

Purcell Hospital
Purcell, OK
Owner: City of Purcell
Final Remediation Report



OKLAHOMA
Environmental
Quality

SITE CLEANUP ASSISTANCE PROGRAM

City performed sampling in May of 2024

- Asbestos containing material located in building
- A total of 31,000 sq ft of wall texture removed
- Abatement completed in January of 2025



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Deeds and Legal Documents

BILL C. LESTER, P.C.

A Professional Legal Corporation
212 WEST MAIN STREET
P.O. BOX 1407
PURCELL, OKLAHOMA 73080-1407

lawoffice@lesterlawoffice.com
405/527-5523
FAX 405/527-0700

October 24, 2022

City of Purcell
Purcell Public Works Authority
230 West Main
Purcell, OK 73080

Re: A tract of land in the Northeast Quarter of the Northwest Quarter (NE/4 NW/4) of Section One (1), Township Six (6) North, Range Two (2) West, McClain County, Oklahoma, more particularly described as follows: Commencing at the NE Corner of said NW/4; thence S89°33'54"W along the North line of said Section 1 a distance of 400.61 feet; thence S00°26'06"E a distance of 35.87 feet to the true **Point of Beginning**; thence S45°21'26"E a distance of 21.18 feet; thence S00°16'45"E a distance of 587.64 feet; thence S89°54'01"W a distance of 632.33 feet; thence N9°20'07"W a distance of 528.26 feet; thence N32°36'09"E a distance of 47.81 feet; thence N67°02'40"E a distance of 50.18 feet; thence N89°33'54"E a distance of 64.47 feet; thence N62°53'51"E a distance of 60.01 feet; thence N89°33'54"E a distance of 507.35 feet to the **Point of Beginning**.

Dear Sirs,

Pursuant to your request, I have examined **Abstract of Title No. 53846**, as prepared from inception to date of prepared from inception to date of October 13, 2022, at 7:58 a.m. by Guaranty Abstract Company, Purcell, Oklahoma. Pursuant to such examination, I am of the opinion that the condition of the title is as follows:

A) Surface Title: The City of Purcell, Oklahoma, a Municipal Corporation, by virtue of a Warranty Deed found in the abstract at Page 255 thereof; bearing date of November 10, 1975, and filed of record January 19, 1976, in Book 554 at Page 681, and a Warranty Deed found at page 32 of the abstract dated August 1, 1920, and filed of record August 20, 1920, in Book 11 at page 255, subject to the following requirements:

REQUIREMENT NO. 1: Any instrument conveying an interest in the subject property must be executed by the appropriate officers of the City of Purcell, with such fact noted on the face of the instrument. Additionally, all other formalities of execution must be properly completed.

B) Mineral Ownership: The minerals have been omitted by request.

201

(ORDER BY NUMBER)

WARRANTY DEED

Statutory Form---Individual

Know All Men by These Presents:

That CECIL R. GREEN (one and same as CECIL R. GREENE) and LOUISE GREEN, Husband and Wife,

of McClain County, State of Oklahoma, part ies of the first part, in consideration of the sum of _____ DOLLARS in hand paid, the receipt of which is hereby acknowledged, does hereby Grant, Bargain, Sell and Convey unto CITY OF PURCELL, OKLAHOMA, a Municipal Corporation of Oklahoma County, State of McClain, part Y of the second part, the following described real property and premises situate in McClain County, State of Oklahoma, to-wit:

Northwest Quarter of Northeast Quarter of Northeast Quarter of Northwest Quarter and Northeast Quarter of Northwest Quarter of Northeast Quarter of Northwest Quarter of Section 1, Township 6 North, Range 2 West,

together with all the improvements thereon and the appurtenances thereunto belonging, and warrant the title to the same.

TO HAVE AND TO HOLD said described premises unto the said party ies of the second part, its successors and assigns forever, free, clear and discharged of and from all former grants, charges, taxes, judgments, mortgages and other liens and incumbrances of whatsoever nature. EXCEPT: all Easements of record.

Signed and delivered this 10th day of November, 19 75

Cecil R. Green
(Cecil R. Green)

Louise Greene
(Louise Green)

VIEW ADDITIONAL LAND RECORDS AT

OKCOUNTYRECORDS.COM

STATE OF OKLAHOMA }
COUNTY OF McClain } SS:

INDIVIDUAL ACKNOWLEDGMENT
Oklahoma Form

Before me, the undersigned, a Notary Public in and for said County and State on this 10th day of November, 19 75, personally appeared Cecil R. Green and Louise Green, husband and wife,

to me known to be the identical person s who executed the within and foregoing instrument and acknowledged to me that they executed the same as their free and voluntary act and deed for the uses and purposes therein set forth.

GIVEN under my hand and seal the day and year last above written.

My commission expires 12-21-75

Shirley M. Cattington Notary Public

This Space Reserved for Filing Stamp
BOOK 554 PAGE 681

STATE OF OKLAHOMA }
McCLAIN COUNTY }

Filed for record on the 19 day of Jan, A. D. 19 76
at 7:10 o'clock P. M. Recorded in
Book 554 on page 681
Jimmie Collins, County Clerk

By _____ Deputy

Return to: City Clerk
City Hall, Purcell

WARRANTY DEED

No. 3024

FROM

McClain Col Fair Ass'n.
TO

The City of Purcell,

STATE OF OKLAHOMA, McClain County, ss:

This instrument was filed for record on the 26day of AUG. A. D. 1920at 10 o'clock PM, and duly recorded in book 11on page 255 Fee \$

J. D. WARNER:

County Clerk.

By H. L. HUNTER

Deputy.

STATE OF OKLAHOMA, MCCLAIN COUNTY...SS

KNOW ALL MEN BY THESE PRESENTS:

That The McClain County Fair Association, a corporationpart Y of the first part, in consideration of the sum of
/ Ten Hundred and Twelve & 50/100 (\$1012.50) DOLLARS,in hand paid, the receipt of which is hereby acknowledged, do LS hereby grant, bargain, sell and convey untoTHE CITY OF PURCELL, McClain County, Oklahoma.

the following described real property and premises, situate

in McClain County, State of Oklahoma, to-wit:The Southwest quarter of the Northeast Quarter of Lot Three (3) and the Southeast Quarter of the Northwest Quarter of Lot Three (3) and the West Half of the Northwest Quarter of Lot Three (3) and (One Half acre off of the east side of the Northeast Quarter of Lot Four (4)) all in Section One (1) Township Six North of Range Two (2) West Indian Base and Meridian of the State, of Oklahoma.L. R. \$ 1.50 Considered

together with all the improvements thereon and the appurtenances thereto belonging, and warrant the title to the same.

TO HAVE AND TO HOLD said premises unto the said part Y of the second part its heirs and assigns forever, free, clear and discharged of and from all former grants, taxes, charges, judgments, mortgages, and other liens and encumbrances of whatever natureSigned and delivered this 16th day of August, 1920CORPORATE SEAL. WITNESSES:
R. M. HOLDEN, SECRETARY.THE MCCLAIN COUNTY FAIR
ASSOCIATION, A CORPORATION BY.
J. O. HANKS, PRESIDENT.

STATE OF OKLAHOMA, COUNTY OF MCCLAIN, SS:

TOM P. PACE, cl, alright
BEFORE ME, a Notary Public in and for said County and State on this the 16th day of August, 1920personally appeared before me, J. O. Hanks, and
HE subscribed the name of the maker thereof to the foregoing instrument as its President
to me known to be the identical person why HE and acknowledged to me that he
and as the free and voluntary act and deed of said corporation for the
executed the same as his free and voluntary act and deed HE used and purposes therein set forth and containedWITNESS my hand and official seal, the day and YEAR last above written.SEAL January 6th 21
My Commission Expires 19

TOM P. PACE,

Notary Public.



Intergovernmental Agreement

This Intergovernmental Agreement (Agreement) between the Oklahoma Department of Environmental Quality (DEQ) and The City of Purcell (City) is for environmental cleanup services provided by DEQ for the Property located at 1500 N Green Ave, Purcell, OK, 73080, McClain County. The areas of responsibility and relationships presented herein provide the conceptual framework under which the project will be executed.

- I. **STATUTORY AUTHORITY AND EFFECTIVE DATE:** This Agreement is authorized pursuant to and in accordance with the provisions of Title 27A Okla. Stat. (O.S.) § 2-3-201, 27A O.S. § 2-3-202, 74 O.S. § 581, and 74 O.S. § 1008. This Agreement shall begin on November 1st, 2024 or when executed by all parties whichever date occurs of the later and will continue through June 30th, 2025 or until completion of project or through an amendment whichever occurs first.
- II. **ENVIRONMENTAL CLEANUP SERVICES:** The City has requested environmental cleanup assistance from DEQ. DEQ agrees to provide the environmental cleanup services outlined in the attached Statement of Work (**Exhibit "A"**) and the City agrees to these services.
- III. **RESPONSIBILITIES OF ALL PARTIES:** The City and DEQ mutually agree that the responsibilities shall be as stated below:
 - 1) City's Responsibilities: The City shall be responsible for the duties listed below and shall not hold DEQ responsible for any of the duties. Those duties shall include:
 - a) Appoint a representative to serve as the central point of contact on matters relating to this Agreement and submit said representatives name and contact information to DEQ within ten (10) days of the effective date of this Agreement;
 - b) Restrict occupant's use/presence in the facility during remediation, as requested. This could include but is not limited to removing equipment, vehicles and other items that may be in the way of cleanup activities;
 - c) Attend routine update calls with DEQ during the remediation process; and
 - d) Perform any continued operations and maintenance required to keep remedy protective. An Operations and Maintenance Plan will be provided by DEQ if necessary.
 - 2) DEQ's Responsibilities: DEQ shall be responsible for the duties listed below and shall not hold the City responsible for any of the duties. Those duties shall include:
 - a) Appoint a representative to serve as the central point of contact on matters relating to this Agreement and submit said representatives name and contact information to the City within ten (10) days of the effective date of this Agreement;
 - b) Provide regular verbal progress reports via calls with the City;
 - c) Manage work and cover costs associated with the environmental cleanup work outlined in the attached Statement of Work (**Exhibit "A"**);
 - d) Supply the City with a final report of all DEQ activities within 90 days of completion of work.

- IV. **ACCESS TO PROPERTY:** All access to property shall be enforced by the executed Environmental Access Permit that shall accompany this Agreement upon execution.
- V. **PUBLIC INFORMATION:** The City is generally responsible for all public information. The City shall acknowledge the DEQ cleanup services outlined in this Agreement when making public statements regarding this building. The City will allow DEQ to place signs on the property during the environmental cleanup work. DEQ may make public announcements and respond to all inquiries relating to the environmental cleanup work in this Agreement. DEQ reserves the right to approve all press releases and publications where the agency is mentioned or included before publication. The agency shall provide a contact for publicity approval within ten (10) days of execution of the Agreement. The City shall have the agency's approval before using the DEQ logo or moving any DEQ signs the agency has placed. The City and DEQ shall give the other party advance notice before making any public statement regarding work contemplated, undertaken, or completed pursuant to this Agreement.
- VI. **TERMINATION:** This Agreement is expressly contingent upon funding and shall terminate without penalty either in whole or in part if funds are not made available to DEQ. Either party may terminate this Agreement by giving written notice at least sixty (60) days prior to the desired date of cancellation.
- VII. **ACCEPTANCE OF AGREEMENT:** The parties acknowledge and agree that they have read the Agreement and that they accept the responsibilities with which they are charged. The City agrees to comply with the building use restrictions during cleanup and understands that failure to comply with said restrictions or failure to adhere to the responsibilities enumerated in this Agreement may result in delayed remediation. This Agreement shall not affect any pre-existing or independent relationships or obligations between the parties. The City's Acceptance of this Agreement from DEQ constitutes acceptance of all current DEQ Purchasing terms and conditions. Terms and conditions are subject to change and may be found at <https://www.deq.ok.gov/wp-content/uploads/deqmainresources/DEQ-Terms-and-Conditions.pdf>
- VIII. **UNAUTHORIZED OBLIGATION:** At no time during the performance of this Agreement shall the City have the authority to obligate DEQ for payment of any goods or services.

In witness whereof, this Agreement, consisting of four (4) pages has been executed and delivered effective as of the date first above written.

City of Purcell
230W Main St
Purcell, OK 73080

Bobby Elmore 11-12-2024
Authorized Representative Signature Date

BOBBY ELMORE, INTERIM CITY MANAGER
Authorized Representative Name, Title

Oklahoma Department of Environmental Quality
707 N. Robinson, P.O. Box 1677,
Oklahoma City, Oklahoma 73101-1677

Authorized Representative Signature Date

Authorized Representative Name, Title

Exhibit “A”
Statement of Work



Environmental Access Permit

THIS PERMIT made and entered into by and between **City of Purcell** hereinafter called the PERMITOR, and the **DEPARTMENT OF ENVIRONMENTAL QUALITY**, hereinafter called the PERMITTEE.

WITNESSETH, PERMITTEE is hereby granted permission and authority to enter upon the following described property, situated in McClain County, Oklahoma, hereinafter referred to as the "Property":

1500 N Green Ave, Purcell, OK, 73080

Attached and incorporated by reference as Exhibit "A": Property Location Map

TERMS AND CONDITIONS OF PERMIT:

1. **TERM**: This Permit shall be for a period of 1 year beginning November 1, 2024, and ending June 30, 2025.
2. **USE OF PROPERTY**: PERMITTEE and its consultants or contractors may enter upon said property for the performance of remedial activities, install, erect, operate, maintain, remove, and perform all work associated with said remedial activities. PERMITTEE and its consultants and contractors shall have the right of ingress and egress, to and from said site across adjoining lands of the PERMITOR. PERMITOR and PERMITTEE acknowledge that all equipment and improvements of PERMITTEE to support the said operations shall be deemed personal property of PERMITTEE.
3. **MAINTENANCE**: PERMITTEE agrees that no other changes shall be made to the Property without prior written permission of the PERMITOR other than what is necessary for the purpose of the Permit.
4. **INDEMNIFICATION**: PERMITOR agrees on its behalf and that of any successors or assigns to hold harmless, defend and indemnify the PERMITTEE, its officers, agents, employees, representatives, successors, and assigns, from and against any and all losses, liabilities, expenses, claims, demands, injuries, damages, fines, penalties, costs or judgments, including, without limitation, attorney's fees and costs of any kind. Without waiving any defense or immunity, and subject to the Oklahoma Governmental Tort Claims Act, such indemnification shall exclude any such liability to the extent caused by the negligence or willful misconduct of the PERMITTEE, its officers, agents, employees, representatives, successors, and assigns while acting within the scope of their employment.
5. **NO WARRANTIES**: The PERMITTEE makes no representations or warranties of any kind in connection with this Permit. This Permit is subject to all existing conditions, restrictions, reservations, easements, servitudes and right of ways of record.
6. **ASSIGNMENT**: This Permit cannot be assigned in whole or in part without the written approval of the PERMITTEE.
7. **TERMINATION**: Either party may terminate this Permit, or any renewals of this Permit, by giving written notice at least sixty (60) days prior to the desired date of cancellation.
8. **APPLICABLE LAW**: This Permit shall supersede any and all previous agreements whether oral or written and shall be governed by the laws of the State of Oklahoma.
9. **NON-WAIVER**: Failure of either the PERMITOR or PERMITTEE to exercise any right given hereunder or to insist upon strict compliance with regard to any term, condition or covenant specified herein, shall not constitute a waiver of the PERMITOR or PERMITTEE'S right to exercise such right or to demand strict compliance with any term, condition or covenant under this Agreement.

10. **ENTIRE AGREEMENT:** This Permit constitutes the sole and entire agreement of the parties and is binding upon the PERMITOR and the PERMITTEE, their heirs successors, legal representatives and assigns.

PERMITOR:	<u>City of Purcell</u>	PERMITTEE:	<u>Oklahoma Department of Environmental Quality</u>
	(Type or Print)		
By:	<u><i>Bobby Elmore</i></u>	By:	<u></u>
	(Signature)		(Signature)
	<u>BOBBY ELMORE, INTERIM CITY MANAGER</u>		<u></u>
	(Print Name and Title)		(Print Name)
			Director of Support Services, Administrative Services Division
Date:	<u>11-12-2024</u>	Date:	<u></u>

An aerial map of Purcell, Oklahoma, with a red rectangle highlighting the Purcell Muni Hospital. The map shows the following streets: W Grant St, W Lincoln St, N 4th Ave, N 6th Ave, and Riverview Dr. Labeled locations include Purcell Medical Center, Shandy Tonja C, Purcell City Police Department, Purcell Court Clerk, McClain County 9-1-1, Oklahoma Foot & Ankle Specialists, Dr., Oklahoma Pain Physicians, Cook Erin M, Barry Grant Perkins, Shed Diva, and IBC Bank.

Inspection Reports

ASTECH

Asbestos Support Technologies Inc.

May 28th, 2024

Via Email: sam.demel@purcellok.gov

Sam Demel
City Of Purcell
230 West Main Street
Purcell, OK. 73080

Dear Mr. Demel

Subject: Asbestos Inspection
Purcell Municipal Hospital
1500 N. Green Ave.
Purcell, Oklahoma

As you requested, an asbestos inspection was performed by a licensed AHERA inspector (Richard Belcher, Lic#159310) on April 26th, 2024, for suspect asbestos containing materials (ACM) located throughout the building identified as the "Purcell Municipal Hospital", in Purcell, Oklahoma. This inspection was conducted to meet requirements of 40 CFR Part 61, the National Emissions Standards for Hazardous Air Pollutants (NESHAP) for the purpose of demolition/renovation.

Suspect ACM was grouped into homogeneous sampling areas, which were further classified as either surfacing (SM), thermal (TSI), or miscellaneous materials (MM). TSI consists of insulating materials, mastics or sealants used to reduce heat loss or gain on mechanical systems such as piping, ducts, air handlers, boilers, flues, heat exchangers, etc. SM includes materials applied to surfaces other than mechanical systems for purposes such as fireproofing, acoustical insulation and aesthetic finishes. These are regulated friable materials that if disturbed or if the structure is demolished must first be removed by a state licensed asbestos abatement contractor. Miscellaneous Materials are all other materials not included in the other two categories, and include materials such as floor tiles, adhesives, gaskets, caulking compounds and asbestos-cement piping/panels (transite).

A total of fifty-four (54) homogeneous areas of suspect ACM were identified, and one hundred and sixty-six (166) bulk samples were collected. Light demolition procedures were done during this inspection. Multiple layer samples were separated at the lab for individual analysis. The samples were analyzed for asbestos type and quantity utilizing polarized light microscopy (PLM). Asbestos inspection criteria include category I & II non-friable as well as for regulated asbestos containing materials (RACM) as defined under 40 CFR 61 Subpart M (NESHAP). Inspection criteria also meets the requirements for rebutting the Presumed Asbestos-Containing Material (PACM) designation cited in 29 CFR 1926.1101. Quantem Laboratories conducted the sample analysis. Quantem Laboratories is accredited by the National Institute of Standards and Technology (NIST) under the National Voluntary Laboratory Accreditation Program (NVLAP).

OBSERVATIONS:

The structure is a single-story metal and CMU framed building on a concrete foundation with brick veneer. Roofing is a flat built-up tar composition. Flooring was a combination of bare

concrete, carpet, ceramic floor tile and vinyl composite tile (VCT). Walls are smooth and textured drywall, texture on CMU, Painted CMU and finished brick. The ceilings are textured drywall, smooth drywall, 2x2 ceiling tiles, 1x1 ceiling tiles with glue plugs and 2x4 ceiling tiles in a drop metal grid. Duct work is flex duct and metal with foil backed fiberglass. Piping observed is PVC and metal with cellulose and PVC fittings.

Suspect materials sampled:

1. 1x1 ceiling tiles/glue plugs
2. Joint compound-ceiling
3. 2x4 ceiling tiles-lines
4. 2x4 ceiling tiles-small holes
5. Joint compound-wall
6. Wall texture-knock down
7. Wall texture-slap brush
8. Ceiling texture-knock down
9. Wall texture-slap brush
10. 2x2 ceiling tiles
11. 2x2 ceiling tiles-bumps
12. 2x2 ceiling tiles-recessed
13. Joint compound-wall
14. Wall texture-slap brush
15. Ceiling texture-slap brush
16. Wall texture-knock down
17. Ceiling texture-knock down
18. Joint compound-ceiling
19. 2x4 ceiling tiles
20. Wall texture-orange peel
21. Texture on reception lobby fur-down
22. Drywall
23. Wall texture
24. Joint compound-wall
25. 2x4 ceiling tiles
26. Joint compound-wall
27. Piping insulation-condensate line
28. Piping insulation-chilled water
29. Piping insulation-heating water
30. Piping insulation-domestic water
31. Fitting-condensate
32. Fitting-hot water
33. Fitting-chilled water
34. Fitting-domestic water
35. Boiler gasket
36. Boiler flue insulation
37. Boiler insulation
38. Duct insulation
39. Wall texture
40. Joint compound
41. Drywall
42. 2x4 ceiling tiles
43. 2x2 ceiling tiles
44. Duct mastic-applied
45. Domestic water piping insulation
46. Domestic water fitting

47. Domestic piping insulation
48. Vinyl sheeting
49. 1x1 VCT/mastic-beige tan spots
50. Vinyl sheeting/mastic
51. 1x1 VCT/mastic-gray
52. 1x1 VCT/mastic-red
53. 1x1 VCT/mastic-beige gray spots
54. 1x1 VCT/mastic-tan

Notable findings are as follows:

A. Friable asbestos containing material present:

- *Wall Texture in East section @ 31,000-Sf.*

These are friable regulated materials that if disturbed or if the structure is demolished, they must first be addressed or removed by state licensed asbestos abatement contractor.

B. Category 1 Non-friable asbestos containing material present:

- *1x1 VCT/Mastic @ 9,000-Sf, center E-W hallway, NE hallway and rooms, south patient rooms by nurses' station.*
- *Duct Seam Mastic @ 1,800-LF. Throughout.*
- *Glue Plugs beneath ceiling tile - West lobby.*

C. Non-friable presumed asbestos containing material (PACM) present:

- *Roofing (category 1).*

Structures containing **category 1 non-friable asbestos materials** in non-friable condition may be demolished with these materials in place. If the structure is not demolished these materials should not be cut, sanded, or reduced to a powder by any means before being addressed by properly trained personnel or further testing is conducted to show no asbestos is present. Roofing materials were not tested. These materials were inspected but not sampled because they are category 1 non-friable materials and sampling procedures are destructive.

Table 1 (attached) summarizes all data and is sorted by homogeneous sampling area. (For clarity, homogeneous sampling areas are separated by bold lines in the table). Each sample is identified by a ten-digit code which is broken into three segments; the first six digits are the year, month, and day of collection, the next two digits are the homogeneous sampling area number; and the last two digits are sequential sample numbers within the homogeneous sampling area. Sampling protocol requires that if any one sample from a homogeneous area test positive for asbestos, the entire homogeneous area must be treated as ACM.

Homogeneous Area is defined as "an area of surfacing material, thermal system insulation material, or miscellaneous material that is uniform in color and texture". Date of construction in specific areas are a factor as well.

Bidders are responsible for their own calculations and estimates of quantities. Actual quantities may be more or less than indicated. Though every effort was made to examine wall cavities and other areas for pipe insulation, spray-applied or trowel applied surfacing material or other miscellaneous materials, ceilings and pipe chases are still in place making quantities impossible to be quantified without complete demolition. This survey and report only deal with accessible areas of the building. There may be additional inaccessible areas above ceiling, behind walls, below floors, and in areas that were not accessible because of other physical barriers, occupancy, or structural

damage that become evident during demolition or renovation activities. If suspect materials are found, additional asbestos testing may be required.

If you have any questions concerning this report, feel free to contact me at 405.618.7660. Thank you for using ASTECH, Inc.

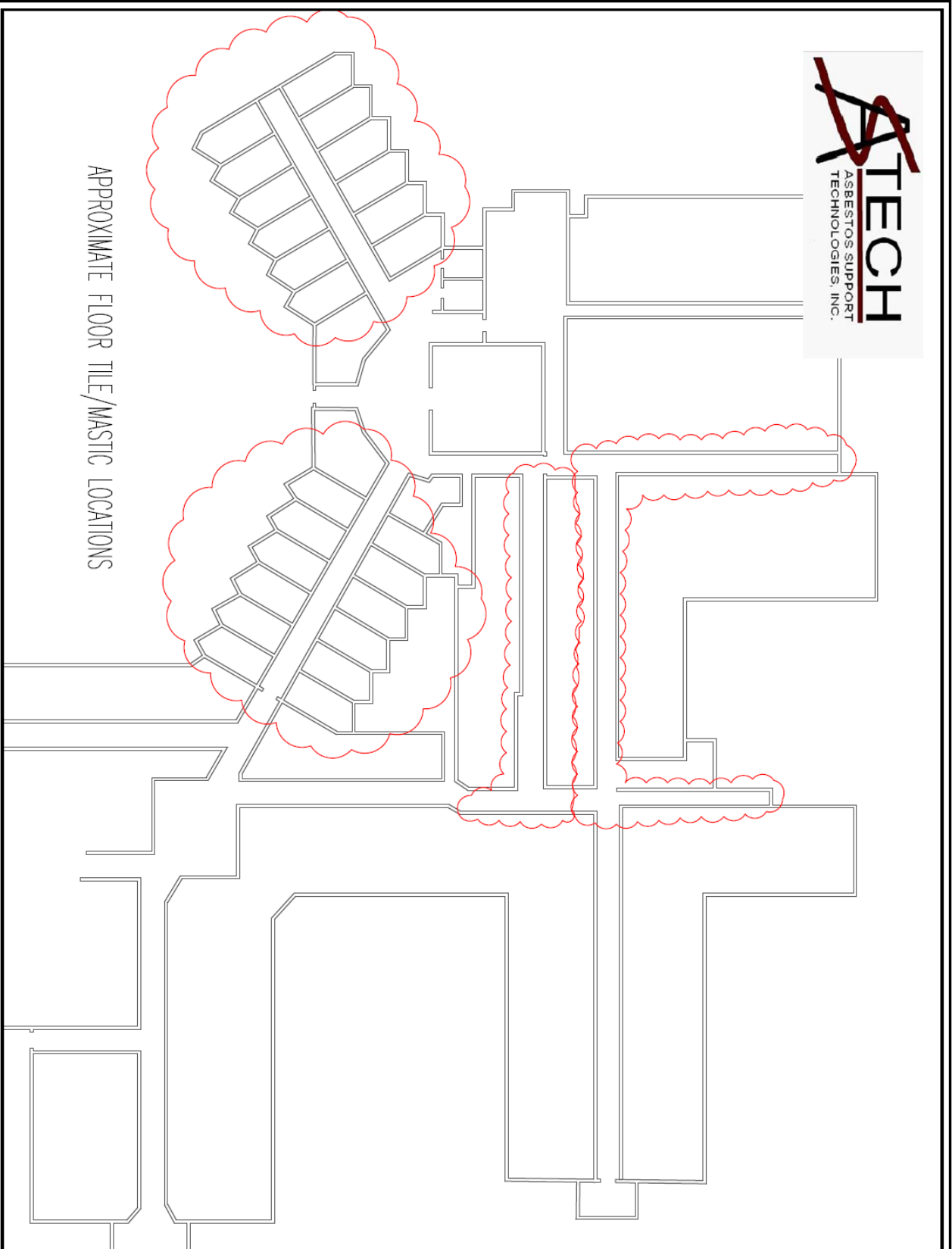
Sincerely,
ASBESTOS SUPPORT TECHNOLOGIES, INC.

A handwritten signature in black ink, appearing to read "Rodney Hill". The signature is fluid and cursive, with the first name "Rodney" and last name "Hill" clearly distinguishable.

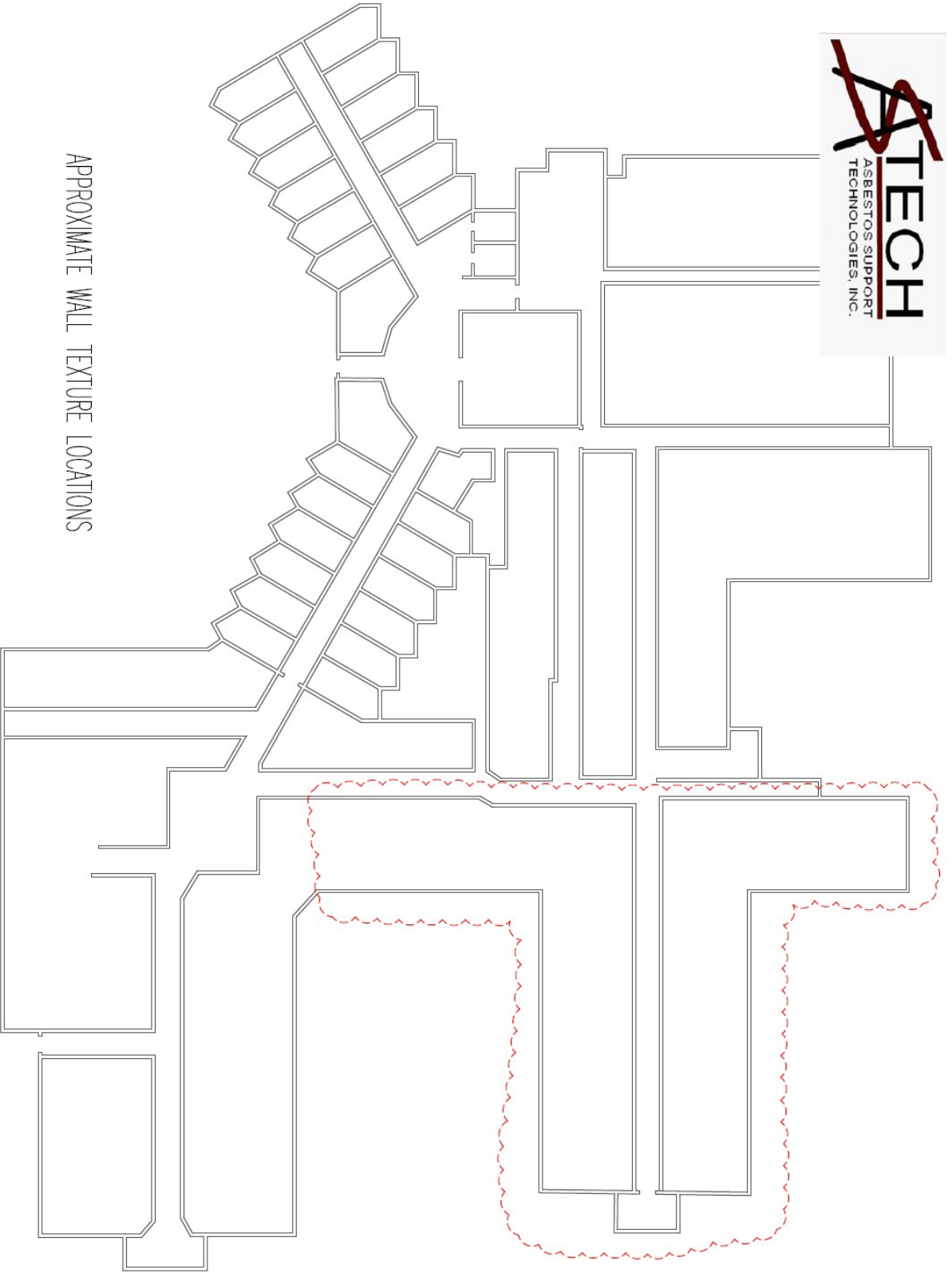
Rodney Hill
President
Inspector/Management Planner

Attachments: Drawings
Table 1
Laboratory Results

DRAWINGS



APPROXIMATE FLOOR TILE/MASTIC LOCATIONS



APPROXIMATE WALL TEXTURE LOCATIONS

TABLE 1

Sample Numbers			Type	Friab.	Description	Location	%	Type
240426	01	01-02	M	NF	1x1 Ceiling Tiles/ <i>Glue Plugs (plugs only)</i>	West Lobby	3	Chrysotile
240426	02	01-03	M	F	Joint Compound-Ceiling	West Lobby	ND	NA
240426	03	01-02	M	F	2x4 Ceiling Tiles-Lines	West Section	ND	NA
240426	04	01-02	M	F	2x4 Ceiling Tiles-Small Holes	West Section	ND	NA
240426	05	01-05	M	F	Joint Compound-Wall	West Section	ND	NA
240426	06	01-03	SM	F	Wall Texture-Knock Down	Rm#3555,3556,3543,3644	ND	NA
240426	07	01-03	SM	F	Wall Texture-Slap Brush	On CMU Rm# 3544	ND	NA
240426	08	01-03	SM	F	Ceiling Texture-Knock Down	Rm#3556	ND	NA
240426	09	01-03	SM	F	Wall Texture-Slap Brush	Rm#3544, Cafeteria	ND	NA
240426	10	01-02	M	F	2x2 Ceiling Tiles	NW	ND	NA
240426	11	01-02	M	F	2x2 Ceiling Tiles-Bumps	Administration-NW	ND	NA
240426	12	01-02	M	F	2x2 Ceiling Tiles-Recessed	Lobby SW Section	ND	NA
240426	13	01-07	M	F	Joint Compound-Wall	Lobby SW Section	ND	NA
240426	14	01-03	SM	F	Wall Texture-Slap Brush	Rm's# 3565-3581	ND	NA
240426	15	01-03	SM	F	Ceiling Texture-Slap Brush	Rm's# 3579	ND	NA
240426	16	01-03	SM	F	Wall Texture-Knock Down	Rm's# 3568, Hallway, 3576, 3580	ND	NA
240426	17	01-03	SM	F	Ceiling Texture-Knock Down	3568,3580	ND	NA
240426	18	01-03	M	F	Joint Compound-Ceiling	SW Section	ND	NA
240426	19	01-02	M	F	2x4 Ceiling Tiles	SW Section	ND	NA
240426	20	01-05	SM	F	Wall Texture-Orange Peel	SW Section	ND	NA
240426	21	01-03	SM	F	Texture On Reception Lobby Fur-Down	SW Section	ND	NA
240426	22	01-02	M	F	Drywall	SW Section	ND	NA
240426	23	01-03	SM	F	Wall Texture	SE Section	ND	NA
240426	24	01-07	M	F	Joint Compound-Wall	SE Section	ND	NA
240426	25	01-02	M	F	2x4 Ceiling Tiles	Se Section	ND	NA
240426	26	01-03	M	F	Joint Compound-Wall	SE Section	ND	NA
240426	27	01-03	TM	F	Piping Insulation-Condensate Line	Mechanical Room-Canvas Wrap	ND	NA
240426	28	01-03	TM	F	Piping Insulation-Chilled Water	Mechanical Room-Canvas Wrap	ND	NA
240426	29	01-03	TM	F	Piping Insulation-Heating Water	Mechanical Room-Canvas Wrap	ND	NA
240426	30	01-03	TM	F	Piping Insulation-Domestic Water	Mechanical Room-Canvas Wrap	ND	NA
240426	31	01-03	TM	F	Fitting-Condensate	Mechanical Room	ND	NA
240426	32	01-03	TM	F	Fitting-Hot Water	Mechanical Room	ND	NA
240426	33	01-03	TM	F	Fitting-Chilled Water	Mechanical Room	ND	NA
240426	34	01-03	TM	F	Fitting-Domestic Water	Mechanical Room	ND	NA
240426	35	01-03	M	NF	Boiler Gasket	Mechanical Room	ND	NA

Sample Numbers			Type	Friab.	Description	Location	%	Type
240426	36	01-03	TM	F	Boiler Flue Insulation	Mechanical Room	ND	NA
240426	37	01-03	TM	F	Boiler Insulation	Mechanical Room	ND	NA
240426	38	01-03	TM	F	Duct Insulation	Mechanical Room	ND	NA
240426	39	01-05	SM	F	Wall Texture	East Section	1.5	Chrysotile
240426	40	01-05	M	F	Joint Compound	East Section	ND	NA
240426	41	01-02	M	F	Drywall	East Section	ND	NA
240426	42	01-02	M	F	2x4 Ceiling Tiles	East Section	ND	NA
240426	43	01-02	M	F	2x2 Ceiling Tiles	East Section	ND	NA
240426	44	01-04	M	NF	Duct Mastic-Applied	Throughout	4	Chrysotile
240426	45	01-05	TM	F	Domestic Water Piping Insulation	Throughout Main Building	ND	NA
240426	46	01-07	TM	F	Domestic Water Fitting	Throughout Main Building	ND	NA
240426	47	01-03	TM	F	Domestic Piping Insulation	Throughout Main Building	ND	NA
240426	48	01-02	M	NF	Vinyl Sheeting	North-West Section	ND	NA
240426	49	01-02	M	NF	1x1 VCT/Mastic-Beige Tan Spots	Hallways-North & South Rooms	3-4	Chrysotile
240426	50	01-02	M	NF	Vinyl Sheeting/Mastic	Center	ND	NA
240426	51	01-02	M	NF	1x1 VCT/Mastic-Gray	SE Section	ND	NA
240426	52	01-02	M	NF	1x1 VCT/Mastic-Red	Center	ND	NA
240426	53	01-02	M	NF	1x1 VCT/Mastic-Beige Gray Spots	NE Section	ND	NA
240426	54	01-02	M	NF	1x1 VCT/Mastic-Tan (Mastic Only)	East Section	3	Chrysotile

ND = None Detected N/A = Not Applicable



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Polarized Light Microscopy Asbestos Analysis Report

Quantem Lab No.	368509	Client:	AsTech, Inc.
Account Number:	B054		P.O. Box 771
			Blanchard, OK 73010
Date Received:	04/29/2024		
Received By:	Courtney Holman		
Date Analyzed:	05/03/2024	Project:	Purcell Muni Hospital
Analyzed By:	Cassie Sanborn	Project Location:	1500 N. Green Ave Purcell, OK
Methodology:	EPA/600/R-93/116	Project Number:	N/A REVISED

Quantem Sample ID	Client Sample ID	Composition	Color / Description	Asbestos (%)	Non-Asbestos Fiber (%)	Non Fibrous
001	1-1	Layered	Tan Ceiling Tile	Asbestos Not Present	Cellulose 20 Glass Fiber 70	Paint
001a		Layered	Brown Mastic	Asbestos Present Chrysotile 3	NA	Glue
002	1-2	Layered	Tan Ceiling Tile	Asbestos Not Present	Cellulose 20 Glass Fiber 70	Paint
002a		Layered	** Mastic	**	Not Analyzed	
Positive Stop						
003	2-1	Homogeneous	White Joint Compound	Asbestos Not Present	NA	CaCO3 Paint
004	2-2	Homogeneous	White Joint Compound	Asbestos Present Chrysotile <0.25 400 Point Count	NA	CaCO3 Paint

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Methodology:	EPA/600/R-93/116	Project Number:	N/A REVISED

Quantem Sample ID	Client Sample ID	Composition	Color / Description	Asbestos (%)	Non-Asbestos Fiber (%)	Non Fibrous
005	2-3	Homogeneous	White Joint Compound	Asbestos Present Chrysotile 0.50 400 Point Count	NA	CaCO3 Paint
006	3-1	Homogeneous	White Ceiling Tile	Asbestos Not Present	Cellulose 50 Glass Fiber 30	Perlite Paint
007	3-2	Homogeneous	White Ceiling Tile	Asbestos Not Present	Cellulose 50 Glass Fiber 30	Perlite Paint
008	4-1	Homogeneous	White Ceiling Tile	Asbestos Not Present	Cellulose 50 Glass Fiber 30	Perlite Paint
009	4-2	Homogeneous	White Ceiling Tile	Asbestos Not Present	Cellulose 50 Glass Fiber 30	Perlite Paint
010	5-1	Homogeneous	White Joint Compound	Asbestos Not Present	NA	CaCO3 Paint
011	5-2	Homogeneous	White Joint Compound	Asbestos Not Present	NA	CaCO3 Paint

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Date Analyzed: 05/03/2024

Analyzed By: Cassie Sanborn

Methodology: EPA/600/R-93/116

Client: AsTech, Inc.

P.O. Box 771

Blanchard, OK 73010

Project: Purcell Muni Hospital

Project Location: 1500 N. Green Ave Purcell, OK

Project Number: N/A REVISED

Quantem Sample ID	Client Sample ID	Composition	Color / Description	Asbestos (%)	Non-Asbestos Fiber (%)	Non Fibrous
012	5-3	Homogeneous	White Joint Compound	Asbestos Not Present	NA	CaCO3 Paint
013	5-4	Homogeneous	White Joint Compound	Asbestos Not Present	NA	CaCO3 Paint
014	5-5	Homogeneous	White Joint Compound	Asbestos Not Present	NA	CaCO3 Paint
015	6-1	Homogeneous	White Wall Texture	Asbestos Not Present	NA	CaCO3 Paint
016	6-2	Homogeneous	White Wall Texture	Asbestos Not Present	NA	CaCO3 Gypsum Paint
017	6-3	Homogeneous	White Wall Texture	Asbestos Not Present	NA	CaCO3 Paint

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Methodology: EPA/600/R-93/116

Client: AsTech, Inc.

P.O. Box 771

Blanchard, OK 73010

Project: Purcell Muni Hospital

Project Location: 1500 N. Green Ave Purcell, OK

Project Number: N/A REVISED

Quantem Sample ID	Client Sample ID	Composition	Color / Description	Asbestos (%)	Non-Asbestos Fiber (%)	Non Fibrous
018	7-1	Homogeneous	White Wall Texture	Asbestos Not Present	NA	CaCO3 Paint
019	7-2	Homogeneous	White Wall Texture	Asbestos Not Present	NA	CaCO3 Paint
020	7-3	Homogeneous	White Wall Texture	Asbestos Not Present	NA	CaCO3 Paint
021	8-1	Layered	White Ceiling Texture	Asbestos Not Present	NA	CaCO3 Paint
021a		Layered	Tan Ceiling Texture	Asbestos Present Chrysotile <0.25 400 Point Count	NA	CaCO3 Paint
022	8-2	Layered	White Ceiling Texture	Asbestos Not Present	NA	CaCO3 Paint

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Methodology:	EPA/600/R-93/116	Project Number:	N/A REVISED

Quantem Sample ID	Client Sample ID	Composition	Color / Description	Asbestos (%)	Non-Asbestos Fiber (%)	Non Fibrous
022a		Layered	Tan Ceiling Texture	Asbestos Present Chrysotile <0.25 400 Point Count	NA	CaCO3 Paint
023	8-3	Homogeneous	White Ceiling Texture	Asbestos Not Present	NA	CaCO3 Gypsum Paint
024	9-1	Homogeneous	White Wall Texture	Asbestos Not Present	NA	CaCO3 Paint
025	9-2	Homogeneous	White Wall Texture	Asbestos Not Present	NA	CaCO3 Paint
026	9-3	Homogeneous	White Wall Texture	Asbestos Not Present	NA	CaCO3 Paint
027	10-1	Homogeneous	White Ceiling Tile	Asbestos Not Present	Cellulose Glass Fiber	50 30 Perlite Paint
028	10-2	Homogeneous	White Ceiling Tile	Asbestos Not Present	Cellulose Glass Fiber	50 30 Perlite Paint

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Methodology: EPA/600/R-93/116

Client: AsTech, Inc.

P.O. Box 771

Blanchard, OK 73010

Project: Purcell Muni Hospital

Project Location: 1500 N. Green Ave Purcell, OK

Project Number: N/A REVISED

Quantem Sample ID	Client Sample ID	Composition	Color / Description	Asbestos (%)	Non-Asbestos Fiber (%)	Non Fibrous
029	11-1	Homogeneous	White Ceiling Tile	Asbestos Not Present	Cellulose 50 Glass Fiber 30	Perlite Paint
030	11-2	Homogeneous	White Ceiling Tile	Asbestos Not Present	Cellulose 50 Glass Fiber 30	Perlite Paint
031	12-1	Homogeneous	White Ceiling Tile	Asbestos Not Present	Cellulose 50 Glass Fiber 30	Perlite Paint
032	12-2	Homogeneous	White Ceiling Tile	Asbestos Not Present	Cellulose 50 Glass Fiber 30	Perlite Paint
033	13-1	Homogeneous	White Joint Compound	Asbestos Present Chrysotile 0.75 400 Point Count	NA	CaCO3 Paint
034	13-2	Homogeneous	White Joint Compound	Asbestos Present Chrysotile 0.25 400 Point Count	NA	CaCO3 Paint

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Methodology:	EPA/600/R-93/116	Project Number:	N/A REVISED

Quantem Sample ID	Client Sample ID	Composition	Color / Description	Asbestos (%)	Non-Asbestos Fiber (%)	Non Fibrous
035	13-3	Homogeneous	White Joint Compound	Asbestos Present Chrysotile 0.25 400 Point Count	NA	CaCO3 Paint
036	13-4	Homogeneous	White Joint Compound	Asbestos Present Chrysotile 0.50 400 Point Count	NA	CaCO3 Paint
037	13-5	Homogeneous	White Joint Compound	Asbestos Present Chrysotile 0.75 400 Point Count	NA	CaCO3 Paint
038	13-6	Homogeneous	White Joint Compound	Asbestos Present Chrysotile 1.00 400 Point Count	NA	CaCO3 Paint
039	13-7	Homogeneous	White Joint Compound	Asbestos Present Chrysotile 0.50 400 Point Count	NA	CaCO3 Paint
040	14-1	Homogeneous	White Wall Texture	Asbestos Not Present	NA	CaCO3 Paint

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Methodology: EPA/600/R-93/116

Client: AsTech, Inc.

P.O. Box 771

Blanchard, OK 73010

Project: Purcell Muni Hospital

Project Location: 1500 N. Green Ave Purcell, OK

Project Number: N/A REVISED

Quantem Sample ID	Client Sample ID	Composition	Color / Description	Asbestos (%)	Non-Asbestos Fiber (%)	Non Fibrous
041	14-2	Homogeneous	White Wall Texture	Asbestos Not Present	NA	CaCO3 Paint
042	14-3	Homogeneous	White Wall Texture	Asbestos Not Present	NA	CaCO3 Paint
043	15-1	Homogeneous	White Ceiling Texture	Asbestos Not Present	NA	CaCO3 Paint
044	15-2	Homogeneous	White Ceiling Texture	Asbestos Not Present	NA	CaCO3 Paint
045	15-3	Homogeneous	White Ceiling Texture	Asbestos Not Present	NA	CaCO3 Paint
046	16-1	Layered	White Wall Texture	Asbestos Not Present	NA	CaCO3 Paint

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Analyzed By:	Cassie Sanborn	Project Location:	1500 N. Green Ave Purcell, OK
Methodology:	EPA/600/R-93/116	Project Number:	N/A REVISED

Quantem Sample ID	Client Sample ID	Composition	Color / Description	Asbestos (%)	Non-Asbestos Fiber (%)	Non Fibrous
046a		Layered	Tan Wall Texture	Asbestos Present Chrysotile <0.25 400 Point Count	NA	CaCO3 Paint
047	16-2	Layered	White Wall Texture	Asbestos Not Present	NA	CaCO3 Paint
047a		Layered	Tan Wall Texture	Asbestos Present Chrysotile 0.25 400 Point Count	NA	CaCO3 Paint
048	16-3	Layered	White Wall Texture	Asbestos Not Present	NA	CaCO3 Paint
048a		Layered	Tan Wall Texture	Asbestos Present Chrysotile <0.25 400 Point Count	NA	CaCO3 Paint
049	17-1	Homogeneous	White Ceiling Texture	Asbestos Not Present	NA	CaCO3 Paint

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Methodology:	EPA/600/R-93/116		

Quantem Sample ID	Client Sample ID	Composition	Color / Description	Asbestos (%)	Non-Asbestos Fiber (%)	Non Fibrous
050	17-2	Homogeneous	White Ceiling Texture	Asbestos Not Present	NA	CaCO3 Paint
051	17-3	Layered	White Ceiling Texture	Asbestos Not Present	NA	CaCO3 Paint
051a		Layered	Tan Ceiling Texture	Asbestos Present Chrysotile 0.50 400 Point Count	NA	CaCO3 Paint
052	18-1	Homogeneous	White Joint Compound	Asbestos Present Chrysotile 0.50 400 Point Count	NA	CaCO3 Paint
053	18-2	Homogeneous	White Joint Compound	Asbestos Present Chrysotile 0.25 400 Point Count	NA	CaCO3 Paint
054	18-3	Homogeneous	White Joint Compound	Asbestos Present Chrysotile 0.75 400 Point Count	NA	CaCO3 Paint

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Client: AsTech, Inc.

P.O. Box 771

Blanchard, OK 73010

Project: Purcell Muni Hospital

Project Location: 1500 N. Green Ave Purcell, OK

Project Number: N/A REVISED

Quantem Sample ID	Client Sample ID	Composition	Color / Description	Asbestos (%)	Non-Asbestos Fiber (%)	Non Fibrous
055	19-1	Homogeneous	White Ceiling Tile	Asbestos Not Present	Cellulose 50 Glass Fiber 30	Perlite Paint
056	19-2	Homogeneous	White Ceiling Tile	Asbestos Not Present	Cellulose 50 Glass Fiber 30	Perlite Paint
057	20-1	Homogeneous	White Wall Texture	Asbestos Not Present	NA	CaCO3 Paint
058	20-2	Homogeneous	White Wall Texture	Asbestos Not Present	NA	CaCO3 Paint
059	20-3	Homogeneous	White Wall Texture	Asbestos Not Present	NA	CaCO3 Paint
060	20-4	Homogeneous	White Wall Texture	Asbestos Not Present	NA	Gypsum Paint
061	20-5	Homogeneous	White Wall Texture	Asbestos Not Present	NA	Gypsum Paint

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Date Analyzed: 05/03/2024 Project: Purcell Muni Hospital
Analyzed By: Cassie Sanborn Project Location: 1500 N. Green Ave Purcell, OK
Methodology: EPA/600/R-93/116 Project Number: N/A REVISED

Quantem Sample ID	Client Sample ID	Composition	Color / Description	Asbestos (%)	Non-Asbestos Fiber (%)	Non Fibrous
062	21-1	Homogeneous	White Texture	Asbestos Not Present	NA	CaCO3 Paint
063	21-2	Homogeneous	White Texture	Asbestos Not Present	NA	CaCO3 Paint
064	21-3	Homogeneous	White Texture	Asbestos Not Present	NA	CaCO3 Paint
065	22-1	Homogeneous	White Drywall	Asbestos Not Present	Cellulose Glass Fiber	5 2 Gypsum
066	22-2	Homogeneous	White Drywall	Asbestos Not Present	Cellulose Glass Fiber	5 2 Gypsum
067	23-1	Homogeneous	White Wall Texture	Asbestos Not Present	NA	CaCO3 Paint

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Date Analyzed: 05/03/2024

Analyzed By: Cassie Sanborn

Methodology: EPA/600/R-93/116

Client: AsTech, Inc.

P.O. Box 771

Blanchard, OK 73010

Project: Purcell Muni Hospital

Project Location: 1500 N. Green Ave Purcell, OK

Project Number: N/A REVISED

Quantem Sample ID	Client Sample ID	Composition	Color / Description	Asbestos (%)	Non-Asbestos Fiber (%)	Non Fibrous
068	23-2	Homogeneous	White Wall Texture	Asbestos Not Present	NA	CaCO3 Paint
069	23-3	Homogeneous	White Wall Texture	Asbestos Not Present	NA	CaCO3 Paint
070	24-1	Homogeneous	White Joint Compound	Asbestos Not Present	NA	CaCO3 Paint
071	24-2	Homogeneous	White Joint Compound	Asbestos Not Present	NA	CaCO3 Paint
072	24-3	Homogeneous	White Joint Compound	Asbestos Not Present	NA	CaCO3 Paint
073	24-4	Homogeneous	White Joint Compound	Asbestos Not Present	NA	CaCO3 Paint
074	24-5	Homogeneous	White Joint Compound	Asbestos Not Present	NA	CaCO3 Paint

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Project Number: N/A REVISED

Quantem Sample ID	Client Sample ID	Composition	Color / Description	Asbestos (%)	Non-Asbestos Fiber (%)	Non Fibrous
075	24-6	Homogeneous	White Joint Compound	Asbestos Not Present	NA	CaCO3 Paint
076	24-7	Homogeneous	White Joint Compound	Asbestos Not Present	NA	CaCO3 Paint
077	25-1	Homogeneous	White Ceiling Tile	Asbestos Not Present	Cellulose Glass Fiber	50 30 Perlite Paint
078	25-2	Homogeneous	White Ceiling Tile	Asbestos Not Present	Cellulose Glass Fiber	50 30 Perlite Paint
079	26-1	Homogeneous	White Joint Compound	Asbestos Not Present	NA	CaCO3 Paint
080	26-2	Homogeneous	White Joint Compound	Asbestos Not Present	NA	CaCO3 Paint

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Methodology:	EPA/600/R-93/116	Project Number:	N/A REVISED

Quantem Sample ID	Client Sample ID	Composition	Color / Description	Asbestos (%)	Non-Asbestos Fiber (%)	Non Fibrous
081	26-3	Homogeneous	White Joint Compound	Asbestos Not Present	NA	CaCO3 Paint
082	27-1	Layered	Silver Wrap	Asbestos Not Present	Cellulose Glass Fiber	30 10 Foil Binder CaCO3
082a		Layered	Black Mastic	Asbestos Not Present	NA	Tar
082b		Layered	Orange Insulation	Asbestos Not Present	Glass Fiber	100
083	27-2	Layered	Silver Wrap	Asbestos Not Present	Cellulose Glass Fiber	30 10 Foil Binder CaCO3
083a		Layered	Black Mastic	Asbestos Not Present	NA	Tar
083b		Layered	Orange Insulation	Asbestos Not Present	Glass Fiber	100

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2033 HERITAGE PARK DR, OKLAHOMA CITY, OK 73120 | 1.800.822.1650

Polarized Light Microscopy Asbestos Analysis Report

Quantem Lab No. 368509

Account Number: B054

Date Received: 04/29/2024

Received By: Courtney Holman

Date Analyzed: 05/03/2024

Analyzed By: Cassie Sanborn

Methodology: EPA/600/R-93/116

Client: AsTech, Inc.

P.O. Box 771

Blanchard, OK 73010

Project: Purcell Muni Hospital

Project Location: 1500 N. Green Ave Purcell, OK

Project Number: N/A REVISED

Quantem Sample ID	Client Sample ID	Composition	Color / Description	Asbestos (%)	Non-Asbestos Fiber (%)	Non Fibrous
084	27-3	Layered	Silver Wrap	Asbestos Not Present	Cellulose 30 Glass Fiber 10	Foil Binder CaCO ₃
084a		Layered	Black Mastic	Asbestos Not Present	NA	Tar
084b		Layered	Orange Insulation	Asbestos Not Present	Glass Fiber 100	
085	28-1	Layered	Silver Wrap	Asbestos Not Present	Cellulose 20 Glass Fiber 10	Foil Binder
085a		Layered	Yellow Insulation	Asbestos Not Present	Glass Fiber 100	
086	28-2	Layered	Silver Wrap	Asbestos Not Present	Cellulose 20 Glass Fiber 10	Foil Binder

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Polarized Light Microscopy Asbestos Analysis Report

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Account Number:	B054		P.O. Box 771
			Blanchard, OK 73010
Date Received:	04/29/2024		
Received By:	Courtney Holman		
Date Analyzed:	05/03/2024	Project:	Purcell Muni Hospital
Analyzed By:	Cassie Sanborn	Project Location:	1500 N. Green Ave Purcell, OK
Methodology:	EPA/600/R-93/116	Project Number:	N/A REVISED

Quantem Sample ID	Client Sample ID	Composition	Color / Description	Asbestos (%)	Non-Asbestos Fiber (%)	Non Fibrous
086a		Layered	Yellow Insulation	Asbestos Not Present	Glass Fiber 100	
087	28-3	Layered	Silver Wrap	Asbestos Not Present	Cellulose 20 Glass Fiber 10	Foil Binder
087a		Layered	Yellow Insulation	Asbestos Not Present	Glass Fiber 100	
088	29-1	Layered	Silver Wrap	Asbestos Not Present	Cellulose 30 Glass Fiber 10	Foil Binder CaCO3
088a		Layered	Black Mastic	Asbestos Not Present	NA	Tar
088b		Layered	Orange Insulation	Asbestos Not Present	Glass Fiber 100	
089	29-2	Layered	Silver Wrap	Asbestos Not Present	Cellulose 30 Glass Fiber 10	Foil Binder CaCO3

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Analyzed By:	Cassie Sanborn	Project Location:	1500 N. Green Ave Purcell, OK
Methodology:	EPA/600/R-93/116	Project Number:	N/A REVISED

Quantem Sample ID	Client Sample ID	Composition	Color / Description	Asbestos (%)	Non-Asbestos Fiber (%)	Non Fibrous
089a		Layered	Black Mastic	Asbestos Not Present	NA	Tar
089b		Layered	Orange Insulation	Asbestos Not Present	Glass Fiber	100
090	29-3	Layered	Silver Wrap	Asbestos Not Present	Cellulose Glass Fiber	30 10 Foil Binder CaCO3
090a		Layered	Black Mastic	Asbestos Not Present	NA	Tar
090b		Layered	Orange Insulation	Asbestos Not Present	Glass Fiber	100
091	30-1	Layered	Silver Wrap	Asbestos Not Present	Cellulose Glass Fiber	30 10 Foil Binder CaCO3

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Analyzed By:	Cassie Sanborn	Project Location:	1500 N. Green Ave Purcell, OK
Methodology:	EPA/600/R-93/116	Project Number:	N/A REVISED

Quantem Sample ID	Client Sample ID	Composition	Color / Description	Asbestos (%)	Non-Asbestos Fiber (%)	Non Fibrous
091a		Layered	Black Mastic	Asbestos Not Present	NA	Tar
091b		Layered	Orange Insulation	Asbestos Not Present	Glass Fiber	100
092	30-2	Layered	Silver Wrap	Asbestos Not Present	Cellulose Glass Fiber	30 10 Foil Binder CaCO3
092a		Layered	Black Mastic	Asbestos Not Present	NA	Tar
092b		Layered	Orange Insulation	Asbestos Not Present	Glass Fiber	100
093	30-3	Layered	Silver Wrap	Asbestos Not Present	Cellulose Glass Fiber	30 10 Foil Binder CaCO3
093a		Layered	Black Mastic	Asbestos Not Present	NA	Tar

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P.O. Box 771

Blanchard, OK 73010

Project: Purcell Muni Hospital

Project Location: 1500 N. Green Ave Purcell, OK

Project Number: N/A REVISED

Quantem Sample ID	Client Sample ID	Composition	Color / Description	Asbestos (%)	Non-Asbestos Fiber (%)	Non Fibrous
093b		Layered	Orange Insulation	Asbestos Not Present	Glass Fiber 100	
094	31-1	Homogeneous	Tan Insulation	Asbestos Not Present	Wollastonite 10 Glass Fiber 20	CaCO3 Paint
095	31-2	Homogeneous	Tan Insulation	Asbestos Not Present	Wollastonite 10 Glass Fiber 20	CaCO3 Paint
096	31-3	Homogeneous	Tan Insulation	Asbestos Not Present	Wollastonite 10 Glass Fiber 20	CaCO3 Paint
097	32-1	Homogeneous	Tan Insulation	Asbestos Not Present	Wollastonite 10 Glass Fiber 20	CaCO3 Paint
098	32-2	Homogeneous	Tan Insulation	Asbestos Not Present	Wollastonite 10 Glass Fiber 20	CaCO3 Paint

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Analyzed By:	Cassie Sanborn	Project Location:	1500 N. Green Ave Purcell, OK
Methodology:	EPA/600/R-93/116	Project Number:	N/A REVISED

Quantem Sample ID	Client Sample ID	Composition	Color / Description	Asbestos (%)	Non-Asbestos Fiber (%)	Non Fibrous
099	32-3	Homogeneous	Tan Insulation	Asbestos Not Present	Wollastonite 10 Glass Fiber 20	CaCO3 Paint
100	33-1	Layered	Green Wrap	Asbestos Not Present	Cellulose 20 Synthetic 60	Paint Binder
100a		Layered	Tan Insulation	Asbestos Not Present	Wollastonite 10 Glass Fiber 20	Gypsum
101	33-2	Homogeneous	Tan Insulation	Asbestos Not Present	Wollastonite 10 Glass Fiber 20	Gypsum
102	33-3	Homogeneous	Tan Insulation	Asbestos Not Present	Wollastonite 10 Glass Fiber 20	Gypsum
103	34-1	Homogeneous	Tan Insulation	Asbestos Not Present	Wollastonite 10 Glass Fiber 20	Gypsum Paint
104	34-2	Homogeneous	Tan Insulation	Asbestos Not Present	Wollastonite 10 Glass Fiber 20	Gypsum

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Methodology:	EPA/600/R-93/116	Project Number:	N/A REVISED

Quantem Sample ID	Client Sample ID	Composition	Color / Description	Asbestos (%)	Non-Asbestos Fiber (%)	Non Fibrous
105	34-3	Homogeneous	Tan Insulation	Asbestos Not Present	Wollastonite 10 Glass Fiber 20	Gypsum
106	35-1	Homogeneous	White Gasket	Asbestos Not Present	Glass Fiber 100	
107	35-2	Homogeneous	White Gasket	Asbestos Not Present	Glass Fiber 100	
108	35-3	Homogeneous	White Gasket	Asbestos Not Present	Glass Fiber 100	
109	36-1	Layered	Silver Wrap	Asbestos Not Present	Cellulose 30 Glass Fiber 40	Foil Binder
109a		Layered	Orange Insulation	Asbestos Not Present	Glass Fiber 100	

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Client: AsTech, Inc.

