

## CLOSEOUT REPORT

18-03-113 - Thrift City MOLD LISD  
12/12/2018





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## Table of Contents

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Project Details	3
Forms	4
Pre Job Safety Instruction	4
Daily Log	10
Supervisor Pre Job Checklist	13
Daily Field Report	16
Regulated Work Area Entrance Log	27
Documents	30
Certificate of Mold Damage and Remediation	30
Certificate of Liability Insurance	31
Mold Remediation Company License	32

## Project Details

### Summarized Project Details

#### Details

Project Number	18-03-113	Project Bid Number	B-18-339
Project Name	Thrift City MOLD LISD	Supervisor	Victor Ealy
Project Manager	Dwayne Ealy	Project Crew Size	5
Client	Lewisville ISD		

#### Project Site

Address	1565 W. Main Street	Cross Street	
City	Lewisville	State	Texas
ZIP Code	75067	County	Denton
Name of Contact	Paul Siddall	Phone	972-436-2883

#### Dates & Times

Start Date	11/27/2018 09:00 AM	End Date	11/29/2018 07:00 PM
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#### Scope of Work

Removal and disposal of approximately 325 square feet of mold contaminated drywall under negative pressure containment. Upon removal of contaminated materials all the work area will be air scrubbed overnight and tested by a consultant. Should the clearance fail then we will return and disinfect area until final clearance results in passing.

#### Client Info

Name	Lewisville ISD	Contact Name	Paul Siddall
Address	ATTN: Mr. Paul Siddall P.O. Box 217	City	Lewisville
State	Texas	ZIP Code	75067
Phone	(972)436-2883	Fax	972-874-1601

## Pre Job Safety Instruction (PSI)

Please complete a PSI at the task location prior to start each task or when conditions change.

**Company/Craft**  
ARC Dallas

**Date & Time**  
11/27/2018 01:12 PM

**Job No./Permit No.**  
18-03-113 /

**Project**  
Thrift City MOLD LISD

**Task Location**  
Inside in storage area.

**Muster / Meeting Point**  
Outside by Arc trailer.

Review these items with the crew at the site of the task and check the blocks that apply to the work.  
\"HIGH RISK\" activities need a HSE Operating Procedure or a JHA. (Supervisor to Identify)

### Environmental Hazards

- ☐ Spill Potential/Containment
- ☐ HAZMAT / TDG Storage
- ☐ Weather / Conditions
- ☒ SDS Reviewed for Hazardous Materials
- ☒ Ventilation Required
- ☐ Heat Stress / Cold Exposure
- ☐ Lighting Levels Too Low
- ☒ Housekeeping

### Ergonomics Hazards / Material Handling

- ☐ Working In a Tight Area
- ☐ Part of Body in Line of Fire
- ☐ Working Above Your Head
- ☐ Pinch Points Identified
- ☐ Repetitive Motion

### Work at Height Hazards

- ☐ Barricades Flagging, and Sign in place
- ☐ Hole Coverings in Place
- ☐ Protect from Falling Items
- ☐ Powered Platforms
- ☐ Others working overhead / Below
- ☐ Fall Arrest Systems
- ☒ Ladders

### Activity Hazards

- ☐ Welding/Grinding
- ☐ Burn / Heat Sources
- ☐ Compressed Gasses
- ☐ Working on / Near Energized Equipment
- ☐ Electrical Cords / Tools - Condition
- ☐ Equipment/ Tools Inspected
- ☐ Critical Lift Meeting Required
- ☐ Energy Isolation
- ☐ Airborne Particles
- ☐ Open Hole(s) / Leading Edge (s)
- ☐ Mobile Equipment / Vehicle
- ☐ Rigging
- ☐ Excavation / Underground Work Hazards
- ☐ Confined Space

### Access / Egress Hazards

- ☐ Scaffold (Inspected and Tagged)
- ☒ Slip / Trip Potential Identified
- ☐ Required Permits in Place
- ☐ Excavations
- ☐ Walkways / roadways

Other

### Personal Limitations / Hazards

- ☐ Clear Instructions Provided
- ☐ Trained To Use Tool and Perform Task
- ☐ Distractions in Work Area
- ☐ Working Alone (Communication)
- ☐ Lift Too Heavy / Awkward Position
- ☐ External Noise Level
- ☐ Physical Limitations
- ☒ First Aid Requirements

