before? Yes No

The undersigned hereby authorizes Universal Industrial Care Clinic to provide (company): _____ with information relative to my physical condition and any diagnosis rendered by you. You are also authorized to allow said company to examine and copy all medical, laboratory and hospital records concerning me.

Signature: _____ Date: 3-10-2022
 Witness: _____ Expiration Date (2 years): _____

DRUG AND ALCOHOL CONSENT

I consent to giving a sample of my urine, blood, and/or saliva, and I authorize to submit the sample to his designated medical laboratory for testing for alcohol and drugs. I authorize the results to be released to:

EER inc
 (Company Name)

Signature: _____ Date: 3-10-2022
 Witness: _____ Expiration Date (2 years): _____

REFUSAL

I hereby refuse to authorize testing of my urine, blood, and/or saliva, for alcohol or drugs. I understand that my refusal means that I cannot complete my pre-placement physical or examination.

Signature: _____ Date: _____
 Witness: _____ Expiration Date: _____

Medical Doctors are
 Licensed & regulated by the
 Medical Board of California
 800-633-2322

MEDICAL EMPLOYMENT RECOMMENDATIONS

1. a) Pending: LAB

Urine _____

Blood _____

Drug Screen _____

Results: _____

Normal: _____

Abnormal: _____

Comments: _____

b) Pending: X-RAY

Chest _____

Back _____

Results: _____

Normal: _____

Abnormal: _____

Comments: _____

2. Acceptance pending employee's receipt of: _____

3. Acceptance subject to the following restrictions: _____

4. Acceptance without restrictions: _____

Base on spirometry test. The following are preliminary recommendations for respirator use pending the outcome of all outstanding tests.

ON THE BASIS OF THIS EXAMINATION, THE FOLLOWING ARE PRELIMINARY RECOMMENDATIONS FOR RESPIRATOR USE, PENDING THE OUTCOME OF ALL STANDING TESTS.

- A. This employee is cleared for respirator use.
- B. This employee's medical approval for respirator use is pending further physician review.
- C. This employee is not cleared for a powered respirator use.
- D. This employee is cleared for a powered respirator use only.
- E. I have not detected any medical conditions that would place the employee at an increased risk of material health impairment from exposure to asbestos.
- F. The following medical conditions have been detected that could place the employee at an increased risk of material health impairment from exposure to asbestos.
- G. I have informed the above employee of the results of his/her medical examination and of any medical conditions resulting from asbestos exposure that require further explanation or treatment. In addition, the employee has been informed of the increased risk of lung cancer attributable to the combined effect of smoking and asbestos exposure.

Date 9/10/22

Examining Physician's Signature _____

RESPIRATOR FIT TEST RECORD

Name: (Last) M. Iwan	(First) Alfred	(M.I.)	Employee Number:
Classification:			<input type="checkbox"/> Periodic <input type="checkbox"/> Original Issue <input type="checkbox"/> Special (Check One)
Department:		Date: 03-10-2022	

Potential Fit Problems (beard, long sideburns, deep scars, receding chin, glasses, dentures, claustrophobia.)

Respirator 1	Respirator 2	Respirator 3
Brand: Honeywell	Brand:	Brand:
Model: 7700-30M	Model:	Model:
Size: M	Size:	Size:

Qualitative		Fit	No Fit	Fit	No Fit	Fit	No Fit
Negative Pressure							
Positive Pressure							
Irritant Smoke							
Amyl Acetate							
Ammonia Ampule							
Saccharin							
Other: Vanilla Extract							
Instrument Brand:		Model:		Serial No.			
Quantitative		PROTECTOR FACTOR					
Aerosol:	Respirator 1	Respirator 2	Respirator 3				
Normal Breathing							
Deep Breathing							
Head Side to Side							
Head Up and Down							
Talking							
Other							
Fit Factor							

EPA ACCREDITED



Nº 55927
AHERA APPROVED

OCCUPATIONAL TRAINING INSTITUTE, INC.

BE IT KNOWN TO ALL THAT
Albert Padilla

HAS SUCCESSFULLY COMPLETED A 1 DAY COURSE AND, AFTER PASSING
THE REQUIRED EXAMINATION, IS AWARDED THIS CERTIFICATE

ON

June 4, 2022

FOR

ASBESTOS ABATEMENT
CONTRACTOR/ SUPERVISORS- ANNUAL REFRESHER

COURSE DATES: June 4, 2022

EXAM DATE: June 4, 2022

AACS-R-13458-22

ACCREDITATION NO.

June 4, 2023

EXPIRATION DATE



Nubia Ayala-Director

AUTHORIZED SIGNATURE

Paul Eubanks

EXAM ADMINISTRATOR

DOSH APPROVAL #CA-017-04

For purposes of accreditation required under section 206 of the Toxic Substances Control Act (TSCA)
Occupational Training Institute, Inc. (OCCUTRAIN) 621 Atlantic Ave. Ste. F, Long Beach, CA 90802 TEL (562) 612-3100



Universal Industrial Care
 16025 E. Gale Ave. Suite B-10
 City of Industry, CA 91745

Time In:
 Time Out:
 Date:

Company: E.E.R
 Applicant: Padilla Albert AP Date of Birth: 7, 4, 1978
Last Name First Name Middle Initial
 Home Address: 405 live oak ave Social Security: 618-03-1164
 City/State/Zip: Fontana CA 92335 Age: 43 Sex: Male Female
 Phone # (626) 482-6539 Have you ever been hospitalized for? Yes No

The undersigned hereby authorizes Universal Industrial Care Clinic to provide (company) E.E.R with information relative to my physical condition and any diagnosis rendered by you. You are also authorized to allow said company to examine and copy all medical, laboratory and hospital records concerning me.