P.O. Box 771

Blanchard, OK 73010

Project: Purcell Muni Hospital

Project Location: 1500 N. Green Ave Purcell, OK

Project Number: N/A REVISED

Quantem Sample ID	Client Sample ID	Composition	Color / Description	Asbestos (%)	Non-Asbestos Fiber (%)	Non Fibrous
110	36-2	Layered	Silver Wrap	Asbestos Not Present	Cellulose 30 Glass Fiber 40	Foil Binder
110a		Layered	Orange Insulation	Asbestos Not Present	Glass Fiber 100	
111	36-3	Layered	Silver Wrap	Asbestos Not Present	Cellulose 30 Glass Fiber 40	Foil Binder
111a		Layered	Orange Insulation	Asbestos Not Present	Glass Fiber 100	
112	37-1	Homogeneous	Yellow Insulation	Asbestos Not Present	Glass Fiber 100	
113	37-2	Homogeneous	Yellow Insulation	Asbestos Not Present	Glass Fiber 100	
114	37-3	Homogeneous	Yellow Insulation	Asbestos Not Present	Glass Fiber 100	

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Analyzed By:	Cassie Sanborn	Project Location:	1500 N. Green Ave Purcell, OK
Methodology:	EPA/600/R-93/116	Project Number:	N/A REVISED

QuantEM Sample ID	Client Sample ID	Composition	Color / Description	Asbestos (%)	Non-Asbestos Fiber (%)	Non Fibrous
115	38-1	Layered	White/Silver Wrap	Asbestos Not Present	Cellulose 40 Synthetic 30	Foil Binder Tar
115a		Layered	Pink Insulation	Asbestos Not Present	Glass Fiber 100	
116	38-2	Layered	White/Silver Wrap	Asbestos Not Present	Cellulose 40 Synthetic 30	Foil Binder Tar
116a		Layered	Pink Insulation	Asbestos Not Present	Glass Fiber 100	
117	38-3	Layered	White/Silver Wrap	Asbestos Not Present	Cellulose 40 Synthetic 30	Foil Binder Tar
117a		Layered	Pink Insulation	Asbestos Not Present	Glass Fiber 100	

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Analyzed By:	Cassie Sanborn	Project Location:	1500 N. Green Ave Purcell, OK
Methodology:	EPA/600/R-93/116	Project Number:	N/A REVISED

Quantem Sample ID	Client Sample ID	Composition	Color / Description	Asbestos (%)	Non-Asbestos Fiber (%)	Non Fibrous
118	39-1	Homogeneous	White Texture	Asbestos Present Chrysotile 1.50 400 Point Count	NA	CaCO3 Paint
119	39-2	Homogeneous	** Texture	**	Not Analyzed	
Positive Stop						
120	39-3	Homogeneous	** Texture	**	Not Analyzed	
Positive Stop						
121	39-4	Homogeneous	** Texture	**	Not Analyzed	
Positive Stop						
122	39-5	Homogeneous	** Texture	**	Not Analyzed	
Positive Stop						
123	40-1	Homogeneous	White Joint Compound	Asbestos Not Present	NA	CaCO3
124	40-2	Homogeneous	White Joint Compound	Asbestos Not Present	NA	CaCO3

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Client: AsTech, Inc.

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Blanchard, OK 73010

Project: Purcell Muni Hospital

Project Location: 1500 N. Green Ave Purcell, OK

Project Number: N/A REVISED

Quantem Sample ID	Client Sample ID	Composition	Color / Description	Asbestos (%)	Non-Asbestos Fiber (%)	Non Fibrous
125	40-3	Homogeneous	White Joint Compound	Asbestos Not Present	NA	CaCO ₃
126	40-4	Homogeneous	White Joint Compound	Asbestos Not Present	NA	CaCO ₃
127	40-5	Homogeneous	White Joint Compound	Asbestos Present Chrysotile <0.25 400 Point Count	NA	CaCO ₃
128	41-1	Homogeneous	White Drywall	Asbestos Not Present	Cellulose Glass Fiber	10 Gypsum 2 Mica
129	41-2	Homogeneous	White Drywall	Asbestos Not Present	Cellulose Glass Fiber	10 Gypsum 2 Mica
130	42-1	Homogeneous	Tan/White Ceiling Tile	Asbestos Not Present	Cellulose Glass Fiber	50 Perlite 30 Paint

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Analyzed By:	Cassie Sanborn	Project Location:	1500 N. Green Ave Purcell, OK
Methodology:	EPA/600/R-93/116	Project Number:	N/A REVISED

Quantem Sample ID	Client Sample ID	Composition	Color / Description	Asbestos (%)	Non-Asbestos Fiber (%)	Non Fibrous
131	42-2	Homogeneous	Tan/White Ceiling Tile	Asbestos Not Present	Cellulose 50 Glass Fiber 30	Perlite Paint
132	43-1	Homogeneous	Tan/White Ceiling Tile	Asbestos Not Present	Cellulose 50 Glass Fiber 30	Perlite Paint
133	43-2	Homogeneous	Tan/White Ceiling Tile	Asbestos Not Present	Cellulose 50 Glass Fiber 30	Perlite Paint
134	44-1	Layered	White Mastic	Asbestos Present Chrysotile 4	NA	Binder
134a		Layered	Brown Wrap	Asbestos Not Present	Cellulose 50 Glass Fiber 10	Foil
134b		Layered	Yellow Insulation	Asbestos Not Present	Glass Fiber 100	
135	44-2	Layered	** Mastic	**	Not Analyzed	

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Methodology:	EPA/600/R-93/116	Project Number:	N/A REVISED

Quantem Sample ID	Client Sample ID	Composition	Color / Description	Asbestos (%)	Non-Asbestos Fiber (%)	Non Fibrous
Positive Stop						
135a		Layered	Brown Wrap	Asbestos Not Present	Cellulose 50 Glass Fiber 10	Foil
135b		Layered	Yellow Insulation	Asbestos Not Present	Glass Fiber 100	
136	44-3	Layered	** Mastic	**	Not Analyzed	
Positive Stop						
136a		Layered	Brown Wrap	Asbestos Not Present	Cellulose 50 Glass Fiber 10	Foil
136b		Layered	Yellow Insulation	Asbestos Not Present	Glass Fiber 100	
137	44-4	Layered	** Mastic	**	Not Analyzed	
Positive Stop						

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Project: Purcell Muni Hospital

Project Location: 1500 N. Green Ave Purcell, OK

Project Number: N/A REVISED

Quantem Sample ID	Client Sample ID	Composition	Color / Description	Asbestos (%)	Non-Asbestos Fiber (%)	Non Fibrous
137a		Layered	Brown Wrap	Asbestos Not Present	Cellulose 50 Glass Fiber 10	Foil
137b		Layered	Yellow Insulation	Asbestos Not Present	Glass Fiber 100	
138	45-1	Layered	Tan Wrap	Asbestos Not Present	Cellulose 50 Glass Fiber 10	Foil
138a		Layered	Yellow Insulation	Asbestos Not Present	Glass Fiber 100	
139	45-2	Layered	Tan Wrap	Asbestos Not Present	Cellulose 50 Glass Fiber 10	Foil
139a		Layered	Yellow Insulation	Asbestos Not Present	Glass Fiber 100	
140	45-3	Layered	Tan Wrap	Asbestos Not Present	Cellulose 50 Glass Fiber 10	Foil

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Quantem Sample ID	Client Sample ID	Composition	Color / Description	Asbestos (%)	Non-Asbestos Fiber (%)	Non Fibrous
140a		Layered	Yellow Insulation	Asbestos Not Present	Glass Fiber 100	
141	45-4	Layered	Tan Wrap	Asbestos Not Present	Cellulose 50 Glass Fiber 10	Foil
141a		Layered	Yellow Insulation	Asbestos Not Present	Glass Fiber 100	
142	45-5	Layered	Tan Wrap	Asbestos Not Present	Cellulose 50 Glass Fiber 10	Foil
142a		Layered	Yellow Insulation	Asbestos Not Present	Glass Fiber 100	
143	46-1	Layered	Tan Wrap	Asbestos Not Present	Cellulose 100	

Unless otherwise noted, upon receipt the condition of the sample was acceptable for analysis.

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Polarized Light Microscopy Asbestos Analysis Report

Quantem Lab No. 368509

Account Number: B054

Date Received: 04/29/2024

Received By: Courtney Holman

Date Analyzed: 05/03/2024

Analyzed By: Cassie Sanborn

Methodology: EPA/600/R-93/116

Client: AsTech, Inc.

P.O. Box 771

Blanchard, OK 73010

Project: Purcell Muni Hospital

Project Location: 1500 N. Green Ave Purcell, OK

Project Number: N/A REVISED

Quantem Sample ID	Client Sample ID	Composition	Color / Description	Asbestos (%)	Non-Asbestos Fiber (%)	Non Fibrous
143a		Layered	White Insulation	Asbestos Not Present	Cellulose 5 Glass Fiber 15	Gypsum CaCO3
144	46-2	Layered	Tan Wrap	Asbestos Not Present	Cellulose 100	
144a		Layered	White Insulation	Asbestos Not Present	Cellulose 5 Glass Fiber 15	Gypsum CaCO3
145	46-3	Layered	Tan Wrap	Asbestos Not Present	Cellulose 100	
145a		Layered	White Insulation	Asbestos Not Present	Cellulose 5 Glass Fiber 15	Gypsum CaCO3
146	46-4	Layered	Tan Wrap	Asbestos Not Present	Cellulose 100	
146a		Layered	White Insulation	Asbestos Not Present	Cellulose 5 Glass Fiber 15	Gypsum CaCO3

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2033 HERITAGE PARK DR, OKLAHOMA CITY, OK 73120 | 1.800.822.1650

Polarized Light Microscopy Asbestos Analysis Report

Quantem Lab No.	368509	Client:	AsTech, Inc.
Account Number:	B054		P.O. Box 771
			Blanchard, OK 73010
Date Received:	04/29/2024		
Received By:	Courtney Holman		
Date Analyzed:	05/03/2024	Project:	Purcell Muni Hospital
Analyzed By:	Cassie Sanborn	Project Location:	1500 N. Green Ave Purcell, OK
Methodology:	EPA/600/R-93/116	Project Number:	N/A REVISED

Quantem Sample ID	Client Sample ID	Composition	Color / Description	Asbestos (%)	Non-Asbestos Fiber (%)	Non Fibrous
147	46-5	Layered	Tan Wrap	Asbestos Not Present	Cellulose 100	
147a		Layered	White Insulation	Asbestos Not Present	Cellulose 5 Glass Fiber 15	Gypsum CaCO3
148	46-6	Layered	Tan Wrap	Asbestos Not Present	Cellulose 100	
148a		Layered	White Insulation	Asbestos Not Present	Cellulose 5 Glass Fiber 15	Gypsum CaCO3
149	46-7	Layered	Tan Wrap	Asbestos Not Present	Cellulose 100	
149a		Layered	White Insulation	Asbestos Not Present	Cellulose 5 Glass Fiber 15	Gypsum CaCO3

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Polarized Light Microscopy Asbestos Analysis Report

Quantem Lab No. 368509

Account Number: B054

Date Received: 04/29/2024

Received By: Courtney Holman

Date Analyzed: 05/03/2024

Analyzed By: Cassie Sanborn

Methodology: EPA/600/R-93/116

Client: AsTech, Inc.

P.O. Box 771

Blanchard, OK 73010

Project: Purcell Muni Hospital

Project Location: 1500 N. Green Ave Purcell, OK

Project Number: N/A REVISED

Quantem Sample ID	Client Sample ID	Composition	Color / Description	Asbestos (%)	Non-Asbestos Fiber (%)	Non Fibrous
150	47-1	Layered	White Wrap	Asbestos Not Present	Cellulose 30 Glass Fiber 10	Foil Binder
150a		Layered	Yellow Insulation	Asbestos Not Present	Glass Fiber 100	
151	47-2	Layered	White Wrap	Asbestos Not Present	Cellulose 30 Glass Fiber 10	Foil Binder
151a		Layered	Yellow Insulation	Asbestos Not Present	Glass Fiber 100	
152	47-3	Layered	White Wrap	Asbestos Not Present	Cellulose 30 Glass Fiber 10	Foil Binder
152a		Layered	Yellow Insulation	Asbestos Not Present	Glass Fiber 100	
153	48-1	Homogeneous	Beige Sheet Vinyl	Asbestos Not Present	Synthetic 5	CaCO3 Vinyl

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Polarized Light Microscopy Asbestos Analysis Report

Quantem Lab No.	368509	Client:	AsTech, Inc.
Account Number:	B054		P.O. Box 771
			Blanchard, OK 73010
Date Received:	04/29/2024		
Received By:	Courtney Holman		
Date Analyzed:	05/03/2024	Project:	Purcell Muni Hospital
Analyzed By:	Cassie Sanborn	Project Location:	1500 N. Green Ave Purcell, OK
Methodology:	EPA/600/R-93/116	Project Number:	N/A REVISED

Quantem Sample ID	Client Sample ID	Composition	Color / Description	Asbestos (%)	Non-Asbestos Fiber (%)	Non Fibrous
154	48-2	Homogeneous	Beige Sheet Vinyl	Asbestos Not Present	Synthetic	5 CaCO3 Vinyl
155	49-1	Layered	Beige Floor Tile	Asbestos Present Chrysotile	3	NA CaCO3 Vinyl
155a		Layered	Black Mastic	Asbestos Present Chrysotile	4	NA Tar
156	49-2	Layered	** Floor Tile	**	Not Analyzed	
Positive Stop						
156a		Layered	** Mastic	**	Not Analyzed	
Positive Stop						
157	50-1	Layered	Dark Gray Sheet Vinyl	Asbestos Not Present	Cellulose Glass Fiber Synthetic	10 5 5 CaCO3 Vinyl

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Polarized Light Microscopy Asbestos Analysis Report

Quantem Lab No. 368509

Account Number: B054

Date Received: 04/29/2024

Received By: Courtney Holman

Date Analyzed: 05/03/2024

Analyzed By: Cassie Sanborn

Methodology: EPA/600/R-93/116

Client: AsTech, Inc.

P.O. Box 771

Blanchard, OK 73010

Project: Purcell Muni Hospital

Project Location: 1500 N. Green Ave Purcell, OK

Project Number: N/A REVISED

Quantem Sample ID	Client Sample ID	Composition	Color / Description	Asbestos (%)	Non-Asbestos Fiber (%)	Non Fibrous
157a		Layered	Tan Mastic	Asbestos Not Present	NA	Glue
158	50-2	Layered	Dark Gray Sheet Vinyl	Asbestos Not Present	Cellulose 10 Glass Fiber 5 Synthetic 5	CaCO ₃ Vinyl
158a		Layered	Tan Mastic	Asbestos Not Present	NA	Glue
159	51-1	Layered	Gray Floor Tile	Asbestos Not Present	NA	CaCO ₃ Vinyl
159a		Layered	Tan Mastic	Asbestos Not Present	NA	Glue
160	51-2	Layered	Gray Floor Tile	Asbestos Not Present	NA	CaCO ₃ Vinyl
160a		Layered	Tan Mastic	Asbestos Not Present	NA	Glue

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Polarized Light Microscopy Asbestos Analysis Report

Quantem Lab No.	368509	Client:	AsTech, Inc.
Account Number:	B054		P.O. Box 771
			Blanchard, OK 73010
Date Received:	04/29/2024		
Received By:	Courtney Holman		
Date Analyzed:	05/03/2024	Project:	Purcell Muni Hospital
Analyzed By:	Cassie Sanborn	Project Location:	1500 N. Green Ave Purcell, OK
Methodology:	EPA/600/R-93/116	Project Number:	N/A REVISED

Quantem Sample ID	Client Sample ID	Composition	Color / Description	Asbestos (%)	Non-Asbestos Fiber (%)	Non Fibrous
161	52-1	Layered	Red Floor Tile	Asbestos Not Present	NA	CaCO3 Vinyl
161a		Layered	Tan Mastic	Asbestos Not Present	NA	Glue
162	52-2	Layered	Red Floor Tile	Asbestos Not Present	NA	CaCO3 Vinyl
162a		Layered	Tan Mastic	Asbestos Not Present	NA	Glue
163	53-1	Layered	Beige Floor Tile	Asbestos Not Present	NA	CaCO3 Vinyl
163a		Layered	Yellow/Black Mastic	Asbestos Present Chrysotile <1	NA	Glue CaCO3 Tar

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Polarized Light Microscopy Asbestos Analysis Report

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Account Number:	B054		P.O. Box 771
			Blanchard, OK 73010
Date Received:	04/29/2024		
Received By:	Courtney Holman		
Date Analyzed:	05/03/2024	Project:	Purcell Muni Hospital
Analyzed By:	Cassie Sanborn	Project Location:	1500 N. Green Ave Purcell, OK
Methodology:	EPA/600/R-93/116	Project Number:	N/A REVISED

Quantem Sample ID	Client Sample ID	Composition	Color / Description	Asbestos (%)	Non-Asbestos Fiber (%)	Non Fibrous
164	53-2	Layered	Beige Floor Tile	Asbestos Not Present	NA	CaCO3 Vinyl
164a		Layered	Yellow/Black Mastic	Asbestos Present Chrysotile <1	NA	Glue CaCO3 Tar
165	54-1	Layered	Tan Floor Tile	Asbestos Not Present	NA	CaCO3 Vinyl
165a		Layered	Black Mastic	Asbestos Present Chrysotile 3	NA	Glue CaCO3 Tar
166	54-2	Layered	Tan Floor Tile	Asbestos Not Present	NA	CaCO3 Vinyl
166a		Layered	** Mastic	**	Not Analyzed	

Positive Stop Revised

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Polarized Light Microscopy Asbestos Analysis Report

Quantem Lab No. 368509

Account Number: B054

Date Received: 04/29/2024

Received By: Courtney Holman

Date Analyzed: 05/03/2024

Analyzed By: Cassie Sanborn

Methodology: EPA/600/R-93/116

Client: AsTech, Inc.

P.O. Box 771

Blanchard, OK 73010

Project: Purcell Muni Hospital

Project Location: 1500 N. Green Ave Purcell, OK

Project Number: N/A REVISED

Quantem Sample ID	Client Sample ID	Composition	Color / Description	Asbestos (%)	Non-Asbestos Fiber (%)	Non Fibrous
----------------------	---------------------	-------------	------------------------	--------------	---------------------------	-------------

Cassie Sanborn

Cassie Sanborn, Laboratory Analyst

5/14/2024

Date of Report

Unless otherwise noted, upon receipt the condition of the sample was acceptable for analysis.

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Page 1 of 3

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Lab No. <u>368509</u>	Accept <input checked="" type="checkbox"/> Reject <input type="checkbox"/>
Report Results (<input checked="" type="checkbox"/> one box)	
<input checked="" type="checkbox"/> Quantem Website	
<input type="checkbox"/> Email <u>RICHARDBELCHER@MSN.COM</u>	
<input type="checkbox"/> Other _____	

Project Information	
Project Name: <u>Porcell Mini Hospital</u>	
Project Location: <u>PURCELL, OK</u>	
Project ID: <u>1500 N. Green Ave.</u>	
P.O. Number: _____	

Contact Information	
Company: <u>ASTECH</u>	Phone: _____
Account #: _____	Cell Phone: (405) 209-9637
E-mail: <u>RICHARDBELCHER@MSN.COM</u>	
Date: <u>4-26-24</u>	

SAMPLED BY: Name: <u>RICHARD BELCHER</u>	DATE & TIME: <u>4-2-24</u>	VIA: <u>Hand</u>	RECEIVED BY: <u>Samy m. f. d.</u>	DATE & TIME: <u>4/29/24 @ 11:15</u>
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REQUESTED SERVICES (Please ☒ the Appropriate Boxes)

	PLM	PLM	TEM	TEM	TURNAROUND TIME
<input checked="" type="checkbox"/> Bulk Analysis (EPA 600/R-93/116)	<input type="checkbox"/> Vermiculite Attic Insulation (EPA 600/R-04/004)	<input type="checkbox"/> Air-AHERA	<input type="checkbox"/> Bulk-Presence / Absence EPA600/R-93/116	<input type="checkbox"/> Rush	
<input type="checkbox"/> 400 Point Count	<input type="checkbox"/> Other	<input type="checkbox"/> Air-NIOSH 7402	<input type="checkbox"/> Bulk-Quantitative (weight%) - Chatfield	<input type="checkbox"/> Same Day	
<input type="checkbox"/> 1000 Point Count		<input type="checkbox"/> Air-ISO 10312	<input type="checkbox"/> Dust-Presence / Absence	<input type="checkbox"/> 24-Hour	
<input type="checkbox"/> Gravimetric Preparation	<input type="checkbox"/> PCM	<input type="checkbox"/> Drinking Water-EPA 100.2	<input type="checkbox"/> Dust-Quantitative (fibers/sq.cm) - ASTM D5755	<input type="checkbox"/> 3-Day	
<input type="checkbox"/> Particle ID	<input type="checkbox"/> NIOSH 7400	<input type="checkbox"/> Waste Water-EPA 600/4-83-043	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> 5-Day	

No.	Sample ID (10 Characters Max)	To Be Analyzed <input checked="" type="checkbox"/>	Color	Description	Volume / Area (as applicable)	Comments / Notes
1	12	<input checked="" type="checkbox"/>	Tan/Beige	ANALYZE ONLY LISTED HA		NW-SECT. Pos-Stop All
2	123	<input checked="" type="checkbox"/>	White	1X1 CT & GLOE PLUGS		West Lobby
3	12	<input checked="" type="checkbox"/>	Tan/White	Ceiling Joint Compound		Thermostat
4	12	<input checked="" type="checkbox"/>	CI	2X4 Ceiling Tile - Lines		
5	12345	<input checked="" type="checkbox"/>	White	1P - S-Holes		
6	1213	<input checked="" type="checkbox"/>	White	Saint Compound - Wall		
7	1213	<input checked="" type="checkbox"/>	White	Wall Tex - Knockdown		Rm 3555 3556, 3543, 3644
8	1213	<input checked="" type="checkbox"/>	White	Wall Tex - Slap Brush		ON C.M.U. - 3544
9	1213	<input checked="" type="checkbox"/>	White	Ceiling Tex - Knockdown		3556
10	12	<input checked="" type="checkbox"/>	White	Wall Tex - Slap Brush		ON DW - 3544 & Cafeteria

SATURDAY FEDEX SAMPLE DELIVERY - CALL TO SCHEDULE • Use this address for Saturday Delivery only: 4220 N. Santa Fe Ave., Oklahoma City, OK 73105-8517 • Mark Package "Hold for Saturday Pickup"

Please Note - UPS and USPS are NOT available for Saturday Delivery



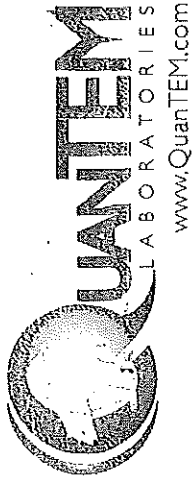
ASBESTOS CHAIN OF CUSTODY

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Lab No. 368509
Accept <input checked="" type="checkbox"/> Reject <input type="checkbox"/>

Project Information				Project Name: Purcell Mem. Hospital		Project Location:	
Company: ASTECH							
No.	Sample ID (10 Characters Max)	To Be Analyzed <input checked="" type="checkbox"/>	Color	Description	Volume / Area (as applicable)	Comments / Notes	
29 30	1, 2	<input checked="" type="checkbox"/>	White/Tan	2X2 CT Bumps		Adjoining - NW	
31 32	1, 2	<input checked="" type="checkbox"/>	11	2X2 CT Recessed		Lobby SW-Section	
3 - 39	1, 2, 3, 4, 5, 6, 7	<input checked="" type="checkbox"/>	White	Joint Compound-Wall		11	
10 41 42	1, 2, 3	<input checked="" type="checkbox"/>	11	Black Tex Slap boush		3565, 166, 67, 79, 78, 169, 277, 74, 75, 81	
3 44 45	1, 2, 3	<input checked="" type="checkbox"/>	11	Ceiling Tex Slap boush		3579	
6 47 48	1, 2, 3	<input checked="" type="checkbox"/>	11	Wall Tex Knockdown		3568, Hall, 76, 90	
9 50 51	1, 2, 3	<input checked="" type="checkbox"/>	11	Ceiling Tex Knockdown		3568, 80	
2 53 54	1, 2, 3	<input checked="" type="checkbox"/>	11	Joint Compound-Ceiling		SW-Section	
55 56	1, 2	<input checked="" type="checkbox"/>	Tan/White	2X4 Ceiling Tile		11	
1 - 61	1, 2, 3, 4, 5	<input checked="" type="checkbox"/>	White	Wall Tex Orange Peel		11	
2 63 64 21	1, 2, 3	<input checked="" type="checkbox"/>	Tan/White	Tex on Receptor For down		11	
5 66	1, 2	<input checked="" type="checkbox"/>	White/Black	Dry Wall		SE-Section	
7 68 69	1, 2, 3	<input checked="" type="checkbox"/>	White	Wall Tex		11	
10 - 76	1, 2, 3, 4, 5, 6, 7	<input checked="" type="checkbox"/>	11	Joint Compound-Wall		11	
77 78	1, 2	<input checked="" type="checkbox"/>	White/Tan	2X4 Ceiling Tile		11	
19 80 81	1, 2, 3	<input checked="" type="checkbox"/>	White	Joint Compound-Ceiling		11	
82 83 84	1, 2, 3	<input checked="" type="checkbox"/>	Orange/Silver	Condensate Line/Nozzle		Mech-Rm - Carrier wrap	
85 86 87	1, 2, 3	<input checked="" type="checkbox"/>	Yellow/Silver	Chilled Water Line/Nozzle		11	
88 89 90	1, 2, 3	<input checked="" type="checkbox"/>	Orange/Silver	Heating Water Line/Nozzle		11	
91 92 93	1, 2, 3	<input checked="" type="checkbox"/>	11	Domestic Line/Nozzle		11	



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Lab No. <u>368509</u>
<input checked="" type="radio"/> Accept <input type="radio"/> Reject

Project Information					Project Name:	Project Location:
Company: ASTECH					Purcell Mem. Hospital	
No.	Sample ID (10 Characters Max)	To Be Analyzed	Color	Description	Volume / Area (as applicable)	Comments / Notes
95 981	1,2,3	<input checked="" type="checkbox"/>	Tan	Condensate Filt		Prech-Ruv
98 99	1,2,3	<input checked="" type="checkbox"/>	Tan	HW Pitting (Heating Center)		"
101 102	1,2,3	<input checked="" type="checkbox"/>	Tan	Chilled Water Filt		"
104 105	1,2,3	<input checked="" type="checkbox"/>	"	Domestic Filt		"
107 108	1,2,3	<input checked="" type="checkbox"/>	White	Boiler Gasket		"
110 111	1,2,3	<input checked="" type="checkbox"/>	Orange Fiber	Boiler Elve		"
113 114	1,2,3	<input checked="" type="checkbox"/>	Yellow/Orange	Boiler Insul		"
116 117	1,2,3	<input checked="" type="checkbox"/>	Pink/Fan/Blue	DUCT Insulation		"
122	1,2,3,4,5	<input checked="" type="checkbox"/>	White	Wall Tex		East Section
125	1,2,3,4,5	<input checked="" type="checkbox"/>	"	SOFT Compound		"
128-129	1,2	<input checked="" type="checkbox"/>	"	Day Wall		"
130 131	1,2	<input checked="" type="checkbox"/>	Tan/Green	2x4 Ceiling tile		"
132 133	1,2	<input checked="" type="checkbox"/>	Tan/White	2x2 Ceiling tile		"
134	1,2,3,4	<input checked="" type="checkbox"/>	White	Mastic on Duct/duct Insulation		"
135-136	1,2,3,4,5	<input checked="" type="checkbox"/>	Tan/Beige	Domestic Piping-Pipe Insulation		Thermostat
137	1,2,3,4,5,6,7	<input checked="" type="checkbox"/>	Tan	Domestic Pipe Fitting-Hard		"
141 142	1,2,3	<input checked="" type="checkbox"/>	White	Domestic Piping Insul		"
143 144	1,2	<input checked="" type="checkbox"/>	Gray-Beige	Vinyl Sheeting/Mastic		
145 146	1,2	<input checked="" type="checkbox"/>	Beige/Pan Stk	1X1 VET/Mastic		
148 149	1,2	<input checked="" type="checkbox"/>	Dark Gray	Vinyl Sheeting/Mastic		
150 151	1,2	<input checked="" type="checkbox"/>	Amiga for Part			



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Page 4 of 4

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Lab No. 368509

Accept

Reject

Project Information						
Company: AsTech, Inc.		Project Name: <u>Porcen Mini Hospital</u>	Project Location:			
No.	Sample ID (10 Characters Max)	To Be Analyzed <input checked="" type="checkbox"/>	Color	Description	Volume / Area (as applicable)	Comments / Notes
1	1,2	<input checked="" type="checkbox"/>	Gray	1X1 Vct - Tan w/ Hc Silver		
2	1,2	<input checked="" type="checkbox"/>	Red	11		
3	1,2	<input checked="" type="checkbox"/>	Bright Green	1X1 Vct - Black Mastic		
4	1,2	<input checked="" type="checkbox"/>	Tan	11		
5		<input type="checkbox"/>				
6		<input type="checkbox"/>				
7		<input type="checkbox"/>				
8		<input type="checkbox"/>				
9		<input type="checkbox"/>				
10		<input type="checkbox"/>				
11		<input type="checkbox"/>				
12		<input type="checkbox"/>				
13		<input type="checkbox"/>				
14		<input type="checkbox"/>				
15		<input type="checkbox"/>				
16		<input type="checkbox"/>				
17		<input type="checkbox"/>				
18		<input type="checkbox"/>				
19		<input type="checkbox"/>				
20		<input type="checkbox"/>				

Scope of Work

STATEMENT OF WORK

For

Asbestos Abatement at the Purcell Hospital

The Oklahoma Department of Environmental Quality (DEQ) is requesting a work plan and cost estimate for remediation services at the Municipal Hospital located in Purcell, Oklahoma. This statement of work (SOW) describes the removal and proper disposal of asbestos-containing material (ACM). An optional pre-bid site visit and walk through will be held at the site.

The building is located at 1500 N. Green Ave, Purcell, OK, 73080. The building will have available water, but no electricity to use during remediation. For more details see the attached Asbestos Assessment (**Attachment 1**).

SPECIAL PROVISIONS:

- Work Schedule: The contractor shall schedule all work to be completed within 60 calendar days after date of the written “Notice to Proceed.” Coordination of work shall be scheduled with DEQ.
 - A pre-construction meeting shall be held at the site if deemed necessary after the Notice to Proceed date to review Statement of Work and answer any questions the contractor may have.
 - All on-site work shall be completed by the contractor five (5) days prior to the scheduled contract completion date, with the remaining five (5) days utilized for final inspection and correction of all deficiencies.
- Conditions of Work: The following conditions of work will apply in accomplishment of this contract:
 - All work shall be performed in accordance with all applicable State and Federal regulations.
 - All work shall be performed in such a manner that it does not put workers’ health and safety at risk.
 - Disposal of Removed Materials: All materials removed by the Contractor under this contract shall be disposed of in accordance with State and Federal regulations.

CONTRACTOR SHALL:

- Attend mandatory pre-bid meeting and site walk through;
- Follow all appropriate OSHA requirements;

Submit with Bid:

- Copy of ODOL Asbestos Abatement Contractor License;
- Three references with name, type of project, phone number, and location of similar work in the last three years;

Submit after Notice to Proceed:

- A Work Plan with planned activities and schedule to DEQ for approval;

ASBESTOS ABATEMENT INSTRUCTIONS:

- Friable ACM shall be removed as described in the attached Asbestos Assessment. The approved asbestos Project Design will be provided at a later date.
 - Remove and properly dispose of asbestos-containing wall texture located throughout the east section.
 - A total of 31,000 square feet shall be removed.
- Once Asbestos Abatement is complete, DEQ shall be contacted for final inspection to confirm abatement has been appropriately performed and all asbestos has been removed.

FINAL REPORT:

Write final report and submit to DEQ;

- Final report shall include:
 - A detailed summary of work including any warranties and data;
 - Waste manifests (if any); and
 - Photo documentation of work
 - Photo documentation of work will have color digital photos with captions describing photo;
- Final report will be submitted electronically.

DEQ CONTACT:

Trenton Wilhelm
Oklahoma Dept of Environmental Quality
Land Protection Division
707 N. Robinson
P.O. Box 1677
Oklahoma City, OK 73101-1677
405-702-5108 (Office)
405-702-5101 (Fax)
Trenton.Wilhelm@deq.ok.gov

ATTACHMENT 1

Asbestos Inspection Report

Remediation Reports

Asbestos Abatement Monitoring Report

Former Purcell Hospital
1500 N Green Ave.
Purcell, Oklahoma 73080

Report Date: January 22, 2025
Terracon Project No. 03247167



Prepared for:
Oklahoma Management Services Inc
2300 N Lincoln Blvd.
Oklahoma City, Oklahoma 73105

Prepared by:
Terracon Consultants, Inc.
4701 N. Stiles Ave.
Oklahoma, Oklahoma



Nationwide
Terracon.com

■ Facilities
■ Environmental
■ Geotechnical
■ Materials



4701 N Stiles Ave
Oklahoma City, OK 73105-3330
P 405-525-0453
F 405-557-0549
Terracon.com

January 22, 2025

Oklahoma Management Services Inc.
2300 N Lincoln Blvd.
Oklahoma City, Oklahoma 73105

Attn: Mr. Trenton Wilhelm
Email: Trenton.wilhelm@deq.ok.gov

RE: Asbestos Abatement Monitoring Report
Former Purcell Hospital
1500 N Green Ave.
Purcell, Oklahoma 73080
Terracon Project No. 03247167

Dear Mr. Wilhelm:

Terracon Consultants, Inc. (Terracon) is pleased to provide Oklahoma Management Services Inc. (Client) with this report pertaining to our asbestos abatement monitoring services conducted regarding the above-referenced project. This service was conducted under the authorized Task Order dated November 11, 2024.

A summary of the abatement project and our provided monitoring activities are included in the attached report.

We appreciate the opportunity to be of service to you on this project. If you have any questions or comments regarding this report, or if we may be of further assistance, please contact Mr. Russell Smalley at (405) 694-4856.

Sincerely,
Terracon Consultants, Inc.

A handwritten signature in black ink, appearing to read 'Russell D. Smalley IV'.

Russell D. Smalley IV
Project Industrial Hygienist

A handwritten signature in blue ink, appearing to read 'Joseph A. Tussey'.

Joseph A. Tussey, CHMM
Principal

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APPENDIX B	PHOTOGRAPHS
APPENDIX C	CLEARANCE AIR SAMPLE DATA
APPENDIX D	ASTECH ASBESTOS INSPECTION REPORT
APPENDIX E	DAILY SHIFT AIR SAMPLE DATA

ASBESTOS ABATEMENT MONITORING REPORT

Former Purcell Hospital
1500 N Green Ave
Purcell, Oklahoma 73080
Terracon Project No. 03247167

1.0 INTRODUCTION / PROJECT SUMMARY

This report pertains to an asbestos-containing material (ACM) abatement project, which occurred over 20 working shifts (December 17, 2024 through January 16, 2025) at the former Purcell Hospital located at 1500 N Green Avenue in Purcell, Oklahoma.

Environmental Action Inc., of Oklahoma City, Oklahoma performed the asbestos abatement activities. The building was scoped for removal regarding the following (ACM) containing >1% asbestos based on an asbestos inspection performed by Astech dated May 28, 2024 (copy provided in Appendix D):

- Approximately 31,000 sq ft. of wall/ceiling texture.

Environmental Action Inc. established regulated asbestos removal work areas as required by Occupational Safety and Health Administration (OSHA) regulation 29 Code of Federal Regulations (CFR) 1926.1101 – Asbestos in Construction) and the Oklahoma Department of Labor (ODOL). During the 20 working shifts of abatement activities, Terracon made observations of Environmental Action Inc.'s abatement activities for compliance with the OSHA asbestos in construction regulation, the federal Environmental Protection Agency (EPA)'s National Emission Standards for Hazardous Air Pollutants (NESHAP) regulation (40 CFR Part 61, Subpart M), and ODOL regulations.

Per the Client's request and per ODOL regulations, and during the 20 working shifts, Terracon collected area air samples along the perimeter of the regulated asbestos abatement work area, within contaminant, near loadouts, in the decontamination unit's change room, and near negative air machine exhaust for analysis by an appropriately accredited laboratory. Terracon additionally collected personnel air samples from the abatement contractor's employees during the project.

2.0 ABATEMENT MONITORING ACTIVITIES

Terracon representative Mr. Tucker Meredith conducted the 20 working shifts of on-site abatement monitoring from December 17, 2024 through January 16, 2025. Copies of Mr. Meredith's relative asbestos credentials are included in Appendix A.

During the abatement project, Environmental Action Inc. established a regulated asbestos work area in accordance with OSHA 29 CFR 1926.1101 by demarcating the perimeter of the

area for ACM removal using “asbestos danger” tape. The abatement scope of work (listed in Section 1.0, above) commenced with Environmental Action Inc. lightly misting the subject ACM with water and using hand tools for removal. All wetted waste was placed in a sealable 10-millimeter polyethylene sheeting lined dumpster placed within the regulated work area.

The air samples collected by Terracon during abatement activities were collected using low volume (2 Liters per minute), battery-operated air sampling pumps for analysis by phase contrast microscopy (PCM) in accordance with the National Institute for Occupational Safety and Health (NIOSH) 7400 method. Air samples taken for clearance testing were collected using high volume (10 Liters per minute), hard-wired air sampling pumps for analysis by PCM. Please note that PCM analysis is for all generic fibers and is not specific for asbestos fibers (e.g., no distinction between asbestos fibers, cotton fibers, fiberglass fibers, cellulose fibers, etc.). The air samples collected by Terracon during the project were delivered to and analyzed by QuanTEM Labs of Oklahoma City, Oklahoma.

3.0 CONCLUSIONS

In summary, based on Terracon’s observations of abatement activities, Environmental Action Inc. performed their asbestos abatement work scope activities in compliance with applicable federal and state asbestos regulations and the project work plan. Please note that it is Environmental Action Inc.’s responsibility to provide copies of all waste manifest records to the owner.

During the project, Terracon collected air samples during daily asbestos abatement activities. A total of 14 PCM air samples were collected per daily shift in the following manner:

- Perimeter samples (4 total),
- Change Room (1),
- Exhausts (3 total),
- Personnel samples based on 10 abatement workers per shift (2 per shift),
- Load out sample (1),
- Inside containment (1),
- Lab blank (1), and
- Field blank (1).

The PCM analytical results for each of the 14 air samples collected per work shift are included Appendix E.

Regarding PCM air clearance sampling for the project, a set of five (5) air samples were collected from two (2) separate wings of the hospital for total of 10 samples. The PCM analytical results for each of the 10 air clearance samples were reported to be <0.0036 fibers per cubic centimeter (f/cc) which are below the ODOL “passing” air clearance limit of

0.01 f/cc to remove the regulated asbestos work area components. The analytical results for the clearance PCM air samples are included in Appendix C.

Project photos are included in Appendix B.

4.0 GENERAL COMMENTS

This report has been prepared on behalf of and exclusively for use by Oklahoma Management Services Inc. relative to the authorized scope of services as discussed herein. The analysis and conclusions in this report are based upon data obtained at the time abatement took place. The professional services provided, and judgments rendered on this project are consistent with the level of care and skill ordinarily exercised by members of the profession currently practicing under similar conditions in the same locale. Terracon does not warrant the work of regulatory agencies, laboratories or other third parties supplying information that may have been used in the preparation of this report. No warranty, express or implied, is made.


APPENDIX A

TERRACON CERTIFICATIONS

Oklahoma Department of Labor
Asbestos License

This certifies that **Tucker Meredith**
has successfully met the certification requirements under
the Oklahoma Asbestos Control Act 40 O.S. § 450, et seq.
Abatement of Friable Asbestos Materials Rules OAC
380:50 in the following:

Inspector


Leslie Osborn
Labor Commissioner



License # : 403549

Expires : 08/28/2025

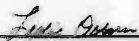
Issued : 09/03/2024

Not intended for identification purposes

Oklahoma Department of Labor
Asbestos License

This certifies that **Russell Smalley**
has successfully met the certification requirements under
the Oklahoma Asbestos Control Act 40 O.S. § 450, et seq.
Abatement of Friable Asbestos Materials Rules OAC
380:50 in the following:

Management Planner


Leslie Osborn
Labor Commissioner



License # : 403541

Expires : 02/02/2025

Issued : 08/15/2024

Not intended for identification purposes

Oklahoma Department of Labor
Asbestos License

This certifies that **Russell Smalley**
has successfully met the certification requirements under
the Oklahoma Asbestos Control Act 40 O.S. § 450, et seq.
Abatement of Friable Asbestos Materials Rules OAC
380:50 in the following:

Inspector


Leslie Osborn
Labor Commissioner



License # : 403221

Expires : 05/15/2025

Issued : 06/04/2024

Not intended for identification purposes

APPENDIX B

PHOTOGRAPHS



Photo 1 Hallway area during containment set up



Photo 2 Hallway area during containment set up



Photo 3 Southern front desk area during containment set up



Photo 4 Warning signage on western exterior door



Photo 5 Containment signage



Photo 6 Exhaust



Photo 7 Load out area on west side



Photo 8 Southeastern hallway post abatement

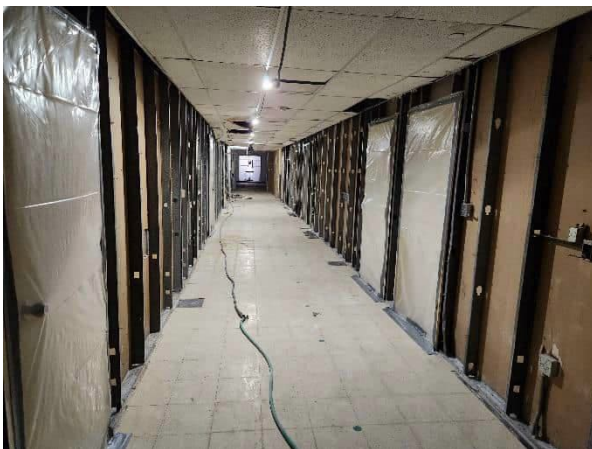


Photo 9 Central hallway post abatement

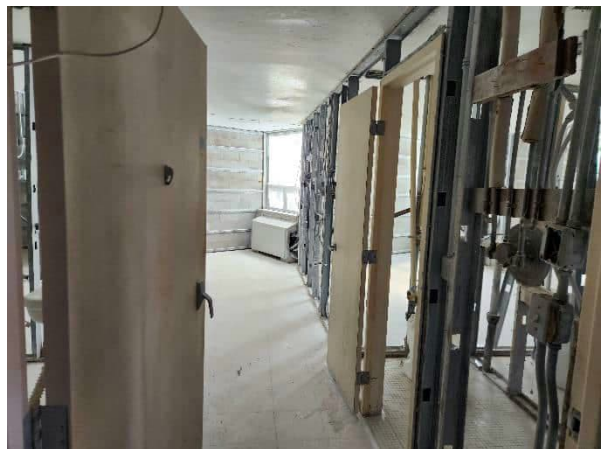


Photo 10 South patient rooms post abatement



Photo 11 South front desk area post abatement



Photo 12 Western hallway post abatement

APPENDIX C

CLEARANCE AIR SAMPLE DATA



2033 HERITAGE PARK DR, OKLAHOMA CITY, OK 73120 | 1.800.822.1650

Phase Contrast Microscopy Analysis Report

QuanTEM Set ID: 375687

Date Received: 01/17/25

Received By: Amanda Bass

Analyst: Cassie Sanborn

Date of Report: 1/17/2025

Methodology: NIOSH 7400, Issue 3

AIHA LAP, LLC: 101352

Client: Russell Smalley

Terracon - OKC

4701 N. Stiles Ave.

Oklahoma City, OK 73105

Acct. No.: A725

Project: Purcell Hospital Oversight

Location: Purcell OK

Project No.: 03247167

QuanTEM Sample ID	Client Sample ID	Air Volume (liters)	Fibers	Fields	Fiber Density (f/mm2)	Fiber Concentration (f/cc)	Detection Limits (f/cc)	95% LCL (f/cc)	95% UCL (f/cc)
001	44868	1200	4	100	<7	<0.0022	0.0022	N/A	N/A
002	44860	1200	5	100	<7	<0.0022	0.0022	N/A	N/A
003	44857	1200	7	100	8.9	0.0029	0.0022	0.0013	0.0064
004	44853	1200	4	100	<7	<0.0022	0.0022	N/A	N/A
005	44869	1200	2	100	<7	<0.0022	0.0022	N/A	N/A
006	44845	1200	1	100	<7	<0.0022	0.0022	N/A	N/A
007	44854	1200	6	100	7.6	0.0025	0.0022	0.0010	0.0057
008	44873	1200	2	100	<7	<0.0022	0.0022	N/A	N/A
009	44865	1200	3	100	<7	<0.0022	0.0022	N/A	N/A
010	44872	1200	1	100	<7	<0.0022	0.0022	N/A	N/A
011	44866	Blank	ND	100	N/A	N/A	N/A	N/A	N/A
012	44871	Blank	ND	100	N/A	N/A	N/A	N/A	N/A

Cassie Sanborn

Authorized Signature: _____

Cassie Sanborn, Laboratory Analyst

Laboratory Sr: 0.54 for 5 to 20 fibers. 0.18 for 20 to 50 fibers. 0.14 for >50 fibers.

This report applies only to the standards or procedures indicated and to the specific samples tested. It is not indicative of the qualities of apparently identical or similar products or procedures, nor does it represent an ongoing assurance program unless so noted. These reports are for the exclusive use of the client and are not to be reproduced without specific written permission. QuanTEM is not responsible for user-supplied data used in calculation. Customer provided data such as volumes, areas, etc., cannot be verified by QuanTEM Laboratories, LLC.

Unless otherwise noted, upon receipt the condition of the sample was acceptable for analysis.

Results have been blank corrected per the NIOSH 7400 method, as applicable.

ND = None Detected



ASBESTOS CHAIN OF CUSTODY

2033 Heritage Park Drive, Oklahoma City, OK 73120-7502
(800) 822-1650 • (405) 755-7272 • Fax: (405) 755-2058

LEGAL DOCUMENT - PLEASE PRINT LEGIBLY

Contact Information		Project Information	
Company: <u>Ferris</u>	Phone: <u>405-612-8498</u>	Project Name: <u>Furcell Hospital Oversight</u>	Report Results (one box) <input checked="" type="checkbox"/> Quantem Website
Contact: <u>Russell Smalley</u>	Cell Phone: <u>405-496-9328</u>	Project Location: <u>Furcell OH</u>	Email: _____
Account #: _____	E-mail: <u>rus@ferris.com</u>	Project ID: <u>05247167</u>	Other: _____
SAMPLED BY: Name: <u>Tucker Meredith</u>	Date: <u>1-16-25</u>	P.O. Number: _____	

RELINQUISHED BY	DATE & TIME	VIA	RECEIVED BY	DATE & TIME
<u>Tucker Meredith</u>	<u>1-17-25 11:20</u>	<u>hand</u>	<u>[Signature]</u>	<u>1/17/25 11:20</u>

REQUESTED SERVICES (Please check the appropriate boxes)

PLM	PLM	TEM	TEM	TURNAROUND TIME
<input type="checkbox"/> Bulk Analysis (EPA 600/R-93/116)	<input type="checkbox"/> Vermiculite Attic Insulation (EPA 600/R-04/004)	<input type="checkbox"/> Air- AHERA	<input type="checkbox"/> Bulk- Presence / Absence EPA600/R-93/116	<input checked="" type="checkbox"/> Rush
<input type="checkbox"/> 400 Point Count	<input type="checkbox"/> Other	<input type="checkbox"/> Air- NIOSH 7402	<input type="checkbox"/> Bulk- Quantitative [weight%]- Chatfield	<input type="checkbox"/> Same Day
<input type="checkbox"/> 1000 Point Count		<input type="checkbox"/> Air- ISO 10312	<input type="checkbox"/> Dust- Presence / Absence	<input type="checkbox"/> 24 - Hour
<input type="checkbox"/> Gravimetric Preparation	<input checked="" type="checkbox"/> PCM	<input type="checkbox"/> Drinking Water- EPA 100.2	<input type="checkbox"/> Dust- Quantitative [fibers/sq.cm]- ASTM D5755	<input type="checkbox"/> 3 - Day
<input type="checkbox"/> Particle ID	<input checked="" type="checkbox"/> NIOSH 7400	<input type="checkbox"/> Waste Water- EPA 600/4-83-043	Other	<input type="checkbox"/> 5 - Day

No.	Sample ID (10 Characters Max)	To Be Analyzed	Color	Description	Volume / Area (as applicable)	Comments / Notes
1	44868	<input checked="" type="checkbox"/>		W of SW Hallway	10.0	S-0900 F-1100
2	44860	<input checked="" type="checkbox"/>		E of SW Hallway	10.0	S-0900 F-1100
3	44857	<input checked="" type="checkbox"/>		F of SE Hallway	10.0	S-0900 F-1100
4	44853	<input checked="" type="checkbox"/>		Central of SE and SW Hallway	10.0	S-0900 F-1100
5	44869	<input checked="" type="checkbox"/>		E of SE Hallway	10.0	S-0900 F-1100
6	44845	<input checked="" type="checkbox"/>		S of E Hallway	10.0	S-1100 F-1300
7	44854	<input checked="" type="checkbox"/>		S of W Hallway	10.0	S-1100 F-1300
8	44873	<input checked="" type="checkbox"/>		N of the E Hallway	10.0	S-1100 F-1300
9	44865	<input checked="" type="checkbox"/>		Central of Central hallway	10.0	S-1100 F-1300
10	44872	<input checked="" type="checkbox"/>		N of the W Hallway	10.0	S-1100 F-1300



ASBESTOS CHAIN OF CUSTODY

2033 Heritage Park Drive, Oklahoma City, OK 73120-7502
(800) 822-1650 • (405) 755-7272 • Fax: (405) 755-2058

LEGAL DOCUMENT - PLEASE PRINT LEGIBLY

Page 2 of 2

For Lab Use Only
Lab No. <u>575687</u>
Accept Reject

Project Information				Project Name:	Project Location:	
No.	Sample ID (10 Characters Max)	To Be Analyzed	Color	Description	Volume / Area (as applicable)	Comments / Notes
11	44866	<input checked="" type="checkbox"/>		LB	1	F 1250
12	44871	<input checked="" type="checkbox"/>		FB	1	F 1250
13		<input type="checkbox"/>				
14		<input type="checkbox"/>				
15		<input type="checkbox"/>				
16		<input type="checkbox"/>				
17		<input type="checkbox"/>				
18		<input type="checkbox"/>				
19		<input type="checkbox"/>				
20		<input type="checkbox"/>				
21		<input type="checkbox"/>				
22		<input type="checkbox"/>				
23		<input type="checkbox"/>				
24		<input type="checkbox"/>				
25		<input type="checkbox"/>				
26		<input type="checkbox"/>				
27		<input type="checkbox"/>				
28		<input type="checkbox"/>				
29		<input type="checkbox"/>				
30		<input type="checkbox"/>				

APPENDIX D

ASTECH ASBESTOS INSPECTION REPORT

ASTECH

Asbestos Support Technologies Inc.

May 28th, 2024

Via Email: sam.demel@purcellok.gov

Sam Demel
City Of Purcell
230 West Main Street
Purcell, OK. 73080

Dear Mr. Demel

Subject: Asbestos Inspection
Purcell Municipal Hospital
1500 N. Green Ave.
Purcell, Oklahoma

As you requested, an asbestos inspection was performed by a licensed AHERA inspector (Richard Belcher, Lic#159310) on April 26th, 2024, for suspect asbestos containing materials (ACM) located throughout the building identified as the "Purcell Municipal Hospital", in Purcell, Oklahoma. This inspection was conducted to meet requirements of 40 CFR Part 61, the National Emissions Standards for Hazardous Air Pollutants (NESHAP) for the purpose of demolition/renovation.

Suspect ACM was grouped into homogeneous sampling areas, which were further classified as either surfacing (SM), thermal (TSI), or miscellaneous materials (MM). TSI consists of insulating materials, mastics or sealants used to reduce heat loss or gain on mechanical systems such as piping, ducts, air handlers, boilers, flues, heat exchangers, etc. SM includes materials applied to surfaces other than mechanical systems for purposes such as fireproofing, acoustical insulation and aesthetic finishes. These are regulated friable materials that if disturbed or if the structure is demolished must first be removed by a state licensed asbestos abatement contractor. Miscellaneous Materials are all other materials not included in the other two categories, and include materials such as floor tiles, adhesives, gaskets, caulking compounds and asbestos-cement piping/panels (transite).

A total of fifty-four (54) homogeneous areas of suspect ACM were identified, and one hundred and sixty-six (166) bulk samples were collected. Light demolition procedures were done during this inspection. Multiple layer samples were separated at the lab for individual analysis. The samples were analyzed for asbestos type and quantity utilizing polarized light microscopy (PLM). Asbestos inspection criteria include category I & II non-friable as well as for regulated asbestos containing materials (RACM) as defined under 40 CFR 61 Subpart M (NESHAP). Inspection criteria also meets the requirements for rebutting the Presumed Asbestos-Containing Material (PACM) designation cited in 29 CFR 1926.1101. Quantem Laboratories conducted the sample analysis. Quantem Laboratories is accredited by the National Institute of Standards and Technology (NIST) under the National Voluntary Laboratory Accreditation Program (NVLAP).

OBSERVATIONS:

The structure is a single-story metal and CMU framed building on a concrete foundation with brick veneer. Roofing is a flat built-up tar composition. Flooring was a combination of bare

concrete, carpet, ceramic floor tile and vinyl composite tile (VCT). Walls are smooth and textured drywall, texture on CMU, Painted CMU and finished brick. The ceilings are textured drywall, smooth drywall, 2x2 ceiling tiles, 1x1 ceiling tiles with glue plugs and 2x4 ceiling tiles in a drop metal grid. Duct work is flex duct and metal with foil backed fiberglass. Piping observed is PVC and metal with cellulose and PVC fittings.

Suspect materials sampled:

1. 1x1 ceiling tiles/glue plugs
2. Joint compound-ceiling
3. 2x4 ceiling tiles-lines
4. 2x4 ceiling tiles-small holes
5. Joint compound-wall
6. Wall texture-knock down
7. Wall texture-slap brush
8. Ceiling texture-knock down
9. Wall texture-slap brush
10. 2x2 ceiling tiles
11. 2x2 ceiling tiles-bumps
12. 2x2 ceiling tiles-recessed
13. Joint compound-wall
14. Wall texture-slap brush
15. Ceiling texture-slap brush
16. Wall texture-knock down
17. Ceiling texture-knock down
18. Joint compound-ceiling
19. 2x4 ceiling tiles
20. Wall texture-orange peel
21. Texture on reception lobby fur-down
22. Drywall
23. Wall texture
24. Joint compound-wall
25. 2x4 ceiling tiles
26. Joint compound-wall
27. Piping insulation-condensate line
28. Piping insulation-chilled water
29. Piping insulation-heating water
30. Piping insulation-domestic water
31. Fitting-condensate
32. Fitting-hot water
33. Fitting-chilled water
34. Fitting-domestic water
35. Boiler gasket
36. Boiler flue insulation
37. Boiler insulation
38. Duct insulation
39. Wall texture
40. Joint compound
41. Drywall
42. 2x4 ceiling tiles
43. 2x2 ceiling tiles
44. Duct mastic-applied
45. Domestic water piping insulation
46. Domestic water fitting

47. Domestic piping insulation
48. Vinyl sheeting
49. 1x1 VCT/mastic-beige tan spots
50. Vinyl sheeting/mastic
51. 1x1 VCT/mastic-gray
52. 1x1 VCT/mastic-red
53. 1x1 VCT/mastic-beige gray spots
54. 1x1 VCT/mastic-tan

Notable findings are as follows:

A. Friable asbestos containing material present:

- *Wall Texture in East section @ 31,000-Sf.*

These are friable regulated materials that if disturbed or if the structure is demolished, they must first be addressed or removed by state licensed asbestos abatement contractor.