### PPE Requirements

- ☐ Goggles / Fectoggles/ Spoggles
- ☐ Face Shield
- ☐ Gloves (Kevlar or Leather)
- ☐ Coverall (Fire Retardant)
- ☐ Hearing Protection
- ☒ Respirator - Half Face
- ☐ Harness / Lanyards
- ☒ Reflective Vest
- ☐ Footwear (Condition / Application)
- ☐ Safety Glasses
- ☐ Welding Hood
- ☒ Tyvex Suit
- ☐ Retractable Lanyard

Identify the task steps and hazards, and then identify the plans to eliminate or control the hazards

TASK STEPS	HAZARD	CONTROL
Mold removal	Mold removal	Removal using 40-80 disinfectant.

Do not sign until you understand and agree with the PSI. Review and initial after breaks and lunch.

Initial After:

Worker	Verified
Saul Sanchez	VERIFIED by Saul Sanchez 11/27/2018 01:23 PM
Roni Javier Ochoa	VERIFIED by Roni Javier Ochoa 11/27/2018 01:24 PM
Juan Carlos Vasquez	VERIFIED by Juan Carlos Vasquez 11/27/2018 01:24 PM
Evis M. Guzman	VERIFIED by Evis M. Guzman 11/27/2018 01:25 PM
Victor Ealy	VERIFIED by Victor Ealy 11/27/2018 01:25 PM

Supervisor: Victor Ealy

VERIFIED  
by Victor Ealy 11/27/2018 01:14 PM

Auditor:

	Adequate	Inadequate		Adequate	Inadequate
1. Task Description	<input checked="" type="checkbox"/>	<input type="checkbox"/>	6. Workers' Names Legible	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Hazard Identification	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7. Reviewed / Signed by Foreman	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Hazard Controls	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8. Muster / Assembly Point Identified	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. All Sections Implemented	<input checked="" type="checkbox"/>	<input type="checkbox"/>	9. Tools and Equipments Inspected	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Initialed After Breaks / Lunch	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10. PSI at Task Location	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Comments

Auditors will comment on all inadequate items and those that are worthy of positive recognition.

## Pre Job Safety Instruction (PSI)

Please complete a PSI at the task location prior to start each task or when conditions change.

**Company/Craft**  
ARC Dallas

**Date & Time**  
11/28/2018 02:31 PM

**Job No./Permit No.**  
18-03-113 /

**Project**  
Thrift City MOLD LISD

**Task Location**  
Inside in storage area.

**Muster / Meeting Point**  
Outside by Arc trailer.

Review these items with the crew at the site of the task and check the blocks that apply to the work.  
\"HIGH RISK\" activities need a HSE Operating Procedure or a JHA. (Supervisor to Identify)

### Environmental Hazards

- ☐ Spill Potential/Containment
- ☐ HAZMAT / TDG Storage
- ☐ Weather / Conditions
- ☒ SDS Reviewed for Hazardous Materials
- ☒ Ventilation Required
- ☐ Heat Stress / Cold Exposure
- ☐ Lighting Levels Too Low
- ☒ Housekeeping

### Ergonomics Hazards / Material Handling

- ☐ Working In a Tight Area
- ☐ Part of Body in Line of Fire
- ☐ Working Above Your Head
- ☐ Pinch Points Identified
- ☐ Repetitive Motion

### Work at Height Hazards

- ☐ Barricades Flagging, and Sign in place
- ☐ Hole Coverings in Place
- ☐ Protect from Falling Items
- ☐ Powered Platforms
- ☐ Others working overhead / Below
- ☐ Fall Arrest Systems
- ☒ Ladders

### Activity Hazards

- ☐ Welding/Grinding
- ☐ Burn / Heat Sources
- ☐ Compressed Gasses
- ☐ Working on / Near Energized Equipment
- ☐ Electrical Cords / Tools - Condition
- ☐ Equipment/ Tools Inspected
- ☐ Critical Lift Meeting Required
- ☐ Energy Isolation
- ☐ Airborne Particles
- ☐ Open Hole(s) / Leading Edge (s)
- ☐ Mobile Equipment / Vehicle
- ☐ Rigging
- ☐ Excavation / Underground Work Hazards
- ☐ Confined Space