Albert Padilla
Signature
6-2-2022
Date

Witness

Expiration Date (2 years)

DRUG AND ALCOHOL CONSENT

Albert Padilla consent to giving a sample of my urine, blood, and/or saliva, and I authorize to submit the sample to its designated medical laboratory for testing for alcohol and drugs. I authorize the results to be released to:

E.E.R

Albert Padilla
Signature
6-2-2022
Date

Witness

Expiration Date (2 years)

REFUSAL

I hereby refuse to authorize testing of my urine, blood, and/or saliva, for alcohol or drugs. I understand that my refusal means that I cannot complete my pre-placement physical or examination.

Signature

Witness

Date

Expiration Date

Medical Doctors are
 Licensed & regulated by the
 Medical Board of California
 800-633-2322

MEDICAL EMPLOYMENT RECOMMENDATIONS

1. a) Pending: LAB Results: Normal: _____
 _____ Urine Abnormal: _____
 _____ Blood Comments: _____
 _____ Drug Screen _____

b) Pending: X-RAY Results: Normal: _____
 _____ Chest Abnormal: _____
 _____ Back Comments: _____

2. Acceptance pending employee's receipt of: _____

3. Acceptance subject to the following restrictions: _____

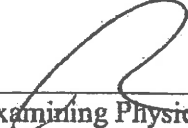
4. Acceptance without restrictions:
 Base on spirometry test. The following are preliminary recommendations for respirator use pending the outcome off all outstanding tests.

ON THE BASIS OF THIS EXAMINATION, THE FOLLOWING ARE PRELIMINARY RECOMMENDATIONS FOR RESPIRATOR USE, PENDING THE OUTCOME OF ALL STANDING TESTS.

- A. This employee is cleared for respirator use.
- B. This employee's medical approval for respirator use is pending further physician review.
- C. This employee is not cleared for a powered respirator use.
- D. This employee is cleared for a powered respirator use only.
- E. I have not detected any medical conditions that would place the employee at an increased risk of material health impairment from exposure to asbestos.
- F. The following medical conditions have been detected that could place the employee at an increased risk of material health impairment from exposure to asbestos.
- G. I have informed the above employee of the results of his/her medical examination and of any medical conditions resulting from asbestos exposure that require further explanation or treatment. In addition, the employee has been informed of the increased risk of lung cancer attributable to the combined effect of smoking and asbestos exposure.

6-02/COZZ

 Date



 Examining Physician's Signature

RESPIRATOR FIT TEST RECORD

			Date: <u>6 2 2022</u>
Name: (Last)	(First)	(MI)	Employee Number:
<u>ALBERT</u>	<u>PADILLA</u>	<u>AP</u>	<u>626 4826524</u>
Classification:			Department:
		Evaluation Type (Check One)	
		<input type="checkbox"/> Original Issue <input type="checkbox"/> Special <input type="checkbox"/> Periodic	

Potential Fit Problems (beard, long sideburns, deep scars, receding chin, glasses, dentures, claustrophobia.)

FIT TEST	Respirator 1	Respirator 2	Respirator 3
	Brand: <u>Honeywell</u>	Brand: _____	Brand: _____
	Model: <u>770030L</u>	Model: _____	Model: _____
	Size: <u>L</u>	Size: _____	Size: _____

Qualitative	Fit	No Fit	Fit	No Fit	Fit	No Fit
Negative Pressure						
Positive Pressure						
Irritant Smoke						
Amyl Acetate						
Ammonia Ampule						
Saccharin						
Other: Vanilla Extract	✓					

	Instrument Brand:	Model:	Serial No.
Quantitative	PROTECTOR FACTOR		
Aerosol:	Respirator 1	Respirator 2	Respirator 3
Normal Breathing	<u>Good</u>		
Deep Breathing			
Head Side to Side			
Head Up and Down			
Talking			
Other			
Fit Factor			

EPA ACCREDITED

Nº 56872
AHERA APPROVED



OCCUPATIONAL TRAINING INSTITUTE, INC.

BE IT KNOWN TO ALL THAT
Bryan Lovo

HAS SUCCESSFULLY COMPLETED A 1 DAY COURSE AND, AFTER PASSING
THE REQUIRED EXAMINATION, IS AWARDED THIS CERTIFICATE

ON
August 14, 2022

FOR
ASBESTOS ABATEMENT
CONTRACTOR/ SUPERVISORS- ANNUAL REFRESHER

COURSE DATES: August 14, 2022

EXAM DATE: August 14, 2022

AACS-R-13627-22

ACCREDITATION NO.

August 14, 2023

EXPIRATION DATE



Nubia Ayala-Director

AUTHORIZED SIGNATURE

Paul Eubanks

EXAM ADMINISTRATOR

DOSH APPROVAL #CA-017-04

For purposes of accreditation required under section 206 of the Toxic Substances Control Act (TSCA)
Occupational Training Institute, Inc (OCCUTRAIN) 621 Atlantic Ave, Ste. E. Long Beach CA 90802 TEL(562) 612-3109

Time In:
Time Out:
Date:

Company: EEZ LLC
 Applicant: LOVE BRyan A
 Last Name First Name Initial
 Home Address 781 SANTA ANITA BLVD
 City/State/Zip: LOS ANGELES CA 90002
 Age: 31 Sex: Male Female
 Phone # (323) 465-1467
 Social Security: 628-05-3088
 Date of Birth: 11/24/1987

The undersigned hereby authorizes Universal Industrial Care Clinic to provide (company): EEZ with information relative to my physical condition and any diagnosis rendered by you. You are also authorized to allow said company to examine and copy all medical, laboratory and hospital records concerning me.