B. Category 1 Non-friable asbestos containing material present:

- *1x1 VCT/Mastic @ 9,000-Sf, center E-W hallway, NE hallway and rooms, south patient rooms by nurses' station.*
- *Duct Seam Mastic @ 1,800-LF. Throughout.*
- *Glue Plugs beneath ceiling tile - West lobby.*

C. Non-friable presumed asbestos containing material (PACM) present:

- *Roofing (category 1).*

Structures containing **category 1 non-friable asbestos materials** in non-friable condition may be demolished with these materials in place. If the structure is not demolished these materials should not be cut, sanded, or reduced to a powder by any means before being addressed by properly trained personnel or further testing is conducted to show no asbestos is present. Roofing materials were not tested. These materials were inspected but not sampled because they are category 1 non-friable materials and sampling procedures are destructive.

Table 1 (attached) summarizes all data and is sorted by homogeneous sampling area. (For clarity, homogeneous sampling areas are separated by bold lines in the table). Each sample is identified by a ten-digit code which is broken into three segments; the first six digits are the year, month, and day of collection, the next two digits are the homogeneous sampling area number; and the last two digits are sequential sample numbers within the homogeneous sampling area. Sampling protocol requires that if any one sample from a homogeneous area test positive for asbestos, the entire homogeneous area must be treated as ACM.

Homogeneous Area is defined as "an area of surfacing material, thermal system insulation material, or miscellaneous material that is uniform in color and texture". Date of construction in specific areas are a factor as well.

Bidders are responsible for their own calculations and estimates of quantities. Actual quantities may be more or less than indicated. Though every effort was made to examine wall cavities and other areas for pipe insulation, spray-applied or trowel applied surfacing material or other miscellaneous materials, ceilings and pipe chases are still in place making quantities impossible to be quantified without complete demolition. This survey and report only deal with accessible areas of the building. There may be additional inaccessible areas above ceiling, behind walls, below floors, and in areas that were not accessible because of other physical barriers, occupancy, or structural

damage that become evident during demolition or renovation activities. If suspect materials are found, additional asbestos testing may be required.

If you have any questions concerning this report, feel free to contact me at 405.618.7660. Thank you for using ASTECH, Inc.

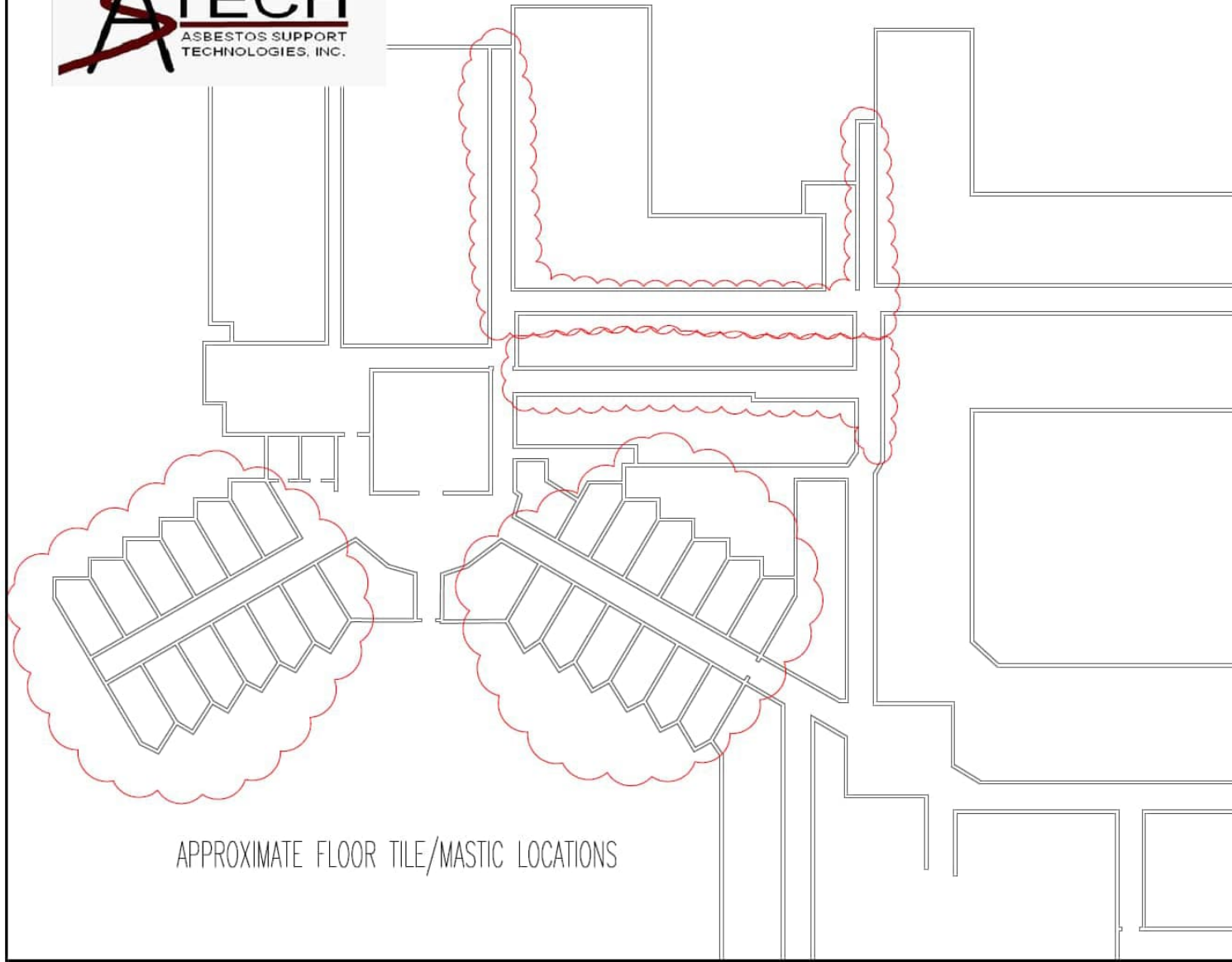
Sincerely,
ASBESTOS SUPPORT TECHNOLOGIES, INC.

A handwritten signature in black ink, appearing to read "Rodney Hill". The signature is fluid and cursive, with the first name "Rodney" being more prominent than the last name "Hill".

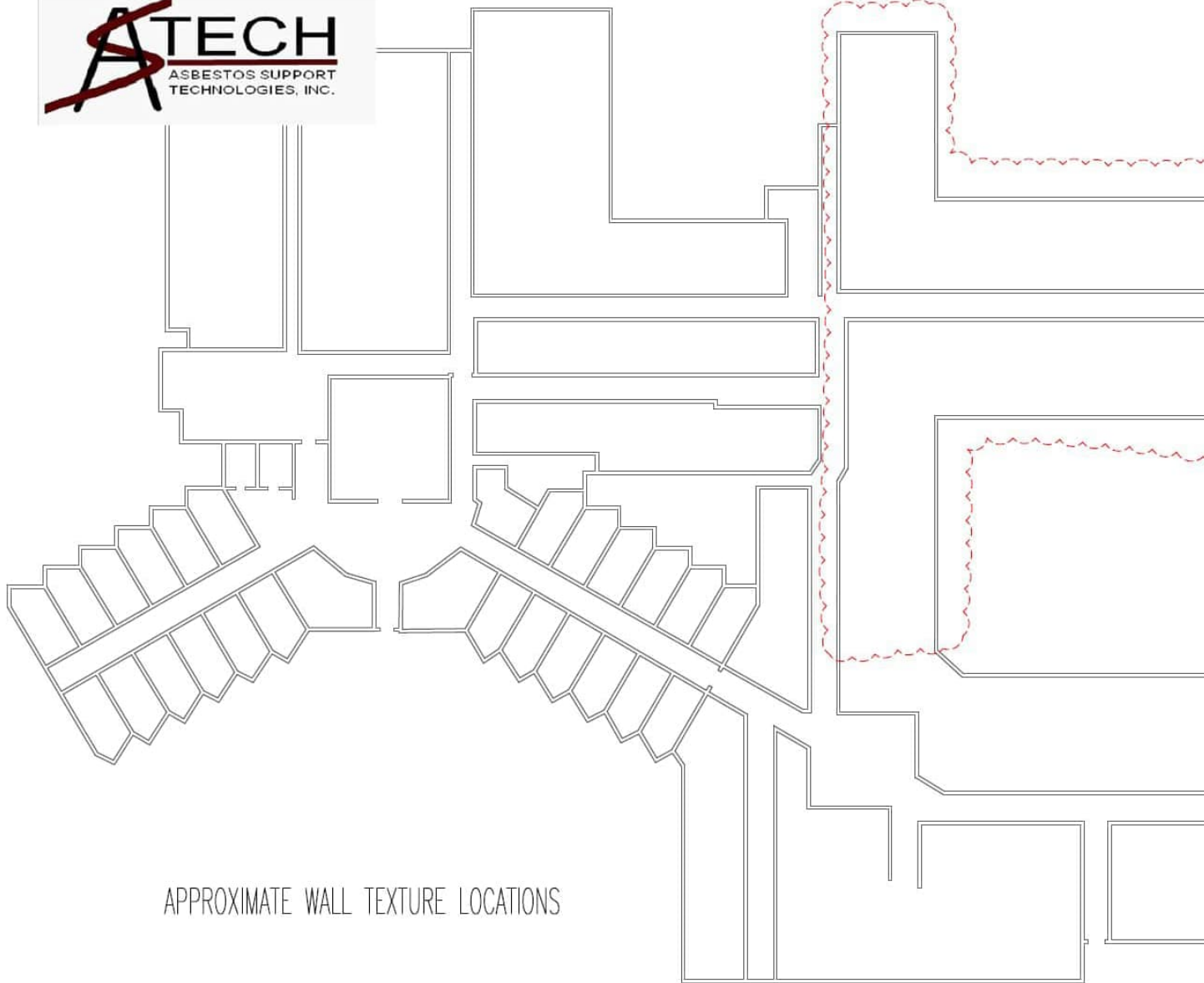
Rodney Hill
President
Inspector/Management Planner

Attachments: Drawings
Table 1
Laboratory Results

DRAWINGS



APPROXIMATE FLOOR TILE/MASTIC LOCATIONS



APPROXIMATE WALL TEXTURE LOCATIONS

TABLE 1

Sample Numbers			Type	Friab.	Description	Location
240426	01	01-02	M	NF	1x1 Ceiling Tiles/ <i>Glue Plugs (plugs only)</i>	West Lobby
240426	02	01-03	M	F	Joint Compound-Ceiling	West Lobby
240426	03	01-02	M	F	2x4 Ceiling Tiles-Lines	West Section
240426	04	01-02	M	F	2x4 Ceiling Tiles-Small Holes	West Section
240426	05	01-05	M	F	Joint Compound-Wall	West Section
240426	06	01-03	SM	F	Wall Texture-Knock Down	Rm#3555,3556,3543,3644
240426	07	01-03	SM	F	Wall Texture-Slap Brush	On CMU Rm# 3544
240426	08	01-03	SM	F	Ceiling Texture-Knock Down	Rm#3556
240426	09	01-03	SM	F	Wall Texture-Slap Brush	Rm#3544, Cafeteria
240426	10	01-02	M	F	2x2 Ceiling Tiles	NW
240426	11	01-02	M	F	2x2 Ceiling Tiles-Bumps	Administration-NW
240426	12	01-02	M	F	2x2 Ceiling Tiles-Recessed	Lobby SW Section
240426	13	01-07	M	F	Joint Compound-Wall	Lobby SW Section
240426	14	01-03	SM	F	Wall Texture-Slap Brush	Rm's# 3565-3581
240426	15	01-03	SM	F	Ceiling Texture-Slap Brush	Rm's# 3579
240426	16	01-03	SM	F	Wall Texture-Knock Down	Rm's# 3568, Hallway, 3576, 3580
240426	17	01-03	SM	F	Ceiling Texture-Knock Down	3568,3580
240426	18	01-03	M	F	Joint Compound-Ceiling	SW Section
240426	19	01-02	M	F	2x4 Ceiling Tiles	SW Section
240426	20	01-05	SM	F	Wall Texture-Orange Peel	SW Section
240426	21	01-03	SM	F	Texture On Reception Lobby Fur-Down	SW Section
240426	22	01-02	M	F	Drywall	SW Section
240426	23	01-03	SM	F	Wall Texture	SE Section
240426	24	01-07	M	F	Joint Compound-Wall	SE Section
240426	25	01-02	M	F	2x4 Ceiling Tiles	Se Section
240426	26	01-03	M	F	Joint Compound-Wall	SE Section
240426	27	01-03	TM	F	Piping Insulation-Condensate Line	Mechanical Room-Canvas Wrap
240426	28	01-03	TM	F	Piping Insulation-Chilled Water	Mechanical Room-Canvas Wrap
240426	29	01-03	TM	F	Piping Insulation-Heating Water	Mechanical Room-Canvas Wrap
240426	30	01-03	TM	F	Piping Insulation-Domestic Water	Mechanical Room-Canvas Wrap
240426	31	01-03	TM	F	Fitting-Condensate	Mechanical Room
240426	32	01-03	TM	F	Fitting-Hot Water	Mechanical Room
240426	33	01-03	TM	F	Fitting-Chilled Water	Mechanical Room
240426	34	01-03	TM	F	Fitting-Domestic Water	Mechanical Room
240426	35	01-03	M	NF	Boiler Gasket	Mechanical Room

Sample Numbers			Type	Friab.	Description	Location
240426	36	01-03	TM	F	Boiler Flue Insulation	Mechanical Room
240426	37	01-03	TM	F	Boiler Insulation	Mechanical Room
240426	38	01-03	TM	F	Duct Insulation	Mechanical Room
240426	39	01-05	SM	F	Wall Texture	East Section
240426	40	01-05	M	F	Joint Compound	East Section
240426	41	01-02	M	F	Drywall	East Section
240426	42	01-02	M	F	2x4 Ceiling Tiles	East Section
240426	43	01-02	M	F	2x2 Ceiling Tiles	East Section
240426	44	01-04	M	NF	Duct Mastic-Applied	Throughout
240426	45	01-05	TM	F	Domestic Water Piping Insulation	Throughout Main Building
240426	46	01-07	TM	F	Domestic Water Fitting	Throughout Main Building
240426	47	01-03	TM	F	Domestic Piping Insulation	Throughout Main Building
240426	48	01-02	M	NF	Vinyl Sheeting	North-West Section
240426	49	01-02	M	NF	1x1 VCT/Mastic-Beige Tan Spots	Hallways-North & South Rooms
240426	50	01-02	M	NF	Vinyl Sheeting/Mastic	Center
240426	51	01-02	M	NF	1x1 VCT/Mastic-Gray	SE Section
240426	52	01-02	M	NF	1x1 VCT/Mastic-Red	Center
240426	53	01-02	M	NF	1x1 VCT/Mastic-Beige Gray Spots	NE Section
240426	54	01-02	M	NF	1x1 VCT/Mastic-Tan (Mastic Only)	East Section

ND = None Detected N/A = Not Applicable

APPENDIX C

DAILY SHIFT AIR SAMPLE DATA



2033 HERITAGE PARK DR, OKLAHOMA CITY, OK 73120 | 1.800.822.1650

Phase Contrast Microscopy Analysis Report

QuanTEM Set ID: 375101
Date Received: 12/18/24
Received By: Baylie Longstreth
Analyst: Cassie Sanborn
Date of Report: 12/18/2024
Methodology: NIOSH 7400, Issue 3
AIHA LAP, LLC: 101352

Client: Russell Smalley
Terracon - OKC
4701 N. Stiles Ave.
Oklahoma City, OK 73105

Acct. No.: A725

Project: Purcell Hospital Abatement Oversight
Location: Purcell OK
Project No.: 03247167

QuanTEM Sample ID	Client Sample ID	Air Volume (liters)	Fibers	Fields	Fiber Density (f/mm2)	Fiber Concentration (f/cc)	Detection Limits (f/cc)	95% LCL (f/cc)	95% UCL (f/cc)
001	30176	660	2	100	<7	<0.0041	0.0041	N/A	N/A
002	30180	656	2	100	<7	<0.0041	0.0041	N/A	N/A
003	30095	652	3	100	<7	<0.0041	0.0041	N/A	N/A
004	30118	648	1	100	<7	<0.0042	0.0042	N/A	N/A
005	30122	644	17	100	22	0.013	0.0042	0.0070	0.025
006	30097	636	4	100	<7	<0.0042	0.0042	N/A	N/A
007	30174	632	1	100	<7	<0.0043	0.0043	N/A	N/A
008	30123	620	100	52	240	0.15	0.0043	0.095	0.26
009	30139	616	100	31	410	0.26	0.0044	0.16	0.44
010	30168	610	100	36	350	0.22	0.0044	0.14	0.39
011	30186	600	100	29	440	0.28	0.0045	0.18	0.49
012	30158	Blank	ND	100	N/A	N/A	N/A	N/A	N/A
013	30187	Blank	ND	100	N/A	N/A	N/A	N/A	N/A
014	30147	628	100	33	390	0.24	0.0043	0.15	0.41

Laboratory Sr: 0.54 for 5 to 20 fibers. 0.18 for 20 to 50 fibers. 0.14 for >50 fibers.

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Unless otherwise noted, upon receipt the condition of the sample was acceptable for analysis.

Results have been blank corrected per the NIOSH 7400 method, as applicable.

ND = None Detected



2033 HERITAGE PARK DR, OKLAHOMA CITY, OK 73120 | 1.800.822.1650

Phase Contrast Microscopy Analysis Report

QuanTEM Set ID: 375101
Date Received: 12/18/24
Received By: Baylie Longstreth
Analyst: Cassie Sanborn
Date of Report: 12/18/2024
Methodology: NIOSH 7400, Issue 3
AIHA LAP, LLC: 101352

Client: Russell Smalley
Terracon - OKC
4701 N. Stiles Ave.
Oklahoma City, OK 73105

Acct. No.: A725

Project: Purcell Hospital Abatement Oversight
Location: Purcell OK
Project No.: 03247167

QuanTEM Sample ID	Client Sample ID	Air Volume (liters)	Fibers	Fields	Fiber Density (f/mm ²)	Fiber Concentration (f/cc)	Detection Limits (f/cc)	95% LCL (f/cc)	95% UCL (f/cc)
----------------------	---------------------	---------------------------	--------	--------	--	----------------------------------	-------------------------------	-------------------	-------------------

Authorized Signature: _____

Cassie Sanborn

Cassie Sanborn, Laboratory Analyst

Laboratory Sr: 0.54 for 5 to 20 fibers. 0.18 for 20 to 50 fibers. 0.14 for >50 fibers.

This report applies only to the standards or procedures indicated and to the specific samples tested. It is not indicative of the qualities of apparently identical or similar products or procedures, nor does it represent an ongoing assurance program unless so noted. These reports are for the exclusive use of the client and are not to be reproduced without specific written permission. QuanTEM is not responsible for user-supplied data used in calculation. Customer provided data such as volumes, areas, etc., cannot be verified by QuanTEM Laboratories, LLC.

Unless otherwise noted, upon receipt the condition of the sample was acceptable for analysis.

Results have been blank corrected per the NIOSH 7400 method, as applicable.

ND = None Detected



ASBESTOS CHAIN OF CUSTODY

2033 Heritage Park Drive, Oklahoma City, OK 73120-7502
(800) 822-1650 • (405) 755-7272 • Fax: (405) 755-2058

LEGAL DOCUMENT - PLEASE PRINT LEGIBLY

Contact Information		Project Information	
Company: <u>Terracay</u>	Phone: _____	Project Name: <u>Purcell Hospital Abatement</u>	Report Results (one box) <input checked="" type="checkbox"/> Quantem Website
Contact: <u>Russell Smalley</u>	Cell Phone: <u>405-498-9526</u>	Project Location: <u>Purcell OK</u>	Email: _____
Account #: _____	E-mail: _____	Project ID: <u>03247167</u>	Other: _____
SAMPLED BY: <u>Name: Tucker Mendith</u>	Date: <u>12/17/24</u>	P.O. Number: _____	

RELINQUISHED BY	DATE & TIME	VIA	RECEIVED BY	DATE & TIME
<u>Brian Cury</u>	<u>12/18/24 11:01</u>	<u>hand</u>	<u>[Signature]</u>	<u>12/18/24 11:00</u>

REQUESTED SERVICES (Please check the appropriate boxes)				
PLM	PLM	TEM	TEM	TURNAROUND TIME
<input type="checkbox"/> Bulk Analysis (EPA 600/R-93/116)	<input type="checkbox"/> Vermiculite Attic Insulation (EPA 600/R-04/004)	<input type="checkbox"/> Air- AHERA	<input type="checkbox"/> Bulk- Presence / Absence EPA600/R-93/116	<input checked="" type="checkbox"/> Rush
<input type="checkbox"/> 400 Point Count	<input type="checkbox"/> Other	<input type="checkbox"/> Air- NIOSH 7402	<input type="checkbox"/> Bulk- Quantitative [weight%]- Chatfield	<input type="checkbox"/> Same Day
<input type="checkbox"/> 1000 Point Count		<input type="checkbox"/> Air- ISO 10312	<input type="checkbox"/> Dust- Presence / Absence	<input type="checkbox"/> 24 - Hour
<input type="checkbox"/> Gravimetric Preparation	<input checked="" type="checkbox"/> PCM	<input type="checkbox"/> Drinking Water- EPA 100.2	<input type="checkbox"/> Dust- Quantitative [fibers/sq.cm]- ASTM D5755	<input type="checkbox"/> 3 - Day
<input type="checkbox"/> Particle ID	<input checked="" type="checkbox"/> NIOSH 7400	<input type="checkbox"/> Waste Water- EPA 600/4-83-043	<input type="checkbox"/> Other	<input type="checkbox"/> 5 - Day

No.	Sample ID (10 Characters Max)	To Be Analyzed	Color	Description	Volume / Area (as applicable)	Comments / Notes
1	30176	<input checked="" type="checkbox"/>		NOP SE hallway	<u>2 LPM</u>	
2	30180	<input checked="" type="checkbox"/>		SOE SE hallway		
3	30095	<input checked="" type="checkbox"/>		E of SE hallway		
4	30118	<input checked="" type="checkbox"/>		W of SE hallway		
5	30122	<input checked="" type="checkbox"/>		Change room		
6	30047	<input checked="" type="checkbox"/>		Load out		
7	30174	<input checked="" type="checkbox"/>		Exhaust		
8	30123	<input checked="" type="checkbox"/>		Personal		
9	30139	<input checked="" type="checkbox"/>		Personal		
10	30168	<input checked="" type="checkbox"/>		Exhaust		



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LEGAL DOCUMENT - PLEASE PRINT LEGIBLY

For Lab Use Only
Lab No. <u>375101</u>
<input checked="" type="checkbox"/> Accept <input type="checkbox"/> Reject

Report Results (<input checked="" type="checkbox"/> one box)
<input type="checkbox"/> Quantem Website
<input type="checkbox"/> Email
<input type="checkbox"/> Other

Project Information
Project Name: <u>Purcell Hospital Abatement oversight</u>
Project Location: <u>Purcell OK</u>
Project ID: <u>03247667</u>
P.O. Number:

Contact Information
Company: <u>Terracy</u>
Contact: <u>Russell Smalley</u>
Account #:
SAMPLED BY: Name: <u>Tucker Meredith</u>
Phone:
Cell Phone: <u>405-496-9520</u>
E-mail:
Date: <u>12/17/24</u>

RELINQUISHED BY	VIA	RECEIVED BY	DATE & TIME

REQUESTED SERVICES (Please ☒ the Appropriate Boxes)

PLM	PLM	TEM	TEM	TURNAROUND TIME
<input type="checkbox"/> Bulk Analysis (EPA 600/R-93/116)	<input type="checkbox"/> Vermiculite Attic Insulation (EPA 600/R-04/004)	<input type="checkbox"/> Air- AHERA	<input type="checkbox"/> Bulk- Presence / Absence EPA600/R-93/116	<input checked="" type="checkbox"/> Rush
<input type="checkbox"/> 400 Point Count	<input type="checkbox"/> Other	<input type="checkbox"/> Air- NIOSH 7402	<input type="checkbox"/> Bulk- Quantitative [weight%]- Chatfield	<input type="checkbox"/> Same Day
<input type="checkbox"/> 1000 Point Count		<input type="checkbox"/> Air- ISO 10312	<input type="checkbox"/> Dust- Presence / Absence	<input type="checkbox"/> 24 - Hour
<input type="checkbox"/> Gravimetric Preparation	<input checked="" type="checkbox"/> PCM	<input type="checkbox"/> Drinking Water- EPA 100.2	<input type="checkbox"/> Dust- Quantitative [fibers/sq.cm]- ASTM D5755	<input type="checkbox"/> 3 - Day
<input type="checkbox"/> Particle ID	<input checked="" type="checkbox"/> NIOSH 7400	<input type="checkbox"/> Waste Water- EPA 600/4-83-043	<input type="checkbox"/> Other	<input type="checkbox"/> 5 - Day

No.	Sample ID (10 Characters Max)	To Be Analyzed <input checked="" type="checkbox"/>	Description	Volume / Area (as applicable)	Comments / Notes
11	30186	<input checked="" type="checkbox"/>	Exhaust		
12	30158	<input checked="" type="checkbox"/>	Field Blwn		
13	30187	<input checked="" type="checkbox"/>	bulk Blwn		
14	30147	<input checked="" type="checkbox"/>	SE hallway		
5		<input type="checkbox"/>			
6		<input type="checkbox"/>			
7		<input type="checkbox"/>			
8		<input type="checkbox"/>			
9		<input type="checkbox"/>			
10		<input type="checkbox"/>			

375101

General Information		PCM AIR SAMPLING DATA																
Method: PCM, NIOSH 7400, "A" counting rules ID PAT No: 102438 Id Area: 0.00785 sq. mm or Size: 25 mm or Area: 385 sq. mm M = liters per minutes L = fibers per cubic centimeter L = lower confidence limit L limit = detection limit (reported as BDL if below detection limit) L = below detection limit L = upper confidence limit		TYPE BL = baseline PR = work area preparation GB = inside work area glove bag GR = inside work area gross removal OT = outside work area BA = outside critical barrier PE = personal sample CL = final clearance sample QC = quality control BK = blank						TYPE HE = HEPA exhaust CL = clean room DC = duct LP = load/unload path STEL = short term exposure limit TEN = TEM clearance Other as specified						Site Information Site: Other Matter:				
This method does not distinguish between fiber (i.e., asbestos, cellulose, glass, etc.). Fiber concentrations reported are not necessarily all asbestos fibers. All calculations and assumptions are shown.																		
SAMPLE No. (Idg-Cont-Seq)	DATE	TYPE 2	SAMPLE LOCATION	PUMP NO	START FLOW	STOP FLOW	AVG FLOW (LPM)	START TIME	STOP TIME	TOTAL TIME (min)	TOTAL VOL (L)	FIBER CNT	PLA CNT	BLK CNT	LOD (f/cc)	REMARKS	MTY	MTY
30176	12/17/24	OT	N of SE hallway	208	2.0	2.0	2.0	1130	1170	40	220							
30180	12/17/24	OT	S of SE hallway	5046	2.0	2.0	2.0	1132	1700	568	320							
30095	12/17/24	OT	E of SE hallway	1098	2.0	2.0	2.0	1134	1700	566	316							
30118	12/17/24	OT	W of SE hallway	2110	2.0	2.0	2.0	1136	1700	564	314							
30122	12/17/24	PR	Change Room	1019	2.0	2.0	2.0	1138	1700	562	312							
30047	12/17/24	LO	Load out	5026	2.0	2.0	2.0	1142	1700	558	318							
30171	12/17/24	HE	Exhaust	7022	2.0	2.0	2.0	1144	1700	556	316							
30142	12/17/24	GR	S E hallway	5088	2.0	2.0	2.0	1146	1700	554	314							
30123	12/17/24	PE	Personal	2001	2.0	2.0	2.0	1150	1700	550	310							
30134	12/17/24	PE	Personal	5040	2.0	2.0	2.0	1152	1700	548	308							
30108	12/17/24	HE	Exhaust	5084	2.0	2.0	2.0	1155	1700	545	305							
30186	12/17/24	HE	Exhaust	7412	2.0	2.0	2.0	1158	1700	542	300							
30158	12/17/24	BLK	Field Blank															
30187	12/17/24	BLK	Lab Blank															
Notes:														Personal #3				
Notes:														Personal #4				
Personal #1														Personal #3				
Personal #2														Personal #4				
a current OSHA PEL for asbestos is 0.1 fibers per cubic centimeter (0.1 f/cc) of air, determined as an 8-hour time-weighted average. a current OSHA Excursion Limit is 1.0 fiber per cubic centimeter of air (1 f/cc) as averaged over a sampling period of thirty (30) minutes.																		



2033 HERITAGE PARK DR, OKLAHOMA CITY, OK 73120 | 1.800.822.1650

Phase Contrast Microscopy Analysis Report

QuanTEM Set ID: 375142
Date Received: 12/20/24
Received By: Baylie Longstreth
Analyst: Cassie Sanborn
Date of Report: 12/20/2024
Methodology: NIOSH 7400, Issue 3
AIHA LAP, LLC: 101352

Client: Russell Smalley
Terracon - OKC
4701 N. Stiles Ave.
Oklahoma City, OK 73105

Acct. No.: A725

Project: N/A
Location: N/A
Project No.: N/A

QuanTEM Sample ID	Client Sample ID	Air Volume (liters)	Fibers	Fields	Fiber Density (f/mm2)	Fiber Concentration (f/cc)	Detection Limits (f/cc)	95% LCL (f/cc)	95% UCL (f/cc)
001	99513	1180	2	100	<7	<0.0023	0.0023	N/A	N/A
002	99524	1172	13	100	17	0.0054	0.0023	0.0028	0.011
003	99510	1164	1	100	<7	<0.0023	0.0023	N/A	N/A
004	99530	1156	4	100	<7	<0.0023	0.0023	N/A	N/A
005	99526	1148	23	100	29	0.0098	0.0023	0.0055	0.018
006	99492	1140	2	100	<7	<0.0024	0.0024	N/A	N/A
007	99523	1132	19	100	24	0.0082	0.0024	0.0045	0.016
008	99531	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
009	99529	1116	100	27	470	0.16	0.0024	0.10	0.28
010	99512	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
011	99491	1104	103	21	620	0.22	0.0024	0.14	0.38
012	99534	1096	101	49	260	0.092	0.0025	0.058	0.16
013	99511	Blank	ND	100	N/A	N/A	N/A	N/A	N/A
014	99552	Blank	ND	100	N/A	N/A	N/A	N/A	N/A

Laboratory Sr: 0.54 for 5 to 20 fibers. 0.18 for 20 to 50 fibers. 0.14 for >50 fibers.

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Unless otherwise noted, upon receipt the condition of the sample was acceptable for analysis.

Results have been blank corrected per the NIOSH 7400 method, as applicable.

ND = None Detected



2033 HERITAGE PARK DR, OKLAHOMA CITY, OK 73120 | 1.800.822.1650

Phase Contrast Microscopy Analysis Report

QuanTEM Set ID: 375142 **Client:** Russell Smalley
Date Received: 12/20/24 **Terracon - OKC**
Received By: Baylie Longstreth **4701 N. Stiles Ave.**
Analyst: Cassie Sanborn **Oklahoma City, OK 73105**
Date of Report: 12/20/2024 **Acct. No.:** A725
Methodology: NIOSH 7400, Issue 3
AIHA LAP, LLC: 101352

Project: N/A
Location: N/A
Project No.: N/A

QuanTEM Sample ID	Client Sample ID	Air Volume (liters)	Fibers	Fields	Fiber Density (f/mm ²)	Fiber Concentration (f/cc)	Detection Limits (f/cc)	95% LCL (f/cc)	95% UCL (f/cc)
----------------------	---------------------	---------------------------	--------	--------	--	----------------------------------	-------------------------------	-------------------	-------------------

375142-008, 010 Occluded sample. Amount of particulate on sample exceeds NIOSH 7400 Guidelines.

Authorized Signature: _____

Cassie Sanborn

Cassie Sanborn, Laboratory Analyst

Laboratory Sr: 0.54 for 5 to 20 fibers. 0.18 for 20 to 50 fibers. 0.14 for >50 fibers.

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Unless otherwise noted, upon receipt the condition of the sample was acceptable for analysis.

Results have been blank corrected per the NIOSH 7400 method, as applicable.

ND = None Detected



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LEGAL DOCUMENT - PLEASE PRINT LEGIBLY

Contact Information		Project Information	
Company:	Terracy	Project Name:	
Contact:	Russell Smalley	Project Location:	
Account #:		Project ID:	
SAMPLED BY:	Name: Tucker Meredith	P.O. Number:	
RELINQUISHED BY	DATE & TIME	VIA	RECEIVED BY
Benj Amy	12/19/24 10:42	Hand	Benj Amy

REQUESTED SERVICES (Please check the appropriate boxes)			
PLM	PLM	TEM	TEM
<input type="checkbox"/> Bulk Analysis (EPA 600/R-93/116)	<input type="checkbox"/> Vermiculite Attic Insulation (EPA 600/R-04/004)	<input type="checkbox"/> Air- AHERA	<input type="checkbox"/> Bulk- Presence / Absence EPA600/R-93/116
<input type="checkbox"/> 400 Point Count	<input type="checkbox"/> Other	<input type="checkbox"/> Air- NIOSH 7402	<input type="checkbox"/> Bulk- Quantitative [weight%]- Chatfield
<input type="checkbox"/> 1000 Point Count		<input type="checkbox"/> Air- ISO 10312	<input type="checkbox"/> Dust- Presence / Absence
<input type="checkbox"/> Gravimetric Preparation	<input checked="" type="checkbox"/> PCM	<input type="checkbox"/> Drinking Water- EPA 100.2	<input type="checkbox"/> Dust- Quantitative [fibers/sq.cm]- ASTM D5755
<input type="checkbox"/> Particle ID	<input checked="" type="checkbox"/> NIOSH 7400	<input type="checkbox"/> Waste Water- EPA 600/4-83-043	<input type="checkbox"/> Other

No.	Sample ID (10 Characters Max)	To Be Analyzed <input checked="" type="checkbox"/>	Description	Volume / Area (as applicable)	Comments / Notes
1	99813	<input checked="" type="checkbox"/>	Not SE Hallway	2.0	S-0710 F-1700
2	94824	<input checked="" type="checkbox"/>	S of SE Hallway	2.0	S-0714 F-1700
3	99510	<input checked="" type="checkbox"/>	E of SE Hallway	2.0	S-0710 F-1700
4	99530	<input checked="" type="checkbox"/>	W of SE Hallway	2.0	S-0722 F-1700
5	99526	<input checked="" type="checkbox"/>	Charge Room	2.0	S-0726 F-1700
6	99142	<input checked="" type="checkbox"/>	Load out	2.0	S-0730 F-1700
7	99523	<input checked="" type="checkbox"/>	Exhaust	2.0	S-0734 F-1700
8	99531	<input checked="" type="checkbox"/>	SE Hallway	2.0	S-0738 F-1700
9	99529	<input checked="" type="checkbox"/>	Personal	2.0	S-0742 F-1700
10	99512	<input checked="" type="checkbox"/>	Personal	2.0	S-0746 F-1700

SATURDAY FEDEX SAMPLE DELIVERY - CALL TO SCHEDULE • Use this address for Saturday Delivery only: 4220 N. Santa Fe Ave., Oklahoma City, OK 73105-8517 • Mark Package "Hold for Saturday Pickup"

Please Note - UPS and USPS are NOT available for Saturday Delivery



ASBESTOS CHAIN OF CUSTODY

2033 Heritage Park Drive, Oklahoma City, OK 73120-7502
(800) 822-1650 • (405) 755-7272 • Fax: (405) 755-2058

LEGAL DOCUMENT - PLEASE PRINT LEGIBLY

Contact Information		Project Information	
Company:	Terracy	Project Name:	
Contact:	Russell Smalley	Cell Phone:	405-1412-9425
Account #:		E-mail:	
SAMPLED BY:	Name: Tucker Meredith	Project ID:	
	Date: 12/18/24	P.O. Number:	
RELINQUISHED BY		VIA	RECEIVED BY
		Hand	Amber
DATE & TIME			DATE & TIME
			12/19/24 10:42

REQUESTED SERVICES (Please check the appropriate boxes)					
PLM		PLM		TEM	
<input type="checkbox"/> Bulk Analysis (EPA 600/R-93/116)	<input type="checkbox"/> Vermiculite Attic Insulation (EPA 600/R-04/004)	<input type="checkbox"/> Air-AHERA	<input type="checkbox"/> Bulk- Presence / Absence EPA600/R-93/116	TURNAROUND TIME	
<input type="checkbox"/> 400 Point Count	<input type="checkbox"/> Other	<input type="checkbox"/> Air- NIOSH 7402	<input type="checkbox"/> Bulk- Quantitative [weight%]- Chatfield	<input type="checkbox"/> Rush	
<input type="checkbox"/> 1000 Point Count		<input type="checkbox"/> Air- ISO 10312	<input type="checkbox"/> Dust- Presence / Absence	<input type="checkbox"/> Same Day	
<input type="checkbox"/> Gravimetric Preparation	<input checked="" type="checkbox"/> PCM	<input type="checkbox"/> Drinking Water- EPA 100.2	<input type="checkbox"/> Dust- Quantitative [fibers/sq.cm]- ASTM D5755	<input type="checkbox"/> 24 - Hour	
<input type="checkbox"/> Particle ID	<input checked="" type="checkbox"/> NIOSH 7400	<input type="checkbox"/> Waste Water- EPA 600/4-83-043	<input type="checkbox"/> Other	<input type="checkbox"/> 3 - Day	
				<input type="checkbox"/> 5 - Day	

No.	Sample ID (10 Characters Max)	To Be Analyzed	Color	Description	Volume / Area (as applicable)	Comments / Notes
1	99441	<input checked="" type="checkbox"/>		Exhaust	2.0	S-07418 F. 1700
2	99534	<input checked="" type="checkbox"/>		Exhaust	2.0	S-07552 F-1700
3	99511	<input checked="" type="checkbox"/>		IB		
4	99852	<input checked="" type="checkbox"/>		IB		
5		<input type="checkbox"/>				
6		<input type="checkbox"/>				
7		<input type="checkbox"/>				
8		<input type="checkbox"/>				
9		<input type="checkbox"/>				
10		<input type="checkbox"/>				



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Phase Contrast Microscopy Analysis Report

QuanTEM Set ID: 375183
Date Received: 12/20/24
Received By: Robin Brady Naik
Analyst: Cassie Sanborn
Date of Report: 12/20/2024
Methodology: NIOSH 7400, Issue 3
AIHA LAP, LLC: 101352

Client: Russell Smalley
Terracon - OKC
4701 N. Stiles Ave.
Oklahoma City, OK 73105

Acct. No.: A725

Project: Purcell Hospital
Location: Purcell, OK
Project No.: 03247167

QuanTEM Sample ID	Client Sample ID	Air Volume (liters)	Fibers	Fields	Fiber Density (f/mm2)	Fiber Concentration (f/cc)	Detection Limits (f/cc)	95% LCL (f/cc)	95% UCL (f/cc)
001	30135	1160	3	100	<7	<0.0023	0.0023	N/A	N/A
002	99519	1156	6	100	7.6	0.0025	0.0023	0.0011	0.0059
003	99514	1152	2	100	<7	<0.0023	0.0023	N/A	N/A
004	99509	1144	1	100	<7	<0.0024	0.0024	N/A	N/A
005	30124	1140	101	75	170	0.058	0.0024	0.036	0.100
006	99544	1136	35	100	45	0.015	0.0024	0.0089	0.027
007	99501	1128	102	26	500	0.17	0.0024	0.11	0.29
008	30127	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
009	30170	1112	3	100	<7	<0.0024	0.0024	N/A	N/A
010	30094	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
011	30161	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
012	99554	1088	55	100	70	0.025	0.0025	0.015	0.044
013	99496	Blank	ND	100	N/A	N/A	N/A	N/A	N/A
014	99527	Blank	ND	100	N/A	N/A	N/A	N/A	N/A

Laboratory Sr: 0.54 for 5 to 20 fibers. 0.18 for 20 to 50 fibers. 0.14 for >50 fibers.

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Unless otherwise noted, upon receipt the condition of the sample was acceptable for analysis.

Results have been blank corrected per the NIOSH 7400 method, as applicable.

ND = None Detected



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Phase Contrast Microscopy Analysis Report


QuanTEM Set ID: 375183
Date Received: 12/20/24
Received By: Robin Brady Naik
Analyst: Cassie Sanborn
Date of Report: 12/20/2024
Methodology: NIOSH 7400, Issue 3
AIHA LAP, LLC: 101352

Client: Russell Smalley
Terracon - OKC
4701 N. Stiles Ave.
Oklahoma City, OK 73105

Acct. No.: A725

Project: Purcell Hospital
Location: Purcell, OK
Project No.: 03247167

QuanTEM Sample ID	Client Sample ID	Air Volume (liters)	Fibers	Fields	Fiber Density (f/mm ²)	Fiber Concentration (f/cc)	Detection Limits (f/cc)	95% LCL (f/cc)	95% UCL (f/cc)
375183-008, 010, 011	Occluded sample. Amount of particulate on sample exceeds NIOSH 7400 Guidelines.								

Authorized Signature: 
Cassie Sanborn, Laboratory Analyst

Laboratory Sr: 0.54 for 5 to 20 fibers. 0.18 for 20 to 50 fibers. 0.14 for >50 fibers.

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Unless otherwise noted, upon receipt the condition of the sample was acceptable for analysis.

Results have been blank corrected per the NIOSH 7400 method, as applicable.

ND = None Detected



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LEGAL DOCUMENT - PLEASE PRINT LEGIBLY

Contact Information		Project Information	
Company:	Terracon	Project Name:	Parcell Hospital
Contact:	Russell Smalley	Project Location:	Parcell OH
Account #:		Project ID:	03847 167
SAMPLED BY:	Name: Tucker Meredith	P.O. Number:	
	Date: 12/19/24		

RELINQUISHED BY	DATE & TIME	VIA	RECEIVED BY	DATE & TIME
Tucker Meredith	12/20/24 1:00 PM	Hand	LBW	12/20/24 1:06 PM

REQUESTED SERVICES (Please check the appropriate boxes)

PLM		PLM		TEM		TEM		TURNAROUND TIME	
<input type="checkbox"/> Bulk Analysis (EPA 600/R-93/116)	<input type="checkbox"/> Vermiculite Attic Insulation (EPA 600/R-04/004)	<input type="checkbox"/> Air- AHRA	<input type="checkbox"/> Bulk- Presence / Absence EPA600/R-93/116	<input type="checkbox"/> Rush	<input type="checkbox"/> Bulk- Quantitative [weight%]- Chatfield	<input type="checkbox"/> Same Day	<input type="checkbox"/> 24 - Hour	<input type="checkbox"/> 3 - Day	
<input type="checkbox"/> 400 Point Count	<input type="checkbox"/> Other	<input type="checkbox"/> Air- NIOSH 7402	<input type="checkbox"/> Dust- Presence / Absence	<input type="checkbox"/> 5 - Day	<input type="checkbox"/> Dust- Quantitative [fibers/sq.cm]- ASTM D5755				
<input type="checkbox"/> 1000 Point Count		<input type="checkbox"/> Air- ISO 10312							
<input type="checkbox"/> Gravimetric Preparation		<input type="checkbox"/> Drinking Water- EPA 100.2							
<input type="checkbox"/> Particle ID	<input checked="" type="checkbox"/> NIOSH 7400	<input type="checkbox"/> Waste Water- EPA 600/4-83-043							

No.	Sample ID (10 Characters Max)	To Be Analyzed	Color	Description	Volume / Area (as applicable)	Comments / Notes
1	30135	<input checked="" type="checkbox"/>		N of SE Hallway	2.0	S-0720 - F 1700
2	99519	<input checked="" type="checkbox"/>		S of SE Hallway	2.0	S-0722 - F 1700
3	99514	<input checked="" type="checkbox"/>		E of SE Hallway	2.0	S-0724 - F 1700
4	99509	<input checked="" type="checkbox"/>		W of SE Hallway	2.0	S-0728 - F 1700
5	30124	<input checked="" type="checkbox"/>		Change Room	2.0	S-0730 - F 1700
6	99544	<input checked="" type="checkbox"/>		Load Out	2.0	S-0732 - F 1700
7	99501	<input checked="" type="checkbox"/>		Exhaust	2.0	S-0736 - F 1700
8	30127	<input checked="" type="checkbox"/>		SE Hallway	2.0	S-0740 - F 1700
9	30170	<input checked="" type="checkbox"/>		Personnel	2.0	S-0744 - F 1700
10	30094	<input checked="" type="checkbox"/>		Personnel	2.0	S-0748 - F 1700



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Lab No. 375183
Accept <input checked="" type="checkbox"/> Reject <input type="checkbox"/>

Report Results (<input checked="" type="checkbox"/> one box)
<input type="checkbox"/> Quantem Website
<input type="checkbox"/> Email
<input type="checkbox"/> Other

Contact Information		Project Information	
Company: Terraco	Phone:	Project Name: Purcell Hospital	
Contact: Russell Smalley	Cell Phone: 405-146-9524	Project Location: Purcell Oh	
Account #:	E-mail:	Project ID: 03217167	
SAMPLED BY: Name: Tucker Meredith	Date: 12/19/24	P.O. Number:	

RELINQUISHED BY	DATE & TIME	VIA	RECEIVED BY	DATE & TIME
			ABN	12/20/24 1:30

REQUESTED SERVICES (Please <input checked="" type="checkbox"/> the Appropriate Boxes)					
PLM		PLM		TEM	
<input type="checkbox"/> Bulk Analysis (EPA 600/R-93/116)	<input type="checkbox"/> Vermiculite Attic Insulation (EPA 600/R-04/004)	<input type="checkbox"/> Air- AHERA	<input type="checkbox"/> Bulk- Presence / Absence EPA600/R-93/116	<input checked="" type="checkbox"/> Rush	TURNAROUND TIME
<input type="checkbox"/> 400 Point Count	<input type="checkbox"/> Other	<input type="checkbox"/> Air- NIOSH 7402	<input type="checkbox"/> Bulk- Quantitative [weight%]- Chatfield	<input type="checkbox"/> Same Day	
<input type="checkbox"/> 1000 Point Count		<input type="checkbox"/> Air- ISO 10312	<input type="checkbox"/> Dust- Presence / Absence	<input type="checkbox"/> 24 - Hour	
<input type="checkbox"/> Gravimetric Preparation	<input checked="" type="checkbox"/> PCM	<input type="checkbox"/> Drinking Water- EPA 100.2	<input type="checkbox"/> Dust- Quantitative [fibers/sq.cm]- ASTM D5755	<input type="checkbox"/> 3 - Day	
<input type="checkbox"/> Particle ID	<input checked="" type="checkbox"/> NIOSH 7400	<input type="checkbox"/> Waste Water- EPA 600/4-83-043	<input type="checkbox"/> Other	<input type="checkbox"/> 5 - Day	

No.	Sample ID (10 Characters Max)	To Be Analyzed <input checked="" type="checkbox"/>	Color	Description	Volume / Area (as applicable)	Comments / Notes
1	30161	<input checked="" type="checkbox"/>		Exhaust	2-0	S-0782 F-1700
2	99551	<input checked="" type="checkbox"/>		Exhaust	2-0	S-0750 - F 1700
3	99496	<input checked="" type="checkbox"/>		FB/LB		
4	99527	<input checked="" type="checkbox"/>		FB/LB		
5		<input type="checkbox"/>				
6		<input type="checkbox"/>				
7		<input type="checkbox"/>				
8		<input type="checkbox"/>				
9		<input type="checkbox"/>				
10		<input type="checkbox"/>				



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Phase Contrast Microscopy Analysis Report

QuanTEM Set ID: 375239
Date Received: 12/24/24
Received By: Courtney Holman
Analyst: Cassie Sanborn
Date of Report: 12/24/2024
Methodology: NIOSH 7400, Issue 3
AIHA LAP, LLC: 101352

Client: Terracon - OKC
Tucker Meridith

Acct. No.: A725

Project: Purcell Hospital Oversight
Location: Purcell OK
Project No.: 03247167

QuanTEM Sample ID	Client Sample ID	Air Volume (liters)	Fibers	Fields	Fiber Density (f/mm2)	Fiber Concentration (f/cc)	Detection Limits (f/cc)	95% LCL (f/cc)	95% UCL (f/cc)
001	99518	1160	3	100	<7	<0.0023	0.0023	N/A	N/A
002	99520	1156	1	100	<7	<0.0023	0.0023	N/A	N/A
003	99549	1148	2	100	<7	<0.0023	0.0023	N/A	N/A
004	99515	1144	4	100	<7	<0.0024	0.0024	N/A	N/A
005	99522	1136	23	100	29	0.0099	0.0024	0.0056	0.019
006	99454	1128	2	100	<7	<0.0024	0.0024	N/A	N/A
007	99555	1124	9	100	11	0.0039	0.0024	0.0019	0.0084
008	99541	1116	14	100	18	0.0062	0.0024	0.0032	0.012
009	99538	1108	1	100	<7	<0.0024	0.0024	N/A	N/A
010	99545	1104	17	100	22	0.0076	0.0024	0.0041	0.015
011	99581	1080	6	100	7.6	0.0027	0.0025	0.0012	0.0063
012	99543	1080	1	100	<7	<0.0025	0.0025	N/A	N/A
013	99535	Blank	ND	100	N/A	N/A	N/A	N/A	N/A
014	99487	Blank	ND	100	N/A	N/A	N/A	N/A	N/A

Laboratory Sr: 0.54 for 5 to 20 fibers. 0.18 for 20 to 50 fibers. 0.14 for >50 fibers.

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Unless otherwise noted, upon receipt the condition of the sample was acceptable for analysis.

Results have been blank corrected per the NIOSH 7400 method, as applicable.

ND = None Detected



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Phase Contrast Microscopy Analysis Report

QuanTEM Set ID: 375239
Date Received: 12/24/24
Received By: Courtney Holman
Analyst: Cassie Sanborn
Date of Report: 12/24/2024
Methodology: NIOSH 7400, Issue 3
AIHA LAP, LLC: 101352

Client: Terracon - OKC
Tucker Meridith

Acct. No.: A725

Project: Purcell Hospital Oversight
Location: Purcell OK
Project No.: 03247167

QuanTEM Sample ID	Client Sample ID	Air Volume (liters)	Fibers	Fields	Fiber Density (f/mm ²)	Fiber Concentration (f/cc)	Detection Limits (f/cc)	95% LCL (f/cc)	95% UCL (f/cc)
----------------------	---------------------	---------------------------	--------	--------	--	----------------------------------	-------------------------------	-------------------	-------------------

Authorized Signature: _____

Cassie Sanborn

Cassie Sanborn, Laboratory Analyst

Laboratory Sr: 0.54 for 5 to 20 fibers. 0.18 for 20 to 50 fibers. 0.14 for >50 fibers.

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Unless otherwise noted, upon receipt the condition of the sample was acceptable for analysis.

Results have been blank corrected per the NIOSH 7400 method, as applicable.

ND = None Detected



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LEGAL DOCUMENT - PLEASE PRINT LEGIBLY

Contact Information		Project Information	
Company:	Terrace	Project Name:	Pwcell Hospital Oversight
Contact:	Russell Smalley	Project Location:	Pwcell on
Account #:		Project ID:	03247167
SAMPLED BY:	Name: Tucker Meredith	P.O. Number:	
	Date: 12-23-24		

RELINQUISHED BY,	DATE & TIME	VIA	RECEIVED BY	DATE & TIME
Tucker Meredith	12-24-24 0800	Dropoff	John R	12/24/24 08:10
John R	12-24-24 0902	Dropoff	Stef M. PLO	12/24/24 09:02

REQUESTED SERVICES (Please check the appropriate boxes)			
PLM	PLM	TEM	TEM
<input type="checkbox"/> Bulk Analysis (EPA 600/R-93/116)	<input type="checkbox"/> Vermiculite Attic Insulation (EPA 600/R-04/004)	<input type="checkbox"/> Air- AHRA	<input type="checkbox"/> Bulk- Presence / Absence EPA600/R-93/116
<input type="checkbox"/> 400 Point Count	<input type="checkbox"/> Other	<input type="checkbox"/> Air- NIOSH 7402	<input type="checkbox"/> Bulk- Quantitative [weight%]- Chatfield
<input type="checkbox"/> 1000 Point Count		<input type="checkbox"/> Air- ISO 10312	<input type="checkbox"/> Dust- Presence / Absence
<input type="checkbox"/> Gravimetric Preparation	PCM	<input type="checkbox"/> Drinking Water- EPA 100.2	<input type="checkbox"/> Dust- Quantitative [fibers/sq.cm]- ASTM D5755
<input type="checkbox"/> Particle ID	<input checked="" type="checkbox"/> NIOSH 7400	<input type="checkbox"/> Waste Water- EPA 600/4-83-043	<input type="checkbox"/> Other

No.	Sample ID (10 Characters Max)	To Be Analyzed	Color	Description	Volume / Area (as applicable)	Comments / Notes
1	99518	<input checked="" type="checkbox"/>		NOT SE hallway	2.0	S-0720 F 1700
2	99520	<input checked="" type="checkbox"/>		S of SE hallway	2.0	S-0722 F 1700
3	99549	<input checked="" type="checkbox"/>		E of SE hallway	2.0	S-0726 F 1700
4	99575	<input checked="" type="checkbox"/>		W of SE hallway	2.0	S-0728 F 1700
5	99522	<input checked="" type="checkbox"/>		change room	2.0	S-0732 F 1700
6	99454	<input checked="" type="checkbox"/>		load out	2.0	S-0736 F 1700
7	99555	<input checked="" type="checkbox"/>		Exhaust	2.0	S-0738 F 1700
8	99541	<input checked="" type="checkbox"/>		SE hallway	2.0	S-0742 F 1700
9	99538	<input checked="" type="checkbox"/>		personal	2.0	S-0746 F 1700
10	99545	<input checked="" type="checkbox"/>		personal	2.0	S-0748 F 1700

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Lab No. 375239
<input checked="" type="radio"/> Accept <input type="radio"/> Reject

Report Results (one box)
<input type="checkbox"/> Quantem Website
<input type="checkbox"/> Email
<input type="checkbox"/> Other



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LEGAL DOCUMENT - PLEASE PRINT LEGIBLY

Contact Information	
Company:	Terrace
Contact:	Russell Smalley
Account #:	
SAMPLED BY:	Name: Tucker Meredith

Project Information	
Project Name:	Purcell Hospital Apparatus
Project Location:	Purcell OK
Project ID:	03247167
P.O. Number:	

Report Results (one box)
<input type="checkbox"/> Quantem Website
<input type="checkbox"/> Email
<input type="checkbox"/> Other

For Lab Use Only
Lab No. 375239
Accept <input checked="" type="checkbox"/> Reject <input type="checkbox"/>

RELINQUISHED BY	DATE & TIME	VIA	RECEIVED BY	DATE & TIME
Tucker Meredith	12-24-2000	Drop off	John [Signature]	12/24/24 0800
John [Signature]	12/24/24 0900	Hand	John [Signature]	12/24/24 0902

REQUESTED SERVICES (Please check the appropriate boxes)				
PLM	PLM	PLM	TEM	TEM
<input type="checkbox"/> Bulk Analysis (EPA 600/R-93/116)	<input type="checkbox"/> Vermiculite Attic Insulation (EPA 600/R-04/004)	<input type="checkbox"/> Air- AHRA	<input type="checkbox"/> Bulk- Presence / Absence EPA600/R-93/116	<input checked="" type="checkbox"/> Rush
<input type="checkbox"/> 400 Point Count	<input type="checkbox"/> Other	<input type="checkbox"/> Air- NIOSH 7402	<input type="checkbox"/> Bulk- Quantitative [weight%]- Chatfield	<input type="checkbox"/> Same Day
<input type="checkbox"/> 1000 Point Count		<input type="checkbox"/> Air- ISO 10312	<input type="checkbox"/> Dust- Presence / Absence	<input type="checkbox"/> 24 - Hour
<input type="checkbox"/> Gravimetric Preparation	PCM	<input type="checkbox"/> Drinking Water- EPA 100.2	<input type="checkbox"/> Dust- Quantitative [fibers/sq.cm]- ASTM D5755	<input type="checkbox"/> 3 - Day
<input type="checkbox"/> Particle ID	<input checked="" type="checkbox"/> NIOSH 7400	<input type="checkbox"/> Waste Water- EPA 600/4-83-043	<input type="checkbox"/> Other	<input type="checkbox"/> 5 - Day

No.	Sample ID (10 Characters Max)	To Be Analyzed <input checked="" type="checkbox"/>	Color	Description	Volume / Area (as applicable)	Comments / Notes
1	94581	<input checked="" type="checkbox"/>		Exhaust	2.0	S-0800 F1700
2	99813	<input checked="" type="checkbox"/>		Exhaust	2.0	S-0800 F1700
3	99535	<input checked="" type="checkbox"/>		LB / FB		
4	94187	<input checked="" type="checkbox"/>		LB / FB		
5		<input type="checkbox"/>				
6		<input type="checkbox"/>				
7		<input type="checkbox"/>				
8		<input type="checkbox"/>				
9		<input type="checkbox"/>				
10		<input type="checkbox"/>				



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Phase Contrast Microscopy Analysis Report

QuanTEM Set ID: 375242

Date Received: 12/26/24

Received By: Baylie Puga

Analyst: Cassie Sanborn

Date of Report: 12/27/2024

Methodology: NIOSH 7400, Issue 3

AIHA LAP, LLC: 101352

Client: Russell Smalley

Terracon - OKC

4701 N. Stiles Ave.

Oklahoma City, OK 73105

Acct. No.: A725

Project: Purcell Hospital Oversight

Location: Purcell, OK

Project No.: 03247167

QuanTEM Sample ID	Client Sample ID	Air Volume (liters)	Fibers	Fields	Fiber Density (f/mm2)	Fiber Concentration (f/cc)	Detection Limits (f/cc)	95% LCL (f/cc)	95% UCL (f/cc)
001	99550	1160	1	100	<7	<0.0023	0.0023	N/A	N/A
002	99533	1152	2	100	<7	<0.0023	0.0023	N/A	N/A
003	99525	1144	ND	100	<7	<0.0024	0.0024	N/A	N/A
004	99556	1140	1	100	<7	<0.0024	0.0024	N/A	N/A
005	99521	1132	6	100	7.6	0.0026	0.0024	0.0011	0.0060
006	99553	1124	2	100	<7	<0.0024	0.0024	N/A	N/A
007	99547	1120	14	100	18	0.0061	0.0024	0.0032	0.012
008	99539	1116	21	100	27	0.0092	0.0024	0.0051	0.017
009	99536	1112	51	100	65	0.022	0.0024	0.014	0.040
010	99537	1104	39	100	50	0.017	0.0024	0.010	0.031
011	99528	1096	4	100	<7	<0.0025	0.0025	N/A	N/A
012	99516	1092	11	100	14	0.0049	0.0025	0.0025	0.010
013	99493	Blank	ND	100	N/A	N/A	N/A	N/A	N/A
014	99507	Blank	ND	100	N/A	N/A	N/A	N/A	N/A

Laboratory Sr: 0.54 for 5 to 20 fibers. 0.18 for 20 to 50 fibers. 0.14 for >50 fibers.