### Access / Egress Hazards

- ☐ Scaffold (Inspected and Tagged)
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- ☐ Walkways / roadways

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### Personal Limitations / Hazards

- ☐ Clear Instructions Provided
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- ☐ Working Alone (Communication)
- ☐ Lift Too Heavy / Awkward Position
- ☐ External Noise Level
- ☐ Physical Limitations
- ☒ First Aid Requirements

### PPE Requirements

- ☐ Goggles / Fectoggles/ Spoggles
- ☐ Face Shield
- ☐ Gloves (Kevlar or Leather)
- ☐ Coverall (Fire Retardant)
- ☐ Hearing Protection
- ☒ Respirator - Half Face
- ☐ Harness / Lanyards
- ☒ Reflective Vest
- ☐ Footwear (Condition / Application)
- ☐ Safety Glasses
- ☐ Welding Hood
- ☒ Tyvex Suit
- ☐ Retractable Lanyard

Identify the task steps and hazards, and then identify the plans to eliminate or control the hazards

TASK STEPS	HAZARD	CONTROL
Sheet-rock demo Mold remediation	Slips trips and falls Removal using 40-80 disinfectant.	Use proper PPE Follow safety precautions

Do not sign until you understand and agree with the PSI. Review and initial after breaks and lunch.

Initial After:

Worker	Verified
Saul Sanchez	VERIFIED by Saul Sanchez 11/28/2018 02:32 PM
Roni Javier Ochoa	VERIFIED by Roni Javier Ochoa 11/28/2018 02:32 PM
Juan Carlos Vasquez	VERIFIED by Juan Carlos Vasquez 11/28/2018 02:33 PM
Evis M. Guzman	VERIFIED by Evis M. Guzman 11/28/2018 02:33 PM
Victor Ealy	VERIFIED by Victor Ealy 11/28/2018 02:33 PM

Supervisor: Victor Ealy

VERIFIED  
by Victor Ealy 11/28/2018 02:32 PM

Auditor:

	Adequate	Inadequate		Adequate	Inadequate
1. Task Description	<input checked="" type="checkbox"/>	<input type="checkbox"/>	6. Workers' Names Legible	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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3. Hazard Controls	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8. Muster / Assembly Point Identified	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. All Sections Implemented	<input checked="" type="checkbox"/>	<input type="checkbox"/>	9. Tools and Equipments Inspected	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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## Pre Job Safety Instruction (PSI)

Please complete a PSI at the task location prior to start each task or when conditions change.

**Company/Craft**  
ARC Dallas

**Date & Time**  
11/30/2018 10:01 AM

**Job No./Permit No.**  
18-03-113 /

**Project**  
Thrift City MOLD LISD

**Task Location**  
Inside in storage area.

**Muster / Meeting Point**  
Outside by Arc trailer.

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- ☐ Footwear (Condition / Application)
- ☐ Safety Glasses
- ☐ Welding Hood
- ☒ Tyvex Suit
- ☐ Retractable Lanyard

Identify the task steps and hazards, and then identify the plans to eliminate or control the hazards

TASK STEPS	HAZARD	CONTROL
Containment unit teardown	Slips, trips, and falls.	Follow safety precautions.



Do not sign until you understand and agree with the PSI. Review and initial after breaks and lunch.

Initial After:

Worker	Verified
Saul Sanchez	VERIFIED by Saul Sanchez 11/30/2018 10:02 AM
Roni Javier Ochoa	VERIFIED by Roni Javier Ochoa 11/30/2018 10:02 AM
Juan Carlos Vasquez	VERIFIED by Juan Carlos Vasquez 11/30/2018 10:02 AM
Evis M. Guzman	VERIFIED by Evis M. Guzman 11/30/2018 10:02 AM
Victor Ealy	VERIFIED by Victor Ealy 11/30/2018 10:02 AM

Supervisor: Victor Ealy

VERIFIED  
by Victor Ealy 11/30/2018 10:01 AM

Auditor:

