

## **WORKER DOCUMENTATION**

# CERTIFICATE of TRAINING

Presented to  
GEORGIY BARANYUK

937-72-5243

D.O.B. 02/18/53

62 Brook Court, New Britain, CT 06051

Has successfully completed an 8 (eight) hour

*Asbestos Worker / Handler Refresher Course*

October 19, 2014

This training is approved & given in accordance with the Department of Health Standards  
required as per Section 19a-332 of the Connecticut General Statutes, and complies  
with the requirements of the EPA Revised MAP under TSCA Title II of 4/4/94

Presented By

ENCO Environmental Training

70 West Liberty Street, Waterbury, CT

P.O. Box 2654, Waterbury, CT. 06723 1-(203)-754-5959

Certificate No: AWR-140580

Exam Date: 10/19/2014

EXPIRATION DATE: 10/19/2015

Exam Grade: 78%

*E. Porrieland*  
Training Director



EMPLOYER'S COPY

STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH

NAME  
GEORGIY BARANYUK

VALIDATION NO. 03-177296      CERTIFICATE NO. 007382      CURRENT THROUGH 02/28/16

PROFESSION  
ASBESTOS ABATEMENT WORKER

SIGNATURE \_\_\_\_\_  
COMMISSIONER *James H. Sullivan*

**OSHA** Occupational Safety and Health Administration      11-002644345

This card acknowledges that the recipient has successfully completed a  
10-hour Occupational Safety and Health Training Course in  
**Construction Safety and Health**

\_\_\_\_\_  
Georgiy Baranyuk

\_\_\_\_\_  
Lou Robichaud      4-17-11  
(Trainer name - print or type)      (Course end date)



# TRAINING CERTIFICATE

presented to  
GEORGIY

GEORGIY BARANYUK

937-72-5243

D.O.B. 02/18/53

111 Mitchell Street, New Britain, CT 06053

Has successfully completed a 32 (thirty two) hour

**Asbestos Worker / Handler Course**

In the Polish language

April 22, 2004

This training is approved & given in accordance with the Department of Health Standards required as per Section 20-440-7 of the Connecticut State Agencies, and complies with the requirements of the EPA Revised MAP under TSCA Title II of 4/4/94.

Presented By

*ENCO Environmental Training*

*70 West Liberty Street, Waterbury, CT*

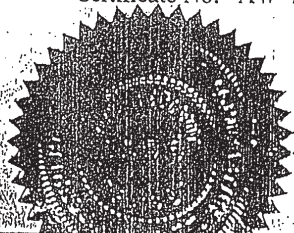
*P.O. Box 1337, Naugatuck, CT. 06770 1-(203)-754-5959*

Certificate No: AW-40067

Exam Date: 04/22/04

Exam Grade: 71%

EXPIRATION DATE: 04/22/2005



*E. Roszard*

Training Director



New York City Department of Environmental Protection  
Asbestos Control Program  
59-17 Junction Boulevard, 8<sup>th</sup> Floor  
Flushing, New York 11373

Application for Asbestos

Appendix A

Medical Examination for Asbestos

Applicant Name: GEORGIY BARANYUK  
Home Address: 62 BROOK ST  
City, State and Zip Code: NEW BRITAIN CT 06051  
Telephone Number: (860) 839-8325  
Date of Birth: 2/18/53  
Social Security Number: 937-72-5243

Based upon the medical examination which included pulmonary function tests of vital capacity (FVC) and forced expiratory volume at one second (FEV<sub>1</sub>), and an evaluation of a recent chest roentgenogram, it is my opinion that the above named patient (please check appropriate box)



is



is not

physically qualified to wear a respirator in the performance of his/her job.

Limitations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dr. Alberto  
Print Name of Physician

Signature of Physician

187 566

State License Number

**Dr. Alberto Roza**

**40-4674th St.**

Please do not include any other medical information with this form.

**Elmhurst, N.Y. 11373**

**License #187566**

**NPI # 1295796464**

January 24 2015  
Date of Examination

40 46 74 St  
Address

718 458 1515  
Telephone Number



### Qualitative Fit-Test form for High Efficiency Respirators

Fit Test Procedure: **Irritant Smoke**

Respirator Make/Model: **North 7700**

Type: **Half Face Negative Pressure**

Person Fitted: **Georgiy Baranyuk**

Test Administrator: **Christopher Maahs**

Date of Test: **8/13/14** Location: **Choate Rosemary Hall / PMAC**

Results: ☒ Pass ☐ Fail

Date of Medical Approval for Respirator use: **6/9/14**

Comments \_\_\_\_\_

  
Test Administrator

  
Person Fit-Tested

#### Fit Test Procedures

- |                     |                                     |                           |                                     |
|---------------------|-------------------------------------|---------------------------|-------------------------------------|
| 1) Gross Leak Check | <input checked="" type="checkbox"/> | 5) Nod Head               | <input checked="" type="checkbox"/> |
| 2) Breath Normally  | <input checked="" type="checkbox"/> | 6) Recite Paragraph Below | <input checked="" type="checkbox"/> |
| 3) Breathe Deeply   | <input checked="" type="checkbox"/> | 7) Jog in Place           | <input checked="" type="checkbox"/> |
| 4) Turn Head        | <input checked="" type="checkbox"/> | 8) Breath Normally        | <input checked="" type="checkbox"/> |

When the sunlight strikes raindrops in the air, they act like a prism and form a rainbow. The rainbow is a division of white light into many beautiful colors. These take the shape of a long round arch, with its path high above, and its two ends apparently beyond the horizon. There is, according to legend, a boiling pot of gold at one end. People look, but no one ever finds it. When a man looks for something beyond his reach, his friends say he is looking for the pot at the end of the rainbow.



158 Sheldon St. Berlin, CT 06037 860-259-5257  
environmentalgroupinc.com



# **Superior Industries LLC**

**SUPERIOR  
INDUSTRIES L.L.C.**



Committed to a Clean Environment



**Certificate of Completion**

**Awarded to**

**Mykola Bartashevskyy**

**(SSN XXX-XX-3217) (DOB 10/02/1972)**

*Has completed a 8 Hour 1 day Approved Course of Instruction in  
Hazardous Waste Operations & Emergency Response (HAZWOPER)*


**HAZWOPER Refresher Training**

**August 2, 2013**

*Required by 29 CFR 1910.120*

**SUPERIOR INDUSTRIES LLC  
342 Carter Lane  
Southington, Ct. 06489  
860-620-1133 (voice)  
860-620-1134 (fax)**

**Examination Date: August 2, 2013  
Expiration Date: August 2, 2014  
Certificate Number: HWR-MB-10-02-72-13**

  
**Earl Clark, Training Coordinator**



EMPLOYER'S COPY  
STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH  
NAME  
MAYKOLA BARIASHEVSKIY  
CERTIFICATION NO.  
000477  
EXPIRATION DATE  
10/31/14  
OCCUPATION  
ASBESTOS ABATEMENT WORKER  
Signed: *[Signature]*  
Date: *[Date]*

# CERTIFICATE of TRAINING

Presented to

MYKOLA BARIASHEVSKIY

068-48-3217

D.O.B. 10/26/74

233 Grove Street, New Britain, CT 06053

Has successfully completed an 8 (eight) hour

Asbestos Worker / Handler Refresher Course

December 21, 2013

This training is approved & given in accordance with the Department of Health Standards required as per Section 19a-232 of the Connecticut General Statutes, and complies with the requirements of the EPA Revised MAP under TSCA Title II of 4/96.

Presented by

ENCO Environmental Training  
70 West Liberty Street, Waterbury, CT

P.O. Box 2054, Waterbury, CT 06720 1-(203)-754-5939

Certificate No: AWR-190545

Exam Date: 12/21/2013

EXPIRATION DATE: 12/21/2014

Exam Grade: 80%

*[Signature]*  
Training Director

# CERTIFICATE OF COMPLETION

MYKOLA  
BARTASHEVSKYY

HAS SUCCESSFULLY COMPLETED THE OSHA  
HAZARDOUS WASTE OPERATIONS AND EMERGENCY  
RESPONSE 40-HOUR INITIAL TRAINING IN  
ACCORDANCE WITH 29 CFR 1910.120.

DATES OF TRAINING: MAY 5, 2012 THROUGH JUNE 2, 2012

EXPIRATION DATE: JUNE 2, 2013  
CERTIFICATION#: AL10

TRAINING PROVIDER:



DOUGLAS J. RHOADS, CHMM  
RHOADS ENVIRONMENTAL CONSULTING, LLC



# TRAINING CERTIFICATE

Presented to

063-48-3217

MYKOLA BARTASHEVSKIY

D.O.B. 10-02-72

96 Gold Street, New Britain, CT 06053

Has successfully completed a 32 (thirty two) hour

ASBESTOS WORKER / HANDLER COURSE  
In the polish language

February 05, 2009

This training is approved & given in accordance with the Department of Health Standards  
required as per Section 20-440-7 of the Connecticut State Agencies, and complies with the  
requirements of the EPA Revised MAP under TSCA Title II of 4/4/94.

Presented By

ENCO Environmental Training  
70 West Liberty Street, Waterbury, CT P.O. Box 2654, Waterbury, CT 06723

Certificate No: AW-900175

Exam Date: 02/05/2009  
EXPIRATION DATE: 02/05/2010

Exam Grade: 74%

*E. Loreta*  
Training Director



New York City Department of Environmental Protection  
Asbestos Control Program  
59-17 Junction Boulevard, 8<sup>th</sup> Floor  
Flushing, New York 11373

Application for Asbestos

Appendix A

Medical Examination for Asbestos

Applicant Name: Mykola Bortashevsky


Home Address: 238 Grove St

City, State and Zip Code: New Britain Ct

Telephone Number: (860) 989-6908

Date of Birth: 10.02.72

Social Security Number: 0xx-xx-3217

 ORIGINAL

Based upon the medical examination which included pulmonary function tests of vital capacity (FVC) and forced expiratory volume at one second (FEV<sub>1</sub>), and an evaluation of a recent chest roentgenogram, it is my opinion that the above named patient (please check appropriate box)



☐ is not

physically qualified to wear a respirator in the performance of his/her job.