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Unless otherwise noted, upon receipt the condition of the sample was acceptable for analysis.

Results have been blank corrected per the NIOSH 7400 method, as applicable.

ND = None Detected



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Phase Contrast Microscopy Analysis Report

QuanTEM Set ID: 375242

Date Received: 12/26/24

Received By: Baylie Puga

Analyst: Cassie Sanborn

Date of Report: 12/27/2024

Methodology: NIOSH 7400, Issue 3

AIHA LAP, LLC: 101352

Client: Russell Smalley
Terracon - OKC
4701 N. Stiles Ave.
Oklahoma City, OK 73105

Acct. No.: A725

Project: Purcell Hospital Oversight

Location: Purcell, OK

Project No.: 03247167

QuanTEM Sample ID	Client Sample ID	Air Volume (liters)	Fibers	Fields	Fiber Density (f/mm ²)	Fiber Concentration (f/cc)	Detection Limits (f/cc)	95% LCL (f/cc)	95% UCL (f/cc)
----------------------	---------------------	---------------------------	--------	--------	--	----------------------------------	-------------------------------	-------------------	-------------------

Authorized Signature: _____

Cassie Sanborn

Cassie Sanborn, Laboratory Analyst

Laboratory Sr: 0.54 for 5 to 20 fibers. 0.18 for 20 to 50 fibers. 0.14 for >50 fibers.

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Unless otherwise noted, upon receipt the condition of the sample was acceptable for analysis.

Results have been blank corrected per the NIOSH 7400 method, as applicable.

ND = None Detected



ASBESTOS CHAIN OF CUSTODY

2033 Heritage Park Drive, Oklahoma City, OK 73120-7502
(800) 822-1650 • (405) 755-7272 • Fax: (405) 755-2058

LEGAL DOCUMENT - PLEASE PRINT LEGIBLY

Contact Information		Project Information	
Company: <u>Terracan</u>	Phone: _____	Project Name: <u>Powell Hospital Oversight</u>	Report Results (✓ one box)
Contact: <u>Russell Smalley</u>	Cell Phone: <u>405-446-9826</u>	Project Location: <u>Powell OK</u>	<input type="checkbox"/> Quantem Website
Account #: _____	E-mail: <u>Russell.Smalley@terracan.com</u>	Project ID: <u>03247167</u>	<input type="checkbox"/> Email _____
SAMPLED BY: _____	Name: <u>Tucker Meredith</u>	P.O. Number: _____	<input type="checkbox"/> Other _____
DATE & TIME		RECEIVED BY	
<u>12-26-24 1500</u>		<u>[Signature]</u>	

RELINQUISHED BY	VIA	DATE & TIME	DATE & TIME
<u>Tucker Meredith</u>	<u>Drop Box</u>	<u>12-26-24 1500</u>	<u>12/26/24 8:00</u>

REQUESTED SERVICES (Please ✓ the Appropriate Boxes)			
PLM	PLM	TEM	TEM
<input type="checkbox"/> Bulk Analysis (EPA 600/R-93/116)	<input type="checkbox"/> Vermiculite Attic Insulation (EPA 600/R-04/004)	<input type="checkbox"/> Air-AHERA	<input type="checkbox"/> Bulk- Presence / Absence EPA600/R-93/116
<input type="checkbox"/> 400 Point Count	<input type="checkbox"/> Other	<input type="checkbox"/> Air- NIOSH 7402	<input type="checkbox"/> Bulk- Quantitative [weight%]- Chatfield
<input type="checkbox"/> 1000 Point Count		<input type="checkbox"/> Air- ISO 10312	<input type="checkbox"/> Dust- Presence / Absence
<input type="checkbox"/> Gravimetric Preparation	<input type="checkbox"/> PCM	<input type="checkbox"/> Drinking Water- EPA 100.2	<input type="checkbox"/> Dust- Quantitative [fibers/sq.cm]- ASTM D5755
<input type="checkbox"/> Particle ID	<input checked="" type="checkbox"/> NIOSH 7400	<input type="checkbox"/> Waste Water- EPA 600/4-83-043	<input type="checkbox"/> Other

No.	Sample ID (10 Characters Max)	To Be Analyzed <input checked="" type="checkbox"/>	Color	Description	Volume / Area (as applicable)	Comments / Notes
1	99550	<input checked="" type="checkbox"/>		N. of SE Hallway	2.0	S-0726 - F 1700
2	99533	<input checked="" type="checkbox"/>		S of SE Hallway	2.0	S-0724 - F 1700
3	99525	<input checked="" type="checkbox"/>		E of SE Hallway	2.0	S-0728 - F 1700
4	99526	<input checked="" type="checkbox"/>		W of SE Hallway	2.0	S-0730 - F 1700
5	99521	<input checked="" type="checkbox"/>		Charge rooms	2.0	S-0734 - F 1700
6	99553	<input checked="" type="checkbox"/>		load out	2.0	S-0738 - F 1700
7	99547	<input checked="" type="checkbox"/>		Exhaust	2.0	S-0740 - F 1700
8	99539	<input checked="" type="checkbox"/>		SE Hallway	2.0	S-0742 - F 1700
9	99534	<input checked="" type="checkbox"/>		Personal	2.0	S-0744 - F 1700
10	99537	<input checked="" type="checkbox"/>		Personal	2.0	S-0748 - F 1700



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LEGAL DOCUMENT - PLEASE PRINT LEGIBLY

Contact Information		Project Information	
Company: <u>Terracore</u>	Phone: _____	Project Name: <u>Pwcc Hospital Overhaul</u>	Report Results (✓ one box)
Contact: <u>Russell Smalley</u>	Cell Phone: <u>105-146-9526</u>	Project Location: <u>Pwcc OK</u>	<input type="checkbox"/> Quantem Website
Account #: _____	E-mail: <u>Russell.Smalley@terracore.com</u>	Project ID: <u>03247167</u>	<input type="checkbox"/> Email _____
SAMPLED BY: Name: <u>Tucker Meredith</u>	Date: <u>12-24-24</u>	P.O. Number: _____	<input type="checkbox"/> Other _____

RELINQUISHED BY	DATE & TIME	VIA	RECEIVED BY	DATE & TIME
<u>Tucker Meredith</u>	<u>12-25-24 1500</u>	<u>Drop Box</u>	<u>[Signature]</u>	<u>12/26/24 8:00</u>

REQUESTED SERVICES (Please ✓ the Appropriate Boxes)				
PLM		TEM		TURNAROUND TIME
<input type="checkbox"/> Bulk Analysis (EPA 600/R-93/116)	<input type="checkbox"/> Vermiculite Attic Insulation (EPA 600/R-04/004)	<input type="checkbox"/> Air- AHERA	<input type="checkbox"/> Bulk- Presence / Absence EPA600/R-93/116	<input checked="" type="checkbox"/> Rush
<input type="checkbox"/> 400 Point Count	<input type="checkbox"/> Other _____	<input type="checkbox"/> Air- NIOSH 7402	<input type="checkbox"/> Bulk- Quantitative [weight%]- Chatfield	<input type="checkbox"/> Same Day
<input type="checkbox"/> 1000 Point Count		<input type="checkbox"/> Air- ISO 10312	<input type="checkbox"/> Dust- Presence / Absence	<input type="checkbox"/> 24 - Hour
<input type="checkbox"/> Gravimetric Preparation	<input checked="" type="checkbox"/> PCM	<input type="checkbox"/> Drinking Water- EPA 100.2	<input type="checkbox"/> Dust- Quantitative [fibers/sq.cm]- ASTM D5755	<input type="checkbox"/> 3 - Day
<input type="checkbox"/> Particle ID	<input checked="" type="checkbox"/> NIOSH 7400	<input type="checkbox"/> Waste Water- EPA 600/4-83-043	<input type="checkbox"/> Other _____	<input type="checkbox"/> 5 - Day

No.	Sample ID (10 Characters Max)	To Be Analyzed <input checked="" type="checkbox"/>	Color	Description	Volume / Area (as applicable)	Comments / Notes
1	99528	<input checked="" type="checkbox"/>		Exhaust		0752 - 1700
2	99516	<input checked="" type="checkbox"/>		Exhaust		0754 - 1700
3	99493	<input checked="" type="checkbox"/>		FB / LB		1760
4	99507	<input checked="" type="checkbox"/>		FB / LB		1700
5		<input type="checkbox"/>				
6		<input type="checkbox"/>				
7		<input type="checkbox"/>				
8		<input type="checkbox"/>				
9		<input type="checkbox"/>				
10		<input type="checkbox"/>				



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Phase Contrast Microscopy Analysis Report

QuanTEM Set ID: 375268

Date Received: 12/27/24

Received By: Baylie Puga

Analyst: Cassie Sanborn

Date of Report: 12/27/2024

Methodology: NIOSH 7400, Issue 3

AIHA LAP, LLC: 101352

Client: Russell Smalley

Terracon - OKC

4701 N. Stiles Ave.

Oklahoma City, OK 73105

Acct. No.: A725

Project: Purcell Hospital Oversight

Location: Purcell, OK

Project No.: 03247167

QuanTEM Sample ID	Client Sample ID	Air Volume (liters)	Fibers	Fields	Fiber Density (f/mm2)	Fiber Concentration (f/cc)	Detection Limits (f/cc)	95% LCL (f/cc)	95% UCL (f/cc)
001	99625	1160	1	100	<7	<0.0023	0.0023	N/A	N/A
002	99561	1156	2	100	<7	<0.0023	0.0023	N/A	N/A
003	99575	1152	1	100	<7	<0.0023	0.0023	N/A	N/A
004	99583	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
005	99566	1140	12	100	15	0.0052	0.0024	0.0026	0.010
006	95715	1136	2	100	<7	<0.0024	0.0024	N/A	N/A
007	95722	1132	3	100	<7	<0.0024	0.0024	N/A	N/A
008	95723	1124	2	100	<7	<0.0024	0.0024	N/A	N/A
009	95697	1120	1	100	<7	<0.0024	0.0024	N/A	N/A
010	95705	1116	11	100	14	0.0048	0.0024	0.0024	0.0099
011	99565	1112	4	100	<7	<0.0024	0.0024	N/A	N/A
012	99573	1104	3	100	<7	<0.0024	0.0024	N/A	N/A
013	95716	Blank	ND	100	N/A	N/A	N/A	N/A	N/A
014	99614	Blank	ND	100	N/A	N/A	N/A	N/A	N/A

Laboratory Sr: 0.54 for 5 to 20 fibers. 0.18 for 20 to 50 fibers. 0.14 for >50 fibers.

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Unless otherwise noted, upon receipt the condition of the sample was acceptable for analysis.

Results have been blank corrected per the NIOSH 7400 method, as applicable.

ND = None Detected



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Phase Contrast Microscopy Analysis Report

QuanTEM Set ID: 375268 **Client:** Russell Smalley
Date Received: 12/27/24 **Terracon - OKC**
Received By: Baylie Puga **4701 N. Stiles Ave.**
Analyst: Cassie Sanborn **Oklahoma City, OK 73105**
Date of Report: 12/27/2024 **Acct. No.:** A725
Methodology: NIOSH 7400, Issue 3
AIHA LAP, LLC: 101352

Project: Purcell Hospital Oversight
Location: Purcell, OK
Project No.: 03247167

QuanTEM Sample ID	Client Sample ID	Air Volume (liters)	Fibers	Fields	Fiber Density (f/mm ²)	Fiber Concentration (f/cc)	Detection Limits (f/cc)	95% LCL (f/cc)	95% UCL (f/cc)
375268-004	Unable to prepare sample. Filter destroyed prior to receipt at QuanTEM.								

Authorized Signature: _____

Cassie Sanborn, Laboratory Analyst

Laboratory Sr: 0.54 for 5 to 20 fibers. 0.18 for 20 to 50 fibers. 0.14 for >50 fibers.

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Unless otherwise noted, upon receipt the condition of the sample was acceptable for analysis.

Results have been blank corrected per the NIOSH 7400 method, as applicable.

ND = None Detected



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Contact Information		Project Information	
Company: <u>Terrean</u>	Phone: <u>405-612-8148</u>	Project Name: <u>local Hospital oversight</u>	Report Results (one box) <input type="checkbox"/> Quantem Website
Contact: <u>Russell Smalley</u>	Cell Phone: <u>405-496-9526</u>	Project Location: <u>Perrell OH</u>	<input type="checkbox"/> Email
Account #: _____	E-mail: <u>Russell.Smalley@terrean.com</u>	Project ID: <u>03247107</u>	<input type="checkbox"/> Other
SAMPLED BY: Name: <u>Tucker Meredith</u>	Date: <u>12-26-2013</u>	P.O. Number: _____	

RELINQUISHED BY	DATE & TIME	VIA	RECEIVED BY	DATE & TIME
<u>Tucker Meredith</u>	<u>12-27-24 0815</u>	<u>Drop off</u>	<u>John D</u>	<u>12/27/24 0815</u>
<u>John D</u>	<u>12-27-24 0913</u>	<u>Drop off</u>	<u>John D</u>	<u>12/27/24 0915</u>

REQUESTED SERVICES (Please check the appropriate boxes)			
PLM	PLM	TEM	TEM
<input type="checkbox"/> Bulk Analysis (EPA 600/R-93/116)	<input type="checkbox"/> Vermiculite Attic Insulation (EPA 600/R-04/004)	<input type="checkbox"/> Air- AHERA	<input type="checkbox"/> Bulk- Presence / Absence EPA600/R-93/116
<input type="checkbox"/> 400 Point Count	<input type="checkbox"/> Other	<input type="checkbox"/> Air- NIOSH 7402	<input type="checkbox"/> Bulk- Quantitative [weight%]- Chatfield
<input type="checkbox"/> 1000 Point Count		<input type="checkbox"/> Air- ISO 10312	<input type="checkbox"/> Dust- Presence / Absence
<input type="checkbox"/> Gravimetric Preparation	<input checked="" type="checkbox"/> PCM	<input type="checkbox"/> Drinking Water- EPA 100.2	<input type="checkbox"/> Dust- Quantitative [fibers/sq.cm]- ASTM D5755
<input type="checkbox"/> Particle ID	<input checked="" type="checkbox"/> NIOSH 7400	<input type="checkbox"/> Waste Water- EPA 600/4-83-043	<input type="checkbox"/> Other

No.	Sample ID (10 Characters Max)	To Be Analyzed <input checked="" type="checkbox"/>	Color	Description	Volume / Area (as applicable)	Comments / Notes
1	99625	<input checked="" type="checkbox"/>		N. of SE Hallway	2.0	S-0720 F-1700
2	99561	<input checked="" type="checkbox"/>		S of SE Hallway	2.0	S-0722 F-1700
3	99575	<input checked="" type="checkbox"/>		E of SE Hallway	2.0	S-0724 F-1700
4	99583	<input checked="" type="checkbox"/>		W of SE Hallway	2.0	S-0728 F-1700
5	99566	<input checked="" type="checkbox"/>		Change room	2.0	S-0730 F-1700
6	995718	<input checked="" type="checkbox"/>		load out	2.0	S-0732 F-1700
7	995722	<input checked="" type="checkbox"/>		Exhaust	2.0	S-0734 F-1700
8	995723	<input checked="" type="checkbox"/>		SE Hallway	2.0	S-0738 F-1700
9	995697	<input checked="" type="checkbox"/>		Personal	2.0	S-0740 F-1700
10	995705	<input checked="" type="checkbox"/>		Personal	2.0	S-0742 F-1700



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Contact Information		Project Information	
Company:	Terrace	Project Name:	Russell Hospital Oversight
Contact:	Russell snee/124	Project Location:	Pocahontas OK
Account #:		Project ID:	03247167
SAMPLED BY:	Name: Tucker Meredith	P.O. Number:	
	Date: 12-26-24		

RELINQUISHED BY	DATE & TIME	VIA	RECEIVED BY	DATE & TIME
Tucker Meredith	12-27-24	Drop off	John Doe	12/27/24 0815
John Doe	12/27/24 0915	Drop off	Paul Thomas	12/27/24 0915

REQUESTED SERVICES (Please check the appropriate boxes)

PLM	PLM	PLM	TEM	TEM	TURNAROUND TIME
<input type="checkbox"/> Bulk Analysis (EPA 600/R-93/116)	<input type="checkbox"/> Vermiculite Attic Insulation (EPA 600/R-04/004)	<input type="checkbox"/> Air- AHRA	<input type="checkbox"/> Bulk- Presence / Absence EPA600/R-93/116	<input checked="" type="checkbox"/> Rush	
<input type="checkbox"/> 400 Point Count	<input type="checkbox"/> Other	<input type="checkbox"/> Air- NIOSH 7402	<input type="checkbox"/> Bulk- Quantitative [weight%]- Chatfield	<input type="checkbox"/> Same Day	
<input type="checkbox"/> 1000 Point Count		<input type="checkbox"/> Air- ISO 10312	<input type="checkbox"/> Dust- Presence / Absence	<input type="checkbox"/> 24 - Hour	
<input type="checkbox"/> Gravimetric Preparation	<input checked="" type="checkbox"/> PCM	<input type="checkbox"/> Drinking Water- EPA 100.2	<input type="checkbox"/> Dust- Quantitative [fibers/sq.cm]- ASTM D5755	<input type="checkbox"/> 3 - Day	
<input type="checkbox"/> Particle ID	<input checked="" type="checkbox"/> NIOSH 7400	<input type="checkbox"/> Waste Water- EPA 600/4-83-043	<input type="checkbox"/> Other	<input type="checkbox"/> 5 - Day	

No.	Sample ID (10 Characters Max)	To Be Analyzed	Color	Description	Volume / Area (as applicable)	Comments / Notes
1	99555	<input checked="" type="checkbox"/>		Exhaust	0.0	S-0744 F-1700
2	99573	<input checked="" type="checkbox"/>		Exhaust	2.0	S-0748 F-1700
3	98716	<input checked="" type="checkbox"/>		FB/LB	1	1702-
4	99611	<input checked="" type="checkbox"/>		FB/LB	1	1700
5		<input type="checkbox"/>				
6		<input type="checkbox"/>				
7		<input type="checkbox"/>				
8		<input type="checkbox"/>				
9		<input type="checkbox"/>				
10		<input type="checkbox"/>				



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Phase Contrast Microscopy Analysis Report

QuanTEM Set ID: 375280

Date Received: 12/30/24

Received By: Amanda Bass

Analyst: Cassie Sanborn

Date of Report: 12/30/2024

Methodology: NIOSH 7400, Issue 3

AIHA LAP, LLC: 101352

Client: Russell Smalley

Terracon - OKC

4701 N. Stiles Ave.

Oklahoma City, OK 73105

Acct. No.: A725

Project: Purcell Hospital Oversight

Location: Purcell, OK

Project No.: 03247167

QuanTEM Sample ID	Client Sample ID	Air Volume (liters)	Fibers	Fields	Fiber Density (f/mm2)	Fiber Concentration (f/cc)	Detection Limits (f/cc)	95% LCL (f/cc)	95% UCL (f/cc)
001	95719	1160	1	100	<7	<0.0023	0.0023	N/A	N/A
002	99621	1156	2	100	<7	<0.0023	0.0023	N/A	N/A
003	99574	1152	ND	100	<7	<0.0023	0.0023	N/A	N/A
004	95713	1144	1	100	<7	<0.0024	0.0024	N/A	N/A
005	99633	1140	41	100	52	0.018	0.0024	0.011	0.032
006	99572	1136	18	100	23	0.0078	0.0024	0.0042	0.015
007	99578	1128	11	100	14	0.0048	0.0024	0.0024	0.0098
008	99559	1124	9	100	11	0.0039	0.0024	0.0019	0.0084
009	99571	1120	8	100	10	0.0035	0.0024	0.0016	0.0076
010	99568	1116	1	100	<7	<0.0024	0.0024	N/A	N/A
011	95724	1090	5	100	<7	<0.0025	0.0025	N/A	N/A
012	95699	1080	1	100	<7	<0.0025	0.0025	N/A	N/A
013	99558	Blank	ND	100	N/A	N/A	N/A	N/A	N/A
014	99570	Blank	ND	100	N/A	N/A	N/A	N/A	N/A

Laboratory Sr: 0.54 for 5 to 20 fibers. 0.18 for 20 to 50 fibers. 0.14 for >50 fibers.

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Unless otherwise noted, upon receipt the condition of the sample was acceptable for analysis.

Results have been blank corrected per the NIOSH 7400 method, as applicable.

ND = None Detected



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Phase Contrast Microscopy Analysis Report

QuanTEM Set ID: 375280
Date Received: 12/30/24
Received By: Amanda Bass
Analyst: Cassie Sanborn
Date of Report: 12/30/2024
Methodology: NIOSH 7400, Issue 3
AIHA LAP, LLC: 101352

Client: Russell Smalley
Terracon - OKC
4701 N. Stiles Ave.
Oklahoma City, OK 73105

Acct. No.: A725

Project: Purcell Hospital Oversight
Location: Purcell, OK
Project No.: 03247167

QuanTEM Sample ID	Client Sample ID	Air Volume (liters)	Fibers	Fields	Fiber Density (f/mm ²)	Fiber Concentration (f/cc)	Detection Limits (f/cc)	95% LCL (f/cc)	95% UCL (f/cc)
----------------------	---------------------	---------------------------	--------	--------	--	----------------------------------	-------------------------------	-------------------	-------------------

Authorized Signature: _____

Cassie Sanborn

Cassie Sanborn, Laboratory Analyst

Laboratory Sr: 0.54 for 5 to 20 fibers. 0.18 for 20 to 50 fibers. 0.14 for >50 fibers.

This report applies only to the standards or procedures indicated and to the specific samples tested. It is not indicative of the qualities of apparently identical or similar products or procedures, nor does it represent an ongoing assurance program unless so noted. These reports are for the exclusive use of the client and are not to be reproduced without specific written permission. QuanTEM is not responsible for user-supplied data used in calculation. Customer provided data such as volumes, areas, etc., cannot be verified by QuanTEM Laboratories, LLC.

Unless otherwise noted, upon receipt the condition of the sample was acceptable for analysis.

Results have been blank corrected per the NIOSH 7400 method, as applicable.

ND = None Detected



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LEGAL DOCUMENT - PLEASE PRINT LEGIBLY

Contact Information		Project Information		
Company: <u>Terracore</u>	Phone: <u>105-612-8498</u>	Project Name: <u>Green Hospital Overight</u>	Report Results (<input checked="" type="checkbox"/> one box)	
Contact: <u>Russell Smalley</u>	Cell Phone: <u>105-194-9520</u>	Project Location: <u>Peru OK</u>	<input type="checkbox"/> Quantem Website	
Account #: _____	E-mail: <u>Russell.Smalley@terracore.com</u>	Project ID: <u>032117403</u>	<input type="checkbox"/> Email _____	
SAMPLED BY: Name: <u>Tucker Meredith</u>	Date: <u>12-27-21</u>	P.O. Number: _____	<input type="checkbox"/> Other _____	
RELINQUISHED BY	DATE & TIME	VIA	RECEIVED BY	DATE & TIME
<u>Tucker Meredith</u>	<u>12-28-21 10:45</u>	<u>Drop Box</u>	<u>Chad Bass</u>	<u>12/30/21 8:00</u>

REQUESTED SERVICES (Please <input checked="" type="checkbox"/> the Appropriate Boxes)				
PLM		TEM		TURNAROUND TIME
<input type="checkbox"/> Bulk Analysis (EPA 600/R-93/116)	<input type="checkbox"/> Vermiculite Attic Insulation (EPA 600/R-04/004)	<input type="checkbox"/> Air-AHERA	<input type="checkbox"/> Bulk- Presence / Absence EPA600/R-93/116	<input checked="" type="checkbox"/> Rush
<input type="checkbox"/> 400 Point Count	<input type="checkbox"/> Other	<input type="checkbox"/> Air- NIOSH 7402	<input type="checkbox"/> Bulk- Quantitative [weight%]- Chatfield	<input type="checkbox"/> Same Day
<input type="checkbox"/> 1000 Point Count		<input type="checkbox"/> Air- ISO 10312	<input type="checkbox"/> Dust- Presence / Absence	<input type="checkbox"/> 24 - Hour
<input type="checkbox"/> Gravimetric Preparation	<input checked="" type="checkbox"/> PCM	<input type="checkbox"/> Drinking Water- EPA 100.2	<input type="checkbox"/> Dust- Quantitative [fibers/sq.cm]- ASTM D5755	<input type="checkbox"/> 3 - Day
<input type="checkbox"/> Particle ID	<input checked="" type="checkbox"/> NIOSH 7400	<input type="checkbox"/> Waste Water- EPA 600/4-83-043	<input type="checkbox"/> Other	<input type="checkbox"/> 5 - Day

No.	Sample ID (10 Characters Max)	To Be Analyzed <input checked="" type="checkbox"/>	Color	Description	Volume / Area (as applicable)	Comments / Notes
1	995719	<input checked="" type="checkbox"/>		NOF SW Hallway	2.0	S-0720 F-1700
2	99621	<input checked="" type="checkbox"/>		S of SW Hallway	2.0	S-0722 F-1700
3	99574	<input checked="" type="checkbox"/>		E of SW Hallway	2.0	S-0724 F-1700
4	95713	<input checked="" type="checkbox"/>		W of SW Hallway	2.0	S-0728 F-1700
5	99633	<input checked="" type="checkbox"/>		Change Room	2.0	S-0730 F-1700
6	99572	<input checked="" type="checkbox"/>		Exhaust	2.0	S-0732 F-1700
7	99578	<input checked="" type="checkbox"/>		SE Hallway	2.0	S-0736 F-1700
8	99559	<input checked="" type="checkbox"/>		Personal	2.0	S-0738 F-1700
9	99571	<input checked="" type="checkbox"/>		Personal	2.0	S-0740 F-1700
10	99568	<input checked="" type="checkbox"/>		Exhaust	2.0	S-0742 F-1700



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2033 Heritage Park Drive, Oklahoma City, OK 73120-7502
(800) 822-1650 • (405) 755-7272 • Fax: (405) 755-2058

LEGAL DOCUMENT - PLEASE PRINT LEGIBLY

Contact Information		Project Information	
Company: <i>Tenneco</i>	Phone: <i>405-612-8198</i>	Project Name: <i>Purcell Hospital overgrowth</i>	Report Results (✓ one box)
Contact: <i>Russell Smalley</i>	Cell Phone: <i>405-496-9526</i>	Project Location: <i>Purcell OH</i>	<input type="checkbox"/> Quantem Website
Account #: _____	E-mail: <i>Russell.Smalley@tenneco.com</i>	Project ID: <i>03247167</i>	<input type="checkbox"/> Email _____
SAMPLED BY: _____	Name: <i>Tweeter Meredith</i>	PO Number: _____	<input type="checkbox"/> Other _____
	Date: <i>12-27-24</i>		

RELINQUISHED BY	VIA	RECEIVED BY	DATE & TIME
<i>Tweeter Meredith</i>		<i>Ann Burr</i>	<i>12/30/24 8:00</i>

REQUESTED SERVICES (Please ✓ the Appropriate Boxes)

PLM	PLM	TEM	TEM	TURNAROUND TIME
<input type="checkbox"/> Bulk Analysis (EPA 600/R-93/116)	<input type="checkbox"/> Vermiculite Attic Insulation (EPA 600/R-04/004)	<input type="checkbox"/> Air-AHERA	<input type="checkbox"/> Bulk-Presence / Absence EPA600/R-93/116	<input checked="" type="checkbox"/> Rush
<input type="checkbox"/> 400 Point Count	<input type="checkbox"/> Other	<input type="checkbox"/> Air-NIOSH 7402	<input type="checkbox"/> Bulk-Quantitative [weight%]-Chatfield	<input type="checkbox"/> Same Day
<input type="checkbox"/> 1000 Point Count		<input type="checkbox"/> Air-ISO 10312	<input type="checkbox"/> Dust-Presence / Absence	<input type="checkbox"/> 24-Hour
<input type="checkbox"/> Gravimetric Preparation	<input checked="" type="checkbox"/> PCM	<input type="checkbox"/> Drinking Water-EPA 100.2	<input type="checkbox"/> Dust-Quantitative [fibers/sq.cm]-ASTM D5755	<input type="checkbox"/> 3-Day
<input type="checkbox"/> Particle ID	<input checked="" type="checkbox"/> NIOSH 7400	<input type="checkbox"/> Waste Water-EPA 600/4-83-043	<input type="checkbox"/> Other	<input type="checkbox"/> 5-Day

No.	Sample ID (10 Characters Max)	To Be Analyzed	Color	Description	Volume / Area (as applicable)	Comments / Notes
1	<i>95724</i>	<input checked="" type="checkbox"/>		<i>Exhaust</i>	<i>2.0</i>	<i>0755 - 1700</i>
2	<i>95695699</i>	<input checked="" type="checkbox"/>		<i>load out</i>	<i>2.0</i>	<i>0800 - 1700</i>
3	<i>99558</i>	<input checked="" type="checkbox"/>		<i>FB/LB</i>		
4	<i>99570</i>	<input checked="" type="checkbox"/>		<i>FB/LB</i>		
5		<input type="checkbox"/>				
6		<input type="checkbox"/>				
7		<input type="checkbox"/>				
8		<input type="checkbox"/>				
9		<input type="checkbox"/>				
10		<input type="checkbox"/>				



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Phase Contrast Microscopy Analysis Report

QuanTEM Set ID: 375313

Date Received: 12/31/24

Received By: Amanda Bass

Analyst: Cassie Sanborn

Date of Report: 12/31/2024

Methodology: NIOSH 7400, Issue 3

AIHA LAP, LLC: 101352

Client: Russell Smalley

Terracon - OKC

4701 N. Stiles Ave.

Oklahoma City, OK 73105

Acct. No.: A725

Project: Purcell Hospital Oversight

Location: Purcell, OK

Project No.: 03724167

QuanTEM Sample ID	Client Sample ID	Air Volume (liters)	Fibers	Fields	Fiber Density (f/mm2)	Fiber Concentration (f/cc)	Detection Limits (f/cc)	95% LCL (f/cc)	95% UCL (f/cc)
001	99618	1160	1	100	<7	<0.0023	0.0023	N/A	N/A
002	95702	1152	4	100	<7	<0.0023	0.0023	N/A	N/A
003	99647	1148	2	100	<7	<0.0023	0.0023	N/A	N/A
004	95721	1144	3	100	<7	<0.0024	0.0024	N/A	N/A
005	99567	1140	71	100	90	0.031	0.0024	0.019	0.053
006	95703	1132	ND	100	<7	<0.0024	0.0024	N/A	N/A
007	95731	1124	1	100	<7	<0.0024	0.0024	N/A	N/A
008	95696	1120	1	100	<7	<0.0024	0.0024	N/A	N/A
009	95687	1112	ND	100	<7	<0.0024	0.0024	N/A	N/A
010	99582	1104	5	100	<7	<0.0024	0.0024	N/A	N/A
011	99569	1096	4	100	<7	<0.0025	0.0025	N/A	N/A
012	99600	1090	2	100	<7	<0.0025	0.0025	N/A	N/A
013	99560	Blank	ND	100	N/A	N/A	N/A	N/A	N/A
014	99563	Blank	ND	100	N/A	N/A	N/A	N/A	N/A

Laboratory Sr: 0.54 for 5 to 20 fibers. 0.18 for 20 to 50 fibers. 0.14 for >50 fibers.

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Unless otherwise noted, upon receipt the condition of the sample was acceptable for analysis.

Results have been blank corrected per the NIOSH 7400 method, as applicable.

ND = None Detected



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Phase Contrast Microscopy Analysis Report

QuanTEM Set ID: 375313 **Client:** Russell Smalley
Date Received: 12/31/24 **Terracon - OKC**
Received By: Amanda Bass **4701 N. Stiles Ave.**
Analyst: Cassie Sanborn **Oklahoma City, OK 73105**
Date of Report: 12/31/2024 **Acct. No.:** A725
Methodology: NIOSH 7400, Issue 3
AIHA LAP, LLC: 101352

Project: Purcell Hospital Oversight
Location: Purcell, OK
Project No.: 03724167

QuanTEM Sample ID	Client Sample ID	Air Volume (liters)	Fibers	Fields	Fiber Density (f/mm ²)	Fiber Concentration (f/cc)	Detection Limits (f/cc)	95% LCL (f/cc)	95% UCL (f/cc)
----------------------	---------------------	---------------------------	--------	--------	--	----------------------------------	-------------------------------	-------------------	-------------------

Authorized Signature: _____

Cassie Sanborn

Cassie Sanborn, Laboratory Analyst

Laboratory Sr: 0.54 for 5 to 20 fibers. 0.18 for 20 to 50 fibers. 0.14 for >50 fibers.

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Unless otherwise noted, upon receipt the condition of the sample was acceptable for analysis.

Results have been blank corrected per the NIOSH 7400 method, as applicable.

ND = None Detected



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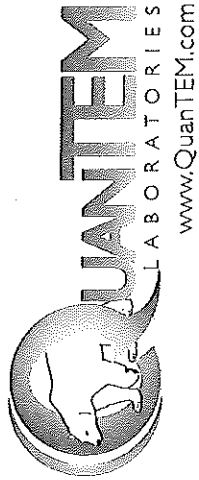
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Contact Information		Project Information	
Company: <u>Terracon</u>	Phone: <u>405-612-8498</u>	Project Name: <u>Powell Hospital/oversight</u>	Report Results (☑ one box)
Contact: <u>Russell Smalley</u>	Cell Phone: <u>405-446-9526</u>	Project Location: <u>Powell ON</u>	<input type="checkbox"/> QuantEM Website
Account #: _____	E-mail: <u>Russell.Smalley@terracon.com</u>	Project ID: <u>03724167</u>	<input type="checkbox"/> Email _____
SAMPLED BY: Name: <u>Tucker Meredith</u>	Date: <u>12-30-26</u>	PO Number: _____	<input type="checkbox"/> Other _____

RELINQUISHED BY	DATE & TIME	VIA	RECEIVED BY	DATE & TIME
<u>Tucker Meredith</u>	<u>12-31-29 0915</u>	<u>Person</u>	<u>[Signature]</u>	<u>12/31/24 10:15</u>

REQUESTED SERVICES (Please ☑ the Appropriate Boxes)				
PLM		TEM		TURNAROUND TIME
<input type="checkbox"/> Bulk Analysis (EPA 600/R-93/116)	<input type="checkbox"/> Vermiculite Attic Insulation (EPA 600/R-04/004)	<input type="checkbox"/> Air- AHERA	<input type="checkbox"/> Bulk- Presence / Absence EPA600/R-93/116	<input checked="" type="checkbox"/> Rush
<input type="checkbox"/> 400 Point Count	<input type="checkbox"/> Other	<input type="checkbox"/> Air- NIOSH 7402	<input type="checkbox"/> Bulk- Quantitative [weight%]- Chatfield	<input type="checkbox"/> Same Day
<input type="checkbox"/> 1000 Point Count		<input type="checkbox"/> Air- ISO 10312	<input type="checkbox"/> Dust- Presence / Absence	<input type="checkbox"/> 24 - Hour
<input type="checkbox"/> Gravimetric Preparation	<input checked="" type="checkbox"/> PCM	<input type="checkbox"/> Drinking Water- EPA 100.2	<input type="checkbox"/> Dust- Quantitative [fibers/sq.cm]- ASTM D5755	<input type="checkbox"/> 3 - Day
<input type="checkbox"/> Particle ID	<input checked="" type="checkbox"/> NIOSH 7400	<input type="checkbox"/> Waste Water- EPA 600/4-83-043	<input type="checkbox"/> Other	<input type="checkbox"/> 5 - Day

No.	Sample ID (10 Characters Max)	☑ To Be Analyzed	Color	Description	Volume / Area (as applicable)	Comments / Notes
1	99618	<input checked="" type="checkbox"/>		N of SW Hallway	2.0	S-0720 F-1700
2	95702	<input checked="" type="checkbox"/>		S of SW Hallway	2.0	S-0724 F-1700
3	94647	<input checked="" type="checkbox"/>		E of SW Hallway	2.0	S-0726 F-1700
4	95721	<input checked="" type="checkbox"/>		W of SW Hallway	2.0	S-0728 F-1700
5	99567	<input checked="" type="checkbox"/>		Change room	2.0	S-0730 F-1700
6	95703	<input checked="" type="checkbox"/>		Exhaust	2.0	S-0734 F-1700
7	95731	<input checked="" type="checkbox"/>		SE Hallway	2.0	S-0738 F-1700
8	95696	<input checked="" type="checkbox"/>		Personnel	2.0	S-0740 F-1700
9	95687	<input checked="" type="checkbox"/>		Personnel	2.0	S-0744 F-1700
10	99592	<input checked="" type="checkbox"/>		Exhaust	2.0	S-0748 F-1700



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Page 2 of 2

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Lab No. <u>375313</u>
<input checked="" type="radio"/> Accept <input type="radio"/> Reject

Project Information		Project Name:	Project Location:			
Company: <u>Terracon</u>		<u>Purcell Hospital Oversight</u>				
No.	Sample ID (10 Characters Max)	To Be Analyzed <input checked="" type="checkbox"/>	Color	Description	Volume / Area (as applicable)	Comments / Notes
11	<u>99564</u>	<input checked="" type="checkbox"/>		<u>Exhaust</u>	<u>2-0</u>	<u>S-0752 F-1700</u>
12	<u>99600</u>	<input checked="" type="checkbox"/>		<u>loadout</u>	<u>2-0</u>	<u>S-0755 F-1700</u>
13	<u>99560</u>	<input checked="" type="checkbox"/>		<u>Lab Blank</u>		<u>1700</u>
14	<u>99563</u>	<input checked="" type="checkbox"/>		<u>Field Blank</u>		<u>1700</u>
15		<input type="checkbox"/>				
16		<input type="checkbox"/>				
17		<input type="checkbox"/>				
18		<input type="checkbox"/>				
19		<input type="checkbox"/>				
20		<input type="checkbox"/>				
21		<input type="checkbox"/>				
22		<input type="checkbox"/>				
23		<input type="checkbox"/>				
24		<input type="checkbox"/>				
25		<input type="checkbox"/>				
26		<input type="checkbox"/>				
27		<input type="checkbox"/>				
28		<input type="checkbox"/>				
29		<input type="checkbox"/>				
30		<input type="checkbox"/>				



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Phase Contrast Microscopy Analysis Report

QuanTEM Set ID: 375361

Date Received: 01/03/25

Received By: Baylie Puga

Analyst: Dee Ammerman

Date of Report: 1/3/2025

Methodology: NIOSH 7400, Issue 3

AIHA LAP, LLC: 101352

Client: Russell Smalley

Terracon - OKC

4701 N. Stiles Ave.

Oklahoma City, OK 73105

Acct. No.: A725

Project: Purcell Hospital Oversight

Location: Purcell OK

Project No.: 03247167

QuanTEM Sample ID	Client Sample ID	Air Volume (liters)	Fibers	Fields	Fiber Density (f/mm2)	Fiber Concentration (f/cc)	Detection Limits (f/cc)	95% LCL (f/cc)	95% UCL (f/cc)
001	41502	1130	2	100	<7	<0.0024	0.0024	N/A	N/A
002	41568	1124	2	100	<7	<0.0024	0.0024	N/A	N/A
003	41501	1120	1	100	<7	<0.0024	0.0024	N/A	N/A
004	41525	1116	1	100	<7	<0.0024	0.0024	N/A	N/A
005	41553	1110	12	100	15	0.0053	0.0024	0.0027	0.011
006	41535	1108	ND	100	<7	<0.0024	0.0024	N/A	N/A
007	41569	1104	ND	100	<7	<0.0024	0.0024	N/A	N/A
008	41550	1100	ND	100	<7	<0.0024	0.0024	N/A	N/A
009	41527	1096	ND	100	<7	<0.0025	0.0025	N/A	N/A
010	41532	1092	3	100	<7	<0.0025	0.0025	N/A	N/A
011	41529	1088	4	100	<7	<0.0025	0.0025	N/A	N/A
012	41530	1080	12	100	15	0.0054	0.0025	0.0028	0.011
013	41540	Blank	ND	100	N/A	N/A	N/A	N/A	N/A
014	41548	Blank	ND	100	N/A	N/A	N/A	N/A	N/A

Laboratory Sr: 0.54 for 5 to 20 fibers. 0.18 for 20 to 50 fibers. 0.14 for >50 fibers.

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Unless otherwise noted, upon receipt the condition of the sample was acceptable for analysis.

Results have been blank corrected per the NIOSH 7400 method, as applicable.

ND = None Detected



2033 HERITAGE PARK DR, OKLAHOMA CITY, OK 73120 | 1.800.822.1650

Phase Contrast Microscopy Analysis Report

QuanTEM Set ID: 375361
Date Received: 01/03/25
Received By: Baylie Puga
Analyst: Dee Ammerman
Date of Report: 1/3/2025
Methodology: NIOSH 7400, Issue 3
AIHA LAP, LLC: 101352

Client: Russell Smalley
Terracon - OKC
4701 N. Stiles Ave.
Oklahoma City, OK 73105

Acct. No.: A725

Project: Purcell Hospital Oversight
Location: Purcell OK
Project No.: 03247167

QuanTEM Sample ID	Client Sample ID	Air Volume (liters)	Fibers	Fields	Fiber Density (f/mm2)	Fiber Concentration (f/cc)	Detection Limits (f/cc)	95% LCL (f/cc)	95% UCL (f/cc)
----------------------	---------------------	---------------------------	--------	--------	-----------------------------	----------------------------------	-------------------------------	-------------------	-------------------

Authorized Signature: _____

Dee Ammerman, Laboratory Manager

Laboratory Sr: 0.54 for 5 to 20 fibers. 0.18 for 20 to 50 fibers. 0.14 for >50 fibers.

This report applies only to the standards or procedures indicated and to the specific samples tested. It is not indicative of the qualities of apparently identical or similar products or procedures, nor does it represent an ongoing assurance program unless so noted. These reports are for the exclusive use of the client and are not to be reproduced without specific written permission. QuanTEM is not responsible for user-supplied data used in calculation. Customer provided data such as volumes, areas, etc., cannot be verified by QuanTEM Laboratories, LLC.

Unless otherwise noted, upon receipt the condition of the sample was acceptable for analysis.

Results have been blank corrected per the NIOSH 7400 method, as applicable.

ND = None Detected



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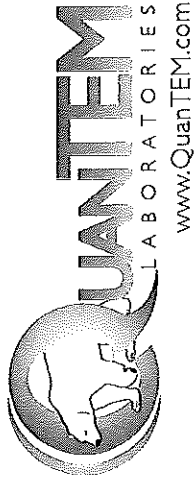
Contact Information		Project Information	
Company: <u>Tenneco</u>	Phone: <u>405-612-0498</u>	Project Name: <u>Purcell Hospital Oversight</u>	Report Results (one box)
Contact: <u>Russell Smalley</u>	Cell Phone: <u>405-496-9526</u>	Project Location: <u>Purcell OK</u>	<input type="checkbox"/> Quantem Website
Account #: _____	E-mail: <u>Russell.Smalley@tenneco.com</u>	Project ID: <u>03247167</u>	<input type="checkbox"/> Email
SAMPLED BY: Name: <u>Tucker Meredith</u>	Date: <u>1-2-25</u>	P.O. Number: _____	<input type="checkbox"/> Other

RELINQUISHED BY	DATE & TIME	VIA	RECEIVED BY	DATE & TIME
<u>Tucker Meredith</u>	<u>1-3-25 0825</u>	<u>Drop off</u>	<u>Deborah</u>	<u>1/3/25 0825</u>
<u>Deborah</u>	<u>1/3/25 0911</u>	<u>Drop off</u>	<u>Deborah</u>	<u>1/3/25 9:12</u>

REQUESTED SERVICES (Please check the appropriate boxes)

PLM	PLM	TEM	TEM	TURNAROUND TIME
<input type="checkbox"/> Bulk Analysis (EPA 600/R-93/116)	<input type="checkbox"/> Vermiculite Attic Insulation (EPA 600/R-04/004)	<input type="checkbox"/> Air-AHERA	<input type="checkbox"/> Bulk- Presence / Absence EPA600/R-93/116	<input checked="" type="checkbox"/> Rush
<input type="checkbox"/> 400 Point Count	<input type="checkbox"/> Other	<input type="checkbox"/> Air- NIOSH 7402	<input type="checkbox"/> Bulk- Quantitative [weight%]- Chatfield	<input type="checkbox"/> Same Day
<input type="checkbox"/> 1000 Point Count		<input type="checkbox"/> Air- ISO 10312	<input type="checkbox"/> Dust- Presence / Absence	<input type="checkbox"/> 24 - Hour
<input type="checkbox"/> Gravimetric Preparation	<input checked="" type="checkbox"/> PCM	<input type="checkbox"/> Drinking Water- EPA 100.2	<input type="checkbox"/> Dust- Quantitative [fibers/sq.cm]- ASTM D5755	<input type="checkbox"/> 3 - Day
<input type="checkbox"/> Particle ID	<input checked="" type="checkbox"/> NIOSH 7400	<input type="checkbox"/> Waste Water- EPA 600/4-83-043	<input type="checkbox"/> Other	<input type="checkbox"/> 5 - Day

No.	Sample ID (10 Characters Max)	To Be Analyzed	Color	Description	Volume / Area (as applicable)	Comments / Notes
1	41562	<input checked="" type="checkbox"/>		N of SW hallway	2-0	S-0735 - 1700
2	41568	<input checked="" type="checkbox"/>		S of SW hallway	2-0	S-0738 - 1700
3	41501	<input checked="" type="checkbox"/>		E of SW hallway	2-0	S-0740 - 1700
4	41525	<input checked="" type="checkbox"/>		W of SW hallway	2-0	S-0742 - 1700
5	41553	<input checked="" type="checkbox"/>		Change room	2-0	S-0744 - 1700
6	41535	<input checked="" type="checkbox"/>		Exhaust	2-0	S-0746 - 1700
7	41564	<input checked="" type="checkbox"/>		SE Hallway	2-0	S-0748 - 1700
8	41550	<input checked="" type="checkbox"/>		Personal	2-0	S-0750 - 1700
9	41527	<input checked="" type="checkbox"/>		Personal	2-0	S-0752 - 1700
10	41532	<input checked="" type="checkbox"/>		Exhaust	2-0	S-0754 - 1700



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Lab No. 375361
<input checked="" type="radio"/> Accept <input type="radio"/> Reject

Project Information				Project Name:	Project Location:	
No.	Sample ID (10 Characters Max)	<input checked="" type="checkbox"/> To Be Analyzed	Color	Description	Volume / Area (as applicable)	Comments / Notes
11	41529	<input checked="" type="checkbox"/>		Exhaust	2.0	S-0756 = 1700
12	41530	<input checked="" type="checkbox"/>		loadout	2.0	S-0800 = 1700
13	41540	<input checked="" type="checkbox"/>		FB	/	F-1700
14	41548	<input checked="" type="checkbox"/>		LB	/	F-1700
15		<input type="checkbox"/>				
16		<input type="checkbox"/>				
17		<input type="checkbox"/>				
18		<input type="checkbox"/>				
19		<input type="checkbox"/>				
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29		<input type="checkbox"/>				
30		<input type="checkbox"/>				



2033 HERITAGE PARK DR, OKLAHOMA CITY, OK 73120 | 1.800.822.1650

Phase Contrast Microscopy Analysis Report

QuanTEM Set ID: 375400

Date Received: 01/06/25

Received By: Baylie Puga

Analyst: Cassie Sanborn

Date of Report: 1/6/2025

Methodology: NIOSH 7400, Issue 3

AIHA LAP, LLC: 101352

Client: Russell Smalley

Terracon - OKC

4701 N. Stiles Ave.

Oklahoma City, OK 73105

Acct. No.: A725

Project: Purcell Hospital Oversight

Location: Purcell, OK

Project No.: 03247167

QuanTEM Sample ID	Client Sample ID	Air Volume (liters)	Fibers	Fields	Fiber Density (f/mm2)	Fiber Concentration (f/cc)	Detection Limits (f/cc)	95% LCL (f/cc)	95% UCL (f/cc)
001	41545	1130	2	100	<7	<0.0024	0.0024	N/A	N/A
002	41516	1124	3	100	<7	<0.0024	0.0024	N/A	N/A
003	41549	1120	36	100	46	0.016	0.0024	0.0093	0.028
004	41517	1116	4	100	<7	<0.0024	0.0024	N/A	N/A
005	41513	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
006	41510	1104	104	25	530	0.18	0.0024	0.12	0.32
007	41526	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
008	41551	1096	101	38	340	0.12	0.0025	0.075	0.21
009	41761	1092	20	100	25	0.0090	0.0025	0.0050	0.017
010	41570	1088	102	33	390	0.14	0.0025	0.087	0.24
011	41541	1084	1	100	<7	<0.0025	0.0025	N/A	N/A
012	41523	1080	100	49	260	0.093	0.0025	0.058	0.16
013	41533	Blank	ND	100	N/A	N/A	N/A	N/A	N/A
014	41559	Blank	ND	100	N/A	N/A	N/A	N/A	N/A

Laboratory Sr: 0.54 for 5 to 20 fibers. 0.18 for 20 to 50 fibers. 0.14 for >50 fibers.

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Unless otherwise noted, upon receipt the condition of the sample was acceptable for analysis.

Results have been blank corrected per the NIOSH 7400 method, as applicable.

ND = None Detected



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Phase Contrast Microscopy Analysis Report

QuanTEM Set ID: 375400 **Client:** Russell Smalley
Date Received: 01/06/25 **Terracon - OKC**
Received By: Baylie Puga **4701 N. Stiles Ave.**
Analyst: Cassie Sanborn **Oklahoma City, OK 73105**
Date of Report: 1/6/2025 **Acct. No.:** A725
Methodology: NIOSH 7400, Issue 3
AIHA LAP, LLC: 101352

Project: Purcell Hospital Oversight
Location: Purcell, OK
Project No.: 03247167

QuanTEM Sample ID	Client Sample ID	Air Volume (liters)	Fibers	Fields	Fiber Density (f/mm2)	Fiber Concentration (f/cc)	Detection Limits (f/cc)	95% LCL (f/cc)	95% UCL (f/cc)
----------------------	---------------------	---------------------------	--------	--------	-----------------------------	----------------------------------	-------------------------------	-------------------	-------------------

375400-005, 007 Occluded sample. Amount of particulate on sample exceeds NIOSH 7400 Guidelines.

Cassie Sanborn
Authorized Signature: _____
Cassie Sanborn, Laboratory Analyst

Laboratory Sr: 0.54 for 5 to 20 fibers. 0.18 for 20 to 50 fibers. 0.14 for >50 fibers.

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Unless otherwise noted, upon receipt the condition of the sample was acceptable for analysis.

Results have been blank corrected per the NIOSH 7400 method, as applicable.

ND = None Detected



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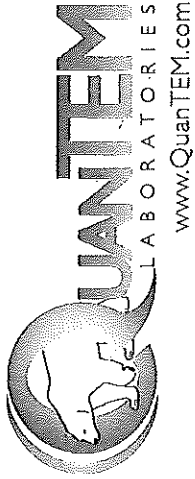
Contact Information		Project Information	
Company: <u>Terrace</u>	Phone: <u>105-612-8498</u>	Project Name: <u>Purcell Hospital overgth</u>	Report Results (☑ one box)
Contact: <u>Russell Smalley</u>	Cell Phone: <u>405-496-9526</u>	Project Location: <u>Purcell OH</u>	<input type="checkbox"/> Quantem Website
Account #: _____	E-mail: <u>Russell.Smalley@terracelab.com</u>	Project ID: <u>0322R167</u>	<input type="checkbox"/> Email _____
SAMPLED BY: _____	Name: <u>Tucker Meredith</u>	P.O. Number: _____	<input type="checkbox"/> Other _____
Date: <u>1-3-25</u>			

RELINQUISHED BY	DATE & TIME	VIA	RECEIVED BY	DATE & TIME
<u>Tucker Meredith</u>	<u>1-6-25 1050</u>			
<u>Barnum</u>	<u>1-6-28 145</u>	<u>hand</u>	<u>[Signature]</u>	<u>1/6/25 11:45</u>

REQUESTED SERVICES (Please ☑ the Appropriate Boxes)

PLM	PLM	TEM	TEM	TURNAROUND TIME
<input type="checkbox"/> Bulk Analysis (EPA 600/R-93/116)	<input type="checkbox"/> Vermiculite Attic Insulation (EPA 600/R-04/004)	<input type="checkbox"/> Air- AHERA	<input type="checkbox"/> Bulk- Presence / Absence EPA600/R-93/116	<input checked="" type="checkbox"/> Rush
<input type="checkbox"/> 400 Point Count	<input type="checkbox"/> Other	<input type="checkbox"/> Air- NIOSH 7402	<input type="checkbox"/> Bulk- Quantitative [weight%]- Chatfield	<input type="checkbox"/> Same Day
<input type="checkbox"/> 1000 Point Count		<input type="checkbox"/> Air- ISO 10312	<input type="checkbox"/> Dust- Presence / Absence	<input type="checkbox"/> 24 - Hour
<input type="checkbox"/> Gravimetric Preparation	<input checked="" type="checkbox"/> PCM	<input type="checkbox"/> Drinking Water- EPA 100.2	<input type="checkbox"/> Dust- Quantitative [fibers/sq.cm]- ASTM D5755	<input type="checkbox"/> 3 - Day
<input type="checkbox"/> Particle ID	<input checked="" type="checkbox"/> NIOSH 7400	<input type="checkbox"/> Waste Water- EPA 600/4-83-043	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> 5 - Day

No.	Sample ID (10 Characters Max)	☑ To Be Analyzed	Color	Description	Volume / Area (as applicable)	Comments / Notes
1	411515	<input checked="" type="checkbox"/>		N of SW Hallway	2.0	S-0735 F-1700
2	411516	<input checked="" type="checkbox"/>		S of SW Hallway	2.0	S-0738 F-1700
3	411519	<input checked="" type="checkbox"/>		E of SW Hallway	2.0	S-0710 F-1700
4	411517	<input checked="" type="checkbox"/>		W of SW Hallway	2.0	S-0742 F-1700
5	411513	<input checked="" type="checkbox"/>		Change Room	2.0	S-0715 F-1700
6	411510	<input checked="" type="checkbox"/>		Exhaust	2.0	S-0718 F-1700
7	411526	<input checked="" type="checkbox"/>		SE Hallway	2.0	S-0750 F-1700
8	411551	<input checked="" type="checkbox"/>		Personal	2.0	S-0752 F-1700
9	411761	<input checked="" type="checkbox"/>		Personal	2.0	S-0754 F-1700
10	411520	<input checked="" type="checkbox"/>		Exhaust	2.0	S-0756 F-1700



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Lab No. 375400

Accept ☒ Reject ☐

Project Information						
Company:		Project Name:	Project Location:			
No.	Sample ID (10 Characters Max)	<input checked="" type="checkbox"/> To Be Analyzed	Color	Description	Volume / Area (as applicable)	Comments / Notes
11	41541	<input checked="" type="checkbox"/>		Exchange	2.0	S-0758 - F-1700
12	41523	<input checked="" type="checkbox"/>		loadout	2.0	S-0800 - F-1700
13	41533	<input checked="" type="checkbox"/>		FB	2.0	F 1700
14	41554	<input checked="" type="checkbox"/>		LB	2.0	F 1700
15		<input type="checkbox"/>				
16		<input type="checkbox"/>				
17		<input type="checkbox"/>				
18		<input type="checkbox"/>				
19		<input type="checkbox"/>				
20		<input type="checkbox"/>				
21		<input type="checkbox"/>				
22		<input type="checkbox"/>				
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25		<input type="checkbox"/>				
26		<input type="checkbox"/>				
27		<input type="checkbox"/>				
28		<input type="checkbox"/>				
29		<input type="checkbox"/>				
30		<input type="checkbox"/>				



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Phase Contrast Microscopy Analysis Report

QuanTEM Set ID: 375411

Date Received: 01/07/25

Received By: Amanda Bass

Analyst: Cassie Sanborn

Date of Report: 1/7/2025

Methodology: NIOSH 7400, Issue 3

AIHA LAP, LLC: 101352

Client: Russell Smalley

Terracon - OKC

4701 N. Stiles Ave.

Oklahoma City, OK 73105

Acct. No.: A725

Project: Purcell Hospital Oversight

Location: Purcell OK

Project No.: 03247167

QuanTEM Sample ID	Client Sample ID	Air Volume (liters)	Fibers	Fields	Fiber Density (f/mm2)	Fiber Concentration (f/cc)	Detection Limits (f/cc)	95% LCL (f/cc)	95% UCL (f/cc)
001	41829	1080	1	100	<7	<0.0025	0.0025	N/A	N/A
002	41838	1076	9	100	11	0.0041	0.0025	0.0019	0.0087
003	41503	1070	3	100	<7	<0.0025	0.0025	N/A	N/A
004	41529	1064	2	100	<7	<0.0025	0.0025	N/A	N/A
005	41544	1060	77	100	98	0.036	0.0025	0.022	0.062
006	41542	1056	1	100	<7	<0.0025	0.0025	N/A	N/A
007	41505	1052	2	100	<7	<0.0026	0.0026	N/A	N/A
008	41874	1048	4	100	<7	<0.0026	0.0026	N/A	N/A
009	41539	1044	3	100	<7	<0.0026	0.0026	N/A	N/A
010	41571	1040	31	100	39	0.015	0.0026	0.0085	0.027
011	41546	1036	101	53	240	0.090	0.0026	0.057	0.16
012	41512	1032	19	100	24	0.0090	0.0026	0.0050	0.017
013	41607	Blank	ND	100	N/A	N/A	N/A	N/A	N/A
014	41543	Blank	ND	100	N/A	N/A	N/A	N/A	N/A

Laboratory Sr: 0.54 for 5 to 20 fibers. 0.18 for 20 to 50 fibers. 0.14 for >50 fibers.

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Unless otherwise noted, upon receipt the condition of the sample was acceptable for analysis.

Results have been blank corrected per the NIOSH 7400 method, as applicable.

ND = None Detected



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Phase Contrast Microscopy Analysis Report

QuanTEM Set ID: 375411 **Client:** Russell Smalley
Date Received: 01/07/25 **Terracon - OKC**
Received By: Amanda Bass **4701 N. Stiles Ave.**
Analyst: Cassie Sanborn **Oklahoma City, OK 73105**
Date of Report: 1/7/2025 **Acct. No.:** A725
Methodology: NIOSH 7400, Issue 3
AIHA LAP, LLC: 101352

Project: Purcell Hospital Oversight
Location: Purcell OK
Project No.: 03247167

QuanTEM Sample ID	Client Sample ID	Air Volume (liters)	Fibers	Fields	Fiber Density (f/mm ²)	Fiber Concentration (f/cc)	Detection Limits (f/cc)	95% LCL (f/cc)	95% UCL (f/cc)
----------------------	---------------------	---------------------------	--------	--------	--	----------------------------------	-------------------------------	-------------------	-------------------

Authorized Signature: _____

Cassie Sanborn

Cassie Sanborn, Laboratory Analyst

Laboratory Sr: 0.54 for 5 to 20 fibers. 0.18 for 20 to 50 fibers. 0.14 for >50 fibers.