	Adequate	Inadequate		Adequate	Inadequate
1. Task Description	<input checked="" type="checkbox"/>	<input type="checkbox"/>	6. Workers' Names Legible	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Comments

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## Daily Log

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<b>Project Name:</b>	Thrift City MOLD LISD	<b>Project Number:</b>	18-03-113	<b>Shift Start:</b>	9:00 a.m.
<b>Day:</b>	Tuesday	<b>Date:</b>	11/27/2018	<b>Shift End:</b>	5:00 p.m.
<b>Supervisor:</b>	Victor Ealy ( <b>VERIFIED</b> by Victor Ealy - 11/27/2018 06:54 PM)			<b>Project Manager:</b>	Dwayne Ealy

### Daily Log

Arrive at job site and meet with Paul Siddall from LISD. Mr. Siddal showed us which door to enter and the area to be remediated.  
Began to mobilize into the area by taking all materials to job site.  
Had a safety meeting going over mold remediation activities to be completed today.  
Begin setting up containment area and decontamination unit.  
Begin the removal of 4 feet of sheet-rock wall using a sawzall. Bag out all sheet-rock debris.  
Continue with similar abatement activities.  
5:00 pm leave job site.

### Visitors to site

Paul of LISD

### Status at quitting time

Clear

### Inspections made / Tests performed

Apex

### Tracking

#### Daily Bag Count:

25 bags

#### Project to date bag count:

25 bags

#### Container #:

Trailer

#### Bag in Container by date:

25 bags

### Unusual Conditions or Problems & Action Taken

No unusual conditions or problems.

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## Daily Log

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**Project Name:** Thrift City MOLD LISD      **Project Number:** 18-03-113  
**Day:** Wednesday      **Date:** 11/28/2018  
**Supervisor:** Victor Ealy (**VERIFIED** by Victor Ealy - 11/28/2018 02:36 PM)

**Shift Start:** 9:00 AM  
**Shift End:** 5:00 PM  
**Project Manager:** Dwayne Ealy

### Daily Log

Arrive at job site and have a safety meeting going over the demo activities for the day.  
Continue removing mold contaminated sheet-rock in the storage room.  
Bag out all debris and haul them out of job site.  
Continue removing sheet rock and cleaning surface areas with disinfectant.  
Area complete, begin to run clearances over night.

### Visitors to site

Apex Titan

### Status at quitting time

Good, approximately 325 SF of mold contaminated sheet-rock removed.

### Inspections made / Tests performed

Clearances

### Tracking

#### Daily Bag Count:

Mold Bags

#### Project to date bag count:

Mold Bags

#### Container #:

1

#### Bag in Container by date:

11/28/2018

### Unusual Conditions or Problems & Action Taken

NA



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## Daily Log

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**Project Name:** Thrift City MOLD LISD      **Project Number:** 18-03-113  
**Day:** Friday      **Date:** 11/30/2018  
**Supervisor:** Victor Ealy (**VERIFIED** by Victor Ealy - 11/30/2018 10:03 AM)

**Shift Start:** 9 a.m.  
**Shift End:** 12:00 pm  
**Project Manager:** Dwayne Ealy

### Daily Log

Arc crew arrived on job site we discussed safety in the task on hand for today.  
Area passed clearances and we began tear down of the containment and demobilize the job site.

### Visitors to site

No visitor

### Status at quitting time

Clean

### Inspections made / Tests performed

Apex

### Tracking

#### Daily Bag Count:

Bags

#### Project to date bag count:

Bags

#### Container #:

Trailer

#### Bag in Container by date:

Bags

### Unusual Conditions or Problems & Action Taken

No unusual conditions or problems.