Limitations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dr. Roza Alberto

Print Name of Physician

Signature of Physician

187 566

State License Number

April 19 2014

Date of Examination

40 46 74 St

Address

718 458 1515

Telephone Number

Please do not include any other medical information with this form.

Dr. Alberto Roza  
40-48 74th St  
Elmhurst, N.Y. 11373  
License #187566  
NPI 1295796464

Updated 12/2003



### Qualitative Fit-Test form for High Efficiency Respirators

Fit Test Procedure: Irritant Smoke

Respirator Make/Model: North 7700

Type: Half Face Negative Pressure

Person Fitted: Mykhola Bartashevskiy

Test Administrator: Christopher Maahs

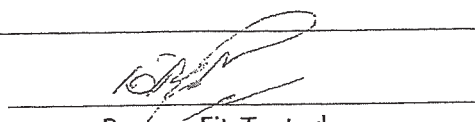
Date of Test: 6/15/14 Location: University of Hartford / University Commons

Results: ☒ Pass ☐ Fail

Date of Medical Approval for Respirator use: 4/19/14

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

  
Test Administrator

  
Person Fit-Tested

#### Fit Test Procedures

- |                     |                                     |                           |                                     |
|---------------------|-------------------------------------|---------------------------|-------------------------------------|
| 1) Gross Leak Check | <input checked="" type="checkbox"/> | 5) Nod Head               | <input checked="" type="checkbox"/> |
| 2) Breath Normally  | <input checked="" type="checkbox"/> | 6) Recite Paragraph Below | <input checked="" type="checkbox"/> |
| 3) Breathe Deeply   | <input checked="" type="checkbox"/> | 7) Jog in Place           | <input checked="" type="checkbox"/> |
| 4) Turn Head        | <input checked="" type="checkbox"/> | 8) Breath Normally        | <input checked="" type="checkbox"/> |

When the sunlight strikes raindrops in the air, they act like a prism and form a rainbow. The rainbow is a division of white light into many beautiful colors. These take the shape of a long round arch, with its path high above, and its two ends apparently beyond the horizon. There is, according to legend, a boiling pot of gold at one end. People look, but no one ever finds it. When a man looks for something beyond his reach, his friends say he is looking for the pot at the end of the rainbow.



New York City Department of Environmental Protection  
Asbestos Control Program  
59-17 Junction Boulevard, 8<sup>th</sup> Floor  
Flushing, New York 11373

Application for Asbestos

Appendix A

Medical Examination for Asbestos ...

Applicant Name: Mikhail Borzashvili  
Home Address: 113 Beaver st  
City, State and Zip Code: New Britain CT  
Telephone Number: (860) 989-5908  
Date of Birth: 10.02.72  
Social Security Number: 063-48-3217

Based upon the medical examination which included pulmonary function tests of vital capacity (FVC) and forced expiratory volume at one second (FEV<sub>1</sub>), and an evaluation of a recent chest roentgenogram, it is my opinion that the above named patient (please check appropriate box)



☐ is not

physically qualified to wear a respirator in the performance of his/her job.

Limitations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dr. Roza Alberto  
Print Name of Physician

[Signature]  
Signature of Physician

187 566  
State License Number  
Dr. Alberto Roza  
40-46 74th St.  
Elmhurst, N.Y. 11373

Please do not include any other medical information with this form.

April 21 / 2012  
Date of Examination

40 46 74 St  
Address

718 458 1515  
Telephone Number



ORIGINAL

Updated 12/2003



# ***Superior Industries LLC***

**SUPERIOR  
INDUSTRIES L.L.C.**



Committed to a Clean Environment



**Certificate of Completion  
Awarded to**

**Jan Filipkowski**

**(SSN XXX-XX-9737) (DOB 04-29-1972)**

*Has completed a 8 Hour 1 day Approved Course of Instruction in  
Hazardous Waste Operations & Emergency Response (HAZWOPER)*

***HAZWOPER Refresher Training***

***August 2, 2013***

*Required by 29 CFR 1910.120*

**SUPERIOR INDUSTRIES LLC  
342 Carter Lane  
Southington, Ct. 06489  
860-620-1133 (voice)  
860-620-1134 (fax)**

**Examination Date: August 2, 2013  
Expiration Date: August 2, 2014  
Certificate Number: HWR-JF-04-29-72-13**

  
**Earl Clark, Training Coordinator**

**STATE OF CONNECTICUT**  
DEPARTMENT OF PUBLIC HEALTH

PURSUANT TO THE PROVISIONS OF THE GENERAL STATUTES OF CONNECTICUT  
THE INDIVIDUAL NAMED BELOW IS CERTIFIED  
BY THIS DEPARTMENT AS A  
**ASBESTOS ABATEMENT WORKER**

**JAN FILIPKOWSKI**

CERTIFICATE NO.  
**010115**

CURRENT THROUGH  
**04/30/16**

VALIDATION NO.  
**03-183994**

\_\_\_\_\_  
SIGNATURE

*James P. Sullivan*  
\_\_\_\_\_  
COMMISSIONER

**INSTRUCTIONS:**

1. Detach and sign each of the cards in this form.
2. Display the cards in a conspicuous place in the work area.
3. The wallet card is to be carried at all times and must be shown to the health officer upon request.
4. The employer is responsible for providing the cards and must sign the certification in order to obtain approval for the work.
5. The employer must keep the cards in a safe place and must keep the cards in the work area.

**STATE OF CONNECTICUT**  
DEPARTMENT OF PUBLIC HEALTH

NAME  
**JAN FILIPKOWSKI**


CERTIFICATE NO. **010115** CURRENT THROUGH **04/30/16**

VALIDATION NO. **03-183994**

PROFESSION  
**ASBESTOS ABATEMENT WORKER**

\_\_\_\_\_  
SIGNATURE

*James P. Sullivan*  
\_\_\_\_\_  
COMMISSIONER



**JAN  
FILIPKOWSKI**


**Qualitative Fit Test  
Record**

This is to certify that this person has been trained in the use, limitation and maintenance and has passed a qualitative fit test with the following respirator.

Local  
78

Issued: 2/7/2014  
Expires: 2/7/2015

North 7700 Large Half Face





**JAN  
FILIPKOWSKI**


**Qualitative Fit Test  
Record**

This is to certify that this person has been trained in the use, limitation and maintenance and has passed a qualitative fit test with the following respirator.

Local  
78

Issued: 2/7/2014  
Expires: 2/7/2015

North 7700 Large Half Face





STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

PURSUANT TO THE PROVISIONS OF THE GENERAL STATUTES OF CONNECTICUT

THE INDIVIDUAL NAMED BELOW IS CERTIFIED  
BY THIS DEPARTMENT AS A

ASBESTOS ABATEMENT WORKER

JAN FILIPKOWSKI

CERTIFICATION NO.

010115

CURRENT THROUGH

04/30/15

VALIDATION NO.

03-798184

SIGNATURE

*James Mullins*  
COMMISSIONER

# *Mason Tenders' Training Fund*

## ASBESTOS TRAINING DIPLOMA

*THIS DIPLOMA ACKNOWLEDGES THAT*

**JAN FILIPKOWSKI**

*Name*

*HAS COMPLETED THE FOLLOWING*

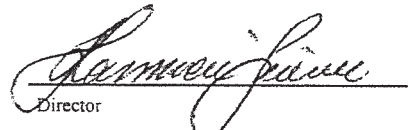
**New York State Asbestos Handler Refresher Course  
in Polish**

Date(s) of Course: 03/07/2015

Examination Date: 03/07/2015

Examination Grade: PASS

Diploma Expires: 03/07/2016



Director

MASON TENDERS' TRAINING FUND

42-53 21ST STREET

LONG ISLAND CITY, NY 11101

Phone: (718)383-6863 FAX: (718)383-6942

The person receiving this Diploma has completed the requisite training for asbestos accreditation under TSCA Title II. The official record of successful completion is the N.Y.S. DOH2832 Certificate of Completion of Asbestos Safety Training.

Diploma Number: 957189

# **Mason Tenders' Training Fund**

## **ASBESTOS TRAINING DIPLOMA**

***THIS DIPLOMA ACKNOWLEDGES THAT***

**JAN FILIPKOWSKI**

*Name*

***HAS COMPLETED THE FOLLOWING***

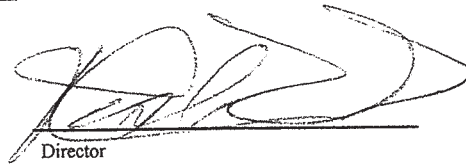
**New York State Asbestos Handler Refresher Course  
in Polish**

Date(s) of Course: 03/08/2014

Examination Date: 03/08/2014

Examination Grade: PASS

Diploma Expires: 03/08/2015



Director

MASON TENDERS' TRAINING FUND  
42-53 21ST STREET  
LONG ISLAND CITY, NY 11101  
Phone: (718)383-6863 FAX: (718)383-6942

The person receiving this Diploma has completed the requisite training for asbestos accreditation under TSCA Title II. The official record of successful completion is the N.Y.S. DOH2832 Certificate of Completion of Asbestos Safety Training.