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Unless otherwise noted, upon receipt the condition of the sample was acceptable for analysis.

Results have been blank corrected per the NIOSH 7400 method, as applicable.

ND = None Detected



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Contact Information	
Company:	Terracan
Contact:	Russell Smalley
Account #:	
SAMPLED BY:	Name: Tucker Meredith
	Phone: 405-612-8110
	Cell Phone: 405-496-9820
	E-mail: russell-smalley@terraca.com
	Date: 1-16-25

Project Information	
Project Name:	Purcell Hospital overlight
Project Location:	Purcell OK
Project ID:	03247167
P.O. Number:	

RELINQUISHED BY	DATE & TIME	VIA	RECEIVED BY	DATE & TIME
Tucker Meredith	1-7-25	Hand		
Benny Bony	1-7-25 10:18			

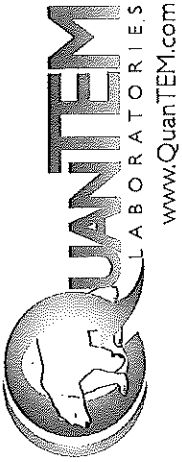
RELINQUISHED BY	DATE & TIME	VIA	RECEIVED BY	DATE & TIME
				1/12/25 10:22

REQUESTED SERVICES (Please check the appropriate boxes)

PLM	PLM	PLM		TEM	TEM	TURNAROUND TIME
		Bulk Analysis (EPA 600/R-93/116)	400 Point Count			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TEM	TEM	TEM	TURNAROUND TIME	
				Bulk- Presence / Absence EPA600/R-93/116
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

No.	Sample ID (10 Characters Max)	To Be Analyzed	Color	Description	Volume / Area (as applicable)	Comments / Notes
1	41829	<input checked="" type="checkbox"/>		Not SE hallway	2.0	S-0900 F-1700
2	41838	<input checked="" type="checkbox"/>		SE hallway	2.0	S-0802 F-1700
3	41503	<input checked="" type="checkbox"/>		E of SE hallway	2.0	S-0808 F-1700
4	41529	<input checked="" type="checkbox"/>		W of SE hallway	2.0	S-0808 F-1700
5	41514	<input checked="" type="checkbox"/>		Change room	2.0	S-0810 F-1700
6	41542	<input checked="" type="checkbox"/>		Exhaust	2.0	S-0812 F-1700
7	41505	<input checked="" type="checkbox"/>		Personal	2.0	S-0814 F-1700
8	41874	<input checked="" type="checkbox"/>		Personal	2.0	S-0816 F-1700
9	41539	<input checked="" type="checkbox"/>		SE hallway	2.0	S-0818 F-1700
10	41571	<input checked="" type="checkbox"/>		Exhaust	2.0	S-0820 F-1700



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Page 2 of 2

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<input checked="" type="radio"/> Accept <input type="radio"/> Reject

Project Information				
Company:		Project Name:		Project Location:
No.	Sample ID (10 Characters Max)	To Be Analyzed	Color	Description
11	411546	<input type="checkbox"/>		Exhaust
12	41572	<input type="checkbox"/>		load out
13	41607	<input type="checkbox"/>		LB
14	415113	<input type="checkbox"/>		FB
15		<input type="checkbox"/>		
16		<input type="checkbox"/>		
17		<input type="checkbox"/>		
18		<input type="checkbox"/>		
19		<input type="checkbox"/>		
20		<input type="checkbox"/>		
21		<input type="checkbox"/>		
22		<input type="checkbox"/>		
23		<input type="checkbox"/>		
24		<input type="checkbox"/>		
25		<input type="checkbox"/>		
26		<input type="checkbox"/>		
27		<input type="checkbox"/>		
28		<input type="checkbox"/>		
29		<input type="checkbox"/>		
30		<input type="checkbox"/>		

Volume / Area (as applicable)	Comments / Notes
	S-0822 F-1700
	S-0824 F-1700
	1700
	1700
	1700



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Phase Contrast Microscopy Analysis Report

QuanTEM Set ID: 375435

Date Received: 01/08/25

Received By: Amanda Bass

Analyst: Cassie Sanborn

Date of Report: 1/8/2025

Methodology: NIOSH 7400, Issue 3

AIHA LAP, LLC: 101352

Client: Russell Smalley

Terracon - OKC

4701 N. Stiles Ave.

Oklahoma City, OK 73105

Acct. No.: A725

Project: Purcell Hospital Oversight

Location: Purcell OK

Project No.: 03247167

QuanTEM Sample ID	Client Sample ID	Air Volume (liters)	Fibers	Fields	Fiber Density (f/mm2)	Fiber Concentration (f/cc)	Detection Limits (f/cc)	95% LCL (f/cc)	95% UCL (f/cc)
001	41565	1130	1	100	<7	<0.0024	0.0024	N/A	N/A
002	99627	1124	4	100	<7	<0.0024	0.0024	N/A	N/A
003	99668	1120	3	100	<7	<0.0024	0.0024	N/A	N/A
004	99652	1116	1	100	<7	<0.0024	0.0024	N/A	N/A
005	99672	1112	61	100	78	0.027	0.0024	0.016	0.047
006	95792	1110	ND	100	<7	<0.0024	0.0024	N/A	N/A
007	99649	1108	1	100	<7	<0.0024	0.0024	N/A	N/A
008	99630	1106	3	100	<7	<0.0024	0.0024	N/A	N/A
009	99664	1104	2	100	<7	<0.0024	0.0024	N/A	N/A
010	99662	1100	26	100	33	0.012	0.0024	0.0066	0.021
011	99637	1090	55	100	70	0.025	0.0025	0.015	0.044
012	95775	1080	2	100	<7	<0.0025	0.0025	N/A	N/A
013	99677	Blank	ND	100	N/A	N/A	N/A	N/A	N/A
014	99679	Blank	ND	100	N/A	N/A	N/A	N/A	N/A

Laboratory Sr: 0.54 for 5 to 20 fibers. 0.18 for 20 to 50 fibers. 0.14 for >50 fibers.

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Unless otherwise noted, upon receipt the condition of the sample was acceptable for analysis.

Results have been blank corrected per the NIOSH 7400 method, as applicable.

ND = None Detected



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Phase Contrast Microscopy Analysis Report

QuanTEM Set ID: 375435 **Client:** Russell Smalley
Date Received: 01/08/25 **Terracon - OKC**
Received By: Amanda Bass **4701 N. Stiles Ave.**
Analyst: Cassie Sanborn **Oklahoma City, OK 73105**
Date of Report: 1/8/2025 **Acct. No.:** A725
Methodology: NIOSH 7400, Issue 3
AIHA LAP, LLC: 101352

Project: Purcell Hospital Oversight
Location: Purcell OK
Project No.: 03247167

QuanTEM Sample ID	Client Sample ID	Air Volume (liters)	Fibers	Fields	Fiber Density (f/mm ²)	Fiber Concentration (f/cc)	Detection Limits (f/cc)	95% LCL (f/cc)	95% UCL (f/cc)
----------------------	---------------------	---------------------------	--------	--------	--	----------------------------------	-------------------------------	-------------------	-------------------

Authorized Signature: _____

Cassie Sanborn

Cassie Sanborn, Laboratory Analyst

Laboratory Sr: 0.54 for 5 to 20 fibers. 0.18 for 20 to 50 fibers. 0.14 for >50 fibers.

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Unless otherwise noted, upon receipt the condition of the sample was acceptable for analysis.

Results have been blank corrected per the NIOSH 7400 method, as applicable.

ND = None Detected



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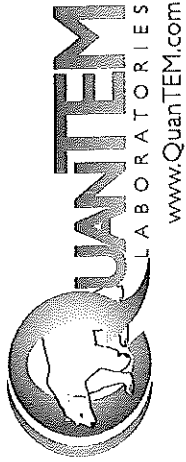
Contact Information		Project Information	
Company: <u>Reliance</u>	Phone: <u>405-612-8448</u>	Project Name: <u>Powell Hospital Overight</u>	Report Results (one box) <input type="checkbox"/> Quantem Website
Contact: <u>Russell Smalley</u>	Cell Phone: <u>405-346-9828</u>	Project Location: <u>Powell OK</u>	<input type="checkbox"/> Email
Account #: _____	E-mail: <u>Russell.Smalley@quantem.com</u>	Project ID: <u>03247167</u>	<input type="checkbox"/> Other
SAMPLED BY: Name: <u>Tucker Meredith</u>	Date: <u>1-7-28</u>	PO Number: _____	

RELINQUISHED BY	DATE & TIME	VIA	RECEIVED BY	DATE & TIME
<u>[Signature]</u>	<u>1/8/25 8:17</u>	<u>Person</u>	<u>[Signature]</u>	<u>1/8/25 8:51</u>

REQUESTED SERVICES (Please check the appropriate boxes)

	PLM	PLM		TEM	TEM	TURNAROUND TIME
		Bulk Analysis (EPA 600/R-93/116)	Vermiculite Attic Insulation (EPA 600/R-04/004)			
<input type="checkbox"/> Bulk Analysis (EPA 600/R-93/116)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Rush
<input type="checkbox"/> 400 Point Count	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Same Day
<input type="checkbox"/> 1000 Point Count	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 24 - Hour
<input type="checkbox"/> Gravimetric Preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 3 - Day
<input type="checkbox"/> Particle ID	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 5 - Day

No.	Sample ID (10 Characters Max)	To Be Analyzed	Color	Description	Volume / Area (as applicable)	Comments / Notes
1	41565	<input checked="" type="checkbox"/>		NOF SE Hallway	2.0	S-0735 F 1700
2	99627	<input checked="" type="checkbox"/>		S of SE Hallway	2.0	S-0738 F 1700
3	99628	<input checked="" type="checkbox"/>		W of SE Hallway	2.0	S-0740 F 1700
4	99652	<input checked="" type="checkbox"/>		E of SE Hallway	2.0	S-0742 F 1700
5	99672	<input checked="" type="checkbox"/>		Change room	2.0	S-0744 F 1700
6	99792	<input checked="" type="checkbox"/>		Exhaust	2.0	S-0745 F 1700
7	99649	<input checked="" type="checkbox"/>		Personal	2.0	S-0746 F 1700
8	99630	<input checked="" type="checkbox"/>		Personal	2.0	S-0747 F 1700
9	99664	<input checked="" type="checkbox"/>		SE Hallway	2.0	S-0748 F 1700
10	99667	<input checked="" type="checkbox"/>		Exhaust	2.0	S-0750 F 1700



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<input checked="" type="radio"/> Accept <input type="radio"/> Reject

Project Information						
Company:		Project Name:	Project Location:			
No.	Sample ID (10 Characters Max)	To Be Analyzed <input checked="" type="checkbox"/>	Color	Description	Volume / Area (as applicable)	Comments / Notes
11	996637	<input checked="" type="checkbox"/>		Exhaust	2.0	S-0755 F-1700
12	957755	<input checked="" type="checkbox"/>		load out	2.0	S-0800 F-1700
13	996677	<input checked="" type="checkbox"/>		F B		1700
14	996679	<input checked="" type="checkbox"/>		LB		1700
15		<input type="checkbox"/>				
16		<input type="checkbox"/>				
17		<input type="checkbox"/>				
18		<input type="checkbox"/>				
19		<input type="checkbox"/>				
20		<input type="checkbox"/>				
21		<input type="checkbox"/>				
22		<input type="checkbox"/>				
23		<input type="checkbox"/>				
24		<input type="checkbox"/>				
25		<input type="checkbox"/>				
26		<input type="checkbox"/>				
27		<input type="checkbox"/>				
28		<input type="checkbox"/>				
29		<input type="checkbox"/>				
30		<input type="checkbox"/>				



2033 HERITAGE PARK DR, OKLAHOMA CITY, OK 73120 | 1.800.822.1650

Phase Contrast Microscopy Analysis Report

QuanTEM Set ID: 375502

Date Received: 01/09/25

Received By: Amanda Bass

Analyst: Dee Ammerman

Date of Report: 1/9/2025

Methodology: NIOSH 7400, Issue 3

AIHA LAP, LLC: 101352

Client: Russell Smalley

Terracon - OKC

4701 N. Stiles Ave.

Oklahoma City, OK 73105

Acct. No.: A725

Project: Purcell Hospital Oversight

Location: Purcell OK

Project No.: 03247167

QuanTEM Sample ID	Client Sample ID	Air Volume (liters)	Fibers	Fields	Fiber Density (f/mm2)	Fiber Concentration (f/cc)	Detection Limits (f/cc)	95% LCL (f/cc)	95% UCL (f/cc)
001	99611	1120	2	100	<7	<0.0024	0.0024	N/A	N/A
002	99676	1116	3	100	<7	<0.0024	0.0024	N/A	N/A
003	65767	1112	1	100	<7	<0.0024	0.0024	N/A	N/A
004	99638	1108	3	100	<7	<0.0024	0.0024	N/A	N/A
005	99670	1104	16	100	20	0.0071	0.0024	0.0038	0.014
006	95776	1100	12	100	15	0.0054	0.0024	0.0027	0.011
007	95757	1096	15	100	19	0.0067	0.0025	0.0035	0.013
008	95768	1092	9	100	11	0.0040	0.0025	0.0019	0.0086
009	99685	1088	9	100	11	0.0041	0.0025	0.0019	0.0086
010	95765	1084	6	100	7.6	0.0027	0.0025	0.0011	0.0063
011	95778	1080	2	100	<7	<0.0025	0.0025	N/A	N/A
012	99645	1040	2	100	<7	<0.0026	0.0026	N/A	N/A
013	99684	Blank	ND	100	N/A	N/A	N/A	N/A	N/A
014	95751	Blank	ND	100	N/A	N/A	N/A	N/A	N/A

Laboratory Sr: 0.54 for 5 to 20 fibers. 0.18 for 20 to 50 fibers. 0.14 for >50 fibers.

This report applies only to the standards or procedures indicated and to the specific samples tested. It is not indicative of the qualities of apparently identical or similar products or procedures, nor does it represent an ongoing assurance program unless so noted. These reports are for the exclusive use of the client and are not to be reproduced without specific written permission. QuanTEM is not responsible for user-supplied data used in calculation. Customer provided data such as volumes, areas, etc., cannot be verified by QuanTEM Laboratories, LLC.

Unless otherwise noted, upon receipt the condition of the sample was acceptable for analysis.

Results have been blank corrected per the NIOSH 7400 method, as applicable.

ND = None Detected



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Phase Contrast Microscopy Analysis Report

QuanTEM Set ID: 375502 **Client:** Russell Smalley
Date Received: 01/09/25 **Terracon - OKC**
Received By: Amanda Bass **4701 N. Stiles Ave.**
Analyst: Dee Ammerman **Oklahoma City, OK 73105**
Date of Report: 1/9/2025 **Acct. No.:** A725
Methodology: NIOSH 7400, Issue 3
AIHA LAP, LLC: 101352

Project: Purcell Hospital Oversight
Location: Purcell OK
Project No.: 03247167

QuanTEM Sample ID	Client Sample ID	Air Volume (liters)	Fibers	Fields	Fiber Density (f/mm2)	Fiber Concentration (f/cc)	Detection Limits (f/cc)	95% LCL (f/cc)	95% UCL (f/cc)
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Authorized Signature: _____

Dee Ammerman, Laboratory Manager

Laboratory Sr: 0.54 for 5 to 20 fibers. 0.18 for 20 to 50 fibers. 0.14 for >50 fibers.

This report applies only to the standards or procedures indicated and to the specific samples tested. It is not indicative of the qualities of apparently identical or similar products or procedures, nor does it represent an ongoing assurance program unless so noted. These reports are for the exclusive use of the client and are not to be reproduced without specific written permission. QuanTEM is not responsible for user-supplied data used in calculation. Customer provided data such as volumes, areas, etc., cannot be verified by QuanTEM Laboratories, LLC.

Unless otherwise noted, upon receipt the condition of the sample was acceptable for analysis.

Results have been blank corrected per the NIOSH 7400 method, as applicable.

ND = None Detected



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2033 Heritage Park Drive, Oklahoma City, OK 73120-7502
(800) 822-1650 • (405) 755-7272 • Fax: (405) 755-2058

LEGAL DOCUMENT - PLEASE PRINT LEGIBLY

Contact Information		Project Information	
Company: <u>Tenneco</u>	Phone: <u>405-612-8498</u>	Project Name: <u>Purcell Hospital Overhaul</u>	Report Results (☑ one box)
Contact: <u>Russell Smalley</u>	Cell Phone: <u>405-496-9524</u>	Project Location: <u>Purcell OH</u>	<input type="checkbox"/> Quantem Website
Account #: _____	E-mail: <u>russell@smalley.com</u>	Project ID: <u>03247107</u>	<input type="checkbox"/> Email _____
SAMPLED BY: Name: _____	Date: <u>10-25</u>	P.O. Number: _____	<input type="checkbox"/> Other _____

RELINQUISHED BY	DATE & TIME	VIA	RECEIVED BY	DATE & TIME
<u>Tucker Meredith</u>	<u>1-9-25</u>	<u>Hand</u>	<u>[Signature]</u>	<u>11/9/25 12:10</u>

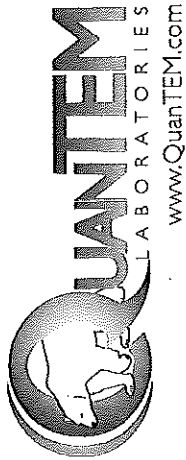
REQUESTED SERVICES (Please ☑ the Appropriate Boxes)

PLM		PLM	TEM	TEM	TURNAROUND TIME
<input type="checkbox"/> Bulk Analysis (EPA 600/R-93/116)	<input type="checkbox"/> Vermiculite Attic Insulation (EPA 600/R-04/004)	<input type="checkbox"/> Air-AHERA	<input type="checkbox"/> Bulk- Presence / Absence EPA600/R-93/116	<input checked="" type="checkbox"/> Rush	
<input type="checkbox"/> 400 Point Count	<input type="checkbox"/> Other	<input type="checkbox"/> Air- NIOSH 7402	<input type="checkbox"/> Bulk- Quantitative [weight%]- Chatfield	<input type="checkbox"/> Same Day	
<input type="checkbox"/> 1000 Point Count		<input type="checkbox"/> Air- ISO 10312	<input type="checkbox"/> Dust- Presence / Absence	<input type="checkbox"/> 24 - Hour	
<input type="checkbox"/> Gravimetric Preparation	<input checked="" type="checkbox"/> PCM	<input type="checkbox"/> Drinking Water- EPA 100.2	<input type="checkbox"/> Dust- Quantitative [fibers/sq.cm]- ASTM D5755	<input type="checkbox"/> 3 - Day	
<input type="checkbox"/> Particle ID	<input checked="" type="checkbox"/> NIOSH 7400	<input type="checkbox"/> Waste Water- EPA 600/4-83-043	<input type="checkbox"/> Other	<input type="checkbox"/> 5 - Day	

No.	Sample ID (10 Characters Max)	To Be Analyzed	Color	Description	Volume / Area (as applicable)	Comments / Notes
1	99611	<input checked="" type="checkbox"/>		N of SE Hallway	2.0	S-0740 F-1700
2	99676	<input checked="" type="checkbox"/>		S of SE Hallway	2.0	S-0742 F-1700
3	99767	<input checked="" type="checkbox"/>		E of SE Hallway	2.0	S-0744 F-1700
4	99638	<input checked="" type="checkbox"/>		W of SE Hallway	2.0	S-0746 F-1700
5	99670	<input checked="" type="checkbox"/>		Change room	2.0	S-0748 F-1700
6	95770	<input checked="" type="checkbox"/>		exhaust	2.0	S-0750 F-1700
7	95757	<input checked="" type="checkbox"/>		personal	2.0	S-0752 F-1700
8	95768	<input checked="" type="checkbox"/>		personal	2.0	S-0754 F-1700
9	99685	<input checked="" type="checkbox"/>		SE Hallway	2.0	S-0756 F-1700
10	95765	<input checked="" type="checkbox"/>		Exhaust	2.0	S-0758 F-1700

SATURDAY FEDEX SAMPLE DELIVERY - CALL TO SCHEDULE • Use this address for Saturday Delivery only: 4220 N. Santa Fe Ave., Oklahoma City, OK 73105-8517 • Mark Package "Hold for Saturday Pickup"

Please Note - UPS and USPS are NOT available for Saturday Delivery



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For Lab Use Only
Lab No. <u>375502</u>
<input checked="" type="radio"/> Accept <input type="radio"/> Reject

Project Information				Project Name:	Project Location:	
No.	Sample ID (10 Characters Max)	<input checked="" type="checkbox"/> To Be Analyzed	Color	Description	Volume / Area (as applicable)	Comments / Notes
11	95778	<input checked="" type="checkbox"/>		Exhaust	2.0	S-0800 - 1700
12	99645	<input checked="" type="checkbox"/>		Load Out	2.0	S-0820 - 1700
13	99681	<input checked="" type="checkbox"/>		FB	/	1700
14	95751	<input checked="" type="checkbox"/>		LB	/	1700
15		<input type="checkbox"/>				
16		<input type="checkbox"/>				
17		<input type="checkbox"/>				
18		<input type="checkbox"/>				
19		<input type="checkbox"/>				
20		<input type="checkbox"/>				
21		<input type="checkbox"/>				
22		<input type="checkbox"/>				
23		<input type="checkbox"/>				
24		<input type="checkbox"/>				
25		<input type="checkbox"/>				
26		<input type="checkbox"/>				
27		<input type="checkbox"/>				
28		<input type="checkbox"/>				
29		<input type="checkbox"/>				
30		<input type="checkbox"/>				



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Phase Contrast Microscopy Analysis Report

QuanTEM Set ID: 375507

Date Received: 01/13/25

Received By: Amanda Bass

Analyst: Cassie Sanborn

Date of Report: 1/13/2025

Methodology: NIOSH 7400, Issue 3

AIHA LAP, LLC: 101352

Client: Russell Smalley
Terracon - OKC
4701 N. Stiles Ave.
Oklahoma City, OK 73105

Acct. No.: A725

Project: Purcell Hospital Oversight

Location: Purcell OK

Project No.: 03247107

QuanTEM Sample ID	Client Sample ID	Air Volume (liters)	Fibers	Fields	Fiber Density (f/mm2)	Fiber Concentration (f/cc)	Detection Limits (f/cc)	95% LCL (f/cc)	95% UCL (f/cc)
001	99687	540	3	100	<7	<0.0050	0.0050	N/A	N/A
002	95777	536	ND	100	<7	<0.0050	0.0050	N/A	N/A
003	95788	532	1	100	<7	<0.0051	0.0051	N/A	N/A
004	95791	528	1	100	<7	<0.0051	0.0051	N/A	N/A
005	95789	524	71	100	90	0.066	0.0051	0.041	0.12
006	95749	520	2	100	<7	<0.0052	0.0052	N/A	N/A
007	97680	516	ND	100	<7	<0.0052	0.0052	N/A	N/A
008	95760	512	1	100	<7	<0.0053	0.0053	N/A	N/A
009	95784	508	4	100	<7	<0.0053	0.0053	N/A	N/A
010	95781	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
011	95779	500	2	100	<7	<0.0054	0.0054	N/A	N/A
012	95770	496	3	100	<7	<0.0054	0.0054	N/A	N/A
013	95759	Blank	ND	100	N/A	N/A	N/A	N/A	N/A
014	95787	Blank	ND	100	N/A	N/A	N/A	N/A	N/A

Laboratory Sr: 0.54 for 5 to 20 fibers. 0.18 for 20 to 50 fibers. 0.14 for >50 fibers.

This report applies only to the standards or procedures indicated and to the specific samples tested. It is not indicative of the qualities of apparently identical or similar products or procedures, nor does it represent an ongoing assurance program unless so noted. These reports are for the exclusive use of the client and are not to be reproduced without specific written permission. QuanTEM is not responsible for user-supplied data used in calculation. Customer provided data such as volumes, areas, etc., cannot be verified by QuanTEM Laboratories, LLC.

Unless otherwise noted, upon receipt the condition of the sample was acceptable for analysis.

Results have been blank corrected per the NIOSH 7400 method, as applicable.

ND = None Detected



2033 HERITAGE PARK DR, OKLAHOMA CITY, OK 73120 | 1.800.822.1650

Phase Contrast Microscopy Analysis Report

QuanTEM Set ID: 375507 **Client:** Russell Smalley
Date Received: 01/13/25 **Terracon - OKC**
Received By: Amanda Bass **4701 N. Stiles Ave.**
Analyst: Cassie Sanborn **Oklahoma City, OK 73105**
Date of Report: 1/13/2025 **Acct. No.:** A725
Methodology: NIOSH 7400, Issue 3
AIHA LAP, LLC: 101352

Project: Purcell Hospital Oversight
Location: Purcell OK
Project No.: 03247107

QuanTEM Sample ID	Client Sample ID	Air Volume (liters)	Fibers	Fields	Fiber Density (f/mm2)	Fiber Concentration (f/cc)	Detection Limits (f/cc)	95% LCL (f/cc)	95% UCL (f/cc)
375507-010	Unable to prepare sample. Filter destroyed prior to receipt at QuanTEM.								

Authorized Signature: _____

Cassie Sanborn

Cassie Sanborn, Laboratory Analyst

Laboratory Sr: 0.54 for 5 to 20 fibers. 0.18 for 20 to 50 fibers. 0.14 for >50 fibers.

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Unless otherwise noted, upon receipt the condition of the sample was acceptable for analysis.

Results have been blank corrected per the NIOSH 7400 method, as applicable.

ND = None Detected



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LEGAL DOCUMENT - PLEASE PRINT LEGIBLY

Contact Information	
Company:	Peterson
Contact:	Russell Smalley
Account #:	
SAMPLED BY:	Name: Tucker Meredith
Phone:	405-6120498
Cell Phone:	405-196-9576
E-mail:	Russell.Smalley@peterson.com
Date:	1-9-25

Project Information	
Project Name:	Plumbing/Hospital Overhaul
Project Location:	PerCell OK
Project ID:	03247107
P.O. Number:	

For Lab Use Only	
Lab No.	375507
Accept	<input checked="" type="checkbox"/>
Reject	<input type="checkbox"/>

Report Results (one box)	
<input type="checkbox"/> Quantem Website	
<input type="checkbox"/> Email	
<input type="checkbox"/> Other	

RELINQUISHED BY	DATE & TIME	VIA	RECEIVED BY	DATE & TIME
Tucker Meredith	1-10-25 3:25	Hand	[Signature]	1/10/24 3:25

REQUESTED SERVICES (Please check the appropriate boxes)

PLM	PLM	TEM	TEM	TURNAROUND TIME
<input type="checkbox"/> Bulk Analysis (EPA 600/R-93/116)	<input type="checkbox"/> Vermiculite Attic Insulation (EPA 600/R-04/004)	<input type="checkbox"/> Air- AHERA	<input type="checkbox"/> Bulk- Presence / Absence EPA600/R-93/116	<input checked="" type="checkbox"/> Rush
<input type="checkbox"/> 400 Point Count	<input type="checkbox"/> Other	<input type="checkbox"/> Air- NIOSH 7402	<input type="checkbox"/> Bulk- Quantitative [weight%]- Chatfield	<input type="checkbox"/> Same Day
<input type="checkbox"/> 1000 Point Count		<input type="checkbox"/> Air- ISO 10312	<input type="checkbox"/> Dust- Presence / Absence	<input type="checkbox"/> 24 - Hour
<input type="checkbox"/> Gravimetric Preparation	<input checked="" type="checkbox"/> PCM	<input type="checkbox"/> Drinking Water- EPA 100.2	<input type="checkbox"/> Dust- Quantitative [fibers/sq.cm]- ASTM D5755	<input type="checkbox"/> 3 - Day
<input type="checkbox"/> Particle ID	<input checked="" type="checkbox"/> NIOSH 7400	<input type="checkbox"/> Waste Water- EPA 600/4-83-043	<input type="checkbox"/> Other	<input type="checkbox"/> 5 - Day

No.	Sample ID (10 Characters Max)	To Be Analyzed	Color	Description	Volume / Area (as applicable)	Comments / Notes
1	99687	<input checked="" type="checkbox"/>		N of SE Hallway	2.0	S- 0730 F- 1200
2	95777	<input checked="" type="checkbox"/>		S of SE Hallway	2.0	S- 0732 F- 1200
3	95788	<input checked="" type="checkbox"/>		E of SE Hallway	2.0	S- 0734 F- 1200
4	95791	<input checked="" type="checkbox"/>		W of SE Hallway	2.0	S- 0736 F- 1200
5	95789	<input checked="" type="checkbox"/>		Charge room exhaust	2.0	S- 0738 F- 1200
6	95749	<input checked="" type="checkbox"/>		Personnel	2.0	S- 0740 F- 1200
7	97680	<input checked="" type="checkbox"/>		Personnel	2.0	S- 0742 F- 1200
8	95760	<input checked="" type="checkbox"/>		SE Hallway	2.0	S- 0744 F- 1200
9	95784	<input checked="" type="checkbox"/>		Exhaust	2.0	S- 0746 F- 1200
10	95781	<input checked="" type="checkbox"/>			2.0	S- 0748 F- 1200



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LEGAL DOCUMENT - PLEASE PRINT LEGIBLY

For Lab Use Only
Lab No. <u>375507</u>
<input checked="" type="radio"/> Accept <input type="radio"/> Reject

Project Information					Project Location:	
Company:		Project Name:				
No.	Sample ID (10 Characters Max)	To Be Analyzed	Color	Description	Volume / Area (as applicable)	Comments / Notes
11	95779	<input checked="" type="checkbox"/>		Exhaust	2.0	S-0750 ~ F 1200
12	95770	<input checked="" type="checkbox"/>		bad out	2.0	S-0752 ~ F 1200
13	95759	<input checked="" type="checkbox"/>		LB	1	1200
14	95787	<input checked="" type="checkbox"/>		FB	1	1200
15		<input type="checkbox"/>				
16		<input type="checkbox"/>				
17		<input type="checkbox"/>				
18		<input type="checkbox"/>				
19		<input type="checkbox"/>				
20		<input type="checkbox"/>				
21		<input type="checkbox"/>				
22		<input type="checkbox"/>				
23		<input type="checkbox"/>				
24		<input type="checkbox"/>				
25		<input type="checkbox"/>				
26		<input type="checkbox"/>				
27		<input type="checkbox"/>				
28		<input type="checkbox"/>				
29		<input type="checkbox"/>				
30		<input type="checkbox"/>				



2033 HERITAGE PARK DR, OKLAHOMA CITY, OK 73120 | 1.800.822.1650

Phase Contrast Microscopy Analysis Report

QuanTEM Set ID: 375558

Date Received: 01/14/25

Received By: Baylie Puga

Analyst: Cassie Sanborn

Date of Report: 1/14/2025

Methodology: NIOSH 7400, Issue 3

AIHA LAP, LLC: 101352

Client: Russell Smalley

Terracon - OKC

4701 N. Stiles Ave.

Oklahoma City, OK 73105

Acct. No.: A725

Project: Purcell Hospital Oversight

Location: Purcell OK

Project No.: 03247167

QuanTEM Sample ID	Client Sample ID	Air Volume (liters)	Fibers	Fields	Fiber Density (f/mm2)	Fiber Concentration (f/cc)	Detection Limits (f/cc)	95% LCL (f/cc)	95% UCL (f/cc)
001	95786	1140	3	100	<7	<0.0024	0.0024	N/A	N/A
002	95795	1136	2	100	<7	<0.0024	0.0024	N/A	N/A
003	95794	1132	7	100	8.9	0.0030	0.0024	0.0013	0.0068
004	95755	1128	3	100	<7	<0.0024	0.0024	N/A	N/A
005	99686	1124	103	37	350	0.12	0.0024	0.076	0.21
006	44844	1120	33	100	42	0.014	0.0024	0.0085	0.026
007	44830	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
008	95785	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
009	44852	1108	41	100	52	0.018	0.0024	0.011	0.032
010	95771	1104	38	100	48	0.017	0.0024	0.010	0.030
011	95793	1100	21	100	27	0.0094	0.0024	0.0052	0.018
012	95783	1096	2	100	<7	<0.0025	0.0025	N/A	N/A
013	44828	Blank	ND	100	N/A	N/A	N/A	N/A	N/A
014	44851	Blank	ND	100	N/A	N/A	N/A	N/A	N/A

Laboratory Sr: 0.54 for 5 to 20 fibers. 0.18 for 20 to 50 fibers. 0.14 for >50 fibers.

This report applies only to the standards or procedures indicated and to the specific samples tested. It is not indicative of the qualities of apparently identical or similar products or procedures, nor does it represent an ongoing assurance program unless so noted. These reports are for the exclusive use of the client and are not to be reproduced without specific written permission. QuanTEM is not responsible for user-supplied data used in calculation. Customer provided data such as volumes, areas, etc., cannot be verified by QuanTEM Laboratories, LLC.

Unless otherwise noted, upon receipt the condition of the sample was acceptable for analysis.

Results have been blank corrected per the NIOSH 7400 method, as applicable.

ND = None Detected



2033 HERITAGE PARK DR, OKLAHOMA CITY, OK 73120 | 1.800.822.1650

Phase Contrast Microscopy Analysis Report

QuanTEM Set ID: 375558 **Client:** Russell Smalley
Date Received: 01/14/25 **Terracon - OKC**
Received By: Baylie Puga **4701 N. Stiles Ave.**
Analyst: Cassie Sanborn **Oklahoma City, OK 73105**
Date of Report: 1/14/2025 **Acct. No.:** A725
Methodology: NIOSH 7400, Issue 3
AIHA LAP, LLC: 101352

Project: Purcell Hospital Oversight
Location: Purcell OK
Project No.: 03247167

QuanTEM Sample ID	Client Sample ID	Air Volume (liters)	Fibers	Fields	Fiber Density (f/mm2)	Fiber Concentration (f/cc)	Detection Limits (f/cc)	95% LCL (f/cc)	95% UCL (f/cc)
----------------------	---------------------	---------------------------	--------	--------	-----------------------------	----------------------------------	-------------------------------	-------------------	-------------------

375558-007, 008 Occluded sample. Amount of particulate on sample exceeds NIOSH 7400 Guidelines.

Cassie Sanborn
Authorized Signature: _____
Cassie Sanborn, Laboratory Analyst

Laboratory Sr: 0.54 for 5 to 20 fibers. 0.18 for 20 to 50 fibers. 0.14 for >50 fibers.

This report applies only to the standards or procedures indicated and to the specific samples tested. It is not indicative of the qualities of apparently identical or similar products or procedures, nor does it represent an ongoing assurance program unless so noted. These reports are for the exclusive use of the client and are not to be reproduced without specific written permission. QuanTEM is not responsible for user-supplied data used in calculation. Customer provided data such as volumes, areas, etc., cannot be verified by QuanTEM Laboratories, LLC.

Unless otherwise noted, upon receipt the condition of the sample was acceptable for analysis.

Results have been blank corrected per the NIOSH 7400 method, as applicable.

ND = None Detected



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LEGAL DOCUMENT - PLEASE PRINT LEGIBLY

Contact Information	
Company:	Terracon
Contact:	Russell Smalley
Account #:	
SAMPLED BY:	Name: Tucker Meredith
Phone:	1-855-612-8448
Cell Phone:	405-496-8576
E-mail:	Russell.Smalley@terracon.com
Date:	1-13-25

Project Information	
Project Name:	Forcell Hospital oversight
Project Location:	Forcell OK
Project ID:	03247167
P.O. Number:	

For Lab Use Only	
Lab No.	375558
<div>Accept <input checked="" type="checkbox"/> Reject <input type="checkbox"/></div>	
Report Results (one box)	
<input type="checkbox"/> Quantem Website	
<input type="checkbox"/> Email	
<input type="checkbox"/> Other	

RELINQUISHED BY	VIA	RECEIVED BY	DATE & TIME
Tucker Meredith	hand		1/14/25
Being Fung	BSA		1/14/25 11:00

REQUESTED SERVICES (Please check the appropriate boxes)

PLM		PLM	TEM	TEM	TURNAROUND TIME	
<input type="checkbox"/> Bulk Analysis (EPA 600/R-93/116)	<input type="checkbox"/> Vermiculite Attic Insulation (EPA 600/R-04/004)	<input type="checkbox"/> Air- AHERA	<input type="checkbox"/> Bulk- Presence / Absence EPA600/R-93/116	<input checked="" type="checkbox"/> Rush	<input type="checkbox"/> Same Day	
<input type="checkbox"/> 400 Point Count	<input type="checkbox"/> Other	<input type="checkbox"/> Air- NIOSH 7402	<input type="checkbox"/> Bulk- Quantitative [weight%]- Chatfield	<input type="checkbox"/> Dust- Presence / Absence	<input type="checkbox"/> 24 - Hour	
<input type="checkbox"/> 1000 Point Count		<input type="checkbox"/> Air- ISO 10312	<input type="checkbox"/> Dust- Quantitative [fibers/sq.cm]- ASTM D5755	<input type="checkbox"/> Other	<input type="checkbox"/> 3 - Day	
<input type="checkbox"/> Gravimetric Preparation	<input checked="" type="checkbox"/> PCM	<input type="checkbox"/> Drinking Water- EPA 100.2			<input type="checkbox"/> 5 - Day	
<input type="checkbox"/> Particle ID	<input checked="" type="checkbox"/> NIOSH 7400	<input type="checkbox"/> Waste Water- EPA 600/4-83-043				

No.	Sample ID (10 Characters Max)	To Be Analyzed	Color	Description	Volume / Area (as applicable)	Comments / Notes
1	95786	<input checked="" type="checkbox"/>		NW SE Hallway	2.0	S - 0730 F 1700
2	95795	<input checked="" type="checkbox"/>		S of SE Hallway	2.0	S - 0732 F 1700
3	95794	<input checked="" type="checkbox"/>		E of SE Hallway	2.0	S - 0734 F 1700
4	95785	<input checked="" type="checkbox"/>		W of SE Hallway	2.0	S - 0736 F 1700
5	99686	<input checked="" type="checkbox"/>		Change room	2.0	S - 0738 F 1700
6	14844	<input checked="" type="checkbox"/>		Exhaust	2.0	S - 0740 F 1700
7	14830	<input checked="" type="checkbox"/>		Personal	2.0	S - 0742 F 1700
8	95785	<input checked="" type="checkbox"/>		Personal	2.0	S - 0744 F 1700
9	14852	<input checked="" type="checkbox"/>		SE Hallway	2.0	S - 0746 F 1700
10	95771	<input checked="" type="checkbox"/>		Exhaust	2.0	S - 0748 F 1700



ASBESTOS CHAIN OF CUSTODY

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For Lab Use Only	
Lab No. <u>375558</u>	Accept <input checked="" type="checkbox"/> Reject <input type="checkbox"/>

Project Information		Project Name:	Project Location:			
No.	Sample ID (10 Characters Max)	To Be Analyzed <input checked="" type="checkbox"/>	Color	Description	Volume / Area (as applicable)	Comments / Notes
11	95793	<input checked="" type="checkbox"/>		Exchange	2.0	S-0750 F 1700
12	95783	<input checked="" type="checkbox"/>		used out	2.0	S-0752 F 1700
13	41828	<input checked="" type="checkbox"/>		L.B	2.0	1700
14	41851	<input checked="" type="checkbox"/>		F.B	2.0	1700
15		<input type="checkbox"/>				
16		<input type="checkbox"/>				
17		<input type="checkbox"/>				
18		<input type="checkbox"/>				
19		<input type="checkbox"/>				
20		<input type="checkbox"/>				
21		<input type="checkbox"/>				
22		<input type="checkbox"/>				
23		<input type="checkbox"/>				
24		<input type="checkbox"/>				
25		<input type="checkbox"/>				
26		<input type="checkbox"/>				
27		<input type="checkbox"/>				
28		<input type="checkbox"/>				
29		<input type="checkbox"/>				
30		<input type="checkbox"/>				



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Phase Contrast Microscopy Analysis Report

QuanTEM Set ID: 375614

Date Received: 01/15/25

Received By: Baylie Puga

Analyst: Cassie Sanborn

Date of Report: 1/15/2025

Methodology: NIOSH 7400, Issue 3

AIHA LAP, LLC: 101352

Client: Russell Smalley

Terracon - OKC

4701 N. Stiles Ave.

Oklahoma City, OK 73105

Acct. No.: A725

Project: Purcell Hospital Oversight

Location: Purcell OK

Project No.: 03247107

QuanTEM Sample ID	Client Sample ID	Air Volume (liters)	Fibers	Fields	Fiber Density (f/mm2)	Fiber Concentration (f/cc)	Detection Limits (f/cc)	95% LCL (f/cc)	95% UCL (f/cc)
001	44884	1140	1	100	<7	<0.0024	0.0024	N/A	N/A
002	44838	1136	ND	100	<7	<0.0024	0.0024	N/A	N/A
003	44891	1132	2	100	<7	<0.0024	0.0024	N/A	N/A
004	44878	1124	3	100	<7	<0.0024	0.0024	N/A	N/A
005	44827	1120	29	100	37	0.013	0.0024	0.0073	0.023
006	44839	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
007	44846	1112	1	100	<7	<0.0024	0.0024	N/A	N/A
008	44829	1108	22	100	28	0.0097	0.0024	0.0055	0.018
009	44842	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
010	44835	1100	14	100	18	0.0062	0.0024	0.0033	0.012
011	44832	1096	11	100	14	0.0049	0.0025	0.0024	0.010
012	44855	1092	3	100	<7	<0.0025	0.0025	N/A	N/A
013	44847	Blank	ND	100	N/A	N/A	N/A	N/A	N/A
014	44833	Blank	ND	100	N/A	N/A	N/A	N/A	N/A

Laboratory Sr: 0.54 for 5 to 20 fibers. 0.18 for 20 to 50 fibers. 0.14 for >50 fibers.

This report applies only to the standards or procedures indicated and to the specific samples tested. It is not indicative of the qualities of apparently identical or similar products or procedures, nor does it represent an ongoing assurance program unless so noted. These reports are for the exclusive use of the client and are not to be reproduced without specific written permission. QuanTEM is not responsible for user-supplied data used in calculation. Customer provided data such as volumes, areas, etc., cannot be verified by QuanTEM Laboratories, LLC.

Unless otherwise noted, upon receipt the condition of the sample was acceptable for analysis.

Results have been blank corrected per the NIOSH 7400 method, as applicable.

ND = None Detected



2033 HERITAGE PARK DR, OKLAHOMA CITY, OK 73120 | 1.800.822.1650

Phase Contrast Microscopy Analysis Report

QuanTEM Set ID: 375614 **Client:** Russell Smalley
Date Received: 01/15/25 **Terracon - OKC**
Received By: Baylie Puga **4701 N. Stiles Ave.**
Analyst: Cassie Sanborn **Oklahoma City, OK 73105**
Date of Report: 1/15/2025 **Acct. No.:** A725
Methodology: NIOSH 7400, Issue 3
AIHA LAP, LLC: 101352

Project: Purcell Hospital Oversight
Location: Purcell OK
Project No.: 03247107

QuanTEM Sample ID	Client Sample ID	Air Volume (liters)	Fibers	Fields	Fiber Density (f/mm2)	Fiber Concentration (f/cc)	Detection Limits (f/cc)	95% LCL (f/cc)	95% UCL (f/cc)
----------------------	---------------------	---------------------------	--------	--------	-----------------------------	----------------------------------	-------------------------------	-------------------	-------------------

375614-006, 009 Occluded sample. Amount of particulate on sample exceeds NIOSH 7400 Guidelines.

Cassie Sanborn
Authorized Signature: _____
Cassie Sanborn, Laboratory Analyst

Laboratory Sr: 0.54 for 5 to 20 fibers. 0.18 for 20 to 50 fibers. 0.14 for >50 fibers.

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Unless otherwise noted, upon receipt the condition of the sample was acceptable for analysis.

Results have been blank corrected per the NIOSH 7400 method, as applicable.

ND = None Detected



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Contact Information		Project Information	
Company: <u>Terracon</u>	Phone: <u>5105-612-8140</u>	Project Name: <u>Forest Hospital Oversight</u>	Report Results <input checked="" type="checkbox"/> one box
Contact: <u>Russell Smalley</u>	Cell Phone: <u>905-146-9526</u>	Project Location: <u>Forest Hill</u>	<input type="checkbox"/> QuanTEM Website
Account #: _____	E-mail: <u>l.smalley@terracon.com</u>	Project ID: <u>03247107</u>	<input type="checkbox"/> Email _____
SAMPLED BY: _____	Date: <u>10/14/25</u>	P.O. Number: _____	<input type="checkbox"/> Other _____

RELINQUISHED BY	DATE & TIME	VIA	RECEIVED BY	DATE & TIME
<u>Tucker Mendith</u>	<u>1-15-25</u>	<u>hand</u>	<u>[Signature]</u>	<u>1/15/25 11:48</u>
<u>Joely Hoxby</u>	<u>1-15-25 11:48</u>			

REQUESTED SERVICES (Please ☒ the Appropriate Boxes)

PLM		PLM		TEM		TEM		TURNAROUND TIME	
<input type="checkbox"/> Bulk Analysis (EPA 600/R-93/116)	<input type="checkbox"/> Vermiculite Attic Insulation (EPA 600/R-04/004)	<input type="checkbox"/> Air- AHERA	<input type="checkbox"/> Air- NIOSH 7402	<input type="checkbox"/> Bulk- Presence / Absence EPA600/R-93/116	<input checked="" type="checkbox"/> Rush	<input type="checkbox"/> Bulk- Quantitative [weight%]- Chatfield	<input type="checkbox"/> Same Day	<input type="checkbox"/> 24 - Hour	<input type="checkbox"/> 3 - Day
<input type="checkbox"/> 400 Point Count	<input type="checkbox"/> Other	<input type="checkbox"/> Air- ISO 10312	<input type="checkbox"/> Drinking Water- EPA 100.2	<input type="checkbox"/> Dust- Presence / Absence	<input type="checkbox"/> 5 - Day	<input type="checkbox"/> Dust- Quantitative [fibers/sq.cm]- ASTM D5755			
<input type="checkbox"/> 1000 Point Count	<input checked="" type="checkbox"/> PCM	<input type="checkbox"/> Waste Water- EPA 600/4-83-043		<input type="checkbox"/> Other					
<input type="checkbox"/> Gravimetric Preparation									
<input type="checkbox"/> Particle ID									

No.	Sample ID (10 Characters Max)	To Be Analyzed <input checked="" type="checkbox"/>	Description	Volume / Area (as applicable)	Comments / Notes
1	114089	<input checked="" type="checkbox"/>	N of SE Hallway	2.0	S - 0730 F - 1700
2	1140838	<input checked="" type="checkbox"/>	S of SE Hallway	2.0	S - 0730 F - 1700
3	1140891	<input checked="" type="checkbox"/>	E of SE Hallway	2.0	S - 0730 F - 1700
4	1140878	<input checked="" type="checkbox"/>	W of SE Hallway	2.0	S - 0730 F - 1700
5	1140827	<input checked="" type="checkbox"/>	Change Room	2.0	S - 0730 F - 1700
6	1140839	<input checked="" type="checkbox"/>	Exhaust	2.0	S - 0730 F - 1700
7	1140846	<input checked="" type="checkbox"/>	Personal	2.0	S - 0730 F - 1700
8	1140829	<input checked="" type="checkbox"/>	Personal	2.0	S - 0730 F - 1700
9	1140842	<input checked="" type="checkbox"/>	SE Hallway	2.0	S - 0730 F - 1700
10	1140835	<input checked="" type="checkbox"/>	Exhaust	2.0	S - 0730 F - 1700



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For Lab Use Only	
Lab No. <u>375614</u>	<input checked="" type="radio"/> Accept <input type="radio"/> Reject

Project Information				Project Location:		
Company:		Project Name:				
No.	Sample ID (10 Characters Max)	To Be Analyzed	Color	Description	Volume / Area (as applicable)	Comments / Notes
11	111832	<input checked="" type="checkbox"/>		Exhaust	2.0	S-0752 F-1700
12	114885	<input checked="" type="checkbox"/>		load out	2.0	S-0751 F-1700
13	114847	<input checked="" type="checkbox"/>		LB	/	1700
14	114833	<input checked="" type="checkbox"/>		FB	/	1700
15		<input type="checkbox"/>				
16		<input type="checkbox"/>				
17		<input type="checkbox"/>				
18		<input type="checkbox"/>				
19		<input type="checkbox"/>				
20		<input type="checkbox"/>				
21		<input type="checkbox"/>				
22		<input type="checkbox"/>				
23		<input type="checkbox"/>				
24		<input type="checkbox"/>				
25		<input type="checkbox"/>				
26		<input type="checkbox"/>				
27		<input type="checkbox"/>				
28		<input type="checkbox"/>				
29		<input type="checkbox"/>				
30		<input type="checkbox"/>				



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Phase Contrast Microscopy Analysis Report

QuanTEM Set ID: 375643

Date Received: 01/16/25

Received By: Baylie Puga

Analyst: Cassie Sanborn

Date of Report: 1/16/2025

Methodology: NIOSH 7400, Issue 3

AIHA LAP, LLC: 101352

Client: Russell Smalley

Terracon - OKC

4701 N. Stiles Ave.

Oklahoma City, OK 73105

Acct. No.: A725

Project: Purcell Hospital Oversight

Location: Purcell OK

Project No.: 03247167

QuanTEM Sample ID	Client Sample ID	Air Volume (liters)	Fibers	Fields	Fiber Density (f/mm2)	Fiber Concentration (f/cc)	Detection Limits (f/cc)	95% LCL (f/cc)	95% UCL (f/cc)
001	44864	1140	1	100	<7	<0.0024	0.0024	N/A	N/A
002	44870	1136	2	100	<7	<0.0024	0.0024	N/A	N/A
003	44863	1132	1	100	<7	<0.0024	0.0024	N/A	N/A
004	44859	1128	2	100	<7	<0.0024	0.0024	N/A	N/A
005	44892	1124	16	100	20	0.0070	0.0024	0.0037	0.014
006	44848	1120	ND	100	<7	<0.0024	0.0024	N/A	N/A
007	44843	1116	3	100	<7	<0.0024	0.0024	N/A	N/A
008	44841	1112	1	100	<7	<0.0024	0.0024	N/A	N/A
009	44840	1108	ND	100	<7	<0.0024	0.0024	N/A	N/A
010	44837	1104	3	100	<7	<0.0024	0.0024	N/A	N/A
011	44834	1100	2	100	<7	<0.0024	0.0024	N/A	N/A
012	44849	1096	1	100	<7	<0.0025	0.0025	N/A	N/A
013	44836	Blank	ND	100	N/A	N/A	N/A	N/A	N/A
014	44831	Blank	ND	100	N/A	N/A	N/A	N/A	N/A

Laboratory Sr: 0.54 for 5 to 20 fibers. 0.18 for 20 to 50 fibers. 0.14 for >50 fibers.

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Unless otherwise noted, upon receipt the condition of the sample was acceptable for analysis.

Results have been blank corrected per the NIOSH 7400 method, as applicable.

ND = None Detected



2033 HERITAGE PARK DR, OKLAHOMA CITY, OK 73120 | 1.800.822.1650

Phase Contrast Microscopy Analysis Report

QuanTEM Set ID: 375643
Date Received: 01/16/25
Received By: Baylie Puga
Analyst: Cassie Sanborn
Date of Report: 1/16/2025
Methodology: NIOSH 7400, Issue 3
AIHA LAP, LLC: 101352

Client: Russell Smalley
Terracon - OKC
4701 N. Stiles Ave.
Oklahoma City, OK 73105

Acct. No.: A725

Project: Purcell Hospital Oversight
Location: Purcell OK
Project No.: 03247167

QuanTEM Sample ID	Client Sample ID	Air Volume (liters)	Fibers	Fields	Fiber Density (f/mm ²)	Fiber Concentration (f/cc)	Detection Limits (f/cc)	95% LCL (f/cc)	95% UCL (f/cc)
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Authorized Signature: _____

Cassie Sanborn

Cassie Sanborn, Laboratory Analyst

Laboratory Sr: 0.54 for 5 to 20 fibers. 0.18 for 20 to 50 fibers. 0.14 for >50 fibers.

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Unless otherwise noted, upon receipt the condition of the sample was acceptable for analysis.

Results have been blank corrected per the NIOSH 7400 method, as applicable.

ND = None Detected



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LEGAL DOCUMENT - PLEASE PRINT LEGIBLY

Contact Information		Project Information	
Company: <u>Tetracon</u>	Phone: <u>405-612-8948</u>	Project Name: <u>Russell Smalley</u>	Report Results (one box) <input checked="" type="checkbox"/> Quantem Website
Contact: <u>Russell Smalley</u>	Cell Phone: <u>405-496-5526</u>	Project Location: <u>Ascell Co</u>	Email: _____
Account #: _____	E-mail: <u>Russell.Smalley@tetracon.com</u>	Project ID: <u>07247107</u>	Other: _____
SAMPLED BY: Name: <u>Tucker Mendith</u>	Date: <u>1-18-25</u>	P.O. Number: _____	

RELINQUISHED BY	DATE & TIME	VIA	RECEIVED BY	DATE & TIME
<u>[Signature]</u>	<u>1/16/21 12</u>	<u>Rush</u>	<u>[Signature]</u>	<u>1/16/25 9:05</u>

REQUESTED SERVICES (Please check the appropriate boxes)

	PLM	PLM		PLM	TEM		TEM	TURNAROUND TIME	
		Bulk Analysis (EPA 600/R-93/116)	Vermiculite Attic Insulation (EPA 600/R-04/004)		Air- AHERA	Air- NIOSH 7402		Bulk- Presence / Absence EPA600/R-93/116	Rush
<input type="checkbox"/>	400 Point Count	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Same Day
<input type="checkbox"/>	1000 Point Count	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	24 - Hour
<input type="checkbox"/>	Gravimetric Preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 - Day
<input type="checkbox"/>	Particle ID	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5 - Day

No.	Sample ID (10 Characters Max)	To Be Analyzed	Color	Description	Volume / Area (as applicable)	Comments / Notes
1	114864	<input checked="" type="checkbox"/>		Not SE Hallway	2.0	S-0730 F 1700
2	114870	<input checked="" type="checkbox"/>		Not SE Hallway	2.0	S-0732 F 1700
3	114863	<input checked="" type="checkbox"/>		E of SE Hallway	2.0	S-0734 F 1700
4	114859	<input checked="" type="checkbox"/>		W of SE Hallway	2.0	S-0736 F 1700
5	114892	<input checked="" type="checkbox"/>		Change room	2.0	S-0738 F 1700
6	114890	<input checked="" type="checkbox"/>		Exhaust	2.0	S-0740 F 1700
7	114843	<input checked="" type="checkbox"/>		Personal	2.0	S-0742 F 1700
8	114841	<input checked="" type="checkbox"/>		Personal	2.0	S-0744 F 1700
9	114840	<input checked="" type="checkbox"/>		SE Hallway	2.0	S-0746 F 1700
10	114837	<input checked="" type="checkbox"/>		Exhaust	2.0	S-0748 F 1700

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LEGAL DOCUMENT - PLEASE PRINT LEGIBLY

For Lab Use Only	
Lab No. 375643	Accept <input checked="" type="checkbox"/> Reject <input type="checkbox"/>

Project Information		Project Name:		Project Location:		
No.	Sample ID (10 Characters Max)	To Be Analyzed <input checked="" type="checkbox"/>	Color	Description	Volume / Area (as applicable)	Comments / Notes
11	44834	<input checked="" type="checkbox"/>		Exhaust	2.0	S-0750 F-1700
12	44834	<input checked="" type="checkbox"/>		Load Out	2.0	S-0752 F-1700
13	4483C	<input checked="" type="checkbox"/>		LB	1	F-1700
14	44831	<input checked="" type="checkbox"/>		FB	1	F-1700
15		<input type="checkbox"/>				
16		<input type="checkbox"/>				
17		<input type="checkbox"/>				
18		<input type="checkbox"/>				
19		<input type="checkbox"/>				
20		<input type="checkbox"/>				
21		<input type="checkbox"/>				
22		<input type="checkbox"/>				
23		<input type="checkbox"/>				
24		<input type="checkbox"/>				
25		<input type="checkbox"/>				
26		<input type="checkbox"/>				
27		<input type="checkbox"/>				
28		<input type="checkbox"/>				
29		<input type="checkbox"/>				
30		<input type="checkbox"/>				

ENVIRONMENTAL ACTION INC.

February 10, 2025

Oklahoma Department of Labor
3017 N. Stiles, Suite 100
Oklahoma City, OK 73105

RE: 24-0614 Former Purcell Hospital

The following documents are enclosed for your records:

- Air monitoring results
- Waste disposal manifest

Please call if you need any additional information to complete your file.

Sincerely,
ENVIRONMENTAL ACTION, INC.