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## Supervisor Pre-Job Checklist

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<b>Project Name:</b>	Thrift City MOLD LISD	<b>Project Number:</b>	18-03-113
<b>Supervisor:</b>	Victor Ealy	<b>Date:</b>	11/27/2018

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- ☐ Smoke Test Kit
- ☐ Rotometer
- ☒ Manometer
- ☒ View Ports
- ☒ MSDS Booklet
- ☒ Log Book
- ☒ Reg. 8 / OSHA Standard Booklet
- ☒ Worker Certifications
- ☐ Waste Manifests
- ☒ Surfactant
- ☐ Labels
- ☒ Shower
- ☐ Water Filtration System
- ☒ Negative Air machines
- ☒ HEPA Vacuums
- ☒ Supplies
- ☒ Supply Pull and Return Sheet

---

## Supervisor Pre-Job Checklist

---

**Project Name:** Thrift City MOLD LISD  
**Supervisor:** Victor Ealy

**Project Number:** 18-03-113  
**Date:** 11/28/2018

---

- ☐ Smoke Test Kit
- ☐ Rotometer
- ☒ Manometer
- ☒ View Ports
- ☒ MSDS Booklet
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- ☒ Negative Air machines
- ☒ HEPA Vacuums
- ☒ Supplies
- ☐ Supply Pull and Return Sheet

---

## Supervisor Pre-Job Checklist

---

**Project Name:** Thrift City MOLD LISD  
**Supervisor:** Victor Ealy

**Project Number:** 18-03-113  
**Date:** 11/30/2018

---

- ☐ Smoke Test Kit
- ☐ Rotometer
- ☒ Manometer
- ☒ View Ports
- ☒ MSDS Booklet
- ☒ Log Book
- ☒ Reg. 8 / OSHA Standard Booklet
- ☒ Worker Certifications
- ☐ Waste Manifests
- ☒ Surfactant
- ☐ Labels
- ☒ Shower
- ☐ Water Filtration System
- ☒ Negative Air machines
- ☒ HEPA Vacuums
- ☐ Supplies
- ☐ Supply Pull and Return Sheet

## Daily Field Report

Job Name:	Thrift City MOLD LISD	Project Director:	
Job Number:	18-03-113	Project Manager:	Dwayne Ealy
Date:	11/27/2018	Senior Project Manager:	

### Scope of Work

Scope Received: Yes      Scope Date: 11/26/2017      Structure: Lump Sum

#### Brief Description of Original Scope:

Removal and disposal of approximately 325 square feet of mold contaminated drywall under negative pressure containment. Upon removal of contaminated materials all the work area will be air scrubbed overnight and tested by a consultant. Should the clearance fail then we will return and disinfect area until final clearance results in passing.

### Goals Achieved Today

Mold Remediation

### End of Shift Review

What went right?	Demo of drywall
What can be improved?	NA
Reportable Incident	No
Stop Work Performed?	No

### Goals for Tomorrow

Continue with mold remediation activities.

### Goals for the Week

Mold

### Action Required

Sheet-rock Removal

### Project Notes or Special Considerations

NA

### Meeting Log

Safety meeting in the storage area



## Visitors

Paul Siddall of LISD

## Workflow

Constant

## Bulk Equipment in use this Day (if applicable)

Crowbars and sawzaw

### ACM:

Detected: No

Build Date: Survey Date:

Notes related to Environmental testing if applicable:

Apex

### Lead:

Detected: No

Test Date:

### Mold:

Detected: Yes

Date of Protocol: 11/16/2018

Estimated Completion Date:

Days Remaining on Project (including Demobilization):

## RRP and/or Abatement Procedures

Activities Done Today: install criticals, removal, establish negative pressure, construct decon, pre-clean, construct containment

Cleaning Verification

Exterior - Visual completed by CR, no visible paint chips present. - NO

Interior - YES

Work area room locations:

N/A

N/A

N/A

# of cleaning clothes utilized (1 per 40ft2 floor and 1 per sill):

What cleaning verification did you pass on:

N/A

N/A

N/A

## Daily Pictures



Thrifty City Mold LISD



Thrifty City Mold LISD



Thrifty City mold LISD



Thrifty City mold LISD

## Daily Field Report

Job Name:	Thrift City MOLD LISD	Project Director:	
Job Number:	18-03-113	Project Manager:	Dwayne Ealy
Date:	11/28/2018	Senior Project Manager:	

### Scope of Work

Scope Received: Yes      Scope Date: 11/26/2018      Structure: Lump Sum

#### Brief Description of Original Scope:

Removal and disposal of approximately 325 square feet of mold contaminated drywall under negative pressure containment. Upon removal of contaminated materials all the work area will be air scrubbed overnight and tested by a consultant. Should the clearance fail then we will return and disinfect area until final clearance results in passing.