Signature: _____ Date: 6-11-22
 Witness: _____ Expiration Date (2 years): _____

DRUG AND ALCOHOL CONSENT

I, BRyan LOVE, consent to giving a sample of my urine, blood, and/or saliva, and I authorize to submit the sample to its designated medical laboratory for testing for alcohol and drugs. I authorize the results to be released to:

EEZ
 (Company Name)

Signature: _____ Date: 6-11-22
 Witness: _____ Expiration Date (2 years): _____

REFUSAL

I hereby refuse to authorize testing of my urine, blood, and/or saliva, for alcohol or drugs. I understand that my refusal means that I cannot complete my pre-placement physical or examination.

Signature: _____ Date: _____
 Witness: _____ Expiration Date: _____

MEDICAL EMPLOYMENT RECOMMENDATIONS

1. a) Pending: LAB

Urine _____
 Blood _____
 Drug Screen _____

b) Pending: X-RAY

Chest _____
 Back _____

Results: _____

Normal: _____
 Abnormal: _____
 Comments: _____

2. Acceptance pending employee's receipt of: _____

3. Acceptance subject to the following restrictions: _____

4. Acceptance without restrictions: _____

Base on spirometry test. The following are preliminary recommendations for respirator use pending the outcome of all outstanding tests.

ON THE BASIS OF THIS EXAMINATION, THE FOLLOWING ARE PRELIMINARY RECOMMENDATIONS FOR RESPIRATOR USE, PENDING THE OUTCOME OF ALL STANDING TESTS.

- A. This employee is cleared for respirator use.
- B. This employee's medical approval for respirator use is pending further physician review.
- C. This employee is not cleared for a powered respirator use.
- D. This employee is cleared for a powered respirator use only.
- E. I have not detected any medical conditions that would place the employee at an increased risk of material health impairment from exposure to asbestos.
- F. The following medical conditions have been detected that could place the employee at an increased risk of material health impairment from exposure to asbestos.
- G. I have informed the above employee of the results of his/her medical examination and of any medical conditions resulting from asbestos exposure that require further explanation or treatment. In addition, the employee has been informed of the increased risk of lung cancer attributable to the combined effect of smoking and asbestos exposure.

Date 08/11/2022

Examining Physician's Signature _____

RESPIRATOR FIT TEST RECORD

Date: 08-11-22	Department:	Employee Number:	Name: (Last) XXXX (First) BRYAN (M.I.) R
Classification: <input type="checkbox"/> Periodic <input type="checkbox"/> Original Issue <input type="checkbox"/> Special (Check One)			Potential Fit Problems (beard, long sideburns, deep scars, receding chin, glasses, dentures, claustrophobia.)

Respirator 1	Respirator 2	Respirator 3	FIT TEST
Brand: Honeywell	Brand:	Brand:	
Model: 7700-30M	Model:	Model:	
Size: M	Size:	Size:	

Qualitative		Negative Pressure		Positive Pressure		Irritant Smoke		Amyl Acetate		Ammonia Ampule		Saccharin		Other: Vanilla Extract	
Fit	No Fit	Fit	No Fit	Fit	No Fit	Fit	No Fit	Fit	No Fit	Fit	No Fit	Fit	No Fit	Fit	No Fit
Instrument Brand:		Model:		Serial No:		PROTECTOR FACTOR									
Aerosol:		Respirator 1		Respirator 2		Respirator 3		Quantitative							
Normal Breathing		Fit		Fit		Fit		Fit Factor							
Deep Breathing		Fit		Fit		Fit		Other							
Head Side to Side		Fit		Fit		Fit		Talking							
Head Up and Down		Fit		Fit		Fit		Head Up and Down							
Talking		Fit		Fit		Fit		Other							

EPA ACCREDITED



Nº 55807
AHERA APPROVED

OCCUPATIONAL TRAINING INSTITUTE, INC.

BE IT KNOWN TO ALL THAT

Baltazar Arredondo

HAS SUCCESSFULLY COMPLETED A 1 DAY COURSE AND, AFTER PASSING
THE REQUIRED EXAMINATION, IS AWARDED THIS CERTIFICATE

ON

May 28, 2022

FOR

ASBESTOS ABATEMENT
WORKER TRAINING - ANNUAL REFRESHER
(SPANISH INSTRUCTION)

COURSE DATES: May 28, 2022

EXAM DATE: May 28, 2022

AAWT-R-13959-22

ACCREDITATION NO.

May 28, 2023

EXPIRATION DATE



Nubia Ayala-Director

AUTHORIZED SIGNATURE

Nubia Ayala

EXAM ADMINISTRATOR
DOSH APPROVAL #CA-017-12

For purposes of accreditation required under section 2606 of the Toxic Substances Control Act (TSCA)
Occupational Training Institute, Inc (OCCUTRAIN)- 621 Atlantic Ave, Ste. E, Long Beach, CA 90802 TEL: # 562-612-3109



Universal Industrial Care
16025 E. Gale Ave. Suite B-10
City of Industry, CA 91745

Time In:
Time Out:
Date:

Company: EER
Applicant: BATAZAR Arredondo B Date of Birth: 6-16-1964
Last Name First Name Initial
Home Address: 576 VANDERBYLT Social Security: 621-01-8416
City/State/Zip: POMONA CA Age: _____ Sex: Male Female _____
Phone # (909) 300-2273 Have you ever been at this clinic before? Yes No _____

The undersigned hereby authorizes Universal Industrial Care Clinic to provide (company): EER
with information relative to my physical condition and any diagnosis rendered by you. You are also authorized to allow said company to examine and copy all medical, laboratory and hospital records concerning me.