Darwin Chesnut
President

ENCLOSURES

Tulsa Office: P.O. Box 1029 • Jenks, OK 74037 • (918) 298-4080

OKC Office: 1644 NW 5th Street • Oklahoma City, OK 73106 • (405) 684-8900



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number LTC0117F		c. Page 1 of 1	
d. Generator's Name and Location: old Purcell Hospital 1500 N. Green Purcell, OK 730990 f. Phone:		e. Generator's Mailing Address: same g. Phone:			
If owner of the generating facility differs from the generator, provide:		h. Owner's Name:			
j. Waste Profile #		k. Exp. Date	l. Waste Shipping Name and Description		i. Owner's Phone No.:
4061239956	7/12/26	Friable Asbestos		m. Containers No. Type 1 r/o	n. Total Quantity 25 o. Unit Wt/Vol yd. 3
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.					
Juan Prieto		p. Generator Authorized Agent Name (Print)		q. Signature	r. Date

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Lowder Transportation Co., Inc. P. O. Box 307 Shawnee, OK 74802 b. Phone: 405-615-4075		7.44 tons 1732702	
Tom Lowder, Driver	c. Driver Name (Print)	d. Signature	e. Date

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Southeast OKC Landfill 7001 S. Bryant Ave. OKC, OK 73149 b. Phone: 405.672.7379		c. US EPA Number	d. Discrepancy Indication Space:
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)	f. Signature	g. Date	

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: Environmental Action, Inc. P. O. Box 1029 Jenks, OK 74037 b. Phone: 918-298-4080		c. Responsible Agency Name and Address: ODEQ 707 N. Robinson OKC, OK 73101 d. Phone: 405-247-6601	
e. Special Handling Instructions and Additional Information:			
f. <input checked="" type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both 100 % Friable % Non-Friable			
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.			
Juan Prieto, Super.		h. Signature	
g. Operator's Name and Title (Print)		i. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is NOT asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number LTC0115F		c. Page 1 of 1	
d. Generator's Name and Location: old Purcell Hospital 1500 N. Green Purcell, OK 730990 f. Phone:			e. Generator's Mailing Address: same g. Phone:		
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No. Type		n. Total Quantity
4061239956	7/12/26	Friable Asbestos	1	r/o	40
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.					
p. Generator Authorized Agent Name (Print) Juan Prieto		q. Signature <i>Juan Prieto</i>		r. Date 1-13-25	

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Lowder Transportation Co., Inc. P. O. Box 307 Shawnee, OK 74802 b. Phone: 405-615-4075		6.60 TONS 1731330 1-13-25	
c. Driver Name (Print) Tom Lowder, Driver	d. Signature <i>Tom Lowder</i>	e. Date 1-13-25	

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Southeast OKC Landfill 7001 S. Bryant Ave. OKC, OK 73149 b. Phone: 405.672.7379		c. US EPA Number	d. Discrepancy Indication Space:
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print) <i>Juan Prieto</i>		f. Signature <i>Juan Prieto</i>	g. Date 1/15/25

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: Environmental Action, Inc. P. O. Box 1029 Jenks, OK 74037 b. Phone: 918-298-4080		c. Responsible Agency Name and Address: ODEQ 707 N. Robinson OKC, OK 73101 d. Phone: 405-247-6601	
e. Special Handling Instructions and Additional Information:			
f. <input checked="" type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both 100 % Friable % Non-Friable			
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print) Juan Prieto, Super.		h. Signature <i>Juan Prieto</i>	
		i. Date 1-13-25	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is NOT asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number LTC0114F		c. Page 1 of 1	
d. Generator's Name and Location: old Purcell Hospital 1500 N. Green Purcell, OK 730990			e. Generator's Mailing Address: same		
f. Phone:			g. Phone:		
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	n. Total Quantity	o. Unit Wt/Vol
4061239956	7/12/26	Friable Asbestos	1	40	yd. 3

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

p. Generator Authorized Agent Name (Print) Juan Prieto		q. Signature <i>Juan Prieto</i>	r. Date 1-9-25
---	--	------------------------------------	-------------------

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Lowder Transportation Co., Inc. P. O. Box 307 Shawnee, OK 74802			b. Phone: 405-615-4075		
c. Driver Name (Print) Tom Lowder, Driver			d. Signature <i>Tom Lowder</i>	e. Date 1-9-25	

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Southeast OKC Landfill 7001 S. Bryant Ave. OKC, OK 73149		b. Phone: 405.672.7379	c. US EPA Number	d. Discrepancy Indication Space:
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.				
e. Name of Authorized Agent (Print) Chadwick Johnson		f. Signature <i>Chadwick Johnson</i>		g. Date 1/15/25

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: Environmental Action, Inc. P. O. Box 1029 Jenks, OK 74037		b. Phone: 918-298-4080		c. Responsible Agency Name and Address: ODEQ 707 N. Robinson OKC, OK 73101	
d. Phone: 405-247-6601					
e. Special Handling Instructions and Additional Information:					
f. <input checked="" type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both 100 % Friable % Non-Friable					
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.					
g. Operator's Name and Title (Print) Juan Prieto, Super.		h. Signature <i>Juan Prieto</i>		i. Date 1-9-25	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both					



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number LTC0113F		c. Page 1 of 1	
d. Generator's Name and Location: old Purcell Hospital 1500 N. Green Purcell, OK 730990 f. Phone:			e. Generator's Mailing Address: same g. Phone:		
If owner of the generating facility differs from the generator, provide: h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No. Type	n. Total Quantity	o. Unit Wt/Vol
4061239956	7/12/26	Friable Asbestos	1 r/o	305	yd. 3

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

Juan Prieto	<i>Juan Prieto</i>	6-8-24
p. Generator Authorized Agent Name (Print)	q. Signature	r. Date

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Lowder Transportation Co., Inc. P. O. Box 307 Shawnee, OK 74802 b. Phone: 405-615-4075		
Tom Lowder, Driver	<i>Tom Lowder</i>	1-2-24
c. Driver Name (Print)	d. Signature	e. Date

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Southeast OKC Landfill 7001 S. Bryant Ave. OKC, OK 73149 b. Phone: 405.672.7379		c. US EPA Number	d. Discrepancy Indication Space:
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)	f. Signature	g. Date	

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: Environmental Action, Inc. P. O. Box 1029 Jenks, OK 74037 b. Phone: 918-298-4080		c. Responsible Agency Name and Address: ODEQ 707 N. Robinson OKC, OK 73101 d. Phone: 405-247-6601	
e. Special Handling Instructions and Additional Information:			
f. <input checked="" type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both 100 % Friable % Non-Friable			
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.			
Juan Prieto, Super.	<i>Juan Prieto</i>	1-8-24	
g. Operator's Name and Title (Print)	h. Signature	i. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is NOT asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number LTC0108F		c. Page 1 of 1	
d. Generator's Name and Location: old Purcell Hospital 1500 N> Green Purcell, OK 730990			e. Generator's Mailing Address: same		
f. Phone:			g. Phone:		
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	n. Total Quantity	o. Unit Wt/Vol
4061239956	7/12/26	Friable Asbestos	1	40	yd. 3
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations, AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.					
Juan Prieto		Signature		1-1-25	
p. Generator Authorized Agent Name (Print)		q. Signature		r. Date	

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Lowder Transportation Co., Inc. P. O. Box 307 Shawnee, OK 74802			2. 50 Yards 172965		
b. Phone: 405-615-4075					
Tom Lowder, Driver		Signature		1-1-25	
c. Driver Name (Print)		d. Signature		e. Date	

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Southeast OKC Landfill 7001 S. Bryant Ave. OKC, OK 73149		c. US EPA Number		d. Discrepancy Indication Space:	
b. Phone: 405.672.7379					
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.					
Signature		Signature		1/7/25	
e. Name of Authorized Agent (Print)		f. Signature		g. Date	

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: Environmental Action, Inc. P. O. Box 1029 Jenks, OK 74037		c. Responsible Agency Name and Address: ODEQ 707 N. Robinson OKC, OK 73101	
b. Phone: 918-298-4080		d. Phone: 405-247-6601	
e. Special Handling Instructions and Additional Information:			
f. <input checked="" type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both 100 % Friable % Non-Friable			
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.			
Juan Prieto, Super.		Signature	
g. Operator's Name and Title (Print)		h. Signature	
		i. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number LTC0112F		c. Page 1 of 1 3		
d. Generator's Name and Location: old Purcell Hospital 1500 N. Green Purcell, OK 730990			e. Generator's Mailing Address: same			
f. Phone:			g. Phone:			
If owner of the generating facility differs from the generator, provide:						
h. Owner's Name:			i. Owner's Phone No.:			
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	Type	n. Total Quantity	o. Unit Wt/Vol
4061239956	7/12/26	Friable Asbestos	1	r/o	4-0	yd. 3
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.						
Juan Prieto		Signature		1-6-24		
p. Generator Authorized Agent Name (Print)		q. Signature		r. Date		

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Lowder Transportation Co., Inc. P. O. Box 307 Shawnee, OK 74802		
b. Phone: 405-615-4075		
Tom Lowder, Driver		Signature
c. Driver Name (Print)	d. Signature	e. Date 1-8-24

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Southeast OKC Landfill 7001 S. Bryant Ave. OKC, OK 73149		c. US EPA Number	d. Discrepancy Indication Space:
b. Phone: 405.672.7379			
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print) Charles Anderson		f. Signature	g. Date 1/15/25

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: Environmental Action, Inc. P. O. Box 1029 Jenks, OK 74037		c. Responsible Agency Name and Address: ODEQ 707 N. Robinson OKC, OK 73101	
b. Phone: 918-298-4080		d. Phone: 405-247-6601	
e. Special Handling Instructions and Additional Information:			
f. <input checked="" type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both 100 % Friable % Non-Friable			
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.			
Juan Prieto, Super.		Signature	
g. Operator's Name and Title (Print)		h. Signature	
		i. Date 1-6-24	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV
If waste is **NOT** asbestos waste, complete Sections I, II and III

I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number LTC0111F		c. Page 1 of 1 2		
d. Generator's Name and Location: old Purcell Hospital 1500 N. Green Purcell, OK 730990 f. Phone:			e. Generator's Mailing Address: same g. Phone:			
If owner of the generating facility differs from the generator, provide:						
h. Owner's Name:			i. Owner's Phone No.:			
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description		m. Containers No. Type	n. Total Quantity	o. Unit Wt/Vol
4061239956	7/12/26	Friable Asbestos		1 r/o	40	yd. 3

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

Juan Prieto	<i>Juan Prieto</i>	1-4-24
p. Generator Authorized Agent (Print)	q. Signature	r. Date

II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: Lowder Transportation Co., Inc. P. O. Box 307 Shawnee, OK 74802 b. Phone: 405-615-4075			4.85 TONS 1730284		
Tom Lowder, Driver	<i>Tom Lowder</i>	1-4-24			
c. Driver Name (Print)	d. Signature	e. Date			

III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Southeast OKC Landfill 7001 S. Bryant Ave. OKC, OK 73149 b. Phone: 405.672.7379		c. US EPA Number	d. Discrepancy Indication Space:
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
<i>Maclene Anderson</i>	<i>Maclene Anderson</i>	1/8/25	
e. Name of Authorized Agent (Print)	f. Signature	g. Date	

IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address: Environmental Action, Inc. P. O. Box 1029 Jenks, OK 74037 b. Phone: 918-298-4080		c. Responsible Agency Name and Address: ODEQ 707 N. Robinson OKC, OK 73101 d. Phone: 405-247-6601	
e. Special Handling Instructions and Additional Information:			
f. <input checked="" type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both 100 % Friable % Non-Friable			
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.			
Juan Prieto, Super.	<i>Juan Prieto</i>	1-4-24	
g. Operator's Name and Title (Print)	h. Signature	i. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



2033 HERITAGE PARK DR, OKLAHOMA CITY, OK 73120 | 1.800.822.1650

Phase Contrast Microscopy Analysis Report

Quantem Set ID: 375101
Date Received: 12/18/24
Received By: Baylie Longstreth
Analyst: Cassie Sanborn
Date of Report: 12/18/2024
Methodology: NIOSH 7400, Issue 3
AIHA LAP, LLC: 101352

Client: Russell Smalley
Terracon - OKC
4701 N. Stiles Ave.
Oklahoma City, OK 73105

Acct. No.: A725

Project: Purcell Hospital Abatement Oversight
Location: Purcell OK
Project No.: 03247167

Quantem Sample ID	Client Sample ID	Air Volume (liters)	Fibers	Fields	Fiber Density (f/mm2)	Fiber Concentration (f/cc)	Detection Limits (f/cc)	95% LCL (f/cc)	95% UCL (f/cc)
001	30176	660	2	100	<7	<0.0041	0.0041	N/A	N/A
002	30180	656	2	100	<7	<0.0041	0.0041	N/A	N/A
003	30095	652	3	100	<7	<0.0041	0.0041	N/A	N/A
004	30118	648	1	100	<7	<0.0042	0.0042	N/A	N/A
005	30122	644	17	100	22	0.013	0.0042	0.0070	0.025
006	30097	636	4	100	<7	<0.0042	0.0042	N/A	N/A
007	30174	632	1	100	<7	<0.0043	0.0043	N/A	N/A
008	30123	620	100	52	240	0.15	0.0043	0.095	0.26
009	30139	616	100	31	410	0.26	0.0044	0.16	0.44
010	30168	610	100	36	350	0.22	0.0044	0.14	0.39
011	30186	600	100	29	440	0.28	0.0045	0.18	0.49
012	30158	Blank	ND	100	N/A	N/A	N/A	N/A	N/A
013	30187	Blank	ND	100	N/A	N/A	N/A	N/A	N/A
014	30147	628	100	33	390	0.24	0.0043	0.15	0.41

Laboratory Sr: 0.54 for 5 to 20 fibers. 0.18 for 20 to 50 fibers. 0.14 for >50 fibers.

This report applies only to the standards or procedures indicated and to the specific samples tested. It is not indicative of the qualities of apparently identical or similar products or procedures, nor does it represent an ongoing assurance program unless so noted. These reports are for the exclusive use of the client and are not to be reproduced without specific written permission. Quantem is not responsible for user-supplied data used in calculation. Customer provided data such as volumes, areas, etc., cannot be verified by Quantem Laboratories, LLC.

Unless otherwise noted, upon receipt the condition of the sample was acceptable for analysis.

Results have been blank corrected per the NIOSH 7400 method, as applicable.

ND = None Detected



2033 HERITAGE PARK DR, OKLAHOMA CITY, OK 73120 | 1.800.822.1650

Phase Contrast Microscopy Analysis Report

Quantem Set ID: 375101
Date Received: 12/18/24
Received By: Baylie Longstreth
Analyst: Cassie Sanborn
Date of Report: 12/18/2024
Methodology: NIOSH 7400, Issue 3
AIHA LAP, LLC: 101352

Client: Russell Smalley
Terracon - OKC
4701 N. Stiles Ave.
Oklahoma City, OK 73105

Acct. No.: A725

Project: Purcell Hospital Abatement Oversight
Location: Purcell OK
Project No.: 03247167

Quantem Sample ID	Client Sample ID	Air Volume (liters)	Fibers	Fields	Fiber Density (f/mm ²)	Fiber Concentration (f/cc)	Detection Limits (f/cc)	95% LCL (f/cc)	95% UCL (f/cc)
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Authorized Signature: _____

Cassie Sanborn, Laboratory Analyst

Laboratory Sr: 0.54 for 5 to 20 fibers. 0.18 for 20 to 50 fibers. 0.14 for >50 fibers.

This report applies only to the standards or procedures indicated and to the specific samples tested. It is not indicative of the qualities of apparently identical or similar products or procedures, nor does it represent an ongoing assurance program unless so noted. These reports are for the exclusive use of the client and are not to be reproduced without specific written permission. Quantem is not responsible for user-supplied data used in calculation. Customer provided data such as volumes, areas, etc., cannot be verified by Quantem Laboratories, LLC.

Unless otherwise noted, upon receipt the condition of the sample was acceptable for analysis.

Results have been blank corrected per the NIOSH 7400 method, as applicable.

ND = None Detected

ASBESTOS CHAIN OF CUSTODY

2033 Heritage Park Drive, Oklahoma City, OK 73120-7502
(800) 822-1650 • (405) 755-7272 • Fax: (405) 755-2058

Page 1 of 2

LEGAL DOCUMENT - PLEASE PRINT LEGIBLY

For Lab Use Only

Lab No. 375101

Accept ☒ Reject ☐

Contact Information		Project Information		Report Results (<input checked="" type="checkbox"/> one box)
Company: <u>Terracan</u>	Phone:	Project Name: <u>Purcell Hospital Abatement</u>	<input type="checkbox"/> QuantEM Website	
Contact: <u>Russell Smalley</u>	Cell Phone: <u>405-496-9526</u>	Project Location: <u>Purcell OK</u>		
Account #:	E-mail:	Project ID: <u>03247167</u>		
SAMPLED BY: Name: <u>Tucker Mendith</u>	Date: <u>12/17/24</u>	P.O. Number:	<input type="checkbox"/> Email _____	
			<input type="checkbox"/> Other _____	

RELINQUISHED BY	DATE & TIME	VIA	RECEIVED BY	DATE & TIME
<u>Brian Cury</u>	<u>12/18/24 11:01</u>	<u>hand</u>	<u>[Signature]</u>	<u>12/18/24 11:00</u>

REQUESTED SERVICES (Please ☒ the Appropriate Boxes)

PLM	PLM	TEM	TEM	TURNAROUND TIME
<input type="checkbox"/> Bulk Analysis (EPA 600/R-93/116)	<input type="checkbox"/> Vermiculite Attic Insulation (EPA 600/R-04/004)	<input type="checkbox"/> Air- AHERA	<input type="checkbox"/> Bulk- Presence / Absence EPA600/R-93/116	<input checked="" type="checkbox"/> Rush
<input type="checkbox"/> 400 Point Count	<input type="checkbox"/> Other	<input type="checkbox"/> Air- NIOSH 7402	<input type="checkbox"/> Bulk- Quantitative [weight%]- Chatfield	<input type="checkbox"/> Same Day
<input type="checkbox"/> 1000 Point Count		<input type="checkbox"/> Air- ISO 10312	<input type="checkbox"/> Dust- Presence / Absence	<input type="checkbox"/> 24 - Hour
<input type="checkbox"/> Gravimetric Preparation	PCM	<input type="checkbox"/> Drinking Water- EPA 100.2	<input type="checkbox"/> Dust- Quantitative [fibers/sq.cm]- ASTM D5755	<input type="checkbox"/> 3 - Day
<input type="checkbox"/> Particle ID	<input checked="" type="checkbox"/> NIOSH 7400	<input type="checkbox"/> Waste Water- EPA 600/4-83-043	<input type="checkbox"/> Other	<input type="checkbox"/> 5 - Day

No.	Sample ID (10 Characters Max)	<input checked="" type="checkbox"/> To Be Analyzed	Color	Description	Volume / Area (as applicable)	Comments / Notes
1	30176	<input checked="" type="checkbox"/>		NOR SE hallway	2 LPM ^{EP}	
2	30180	<input checked="" type="checkbox"/>		SOF SE hallway		
3	30095	<input checked="" type="checkbox"/>		E of SE hallway		
4	30118	<input checked="" type="checkbox"/>		W of SE hallway		
5	30122	<input checked="" type="checkbox"/>		Change room		
6	30097	<input checked="" type="checkbox"/>		Load out		
7	30174	<input checked="" type="checkbox"/>		Exhaust		
8	30123	<input checked="" type="checkbox"/>		personal		
9	30139	<input checked="" type="checkbox"/>		personal		
10	30168	<input checked="" type="checkbox"/>		Exhaust		

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Page 2 of 2

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Lab No. 375101
☒ Accept ☐ Reject

Contact Information		Project Information	
Company: <u>Terracon</u>	Phone:	Project Name: <u>Purcell Hospital Abatement oversight</u>	
Contact: <u>Russell Smalley</u>	Cell Phone: <u>405-496-9526</u>	Project Location: <u>Purcell OK</u>	
Account #:	E-mail:	Project ID: <u>03247667</u>	
SAMPLED BY: Name: <u>Tucker Meredith</u>	Date: <u>12/17/24</u>	P.O. Number:	

Report Results (☒ one box)

☐ QuanTEM Website
☐ Email _____
☐ Other _____

RELINQUISHED BY	DATE & TIME	VIA	RECEIVED BY	DATE & TIME

REQUESTED SERVICES (Please ☒ the Appropriate Boxes)

PLM	PLM	TEM	TEM	TURNAROUND TIME
<input type="checkbox"/> Bulk Analysis (EPA 600/R-93/116)	<input type="checkbox"/> Vermiculite Attic Insulation (EPA 600/R-04/004)	<input type="checkbox"/> Air- AHERA	<input type="checkbox"/> Bulk- Presence / Absence EPA600/R-93/116	<input checked="" type="checkbox"/> Rush
<input type="checkbox"/> 400 Point Count	<input type="checkbox"/> Other	<input type="checkbox"/> Air- NIOSH 7402	<input type="checkbox"/> Bulk- Quantitative [weight%]- Chatfield	<input type="checkbox"/> Same Day
<input type="checkbox"/> 1000 Point Count		<input type="checkbox"/> Air- ISO 10312	<input type="checkbox"/> Dust- Presence / Absence	<input type="checkbox"/> 24 - Hour
<input type="checkbox"/> Gravimetric Preparation		<input type="checkbox"/> Drinking Water- EPA 100.2	<input type="checkbox"/> Dust- Quantitative [fibers/sq.cm]- ASTM D5755	<input type="checkbox"/> 3 - Day
<input type="checkbox"/> Particle ID	<input checked="" type="checkbox"/> NIOSH 7400	<input type="checkbox"/> Waste Water- EPA 600/4-83-043	<input type="checkbox"/> Other	<input type="checkbox"/> 5 - Day

No.	Sample ID (10 Characters Max)	<input checked="" type="checkbox"/> To Be Analyzed	Color	Description	Volume / Area (as applicable)	Comments / Notes
11	30186	<input checked="" type="checkbox"/>		Exhaust		
12	30158	<input checked="" type="checkbox"/>		Field Blk		
13	30187	<input checked="" type="checkbox"/>		Lab Blk		
14	30147	<input checked="" type="checkbox"/>		S E hallway		
5		<input type="checkbox"/>				
6		<input type="checkbox"/>				
7		<input type="checkbox"/>				
8		<input type="checkbox"/>				
9		<input type="checkbox"/>				
10		<input type="checkbox"/>				

375101

General Information				PCM AIR SAMPLING DATA											
Method:	PCM, NIOSH 7200-A, 5000 mg silica			MS:	Meters			MS:	Meters						
IA PAT No:	102430			PS:	Work Area Description			PS:	Work Area Description						
Ad Area:	0.00785 sq. ft.			QHS:	Fiber count (per cubic foot)			QHS:	Fiber count (per cubic foot)						
er Size:	25 mm			QHS:	Fiber count (per cubic foot)			QHS:	Fiber count (per cubic foot)						
er Area:	345 sq. mm			QHS:	Fiber count (per cubic foot)			QHS:	Fiber count (per cubic foot)						
QHS:	Fibers per minute			QHS:	Fiber count (per cubic foot)			QHS:	Fiber count (per cubic foot)						
QHS:	Fibers per cubic centimeter			QHS:	Fiber count (per cubic foot)			QHS:	Fiber count (per cubic foot)						
QHS:	Lower confidence limit			QHS:	Fiber count (per cubic foot)			QHS:	Fiber count (per cubic foot)						
QHS:	Detection limit (reported as BDL if below detection limit)			QHS:	Fiber count (per cubic foot)			QHS:	Fiber count (per cubic foot)						
QHS:	Below detection limit			QHS:	Fiber count (per cubic foot)			QHS:	Fiber count (per cubic foot)						
QHS:	Upper confidence limit			QHS:	Fiber count (per cubic foot)			QHS:	Fiber count (per cubic foot)						
This method does not distinguish between fiber (i.e., asbestos, ceramics, glass, etc.) Fiber count is reported as fibers per cubic foot (f/ft³).															
SAMPLE No.	DATE	TIME	LOCATION	MS	START FLOW	STOP FLOW	Avg FLOW (CFM)	START TIME	STOP TIME	TOTAL TIME (min)	FIBER COUNT (f/ft³)	QHS	QHS	QHS	QHS
30176	12/17/71	OT	N of SE hallway	105	2.0	2.0	2.0	1130	1130	2.0	1130				
30180	12/17/71	OT	S of SE hallway	504	2.0	2.0	2.0	1132	1130	2.0	1132				
30095	12/17/71	OT	E of SE hallway	105	2.0	2.0	2.0	1134	1130	2.0	1134				
30118	12/17/71	OT	W of SE hallway	2110	2.0	2.0	2.0	1136	1130	2.0	1136				
30121	12/17/71	OT	CLUB ROOM	1019	2.0	2.0	2.0	1138	1130	2.0	1138				
30098	12/17/71	OT	Lab out	5078	2.0	2.0	2.0	1142	1130	2.0	1142				
30171	12/17/71	OT	CLUB ROOM	2022	2.0	2.0	2.0	1144	1130	2.0	1144				
30172	12/17/71	OT	S of SE hallway	508	2.0	2.0	2.0	1146	1130	2.0	1146				
30173	12/17/71	OT	CLUB ROOM	2001	2.0	2.0	2.0	1150	1130	2.0	1150				
30139	12/17/71	OT	CLUB ROOM	506	2.0	2.0	2.0	1152	1130	2.0	1152				
30139	12/17/71	OT	CLUB ROOM	508	2.0	2.0	2.0	1154	1130	2.0	1154				
30108	12/17/71	OT	E of SE hallway	7412	2.0	2.0	2.0	1156	1130	2.0	1156				
30106	12/17/71	OT	E of SE hallway	7412	2.0	2.0	2.0	1158	1130	2.0	1158				
30158	12/17/71	OT	CLUB ROOM												
30107	12/17/71	OT	CLUB ROOM												
Notes:															
COPY															
ORIGINAL #1															
ORIGINAL #2															
ORIGINAL #3															
ORIGINAL #4															
ORIGINAL #5															
ORIGINAL #6															
ORIGINAL #7															
ORIGINAL #8															
ORIGINAL #9															
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ORIGINAL #98															
ORIGINAL #99															
ORIGINAL #100															



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Phase Contrast Microscopy Analysis Report

QuanTEM Set ID: 375142
Date Received: 12/20/24
Received By: Baylie Longstreth
Analyst: Cassie Sanborn
Date of Report: 12/20/2024
Methodology: NIOSH 7400, Issue 3
AIHA LAP, LLC: 101352

Client: Russell Smalley
Terracon - OKC
4701 N. Stiles Ave.
Oklahoma City, OK 73105

Acct. No.: A725

Project: N/A
Location: N/A
Project No.: N/A

QuanTEM Sample ID	Client Sample ID	Air Volume (liters)	Fibers	Fields	Fiber Density (f/mm2)	Fiber Concentration (f/cc)	Detection Limits (f/cc)	95% LCL (f/cc)	95% UCL (f/cc)
001	99513	1180	2	100	<7	<0.0023	0.0023	N/A	N/A
002	99524	1172	13	100	17	0.0054	0.0023	0.0028	0.011
003	99510	1164	1	100	<7	<0.0023	0.0023	N/A	N/A
004	99530	1156	4	100	<7	<0.0023	0.0023	N/A	N/A
005	99526	1148	23	100	29	0.0098	0.0023	0.0055	0.018
006	99492	1140	2	100	<7	<0.0024	0.0024	N/A	N/A
007	99523	1132	19	100	24	0.0082	0.0024	0.0045	0.016
008	99531	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
009	99529	1116	100	27	470	0.16	0.0024	0.10	0.28
010	99512	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
011	99491	1104	103	21	620	0.22	0.0024	0.14	0.38
012	99534	1096	101	49	260	0.092	0.0025	0.058	0.16
013	99511	Blank	ND	100	N/A	N/A	N/A	N/A	N/A
014	99552	Blank	ND	100	N/A	N/A	N/A	N/A	N/A

Laboratory Sr: 0.54 for 5 to 20 fibers. 0.18 for 20 to 50 fibers. 0.14 for >50 fibers.

This report applies only to the standards or procedures indicated and to the specific samples tested. It is not indicative of the qualities of apparently identical or similar products or procedures, nor does it represent an ongoing assurance program unless so noted. These reports are for the exclusive use of the client and are not to be reproduced without specific written permission. QuanTEM is not responsible for user-supplied data used in calculation. Customer provided data such as volumes, areas, etc., cannot be verified by QuanTEM Laboratories, LLC.

Unless otherwise noted, upon receipt the condition of the sample was acceptable for analysis.

Results have been blank corrected per the NIOSH 7400 method, as applicable.

ND = None Detected



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Phase Contrast Microscopy Analysis Report

Quantem Set ID: 375142

Date Received: 12/20/24

Received By: Baylie Longstreth

Analyst: Cassie Sanborn

Date of Report: 12/20/2024

Methodology: NIOSH 7400, Issue 3

AIHA LAP, LLC: 101352

Client: Russell Smalley
Terracon - OKC
4701 N. Stiles Ave.
Oklahoma City, OK 73105

Acct. No.: A725

Project: N/A

Location: N/A

Project No.: N/A

Quantem Sample ID	Client Sample ID	Air Volume (liters)	Fibers	Fields	Fiber Density (f/mm ²)	Fiber Concentration (f/cc)	Detection Limits (f/cc)	95% LCL (f/cc)	95% UCL (f/cc)
----------------------	---------------------	---------------------------	--------	--------	--	----------------------------------	-------------------------------	-------------------	-------------------

375142-008, 010 Occluded sample. Amount of particulate on sample exceeds NIOSH 7400 Guidelines.

Authorized Signature:

Cassie Sanborn

Cassie Sanborn, Laboratory Analyst

Laboratory Sr: 0.54 for 5 to 20 fibers. 0.18 for 20 to 50 fibers. 0.14 for >50 fibers.

This report applies only to the standards or procedures indicated and to the specific samples tested. It is not indicative of the qualities of apparently identical or similar products or procedures, nor does it represent an ongoing assurance program unless so noted. These reports are for the exclusive use of the client and are not to be reproduced without specific written permission. Quantem is not responsible for user-supplied data used in calculation. Customer provided data such as volumes, areas, etc., cannot be verified by Quantem Laboratories, LLC.

Unless otherwise noted, upon receipt the condition of the sample was acceptable for analysis.

Results have been blank corrected per the NIOSH 7400 method, as applicable.

ND = None Detected

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Page 1 of 2

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Lab No. 375142

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Contact Information		Project Information		Report Results (<input checked="" type="checkbox"/> one box)
Company: <u>Terracay</u>	Phone:	Project Name:	<input type="checkbox"/> QuanTEM Website <input type="checkbox"/> Email _____ <input type="checkbox"/> Other _____	
Contact: <u>Russell Smalley</u>	Cell Phone: <u>405-490-9426</u>	Project Location:		
Account #:	E-mail:	Project ID:		
SAMPLED BY: Name: <u>Tucker Meredith</u>	Date: <u>12/18/24</u>	P.O. Number:		

RELINQUISHED BY	DATE & TIME	VIA	RECEIVED BY	DATE & TIME
<u>Benny AMP</u>	<u>12/19/24 10:42</u>	<u>Hand</u>	<u>[Signature]</u>	<u>12/19/24 10:42</u>

REQUESTED SERVICES (Please ☒ the Appropriate Boxes)

PLM	PLM	TEM	TEM	TURNAROUND TIME
<input type="checkbox"/> Bulk Analysis (EPA 600/R-93/116)	<input type="checkbox"/> Vermiculite Attic Insulation (EPA 600/R-04/004)	<input type="checkbox"/> Air- AHERA	<input type="checkbox"/> Bulk- Presence / Absence EPA600/R-93/116	<input type="checkbox"/> Rush
<input type="checkbox"/> 400 Point Count	<input type="checkbox"/> Other	<input type="checkbox"/> Air- NIOSH 7402	<input type="checkbox"/> Bulk- Quantitative [weight%]- Chatfield	<input type="checkbox"/> Same Day
<input type="checkbox"/> 1000 Point Count		<input type="checkbox"/> Air- ISO 10312	<input type="checkbox"/> Dust- Presence / Absence	<input type="checkbox"/> 24 - Hour
<input type="checkbox"/> Gravimetric Preparation	PCM	<input type="checkbox"/> Drinking Water- EPA 100.2	<input type="checkbox"/> Dust- Quantitative [fibers/sq.cm]- ASTM D5755	<input type="checkbox"/> 3 - Day
<input type="checkbox"/> Particle ID	<input checked="" type="checkbox"/> NIOSH 7400	<input type="checkbox"/> Waste Water- EPA 600/4-83-043	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> 5 - Day

No.	Sample ID (10 Characters Max)	<input checked="" type="checkbox"/> To Be Analyzed	Color	Description	Volume / Area (as applicable)	Comments / Notes
1	94813	<input checked="" type="checkbox"/>		Not SE Hallway	2.0	S-0710 F-1700
2	94824	<input checked="" type="checkbox"/>		S of SE Hallway	2.0	S-0714 F-1700
3	99510	<input checked="" type="checkbox"/>		E of SE Hallway	2.0	S-0718 F-1700
4	99530	<input checked="" type="checkbox"/>		W of SE Hallway	2.0	S-0722 F-1700
5	99526	<input checked="" type="checkbox"/>		Change Room	2.0	S-0726 F-1700
6	99442	<input checked="" type="checkbox"/>		Load out	2.0	S-0730 F-1700
7	99523	<input checked="" type="checkbox"/>		Exhaust	2.0	S-0734 F-1700
8	99531	<input checked="" type="checkbox"/>		SE Hallway	2.0	S-0738 F-1700
9	99529	<input checked="" type="checkbox"/>		Personal	2.0	S-0742 F-1700
10	99512	<input checked="" type="checkbox"/>		Personal	2.0	S-0746 F-1700

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Lab No. 375142

☒ Accept ☐ Reject

Contact Information		Project Information	
Company: <u>Terracan</u>	Phone:	Project Name:	
Contact: <u>Russell Smalley</u>	Cell Phone: <u>405-196-9425</u>	Project Location:	
Account #:	E-mail:	Project ID:	
SAMPLED BY: Name: <u>Tucker Meredith</u>	Date: <u>12/18/24</u>	P.O. Number:	

Report Results (☒ one box)

☐ QuanTEM Website
☐ Email _____
☐ Other _____

RELINQUISHED BY	DATE & TIME	VIA	RECEIVED BY	DATE & TIME
		<u>Hand</u>	<u>[Signature]</u>	<u>12/19/24 10:42</u>

REQUESTED SERVICES (Please ☒ the Appropriate Boxes)

PLM	PLM	TEM	TEM	TURNAROUND TIME
<input type="checkbox"/> Bulk Analysis (EPA 600/R-93/116)	<input type="checkbox"/> Vermiculite Attic Insulation (EPA 600/R-04/004)	<input type="checkbox"/> Air- AHERA	<input type="checkbox"/> Bulk- Presence / Absence EPA600/R-93/116	<input type="checkbox"/> Rush
<input type="checkbox"/> 400 Point Count	<input type="checkbox"/> Other	<input type="checkbox"/> Air- NIOSH 7402	<input type="checkbox"/> Bulk- Quantitative [weight%]- Chatfield	<input type="checkbox"/> Same Day
<input type="checkbox"/> 1000 Point Count		<input type="checkbox"/> Air- ISO 10312	<input type="checkbox"/> Dust- Presence / Absence	<input type="checkbox"/> 24 - Hour
<input type="checkbox"/> Gravimetric Preparation		<input type="checkbox"/> Drinking Water- EPA 100.2	<input type="checkbox"/> Dust- Quantitative [fibers/sq.cm]- ASTM D5755	<input type="checkbox"/> 3 - Day
<input type="checkbox"/> Particle ID	<input checked="" type="checkbox"/> PCM NIOSH 7400	<input type="checkbox"/> Waste Water- EPA 600/4-83-043	<input type="checkbox"/> Other	<input type="checkbox"/> 5 - Day

No.	Sample ID (10 Characters Max)	<input checked="" type="checkbox"/> To Be Analyzed	Color	Description	Volume / Area (as applicable)	Comments / Notes
1	99441	<input checked="" type="checkbox"/>		Exhaust	2.0	S-0748 F-1700
2	99534	<input checked="" type="checkbox"/>		Exhaust	2.0	S-0752 F-1700
3	99511	<input checked="" type="checkbox"/>		EB		
4	99852	<input checked="" type="checkbox"/>		LB		
5		<input type="checkbox"/>				
6		<input type="checkbox"/>				
7		<input type="checkbox"/>				
8		<input type="checkbox"/>				
9		<input type="checkbox"/>				
10		<input type="checkbox"/>				



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Phase Contrast Microscopy Analysis Report

Quantem Set ID: 375183
Date Received: 12/20/24
Received By: Robin Brady Naik
Analyst: Cassie Sanborn
Date of Report: 12/20/2024
Methodology: NIOSH 7400, Issue 3
AIHA LAP, LLC: 101352

Client: Russell Smalley
Terracon - OKC
4701 N. Stiles Ave.
Oklahoma City, OK 73105

Acct. No.: A725

Project: Purcell Hospital
Location: Purcell, OK
Project No.: 03247167

Quantem Sample ID	Client Sample ID	Air Volume (liters)	Fibers	Fields	Fiber Density (f/mm2)	Fiber Concentration (f/cc)	Detection Limits (f/cc)	95% LCL (f/cc)	95% UCL (f/cc)
001	30135	1160	3	100	<7	<0.0023	0.0023	N/A	N/A
002	99519	1156	6	100	7.6	0.0025	0.0023	0.0011	0.0059
003	99514	1152	2	100	<7	<0.0023	0.0023	N/A	N/A
004	99509	1144	1	100	<7	<0.0024	0.0024	N/A	N/A
005	30124	1140	101	75	170	0.058	0.0024	0.036	0.100
006	99544	1136	35	100	45	0.015	0.0024	0.0089	0.027
007	99501	1128	102	26	500	0.17	0.0024	0.11	0.29
008	30127	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
009	30170	1112	3	100	<7	<0.0024	0.0024	N/A	N/A
010	30094	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
011	30161	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
012	99554	1088	55	100	70	0.025	0.0025	0.015	0.044
013	99496	Blank	ND	100	N/A	N/A	N/A	N/A	N/A
014	99527	Blank	ND	100	N/A	N/A	N/A	N/A	N/A

Laboratory Sr: 0.54 for 5 to 20 fibers. 0.18 for 20 to 50 fibers. 0.14 for >50 fibers.

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Unless otherwise noted, upon receipt the condition of the sample was acceptable for analysis.

Results have been blank corrected per the NIOSH 7400 method, as applicable.

ND = None Detected



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Phase Contrast Microscopy Analysis Report


QuanTEM Set ID: 375183
Date Received: 12/20/24
Received By: Robin Brady Naik
Analyst: Cassie Sanborn
Date of Report: 12/20/2024
Methodology: NIOSH 7400, Issue 3
AIHA LAP, LLC: 101352

Client: Russell Smalley
Terracon - OKC
4701 N. Stiles Ave.
Oklahoma City, OK 73105

Acct. No.: A725

Project: Purcell Hospital
Location: Purcell, OK
Project No.: 03247167

QuanTEM Sample ID	Client Sample ID	Air Volume (liters)	Fibers	Fields	Fiber Density (f/mm2)	Fiber Concentration (f/cc)	Detection Limits (f/cc)	95% LCL (f/cc)	95% UCL (f/cc)
375183-008, 010, 011	Occluded sample. Amount of particulate on sample exceeds NIOSH 7400 Guidelines.								

Authorized Signature: 
Cassie Sanborn, Laboratory Analyst

Laboratory Sr: 0.54 for 5 to 20 fibers. 0.18 for 20 to 50 fibers. 0.14 for >50 fibers.

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Unless otherwise noted, upon receipt the condition of the sample was acceptable for analysis.

Results have been blank corrected per the NIOSH 7400 method, as applicable.

ND = None Detected

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Page 1 of 2

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Lab No. 375183
Accept ☐ Reject ☐

Contact Information		Project Information		Report Results (<input checked="" type="checkbox"/> one box)
Company: <u>Terracon</u>	Phone:	Project Name: <u>Parcell Hospital</u>	<input type="checkbox"/> QuanTEM Website	
Contact: <u>Russell Smalley</u>	Cell Phone: <u>405-494-9826</u>	Project Location: <u>Parcell OH</u>	<input type="checkbox"/> Email _____	
Account #:	E-mail:	Project ID: <u>03847 167</u>	<input type="checkbox"/> Other _____	
SAMPLED BY: Name: <u>Tucker Meredith</u>	Date: <u>12/19/24</u>	P.O. Number:		

RELINQUISHED BY	DATE & TIME	VIA	RECEIVED BY	DATE & TIME
<u>Tucker Meredith</u>	<u>12/20/24 1:00</u>	<u>Hand</u>	<u>UBA</u>	<u>12/20/24</u> <u>106 pm</u>

REQUESTED SERVICES (Please ☒ the Appropriate Boxes)

PLM		PLM		TEM		TEM		TURNAROUND TIME
<input type="checkbox"/> Bulk Analysis (EPA 600/R-93/116)	<input type="checkbox"/> Vermiculite Attic Insulation (EPA 600/R-04/004)	<input type="checkbox"/> Air- AHERA	<input type="checkbox"/> Bulk- Presence / Absence EPA600/R-93/116	<input checked="" type="checkbox"/> Rush				
<input type="checkbox"/> 400 Point Count	<input type="checkbox"/> Other	<input type="checkbox"/> Air- NIOSH 7402	<input type="checkbox"/> Bulk- Quantitative [weight%]- Chatfield	<input type="checkbox"/> Same Day				
<input type="checkbox"/> 1000 Point Count		<input type="checkbox"/> Air- ISO 10312	<input type="checkbox"/> Dust- Presence / Absence	<input type="checkbox"/> 24 - Hour				
<input type="checkbox"/> Gravimetric Preparation		<input type="checkbox"/> Drinking Water- EPA 100.2	<input type="checkbox"/> Dust- Quantitative [fibers/sq.cm]- ASTM D5755	<input type="checkbox"/> 3 - Day				
<input type="checkbox"/> Particle ID	<input checked="" type="checkbox"/> NIOSH 7400	<input type="checkbox"/> Waste Water- EPA 600/4-83-043	<input type="checkbox"/> Other	<input type="checkbox"/> 5 - Day				

No.	Sample ID (10 Characters Max)	<input checked="" type="checkbox"/> To Be Analyzed	Color	Description	Volume / Area (as applicable)	Comments / Notes
1	30135	<input checked="" type="checkbox"/>		N of SE Hallway	2.0	S-0720 - F1700
2	99519	<input checked="" type="checkbox"/>		S of SE Hallway	2.0	S-0722 - F-1700
3	99514	<input checked="" type="checkbox"/>		E of SE Hallway	2.0	S-0724 - F1700
4	99509	<input checked="" type="checkbox"/>		W of SE Hallway	2.0	S-0728 - F1700
5	30124	<input checked="" type="checkbox"/>		Change Room	2.0	S-0730 - F1700
6	99544	<input checked="" type="checkbox"/>		load Out	2.0	S-0732 - F1700
7	99501	<input checked="" type="checkbox"/>		Exhaust	2.0	S-0736 - F1700
8	30127	<input checked="" type="checkbox"/>		SE Hallway	2.0	S-0740 - F1700
9	30170	<input checked="" type="checkbox"/>		person 1	2.0	S-0744 - F1700
10	30094	<input checked="" type="checkbox"/>		person 1	2.0	S-0748 - F1700

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Contact Information		Project Information		Report Results (<input checked="" type="checkbox"/> one box)
Company: <u>Terracore</u>	Phone:	Project Name: <u>Purcell Hospital</u>	<input type="checkbox"/> QuanTEM Website	
Contact: <u>Russell Smalley</u>	Cell Phone: <u>405-146-9526</u>	Project Location: <u>Purcell OK</u>	<input type="checkbox"/> Email _____	
Account #:	E-mail:	Project ID: <u>03217167</u>	<input type="checkbox"/> Other _____	
SAMPLED BY: Name: <u>Tucker Meredith</u>	Date: <u>12/19/24</u>	P.O. Number:		

RELINQUISHED BY	DATE & TIME	VIA	RECEIVED BY	DATE & TIME
			<u>ABN</u>	<u>12/20/24 1:06</u>

REQUESTED SERVICES (Please ☒ the Appropriate Boxes)

PLM		PLM		TEM		TEM		TURNAROUND TIME
<input type="checkbox"/> Bulk Analysis (EPA 600/R-93/116)	<input type="checkbox"/> Vermiculite Attic Insulation (EPA 600/R-04/004)	<input type="checkbox"/> Air- AHERA	<input type="checkbox"/> Bulk- Presence / Absence EPA600/R-93/116	<input checked="" type="checkbox"/> Rush				
<input type="checkbox"/> 400 Point Count	<input type="checkbox"/> Other	<input type="checkbox"/> Air- NIOSH 7402	<input type="checkbox"/> Bulk- Quantitative [weight%]- Chatfield	<input type="checkbox"/> Same Day				
<input type="checkbox"/> 1000 Point Count		<input type="checkbox"/> Air- ISO 10312	<input type="checkbox"/> Dust- Presence / Absence	<input type="checkbox"/> 24 - Hour				
<input type="checkbox"/> Gravimetric Preparation		<input type="checkbox"/> Drinking Water- EPA 100.2	<input type="checkbox"/> Dust- Quantitative [fibers/sq.cm]- ASTM D5755	<input type="checkbox"/> 3 - Day				
<input type="checkbox"/> Particle ID	<input checked="" type="checkbox"/> NIOSH 7400	<input type="checkbox"/> Waste Water- EPA 600/4-83-043	<input type="checkbox"/> Other	<input type="checkbox"/> 5 - Day				

No.	Sample ID (10 Characters Max)	<input checked="" type="checkbox"/> To Be Analyzed	Color	Description	Volume / Area (as applicable)	Comments / Notes
1	30161	<input checked="" type="checkbox"/>		Exhaust	2-0	S-0782 F-1700
2	99551	<input checked="" type="checkbox"/>		Exhaust	2-0	S-0756 - F 1700
3	99496	<input checked="" type="checkbox"/>		FB/LB		
4	99527	<input checked="" type="checkbox"/>		FB/LB		
5		<input type="checkbox"/>				
6		<input type="checkbox"/>				
7		<input type="checkbox"/>				
8		<input type="checkbox"/>				
9		<input type="checkbox"/>				
10		<input type="checkbox"/>				



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Phase Contrast Microscopy Analysis Report

Quantem Set ID: 375239

Date Received: 12/24/24

Received By: Courtney Holman

Analyst: Cassie Sanborn

Date of Report: 12/24/2024

Methodology: NIOSH 7400, Issue 3

AIHA LAP, LLC: 101352

Client: Terracon - OKC
Tucker Meridith

Acct. No.: A725

Project: Purcell Hospital Oversight

Location: Purcell OK

Project No.: 03247167

Quantem Sample ID	Client Sample ID	Air Volume (liters)	Fibers	Fields	Fiber Density (f/mm2)	Fiber Concentration (f/cc)	Detection Limits (f/cc)	95% LCL (f/cc)	95% UCL (f/cc)
001	99518	1160	3	100	<7	<0.0023	0.0023	N/A	N/A
002	99520	1156	1	100	<7	<0.0023	0.0023	N/A	N/A
003	99549	1148	2	100	<7	<0.0023	0.0023	N/A	N/A
004	99515	1144	4	100	<7	<0.0024	0.0024	N/A	N/A
005	99522	1136	23	100	29	0.0099	0.0024	0.0056	0.019
006	99454	1128	2	100	<7	<0.0024	0.0024	N/A	N/A
007	99555	1124	9	100	11	0.0039	0.0024	0.0019	0.0084
008	99541	1116	14	100	18	0.0062	0.0024	0.0032	0.012
009	99538	1108	1	100	<7	<0.0024	0.0024	N/A	N/A
010	99545	1104	17	100	22	0.0076	0.0024	0.0041	0.015
011	99581	1080	6	100	7.6	0.0027	0.0025	0.0012	0.0063
012	99543	1080	1	100	<7	<0.0025	0.0025	N/A	N/A
013	99535	Blank	ND	100	N/A	N/A	N/A	N/A	N/A
014	99487	Blank	ND	100	N/A	N/A	N/A	N/A	N/A

Laboratory Sr: 0.54 for 5 to 20 fibers. 0.18 for 20 to 50 fibers. 0.14 for >50 fibers.

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Unless otherwise noted, upon receipt the condition of the sample was acceptable for analysis.

Results have been blank corrected per the NIOSH 7400 method, as applicable.

ND = None Detected



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Phase Contrast Microscopy Analysis Report

QuanTEM Set ID: 375239
Date Received: 12/24/24
Received By: Courtney Holman
Analyst: Cassie Sanborn
Date of Report: 12/24/2024
Methodology: NIOSH 7400, Issue 3
AIHA LAP, LLC: 101352

Client: Terracon - OKC
Tucker Meridith

Acct. No.: A725

Project: Purcell Hospital Oversight
Location: Purcell OK
Project No.: 03247167

QuanTEM Sample ID	Client Sample ID	Air Volume (liters)	Fibers	Fields	Fiber Density (f/mm2)	Fiber Concentration (f/cc)	Detection Limits (f/cc)	95% LCL (f/cc)	95% UCL (f/cc)
----------------------	---------------------	---------------------------	--------	--------	-----------------------------	----------------------------------	-------------------------------	-------------------	-------------------

Authorized Signature:

Cassie Sanborn

Cassie Sanborn, Laboratory Analyst

Laboratory Sr: 0.54 for 5 to 20 fibers. 0.18 for 20 to 50 fibers. 0.14 for >50 fibers.

This report applies only to the standards or procedures indicated and to the specific samples tested. It is not indicative of the qualities of apparently identical or similar products or procedures, nor does it represent an ongoing assurance program unless so noted. These reports are for the exclusive use of the client and are not to be reproduced without specific written permission. QuanTEM is not responsible for user-supplied data used in calculation. Customer provided data such as volumes, areas, etc., cannot be verified by QuanTEM Laboratories, LLC.

Unless otherwise noted, upon receipt the condition of the sample was acceptable for analysis.

Results have been blank corrected per the NIOSH 7400 method, as applicable.

ND = None Detected

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Lab No. 375239

☒ Accept ☐ Reject

Contact Information		Project Information	
Company: <u>Terracore</u>	Phone:	Project Name: <u>Pwcell Hospital Oversight</u>	
Contact: <u>Russell Smalley</u>	Cell Phone: <u>405-946-1586</u>	Project Location: <u>Pwcell OR</u>	
Account #:	E-mail: <u>Russell.Smalley@terracore.com</u>	Project ID: <u>03247167</u>	
SAMPLED BY: Name: <u>Tucker Meredith</u>	Date: <u>12-23-24</u>	P.O. Number:	

Report Results (☒ one box)

☐ QuanTEM Website

☐ Email _____

☐ Other _____

RELINQUISHED BY	DATE & TIME	VIA	RECEIVED BY	DATE & TIME
<u>Tucker Meredith</u>	<u>12-24-24 0800</u>	<u>Dropoff</u>	<u>[Signature]</u>	<u>12/24/24 0810</u>
<u>[Signature]</u>	<u>12-24-24 0902</u>	<u>Dropoff</u>	<u>[Signature]</u>	<u>12/24/24 @ 9:02</u>

REQUESTED SERVICES (Please ☒ the Appropriate Boxes)

PLM	PLM	TEM	TEM	TURNAROUND TIME
<input type="checkbox"/> Bulk Analysis (EPA 600/R-93/116)	<input type="checkbox"/> Vermiculite Attic Insulation (EPA 600/R-04/004)	<input type="checkbox"/> Air- AHERA	<input type="checkbox"/> Bulk- Presence / Absence EPA600/R-93/116	<input checked="" type="checkbox"/> Rush
<input type="checkbox"/> 400 Point Count	<input type="checkbox"/> Other	<input type="checkbox"/> Air- NIOSH 7402	<input type="checkbox"/> Bulk- Quantitative (weight%)- Chatfield	<input type="checkbox"/> Same Day
<input type="checkbox"/> 1000 Point Count		<input type="checkbox"/> Air- ISO 10312	<input type="checkbox"/> Dust- Presence / Absence	<input type="checkbox"/> 24 - Hour
<input type="checkbox"/> Gravimetric Preparation		<input type="checkbox"/> Drinking Water- EPA 100.2	<input type="checkbox"/> Dust- Quantitative (fibers/sq.cm)- ASTM D5755	<input type="checkbox"/> 3 - Day
<input type="checkbox"/> Particle ID	<input checked="" type="checkbox"/> PCM NIOSH 7400	<input type="checkbox"/> Waste Water- EPA 600/4-83-043	<input type="checkbox"/> Other	<input type="checkbox"/> 5 - Day

No.	Sample ID (10 Characters Max)	<input checked="" type="checkbox"/> To Be Analyzed	Color	Description	Volume / Area (as applicable)	Comments / Notes
1	99518	<input checked="" type="checkbox"/>		N of SE hallway	2.0	S-0720 F1700
2	99520	<input checked="" type="checkbox"/>		S of SE hallway	2.0	S-0722 F1700
3	99549	<input checked="" type="checkbox"/>		E of SE hallway	2.0	S-0726 F1700
4	99515	<input checked="" type="checkbox"/>		W of SE hallway	2.0	S-0728 F1700
5	99522	<input checked="" type="checkbox"/>		change room	2.0	S-0732 F1700
6	99454	<input checked="" type="checkbox"/>		load out	2.0	S-0736 F1700
7	99555	<input checked="" type="checkbox"/>		Exhaust	2.0	S-0738 F1700
8	99541	<input checked="" type="checkbox"/>		SE Hallway	2.0	S-0742 F1700
9	99538	<input checked="" type="checkbox"/>		personal	2.0	S-0746 F1700
10	99545	<input checked="" type="checkbox"/>		personal	2.0	S-0748 F1700

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Accept Reject

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Contact Information				Project Information				Report Results (☑ one box)	
Company: <u>Terrace</u>		Phone: _____		Project Name: <u>Purcell Hospital Apartment</u>				<input type="checkbox"/> Quantem Website	
Contact: <u>Russell Smalley</u>		Cell Phone: <u>405-446-4520</u>		Project Location: <u>Purcell OK</u>				<input type="checkbox"/> Email _____	
Account #: _____		E-mail: _____		Project ID: <u>03247167</u>				<input type="checkbox"/> Other _____	
SAMPLED BY: Name: <u>Tucker Meredith</u>		Date: _____		P.O. Number: _____					

RELINQUISHED BY	DATE & TIME	VIA	RECEIVED BY	DATE & TIME
<u>Tucker Meredith</u>	<u>12-24-24 8:00</u>	<u>Drop off</u>	<u>Johnny H</u>	<u>12/24/24 8:00</u>
<u>Johnny H</u>	<u>12/24/24 09:00</u>	<u>Hand</u>	<u>Johnny M. H</u>	<u>12/24/24 @ 9:02</u>

REQUESTED SERVICES (Please ☑ the Appropriate Boxes)				
PLM	PLM	TEM	TEM	TURNAROUND TIME
<input type="checkbox"/> Bulk Analysis (EPA 600/R-93/116)	<input type="checkbox"/> Vermiculite Attic Insulation (EPA 600/R-04/004)	<input type="checkbox"/> Air- AHERA	<input type="checkbox"/> Bulk- Presence / Absence EPA600/R-93/116	<input checked="" type="checkbox"/> Rush
<input type="checkbox"/> 400 Point Count	<input type="checkbox"/> Other	<input type="checkbox"/> Air- NIOSH 7402	<input type="checkbox"/> Bulk- Quantitative [weight%]- Chatfield	<input type="checkbox"/> Same Day
<input type="checkbox"/> 1000 Point Count		<input type="checkbox"/> Air- ISO 10312	<input type="checkbox"/> Dust- Presence / Absence	<input type="checkbox"/> 24 - Hour
<input type="checkbox"/> Gravimetric Preparation		<input type="checkbox"/> Drinking Water- EPA 100.2	<input type="checkbox"/> Dust- Quantitative [fibers/sq.cm]- ASTM D5755	<input type="checkbox"/> 3 - Day
<input type="checkbox"/> Particle ID	<input checked="" type="checkbox"/> PCM NIOSH 7400	<input type="checkbox"/> Waste Water- EPA 600/4-83-043	<input type="checkbox"/> Other	<input type="checkbox"/> 5 - Day

No.	Sample ID (10 Characters Max)	☑ To Be Analyzed	Color	Description	Volume / Area (as applicable)	Comments / Notes
1	<u>94581</u>	<input checked="" type="checkbox"/>		<u>Exhaust</u>	<u>2.0</u>	<u>S-0800 F1700</u>
2	<u>99513</u>	<input checked="" type="checkbox"/>		<u>Exhaust</u>	<u>2.0</u>	<u>S-0800 F1700</u>
3	<u>94535</u>	<input checked="" type="checkbox"/>		<u>LB / FB</u>		
4	<u>94187</u>	<input checked="" type="checkbox"/>		<u>LB / FB</u>		
5		<input type="checkbox"/>				
6		<input type="checkbox"/>				
7		<input type="checkbox"/>				
8		<input type="checkbox"/>				
9		<input type="checkbox"/>				
10		<input type="checkbox"/>				



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Phase Contrast Microscopy Analysis Report

QuanTEM Set ID: 375242
Date Received: 12/26/24
Received By: Baylie Puga
Analyst: Cassie Sanborn
Date of Report: 12/27/2024
Methodology: NIOSH 7400, Issue 3
AIHA LAP, LLC: 101352

Client: Russell Smalley
Terracon - OKC
4701 N. Stiles Ave.
Oklahoma City, OK 73105

Acct. No.: A725

Project: Purcell Hospital Oversight
Location: Purcell, OK
Project No.: 03247167

QuanTEM Sample ID	Client Sample ID	Air Volume (liters)	Fibers	Fields	Fiber Density (f/mm2)	Fiber Concentration (f/cc)	Detection Limits (f/cc)	95% LCL (f/cc)	95% UCL (f/cc)
001	99550	1160	1	100	<7	<0.0023	0.0023	N/A	N/A
002	99533	1152	2	100	<7	<0.0023	0.0023	N/A	N/A
003	99525	1144	ND	100	<7	<0.0024	0.0024	N/A	N/A
004	99556	1140	1	100	<7	<0.0024	0.0024	N/A	N/A
005	99521	1132	6	100	7.6	0.0026	0.0024	0.0011	0.0060
006	99553	1124	2	100	<7	<0.0024	0.0024	N/A	N/A
007	99547	1120	14	100	18	0.0061	0.0024	0.0032	0.012
008	99539	1116	21	100	27	0.0092	0.0024	0.0051	0.017
009	99536	1112	51	100	65	0.022	0.0024	0.014	0.040
010	99537	1104	39	100	50	0.017	0.0024	0.010	0.031
011	99528	1096	4	100	<7	<0.0025	0.0025	N/A	N/A
012	99516	1092	11	100	14	0.0049	0.0025	0.0025	0.010
013	99493	Blank	ND	100	N/A	N/A	N/A	N/A	N/A
014	99507	Blank	ND	100	N/A	N/A	N/A	N/A	N/A

Laboratory Sr: 0.54 for 5 to 20 fibers. 0.18 for 20 to 50 fibers. 0.14 for >50 fibers.

This report applies only to the standards or procedures indicated and to the specific samples tested. It is not indicative of the qualities of apparently identical or similar products or procedures, nor does it represent an ongoing assurance program unless so noted. These reports are for the exclusive use of the client and are not to be reproduced without specific written permission. QuanTEM is not responsible for user-supplied data used in calculation. Customer provided data such as volumes, areas, etc., cannot be verified by QuanTEM Laboratories, LLC.

Unless otherwise noted, upon receipt the condition of the sample was acceptable for analysis.

Results have been blank corrected per the NIOSH 7400 method, as applicable.

ND = None Detected



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Phase Contrast Microscopy Analysis Report

QuanTEM Set ID: 375242

Date Received: 12/26/24

Received By: Baylie Puga

Analyst: Cassie Sanborn

Date of Report: 12/27/2024

Methodology: NIOSH 7400, Issue 3

AIHA LAP, LLC: 101352

Client: Russell Smalley
Terracon - OKC
4701 N. Stiles Ave.
Oklahoma City, OK 73105

Acct. No.: A725

Project: Purcell Hospital Oversight

Location: Purcell, OK

Project No.: 03247167

QuanTEM Sample ID	Client Sample ID	Air Volume (liters)	Fibers	Fields	Fiber Density (f/mm ²)	Fiber Concentration (f/cc)	Detection Limits (f/cc)	95% LCL (f/cc)	95% UCL (f/cc)
----------------------	---------------------	---------------------------	--------	--------	--	----------------------------------	-------------------------------	-------------------	-------------------

Authorized Signature:

Cassie Sanborn

Cassie Sanborn, Laboratory Analyst

Laboratory Sr: 0.54 for 5 to 20 fibers. 0.18 for 20 to 50 fibers. 0.14 for >50 fibers.

This report applies only to the standards or procedures indicated and to the specific samples tested. It is not indicative of the qualities of apparently identical or similar products or procedures, nor does it represent an ongoing assurance program unless so noted. These reports are for the exclusive use of the client and are not to be reproduced without specific written permission. QuanTEM is not responsible for user-supplied data used in calculation. Customer provided data such as volumes, areas, etc., cannot be verified by QuanTEM Laboratories, LLC.