### Goals Achieved Today

Yes, mold contaminated sheet-rock removed.

### End of Shift Review

What went right?	Thrift City storage room mold remediated.
What can be improved?	NA
Reportable Incident	No
Stop Work Performed?	No

### Goals for Tomorrow

Clearances to run, testing the mold area

### Goals for the Week

Complete mold remediation in the area.

### Action Required

Mold removal and cleaning

### Project Notes or Special Considerations

Mold removal

### Meeting Log

Safety meeting in Thrifty city Mold LISD in storage area.

#### Visitors

No visitors

#### Workflow

Constant

#### Bulk Equipment in use this Day (if applicable)

Airlines sprayer

#### ACM:

Detected: No

Build Date: Survey Date:

Notes related to Environmental testing if applicable:

Apex

#### Lead:

Detected: No

Test Date:

#### Mold:

Detected: Yes

Date of Protocol: 11/16/2018

Estimated Completion Date:

Days Remaining on Project (including Demobilization):

#### RRP and/or Abatement Procedures

Activities Done Today: install criticals, removal, establish negative pressure, bag out, construct decon, final clean / decontamination, pre-clean, construct containment

Cleaning Verification

Exterior - Visual completed by CR, no visible paint chips present. - NO

Interior - YES

Work area room locations:

N/A

N/A

N/A

# of cleaning clothes utilized (1 per 40ft2 floor and 1 per sill):

What cleaning verification did you pass on:

N/A

N/A

N/A

#### Daily Pictures



Thrifty City Mold LISD



Thrifty City Mold LISD



Thrifty City mold LISD



Thrifty City mold LISD



## Daily Field Report

Job Name:	Thrift City MOLD LISD	Project Director:	
Job Number:	18-03-113	Project Manager:	Dwayne Ealy
Date:	11/30/2018	Senior Project Manager:	

### Scope of Work

Scope Received: Yes      Scope Date: 11/26/2018      Structure: Lump Sum

#### Brief Description of Original Scope:

Removal and disposal of approximately 325 square feet of mold contaminated drywall under negative pressure containment. Upon removal of contaminated materials all the work area will be air scrubbed overnight and tested by a consultant. Should the clearance fail then we will return and disinfect area until final clearance results in passing.

### Goals Achieved Today

Area clear of mold, tear down containment.

### End of Shift Review

What went right?	Area clean.
What can be improved?	NA
Reportable Incident	No
Stop Work Performed?	No

### Goals for Tomorrow

NA, Job complete.

### Goals for the Week

NA

### Action Required

Demobilize

### Project Notes or Special Considerations

Passed clearances.

### Meeting Log

Safety meeting in storage area



## Visitors

No visitors

## Workflow

Consist

## Bulk Equipment in use this Day (if applicable)

Knife

### ACM:

Detected: No

Build Date: Survey Date:

Notes related to Environmental testing if applicable:

Apex

### Lead:

Detected: No

Test Date:

### Mold:

Detected: Yes

Date of Protocol: 11/16/2018

Estimated Completion Date:

Days Remaining on Project (including Demobilization):

## RRP and/or Abatement Procedures

Activities Done Today: tear down, demob

Cleaning Verification Exterior - Visual completed by CR, no visible paint chips present. - NO  
Interior - YES

Work area room locations: N/A N/A N/A

# of cleaning clothes utilized (1 per 40ft2 floor and 1 per sill):

What cleaning verification did you pass on: N/A N/A N/A

## Daily Pictures



Thrifty City Mold LISD



Thrifty City Mold LISD

## Regulated Work Area Entrance Log

**Project No:** 18-03-113 **Project Name:** Thrift City MOLD LISD  
**Work Area:** Inside in storage area **Date:** 11/27/2018  
**Project Manager:** Dwayne Ealy  
**Supervisor/Competent Person:** Victor Ealy  
 Victor Ealy Verify @ 11/27/2018 01:29 PM