BATAZAR Arredondo
Signature
6-16-2022
Date

Witness

Expiration Date (2 years)

DRUG AND ALCOHOL CONSENT

I, BATAZAR, consent to giving a sample of my urine, blood, and/or saliva, and I authorize to submit the sample to its designated medical laboratory for testing for alcohol and drugs. I authorize the results to be released to:

EER
(Company Name)

BATAZAR Arredondo
Signature JUN 16 2022
Date

Witness

Expiration Date (2 years)

REFUSAL

I hereby refuse to authorize testing of my urine, blood, and/or saliva, for alcohol or drugs. I understand that my refusal means that I cannot complete my pre-placement physical or examination.

XXXXXXXXXXXXXXXXXXXX
Signature
0-10-2022
Date

Witness

Expiration Date

Medical Doctors are
Licensed & regulated by the
Medical Board of California
800-633-2322

RESPIRATOR FIT TEST RECORD

<i>Arredondo</i>	<i>Battaran</i>		Date: <i>6-16-2022</i>
Name: (Last)	(First)	(M.I)	Employee Number:
Classification:			Evaluation Type (Check One) <input type="checkbox"/> Original Issue <input type="checkbox"/> Special <input type="checkbox"/> Periodic

Potential Fit Problems (beard, long sideburns, deep scars, receding chin, glasses, dentures, claustrophobia.)

FIT TEST	Respirator 1	Respirator 2	Respirator 3
	Brand: <i>Honeywell</i>	Brand: _____	Brand: _____
	Model: <i>7700-30M</i>	Model: _____	Model: _____
	Size: <i>M</i>	Size: _____	Size: _____

Qualitative	Fit	No Fit	Fit	No Fit	Fit	No Fit
Negative Pressure	<i>OK</i>					
Positive Pressure	<i>OK</i>					
Irritant Smoke						
Amyl Acetate						
Ammonia Ampule						
Saccharin						
Other: Vanilla Extract	<i>OK</i>					

	Instrument Brand:	Model:	Serial No.
Quantitative	PROTECTOR FACTOR		
Aerosol:	Respirator 1	Respirator 2	Respirator 3
Normal Breathing	<i>OK</i>		
Deep Breathing			
Head Side to Side			
Head Up and Down			
Talking			
Other			
Fit Factor			

EPA ACCREDITED



Nº 55900
AHERA APPROVED

OCCUPATIONAL TRAINING INSTITUTE, INC.

BE IT KNOWN TO ALL THAT

Jaime Daniel Villalovoz

HAS SUCCESSFULLY COMPLETED A 1 DAY COURSE AND, AFTER PASSING
THE REQUIRED EXAMINATION, IS AWARDED THIS CERTIFICATE

ON

June 4, 2022

FOR

ASBESTOS ABATEMENT
WORKER TRAINING - ANNUAL REFRESHER
(SPANISH INSTRUCTION)

COURSE DATES: June 4, 2022

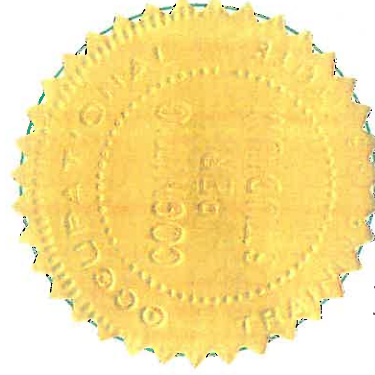
EXAM DATE: June 4, 2022

AAWT-R-13991-22

ACCREDITATION NO.

June 4, 2023

EXPIRATION DATE



Nubia Ayala-Director

AUTHORIZED SIGNATURE

Nubia Ayala

EXAM ADMINISTRATOR

DOSH APPROVAL #CA-017-12

For purposes of accreditation required under section 206 of the Toxic Substances Control Act (TSCA)
Occupational Training Institute, Inc (OCCUTRAIN)- 621 Atlantic Ave, Ste. E, Long Beach, CA 90802 TEL: # 562-612-3109

Time In:
 Time Out:
 Date:

Company: EER
 Applicant: JAMES WILLIAMS Last Name: JAMES First Name: WILLIAMS Initial: JW
 Date of Birth: 09 / 07 / 1990
 Home Address: 30802 CALE AVE City/State/Zip: 541 JAWN CARBONADO CA. 92675
 Age: 31 Sex: Male Female
 Social Security: 022 - 62 - 8695
 Phone # (209) 352 2048 Have you ever been at this clinic before? Yes No

The undersigned hereby authorizes Universal Industrial Care Clinic to provide (company): EER with information relative to my physical condition and any diagnosis rendered by you. You are also authorized to allow said company to examine and copy all medical, laboratory and hospital records concerning me.

Signature: [Signature] Date: 6/3/2022
 Witness: _____ Expiration Date (2 years): _____

DRUG AND ALCOHOL CONSENT

the sample to its designated medical laboratory for testing for alcohol and drugs. I authorize the results to be released to:

(Company Name) EER

Signature: [Signature] Date: 6/3/2022
 Witness: _____ Expiration Date (2 years): _____

REFUSAL

I hereby refuse to authorize testing of my urine, blood, and/or saliva, for alcohol or drugs. I understand that my refusal means that I cannot complete my pre-placement physical or examination.