Diploma Number: 877594



# CERTIFICATE OF COMPLETION

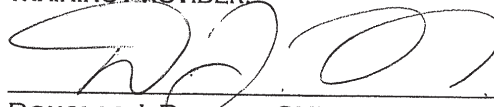
JAN FILIPKOWSKI

HAS SUCCESSFULLY COMPLETED THE OSHA  
HAZARDOUS WASTE OPERATIONS AND EMERGENCY  
RESPONSE 40-HOUR INITIAL TRAINING IN  
ACCORDANCE WITH 29 CFR 1910.120.

DATES OF TRAINING: MAY 5, 2012 THROUGH JUNE 2, 2012

EXPIRATION DATE: JUNE 2, 2013  
CERTIFICATION#: ALO3

TRAINING PROVIDER:



DOUGLAS J. RHOADS, CHMM  
RHOADS ENVIRONMENTAL CONSULTING, LLC





**Asbestos and Lead Abatement Training**  
44-01 21st St, 3rd Fl, Long Island City, NY 11101  
Tel.: (718) 349-3235 Fax: (718) 349-3238  
**HEREBY CERTIFIES THAT**

**Jan Filipkowski**

HAS SUCCESSFULLY COMPLETED A N.Y.S. D.O.H./N.J. /U.S., E.P.A./ A.H.E.R.A. 32 Hr Course Entitled

**ASBESTOS HANDLER**  
**(in Polish language)**

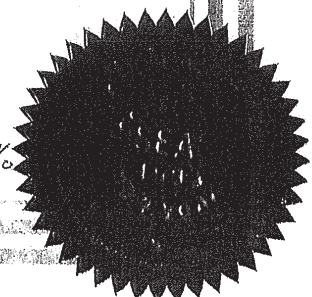
FOR THE PURPOSE OF TITLE 10 N.Y.C.R.R. PART 73 N.J.A.C.8:60 CERTIFICATION AND E.P.A 40 CFR Part 763 ACCREDITATION

THE OFFICIAL RECORD OF SUCCESSFUL COMPLETION OF THIS COURSE IS

THE DOH-2832 CERTIFICATE OF COMPLETION OF ASBESTOS SAFETY TRAINING

*On this 11th Day of April, 2006*  
*Date(s) of course: 04/08,09,10,11/06*  
*Certificate #: 041106AHNYNJ-05*  
**Director: Mariusz Oldakowski**

*Expiration Date: 04/11/07*  
*Exam Date: 04/11/06*  
*Exam Grade: NY 88%, NJ 85%*



**N.Y.C.**

**JAN FILIPKOWSKI** Local 78

**Qualitative Fit Test Record**

This is to certify that this person has been trained in the use, limitation and maintenance and has passed a qualitative fit test with the following respirator.

Issued: 3/14/2015  
Expires: 3/14/2016

3M-FULL FACE PAPR-LARGE 6900

**N.Y.C.**

**JAN FILIPKOWSKI** Local 78

**Qualitative Fit Test Record**

This is to certify that this person has been trained in the use, limitation and maintenance and has passed a qualitative fit test with the following respirator.

Issued: 3/14/2015  
Expires: 3/14/2016

3M-FULL FACE APR-LARGE 6900

**N.Y.C.**

**JAN FILIPKOWSKI** Local 78

**Qualitative Fit Test Record**

This is to certify that this person has been trained in the use, limitation and maintenance and has passed a qualitative fit test with the following respirator.

Issued: 3/14/2015  
Expires: 3/14/2016

North-Large-Half Face

**OSHA** Occupational Safety and Health Administration

12-004692084

This card acknowledges that the recipient has successfully completed a 10-hour Occupational Safety and Health Training Course in **Construction Safety and Health**

**Jan Filipkowski**

Marian Gontarz

04/24/2014

(Trainer name – print or type)

(Course end date)

New York City Department of Environmental Protection

Asbestos Control Program

59-17 Junction Boulevard 8<sup>th</sup> Floor

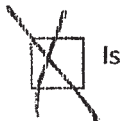
Flushing, New York 11373

Application for Asbestos Investigator

APPENDIX A

Applicant Name: JAN FILIPKOWSKI  
Home Address: 1869 MENAHAN ST  
City, State and Zip Code: RIDGEWOOD, NY, 11385  
Telephone Number: 347 - 607 - 1351  
Date of Birth: 04/29/72  
Social Security Number: 9737

Based upon the medical examination which included pulmonary function tests of vital capacity (FVC) and forced expiratory volume at one second (FEV<sub>1</sub>), and an evaluation of a recent chest roentgenogram, it is my opinion that the above named patient (Please check appropriate box)



Is



Is not

X Jan Filipkowski  
Applicant's Signature

Physically qualified to wear a respirator in the performance of his/her job.

Height: 71" Weight: 197lb BP: 135/74 Pulse: 82 Resp: 18  
Tobacco: YES Seizures/Epilepsy: NO Agoraphobia: NO  
X-ray Chest: NORMAL PFT: NORMAL

PRINT NAME OF PHYSICIAN

Mark I. Kaminski M.D.

SIGNATURE OF PHYSICIAN

[Signature]

NY STATE LIC. NO: 212208

DATE OF EXAMINATION

03/14/15

127 BEDFORD AVE, BROOKLYN, NY, 11211

TEL: 718-302-9362 FAX: 718-302-9830

ADDRESS

New York City Department of Environmental Protection

Asbestos Control Program

59-17 Junction Boulevard 8<sup>th</sup> Floor

Flushing, New York 11373

Appendix A

Medical Examination for Asbestos Investigators

Applicant Name: JAN FILIPKOWSKI  
Home Address: 1969 MENAHAN ST APT 2 FL  
City, State and Zip Code: RIGWOOD, NY 11385  
Telephone Number: 347-607-1351  
Date of Birth: 04/29/73  
Social Security Number: 731-03-9737

Based upon the medical examination which included pulmonary function test of vital capacity (FVC) and forced expiratory volume at one second (FEV<sub>1</sub>) and an evaluation of recent chest roentgenogram, it is my opinion that above named patient (please check appropriate box)

☒ is ☐ is not  
physically qualified to wear a respirator in the performance of his/her job. APPLICANT'S SIGNATURE  
Height: 71" Weight: 196 lbs BP: 125/80 Pulse: 60 Resp: 18  
Tobacco: NO Seizures/Epilepsy: NO Acrophobia: NO  
X-Ray Chest: NORMAL PFT: NORMAL

Mark I Kaminski M.D.

PRINT NAME OF PHYSICIAN

SIGNATURE OF PHYSICIAN

N.Y. STATE LIC. NO: 212208

STATE LICENSE NUMBER

04/09/14

DATE OF EXAMINATION  
MARK I. KAMINSKI, M.D.  
INTERNAL MEDICINE

127 BEDFORD AVE., BROOKLYN, NY 11  
TEL (718) 302-9382 FAX: (718) 302-98

ADDRESS



# **Superior Industries LLC**

**SUPERIOR  
INDUSTRIES L.L.C.**



Committed to a Clean Environment



**Certificate of Completion**  
Awarded to

**Mariusz Gladyszewski**

**(SSN XXX-XX-6134) (DOB 07-10-1973)**

*Has completed a 8 Hour 1 day Approved Course of Instruction in  
Hazardous Waste Operations & Emergency Response (HAZWOPER)*

**HAZWOPER Refresher Training**

**August 2, 2013**

*Required by 29 CFR 1910.120*

**SUPERIOR INDUSTRIES LLC**  
342 Carter Lane  
Southington, Ct. 06489  
860-620-1133 (voice)  
860-620-1134 (fax)

**Examination Date: August 2, 2013**  
**Expiration Date: August 2, 2014**  
**Certificate Number: HWR-MG-07-10-73-13**

  
**Earl Clark, Training Coordinator**

WALLET CARD

STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH

NAME  
MARIUSZ GLADYSZEWSKI

VALIDATION NO. 03-847415  
CERTIFICATE NO. 000664  
CURRENT THROUGH 07/31/15  
PROFESSION  
ASBESTOS ABATEMENT WORKER

*Mariusz Gladyszewski*  
SIGNATURE

*James Muller*  
COMMISSIONER

# CERTIFICATE of TRAINING

Presented to  
**MARIUSZ GLADYSZEWSKI**

067-84-6134

D.O.B. 07/10/73

314 High Street, New Britain, CT 06051

Has successfully completed an 8 (eight) hour

*Asbestos Worker / Handler Refresher Course*

December 13, 2014

This training is approved & given in accordance with the Department of Health Standards required as per Section 19a-332 of the Connecticut General Statutes, and complies with the requirements of the EPA Revised MAP under TSCA Title II of 4/4/94.