Unless otherwise noted, upon receipt the condition of the sample was acceptable for analysis.

Results have been blank corrected per the NIOSH 7400 method, as applicable.

ND = None Detected

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Contact Information		Project Information		Report Results (✓ one box)	
Company: <u>Terracan</u>	Phone:	Project Name: <u>Purcell Hospital Oversight</u>	<input type="checkbox"/> Quantem Website		
Contact: <u>Russell Smalley</u>	Cell Phone: <u>405-446-9826</u>	Project Location: <u>Purcell OK</u>	<input type="checkbox"/> Email _____		
Account #:	E-mail: <u>RussellSmalley@Terracan.com</u>	Project ID: <u>03247167</u>	<input type="checkbox"/> Other _____		
SAMPLED BY: Name: <u>Tucker Meredith</u>	Date: <u>12-24-24</u>	P.O. Number:			

RELINQUISHED BY	DATE & TIME	VIA	RECEIVED BY	DATE & TIME
<u>Tucker Meredith</u>	<u>12-26-24 1500</u>	<u>Drop Box</u>	<u>[Signature]</u>	<u>12/26/24 8:00</u>

REQUESTED SERVICES (Please ✓ the Appropriate Boxes)

PLM	PLM	TEM	TEM	TURNAROUND TIME
<input type="checkbox"/> Bulk Analysis (EPA 600/R-93/116)	<input type="checkbox"/> Vermiculite Attic Insulation (EPA 600/R-04/004)	<input type="checkbox"/> Air- AHERA	<input type="checkbox"/> Bulk- Presence / Absence EPA600/R-93/116	<input checked="" type="checkbox"/> Rush
<input type="checkbox"/> 400 Point Count	<input type="checkbox"/> Other	<input type="checkbox"/> Air- NIOSH 7402	<input type="checkbox"/> Bulk- Quantitative [weight%]- Chatfield	<input type="checkbox"/> Same Day
<input type="checkbox"/> 1000 Point Count		<input type="checkbox"/> Air- ISO 10312	<input type="checkbox"/> Dust- Presence / Absence	<input type="checkbox"/> 24 - Hour
<input type="checkbox"/> Gravimetric Preparation	PCM	<input type="checkbox"/> Drinking Water- EPA 100.2	<input type="checkbox"/> Dust- Quantitative [fibers/sq.cm]- ASTM D5755	<input type="checkbox"/> 3 - Day
<input type="checkbox"/> Particle ID	<input checked="" type="checkbox"/> NIOSH 7400	<input type="checkbox"/> Waste Water- EPA 600/4-83-043	<input type="checkbox"/> Other	<input type="checkbox"/> 5 - Day

No.	Sample ID (10 Characters Max)	✓ To Be Analyzed	Color	Description	Volume / Area (as applicable)	Comments / Notes
1	99550	<input checked="" type="checkbox"/>		N- OF SE Hallway	2.0	S-0726 - F 1700
2	99533	<input checked="" type="checkbox"/>		S OF SE Hallway	2.0	S-0724 - F 1700
3	99525	<input checked="" type="checkbox"/>		E OF SE Hallway	2.0	S 0728 - F 1700
4	99526 ⁵⁶	<input checked="" type="checkbox"/>		W OF SE Hallway	2.0	S 0720 - F 1700
5	99521	<input checked="" type="checkbox"/>		Charge rooms	2.0	S 0734 - F 1700
6	99553	<input checked="" type="checkbox"/>		load out	2.0	S 0738 - F 1700
7	99547	<input checked="" type="checkbox"/>		Exhaust	2.0	S 0740 - F 1700
8	99539	<input checked="" type="checkbox"/>		SE Hallway	2.0	S 0742 - F 1700
9	99534	<input checked="" type="checkbox"/>		Personal	2.0	S 0744 - F 1700
10	99537	<input checked="" type="checkbox"/>		Personal	2.0	S 0748 - F 1700

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Accept ☒ Reject ☐

Contact Information		Project Information		Report Results (✓ one box)	
Company: <u>Terracan</u>	Phone:	Project Name: <u>Pwcaul Hospital Oversight</u>		<input type="checkbox"/> QuanTEM Website	
Contact: <u>Russell Smalley</u>	Cell Phone: <u>105-196-9526</u>	Project Location: <u>Pwcaul OK</u>		<input type="checkbox"/> Email _____	
Account #:	E-mail: <u>Russell.Smalley@terracan.com</u>	Project ID: <u>03247167</u>		<input type="checkbox"/> Other _____	
SAMPLED BY: Name: <u>Tucker Meredith</u>	Date: <u>12-24-24</u>	P.O. Number:			

RELINQUISHED BY	DATE & TIME	VIA	RECEIVED BY	DATE & TIME
<u>Tucker Meredith</u>	<u>12-28-24 1500</u>	<u>Drop Box</u>	<u>[Signature]</u>	<u>12/28/24 8:00</u>

REQUESTED SERVICES (Please ✓ the Appropriate Boxes)

PLM	PLM	TEM	TEM	TURNAROUND TIME
<input type="checkbox"/> Bulk Analysis (EPA 600/R-93/116)	<input type="checkbox"/> Vermiculite Attic Insulation (EPA 600/R-04/004)	<input type="checkbox"/> Air- AHERA	<input type="checkbox"/> Bulk- Presence / Absence EPA600/R-93/116	<input checked="" type="checkbox"/> Rush
<input type="checkbox"/> 400 Point Count	<input type="checkbox"/> Other	<input type="checkbox"/> Air- NIOSH 7402	<input type="checkbox"/> Bulk- Quantitative [weight%]- Chatfield	<input type="checkbox"/> Same Day
<input type="checkbox"/> 1000 Point Count		<input type="checkbox"/> Air- ISO 10312	<input type="checkbox"/> Dust- Presence / Absence	<input type="checkbox"/> 24 - Hour
<input type="checkbox"/> Gravimetric Preparation		<input type="checkbox"/> Drinking Water- EPA 100.2	<input type="checkbox"/> Dust- Quantitative [fibers/sq.cm]- ASTM D5755	<input type="checkbox"/> 3 - Day
<input type="checkbox"/> Particle ID	<input checked="" type="checkbox"/> NIOSH 7400	<input type="checkbox"/> Waste Water- EPA 600/4-83-043	<input type="checkbox"/> Other	<input type="checkbox"/> 5 - Day

No.	Sample ID (10 Characters Max)	✓ To Be Analyzed	Color	Description	Volume / Area (as applicable)	Comments / Notes
1	99528	<input checked="" type="checkbox"/>		Exhaust		0752 - 1700
2	99516	<input checked="" type="checkbox"/>		Exhaust		0754 - 1700
3	99493	<input checked="" type="checkbox"/>		FB/LB		1760
4	99507	<input checked="" type="checkbox"/>		FB/LB		1700
5		<input type="checkbox"/>				
6		<input type="checkbox"/>				
7		<input type="checkbox"/>				
8		<input type="checkbox"/>				
9		<input type="checkbox"/>				
10		<input type="checkbox"/>				



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Phase Contrast Microscopy Analysis Report

QuanTEM Set ID: 375268
Date Received: 12/27/24
Received By: Baylie Puga
Analyst: Cassie Sanborn
Date of Report: 12/27/2024
Methodology: NIOSH 7400, Issue 3
AIHA LAP, LLC: 101352

Client: Russell Smalley
Terracon - OKC
4701 N. Stiles Ave.
Oklahoma City, OK 73105

Acct. No.: A725

Project: Purcell Hospital Oversight
Location: Purcell, OK
Project No.: 03247167

QuanTEM Sample ID	Client Sample ID	Air Volume (liters)	Fibers	Fields	Fiber Density (f/mm2)	Fiber Concentration (f/cc)	Detection Limits (f/cc)	95% LCL (f/cc)	95% UCL (f/cc)
001	99625	1160	1	100	<7	<0.0023	0.0023	N/A	N/A
002	99561	1156	2	100	<7	<0.0023	0.0023	N/A	N/A
003	99575	1152	1	100	<7	<0.0023	0.0023	N/A	N/A
004	99583	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
005	99566	1140	12	100	15	0.0052	0.0024	0.0026	0.010
006	95715	1136	2	100	<7	<0.0024	0.0024	N/A	N/A
007	95722	1132	3	100	<7	<0.0024	0.0024	N/A	N/A
008	95723	1124	2	100	<7	<0.0024	0.0024	N/A	N/A
009	95697	1120	1	100	<7	<0.0024	0.0024	N/A	N/A
010	95705	1116	11	100	14	0.0048	0.0024	0.0024	0.0099
011	99565	1112	4	100	<7	<0.0024	0.0024	N/A	N/A
012	99573	1104	3	100	<7	<0.0024	0.0024	N/A	N/A
013	95716	Blank	ND	100	N/A	N/A	N/A	N/A	N/A
014	99614	Blank	ND	100	N/A	N/A	N/A	N/A	N/A

Laboratory Sr: 0.54 for 5 to 20 fibers. 0.18 for 20 to 50 fibers. 0.14 for >50 fibers.

This report applies only to the standards or procedures indicated and to the specific samples tested. It is not indicative of the qualities of apparently identical or similar products or procedures, nor does it represent an ongoing assurance program unless so noted. These reports are for the exclusive use of the client and are not to be reproduced without specific written permission. QuanTEM is not responsible for user-supplied data used in calculation. Customer provided data such as volumes, areas, etc., cannot be verified by QuanTEM Laboratories, LLC.

Unless otherwise noted, upon receipt the condition of the sample was acceptable for analysis.

Results have been blank corrected per the NIOSH 7400 method, as applicable.

ND = None Detected



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Phase Contrast Microscopy Analysis Report

QuanTEM Set ID: 375268
Date Received: 12/27/24
Received By: Baylie Puga
Analyst: Cassie Sanborn
Date of Report: 12/27/2024
Methodology: NIOSH 7400, Issue 3
AIHA LAP, LLC: 101352

Client: Russell Smalley
Terracon - OKC
4701 N. Stiles Ave.
Oklahoma City, OK 73105

Acct. No.: A725

Project: Purcell Hospital Oversight
Location: Purcell, OK
Project No.: 03247167

QuanTEM Sample ID	Client Sample ID	Air Volume (liters)	Fibers	Fields	Fiber Density (f/mm2)	Fiber Concentration (f/cc)	Detection Limits (f/cc)	95% LCL (f/cc)	95% UCL (f/cc)
375268-004	Unable to prepare sample. Filter destroyed prior to receipt at QuanTEM.								

Authorized Signature: _____

Cassie Sanborn

Cassie Sanborn, Laboratory Analyst

Laboratory Sr: 0.54 for 5 to 20 fibers. 0.18 for 20 to 50 fibers. 0.14 for >50 fibers.

This report applies only to the standards or procedures indicated and to the specific samples tested. It is not indicative of the qualities of apparently identical or similar products or procedures, nor does it represent an ongoing assurance program unless so noted. These reports are for the exclusive use of the client and are not to be reproduced without specific written permission. QuanTEM is not responsible for user-supplied data used in calculation. Customer provided data such as volumes, areas, etc., cannot be verified by QuanTEM Laboratories, LLC.

Unless otherwise noted, upon receipt the condition of the sample was acceptable for analysis.

Results have been blank corrected per the NIOSH 7400 method, as applicable.

ND = None Detected

ASBESTOS CHAIN OF CUSTODY

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Page 1 of 2

For Lab Use Only	
Lab No.	375268
<input checked="" type="checkbox"/> Accept	<input type="checkbox"/> Reject

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Contact Information		Project Information		Report Results (<input checked="" type="checkbox"/> one box)
Company: <u>Terraceon</u>	Phone: <u>405-612-8148</u>	Project Name: <u>local Hospital oversight</u>	<input type="checkbox"/> QuanTEM Website	<input type="checkbox"/> Email _____ <input type="checkbox"/> Other _____
Contact: <u>Russell Smalley</u>	Cell Phone: <u>405-496-9520</u>	Project Location: <u>Purcell OK</u>	<input type="checkbox"/> Email _____	
Account #:	E-mail: <u>Russell.Smalley@terracoon.com</u>	Project ID: <u>03247167</u>	<input type="checkbox"/> Other _____	
SAMPLED BY: Name: <u>Tucker Meredith</u>	Date: <u>12-26-2013</u>	P.O. Number:		

RELINQUISHED BY	DATE & TIME	VIA	RECEIVED BY	DATE & TIME
<u>Tucker Meredith</u>	<u>12-27-24 0815</u>	<u>Drop off</u>	<u>Johny [Signature]</u>	<u>12/27/24 0815</u>
<u>Johny [Signature]</u>	<u>12-27-24 0913</u>	<u>Drop off</u>	<u>[Signature]</u>	<u>12/27/24 9:15</u>

REQUESTED SERVICES (Please ☒ the Appropriate Boxes)

PLM	PLM	TEM	TEM	TURNAROUND TIME
<input type="checkbox"/> Bulk Analysis (EPA 600/R-93/116)	<input type="checkbox"/> Vermiculite Attic Insulation (EPA 600/R-04/004)	<input type="checkbox"/> Air- AHERA	<input type="checkbox"/> Bulk- Presence / Absence EPA600/R-93/116	<input checked="" type="checkbox"/> Rush
<input type="checkbox"/> 400 Point Count	<input type="checkbox"/> Other	<input type="checkbox"/> Air- NIOSH 7402	<input type="checkbox"/> Bulk- Quantitative [weight%]- Chatfield	<input type="checkbox"/> Same Day
<input type="checkbox"/> 1000 Point Count		<input type="checkbox"/> Air- ISO 10312	<input type="checkbox"/> Dust- Presence / Absence	<input type="checkbox"/> 24 - Hour
<input type="checkbox"/> Gravimetric Preparation		<input type="checkbox"/> Drinking Water- EPA 100.2	<input type="checkbox"/> Dust- Quantitative [fibers/sq.cm]- ASTM D5755	<input type="checkbox"/> 3 - Day
<input type="checkbox"/> Particle ID	<input checked="" type="checkbox"/> PCM NIOSH 7400	<input type="checkbox"/> Waste Water- EPA 600/4-83-043	<input type="checkbox"/> Other	<input type="checkbox"/> 5 - Day

No.	Sample ID (10 Characters Max)	<input checked="" type="checkbox"/> To Be Analyzed	Color	Description	Volume / Area (as applicable)	Comments / Notes
1	99625	<input checked="" type="checkbox"/>		N. of SE Hallway	2.0	S-0720 F-1700
2	99561	<input checked="" type="checkbox"/>		S of SE Hallway	2.0	S-0722 F-1700
3	99575	<input checked="" type="checkbox"/>		E of SE Hallway	2.0	S-0724 F-1700
4	99583	<input checked="" type="checkbox"/>		W of SE Hallway	2.0	S-0728 F-1700
5	99566	<input checked="" type="checkbox"/>		Change room	2.0	S-0730 F-1700
6	95718	<input checked="" type="checkbox"/>		load out	2.0	S-0732 F-1700
7	95722	<input checked="" type="checkbox"/>		Exhaust	2.0	S-0734 F-1700
8	95723	<input checked="" type="checkbox"/>		SE Hallway	2.0	S-0738 F-1700
9	95697	<input checked="" type="checkbox"/>		Personal	2.0	S-0740 F-1700
10	95705	<input checked="" type="checkbox"/>		Personal	2.0	S-0742 F-1700

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Lab No. 375268

☒ Accept ☐ Reject

Contact Information				Project Information				Report Results (<input checked="" type="checkbox"/> one box)	
Company: <u>Tenneco</u>		Phone: <u>405-612-8498</u>		Project Name: <u>Russell Hospital Oversight</u>		<input type="checkbox"/> QuanTEM Website			
Contact: <u>Russell Smalley</u>		Cell Phone: <u>405-496-8806</u>		Project Location: <u>Parall OK</u>		<input type="checkbox"/> Email _____			
Account #:		E-mail: <u>Russell.Smalley@teneco.com</u>		Project ID: <u>03247167</u>		<input type="checkbox"/> Other _____			
SAMPLED BY: Name: <u>Tucker Meredith</u>		Date: <u>12-26-24</u>		P.O. Number:					

RELINQUISHED BY		DATE & TIME	VIA	RECEIVED BY		DATE & TIME
<u>Tucker Meredith</u>		<u>12-27-24</u>	<u>Drop off</u>	<u>Johny Ho</u>		<u>12/27/24 0815</u>
<u>Johny Ho</u>		<u>12/27/24 0913</u>	<u>Drop off</u>	<u>Andrew</u>		<u>12/27/24 0915</u>

REQUESTED SERVICES (Please <input checked="" type="checkbox"/> the Appropriate Boxes)				
PLM	PLM	TEM	TEM	TURNAROUND TIME
<input type="checkbox"/> Bulk Analysis (EPA 600/R-93/116)	<input type="checkbox"/> Vermiculite Attic Insulation (EPA 600/R-04/004)	<input type="checkbox"/> Air- AHERA	<input type="checkbox"/> Bulk- Presence / Absence EPA600/R-93/116	<input checked="" type="checkbox"/> Rush
<input type="checkbox"/> 400 Point Count	<input type="checkbox"/> Other	<input type="checkbox"/> Air- NIOSH 7402	<input type="checkbox"/> Bulk- Quantitative [weight%]- Chatfield	<input type="checkbox"/> Same Day
<input type="checkbox"/> 1000 Point Count		<input type="checkbox"/> Air- ISO 10312	<input type="checkbox"/> Dust- Presence / Absence	<input type="checkbox"/> 24 - Hour
<input type="checkbox"/> Gravimetric Preparation	PCM	<input type="checkbox"/> Drinking Water- EPA 100.2	<input type="checkbox"/> Dust- Quantitative [fibers/sq.cm]- ASTM D5755	<input type="checkbox"/> 3 - Day
<input type="checkbox"/> Particle ID	<input checked="" type="checkbox"/> NIOSH 7400	<input type="checkbox"/> Waste Water- EPA 600/4-83-043	<input type="checkbox"/> Other	<input type="checkbox"/> 5 - Day

No.	Sample ID (10 Characters Max)	<input checked="" type="checkbox"/> To Be Analyzed	Color	Description	Volume / Area (as applicable)	Comments / Notes
1	99565	<input checked="" type="checkbox"/>		Exhaust	0.0	S-0744 F-1700
2	99573	<input checked="" type="checkbox"/>		Exhaust	2.0	S-0748 F-1700
3	98716	<input checked="" type="checkbox"/>		FB/LB	1	1700-
4	99611	<input checked="" type="checkbox"/>		FB/LB	1	1700
5		<input type="checkbox"/>				
6		<input type="checkbox"/>				
7		<input type="checkbox"/>				
8		<input type="checkbox"/>				
9		<input type="checkbox"/>				
10		<input type="checkbox"/>				



2033 HERITAGE PARK DR, OKLAHOMA CITY, OK 73120

1.800.822.1650

Phase Contrast Microscopy Analysis Report

QuanTEM Set ID: 375280
Date Received: 12/30/24
Received By: Amanda Bass
Analyst: Cassie Sanborn
Date of Report: 12/30/2024
Methodology: NIOSH 7400, Issue 3
AIHA LAP, LLC: 101352

Client: Russell Smalley
Terracon - OKC
4701 N. Stiles Ave.
Oklahoma City, OK 73105

Acct. No.: A725

Project: Purcell Hospital Oversight
Location: Purcell, OK
Project No.: 03247167

QuanTEM Sample ID	Client Sample ID	Air Volume (liters)	Fibers	Fields	Fiber Density (f/mm2)	Fiber Concentration (f/cc)	Detection Limits (f/cc)	95% LCL (f/cc)	95% UCL (f/cc)
001	95719	1160	1	100	<7	<0.0023	0.0023	N/A	N/A
002	99621	1156	2	100	<7	<0.0023	0.0023	N/A	N/A
003	99574	1152	ND	100	<7	<0.0023	0.0023	N/A	N/A
004	95713	1144	1	100	<7	<0.0024	0.0024	N/A	N/A
005	99633	1140	41	100	52	0.018	0.0024	0.011	0.032
006	99572	1136	18	100	23	0.0078	0.0024	0.0042	0.015
007	99578	1128	11	100	14	0.0048	0.0024	0.0024	0.0098
008	99559	1124	9	100	11	0.0039	0.0024	0.0019	0.0084
009	99571	1120	8	100	10	0.0035	0.0024	0.0016	0.0076
010	99568	1116	1	100	<7	<0.0024	0.0024	N/A	N/A
011	95724	1090	5	100	<7	<0.0025	0.0025	N/A	N/A
012	95699	1080	1	100	<7	<0.0025	0.0025	N/A	N/A
013	99558	Blank	ND	100	N/A	N/A	N/A	N/A	N/A
014	99570	Blank	ND	100	N/A	N/A	N/A	N/A	N/A

Laboratory Sr: 0.54 for 5 to 20 fibers. 0.18 for 20 to 50 fibers. 0.14 for >50 fibers.

This report applies only to the standards or procedures indicated and to the specific samples tested. It is not indicative of the qualities of apparently identical or similar products or procedures, nor does it represent an ongoing assurance program unless so noted. These reports are for the exclusive use of the client and are not to be reproduced without specific written permission. QuanTEM is not responsible for user-supplied data used in calculation. Customer provided data such as volumes, areas, etc., cannot be verified by QuanTEM Laboratories, LLC.

Unless otherwise noted, upon receipt the condition of the sample was acceptable for analysis.

Results have been blank corrected per the NIOSH 7400 method, as applicable.

ND = None Detected



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Phase Contrast Microscopy Analysis Report

QuanTEM Set ID: 375280
Date Received: 12/30/24
Received By: Amanda Bass
Analyst: Cassie Sanborn
Date of Report: 12/30/2024
Methodology: NIOSH 7400, Issue 3
AIHA LAP, LLC: 101352

Client: Russell Smalley
Terracon - OKC
4701 N. Stiles Ave.
Oklahoma City, OK 73105

Acct. No.: A725

Project: Purcell Hospital Oversight
Location: Purcell, OK
Project No.: 03247167

QuanTEM Sample ID	Client Sample ID	Air Volume (liters)	Fibers	Fields	Fiber Density (f/mm2)	Fiber Concentration (f/cc)	Detection Limits (f/cc)	95% LCL (f/cc)	95% UCL (f/cc)
----------------------	---------------------	---------------------------	--------	--------	-----------------------------	----------------------------------	-------------------------------	-------------------	-------------------

Authorized Signature: _____

Cassie Sanborn

Cassie Sanborn, Laboratory Analyst

Laboratory Sr: 0.54 for 5 to 20 fibers. 0.18 for 20 to 50 fibers. 0.14 for >50 fibers.

This report applies only to the standards or procedures indicated and to the specific samples tested. It is not indicative of the qualities of apparently identical or similar products or procedures, nor does it represent an ongoing assurance program unless so noted. These reports are for the exclusive use of the client and are not to be reproduced without specific written permission. QuanTEM is not responsible for user-supplied data used in calculation. Customer provided data such as volumes, areas, etc., cannot be verified by QuanTEM Laboratories, LLC.

Unless otherwise noted, upon receipt the condition of the sample was acceptable for analysis.

Results have been blank corrected per the NIOSH 7400 method, as applicable.

ND = None Detected

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Lab No. 315280

Accept ☒ Reject ☐

Contact Information		Project Information		Report Results (<input checked="" type="checkbox"/> one box)
Company: <u>Terracore</u>	Phone: <u>105-612-8498</u>	Project Name: <u>Purcell Hospital Oversight</u>	<input type="checkbox"/> QuanTEM Website	
Contact: <u>Russell Smalley</u>	Cell Phone: <u>105-194-1520</u>	Project Location: <u>Purcell Ok.</u>	<input type="checkbox"/> Email _____	
Account #:	E-mail: <u>Russell.Smalley@Terracore.com</u>	Project ID: <u>03217467</u>	<input type="checkbox"/> Other _____	
SAMPLED BY: Name: <u>Tucker Meredith</u>	Date: <u>12-27-24</u>	P.O. Number:		

RELINQUISHED BY	DATE & TIME	VIA	RECEIVED BY	DATE & TIME
<u>Tucker Meredith</u>	<u>12-28-24 10:45</u>	<u>Drop Box</u>	<u>Ken Bass</u>	<u>12/30/24 8:00</u>

REQUESTED SERVICES (Please ☒ the Appropriate Boxes)

PLM	PLM	TEM	TEM	TURNAROUND TIME
<input type="checkbox"/> Bulk Analysis (EPA 600/R-93/116)	<input type="checkbox"/> Vermiculite Attic Insulation (EPA 600/R-04/004)	<input type="checkbox"/> Air- AHERA	<input type="checkbox"/> Bulk- Presence / Absence EPA600/R-93/116	<input checked="" type="checkbox"/> Rush
<input type="checkbox"/> 400 Point Count	<input type="checkbox"/> Other	<input type="checkbox"/> Air- NIOSH 7402	<input type="checkbox"/> Bulk- Quantitative [weight%]- Chatfield	<input type="checkbox"/> Same Day
<input type="checkbox"/> 1000 Point Count		<input type="checkbox"/> Air- ISO 10312	<input type="checkbox"/> Dust- Presence / Absence	<input type="checkbox"/> 24 - Hour
<input type="checkbox"/> Gravimetric Preparation	PCM	<input type="checkbox"/> Drinking Water- EPA 100.2	<input type="checkbox"/> Dust- Quantitative [fibers/sq.cm]- ASTM D5755	<input type="checkbox"/> 3 - Day
<input type="checkbox"/> Particle ID	<input checked="" type="checkbox"/> NIOSH 7400	<input type="checkbox"/> Waste Water- EPA 600/4-83-043	<input type="checkbox"/> Other	<input type="checkbox"/> 5 - Day

No.	Sample ID (10 Characters Max)	<input checked="" type="checkbox"/> To Be Analyzed	Color	Description	Volume / Area (as applicable)	Comments / Notes
1	95719	<input checked="" type="checkbox"/>		NOF SW Hallway	2.0	S-0720 F-1700
2	99621	<input checked="" type="checkbox"/>		S of SW Hallway	2.0	S-0722 F-1700
3	99574	<input checked="" type="checkbox"/>		E of SW Hallway	2.0	S-0724 F-1700
4	95713	<input checked="" type="checkbox"/>		W of SW Hallway	2.0	S-0728 F-1700
5	99633	<input checked="" type="checkbox"/>		Change Room	2.0	S-0730 F-1700
6	99572	<input checked="" type="checkbox"/>		Exhaust	2.0	S-0732 F-1700
7	99578	<input checked="" type="checkbox"/>		SE Hallway	2.0	S-0736 F-1700
8	99559	<input checked="" type="checkbox"/>		Personal	2.0	S-0738 F-1700
9	99571	<input checked="" type="checkbox"/>		Personal	2.0	S-0740 F-1700
10	99568	<input checked="" type="checkbox"/>		Exhaust	2.0	S-0742 F-1700

ASBESTOS CHAIN OF CUSTODY

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Page 2 of 2

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Lab No. <u>375280</u>	
<input checked="" type="checkbox"/> Accept	<input type="checkbox"/> Reject

Contact Information		Project Information		Report Results (<input checked="" type="checkbox"/> one box)
Company: <u>Terracon</u>	Phone: <u>405-612-8198</u>	Project Name: <u>Parcell Hospital overstyle</u>	<input type="checkbox"/> QuanTEM Website	
Contact: <u>Russell Smalley</u>	Cell Phone: <u>405-496-9826</u>	Project Location: <u>Parcell OH</u>	<input type="checkbox"/> Email _____	
Account #:	E-mail: <u>Russell-Smalley@terracon.com</u>	Project ID: <u>03247167</u>	<input type="checkbox"/> Other _____	
SAMPLED BY: Name: <u>Tucker Meredith</u>	Date: <u>12-27-24</u>	P.O. Number:		

RELINQUISHED BY	DATE & TIME	VIA	RECEIVED BY	DATE & TIME
<u>Tucker Meredith</u>	<u>12-28-24 10:15</u>	<u>Dropbox</u>	<u>Ann Burns</u>	<u>12/30/24 8:00</u>

REQUESTED SERVICES (Please <input checked="" type="checkbox"/> the Appropriate Boxes)				
PLM	PLM	TEM	TEM	TURNAROUND TIME
<input type="checkbox"/> Bulk Analysis (EPA 600/R-93/116)	<input type="checkbox"/> Vermiculite Attic Insulation (EPA 600/R-04/004)	<input type="checkbox"/> Air- AHERA	<input type="checkbox"/> Bulk- Presence / Absence EPA600/R-93/116	<input checked="" type="checkbox"/> Rush
<input type="checkbox"/> 400 Point Count	<input type="checkbox"/> Other	<input type="checkbox"/> Air- NIOSH 7402	<input type="checkbox"/> Bulk- Quantitative [weight%]- Chatfield	<input type="checkbox"/> Same Day
<input type="checkbox"/> 1000 Point Count		<input type="checkbox"/> Air- ISO 10312	<input type="checkbox"/> Dust- Presence / Absence	<input type="checkbox"/> 24 - Hour
<input type="checkbox"/> Gravimetric Preparation		<input type="checkbox"/> Drinking Water- EPA 100.2	<input type="checkbox"/> Dust- Quantitative [fibers/sq.cm]- ASTM D5755	<input type="checkbox"/> 3 - Day
<input type="checkbox"/> Particle ID	<input checked="" type="checkbox"/> NIOSH 7400	<input type="checkbox"/> Waste Water- EPA 600/4-83-043	<input type="checkbox"/> Other	<input type="checkbox"/> 5 - Day

No.	Sample ID (10 Characters Max)	<input checked="" type="checkbox"/> To Be Analyzed	Color	Description	Volume / Area (as applicable)	Comments / Notes
1	95724	<input checked="" type="checkbox"/>		Exhaust	2.0	0755 - 1700
2	95695699	<input checked="" type="checkbox"/>		load out	2.0	0800 - 1700
3	99558	<input checked="" type="checkbox"/>		FB/LB		
4	99570	<input checked="" type="checkbox"/>		FB/LB		
5		<input type="checkbox"/>				
6		<input type="checkbox"/>				
7		<input type="checkbox"/>				
8		<input type="checkbox"/>				
9		<input type="checkbox"/>				
10		<input type="checkbox"/>				



2033 HERITAGE PARK DR, OKLAHOMA CITY, OK 73120

1.800.822.1650

Phase Contrast Microscopy Analysis Report

QuanTEM Set ID: 375313
Date Received: 12/31/24
Received By: Amanda Bass
Analyst: Cassie Sanborn
Date of Report: 12/31/2024
Methodology: NIOSH 7400, Issue 3
AIHA LAP, LLC: 101352

Client: Russell Smalley
Terracon - OKC
4701 N. Stiles Ave.
Oklahoma City, OK 73105

Acct. No.: A725

Project: Purcell Hospital Oversight
Location: Purcell, OK
Project No.: 03724167

QuanTEM Sample ID	Client Sample ID	Air Volume (liters)	Fibers	Fields	Fiber Density (f/mm2)	Fiber Concentration (f/cc)	Detection Limits (f/cc)	95% LCL (f/cc)	95% UCL (f/cc)
001	99618	1160	1	100	<7	<0.0023	0.0023	N/A	N/A
002	95702	1152	4	100	<7	<0.0023	0.0023	N/A	N/A
003	99647	1148	2	100	<7	<0.0023	0.0023	N/A	N/A
004	95721	1144	3	100	<7	<0.0024	0.0024	N/A	N/A
005	99567	1140	71	100	90	0.031	0.0024	0.019	0.053
006	95703	1132	ND	100	<7	<0.0024	0.0024	N/A	N/A
007	95731	1124	1	100	<7	<0.0024	0.0024	N/A	N/A
008	95696	1120	1	100	<7	<0.0024	0.0024	N/A	N/A
009	95687	1112	ND	100	<7	<0.0024	0.0024	N/A	N/A
010	99582	1104	5	100	<7	<0.0024	0.0024	N/A	N/A
011	99569	1096	4	100	<7	<0.0025	0.0025	N/A	N/A
012	99600	1090	2	100	<7	<0.0025	0.0025	N/A	N/A
013	99560	Blank	ND	100	N/A	N/A	N/A	N/A	N/A
014	99563	Blank	ND	100	N/A	N/A	N/A	N/A	N/A

Laboratory Sr: 0.54 for 5 to 20 fibers. 0.18 for 20 to 50 fibers. 0.14 for >50 fibers.

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Unless otherwise noted, upon receipt the condition of the sample was acceptable for analysis.

Results have been blank corrected per the NIOSH 7400 method, as applicable.

ND = None Detected



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Phase Contrast Microscopy Analysis Report

QuanTEM Set ID: 375313
Date Received: 12/31/24
Received By: Amanda Bass
Analyst: Cassie Sanborn
Date of Report: 12/31/2024
Methodology: NIOSH 7400, Issue 3
AIHA LAP, LLC: 101352

Client: Russell Smalley
Terracon - OKC
4701 N. Stiles Ave.
Oklahoma City, OK 73105

Acct. No.: A725

Project: Purcell Hospital Oversight
Location: Purcell, OK
Project No.: 03724167

QuanTEM Sample ID	Client Sample ID	Air Volume (liters)	Fibers	Fields	Fiber Density (f/mm2)	Fiber Concentration (f/cc)	Detection Limits (f/cc)	95% LCL (f/cc)	95% UCL (f/cc)
----------------------	---------------------	---------------------------	--------	--------	-----------------------------	----------------------------------	-------------------------------	-------------------	-------------------

Authorized Signature: Cassie Sanborn
Cassie Sanborn, Laboratory Analyst

Laboratory Sr: 0.54 for 5 to 20 fibers. 0.18 for 20 to 50 fibers. 0.14 for >50 fibers.

This report applies only to the standards or procedures indicated and to the specific samples tested. It is not indicative of the qualities of apparently identical or similar products or procedures, nor does it represent an ongoing assurance program unless so noted. These reports are for the exclusive use of the client and are not to be reproduced without specific written permission. QuanTEM is not responsible for user-supplied data used in calculation. Customer provided data such as volumes, areas, etc., cannot be verified by QuanTEM Laboratories, LLC.

Unless otherwise noted, upon receipt the condition of the sample was acceptable for analysis.

Results have been blank corrected per the NIOSH 7400 method, as applicable.

ND = None Detected

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Page 1 of 2

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Lab No. 375313

Accept ☒ Reject ☐

Contact Information		Project Information	
Company: <u>Terracom</u>	Phone: <u>405-6128498</u>	Project Name: <u>Powell Hospital/oversight</u>	
Contact: <u>Russell Smalley</u>	Cell Phone: <u>405-446-9526</u>	Project Location: <u>Powell on</u>	
Account #:	E-mail: <u>Russell.S.malley@terracom.com</u>	Project ID: <u>03724167</u>	
SAMPLED BY: Name: <u>Tucker Meredith</u>	Date: <u>12-30-24</u>	P.O. Number:	

Report Results (☒ one box)

☐ QuanTEM Website
☐ Email _____
☐ Other _____

RELINQUISHED BY	DATE & TIME	VIA	RECEIVED BY	DATE & TIME
<u>Tucker Meredith</u>	<u>12-31-24 0915</u>	<u>person</u>	<u>[Signature]</u>	<u>12/31/24 10:15</u>

REQUESTED SERVICES (Please ☒ the Appropriate Boxes)

PLM	PLM	TEM	TEM	TURNAROUND TIME
<input type="checkbox"/> Bulk Analysis (EPA 600/R-93/116)	<input type="checkbox"/> Vermiculite Attic Insulation (EPA 600/R-04/004)	<input type="checkbox"/> Air- AHERA	<input type="checkbox"/> Bulk- Presence / Absence EPA600/R-93/116	<input checked="" type="checkbox"/> Rush
<input type="checkbox"/> 400 Point Count	<input type="checkbox"/> Other	<input type="checkbox"/> Air- NIOSH 7402	<input type="checkbox"/> Bulk- Quantitative [weight%]- Chatfield	<input type="checkbox"/> Same Day
<input type="checkbox"/> 1000 Point Count		<input type="checkbox"/> Air- ISO 10312	<input type="checkbox"/> Dust- Presence / Absence	<input type="checkbox"/> 24 - Hour
<input type="checkbox"/> Gravimetric Preparation	<input checked="" type="checkbox"/> PCM	<input type="checkbox"/> Drinking Water- EPA 100.2	<input type="checkbox"/> Dust- Quantitative [fibers/sq.cm]- ASTM D5755	<input type="checkbox"/> 3 - Day
<input type="checkbox"/> Particle ID	<input checked="" type="checkbox"/> NIOSH 7400	<input type="checkbox"/> Waste Water- EPA 600/4-83-043	<input type="checkbox"/> Other	<input type="checkbox"/> 5 - Day

No.	Sample ID (10 Characters Max)	<input checked="" type="checkbox"/> To Be Analyzed	Color	Description	Volume / Area (as applicable)	Comments / Notes
1	99618	<input checked="" type="checkbox"/>		NOF SW Hallway	2.0	S-0720 F-1700
2	95702	<input checked="" type="checkbox"/>		S of SW Hallway	2.0	S-0724 F-1700
3	94647	<input checked="" type="checkbox"/>		E of SW Hallway	2.0	S-0726 F-1700
4	95721	<input checked="" type="checkbox"/>		W of SW Hallway	2.0	S-0728 F-1700
5	99567	<input checked="" type="checkbox"/>		Change room	2.0	S-0730 F-1700
6	95703	<input checked="" type="checkbox"/>		Exhaust	2.0	S-0734 F-1700
7	95731	<input checked="" type="checkbox"/>		SE Hallway	2.0	S-0738 F-1700
8	95696	<input checked="" type="checkbox"/>		Personal	2.0	S-0740 F-1700
9	95687	<input checked="" type="checkbox"/>		Personal	2.0	S-0744 F-1700
10	94592	<input checked="" type="checkbox"/>		Exhaust	2.0	S-0748 F-1700



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Lab No. 375313

☒ Accept ☐ Reject

Project Information						
Company: <u>Terracore</u>			Project Name: <u>Porcell Hospital oversight</u>		Project Location: <u>Porcell OK</u>	
No.	Sample ID (10 Characters Max)	<input checked="" type="checkbox"/> To Be Analyzed	Color	Description	Volume / Area (as applicable)	Comments / Notes
11	99564	<input checked="" type="checkbox"/>		Exhaust	2.0	S-0752 F-1700
12	99600	<input checked="" type="checkbox"/>		loadout	2.0	S-0755 F-1700
13	99560	<input checked="" type="checkbox"/>		Lab Blank		1700
14	99563	<input checked="" type="checkbox"/>		Field Blank		1700
15		<input type="checkbox"/>				
16		<input type="checkbox"/>				
17		<input type="checkbox"/>				
18		<input type="checkbox"/>				
19		<input type="checkbox"/>				
20		<input type="checkbox"/>				
21		<input type="checkbox"/>				
22		<input type="checkbox"/>				
23		<input type="checkbox"/>				
24		<input type="checkbox"/>				
25		<input type="checkbox"/>				
26		<input type="checkbox"/>				
27		<input type="checkbox"/>				
28		<input type="checkbox"/>				
29		<input type="checkbox"/>				
30		<input type="checkbox"/>				



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Phase Contrast Microscopy Analysis Report

QuanTEM Set ID: 375339
Date Received: 01/02/25
Received By: Amanda Bass
Analyst: Dee Ammerman
Date of Report: 1/2/2025
Methodology: NIOSH 7400, Issue 3
AIHA LAP, LLC: 101352

Client: Russell Smalley
 Terracon - OKC
 4701 N. Stiles Ave.
 Oklahoma City, OK 73105

Acct. No.: A725

Project: Purcell Hospital Oversight
Location: Purcell, OK
Project No.: 03247167

QuanTEM Sample ID	Client Sample ID	Air Volume (liters)	Fibers	Fields	Fiber Density (f/mm2)	Fiber Concentration (f/cc)	Detection Limits (f/cc)	95% LCL (f/cc)	95% UCL (f/cc)
001	99577	1124	1	100	<7	<0.0024	0.0024	N/A	N/A
002	99581	1120	ND	100	<7	<0.0024	0.0024	N/A	N/A
003	99580	1116	1	100	<7	<0.0024	0.0024	N/A	N/A
004	99564	1112	1	100	<7	<0.0024	0.0024	N/A	N/A
005	99591	1108	10	100	13	0.0044	0.0024	0.0022	0.0092
006	99557	1104	8	100	10	0.0036	0.0024	0.0016	0.0077
007	99594	1100	18	100	23	0.0080	0.0024	0.0044	0.015
008	41563	1092	12	100	15	0.0054	0.0025	0.0027	0.011
009	41521	1088	9	100	11	0.0041	0.0025	0.0019	0.0086
010	41557	1084	3	100	<7	<0.0025	0.0025	N/A	N/A
011	41515	1076	2	100	<7	<0.0025	0.0025	N/A	N/A
012	41514	1072	ND	100	<7	<0.0025	0.0025	N/A	N/A
013	41504	Blank	ND	100	N/A	N/A	N/A	N/A	N/A
014	41555	Blank	ND	100	N/A	N/A	N/A	N/A	N/A

Laboratory Sr: 0.54 for 5 to 20 fibers. 0.18 for 20 to 50 fibers. 0.14 for >50 fibers.

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Unless otherwise noted, upon receipt the condition of the sample was acceptable for analysis.

Results have been blank corrected per the NIOSH 7400 method, as applicable.

ND = None Detected



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Phase Contrast Microscopy Analysis Report

QuanTEM Set ID: 375339

Date Received: 01/02/25

Received By: Amanda Bass

Analyst: Dee Ammerman

Date of Report: 1/2/2025

Methodology: NIOSH 7400, Issue 3

AIHA LAP, LLC: 101352

Client: Russell Smalley
Terracon - OKC
4701 N. Stiles Ave.
Oklahoma City, OK 73105

Acct. No.: A725

Project: Purcell Hospital Oversight

Location: Purcell, OK

Project No.: 03247167

QuanTEM Sample ID	Client Sample ID	Air Volume (liters)	Fibers	Fields	Fiber Density (f/mm2)	Fiber Concentration (f/cc)	Detection Limits (f/cc)	95% LCL (f/cc)	95% UCL (f/cc)
----------------------	---------------------	---------------------------	--------	--------	-----------------------------	----------------------------------	-------------------------------	-------------------	-------------------

Authorized Signature:

Dee Ammerman, Laboratory Manager

Laboratory Sr: 0.54 for 5 to 20 fibers. 0.18 for 20 to 50 fibers. 0.14 for >50 fibers.

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Unless otherwise noted, upon receipt the condition of the sample was acceptable for analysis.

Results have been blank corrected per the NIOSH 7400 method, as applicable.

ND = None Detected

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Lab No. 375339

Accept ☒ Reject ☐

Contact Information		Project Information		Report Results (<input checked="" type="checkbox"/> one box)
Company: <u>Terracan</u>	Phone: <u>405-612-8498</u>	Project Name: <u>Russell Hospital Overight</u>	<input type="checkbox"/> QuanTEM Website	
Contact: <u>Russell Smalley</u>	Cell Phone: <u>405-496-9822</u>	Project Location: <u>Russell OK</u>	<input type="checkbox"/> Email _____	
Account #:	E-mail: <u>Russell Smalley@terraca.com</u>	Project ID: <u>03247167</u>	<input type="checkbox"/> Other _____	
SAMPLED BY: Name: <u>Tucker Mendish</u>	Date: <u>1-2-25</u>	P.O. Number:		

RELINQUISHED BY	DATE & TIME	VIA	RECEIVED BY	DATE & TIME
<u>Tucker Mendish</u>	<u>1-2-25</u>	<u>Hand</u>	<u>Amber</u>	<u>1/2/25 9:09</u>

REQUESTED SERVICES (Please ☒ the Appropriate Boxes)

PLM	PLM	TEM	TEM	TURNAROUND TIME
<input type="checkbox"/> Bulk Analysis (EPA 600/R-93/116)	<input type="checkbox"/> Vermiculite Attic Insulation (EPA 600/R-04/004)	<input type="checkbox"/> Air- AHERA	<input type="checkbox"/> Bulk- Presence / Absence EPA600/R-93/116	<input checked="" type="checkbox"/> Rush
<input type="checkbox"/> 400 Point Count	<input type="checkbox"/> Other	<input type="checkbox"/> Air- NIOSH 7402	<input type="checkbox"/> Bulk- Quantitative [weight%]- Chatfield	<input type="checkbox"/> Same Day
<input type="checkbox"/> 1000 Point Count		<input type="checkbox"/> Air- ISO 10312	<input type="checkbox"/> Dust- Presence / Absence	<input type="checkbox"/> 24 - Hour
<input type="checkbox"/> Gravimetric Preparation		<input type="checkbox"/> Drinking Water- EPA 100.2	<input type="checkbox"/> Dust- Quantitative [fibers/sq.cm]- ASTM D5755	<input type="checkbox"/> 3 - Day
<input type="checkbox"/> Particle ID	<input checked="" type="checkbox"/> PCM NIOSH 7400	<input type="checkbox"/> Waste Water- EPA 600/4-83-043	<input type="checkbox"/> Other	<input type="checkbox"/> 5 - Day

No.	Sample ID (10 Characters Max)	<input checked="" type="checkbox"/> To Be Analyzed	Color	Description	Volume / Area (as applicable)	Comments / Notes
1	99577	<input checked="" type="checkbox"/>		N of SW Hallway	2.0	S-0738 F-1700
2	99581	<input checked="" type="checkbox"/>		SO of SW Hallway	2.0	S-0740 F-1700
3	99580	<input checked="" type="checkbox"/>		E of SW Hallway	2.0	S-0742 F-1700
4	99576	<input checked="" type="checkbox"/>		W of SW Hallway	2.0	S-0744 F-1700
5	99591	<input checked="" type="checkbox"/>		Change room	2.0	S-0746 F-1700
6	99557	<input checked="" type="checkbox"/>		Exhaust	2.0	S-0748 F-1700
7	99594	<input checked="" type="checkbox"/>		SE Hallway	2.0	S-0750 F-1700
8	41563	<input checked="" type="checkbox"/>		Personal	2.0	S-0754 F-1700
9	41521	<input checked="" type="checkbox"/>		Personal	2.0	S-0756 F-1700
10	11557	<input checked="" type="checkbox"/>		Exhaust	2.0	S-0758 F-1700



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Lab No. 375339
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Project Information						
Company:		Project Name:		Project Location:		
No.	Sample ID (10 Characters Max)	<input checked="" type="checkbox"/> To Be Analyzed	Color	Description	Volume / Area (as applicable)	Comments / Notes
11	41515	<input checked="" type="checkbox"/>		Exhaust	2.0	S-0802 F-1700
12	41514	<input checked="" type="checkbox"/>		load out	2.0	S-0804 F-1700
13	41504	<input checked="" type="checkbox"/>		FB	/	1700
14	41555	<input checked="" type="checkbox"/>		LB	/	1700
15		<input type="checkbox"/>				
16		<input type="checkbox"/>				
17		<input type="checkbox"/>				
18		<input type="checkbox"/>				
19		<input type="checkbox"/>				
20		<input type="checkbox"/>				
21		<input type="checkbox"/>				
22		<input type="checkbox"/>				
23		<input type="checkbox"/>				
24		<input type="checkbox"/>				
25		<input type="checkbox"/>				
26		<input type="checkbox"/>				
27		<input type="checkbox"/>				
28		<input type="checkbox"/>				
29		<input type="checkbox"/>				
30		<input type="checkbox"/>				



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Phase Contrast Microscopy Analysis Report

QuanTEM Set ID: 375361
Date Received: 01/03/25
Received By: Baylie Puga
Analyst: Dee Ammerman
Date of Report: 1/3/2025
Methodology: NIOSH 7400, Issue 3
AIHA LAP, LLC: 101352

Client: Russell Smalley
 Terracon - OKC
 4701 N. Stiles Ave.
 Oklahoma City, OK 73105

Acct. No.: A725

Project: Purcell Hospital Oversight
Location: Purcell OK
Project No.: 03247167

QuanTEM Sample ID	Client Sample ID	Air Volume (liters)	Fibers	Fields	Fiber Density (f/mm2)	Fiber Concentration (f/cc)	Detection Limits (f/cc)	95% LCL (f/cc)	95% UCL (f/cc)
001	41502	1130	2	100	<7	<0.0024	0.0024	N/A	N/A
002	41568	1124	2	100	<7	<0.0024	0.0024	N/A	N/A
003	41501	1120	1	100	<7	<0.0024	0.0024	N/A	N/A
004	41525	1116	1	100	<7	<0.0024	0.0024	N/A	N/A
005	41553	1110	12	100	15	0.0053	0.0024	0.0027	0.011
006	41535	1108	ND	100	<7	<0.0024	0.0024	N/A	N/A
007	41569	1104	ND	100	<7	<0.0024	0.0024	N/A	N/A
008	41550	1100	ND	100	<7	<0.0024	0.0024	N/A	N/A
009	41527	1096	ND	100	<7	<0.0025	0.0025	N/A	N/A
010	41532	1092	3	100	<7	<0.0025	0.0025	N/A	N/A
011	41529	1088	4	100	<7	<0.0025	0.0025	N/A	N/A
012	41530	1080	12	100	15	0.0054	0.0025	0.0028	0.011
013	41540	Blank	ND	100	N/A	N/A	N/A	N/A	N/A
014	41548	Blank	ND	100	N/A	N/A	N/A	N/A	N/A

Laboratory Sr: 0.54 for 5 to 20 fibers. 0.18 for 20 to 50 fibers. 0.14 for >50 fibers.

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Unless otherwise noted, upon receipt the condition of the sample was acceptable for analysis.

Results have been blank corrected per the NIOSH 7400 method, as applicable.

ND = None Detected



2033 HERITAGE PARK DR, OKLAHOMA CITY, OK 73120 | 1.800.822.1650

Phase Contrast Microscopy Analysis Report

Quantem Set ID: 375361 **Client:** Russell Smalley
Date Received: 01/03/25 **Terracon - OKC**
Received By: Baylie Puga **4701 N. Stiles Ave.**
Analyst: Dee Ammerman **Oklahoma City, OK 73105**
Date of Report: 1/3/2025 **Acct. No.:** A725
Methodology: NIOSH 7400, Issue 3
AIHA LAP, LLC: 101352

Project: Purcell Hospital Oversight
Location: Purcell OK
Project No.: 03247167

Quantem Sample ID	Client Sample ID	Air Volume (liters)	Fibers	Fields	Fiber Density (f/mm2)	Fiber Concentration (f/cc)	Detection Limits (f/cc)	95% LCL (f/cc)	95% UCL (f/cc)
----------------------	---------------------	---------------------------	--------	--------	-----------------------------	----------------------------------	-------------------------------	-------------------	-------------------

Authorized Signature: _____

Dee Ammerman, Laboratory Manager

Laboratory Sr: 0.54 for 5 to 20 fibers. 0.18 for 20 to 50 fibers. 0.14 for >50 fibers.

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Unless otherwise noted, upon receipt the condition of the sample was acceptable for analysis.

Results have been blank corrected per the NIOSH 7400 method, as applicable.