Signature: [Signature] Date: 6/3/2022
 Witness: _____ Expiration Date: _____

MEDICAL EVALUATION FOR RESPIRATOR USE
 EVALUACION MEDICA PARA EL USO DE CARETA RESPIRATORIA

EMPLOYEE NAME: _____

NOMBRE DEL EMPLEADO _____

FOR _____

TRABAJO _____

RESPIRATOR TYPE: _____
 TIPO DE CARETA RESPIRATORIA _____

LEVEL OF WORK EFFORT (circle one):
 NIVEL DE ESFUERZO DE TRABAJO (favor de circular una)
 LIGHT MODERATE MODERADO LIVIANO
 HEAVY PESADO ESTRENUO

EXTENT OF USE OF RESPIRATOR (circle one):
 GRADO DE USO DE LA CARETA RESPIRATORIA: (favor de circular una)

1. On a daily basis, approximately _____ hours.
 Diariamente, aproximadamente _____ horas.

2. Occasionally – but more than once a week.
 Ocasionalmente – pero mas de una vez por semana.

3. Rarely – or for emergency situations only.
 Raramente – o en situaciones de emergencia.

CURRENT EXPOSURE – REQUIRING A RESPIRATOR – NAME OF CONTAMINATION
 ACTUAL EXPOSICION – REQUIRIENDO UNA CARETA RESPIRATORIA – NOMBRE DE LA CONTAMINACION/PELIGRO

WHEN	YES	NO	HAVE YOU EVER WORKED, OR DO YOU WORK IN ALGUNA VEZ HA O ESTA TRABAJANDO AHORA EN
CUANDO	SI	NO	FOUNDRY / FUNDICION
			MINE / MINA
			QUARRY / CANTERA
			ASBESTOS / ASBESTO
			SANDBLASTING / LIMPIEZA POR CHORRO DE ARENA
			TEXTILE MILL / FABRICA DE TEXTILE
			DUST, FUMES, CHEMICALS / POLVOS, GASES, PRODUCTOS QUIMICOS

SMOKING HISTORY / HISTORIA DE TABAQUE

DO YOU SMOKE / FUMA USTED _____ PEPPE, CIGARETTES, CIGAR? PIPA, CIGARROS, PUROS?
 HOW LONG HAVE YOU SMOKED? CUANTO TIEMPO HA FUMADO USTED?
 ARE YOU AN EX-SMOKER? USTED HA DEJADO DE FUMAR?
 WHEN DID YOU QUIT? CUANDO PARO USTED DE FUMAR?
 HOW MUCH DID YOU SMOKE? CUANTO FUMABA USTED?

Universal Industrial Care
 16025 E. Gale Avenue Suite B-10
 City of Industry, California 91745
 (626) 336-6652



HEARING CONSERVATION QUESTIONNAIRE
 AUDIOMETRIC INFORMATION FORM

COMPANY/COMPANIA: _____ EMPLOYER/EMPLEADO: _____ (LAST/PELLEDO)
 (FIRST/NOMBRE) _____
 SEX/SEXO: _____
 M/MAL/HOMBRE F/FEMAL/FIJIJER
 S.S.N. _____ DATE OF BIRTH/FECHA DE NACIMIENTO _____

LEFT EAR						RIGHT EAR					
500	1000	2000	3000	4000	8000	500	1000	2000	3000	4000	8000
10	00	00	10	05	10	10	00	10	00	10	10

OTOSCOPY
 LEFT: _____
 RIGHT: _____

PLEASE ANSWER THE QUESTIONS BELOW / POR FAVOR CONTESTE LAS SIGUIENTES PREGUNTAS:

1. Have you ever had a hearing test by a previous employer?
 Ha tenido un examen de oidos en empleos anteriores? YES/SI NO
2. Have you ever had a head injury with unconsciousness?
 Alguna vez ha estado inconciente a cause de un golpe en la cabeza? YES/SI NO
3. Have you ever had severe dizziness?
 Alguna vez ha tenido mareos muy fuertes? YES/SI NO
4. Have you ever had ear surgery or severe ear infections?
 Alguna vez ha tenido mareas muy fuertes? YES/SI NO
5. Have you ever had exposure to noise in previous jobs?
 Ha estado expuesto a altos ruidos en trabajos anteriores? YES/SI NO
6. Have you ever had exposure to noise in military service?
 Ha estado expuesto a altos ruidos en el servicio militar? YES/SI NO
- a. What branch? / Que division?
 ARMY NAVY MARINES AIR FORCE NATIONAL GUARD
 b. Were you in combat? / Estaba en combate? YES/SI NO
7. Have you ever had any hobbies with extreme noise? (motorcycles, firearms, etc.)
 Alguna vez ha tenido pasatiempos con ruido extremo? (motocicletas, armas, etc.) YES/SI NO
8. All jobs included, how many years have you worked in noise?
 Includo todos sus trabajos, cuantos años ha trabajado en ruido extremo? YES/SI NO
9. Do you wear a hearing aid?
 Usa un aparato para oir? YES/SI NO

EPA ACCREDITED

Nº 55905
AHERA APPROVED



OCCUPATIONAL TRAINING INSTITUTE, INC.

BE IT KNOWN TO ALL THAT

Juan Laguna Ramirez

HAS SUCCESSFULLY COMPLETED A 1 DAY COURSE AND, AFTER PASSING
THE REQUIRED EXAMINATION, IS AWARDED THIS CERTIFICATE

ON

June 4, 2022

FOR

ASBESTOS ABATEMENT
WORKER TRAINING - ANNUAL REFRESHER
(SPANISH INSTRUCTION)

COURSE DATES: June 4, 2022

EXAM DATE: June 4, 2022

AAWT-R-13994-22

ACCREDITATION NO.