Presented By

**ENCO Environmental Training**

70 West Liberty Street, Waterbury, CT

P.O. Box 2654, Waterbury, CT. 06723 1-(203)-754-5959

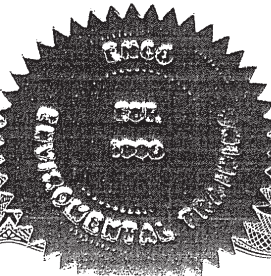
Certificate No: AWR-140585

Exam Date: 12/13/2014

EXPIRATION DATE: 12/13/2015

Exam Grade: 86%

*E. Roscillo*  
Training Director





# CERTIFICATE of TRAINING

Presented to

MARIUSZ GLADYSZEWSKI

067-84-6134

D.O.B. 07/10/73

314 High Street, New Britain, CT 06051

Has successfully completed an 8 (eight) hour

*Asbestos Worker / Handler Refresher Course*

December 21, 2013

This training is approved & given in accordance with the Department of Health Standards required as per Section 19a-332 of the Connecticut General Statutes, and complies with the requirements of the EPA Revised MAP under TSCA Title II of 4/4/94

Presented By

ENCO Environmental Training

70 West Liberty Street, Waterbury, CT

P.O. Box 2654, Waterbury, CT 06723 1-(203)-754-5959

Certificate No: AWR-130544

Exam Date: 12/21/2013

EXPIRATION DATE: 12/21/2014

Exam Grade: 82 %

*E. J. Corsicland*  
Training Director



# CERTIFICATE OF COMPLETION

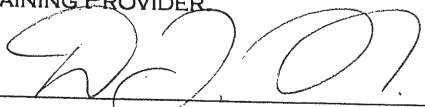
MARIUSZ  
GLADYSZEWSKI

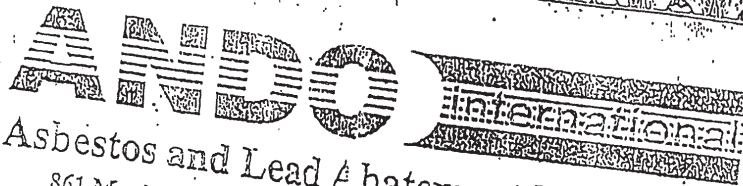
HAS SUCCESSFULLY COMPLETED THE OSHA  
HAZARDOUS WASTE OPERATIONS AND EMERGENCY  
RESPONSE 40-HOUR INITIAL TRAINING IN  
ACCORDANCE WITH 29 CFR 1910.120.

DATES OF TRAINING: MAY 5, 2012 THROUGH JUNE 2, 2012

EXPIRATION DATE: JUNE 2, 2013  
CERTIFICATION#: ALO6

TRAINING PROVIDER:

  
DOUGLAS J. RHOADS, CHMM  
RHOADS ENVIRONMENTAL CONSULTING, LLC



Asbestos and Lead Abatement Training  
861 Manhattan Ave., Suite 14, Brooklyn New York 11222

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

HEREBY CERTIFIES THAT

**Mariusz Gladyszewski**

HAS SUCCESSFULLY COMPLETED N.Y.S. D.O.H. / US E.P.A. / A.H.E.R.A. 32 Hours Course Entitled

**ASBESTOS HANDLER**  
(in Polish language)

FOR THE PURPOSE OF TITLE 10 NYCRR PART 73 AND E.P.A. - 40 CFR Part 763  
THE OFFICIAL RECORD OF SUCCESSFUL COMPLETION OF THIS COURSE IS  
THE DOH 2832 CERTIFICATE OF COMPLETION OF ASBESTOS SAFETY TRAINING

On This 22th Day of August 1999

Date(s) of course : 08/14/99 to 08/22/99

Director: Marian Gontarz

Exam Date: 08/22/99

Exp. Date : 08/22/00

Certificate #: 082299AHNY-15

Exam Grade: 90%

*Marian Gontarz*

New York City Department of Environmental Protection  
Asbestos Control Program  
59-17 Junction Boulevard, 8<sup>th</sup> Floor  
Flushing, New York 11373

Application for Asbestos

Appendix A

Medical Examination for Asbestos

Applicant Name: MARINUS G-LADYSZEWSKI

Home Address: 314 HIGH ST

City, State and Zip Code: NEW BRITAIN CT 06051

Telephone Number: (860) 890-5104

Date of Birth: 07.10.73

Social Security Number: 067-84-6134



ORIGINAL

Based upon the medical examination which included pulmonary function tests of vital capacity (FVC) and forced expiratory volume at one second (FEV<sub>1</sub>), and an evaluation of a recent chest roentgenogram, it is my opinion that the above named patient (please check appropriate box)




is



is not

physically qualified to wear a respirator in the performance of his/her job.

Limitations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dr.  Alberto  
Print Name  
Signature of Physician

187 566

State License Number

April 11 2015  
Date of Examination

40 46 74 St  
Address

718 458 1515  
Telephone Number

Please do not include any other medical information with this form.

Updated 12/2003

Dr. Alberto Rondo  
40-46 74th St.  
Elmhurst, N.Y. 11373  
License #187566  
NYSDH # 1905706454

New York City Department of Environmental Protection  
Asbestos Control Program  
59-17 Junction Boulevard, 8<sup>th</sup> Floor  
Flushing, New York 11373

Application for Asbestos

Appendix A

Medical Examination for Asbestos

Applicant Name: MARIUSZ GLADYSZEWSKI  
Home Address: 314 HIGH ST  
City, State and Zip Code: NEW BRITAIN CT 06051  
Telephone Number: (860) 518-0850  
Date of Birth: 07.10.73  
Social Security Number: 067-84-6134

Based upon the medical examination which included pulmonary function tests of vital capacity (FVC) and forced expiratory volume at one second (FEV<sub>1</sub>), and an evaluation of a recent chest roentgenogram, it is my opinion that the above named patient (please check appropriate box)



is



is not

physically qualified to wear a respirator in the performance of his/her job.

Limitations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dr. Rozo Alberto  
Print Name of Physician

[Signature]  
Signature of Physician

187 566  
State License Number

April 12 2014  
Date of Examination

40 46 74 St  
Address

718 458 1515  
Telephone Number

Please do not include any other medical information with this form.

Dr. Alberto Rozo  
40-46 74th St  
Elmhurst, N.Y. 11373  
License #187566  
NPI 1295796464

Updated 12/2003



**QUALITATIVE FIT TEST**  
*AND*  
**RESPIRATOR INSTRUCTION CERTIFICATE OF ATTENDANCE**

NAME MARIUSZ GLADYSZEWSKI

DATE 12-15-14 SS# 067-84-6134

LICENSE # 000664

TYPE OF RESPIRATOR HALF FACE

MANUFACTURER NORTH NIOSH No. \_\_\_\_\_

MODEL No. \_\_\_\_\_ SIZE S M (L)

TEST AGENT Irritant Smoke PASS ✓ FAIL \_\_\_\_\_

ADMINISTERED BY: HUBERT JADCOZAK Signature [Signature]

The training administered covered the following:

1. Respirator types, their function, capabilities, and limitations
2. Daily inspection procedures, and cleaning methods
3. Performing the negative and positive USER SEAL CHECK
4. Proper cartridge (filter) selection
5. Various protection factors and MUL's
6. Proper methods of donning and doffing
7. Maintenance and proper storage
8. Proper selection for oxygen deficient atmospheres

The undersigned has attended and successfully completed a respirator  
Training class and a qualitative fit test.

EMPLOYEE SIGNATURE MARIUSZ GLADYSZEWSKI DATE 12-15-14

**ENCO Environmental Training**

P.O. Box 2654  
Waterbury, CT. 06723  
Phone (203) 754-5959

70 West Liberty Street  
Waterbury, Ct. 06706  
Fax (203) 757-5979

# QUALITATIVE FIT TEST

AND

## RESPIRATOR INSTRUCTION CERTIFICATE OF ATTENDANCE

NAME MARIUSZ GLADYSZEWSKI

DATE 10-10-13 SS# 067-84-6134

LICENSE # 000664

TYPE OF RESPITATOR HALF FACE

MANUFACTURER NORTH NIOSH No. \_\_\_\_\_

MODEL No. \_\_\_\_\_ SIZE S M (L)

TEST AGENT Irritant Smoke PASS V FAIL \_\_\_\_\_

ADMINISTERED BY: HUBERT JADCAK Signature [Signature]

The training administered covered the following:

1. Respirator types, their function, capabilities, and limitations
2. Daily inspection procedures, and cleaning methods
3. Performing the negative and positive USER SEAL CHECK
4. Proper cartridge (filter) selection
5. Various protection factors and MCL's
6. Proper methods of donning and doffing
7. Maintenance and proper storage
8. Proper selection for oxygen deficient atmospheres

The undersigned has attended and successfully completed a respirator  
Training class and a qualitative fit test.

EMPLOYEE SIGNATURE MARIUSZ GLADYSZEWSKI DATE 10-10-13

ENCO Environmental Training

P.O. Box 2654  
Waterbury, CT. 06723  
Phone (203) 754-5959

70 West Liberty Street  
Waterbury, Ct. 06706  
Fax (203) 757-5979

# CERTIFICATE OF COMPLETION

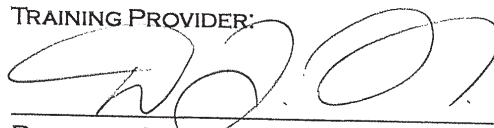
JERZY GROCHMAL

HAS SUCCESSFULLY COMPLETED THE OSHA  
HAZARDOUS WASTE OPERATIONS AND EMERGENCY  
RESPONSE 40-HOUR INITIAL TRAINING IN  
ACCORDANCE WITH 29 CFR 1910.120.