Name	Time In	Time Out	Time In	Time Out	Resp. Prot.	Task Performed	Signature
Saul Sanchez	09:00 AM	12:00 PM	01:00 PM	05:00 PM	1/2 Face	Mold removal	SS
Roni Javier Ochoa	09:00 AM	12:00 PM	01:00 PM	05:00 PM	1/2 Face	Mold removal	RO
Juan Carlos Vasquez	09:00 AM	12:00 PM	01:00 PM	05:00 PM	1/2 Face	Mold removal	JV
Evis M. Guzman	09:00 AM	12:00 PM	01:00 PM	05:00 PM	1/2 Face	Mold removal	EG
Victor Ealy	09:00 AM	12:00 PM	01:00 PM	05:00 PM	1/2 Face	Mold removal	VE

## Regulated Work Area Entrance Log

**Project No:** 18-03-113 **Project Name:** Thrift City MOLD LISD  
**Work Area:** Storage area **Date:** 11/28/2018  
**Project Manager:** Dwayne Ealy  
**Supervisor/Competent Person:** Victor Ealy  
 Victor Ealy Verify @ 11/28/2018 02:39 PM

Name	Time In	Time Out	Time In	Time Out	Resp. Prot.	Task Performed	Signature
Saul Sanchez	09:00 AM	12:00 PM	01:00 PM	05:00 PM	1/2 Face	Mold removal	SS
Roni Javier Ochoa	09:00 AM	12:00 PM	01:00 PM	05:00 PM	1/2 Face	Mold removal	RO
Juan Carlos Vasquez	09:00 AM	12:00 PM	01:00 PM	05:00 PM	1/2 Face	Mold removal	JV
Evis M. Guzman	09:00 AM	12:00 PM	01:00 PM	05:00 PM	1/2 Face	Mold removal	EG
Victor Ealy	09:00 AM	12:00 PM	01:00 PM	05:00 PM	1/2 Face	Mold removal	VE

## Regulated Work Area Entrance Log

**Project No:** 18-03-113 **Project Name:** Thrift City MOLD LISD  
**Work Area:** Storage area **Date:** 11/30/2018  
**Project Manager:** Dwayne Ealy  
**Supervisor/Competent Person:** Victor Ealy  
 Victor Ealy Verify @ 11/30/2018 10:06 AM

Name	Time In	Time Out	Time In	Time Out	Resp. Prot.	Task Performed	Signature
Saul Sanchez	09:00 AM	12:00 PM	01:00 PM	05:00 PM	1/2 Face	Mold removal	SS
Roni Javier Ochoa	09:00 AM	12:00 PM	01:00 PM	05:00 PM	1/2 Face	Mold removal	RO
Juan Carlos Vasquez	09:00 AM	12:00 PM	01:00 PM	05:00 PM	1/2 Face	Mold removal	JV
Evis M. Guzman	09:00 AM	12:00 PM	01:00 PM	05:00 PM	1/2 Face	Mold removal	EG
Victor Ealy	09:00 AM	12:00 PM	01:00 PM	05:00 PM	1/2 Face	Mold removal	VE

## Documents

### Certificate of Mold Damage Remediation / Certificate of Mold Damage and Remediation

#### CERTIFICATE OF MOLD DAMAGE REMEDIATION

Certificate Number 18-03-113 Date of Issuance December 10, 2018

Name Lewisville Independent School District-ATT: Mr. Paul Siddall

Mailing Address 340 Lake Haven

City Lewisville State Texas Zip 75057

#### Property Description:

Name/Description Thrift City Storage Room

Number 1565 Street W. Main Street, Suite #100 Lot N/A Block Unknown

Addition or Tract N/A City Lewisville County Denton

#### Mold Assessment Consultant License Holder Certification

- I hereby certify that based on visual, procedural and analytical evaluation, the mold contamination identified for this project has been remediated as outlined in the mold management plan or remediation protocol.

I further certify with reasonable certainty that the underlying cause or causes of the mold that were identified for this project in the mold management plan or remediation protocol have been remediated. A copy of the written evaluation that forms the basis for my certification has been provided to the person named in this certificate.

Terrica D. Ewald  
Mold Assessment Consultant  
License Holder Signature

MAC1420; 4/27/19  
Department of State Health Services  
Mold Assessment Consultant  
License No. and Expiration Date

11/30/2018  
Date

#### Mold Remediation Contractor License Holder Certification

- I hereby certify that I completed mold remediation on this project and will provide the mold remediation certificate to the property owner no later than the 10<sup>th</sup> day after the date of completion.