June 4, 2023

EXPIRATION DATE



Nubia Ayala-Director

AUTHORIZED SIGNATURE

Nubia Ayala

EXAM ADMINISTRATOR

DOSH APPROVAL #CA-017-12

For purposes of accreditation required under section 206 of the Toxic Substances Control Act (TSCA)
Occupational Training Institute, Inc (OCCUTRAIN)- 621 Atlantic Ave, Ste. E, Long Beach, CA 90802 TEL: # 562-612-3109



Universal Industrial Care
 16025 E. Gale Ave. Suite B-10
 City of Industry, CA 91745

Time In:
 Time Out:
 Date:

Compania: EER inc
 Apellido: LAGUNA R Nombre: JUAN Initial: J.L.R Nacimiento: 08/28/71
 Domicilio: 8943 Ironstone ct
 Ciudad/Estado/Zona Postal: Hesperia CA 92344 Seguro Social: 610-88-8130
 Numero de telefono: (714) 728-6053 Edad: 50 Sexo: Hombre M Mujer
 Ha estado en esta clinica: Si No

Yo (nombre) JUAN LAGUNA RAMIREZ, autorizo a UNIVERSAL INDUSTRIAL CARE para que provea a (compania) EER inc con la informacion respecto a mi condicion fisica y cualquier diagnostico hecho. Tambien autorizo a la compania arriba mencionada, para que examine y copie todos los archivos medicos, de laboratorio y hospital concernientes a mi condicion.

[Signature]
 Firma

06/15/2022
 Fecha

Firma del Testigo

Expiration Date (2 years)

PRUEBA TOXICOLOGICA

Yo (nombre) JUAN LAGUNA R, voluntariamente acepto a dar una muestra da mi orina, sangria y/o saliva, para que sean sometidos al laboratorio designado a fin de llevar a cado una prueba del alcohol y/o drogas. Ademas, autorizo que los resultados sean entregados a:

EER inc
 (compania)

[Signature]
 Firma

06/15/2022
 Fecha

Firma del Testigo

Expiration Date (2 years)

OPCION

Yo me niego a someter una muestra de mi orina, sangre y/o saliva para la prueba del alcohol y/o drogas. Comprando que el negame significa que no podre completar mi examen fisico de empleo.

[Signature]
 Firma

06/15/2022
 Fecha

Firma del Testigo

Expiration Date (2 years)

Medical Doctors are
 Licensed & regulated by
 the Medical Board of California

MEDICAL EMPLOYMENT RECOMMENDATIONS

1. a) Pending: LAB Results: Normal: _____
Urine Abnormal: _____
Blood Comments: _____
Drug Screen _____

b) Pending: X-RAY Results: Normal: _____
Chest Abnormal: _____
Back Comments: _____

2. Acceptance pending employee's receipt of: _____

3. Acceptance subject to the following restrictions: _____

4. Acceptance without restrictions:
Base on spirometry test. The following are preliminary recommendations for respirator use pending the outcome off all outstanding tests.

ON THE BASIS OF THIS EXAMINATION, THE FOLLOWING ARE PRELIMINARY RECOMMENDATIONS FOR RESPIRATOR USE, PENDING THE OUTCOME OF ALL STANDING TESTS.

- A. This employee is cleared for respirator use.
- B. This employee's medical approval for respirator use is pending further physician review.
- C. This employee is not cleared for a powered respirator use.
- D. This employee is cleared for a powered respirator use only.
- E. I have not detected any medical conditions that would place the employee at an increased risk of material health impairment from exposure to asbestos.
- F. The following medical conditions have been detected that could place the employee at an increased risk of material health impairment from exposure to asbestos.
- G. I have informed the above employee of the results of his/her medical examination and of any medical conditions resulting from asbestos exposure that require further explanation or treatment. In addition, the employee has been informed of the increased risk of lung cancer attributable to the combined effect of smoking and asbestos exposure.

4/15 J
Date

[Signature]
Examining Physician's Signature

RESPIRATOR FIT TEST RECORD

Date: <u>06/15/2022</u>		
Name: (Last) <u>LAGUNA</u>	(First) <u>JUAN</u>	(M.I) <u>RAMIREZ</u>
Employee Number:		Department:
Classification:		Evaluation Type (Check One) <input type="checkbox"/> Original Issue <input type="checkbox"/> Special <input type="checkbox"/> Periodic

Potential Fit Problems (beard, long sideburns, deep scars, receding chin, glasses, dentures, claustrophobia.)

FIT TEST	Respirator 1	Respirator 2	Respirator 3
	Brand: <u>Money well</u>	Brand: _____	Brand: _____
	Model: <u>70030M</u>	Model: _____	Model: _____
	Size: <u>M.</u>	Size: _____	Size: _____

Qualitative	Fit	No Fit	Fit	No Fit	Fit	No Fit
Negative Pressure						
Positive Pressure						
Irritant Smoke						
Amyl Acetate						
Ammonia Ampule						
Saccharin						
Other: Vanilla Extract	<u>J</u>					

	Instrument Brand:	Model:	Serial No.
Quantitative	PROTECTOR FACTOR		
Aerosol:	Respirator 1	Respirator 2	Respirator 3
Normal Breathing	<u>2000</u>		
Deep Breathing			
Head Side to Side			
Head Up and Down			
Talking			
Other	<u>J</u>		
Fit Factor			

EPA ACCREDITED



Nº 54939
AHERA APPROVED

OCCUPATIONAL TRAINING INSTITUTE, INC.

BE IT KNOWN TO ALL THAT
Jesus Ruvalcaba Jr.