DATES OF TRAINING: MAY 5, 2012 THROUGH JUNE 2, 2012

EXPIRATION DATE: JUNE 2, 2013  
CERTIFICATION#: ALO5

TRAINING PROVIDER:



DOUGLAS J. RHOADS, CHMM  
RHOADS ENVIRONMENTAL CONSULTING, LLC

# Superior Industries LLC

**SUPERIOR  
INDUSTRIES L.L.C.**



Committed to a Clean Environment



Certificate of Completion  
Awarded to

**Szczepan Jaworowski**

(SSN XXX-XX-4875) (DOB 12-02-1969)

*Has completed a 8 Hour 1 day Approved Course of Instruction in  
Hazardous Waste Operations & Emergency Response (HAZWOPER)*

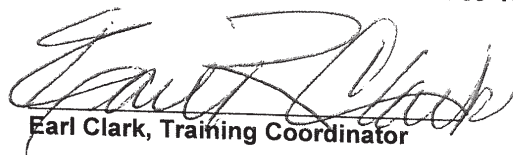
**HAZWOPER Refresher Training**

**August 2, 2013**

*Required by 29 CFR 1910.120*

SUPERIOR INDUSTRIES LLC  
342 Carter Lane  
Southington, Ct. 06489  
860-620-1133 (voice)  
860-620-1134 (fax)

Examination Date: August 2, 2013  
Expiration Date: August 2, 2014  
Certificate Number: HWR-SJ-12-02-69-13

  
Earl Clark, Training Coordinator



# CERTIFICATE of TRAINING

Presented to  
**SZCZEPAN JAWOROWSKI**

076-54-4875

D.O.B. 12/02/69

314 High Street, New Britain, CT 06051

Has successfully completed an 8 (eight) hour

*Asbestos Worker / Handler Refresher Course*

October 19, 2014

This training is approved & given in accordance with the Department of Health Standards required as per Section 19a-332 of the Connecticut General Statutes, and complies with the requirements of the EPA Revised MAP under TSCA Title II of 4/4/94

Presented By

**ENCO Environmental Training**

70 West Liberty Street, Waterbury, CT

P.O. Box 2654, Waterbury, CT. 06723 1-(203)-754-5959

Certificate No: AWR-140577

Exam Date: 10/19/2014

EXPIRATION DATE: 10/19/2015

Exam Grade: 78%

*E. Rossicant*  
Training Director

WALLET CARD

STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH

NAME  
**SZCZEPAN JAWOROWSKI**

VALIDATION NO.  
03-133733

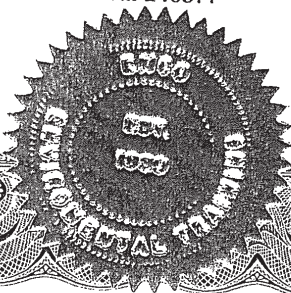
CERTIFICATE NO.  
009333

CURRENT THROUGH  
12/31/15

PROFESSION  
ASBESTOS ABATEMENT WORKER

SIGNATURE

*James Mulvaney*  
COMMISSIONER



# CERTIFICATE of TRA

Presented to  
**SZCZEPAN JAWOROWSKI**

076-54-4875

D.O.B. 12/02/69

314 High Street, New Britain, CT 06051

Has successfully completed an 8 (eight) hour

*Asbestos Worker / Handler Refresher Course*

September 28, 2013

This training is approved & given in accordance with the Department of Health Standards  
required as per Section 19a-332 of the Connecticut General Statutes, and complies  
with the requirements of the EPA Revised MAP under TSCA Title II of 4/4/94.

*Presented By*

**ENCO Environmental Training**

70 West Liberty Street, Waterbury, CT

P.O. Box 2654, Waterbury, CT. 06723 1-(203)-754-5959

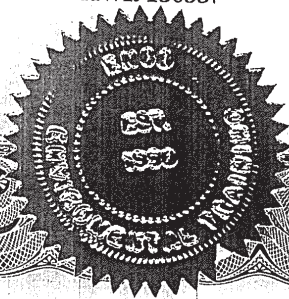
Certificate No: AWR-130537

Exam Date: 09/28/2013

Exam Grade: 78 %

EXPIRATION DATE: 09/28/2014

*E. Porcilaud*  
Training Director



EMPLOYER'S COPY		
STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH		
NAME <b>SZCZEPAN JAWOROWSKI</b>		
VALIDATION NO. <b>03-695969</b>	CERTIFICATION NO. <b>009333</b>	CURRENT THROUGH <b>12/31/14</b>
PROFESSION <b>ASBESTOS ABATEMENT WORKER</b>		
SIGNATURE <i>[Signature]</i>		COMMISSIONER <i>[Signature]</i>



# TRAINING CERTIFICATE

Presented to

**SZCZEPAN JAWOROWSKI**  
076-54-4875 D.O.B. 12-02-69

149 Washington Street, New Britain, CT 06051

Has successfully completed a 32 (thirty two) hour

**ASBESTOS WORKER / HANDLER COURSE**  
In the polish language

January 11, 2007

This training is approved & given in accordance with the Department of Health Standards required as per Section 20-440-7 of the Connecticut State Agencies, and complies with the requirements of the EPA Revised MAP under TSCA Title II of 4/4/94.

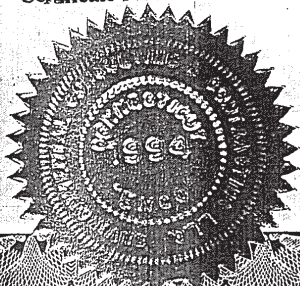
Presented By

**ENCO Environmental Training**  
70 West Liberty Street, Waterbury, CT  
P.O. Box 1337, Naugatuck, CT. 06770 1-(203)-754-5959

Certificate No: AW-700144

Exam Date: 01/11/2007  
EXPIRATION DATE: 01/11/2008

Exam Grade: 72 %



*E. Rosiclaud*  
Training Director

# CERTIFICATE OF COMPLETION

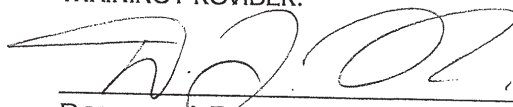
**SZCZEPAN  
JAWOROWSKI**

HAS SUCCESSFULLY COMPLETED THE OSHA  
HAZARDOUS WASTE OPERATIONS AND EMERGENCY  
RESPONSE 40-HOUR INITIAL TRAINING IN  
ACCORDANCE WITH 29 CFR 1910.120.

DATES OF TRAINING: MAY 5, 2012 THROUGH JUNE 2, 2012

EXPIRATION DATE: JUNE 2, 2013  
CERTIFICATION#: ALO2

TRAINING PROVIDER:



DOUGLAS J. RHOADS, CHMM  
RHOADS ENVIRONMENTAL CONSULTING, LLC



New York City Department of Environmental Protection  
Asbestos Control Program  
59-17 Junction Boulevard, 8<sup>th</sup> Floor  
Flushing, New York 11373

Application for Asbestos Investigator

Appendix A

Medical Examination for Asbestos Investigators

Applicant Name: STCZEPAN JALOBOWSKI  
Home Address: 374 HIGH ST.  
City, State and Zip Code: 06057  
Telephone Number: 860 839 4911  
Date of Birth: 12-02-1969  
Social Security Number: 076 54 4875

Based upon the medical examination which included pulmonary function test of vital capacity (FVC) and forced expiratory volume at one second (FEV<sub>1</sub>), and an evaluation of a recent chest roentgenogram, it is my opinion that the above named patient (please check appropriate box)

☒ Is

☐ is not

physically qualified to wear a respirator in the performance of his/her job.

Limitations:

BIPIN SOLANKI, MD

Print Name of Physician

Signature of Physician

NYS LIC: 452355

State License Number

APR 11 2015

Date of Examination

Address and Telephone Number:

BIPIN SOLANKI, MD  
37-44 72nd STREET  
JACKSON HEIGHTS, N.Y. 11372  
Tel: 718-478-0449

Please do not include any other medical information with this form

Updated 12/2003



New York City Department of Environmental Protection  
Asbestos Control Program  
59-17 Junction Boulevard, 8<sup>th</sup> Floor  
Flushing, New York 11373

Application for Asbestos Investigator

Appendix A

Medical Examination for Asbestos Investigators

Applicant Name: SZCZEPAN JALOWSKI  
Home Address: 374 HIGH ST.  
City, State and Zip Code: 06051  
Telephone Number: 860 899 4411  
Date of Birth: 12-02-1969  
Social Security Number: 076 54 4875

Based upon the medical examination which included pulmonary function test of vital capacity (FVC) and forced expiratory volume at one second (FEV<sub>1</sub>), and an evaluation of a recent chest roentgenogram, it is my opinion that the above named patient (please check appropriate box)



Is



is not

physically qualified to wear a respirator in the performance of his/her job.

Limitations:

BIPIN SOLANKI, MD

Print Name of Physician

Signature of Physician

State License Number

NYS LIC: 152355

APR 12 2014

Date of Examination

Address and Telephone Number:

BIPIN SOLANKI, MD  
37-44 72nd STREET  
JACKSON HEIGHTS, N.Y. 11372  
Tel: 718-478-0440

Please do not include any other medical information with this form

Updated 12/2003



# QUALITATIVE FIT TEST

AND

## RESPIRATOR INSTRUCTION CERTIFICATE OF ATTENDANCE

NAME SZCZEPAN JAWOROWSKI

DATE 1-19-15 SS# 076-54-4875

LICENSE # 009333

TYPE OF RESPITATOR 1/2 FACE

MANUFACTURER NORTH NIOSH No. \_\_\_\_\_

MODEL No. \_\_\_\_\_ SIZE S (M) L

TEST AGENT Irritant Smoke PASS ✓ FAIL \_\_\_\_\_

ADMINISTERED BY: Hubert Jadcak Signature [Signature]

The training administered covered the following:

1. Respirator types, their function, capabilities, and limitations
2. Daily inspection procedures, and cleaning methods
3. Performing the negative and positive USER SEAL CHECK
4. Proper cartridge (filter) selection
5. Various protection factors and MUL's
6. Proper methods of donning and doffing
7. Maintenance and proper storage
8. Proper selection for oxygen deficient atmospheres

The undersigned has attended and successfully completed a respirator  
Training class and a qualitative fit test.