David B. McTeer  
Mold Remediation Contractor  
License Holder Signature

MRC-1243 / 03-12-20  
Department of State Health Services  
Mold Remediation Contractor  
License No. and Expiration Date

November 30, 2018  
Date of  
Completion

#### Mold Assessment Consultant or Adjustor License Holder Certification

- I hereby certify that I have inspected the property described in this certificate and that based on my inspection I have determined that the property does not contain evidence of mold damage. A copy of the written evaluation that forms the basis for my certification has been provided to the person named in this certificate.

N/A  
Mold Assessment Consultant /  
Adjuster License Holder  
Signature

N/A  
Department of State Health Services  
Mold Assessment Consultant /  
Adjuster License  
No. and Expiration Date

N/A  
Date

Company Documents / Certificate of Liability Insurance

ACORD®		CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 9/7/2018															
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.																			
IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).																			
<b>PRODUCER</b> Baldwin-Cox Agency, LLC 5930 Preston View Blvd Ste 200 Dallas TX 75240 INSURED ARC Abatement, Inc. ARC Abatement I, Ltd. 225 South 12th Street Waco TX 76701			<b>CONTACT NAME:</b> Bridget Hanvey <b>PHONE (A/C, No, Ext):</b> (972) 644-2688 <b>FAX (A/C, No):</b> (972) 644-8035 <b>E-MAIL ADDRESS:</b> bridget@baldwinagency.com <table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Nautilus Insurance Company</td> <td>17370</td> </tr> <tr> <td>INSURER B: Great Divide Insurance Co.</td> <td>25224</td> </tr> <tr> <td>INSURER C: Aspen Specialty Insurance Co</td> <td>10717</td> </tr> <tr> <td>INSURER D: Texas Mutual Insurance Co</td> <td>22945</td> </tr> <tr> <td>INSURER E: AGCS Marine Insurance Co.</td> <td>22837</td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>			INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Nautilus Insurance Company	17370	INSURER B: Great Divide Insurance Co.	25224	INSURER C: Aspen Specialty Insurance Co	10717	INSURER D: Texas Mutual Insurance Co	22945	INSURER E: AGCS Marine Insurance Co.	22837	INSURER F:	
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<b>COVERAGES</b> <b>CERTIFICATE NUMBER:</b> CL189710314 <b>REVISION NUMBER:</b>																			
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.																			
INSR LTR	TYPE OF INSURANCE	ADDL(SUBR) INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS													
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> CONTRACTORS POLLUTION GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		ECP200372117	9/10/2018	9/10/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 25,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 POLLUTION \$ 1,000,000													
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> MCS 90 <input checked="" type="checkbox"/> CA 99 48		BAP153805117	9/10/2018	9/10/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$													
C	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$		EXAA83 L18	9/10/2018	9/10/2019	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000													
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A	TSP0001228526 TX	9/10/2018	9/10/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000													
E	Inland Marine		SHL93073987	9/10/2018	9/10/2019	Leased/Rented per item \$200,000 Policy Max total limit all items \$250,000													
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) **For Bidding Purposes Only**																			
<b>CERTIFICATE HOLDER</b> For bidding purposes only sample sample				<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Bill Baldwin/BEH <i>William D. Baldwin</i>															

ACORD 25 (2014/01)  
INS025 (201401)

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Company Documents / Mold Remediation Company License



TEXAS DEPARTMENT OF STATE HEALTH SERVICES

*Be it known that*

**ARC ABATEMENT INC**

is licensed to perform as a

**Mold Remediation Company**

*in the State of Texas and is hereby governed by the rights, privileges, and responsibilities set forth in Title 25, Texas Administrative Code, Chapter 295, relating to Texas Mold Assessment and Remediation Rules, as long as this license is not suspended or revoked.*

A handwritten signature in black ink, appearing to read "John Hellerstedt".

John Hellerstedt, M.D.  
Commissioner of Health

License Number: RCO0163

Expiration Date: 3/9/2019

Control Number: 7405

(Void After Expiration Date)

VOID IF ALTERED      NON-TRANSFERABLE