HAS SUCCESSFULLY COMPLETED A ¹ DAY COURSE AND, AFTER PASSING
THE REQUIRED EXAMINATION, IS AWARDED THIS CERTIFICATE

ON
March 12, 2022

FOR
ASBESTOS ABATEMENT
CONTRACTOR/ SUPERVISORS- ANNUAL REFRESHER

COURSE DATES: March 12, 2022

EXAM DATE: March 12, 2022

AACS-R-13276-22

ACCREDITATION NO.

March 12, 2023

EXPIRATION DATE



Nubia Ayala-Director

AUTHORIZED SIGNATURE

Alfredo Amaro

EXAM ADMINISTRATOR

DOSH APPROVAL #CA-017-04

For purposes of accreditation required under section 206 of the Toxic Substances Control Act (TSCA)
Occupational Training Institute, Inc (OCCUTRAIN) 621 Atlantic Ave, Ste. E, Long Beach CA 90802 TEL(562) 612-3109



Universal Industrial Care
16025 E. Gale Ave, Suite B-10
City of Industry, CA 91745

Time In:
Time Out:
Date:

Company: ESR
 Applicant: US REGISTRATION
 Last Name: Jesus First Name: Rovalcaba Initial: JR
 Home Address: 15426 Merril Ave
 City / State / Zip: Merced, CA 95324
 Phone # (909) 630 2728
 Social Security: 552 43 8710
 Age: 53 Sex: Male Female
 Have you ever been at this clinic before? Yes No
 Date of Birth: 5/24/68

The undersigned hereby authorizes Universal Industrial Care Clinic to provide (company): ESR with information relative to my physical condition and any diagnosis rendered by you. You are also authorized to allow said company to examine and copy all medical, laboratory and hospital records concerning me.

Signature: [Signature] Date: 4-1-22
 Witness: _____ Expiration Date (2 years): _____

DRUG AND ALCOHOL CONSENT

_____ consent to giving a sample of my urine, blood, and/or saliva, and I authorize to submit the sample to its designated medical laboratory for testing for alcohol and drugs. I authorize the results to be released to:

ESR

(Company Name)

Signature: [Signature] Date: 4-1-22
 Witness: _____ Expiration Date (2 years): _____

REFUSAL

I hereby refuse to authorize testing of my urine, blood, and/or saliva, for alcohol or drugs. I understand that my refusal means that I cannot complete my pre-placement physical or examination.

Signature: _____ Date: _____
 Witness: _____ Expiration Date: _____

Medical Doctors are Licensed & regulated by the Medical Board of California 800-633-2322

MEDICAL EMPLOYMENT RECOMMENDATIONS

1. a) Pending: LAB

Urine _____

Blood _____

Drug Screen _____

Results: _____

Normal: _____

Abnormal: _____

Comments: _____

b) Pending: X-RAY

Chest _____

Back _____

Results: _____

Normal: _____

Abnormal: _____

Comments: _____

2. Acceptance pending employee's receipt of: *PMB to my name 11/11/22*

3. Acceptance subject to the following restrictions: _____

4. Acceptance without restrictions: _____

Base on spirometry test. The following are preliminary recommendations for respirator use pending the outcome of all outstanding tests.

ON THE BASIS OF THIS EXAMINATION, THE FOLLOWING ARE PRELIMINARY RECOMMENDATIONS FOR RESPIRATOR USE, PENDING THE OUTCOME OF ALL STANDING TESTS.

- A. This employee is cleared for respirator use.
- B. This employee's medical approval for respirator use is pending further physician review.
- C. This employee is not cleared for a powered respirator use.
- D. This employee is cleared for a powered respirator use only.
- E. I have not detected any medical conditions that would place the employee at an increased risk of material health impairment from exposure to asbestos.
- F. The following medical conditions have been detected that could place the employee at an increased risk of material health impairment from exposure to asbestos.
- G. I have informed the above employee of the results of his/her medical examination and of any medical conditions resulting from asbestos exposure that require further explanation or treatment. In addition, the employee has been informed of the increased risk of lung cancer attributable to the combined effect of smoking and asbestos exposure.

Examining Physician's Signature

Date

NOV 3 1 2022

RESPIRATOR FIT TEST RECORD

Date: MAR 31 2022	Department:	Employee Number:	Name: (Last) Ruvacaba (First) Jesus (M.I.)
Classification:			Evaluation Type <input type="checkbox"/> Original Issue <input type="checkbox"/> Periodic (Check One) <input type="checkbox"/> Special

Potential Fit Problems (beard, long sideburns, deep scars, receding chin, glasses, dentures, claustrophobia.)

Respirator 1	Respirator 2	Respirator 3	FIT TEST
Brand: North Model: 7700-34 Size: Large	Brand: _____ Model: _____ Size: _____	Brand: _____ Model: _____ Size: _____	

Qualitative		Negative Pressure		Positive Pressure		Irritant Smoke		Amyl Acetate		Ammonia Ampule		Saccharin		Other: Vanilla Extract	
Fit	No Fit	Fit	No Fit	Fit	No Fit	Fit	No Fit	Fit	No Fit	Fit	No Fit	Fit	No Fit	Fit	No Fit
Instrument Brand: _____ Model: _____ Serial No. _____															
PROTECTOR FACTOR															
Aerosol: Respirator 1				Respirator 2				Respirator 3							
Normal Breathing				Deep Breathing				Head Side to Side				Head Up and Down			
Talking				Other				Fit Factor							

6000

EPA ACCREDITED

Nº 54911
AHERA APPROVED



OCCUPATIONAL TRAINING INSTITUTE, INC.