EMPLOYEE SIGNATURE SZCZEPAN JAWOROWSKI DATE 1-19-15

### ENCO Environmental Training

P.O. Box 2654  
Waterbury, CT. 06723  
Phone (203) 754-5959

70 West Liberty Street  
Waterbury, Ct. 06706  
Fax (203) 757-5979

**QUALITATIVE FIT TEST**  
*AND*  
**RESPIRATOR INSTRUCTION CERTIFICATE OF ATTENDANCE**

NAME SZCZEPAN JAWOROWSKI

DATE 1-16-14 SS# 076-54-4875

LICENSE # 009333

TYPE OF RESPITATOR HALF FACE

MANUFACTURER NORTH NIOSH No. \_\_\_\_\_

MODEL No. \_\_\_\_\_ SIZE S ☒ M L

TEST AGENT Irritant Smoke PASS ☒ FAIL ☐

ADMINISTERED BY: HUBERT JADCZAK Signature [Signature]

The training administered covered the following:

1. Respirator types, their function, capabilities, and limitations
2. Daily inspection procedures, and cleaning methods
3. Performing the negative and positive USER SEAL CHECK
4. Proper cartridge (filter) selection
5. Various protection factors and MUL's
6. Proper methods of donning and doffing
7. Maintenance and proper storage
8. Proper selection for oxygen deficient atmospheres

The undersigned has attended and successfully completed a respirator  
Training class and a qualitative fit test.

EMPLOYEE SIGNATURE \_\_\_\_\_ DATE 1-16-14

**ENCO Environmental Training**

P.O. Box 2654  
Waterbury, CT. 06723  
Phone (203) 754-5959

70 West Liberty Street  
Waterbury, Ct. 06706  
Fax (203) 757-5979



# CERTIFICATE OF COMPLETION

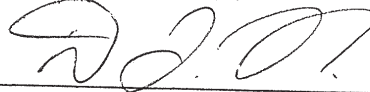
ROMAN KHEMENETS

HAS SUCCESSFULLY COMPLETED THE OSHA  
HAZARDOUS WASTE OPERATIONS AND EMERGENCY  
RESPONSE 40-HOUR INITIAL TRAINING IN  
ACCORDANCE WITH 29 CFR 1910.120.

DATES OF TRAINING: MAY 5, 2012 THROUGH JUNE 2, 2012

EXPIRATION DATE: JUNE 2, 2013  
CERTIFICATION#: AL09

TRAINING PROVIDER:



DOUGLAS J. RHOADS, CHMM  
RHOADS ENVIRONMENTAL CONSULTING, LLC

# ***Superior Industries LLC***

**SUPERIOR  
INDUSTRIES L.L.C.**



Committed to a Clean Environment

**Certificate of Completion  
Awarded to**

**Viktor Krevek**

**(SSN XXX-XX-1933) (DOB 10-14-1969)**

*Has completed a 8 Hour 1 day Approved Course of Instruction in  
Hazardous Waste Operations & Emergency Response (HAZWOPER)*



***HAZWOPER Refresher Training***

***August 2, 2013***

*Required by 29 CFR 1910.120*

**SUPERIOR INDUSTRIES LLC  
342 Carter Lane  
Southington, Ct. 06489  
860-620-1133 (voice)  
860-620-1134 (fax)**

**Examination Date: August 2, 2013  
Expiration Date: August 2, 2014  
Certificate Number: HWR-VK-10-14-69-13**

  
**Earl Clark, Training Coordinator**

# CERTIFICATE of TRAINING

Presented to  
VIKTOR KREVEK

040-11-1933

D.O.B. 10/14/69

88 Rocky Hill Avenue, New Britain, CT 06051

Has successfully completed an 8 (eight) hour

*Asbestos Worker / Handler Refresher Course*

June 15, 2014

This training is approved & given in accordance with the Department of Health Standards  
required as per Section 19a-332 of the Connecticut General Statutes, and complies  
with the requirements of the EPA Revised MAP under TSCA Title II of 4/4/94

*Presented By*

ENCO Environmental Training

70 West Liberty Street, Waterbury, CT

P.O. Box 2654, Waterbury, CT. 06723 1-(203)-754-5959

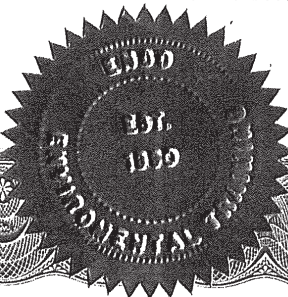
Certificate No: AWR-140574

Exam Date: 06/15/2014

Exam Grade: 86%

EXPIRATION DATE: 06/15/2015

  
Training Director





# CERTIFICATE OF COMPLETION

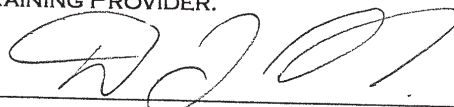
VIKTOR KREVEK

HAS SUCCESSFULLY COMPLETED THE OSHA  
HAZARDOUS WASTE OPERATIONS AND EMERGENCY  
RESPONSE 40-HOUR INITIAL TRAINING IN  
ACCORDANCE WITH 29 CFR 1910.120.

DATES OF TRAINING: MAY 5, 2012 THROUGH JUNE 2, 2012

EXPIRATION DATE: JUNE 2, 2013  
CERTIFICATION#: ALO8

TRAINING PROVIDER:



DOUGLAS J. RHOADS, CHMM  
RHOADS ENVIRONMENTAL CONSULTING, LLC



# CERTIFICATE of TRAINING

Presented to  
VIKTOR KREVEK

-1933

D.O.B. 10/14/69

88 Rocky Hill Avenue, New Britain, CT 06051

Has successfully completed an 8 (eight) hour

*Asbestos Worker / Handler Refresher Course*

June 15, 2014

This training is approved & given in accordance with the Department of Health Standards required as per Section 19a-332 of the Connecticut General Statutes, and complies with the requirements of the EPA Revised MAP under TSCA Title II of 4/4/94

*Presented By*

ENCO Environmental Training

70 West Liberty Street, Waterbury, CT

P.O. Box 2654, Waterbury, CT. 06723 1-(203)-754-5959

Certificate No: AWR-140574

Exam Date: 06/15/2014

Exam Grade: 86%

EXPIRATION DATE: 06/15/2015

  
Training Director





# TRAINING CERTIFICATE

Presented to

**VIKTOR KREVEK**

**000-01-1933**

**D.O.B. 10-14-69**

**216 Broad Street, New Britain, CT 06053**

Has successfully completed a 32 (thirty two) hour

**ASBESTOS WORKER / HANDLER COURSE**

In the polish language

**June 29, 2006**

This training is approved & given in accordance with the Department of Health Standards required as per Section 20-440-7 of the Connecticut State Agencies, and complies with the requirements of the EPA Revised MAP under TSCA Title II of 4/4/94 .

Presented By

**ENCO Environmental Training**

**70 West Liberty Street, Waterbury, CT**

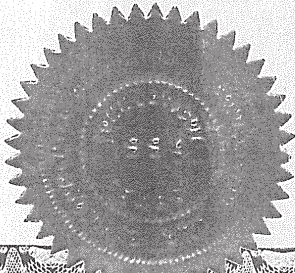
**P.O. Box 1337, Naugatuck, CT. 06770 1-(203)-754-5959**

Certificate No: AW- 600131

Exam Date: 06/29/2006

Exam Grade: 84 %

EXPIRATION DATE: 06/29/2007



*E. Rossiland*  
Training Director

**QUALITATIVE FIT TEST**  
*AND*  
**RESPIRATOR INSTRUCTION CERTIFICATE OF ATTENDANCE**

NAME VIKTOR KREVEK

DATE 5-18-15 SS# 1933

LICENSE # 009049

TYPE OF RESPITATOR NORTH

MANUFACTURER \_\_\_\_\_ NIOSH No. \_\_\_\_\_

MODEL No. \_\_\_\_\_ SIZE S ☒ L

TEST AGENT Irritant Smoke PASS ☒ FAIL \_\_\_\_\_

ADMINISTERED BY: STANLEY PLISNER Signature 

The training administered covered the following:

1. Respirator types, their function, capabilities, and limitations
2. Daily inspection procedures, and cleaning methods
3. Performing the negative and positive USER SEAL CHECK
4. Proper cartridge (filter) selection
5. Various protection factors and MUL's
6. Proper methods of donning and doffing
7. Maintenance and proper storage
8. Proper selection for oxygen deficient atmospheres

The undersigned has attended and successfully completed a respirator  
Training class and a qualitative fit test

EMPLOYEE SIGNATURE 

DATE 5-18-15

**ENCO Environmental Training**

P.O. Box 2654  
Waterbury, CT. 06723  
Phone (203) 754-5959

70 West Liberty Street  
Waterbury, Ct. 06706  
Fax (203) 757-5979





### Qualitative Fit-Test form for High Efficiency Respirators

Fit Test Procedure: Irritant Smoke

Respirator Make/Model: NORTH

Type: 1/2 FACE

Person Fitted: VIKTOR KREVEK

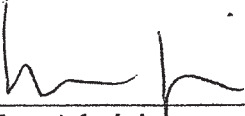
Test Administrator: WALTER JIRKA


Date of Test: 5/27/14 Location: UTRC

Results: ( ☒ ) Pass ( ) Fail

Date of Medical Approval for Respirator use: 5/18/14

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

  
\_\_\_\_\_  
Test Administrator

  
\_\_\_\_\_  
Person Fit-Tested

#### Fit Test Procedures

- 1) Gross Leak Check ☒
- 2) Breath Normally ☒
- 3) Breath Deeply ☒
- 4) Turn Head ☒

- 5) Nod Head ☒
- 6) Recite Paragraph Below ☒
- 7) Jog in Place ☒
- 8) Breath Normally ☒

When the sunlight strikes raindrops in the air, they act like a prism and form a rainbow. The rainbow is a division of white light into many beautiful colors. These take the shape of a long round arch, with its path high above, and its two ends apparently beyond the horizon. There is, according to legend, a boiling pot of gold at one end. People look, but no one ever finds it. When a man looks for something beyond his reach, his friends say he is looking for the pot at the end of the rainbow.





## Application for Asbestos

## Appendix A

## Medical Examination for Asbestos

Applicant Name: VIKTOR KREVEK  
Home Address: 124 OAK ST NEW BRITAIN  
City, State and Zip Code: CONNECTICUT CT 06051  
Telephone Number: (860) 770-9489  
Date of Birth: 10/14/69  
Social Security Number: 040 -11 -1933

Based upon the medical examination which included pulmonary function tests of vital capacity (FVC) and forced expiratory volume at one second (FEV<sub>1</sub>), and an evaluation of a recent chest roentgenogram, it is my opinion that the above named patient (please check appropriate box)



is



is not

physically qualified to wear a respirator in the performance of his/her job.

Limitations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dr. Roza Alberto  
Print Name of Physician

May 18/14  
Date of Examination

Signature of Physician

40 46 74 St  
Address

187 566

State License Number

718 458 1515  
Telephone Number

Dr. Alberto Roza  
40-46 74th St  
Elmhurst, N.Y. 11373  
License # 187566

Please do not include any other medical information with this application

NPI 1235783464

Updated 12/2003



ORIGINAL

# CERTIFICATE OF COMPLETION

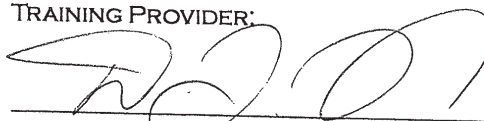
ZENON PROKOPCZYK

HAS SUCCESSFULLY COMPLETED THE OSHA  
HAZARDOUS WASTE OPERATIONS AND EMERGENCY  
RESPONSE 40-HOUR INITIAL TRAINING IN  
ACCORDANCE WITH 29 CFR 1910.120.

DATES OF TRAINING: MAY 5, 2012 THROUGH JUNE 2, 2012

EXPIRATION DATE: JUNE 2, 2013  
CERTIFICATION#: ALO4

TRAINING PROVIDER:



DOUGLAS J. RHOADS, CHMM  
RHOADS ENVIRONMENTAL CONSULTING, LLC

# CERTIFICATE of TRAINING

Presented to  
**JACEK SOKOLOWSKI**

958-77-4493

D.O.B. 02/01/56

36 Marmon Street, New Britain, CT 06053

Has successfully completed an 8 (eight) hour  
*Asbestos Worker / Handler Refresher Course*

February 07, 2015

This training is approved & given in accordance with the Department of Health Standards  
required as per Section 19a-332 of the Connecticut General Statutes, and complies  
with the requirements of the EPA Revised MAP under TSCA Title II of 4/4/94.

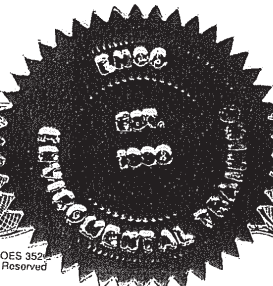
Presented By  
**ENCO Environmental Training**  
70 West Liberty Street, Waterbury, CT  
P.O. Box 2654, Waterbury, CT. 06723 1-(203)-754-5959

Certificate No: AWR-140594

Exam Date: 02/07/2015  
EXPIRATION DATE: 02/07/2016

Exam Grade: 86%

*E. Rosiclaud*  
Training Director





# TRAINING CERTIFICATE

Presented to

**JACEK SOKOLOWSKI**

958-77-4493

D.O.B. 02-01-56

Has successfully completed an 8 (eight) hour

**OSHA LEAD IN CONSTRUCTION COURSE**

**February 06, 2015**

This training is approved & given in accordance with the Occupational Health and Safety Act (OSHA) Standard 29 CFR 1926.62 and complies with the requirements of the Federal EPA, and the Department of Housing & Urban Development.

*Presented By*

***ENCO Environmental Training***

***70 West Liberty Street, Waterbury, CT***

***P.O. Box 2654 Waterbury, CT 06723 1-(203)-754-5959***

Certificate No: OLA-14001157

Exam Date: 02/06/2015

Exam Grade: PASS

EXPIRATION DATE: 02/06/2016

*E. Porrieland*  
Training Director

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

PURSUANT TO THE PROVISIONS OF THE GENERAL STATUTES OF CONNECTICUT

THE INDIVIDUAL NAMED BELOW IS CERTIFIED  
BY THIS DEPARTMENT AS A  
**ASBESTOS ABATEMENT WORKER**

JACEK SOKOLOWSKI

CERTIFICATE NO.

012146

CURRENT THROUGH

02/29/16

VALIDATION NO.

03-148128

Jacek Sokolowski  
SIGNATURE

James Mullins  
COMMISSIONER



## Environmental Compliance and Occupational Safety Training

44-01 21<sup>st</sup> Street, Long Island City, NY 11101

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

HEREBY CERTIFIES THAT

**Jacek Sokolowski**

HAS SUCCESSFULLY COMPLETED TRAINING ENTITLED

**PCB Awareness**

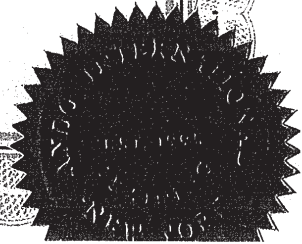
IN ACCORDANCE WITH TSCA, EPA 40 CFR 761 and OSHA HAZARD COMMUNICATION 29 CFR 1926.59

*On this 1st Day of March, 2015*  
*Certificate # : 03012015PCBAW-03*

*Completion Date: 03/01/2015*

*Training Director: Mariusz Oldakowski*

A handwritten signature in black ink, appearing to read "M. Oldakowski", written over the printed name of the Training Director.







**Environmental Compliance and Occupational Safety Training**

44-01 21<sup>st</sup> Street, Long Island City, NY 11101

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

HEREBY CERTIFIES THAT

**Jacek Sokolowski**

HAS COMPLETED A NYS DOH/US EPA/ AHERA 32 HOURS COURSE ENTITLED

**ASBESTOS HANDLER**

(Polish)

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

*On this 27th Day of March, 2011*

*Date(s) of course: 03/19,20,26,27/2011*

*Expiration Date: 03/27/2012*

*Certificate #: 032711AHNY-06*

*Exam Date: 03/27/2011*

*Director: Tomasz Chabowski*

*Exam Grade: 84%*

New York City Department of Environmental Protection  
Asbestos Control Program  
59-17 Junction Boulevard, 8<sup>th</sup> Floor  
Flushing, New York 11373

Application for Asbestos

Appendix A

Medical Examination for Asbestos

Applicant Name: YACEK SOKOLOWSKI  
Home Address: 36 MARAON ST  
City, State and Zip Code: NEW BRITAIN 06053  
Telephone Number: 860 826-0344  
Date of Birth: 01-02-1956  
Social Security Number: 958-77-4493

ORIGINAL

Based upon the medical examination which included pulmonary function tests of vital capacity (FVC) and forced expiratory volume at one second (FEV<sub>1</sub>), and an evaluation of a recent chest roentgenogram, it is my opinion that the above-named patient (please check appropriate box)



☐ is not

physically qualified to wear a respirator in the performance of his/her job.

Limitations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dr. Roberto Alberto  
Print Name of Physician

Signature of Physician

187 566

State License Number

Dr. Alberto L.

40-46 74th St

Please do not include any other medical information with this form.

Elmhurst, N.Y. 11373

License #187566


NPI # 1295796464

02-14-15  
Date of Examination

40 46 74 St  
Address

718 458 1515  
Telephone Number

COURSE # \_\_\_\_\_

 ENCO ENVIRONMENTAL TRAINING  
70 WEST LIBERTY STREET, WATERBURY, CT 06706  
PHONE (203) 754-5959 FAX (203) 757-6979

## REGISTRATION FORM

PLEASE.....PRINT OR TYPE

NAME: YACEK SOKOLOWSKI

Social Security # 958 177 14493 Birth Date: 02-01-1956

Home Address: 36 MAR MON ST  
Street  
NEW BRITAIN CT 06053  
City State Zip Code

Company Name: K, B + M

Company Address: BROOKLYN N.Y.

Company Phone: 860-826-0344  
Area Code Phone #

Home Phone: 860-826-0344  
Area Code Phone #

Name of Course: OSHA 10 hour

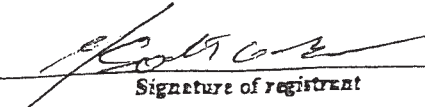
Start Date: February 7-14, 2015 Course fee \$ \_\_\_\_\_

**To Reserve a place in the class, a purchase order or pre-payment by check is required. Payment on the day of the class must be by certified check, money order, or cash.**

MAKE CHECK OUT TO ENCO

To attend refresher classes, you must bring a copy of your initial training certificate, a photo ID., a photo copy of your social security card and all refresher certificates if we do not have them on file. No certificate will be issued until we have these in hand. All certificates will be mailed within 2 business days **NO EXCEPTIONS!!!**

Cancellation must be greater than 3 (three) business days prior to the class to be refunded.