BE IT KNOWN TO ALL THAT

Mariano Mora

HAS SUCCESSFULLY COMPLETED A 1 DAY COURSE AND, AFTER PASSING
THE REQUIRED EXAMINATION, IS AWARDED THIS CERTIFICATE

ON
March 12, 2022

FOR

ASBESTOS ABATEMENT
WORKER TRAINING - ANNUAL REFRESHER
(SPANISH INSTRUCTION)

COURSE DATES: March 12, 2022

EXAM DATE: March 12, 2022

AAWT-R-13739-22

ACCREDITATION NO.

March 12, 2023

EXPIRATION DATE



Nubia Ayala-Director

AUTHORIZED SIGNATURE

Nubia Ayala

EXAM ADMINISTRATOR
DOSH APPROVAL #CA-017-12

For purposes of accreditation required under the provisions of the Toxic Substances Control Act (TSCA)
Occupational Training Institute, Inc (OCCUTRAIN)- 621 Atlantic Ave, Ste. F, Long Beach, CA 90802 TEL: # 562-612-3109



Time In:
Time Out:
Date:

EMPLOYEE: MORA, MARIANO
Apellido: MORA, Nombre: MARIANO
14220 Francisco Ave #403
Baldwin Park CA 91706
Hond: 64 Sexo: Hombre / No / SI
Estadado en este momento: SI
Numero de Seguro (6210) 626-0716
07/02/1957

autorizo a UNIVERSAL INDUSTRIAL CARE para que provea a MARIANO MORA EER INC. con la informacion respecto a mi condicion fisica y cualquier diagnostico hecho. Tambien autorizo a la compania arriba mencionada, para que examine y copie todos los archivos medicos, de laboratorio y hospital concernientes a mi condicion.

Firma del Testigo

Expiration Date (2 years) 05/26/2022

PRUEBA TOXICOLOGICA

MARIANO MORA
autorizo que los resultados sean entregados a:
voluntariamente acepto a dar una muestra de mi orina, sangre y/o saliva, para que sean sometidos al laboratorio designado a fin de llevar a cabo una prueba del alcohol y/o drogas. Ademas,

EER INC

Firma del Testigo

Expiration Date (2 years) 05/26/2022

OPCION

Yo me niego a someter una muestra de mi orina, sangre y/o saliva para la prueba del alcohol y/o drogas. Comprando que el negarme significa que no podre completar mi examen fisico de empleo.

Firma

Expiration Date (2 years)

Medical Doctors are
Licensed & regulated by
the Medical Board of California

MEDICAL EMPLOYMENT RECOMMENDATIONS

1. a) Pending: LAB

Urine _____
 Blood _____
 Drug Screen _____

Results: _____

Normal: _____
 Abnormal: _____
 Comments: _____

b) Pending: X-RAY

Chest _____
 Back _____

Results: _____

Normal: _____
 Abnormal: _____
 Comments: _____

2. Acceptance pending employee's receipt of: _____

3. Acceptance subject to the following restrictions: (2)

4. Acceptance without restrictions: (2)

Base on spirometry test. The following are preliminary recommendations for respirator use pending the outcome of all outstanding tests.

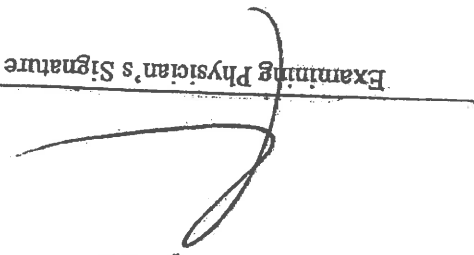
ON THE BASIS OF THIS EXAMINATION, THE FOLLOWING ARE PRELIMINARY RECOMMENDATIONS FOR RESPIRATOR USE, PENDING THE OUTCOME OF ALL STANDING TESTS.

- A. This employee is cleared for respirator use.
- B. This employee's medical approval for respirator use is pending further physician review.
- C. This employee is not cleared for a powered respirator use.
- D. This employee is cleared for a powered respirator use only.
- E. I have not detected any medical conditions that would place the employee at an increased risk of material health impairment from exposure to asbestos.
- F. The following medical conditions have been detected that could place the employee at an increased risk of material health impairment from exposure to asbestos.
- G. I have informed the above employee of the results of his/her medical examination and of any medical conditions resulting from asbestos exposure that require further explanation or treatment. In addition, the employee has been informed of the increased risk of lung cancer attributable to the combined effect of smoking and asbestos exposure.

MAY 26 2022

Date

Examining Physician's Signature



RESPIRATOR FIT TEST RECORD

Date: 05/20/2022	Department:	Employee Number:	Name: (Last) MORA (First) MARIANO (M.I.) Classification:
Potential Fit Problems (beard, long sideburns, deep scars, receding chin, glasses, dentures, claustrophobia.)			
Evaluation Type: <input type="checkbox"/> Original Issue <input type="checkbox"/> Special (Check One) <input type="checkbox"/> Periodic			

Respirator 1	Respirator 2	Respirator 3	FIT TEST
Brand: Honeywell	Brand:	Brand:	
Model: 7700-30M	Model:	Model:	
Size: M	Size:	Size:	

Qualitative	Fit	No Fit	Fit	No Fit	Fit	No Fit
Negative Pressure	✓					
Positive Pressure	✓					
Irritant Smoke						
Amyl Acetate						
Ammonia Ampule						
Saccharin						
Other: Vanilla Extract	✓					
Instrument Brand:			Model:			Serial No.
Quantitative		Respirator 1		Respirator 2		Respirator 3
Aerosol:	Normal Breathing		OK			
	Deep Breathing					
	Head Side to Side					
	Head Up and Down					
	Talking					
	Other					
	Fit Factor		V			