  
Signature of registrant

02-04-15  
Date



# QUALITATIVE FIT TEST

NAME JACEK SOKOLOVSKI

DATE 02-04-15 - SS# XXXX 4493

LICENSE # \_\_\_\_\_

TYPE OF RESPIRATOR NORTH - HALF FACE

MANUFACTURER 1/2 Face APR NIOSH No. \_\_\_\_\_

MODEL No. 7700 Series SIZE M

TEST AGENT IR2 SNO14 PASS X FAIL \_\_\_\_\_

ADMINISTERED BY: E. Rozbala

EMPLOYEE SIGNATURE \_\_\_\_\_

DATE 06-09-15

P.O. Box 2654  
Waterbury, CT 06723

ENCO Environmental Training

70 West Liberty Street  
Waterbury, Ct. 06706  
Fax (203) 757-5979

# CERTIFICATE OF COMPLETION

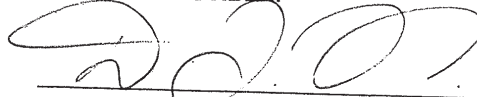
OLEKSANDR  
STOLYAR

HAS SUCCESSFULLY COMPLETED THE OSHA  
HAZARDOUS WASTE OPERATIONS AND EMERGENCY  
RESPONSE 40-HOUR INITIAL TRAINING IN  
ACCORDANCE WITH 29 CFR 1910.120.

DATES OF TRAINING: MAY 5, 2012 THROUGH JUNE 2, 2012

EXPIRATION DATE: JUNE 2, 2013  
CERTIFICATION#: ALO7

TRAINING PROVIDER:



DOUGLAS J. RHOADS, CHMM  
RHOADS ENVIRONMENTAL CONSULTING, LLC

# ***Superior Industries LLC***

**SUPERIOR  
INDUSTRIES L.L.C.**



Committed to a Clean Environment

**Certificate of Completion**

**Awarded to**

**Orest Vasyliv**

**(SSN XXX-XX-5215) (DOB 08-29-1974)**

*Has completed a 8 Hour 1 day Approved Course of Instruction in  
Hazardous Waste Operations & Emergency Response (HAZWOPER)*

***HAZWOPER Refresher Training***

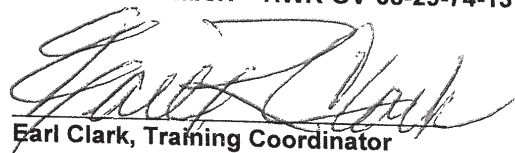
***August 2, 2013***

*Required by 29 CFR 1910.120*



**SUPERIOR INDUSTRIES LLC  
342 Carter Lane  
Southington, Ct. 06489  
860-620-1133 (voice)  
860-620-1134 (fax)**

**Examination Date: August 2, 2013  
Expiration Date: August 2, 2014  
Certificate Number: HWR-OV-08-29-74-13**

  
**Earl Clark, Training Coordinator**



WALLETCARD  
STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH  
NAME  
OREST VASYLYN  
VALIDATION NO. 03-655904 CERTIFICATION NO. 011581 CURRENT THROUGH 08/31/14  
PROFESSION  
ASBESTOS ABATEMENT WORKER  
SIGNATURE *[Signature]*

# CERTIFICATE of TRAINING

Presented to  
OREST VASYLIV

730-16-5215

D.O.B. 08/29/74

20 Woodsedge Drive, Newington, CT 06111

Has successfully completed an 8 (eight) hour

*Asbestos Worker / Handler Refresher Course*

June 15, 2014

This training is approved & given in accordance with the Department of Health Standards  
required as per Section 19a-332 of the Connecticut General Statutes, and complies  
with the requirements of the EPA Revised MAP under TSCA Title II of 4/4/94

Presented By

ENCO Environmental Training

70 West Liberty Street, Waterbury, CT

P.O. Box 2654, Waterbury, CT. 06723 1-(203)-754-5959

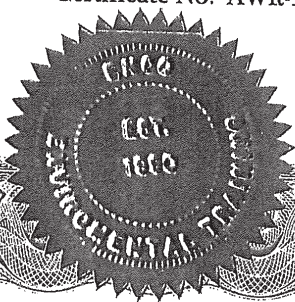
Certificate No: AWR-140575

Exam Date: 06/15/2014

Exam Grade: 76%

EXPIRATION DATE: 06/15/2015

  
Training Director





# TRAINING CERTIFICATE

Presented to

730-16-5215

OREST VASYLIV

D.O.B. 08-29-74

266 High Street, New Britain, CT 06111

Has successfully completed a 32 (thirty two) hour

ASBESTOS WORKER / HANDLER COURSE  
In the polish language

July 30, 2009

-- This training is approved & given in accordance with the Department of Health Standards.  
required as per Section 20-440-7 of the Connecticut State Agencies, and complies with the  
requirements of the EPA Revised MAP under TSCA Title II of 4/4/94.

Presented By

ENCO Environmental Training

70 West Liberty Street, Waterbury, CT P.O. Box 2654, Waterbury, CT 06723

Certificate No: AW-900178

Exam Date: 07/30/2009

EXPIRATION DATE: 07/30/2010

Exam Grade: 72 %

*E. Rozubail*  
Training Director



# CERTIFICATE OF COMPLETION

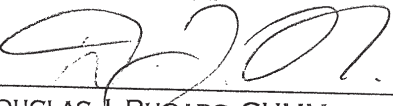
OREST VASYLIV

HAS SUCCESSFULLY COMPLETED THE OSHA  
HAZARDOUS WASTE OPERATIONS AND EMERGENCY  
RESPONSE 40-HOUR INITIAL TRAINING IN  
ACCORDANCE WITH 29 CFR 1910.120.

DATES OF TRAINING: MAY 5, 2012 THROUGH JUNE 2, 2012

EXPIRATION DATE: JUNE 2, 2013  
CERTIFICATION#: AL11

TRAINING PROVIDER:

  
DOUGLAS J. RHOADS, CHMM  
RHOADS ENVIRONMENTAL CONSULTING, LLC

New York City Department of Environmental Protection  
Asbestos Control Program  
59-17 Junction Boulevard, 8<sup>th</sup> Floor  
Flushing, New York 11373

Application for Asbestos

Appendix A

Medical Examination for Asbestos

Applicant Name: DREST VASYLIV

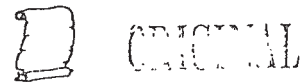
Home Address: 20 WOODSEGE DR

City, State and Zip Code: NEWINGTON, CT. 06111

Telephone Number: (860) 478-8528

Date of Birth: 08.29.1974

Social Security Number: XX - XX - 5215

 ORIGINAL

Based upon the medical examination which included pulmonary function tests of vital capacity (FVC) and forced expiratory volume at one second (FEV<sub>1</sub>), and an evaluation of a recent chest roentgenogram, it is my opinion that the above named patient (please check appropriate box)

☒ is

☐ is not

physically qualified to wear a respirator in the performance of his/her job.

Limitations: \_\_\_\_\_

Dr. Roza Alberto

Print Name of Physician



Signature of Physician

187 566

State License Number

April 19 2014

Date of Examination

40 46 74 St

Address

718 458 1515

Telephone Number

Please do not include any other medical information with this form.

Dr. Alberto Roza  
40-46 74th St  
Elmhurst, N.Y. 11373  
License #187566  
NPI 1295796464

Updated 12/2003

# WORKCARES

## Comprehensive Employee Health Centers

### Respiratory Fit Test

1. Employee: Orest Vasylyiv Date: 3/7/14  
Employee No: 5215  
Employee Job Title/Description: Asbestos Worker
2. Employer: \_\_\_\_\_  
Location/ Address: \_\_\_\_\_
3. Respirator Selected: Half Face (1/2)  
Manufacturer: North  
NIOSH Approval No: \_\_\_\_\_  
Model: \_\_\_\_\_
4. Conditions which could affect respirator fit:  
☒ Clean Shaven  
☐ 1-2 Day Beard Growth  
☐ 2+ Days Beard Growth  
☐ Moustache  
☐ Facial Scar  
☐ Dentures Absent  
☐ Glasses  
☐ None  
Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Fit Checks:  
☒ Negative Pressure ☒ Pass ☐ Fail ☐ Not Done  
☒ Positive Pressure ☒ Pass ☐ Fail ☐ Not Done
6. Fit Testing:  
☒ Quantitative ☐ Fit Factor \_\_\_\_\_  
☒ Quantitative ☐ Isoamly Acetate \_\_\_\_\_  
☐ Pass ☐ Fail ☒ Irritant Smoke  
☒ Pass ☐ Fail
7. Employee acknowledgement of test results:  
Employee Signature: \_\_\_\_\_ Date: 3/7/14  
Test Conducted by: [Signature] Date: 3/7/14

### Disclaimer

The above respirator test was performed on and by the person listed. The results indicate the performance of the listed respiratory protective device, as fitted on the employee named on this record under controlled conditions. Fit testing as performed measures the ability of the respiratory protective device to provide protection to the individual tested. Wilson Safety or the Test Conductor express or imply no guarantee that this or an identical respiratory protection device will provide adequate protection under conditions other than those present when this test was performed. Improper use, maintenance, or application of this or any other respiratory device will reduce or eliminate protection.

□ 1401 N. Cedar Crest Blvd  
Allentown, PA 18104  
610-433-8080  
Fax 610-433-4376

□ CHS Ambulatory Surgery Center  
2310 Highland Avenue  
Bethlehem, PA 18020  
610-691-4300  
Fax 610-691-6257

□ 2775 Schoenersville Road  
Bethlehem, PA 18017  
610-861-8080  
Fax 610-861-2989

□ 400 S. Greenwood Ave  
Easton, PA 18045  
610-515-8080  
Fax 610-515-1275

□ 505 Independence Road  
East Stroudsburg, PA 18301  
570-420-8080  
Fax 570-420-1704

□ 2100 Quaker Pointe Drive  
Quakertown, PA 18951  
215-249-8080  
Fax 267-373-0213

Toll Free 1-877-247-8080 x6201 • [www.coordinatedhealth.com](http://www.coordinatedhealth.com) 610-861-8080 x6201