ND = None Detected

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Lab No. 375361

Accept ☒ Reject ☐

Contact Information		Project Information	
Company: <u>Terracore</u>	Phone: <u>405-612-8198</u>	Project Name: <u>Purcell Hospital Oversight</u>	Report Results (<input checked="" type="checkbox"/> one box) <input type="checkbox"/> QuanTEM Website <input type="checkbox"/> Email _____ <input type="checkbox"/> Other _____
Contact: <u>Russell Smalley</u>	Cell Phone: <u>405-496-9526</u>	Project Location: <u>Purcell OK</u>	
Account #:	E-mail: <u>Russell Smalley @ terracore.com</u>	Project ID: <u>03247167</u>	
SAMPLED BY: Name: <u>Trucker Meredith</u>	Date: <u>1-2-25</u>	P.O. Number:	

RELINQUISHED BY	DATE & TIME	VIA	RECEIVED BY	DATE & TIME
<u>Trucker Meredith</u>	<u>1-3-25 0825</u>	<u>Drop off</u>	<u>John Doe</u>	<u>1/3/25 0825</u>
<u>John Doe</u>	<u>1/3/25 0911</u>	<u>Drop off</u>	<u>John Doe</u>	<u>1/3/25 9:12</u>

REQUESTED SERVICES (Please ☒ the Appropriate Boxes)

PLM	PLM	TEM	TEM	TURNAROUND TIME
<input type="checkbox"/> Bulk Analysis (EPA 600/R-93/116)	<input type="checkbox"/> Vermiculite Attic Insulation (EPA 600/R-04/004)	<input type="checkbox"/> Air- AHERA	<input type="checkbox"/> Bulk- Presence / Absence EPA600/R-93/116	<input checked="" type="checkbox"/> Rush
<input type="checkbox"/> 400 Point Count	<input type="checkbox"/> Other	<input type="checkbox"/> Air- NIOSH 7402	<input type="checkbox"/> Bulk- Quantitative [weight%]- Chatfield	<input type="checkbox"/> Same Day
<input type="checkbox"/> 1000 Point Count		<input type="checkbox"/> Air- ISO 10312	<input type="checkbox"/> Dust- Presence / Absence	<input type="checkbox"/> 24 - Hour
<input type="checkbox"/> Gravimetric Preparation		<input type="checkbox"/> Drinking Water- EPA 100.2	<input type="checkbox"/> Dust- Quantitative [fibers/sq.cm]- ASTM D5755	<input type="checkbox"/> 3 - Day
<input type="checkbox"/> Particle ID	<input checked="" type="checkbox"/> PCM NIOSH 7400	<input type="checkbox"/> Waste Water- EPA 600/4-83-043	<input type="checkbox"/> Other	<input type="checkbox"/> 5 - Day

No.	Sample ID (10 Characters Max)	<input checked="" type="checkbox"/> To Be Analyzed	Color	Description	Volume / Area (as applicable)	Comments / Notes
1	41502	<input checked="" type="checkbox"/>		N of SW hallway	2.0	S-0735 - 1700
2	41568	<input checked="" type="checkbox"/>		S of SW hallway	2.0	S-0738 - 1700
3	41501	<input checked="" type="checkbox"/>		E of SW hallway	2.0	S-0740 - 1700
4	41525	<input checked="" type="checkbox"/>		W of SW hallway	2.0	S-0742 - 1700
5	41553	<input checked="" type="checkbox"/>		Change room	2.0	S-0744 - 1700
6	41535	<input checked="" type="checkbox"/>		Exhaust	2.0	S-0746 - 1700
7	41569	<input checked="" type="checkbox"/>		SE Hallway	2.0	S-0748 - 1700
8	41550	<input checked="" type="checkbox"/>		Personal	2.0	S-0750 - 1700
9	41527	<input checked="" type="checkbox"/>		Personal	2.0	S-0752 - 1700
10	41532	<input checked="" type="checkbox"/>		Exhaust	2.0	S-0754 - 1700



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Page 2 of ____

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Lab No. <u>375361</u>	
<input checked="" type="radio"/> Accept	<input type="radio"/> Reject

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Project Information						
Company:			Project Name:		Project Location:	
No.	Sample ID (10 Characters Max)	<input checked="" type="checkbox"/> To Be Analyzed	Color	Description	Volume / Area (as applicable)	Comments / Notes
11	411529	<input checked="" type="checkbox"/>		Exhaust	2.0	S-0756 = 1700
12	411530	<input checked="" type="checkbox"/>		loadout	2.0	S-0800 - 1700
13	41540	<input checked="" type="checkbox"/>		FB	/	F-1700
14	41548	<input checked="" type="checkbox"/>		LB	/	F-1700
15		<input type="checkbox"/>				
16		<input type="checkbox"/>				
17		<input type="checkbox"/>				
18		<input type="checkbox"/>				
19		<input type="checkbox"/>				
20		<input type="checkbox"/>				
21		<input type="checkbox"/>				
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26		<input type="checkbox"/>				
27		<input type="checkbox"/>				
28		<input type="checkbox"/>				
29		<input type="checkbox"/>				
30		<input type="checkbox"/>				



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Qbt f!Dpousbt uN jdspt dpqz Bobrztjt!Sf qpsu

RvboUFN!Tf uJE; 486511
Ebuf!Sf dfjwfe; 12017086
Sf dfjwfe!Cz; Cbzrf!Qvhb
Bobrztjt Dbttj!Tbocpsu
Ebuf!pgSf qpsu 20708136
Nf u peprhz; OJPTI!8511!Lttvf!4
BJI B!MBQ!MMD; 212463

Drfou Svttf mlt n brfz
Uf ssbdpo! !PL D
5812!O!Tjrf!Bwf/
Pl rbi pn b!Djuz!PL!84216

Bdd!Op; B836

Qspkf du; Qvdf mlt ptqubrtPwf stjhi u
Mpbujpo; Qvdf mltPL
Qspkf duOp; 14358278

RvboUFN Tbn qrf!JE	Drfou Tbn qrf!JE	Bjs Wpnan f)rnf st*	Gcf st	Gf ret	Gcfs Efo tju)gh n 3*	Gcfs! Dpodf ousbujpo)gdd*	Ef u d jpo Mjn jut)gdd*	: 6& !MDM : 6& !VDM)gdd*)gdd*
112	52656	2241	3	211	=8	=1/1135	1/1135	OB OB
113	52627	2235	4	211	=8	=1/1135	1/1135	OB OB
114	5265:	2231	47	211	57	1/127	1/1135	1/11: 4 1/139
115	52628	2227	5	211	=8	=1/1135	1/1135	OB OB
116	52624	OB	OB	OB	OB	OB	OB	OB OB
117	52621	2215	215	36	641	1/29	1/1135	1/23 1/43
118	52637	OB	OB	OB	OB	OB	OB	OB OB
119	52662	21: 7	212	49	451	1/23	1/1136	1/186 1/32
11:	52872	21: 3	31	211	36	1/11: 1	1/1136	1/1161 1/128
121	52681	2199	213	44	4: 1	1/25	1/1136	1/198 1/35
122	52652	2195	2	211	=8	=1/1136	1/1136	OB OB
123	52634	2191	211	5:	371	1/1: 4	1/1136	1/169 1/27
124	52644	Crbol	OE	211	OB	OB	OB	OB OB
125	5266:	Crbol	OE	211	OB	OB	OB	OB OB

Mbcpbupsz!Ts!!1/65!gsl6!up!31!gcf st!!1/29!gsl31!up!61!gcf st!!1/25!gsl?61!gcf st/

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jef oujdbntpstjn jrbqlspedut!pslqspdf evsf t!-lopspf t!julsf qstf oubo!pohpjoh!bt t vsoodf!qspshsn!vorft t!tp!opuf e!!Ui f t f!sf qpsu!bsf!gslu f!fydntjw!lvt f!pg
u f!drj f ouboe!bsf!opul!cf!sf qspedf elx ju pvut qf dg dlt x sjuf olqf sn jttjpo!RvboUFN!jt!opulst qpotjcrf!gslv f s t vqqrf e!ebub!vt f e!jo!dbndvrbujpo!
Dvt upn f slqspwjef e!ebub!t vdi!bt!wpnan ft!-bsf bt!-f u!-!dooopulcf!w!sgj f e!cz!RvboUFN!Mbcpbupsjft!-MMD/

Vorft t!pu f sx jtf!opuf e!vqpo!sf df jqu u f!dpoejypo!pgu f!t bn qrf!x bt!bddf qubcrf!gslbobrztjt/

Sftvnt!li bvf!c f f olcrbol!dpssf duf elqf sl u f!OJPTI!8511!n f u pe!bt!bqqrjrbcrf/

OE!>!Opof!Ef u d f e



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Qbt f!Dpousbt uN jdspt dpqz Bobrnt jt!Sf qpsu

RvboUFN !Tf uJE; 486511
Ebu!Sf dfjwf e; 12017086
Sf dfjwf e!Cz; Cbzrf!Qvhb
Bobrnt u Dbttjf!Tbocpso
Ebu!pgSf qpsu 20703136
Nfu pepphz; OJPTI !8511-!Jt vf!4
BJI B!MBQ!MMD; 212463

Drj fou Svttf mlt n bnfz
Uf ssbdpo! !PL D
5812!O!Tj rft!Bwf/
Pl rti pn b!Djuz-!PL !84216

Bddu!Op; B836

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Mpdubjpo; Qvsdf mlt PL
Qspkf du!Op; 14358278

RvboUFN	Drj fou	Bjs	Gjcf st	Gjcf ret	Gjcf s	Gjcf s!	Ef uf djpo	Mjn jut	: 6& !MDM	: 6& !VDM
Tbn qrf!JE	Tbn qrf!JE	Wprn f			Ef ot juz	Dpodf ousbjpo				
)rjuf st*)gh n 3*)gdd*)gdd*)gdd*)gdd*)gdd*

486511. 116-118 Pddmef elt bn qrf!!Bn pvoudpgqbsjdvrbauf!po!t bn qrf!f ydf fet!OJPTI !8511!Hvjef rjof t/

Bvu psj{fe!Tjhobursf;''

Cassie Zankou

Dbttjf!Tbocpso-!Mbcpsupsz!Bobrnt u

Mbcpsupsz!Ts!!1/65!gsl6!up!31!gjcf st!!1/29!gsl31!up!61!gjcf st!!1/25!gsl?61!gjcf st/

Ui jt!sf qpsubqqrjft!porz!up!u f!t uboebset!pslqspdf evsft!joejabuf elboelup!u f!t qf djgdlt bn qrfit!uf tuf e!!Jjtt!opuljoejabujwf!pgu f!r vbrjyft!pgbqqbsf ouz!
jef oujabntpsltjn jrb!sqpevdut!pslqspdf evsft!-lopslepft!julsf qsf tf oubo!pohpjoh!bttv sbodf!qsphsbn !vorfitt!t!p!opuf e!!Ui ftf!sf qpsu!bsf!gslu f!f ydntjwf!vtf!pg
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Vorfitt!pu f sx jtf!opuf e!vqpo!sf df jqlu f!dpoejyjo!pgu f!t bn qrf!x bt!bdf qubcrh!gsl!bobrnt jt/

Sftvnt!li bvf!lcf f olcrbol !dpssf duf elqf slu f!OJPTI !8511!n fu pe!bt!bqqrjabcrf/

OE!>!Opof!Ef uf duf e

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Lab No. **375 400**

Accept ☒ Reject ☐

Report Results (☒ one box)

☐ QuanTEM Website

☐ Email _____

☐ Other _____

Contact Information	
Company: Terrace	Phone: 405-612-8498
Contact: Russell Smalley	Cell Phone: 405-496-9526
Account #:	E-mail: Russell.Smalley@terrace.com
SAMPLED BY: Name: Tucker Meredith	Date: 1-3-25

Project Information	
Project Name: Pwcell Hospital overgth	
Project Location: Pwcell OK	
Project ID: 0324R167	
P.O. Number:	

RELINQUISHED BY	DATE & TIME	VIA	RECEIVED BY	DATE & TIME
Tucker Meredith	1-6-25 1050			
Burns	1-6-25 1145	hand	B	1/6/25 11:45

REQUESTED SERVICES (Please ☒ the Appropriate Boxes)

PLM	PLM	TEM	TEM	TURNAROUND TIME
<input type="checkbox"/> Bulk Analysis (EPA 600/R-93/116)	<input type="checkbox"/> Vermiculite Attic Insulation (EPA 600/R-04/004)	<input type="checkbox"/> Air- AHERA	<input type="checkbox"/> Bulk- Presence / Absence EPA600/R-93/116	<input checked="" type="checkbox"/> Rush
<input type="checkbox"/> 400 Point Count	<input type="checkbox"/> Other	<input type="checkbox"/> Air- NIOSH 7402	<input type="checkbox"/> Bulk- Quantitative [weight%]- Chatfield	<input type="checkbox"/> Same Day
<input type="checkbox"/> 1000 Point Count		<input type="checkbox"/> Air- ISO 10312	<input type="checkbox"/> Dust- Presence / Absence	<input type="checkbox"/> 24 - Hour
<input type="checkbox"/> Gravimetric Preparation		<input type="checkbox"/> Drinking Water- EPA 100.2	<input type="checkbox"/> Dust- Quantitative [fibers/sq.cm]- ASTM D5755	<input type="checkbox"/> 3 - Day
<input type="checkbox"/> Particle ID	<input checked="" type="checkbox"/> PCM NIOSH 7400	<input type="checkbox"/> Waste Water- EPA 600/4-83-043	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> 5 - Day

No.	Sample ID (10 Characters Max)	<input checked="" type="checkbox"/> To Be Analyzed	Color	Description	Volume / Area (as applicable)	Comments / Notes
1	41515	<input checked="" type="checkbox"/>		N of SW Hallway	2.0	S-0735 F-1700
2	41516	<input checked="" type="checkbox"/>		S of SW Hallway	2.0	S-0738 F-1700
3	41549	<input checked="" type="checkbox"/>		E of SW Hallway	2.0	S-0740 F-1700
4	41517	<input checked="" type="checkbox"/>		W of SW Hallway	2.0	S-0742 F-1700
5	41513	<input checked="" type="checkbox"/>		Change room	2.0	S-0745 F-1700
6	41510	<input checked="" type="checkbox"/>		Exhaust	2.0	S-0748 F-1700
7	41526	<input checked="" type="checkbox"/>		SE Hallway	2.0	S-0750 F-1700
8	41551	<input checked="" type="checkbox"/>		Personal	2.0	S-0752 F-1700
9	41761	<input checked="" type="checkbox"/>		Personal	2.0	S-0754 F-1700
10	41520	<input checked="" type="checkbox"/>		Exhaust	2.0	S-0756 F-1700



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Lab No. <u>375400</u>	
<input checked="" type="checkbox"/> Accept	<input type="checkbox"/> Reject

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Project Information						
Company:			Project Name:		Project Location:	
No.	Sample ID (10 Characters Max)	<input checked="" type="checkbox"/> To Be Analyzed	Color	Description	Volume / Area (as applicable)	Comments / Notes
11	41541	<input checked="" type="checkbox"/>		Exhaust	2.0	S-0758 - F-1700
12	41523	<input checked="" type="checkbox"/>		100lb out	2.0	S-0800 - F-1700
13	41533	<input checked="" type="checkbox"/>		FB	2.0	F 1700
14	41559	<input checked="" type="checkbox"/>		LB	2.0	F 1700
15		<input type="checkbox"/>				
16		<input type="checkbox"/>				
17		<input type="checkbox"/>				
18		<input type="checkbox"/>				
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30		<input type="checkbox"/>				



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Phase Contrast Microscopy Analysis Report

Quantem Set ID: 375411
Date Received: 01/07/25
Received By: Amanda Bass
Analyst: Cassie Sanborn
Date of Report: 1/7/2025
Methodology: NIOSH 7400, Issue 3
AIHA LAP, LLC: 101352

Client: Russell Smalley
Terracon - OKC
4701 N. Stiles Ave.
Oklahoma City, OK 73105

Acct. No.: A725

Project: Purcell Hospital Oversight
Location: Purcell OK
Project No.: 03247167

Quantem Sample ID	Client Sample ID	Air Volume (liters)	Fibers	Fields	Fiber Density (f/mm2)	Fiber Concentration (f/cc)	Detection Limits (f/cc)	95% LCL (f/cc)	95% UCL (f/cc)
001	41829	1080	1	100	<7	<0.0025	0.0025	N/A	N/A
002	41838	1076	9	100	11	0.0041	0.0025	0.0019	0.0087
003	41503	1070	3	100	<7	<0.0025	0.0025	N/A	N/A
004	41529	1064	2	100	<7	<0.0025	0.0025	N/A	N/A
005	41544	1060	77	100	98	0.036	0.0025	0.022	0.062
006	41542	1056	1	100	<7	<0.0025	0.0025	N/A	N/A
007	41505	1052	2	100	<7	<0.0026	0.0026	N/A	N/A
008	41874	1048	4	100	<7	<0.0026	0.0026	N/A	N/A
009	41539	1044	3	100	<7	<0.0026	0.0026	N/A	N/A
010	41571	1040	31	100	39	0.015	0.0026	0.0085	0.027
011	41546	1036	101	53	240	0.090	0.0026	0.057	0.16
012	41512	1032	19	100	24	0.0090	0.0026	0.0050	0.017
013	41607	Blank	ND	100	N/A	N/A	N/A	N/A	N/A
014	41543	Blank	ND	100	N/A	N/A	N/A	N/A	N/A

Laboratory Sr: 0.54 for 5 to 20 fibers. 0.18 for 20 to 50 fibers. 0.14 for >50 fibers.

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Unless otherwise noted, upon receipt the condition of the sample was acceptable for analysis.

Results have been blank corrected per the NIOSH 7400 method, as applicable.

ND = None Detected



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Phase Contrast Microscopy Analysis Report

QuanTEM Set ID: 375411

Date Received: 01/07/25

Received By: Amanda Bass

Analyst: Cassie Sanborn

Date of Report: 1/7/2025

Methodology: NIOSH 7400, Issue 3

AIHA LAP, LLC: 101352

Client: Russell Smalley
Terracon - OKC
4701 N. Stiles Ave.
Oklahoma City, OK 73105

Acct. No.: A725

Project: Purcell Hospital Oversight

Location: Purcell OK

Project No.: 03247167

QuanTEM Sample ID	Client Sample ID	Air Volume (liters)	Fibers	Fields	Fiber Density (f/mm2)	Fiber Concentration (f/cc)	Detection Limits (f/cc)	95% LCL (f/cc)	95% UCL (f/cc)
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Authorized Signature:

Cassie Sanborn

Cassie Sanborn, Laboratory Analyst

Laboratory Sr: 0.54 for 5 to 20 fibers. 0.18 for 20 to 50 fibers. 0.14 for >50 fibers.

This report applies only to the standards or procedures indicated and to the specific samples tested. It is not indicative of the qualities of apparently identical or similar products or procedures, nor does it represent an ongoing assurance program unless so noted. These reports are for the exclusive use of the client and are not to be reproduced without specific written permission. QuanTEM is not responsible for user-supplied data used in calculation. Customer provided data such as volumes, areas, etc., cannot be verified by QuanTEM Laboratories, LLC.

Unless otherwise noted, upon receipt the condition of the sample was acceptable for analysis.

Results have been blank corrected per the NIOSH 7400 method, as applicable.

ND = None Detected



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Lab No.	<u>375411</u>
<input checked="" type="checkbox"/> Accept	<input type="checkbox"/> Reject

Contact Information		Project Information	
Company: <u>Terracan</u>	Phone: <u>405-612-8440</u>	Project Name: <u>Purcell Hospital oversight</u>	
Contact: <u>Russell Smalley</u>	Cell Phone: <u>405-496-9826</u>	Project Location: <u>Purcell OK</u>	
Account #:	E-mail: <u>Russell.Smalley@terraca.com</u>	Project ID: <u>03247167</u>	
SAMPLED BY: Name: <u>Tucker Meredith</u>	Date: <u>1-6-25</u>	P.O. Number:	

Report Results (<input checked="" type="checkbox"/> one box)	
<input type="checkbox"/> Quantem Website	
<input type="checkbox"/> Email _____	
<input type="checkbox"/> Other _____	

RELINQUISHED BY	DATE & TIME	VIA	RECEIVED BY	DATE & TIME
<u>Tucker Meredith</u>	<u>1-7-25</u>	<u>Hand</u>	<u>[Signature]</u>	<u>1/7/25 10:22</u>
<u>Bein Oy</u>	<u>1-7-25 10:58</u>			

REQUESTED SERVICES (Please ☒ the Appropriate Boxes)

PLM	PLM	TEM	TEM	TURNAROUND TIME
<input type="checkbox"/> Bulk Analysis (EPA 600/R-93/116)	<input type="checkbox"/> Vermiculite Attic Insulation (EPA 600/R-04/004)	<input type="checkbox"/> Air- AHERA	<input type="checkbox"/> Bulk- Presence / Absence EPA600/R-93/116	<input checked="" type="checkbox"/> Rush
<input type="checkbox"/> 400 Point Count	<input type="checkbox"/> Other	<input type="checkbox"/> Air- NIOSH 7402	<input type="checkbox"/> Bulk- Quantitative [weight%]- Chatfield	<input type="checkbox"/> Same Day
<input type="checkbox"/> 1000 Point Count		<input type="checkbox"/> Air- ISO 10312	<input type="checkbox"/> Dust- Presence / Absence	<input type="checkbox"/> 24 - Hour
<input type="checkbox"/> Gravimetric Preparation		<input type="checkbox"/> Drinking Water- EPA 100.2	<input type="checkbox"/> Dust- Quantitative [fibers/sq.cm]- ASTM D5755	<input type="checkbox"/> 3 - Day
<input type="checkbox"/> Particle ID	<input checked="" type="checkbox"/> NIOSH 7400	<input type="checkbox"/> Waste Water- EPA 600/4-83-043	<input type="checkbox"/> Other	<input type="checkbox"/> 5 - Day

No.	Sample ID (10 Characters Max)	<input checked="" type="checkbox"/> To Be Analyzed	Color	Description	Volume / Area (as applicable)	Comments / Notes
1	41829	<input checked="" type="checkbox"/>		Not SE Hallway	2.0	S-0800 F-1700
2	41838	<input checked="" type="checkbox"/>		S of SE Hallway	2.0	S-0802 F-1700
3	41503	<input checked="" type="checkbox"/>		E of SE Hallway	2.0	S-0808 F-1700
4	41529	<input checked="" type="checkbox"/>		West SE Hallway	2.0	S-0808 F-1700
5	41514	<input checked="" type="checkbox"/>		Change room	2.0	S-0810 F-1700
6	41542	<input checked="" type="checkbox"/>		Exhaust	2.0	S-0812 F-1700
7	41505	<input checked="" type="checkbox"/>		Personal	2.0	S-0814 F-1700
8	41874	<input checked="" type="checkbox"/>		Personal	2.0	S-0816 F-1700
9	41539	<input checked="" type="checkbox"/>		SE Hallway	2.0	S-0818 F-1700
10	41571	<input checked="" type="checkbox"/>		Exhaust	2.0	S-0820 F-1700

SATURDAY FEDEX SAMPLE DELIVERY - CALL TO SCHEDULE • Use this address for Saturday Delivery only: 4220 N. Santa Fe Ave., Oklahoma City, OK 73105-8517 • Mark Package "Hold for Saturday Pickup"
Please Note - UPS and USPS are NOT available for Saturday Delivery



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For Lab Use Only	
Lab No. <u>375411</u>	
<input checked="" type="radio"/> Accept	<input type="radio"/> Reject

Project Information						
Company:			Project Name:		Project Location:	
No.	Sample ID (10 Characters Max)	<input checked="" type="checkbox"/> To Be Analyzed	Color	Description	Volume / Area (as applicable)	Comments / Notes
11	41546	<input type="checkbox"/>		Exhaust		S-0822 F-1700
12	41572	<input type="checkbox"/>		Load Out		S-0824 F-1700
13	41607	<input type="checkbox"/>		LB		1700
14	41513	<input type="checkbox"/>		FB		1700
15		<input type="checkbox"/>				1700
16		<input type="checkbox"/>				
17		<input type="checkbox"/>				
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29		<input type="checkbox"/>				
30		<input type="checkbox"/>				



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Phase Contrast Microscopy Analysis Report

Quantem Set ID: 375435

Date Received: 01/08/25

Received By: Amanda Bass

Analyst: Cassie Sanborn

Date of Report: 1/8/2025

Methodology: NIOSH 7400, Issue 3

AIHA LAP, LLC: 101352

Client: Russell Smalley
Terracon - OKC
4701 N. Stiles Ave.
Oklahoma City, OK 73105

Acct. No.: A725

Project: Purcell Hospital Oversight

Location: Purcell OK

Project No.: 03247167

Quantem Sample ID	Client Sample ID	Air Volume (liters)	Fibers	Fields	Fiber Density (f/mm2)	Fiber Concentration (f/cc)	Detection Limits (f/cc)	95% LCL (f/cc)	95% UCL (f/cc)
001	41565	1130	1	100	<7	<0.0024	0.0024	N/A	N/A
002	99627	1124	4	100	<7	<0.0024	0.0024	N/A	N/A
003	99668	1120	3	100	<7	<0.0024	0.0024	N/A	N/A
004	99652	1116	1	100	<7	<0.0024	0.0024	N/A	N/A
005	99672	1112	61	100	78	0.027	0.0024	0.016	0.047
006	95792	1110	ND	100	<7	<0.0024	0.0024	N/A	N/A
007	99649	1108	1	100	<7	<0.0024	0.0024	N/A	N/A
008	99630	1106	3	100	<7	<0.0024	0.0024	N/A	N/A
009	99664	1104	2	100	<7	<0.0024	0.0024	N/A	N/A
010	99662	1100	26	100	33	0.012	0.0024	0.0066	0.021
011	99637	1090	55	100	70	0.025	0.0025	0.015	0.044
012	95775	1080	2	100	<7	<0.0025	0.0025	N/A	N/A
013	99677	Blank	ND	100	N/A	N/A	N/A	N/A	N/A
014	99679	Blank	ND	100	N/A	N/A	N/A	N/A	N/A

Laboratory Sr: 0.54 for 5 to 20 fibers. 0.18 for 20 to 50 fibers. 0.14 for >50 fibers.

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Unless otherwise noted, upon receipt the condition of the sample was acceptable for analysis.

Results have been blank corrected per the NIOSH 7400 method, as applicable.

ND = None Detected



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Phase Contrast Microscopy Analysis Report

QuanTEM Set ID: 375435
Date Received: 01/08/25
Received By: Amanda Bass
Analyst: Cassie Sanborn
Date of Report: 1/8/2025
Methodology: NIOSH 7400, Issue 3
AIHA LAP, LLC: 101352

Client: Russell Smalley
Terracon - OKC
4701 N. Stiles Ave.
Oklahoma City, OK 73105

Acct. No.: A725

Project: Purcell Hospital Oversight
Location: Purcell OK
Project No.: 03247167

QuanTEM Sample ID	Client Sample ID	Air Volume (liters)	Fibers	Fields	Fiber Density (f/mm ²)	Fiber Concentration (f/cc)	Detection Limits (f/cc)	95% LCL (f/cc)	95% UCL (f/cc)
----------------------	---------------------	---------------------------	--------	--------	--	----------------------------------	-------------------------------	-------------------	-------------------

Authorized Signature: _____

Cassie Sanborn, Laboratory Analyst

Laboratory Sr: 0.54 for 5 to 20 fibers. 0.18 for 20 to 50 fibers. 0.14 for >50 fibers.

This report applies only to the standards or procedures indicated and to the specific samples tested. It is not indicative of the qualities of apparently identical or similar products or procedures, nor does it represent an ongoing assurance program unless so noted. These reports are for the exclusive use of the client and are not to be reproduced without specific written permission. QuanTEM is not responsible for user-supplied data used in calculation. Customer provided data such as volumes, areas, etc., cannot be verified by QuanTEM Laboratories, LLC.

Unless otherwise noted, upon receipt the condition of the sample was acceptable for analysis.

Results have been blank corrected per the NIOSH 7400 method, as applicable.

ND = None Detected



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For Lab Use Only

Lab No. 375435
☒ Accept ☐ Reject

Contact Information		Project Information		Report Results (<input checked="" type="checkbox"/> one box)
Company: <u>Terraco</u>	Phone: <u>405-612-8448</u>	Project Name: <u>Purcell Hospital Overight</u>	<input type="checkbox"/> Quantem Website	
Contact: <u>Russell Smalley</u>	Cell Phone: <u>405-416-9826</u>	Project Location: <u>Purcell OK</u>	<input type="checkbox"/> Email _____	
Account #:	E-mail: <u>Russell.Smalley@terraco.com</u>	Project ID: <u>03247167</u>	<input type="checkbox"/> Other _____	
SAMPLED BY: Name: <u>Tucker Meredith</u>	Date: <u>1-7-28</u>	P.O. Number:		

RELINQUISHED BY	DATE & TIME	VIA	RECEIVED BY	DATE & TIME
<u>[Signature]</u>	<u>1/8/25 8:57</u>	<u>Person</u>	<u>[Signature]</u>	<u>1/8/25 8:51</u>

REQUESTED SERVICES (Please ☒ the Appropriate Boxes)

PLM	PLM	TEM	TEM	TURNAROUND TIME
<input type="checkbox"/> Bulk Analysis (EPA 600/R-93/116)	<input type="checkbox"/> Vermiculite Attic Insulation (EPA 600/R-04/004)	<input type="checkbox"/> Air- AHERA	<input type="checkbox"/> Bulk- Presence / Absence EPA600/R-93/116	<input checked="" type="checkbox"/> Rush
<input type="checkbox"/> 400 Point Count	<input type="checkbox"/> Other	<input type="checkbox"/> Air- NIOSH 7402	<input type="checkbox"/> Bulk- Quantitative [weight%]- Chatfield	<input type="checkbox"/> Same Day
<input type="checkbox"/> 1000 Point Count		<input type="checkbox"/> Air- ISO 10312	<input type="checkbox"/> Dust- Presence / Absence	<input type="checkbox"/> 24 - Hour
<input type="checkbox"/> Gravimetric Preparation		<input type="checkbox"/> Drinking Water- EPA 100.2	<input type="checkbox"/> Dust- Quantitative [fibers/sq.cm]- ASTM D5755	<input type="checkbox"/> 3 - Day
<input type="checkbox"/> Particle ID	<input checked="" type="checkbox"/> PCM NIOSH 7400	<input type="checkbox"/> Waste Water- EPA 600/4-83-043	<input type="checkbox"/> Other	<input type="checkbox"/> 5 - Day

No.	Sample ID (10 Characters Max)	<input checked="" type="checkbox"/> To Be Analyzed	Color	Description	Volume / Area (as applicable)	Comments / Notes
1	41565	<input checked="" type="checkbox"/>		NOF SE Hallway	2.0	S-0735 F 1700
2	99627	<input checked="" type="checkbox"/>		S of SE Hallway	2.0	S-0738 F 1700
3	99668	<input checked="" type="checkbox"/>		W of SE Hallway	2.0	S-0740 F 1700
4	49652	<input checked="" type="checkbox"/>		E of SE Hallway	2.0	S-0742 F 1700
5	99672	<input checked="" type="checkbox"/>		Change room	2.0	S-0744 F 1700
6	95792	<input checked="" type="checkbox"/>		Exhaust	2.0	S-0745 F 1700
7	99649	<input checked="" type="checkbox"/>		Personal	2.0	S-0746 F 1700
8	99630	<input checked="" type="checkbox"/>		Personal	2.0	S-0747 F 1700
9	99664	<input checked="" type="checkbox"/>		SE Hallway	2.0	S-0748 F 1700
10	99667	<input type="checkbox"/>		Exhaust	2.0	S-0750 F 1700

SATURDAY FEDEX SAMPLE DELIVERY - CALL TO SCHEDULE • Use this address for Saturday Delivery only: 4220 N. Santa Fe Ave., Oklahoma City, OK 73105-8517 • Mark Package "Hold for Saturday Pickup"
Please Note - UPS and USPS are NOT available for Saturday Delivery



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Lab No.	<u>375435</u>
<input checked="" type="radio"/> Accept	<input type="radio"/> Reject

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Project Information						
Company:			Project Name:		Project Location:	
No.	Sample ID (10 Characters Max)	<input checked="" type="checkbox"/> To Be Analyzed	Color	Description	Volume / Area (as applicable)	Comments / Notes
11	94637	<input checked="" type="checkbox"/>		Exhaust	2.0	S-0755 F-1700
12	95785	<input checked="" type="checkbox"/>		load out	2.0	S-0800 F. 1700
13	99677	<input checked="" type="checkbox"/>		FB		1700
14	99679	<input checked="" type="checkbox"/>		LB		1700
15		<input type="checkbox"/>				
16		<input type="checkbox"/>				
17		<input type="checkbox"/>				
18		<input type="checkbox"/>				
19		<input type="checkbox"/>				
20		<input type="checkbox"/>				
21		<input type="checkbox"/>				
22		<input type="checkbox"/>				
23		<input type="checkbox"/>				
24		<input type="checkbox"/>				
25		<input type="checkbox"/>				
26		<input type="checkbox"/>				
27		<input type="checkbox"/>				
28		<input type="checkbox"/>				
29		<input type="checkbox"/>				
30		<input type="checkbox"/>				

SATURDAY FEDEX SAMPLE DELIVERY - CALL TO SCHEDULE • Use this address for Saturday Delivery only: 4220 N. Santa Fe Ave., Oklahoma City, OK 73105-8517 • Mark Package "Hold for Saturday Pickup"
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2033 HERITAGE PARK DR, OKLAHOMA CITY, OK 73120 | 1.800.822.1650

Phase Contrast Microscopy Analysis Report

Quantem Set ID: 375502

Date Received: 01/09/25

Received By: Amanda Bass

Analyst: Dee Ammerman

Date of Report: 1/9/2025

Methodology: NIOSH 7400, Issue 3

AIHA LAP, LLC: 101352

Client: Russell Smalley
Terracon - OKC
4701 N. Stiles Ave.
Oklahoma City, OK 73105

Acct. No.: A725

Project: Purcell Hospital Oversight

Location: Purcell OK

Project No.: 03247167

Quantem Sample ID	Client Sample ID	Air Volume (liters)	Fibers	Fields	Fiber Density (f/mm2)	Fiber Concentration (f/cc)	Detection Limits (f/cc)	95% LCL (f/cc)	95% UCL (f/cc)
001	99611	1120	2	100	<7	<0.0024	0.0024	N/A	N/A
002	99676	1116	3	100	<7	<0.0024	0.0024	N/A	N/A
003	65767	1112	1	100	<7	<0.0024	0.0024	N/A	N/A
004	99638	1108	3	100	<7	<0.0024	0.0024	N/A	N/A
005	99670	1104	16	100	20	0.0071	0.0024	0.0038	0.014
006	95776	1100	12	100	15	0.0054	0.0024	0.0027	0.011
007	95757	1096	15	100	19	0.0067	0.0025	0.0035	0.013
008	95768	1092	9	100	11	0.0040	0.0025	0.0019	0.0086
009	99685	1088	9	100	11	0.0041	0.0025	0.0019	0.0086
010	95765	1084	6	100	7.6	0.0027	0.0025	0.0011	0.0063
011	95778	1080	2	100	<7	<0.0025	0.0025	N/A	N/A
012	99645	1040	2	100	<7	<0.0026	0.0026	N/A	N/A
013	99684	Blank	ND	100	N/A	N/A	N/A	N/A	N/A
014	95751	Blank	ND	100	N/A	N/A	N/A	N/A	N/A

Laboratory Sr: 0.54 for 5 to 20 fibers. 0.18 for 20 to 50 fibers. 0.14 for >50 fibers.

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Unless otherwise noted, upon receipt the condition of the sample was acceptable for analysis.

Results have been blank corrected per the NIOSH 7400 method, as applicable.

ND = None Detected



2033 HERITAGE PARK DR, OKLAHOMA CITY, OK 73120 | 1.800.822.1650

Phase Contrast Microscopy Analysis Report

QuantEM Set ID: 375502
Date Received: 01/09/25
Received By: Amanda Bass
Analyst: Dee Ammerman
Date of Report: 1/9/2025
Methodology: NIOSH 7400, Issue 3
AIHA LAP, LLC: 101352

Client: Russell Smalley
Terracon - OKC
4701 N. Stiles Ave.
Oklahoma City, OK 73105

Acct. No.: A725

Project: Purcell Hospital Oversight
Location: Purcell OK
Project No.: 03247167

QuantEM Sample ID	Client Sample ID	Air Volume (liters)	Fibers	Fields	Fiber Density (f/mm2)	Fiber Concentration (f/cc)	Detection Limits (f/cc)	95% LCL (f/cc)	95% UCL (f/cc)
----------------------	---------------------	---------------------------	--------	--------	-----------------------------	----------------------------------	-------------------------------	-------------------	-------------------

Authorized Signature: _____

Dee Ammerman, Laboratory Manager

Laboratory Sr: 0.54 for 5 to 20 fibers. 0.18 for 20 to 50 fibers. 0.14 for >50 fibers.

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Unless otherwise noted, upon receipt the condition of the sample was acceptable for analysis.

Results have been blank corrected per the NIOSH 7400 method, as applicable.

ND = None Detected

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Lab No. 375502

Accept ☒ Reject ☐

Contact Information		Project Information		Report Results (<input checked="" type="checkbox"/> one box)
Company: <u>Terracore</u>	Phone: <u>405-612-8498</u>	Project Name: <u>Parcell Hospital overight</u>	<input type="checkbox"/> QuantEM Website <input type="checkbox"/> Email _____ <input type="checkbox"/> Other _____	
Contact: <u>Russell Smalley</u>	Cell Phone: <u>405-496-9524</u>	Project Location: <u>Parcell OK</u>		
Account #:	E-mail: <u>Russell-Smalley@terracore.com</u>	Project ID: <u>03247167</u>		
SAMPLED BY: Name:	Date: <u>10-25</u>	P.O. Number:		

RELINQUISHED BY	DATE & TIME	VIA	RECEIVED BY	DATE & TIME
<u>Tucker Meredith</u>	<u>1-9-25</u>	<u>Hand</u>	<u>[Signature]</u>	<u>1/9/25 12:10</u>

REQUESTED SERVICES (Please ☒ the Appropriate Boxes)

PLM	PLM	TEM	TEM	TURNAROUND TIME
<input type="checkbox"/> Bulk Analysis (EPA 600/R-93/116)	<input type="checkbox"/> Vermiculite Attic Insulation (EPA 600/R-04/004)	<input type="checkbox"/> Air- AHERA	<input type="checkbox"/> Bulk- Presence / Absence EPA600/R-93/116	<input checked="" type="checkbox"/> Rush
<input type="checkbox"/> 400 Point Count	<input type="checkbox"/> Other	<input type="checkbox"/> Air- NIOSH 7402	<input type="checkbox"/> Bulk- Quantitative [weight%]- Chatfield	<input type="checkbox"/> Same Day
<input type="checkbox"/> 1000 Point Count		<input type="checkbox"/> Air- ISO 10312	<input type="checkbox"/> Dust- Presence / Absence	<input type="checkbox"/> 24 - Hour
<input type="checkbox"/> Gravimetric Preparation	PCM	<input type="checkbox"/> Drinking Water- EPA 100.2	<input type="checkbox"/> Dust- Quantitative [fibers/sq.cm]- ASTM D5755	<input type="checkbox"/> 3 - Day
<input type="checkbox"/> Particle ID	<input checked="" type="checkbox"/> NIOSH 7400	<input type="checkbox"/> Waste Water- EPA 600/4-83-043	<input type="checkbox"/> Other	<input type="checkbox"/> 5 - Day

No.	Sample ID (10 Characters Max)	<input checked="" type="checkbox"/> To Be Analyzed	Color	Description	Volume / Area (as applicable)	Comments / Notes
1	99611	<input checked="" type="checkbox"/>		N of SE Hallway	2.0	S-0740 F-1700
2	99676	<input checked="" type="checkbox"/>		S of SE Hallway	2.0	S 0742 F-1700
3	98767	<input checked="" type="checkbox"/>		E of SE Hallway	2.0	S 0744 F-1700
4	99638	<input checked="" type="checkbox"/>		W of SE Hallway	2.0	S 0746 F-1700
5	99670	<input checked="" type="checkbox"/>		Charge room	2.0	S 0748 F-1700
6	95770	<input checked="" type="checkbox"/>		exhaust	2.0	S 0750 F-1700
7	95757	<input checked="" type="checkbox"/>		personal	2.0	S 0752 F-1700
8	95768	<input checked="" type="checkbox"/>		personal	2.0	S 0754 F-1700
9	99685	<input checked="" type="checkbox"/>		SE Hallway	2.0	S 0756 F-1700
10	95765	<input checked="" type="checkbox"/>		Exhaust	2.0	S 0758 F-1700



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Lab No. <u>375502</u>	
<input checked="" type="radio"/> Accept	<input type="radio"/> Reject

Project Information						
Company:			Project Name:		Project Location:	
No.	Sample ID (10 Characters Max)	<input checked="" type="checkbox"/> To Be Analyzed	Color	Description	Volume / Area (as applicable)	Comments / Notes
11	95778	<input checked="" type="checkbox"/>		Exhaust	2.0	5-0800 - 1700
12	99645	<input checked="" type="checkbox"/>		load out	2.0	5-0820 - 1700
13	99681	<input checked="" type="checkbox"/>		FB	/	1700
14	95751	<input checked="" type="checkbox"/>		LB	/	1700
15		<input type="checkbox"/>				
16		<input type="checkbox"/>				
17		<input type="checkbox"/>				
18		<input type="checkbox"/>				
19		<input type="checkbox"/>				
20		<input type="checkbox"/>				
21		<input type="checkbox"/>				
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27		<input type="checkbox"/>				
28		<input type="checkbox"/>				
29		<input type="checkbox"/>				
30		<input type="checkbox"/>				



2033 HERITAGE PARK DR, OKLAHOMA CITY, OK 73120 | 1.800.822.1650

Phase Contrast Microscopy Analysis Report

QuanTEM Set ID: 375507
Date Received: 01/13/25
Received By: Amanda Bass
Analyst: Cassie Sanborn
Date of Report: 1/13/2025
Methodology: NIOSH 7400, Issue 3
AIHA LAP, LLC: 101352

Client: Russell Smalley
 Terracon - OKC
 4701 N. Stiles Ave.
 Oklahoma City, OK 73105

Acct. No.: A725

Project: Purcell Hospital Oversight
Location: Purcell OK
Project No.: 03247107

QuanTEM Sample ID	Client Sample ID	Air Volume (liters)	Fibers	Fields	Fiber Density (f/mm2)	Fiber Concentration (f/cc)	Detection Limits (f/cc)	95% LCL (f/cc)	95% UCL (f/cc)
001	99687	540	3	100	<7	<0.0050	0.0050	N/A	N/A
002	95777	536	ND	100	<7	<0.0050	0.0050	N/A	N/A
003	95788	532	1	100	<7	<0.0051	0.0051	N/A	N/A
004	95791	528	1	100	<7	<0.0051	0.0051	N/A	N/A
005	95789	524	71	100	90	0.066	0.0051	0.041	0.12
006	95749	520	2	100	<7	<0.0052	0.0052	N/A	N/A
007	97680	516	ND	100	<7	<0.0052	0.0052	N/A	N/A
008	95760	512	1	100	<7	<0.0053	0.0053	N/A	N/A
009	95784	508	4	100	<7	<0.0053	0.0053	N/A	N/A
010	95781	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
011	95779	500	2	100	<7	<0.0054	0.0054	N/A	N/A
012	95770	496	3	100	<7	<0.0054	0.0054	N/A	N/A
013	95759	Blank	ND	100	N/A	N/A	N/A	N/A	N/A
014	95787	Blank	ND	100	N/A	N/A	N/A	N/A	N/A

Laboratory Sr: 0.54 for 5 to 20 fibers. 0.18 for 20 to 50 fibers. 0.14 for >50 fibers.

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Unless otherwise noted, upon receipt the condition of the sample was acceptable for analysis.

Results have been blank corrected per the NIOSH 7400 method, as applicable.

ND = None Detected



2033 HERITAGE PARK DR, OKLAHOMA CITY, OK 73120 | 1.800.822.1650

Phase Contrast Microscopy Analysis Report

QuanTEM Set ID: 375507

Date Received: 01/13/25

Received By: Amanda Bass

Analyst: Cassie Sanborn

Date of Report: 1/13/2025

Methodology: NIOSH 7400, Issue 3

AIHA LAP, LLC: 101352

Client: Russell Smalley
Terracon - OKC
4701 N. Stiles Ave.
Oklahoma City, OK 73105

Acct. No.: A725

Project: Purcell Hospital Oversight

Location: Purcell OK

Project No.: 03247107

QuanTEM Sample ID	Client Sample ID	Air Volume (liters)	Fibers	Fields	Fiber Density (f/mm2)	Fiber Concentration (f/cc)	Detection Limits (f/cc)	95% LCL (f/cc)	95% UCL (f/cc)
375507-010	Unable to prepare sample. Filter destroyed prior to receipt at QuanTEM.								

Authorized Signature: _____

Cassie Sanborn

Cassie Sanborn, Laboratory Analyst

Laboratory Sr: 0.54 for 5 to 20 fibers. 0.18 for 20 to 50 fibers. 0.14 for >50 fibers.

This report applies only to the standards or procedures indicated and to the specific samples tested. It is not indicative of the qualities of apparently identical or similar products or procedures, nor does it represent an ongoing assurance program unless so noted. These reports are for the exclusive use of the client and are not to be reproduced without specific written permission. QuanTEM is not responsible for user-supplied data used in calculation. Customer provided data such as volumes, areas, etc., cannot be verified by QuanTEM Laboratories, LLC.

Unless otherwise noted, upon receipt the condition of the sample was acceptable for analysis.

Results have been blank corrected per the NIOSH 7400 method, as applicable.

ND = None Detected



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Lab No.	<u>375507</u>
<input checked="" type="checkbox"/> Accept	<input type="checkbox"/> Reject

Contact Information		Project Information		Report Results (<input checked="" type="checkbox"/> one box)
Company: <u>Terracore</u>	Phone: <u>405-618-498</u>	Project Name: <u>Porcell Hospital Oversight</u>	<input type="checkbox"/> QuantEM Website <input type="checkbox"/> Email _____ <input type="checkbox"/> Other _____	
Contact: <u>Russell Smalley</u>	Cell Phone: <u>405-196-4576</u>	Project Location: <u>Porcell OK</u>		
Account #:	E-mail: <u>Russell.Smalley@terraco.com</u>	Project ID: <u>03247167</u>		
SAMPLED BY:	Name: <u>Tucker Meredith</u>	Date: <u>1-9-25</u>	P.O. Number:	

RELINQUISHED BY	DATE & TIME	VIA	RECEIVED BY	DATE & TIME
<u>Tucker Meredith</u>	<u>1-10-25 3:25</u>	<u>Hand</u>	<u>John Buss</u>	<u>1/10/24 3:25</u>

REQUESTED SERVICES (Please ☒ the Appropriate Boxes)

PLM	PLM	TEM	TEM	TURNAROUND TIME
<input type="checkbox"/> Bulk Analysis (EPA 600/R-93/116)	<input type="checkbox"/> Vermiculite Attic Insulation (EPA 600/R-04/004)	<input type="checkbox"/> Air- AHERA	<input type="checkbox"/> Bulk- Presence / Absence EPA600/R-93/116	<input checked="" type="checkbox"/> Rush
<input type="checkbox"/> 400 Point Count	<input type="checkbox"/> Other	<input type="checkbox"/> Air- NIOSH 7402	<input type="checkbox"/> Bulk- Quantitative [weight%]- Chatfield	<input type="checkbox"/> Same Day
<input type="checkbox"/> 1000 Point Count		<input type="checkbox"/> Air- ISO 10312	<input type="checkbox"/> Dust- Presence / Absence	<input type="checkbox"/> 24 - Hour
<input type="checkbox"/> Gravimetric Preparation	<input checked="" type="checkbox"/> PCM	<input type="checkbox"/> Drinking Water- EPA 100.2	<input type="checkbox"/> Dust- Quantitative [fibers/sq.cm]- ASTM D5755	<input type="checkbox"/> 3 - Day
<input type="checkbox"/> Particle ID	<input checked="" type="checkbox"/> NIOSH 7400	<input type="checkbox"/> Waste Water- EPA 600/4-83-043	<input type="checkbox"/> Other	<input type="checkbox"/> 5 - Day

No.	Sample ID (10 Characters Max)	<input checked="" type="checkbox"/> To Be Analyzed	Color	Description	Volume / Area (as applicable)	Comments / Notes
1	99687	<input checked="" type="checkbox"/>		N of SE Hallway	2.0	S- 0730 F- 1200
2	95777	<input checked="" type="checkbox"/>		S of SE Hallway	2.0	S- 0732 F- 1200
3	95788	<input checked="" type="checkbox"/>		E of SE Hallway	2.0	S- 0734 F- 1200
4	95791	<input checked="" type="checkbox"/>		W of SE Hallway	2.0	S- 0736 F- 1200
5	95789	<input checked="" type="checkbox"/>		Change room	2.0	S- 0738 F- 1200
6	95749	<input checked="" type="checkbox"/>		exhaust	2.0	S- 0740 F- 1200
7	97680	<input checked="" type="checkbox"/>		Personal	2.0	S- 0742 F- 1200
8	95760	<input checked="" type="checkbox"/>		Personal	2.0	S- 0744 F- 1200
9	95784	<input checked="" type="checkbox"/>		SE Hallway	2.0	S- 0746 F- 1200
10	95781	<input checked="" type="checkbox"/>		Exhaust	2.0	S- 0748 F- 1200

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Lab No.	375507
<input checked="" type="radio"/> Accept	<input type="radio"/> Reject

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Project Information						
Company:			Project Name:		Project Location:	
No.	Sample ID (10 Characters Max)	<input checked="" type="checkbox"/> To Be Analyzed	Color	Description	Volume / Area (as applicable)	Comments / Notes
11	95779	<input type="checkbox"/>		Exhaust	2.0	S-0780 - F 1200
12	95770	<input type="checkbox"/>		Load out	2.0	S-0752 - F 1200
13	95759	<input type="checkbox"/>		LB	1	1200
14	95787	<input type="checkbox"/>		FB	1	1200
15		<input type="checkbox"/>				
16		<input type="checkbox"/>				
17		<input type="checkbox"/>				
18		<input type="checkbox"/>				
19		<input type="checkbox"/>				
20		<input type="checkbox"/>				
21		<input type="checkbox"/>				
22		<input type="checkbox"/>				
23		<input type="checkbox"/>				
24		<input type="checkbox"/>				
25		<input type="checkbox"/>				
26		<input type="checkbox"/>				
27		<input type="checkbox"/>				
28		<input type="checkbox"/>				
29		<input type="checkbox"/>				
30		<input type="checkbox"/>				



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Phase Contrast Microscopy Analysis Report

QuanTEM Set ID: 375558
Date Received: 01/14/25
Received By: Baylie Puga
Analyst: Cassie Sanborn
Date of Report: 1/14/2025
Methodology: NIOSH 7400, Issue 3
AIHA LAP, LLC: 101352

Client: Russell Smalley
 Terracon - OKC
 4701 N. Stiles Ave.
 Oklahoma City, OK 73105

Acct. No.: A725

Project: Purcell Hospital Oversight
Location: Purcell OK
Project No.: 03247167

QuanTEM Sample ID	Client Sample ID	Air Volume (liters)	Fibers	Fields	Fiber Density (f/mm2)	Fiber Concentration (f/cc)	Detection Limits (f/cc)	95% LCL (f/cc)	95% UCL (f/cc)
001	95786	1140	3	100	<7	<0.0024	0.0024	N/A	N/A
002	95795	1136	2	100	<7	<0.0024	0.0024	N/A	N/A
003	95794	1132	7	100	8.9	0.0030	0.0024	0.0013	0.0068
004	95755	1128	3	100	<7	<0.0024	0.0024	N/A	N/A
005	99686	1124	103	37	350	0.12	0.0024	0.076	0.21
006	44844	1120	33	100	42	0.014	0.0024	0.0085	0.026
007	44830	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
008	95785	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
009	44852	1108	41	100	52	0.018	0.0024	0.011	0.032
010	95771	1104	38	100	48	0.017	0.0024	0.010	0.030
011	95793	1100	21	100	27	0.0094	0.0024	0.0052	0.018
012	95783	1096	2	100	<7	<0.0025	0.0025	N/A	N/A
013	44828	Blank	ND	100	N/A	N/A	N/A	N/A	N/A
014	44851	Blank	ND	100	N/A	N/A	N/A	N/A	N/A

Laboratory Sr: 0.54 for 5 to 20 fibers. 0.18 for 20 to 50 fibers. 0.14 for >50 fibers.

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Unless otherwise noted, upon receipt the condition of the sample was acceptable for analysis.

Results have been blank corrected per the NIOSH 7400 method, as applicable.

ND = None Detected



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Phase Contrast Microscopy Analysis Report

QuanTEM Set ID: 375558
Date Received: 01/14/25
Received By: Baylie Puga
Analyst: Cassie Sanborn
Date of Report: 1/14/2025
Methodology: NIOSH 7400, Issue 3
AIHA LAP, LLC: 101352

Client: Russell Smalley
Terracon - OKC
4701 N. Stiles Ave.
Oklahoma City, OK 73105

Acct. No.: A725

Project: Purcell Hospital Oversight
Location: Purcell OK
Project No.: 03247167

QuanTEM Sample ID	Client Sample ID	Air Volume (liters)	Fibers	Fields	Fiber Density (f/mm2)	Fiber Concentration (f/cc)	Detection Limits (f/cc)	95% LCL (f/cc)	95% UCL (f/cc)
----------------------	---------------------	---------------------------	--------	--------	-----------------------------	----------------------------------	-------------------------------	-------------------	-------------------

375558-007, 008 Occluded sample. Amount of particulate on sample exceeds NIOSH 7400 Guidelines.

Authorized Signature: _____

Cassie Sanborn

Cassie Sanborn, Laboratory Analyst

Laboratory Sr: 0.54 for 5 to 20 fibers. 0.18 for 20 to 50 fibers. 0.14 for >50 fibers.

This report applies only to the standards or procedures indicated and to the specific samples tested. It is not indicative of the qualities of apparently identical or similar products or procedures, nor does it represent an ongoing assurance program unless so noted. These reports are for the exclusive use of the client and are not to be reproduced without specific written permission. QuanTEM is not responsible for user-supplied data used in calculation. Customer provided data such as volumes, areas, etc., cannot be verified by QuanTEM Laboratories, LLC.

Unless otherwise noted, upon receipt the condition of the sample was acceptable for analysis.

Results have been blank corrected per the NIOSH 7400 method, as applicable.

ND = None Detected



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Lab No. <u>375558</u>	Accept <input checked="" type="checkbox"/> Reject <input type="checkbox"/>
Report Results (<input checked="" type="checkbox"/> one box)	
<input type="checkbox"/> QuanTEM Website	<input type="checkbox"/> Email _____
<input type="checkbox"/> Other _____	

Contact Information		Project Information	
Company: <u>Terracon</u>	Phone: <u>405-612-8498</u>	Project Name: <u>Parcell Hospital oversight</u>	
Contact: <u>Russell Smalley</u>	Cell Phone: <u>405-496-8526</u>	Project Location: <u>Parcell OK</u>	
Account #:	E-mail: <u>Russell.Smalley@terracon.com</u>	Project ID: <u>03247167</u>	
SAMPLED BY: Name: <u>Tucker Meredith</u>	Date: <u>1-13-25</u>	P.O. Number:	

RELINQUISHED BY	DATE & TIME	VIA	RECEIVED BY	DATE & TIME
<u>Tucker Meredith</u>	<u>1-14-25</u>	<u>hand</u>	<u>[Signature]</u>	<u>1/14/25 11:00</u>
<u>Brian King</u>	<u>1-14-25</u>	<u>hsh</u>		

REQUESTED SERVICES (Please ☒ the Appropriate Boxes)

PLM	PLM	TEM	TEM	TURNAROUND TIME
<input type="checkbox"/> Bulk Analysis (EPA 600/R-93/116)	<input type="checkbox"/> Vermiculite Attic Insulation (EPA 600/R-04/004)	<input type="checkbox"/> Air- AHERA	<input type="checkbox"/> Bulk- Presence / Absence EPA600/R-93/116	<input checked="" type="checkbox"/> Rush
<input type="checkbox"/> 400 Point Count	<input type="checkbox"/> Other	<input type="checkbox"/> Air- NIOSH 7402	<input type="checkbox"/> Bulk- Quantitative [weight%]- Chatfield	<input type="checkbox"/> Same Day
<input type="checkbox"/> 1000 Point Count		<input type="checkbox"/> Air- ISO 10312	<input type="checkbox"/> Dust- Presence / Absence	<input type="checkbox"/> 24 - Hour
<input type="checkbox"/> Gravimetric Preparation	<input checked="" type="checkbox"/> PCM	<input type="checkbox"/> Drinking Water- EPA 100.2	<input type="checkbox"/> Dust- Quantitative [fibers/sq.cm]- ASTM D5755	<input type="checkbox"/> 3 - Day
<input type="checkbox"/> Particle ID	<input checked="" type="checkbox"/> NIOSH 7400	<input type="checkbox"/> Waste Water- EPA 600/4-83-043	<input type="checkbox"/> Other	<input type="checkbox"/> 5 - Day

No.	Sample ID (10 Characters Max)	<input checked="" type="checkbox"/> To Be Analyzed	Color	Description	Volume / Area (as applicable)	Comments / Notes
1	95786	<input checked="" type="checkbox"/>		N of SE Hallway	2.0	S - 0730 F 1700
2	95795	<input checked="" type="checkbox"/>		S of SE Hallway	2.0	S - 0732 F 1700
3	95794	<input checked="" type="checkbox"/>		E of SE Hallway	2.0	S - 0734 F 1700
4	95785	<input checked="" type="checkbox"/>		W of SE Hallway	2.0	S - 0736 F 1700
5	99686	<input checked="" type="checkbox"/>		Change room	2.0	S - 0738 F 1700
6	44844	<input checked="" type="checkbox"/>		exhaust	2.0	S - 0740 F 1700
7	44830	<input checked="" type="checkbox"/>		personal	2.0	S - 0742 F 1700
8	95785	<input checked="" type="checkbox"/>		personal	2.0	S - 0744 F 1700
9	44852	<input checked="" type="checkbox"/>		SE Hallway	2.0	S - 0746 F 1700
10	95771	<input checked="" type="checkbox"/>		Exhaust	2.0	S - 0748 F 1700

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Lab No. <u>375558</u>	
<input checked="" type="checkbox"/> Accept	<input type="checkbox"/> Reject

Project Information						
Company:			Project Name:		Project Location:	
No.	Sample ID (10 Characters Max)	<input checked="" type="checkbox"/> To Be Analyzed	Color	Description	Volume / Area (as applicable)	Comments / Notes
11	95793	<input checked="" type="checkbox"/>		Exhaust	2.0	S-0750 F 1700
12	95783	<input checked="" type="checkbox"/>		road out	2.0	S-0752 F 1700
13	44828	<input checked="" type="checkbox"/>		LB	2.0	1700
14	44851	<input checked="" type="checkbox"/>		FB	2.0	1700
15		<input type="checkbox"/>				
16		<input type="checkbox"/>				
17		<input type="checkbox"/>				
18		<input type="checkbox"/>				
19		<input type="checkbox"/>				
20		<input type="checkbox"/>				
21		<input type="checkbox"/>				
22		<input type="checkbox"/>				
23		<input type="checkbox"/>				
24		<input type="checkbox"/>				
25		<input type="checkbox"/>				
26		<input type="checkbox"/>				
27		<input type="checkbox"/>				
28		<input type="checkbox"/>				
29		<input type="checkbox"/>				
30		<input type="checkbox"/>				



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Phase Contrast Microscopy Analysis Report

QuanTEM Set ID: 375614
Date Received: 01/15/25
Received By: Baylie Puga
Analyst: Cassie Sanborn
Date of Report: 1/15/2025
Methodology: NIOSH 7400, Issue 3
AIHA LAP, LLC: 101352

Client: Russell Smalley
Terracon - OKC
4701 N. Stiles Ave.
Oklahoma City, OK 73105

Acct. No.: A725

Project: Purcell Hospital Oversight
Location: Purcell OK
Project No.: 03247107

QuanTEM Sample ID	Client Sample ID	Air Volume (liters)	Fibers	Fields	Fiber Density (f/mm2)	Fiber Concentration (f/cc)	Detection Limits (f/cc)	95% LCL (f/cc)	95% UCL (f/cc)
001	44884	1140	1	100	<7	<0.0024	0.0024	N/A	N/A
002	44838	1136	ND	100	<7	<0.0024	0.0024	N/A	N/A
003	44891	1132	2	100	<7	<0.0024	0.0024	N/A	N/A
004	44878	1124	3	100	<7	<0.0024	0.0024	N/A	N/A
005	44827	1120	29	100	37	0.013	0.0024	0.0073	0.023
006	44839	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
007	44846	1112	1	100	<7	<0.0024	0.0024	N/A	N/A
008	44829	1108	22	100	28	0.0097	0.0024	0.0055	0.018
009	44842	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
010	44835	1100	14	100	18	0.0062	0.0024	0.0033	0.012
011	44832	1096	11	100	14	0.0049	0.0025	0.0024	0.010
012	44855	1092	3	100	<7	<0.0025	0.0025	N/A	N/A
013	44847	Blank	ND	100	N/A	N/A	N/A	N/A	N/A
014	44833	Blank	ND	100	N/A	N/A	N/A	N/A	N/A

Laboratory Sr: 0.54 for 5 to 20 fibers. 0.18 for 20 to 50 fibers. 0.14 for >50 fibers.

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Unless otherwise noted, upon receipt the condition of the sample was acceptable for analysis.

Results have been blank corrected per the NIOSH 7400 method, as applicable.

ND = None Detected



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Phase Contrast Microscopy Analysis Report

QuanTEM Set ID: 375614
Date Received: 01/15/25
Received By: Baylie Puga
Analyst: Cassie Sanborn
Date of Report: 1/15/2025
Methodology: NIOSH 7400, Issue 3
AIHA LAP, LLC: 101352

Client: Russell Smalley
Terracon - OKC
4701 N. Stiles Ave.
Oklahoma City, OK 73105

Acct. No.: A725

Project: Purcell Hospital Oversight
Location: Purcell OK
Project No.: 03247107

QuanTEM Sample ID	Client Sample ID	Air Volume (liters)	Fibers	Fields	Fiber Density (f/mm2)	Fiber Concentration (f/cc)	Detection Limits (f/cc)	95% LCL (f/cc)	95% UCL (f/cc)
----------------------	---------------------	---------------------------	--------	--------	-----------------------------	----------------------------------	-------------------------------	-------------------	-------------------

375614-006, 009 Occluded sample. Amount of particulate on sample exceeds NIOSH 7400 Guidelines.

Authorized Signature: Cassie Sanborn
Cassie Sanborn, Laboratory Analyst

Laboratory Sr: 0.54 for 5 to 20 fibers. 0.18 for 20 to 50 fibers. 0.14 for >50 fibers.

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Unless otherwise noted, upon receipt the condition of the sample was acceptable for analysis.

Results have been blank corrected per the NIOSH 7400 method, as applicable.

ND = None Detected



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<input checked="" type="checkbox"/> Accept	<input type="checkbox"/> Reject

Contact Information		Project Information		Report Results (<input checked="" type="checkbox"/> one box)
Company: <u>Terracon</u>	Phone: <u>1/05-612-8110</u>	Project Name: <u>Purcell Hospital Oversight</u>	<input type="checkbox"/> QuantEM Website	
Contact: <u>Russell Smalley</u>	Cell Phone: <u>405-496-9520</u>	Project Location: <u>Purcell OK</u>	<input type="checkbox"/> Email _____	
Account #:	E-mail: <u>Russell.Smalley@terracon.com</u>	Project ID: <u>03247107</u>	<input type="checkbox"/> Other _____	
SAMPLED BY: Name:	Date: <u>1-15-25</u>	P.O. Number:		

RELINQUISHED BY	DATE & TIME	VIA	RECEIVED BY	DATE & TIME
<u>Tucker Meredith</u>	<u>1-15-25</u>	<u>hand</u>	<u>[Signature]</u>	<u>1/15/25 11:48</u>
<u>Bailey Aberly</u>	<u>1-15-25 1148</u>			

REQUESTED SERVICES (Please ☒ the Appropriate Boxes)

PLM	PLM	TEM	TEM	TURNAROUND TIME
<input type="checkbox"/> Bulk Analysis (EPA 600/R-93/116)	<input type="checkbox"/> Vermiculite Attic Insulation (EPA 600/R-04/004)	<input type="checkbox"/> Air- AHERA	<input type="checkbox"/> Bulk- Presence / Absence EPA600/R-93/116	<input checked="" type="checkbox"/> Rush
<input type="checkbox"/> 400 Point Count	<input type="checkbox"/> Other	<input type="checkbox"/> Air- NIOSH 7402	<input type="checkbox"/> Bulk- Quantitative [weight%]- Chatfield	<input type="checkbox"/> Same Day
<input type="checkbox"/> 1000 Point Count		<input type="checkbox"/> Air- ISO 10312	<input type="checkbox"/> Dust- Presence / Absence	<input type="checkbox"/> 24 - Hour
<input type="checkbox"/> Gravimetric Preparation		<input type="checkbox"/> Drinking Water- EPA 100.2	<input type="checkbox"/> Dust- Quantitative [fibers/sq.cm]- ASTM D5755	<input type="checkbox"/> 3 - Day
<input type="checkbox"/> Particle ID	<input checked="" type="checkbox"/> PCM NIOSH 7400	<input type="checkbox"/> Waste Water- EPA 600/4-83-043	<input type="checkbox"/> Other	<input type="checkbox"/> 5 - Day

No.	Sample ID (10 Characters Max)	<input checked="" type="checkbox"/> To Be Analyzed	Color	Description	Volume / Area (as applicable)	Comments / Notes
1	114884	<input checked="" type="checkbox"/>		N of SE Hallway	2.0	S - 0730 F - 1700
2	114838	<input checked="" type="checkbox"/>		S of SE Hallway	2.0	S - 0730 F - 1700
3	44891	<input checked="" type="checkbox"/>		E of SE Hallway	2.0	S - 0730 F - 1700
4	44878	<input checked="" type="checkbox"/>		W of SE Hallway	2.0	S - 0738 F - 1700
5	41827	<input checked="" type="checkbox"/>		Change Room	2.0	S - 0740 F - 1700
6	44839	<input checked="" type="checkbox"/>		Exhaust	2.0	S - 0742 F - 1700
7	44846	<input checked="" type="checkbox"/>		personal	2.0	S - 0744 F - 1700
8	44829	<input checked="" type="checkbox"/>		personal	2.0	S - 0746 F - 1700
9	44842	<input checked="" type="checkbox"/>		SE Hallway	2.0	S - 0748 F - 1700
10	44835	<input checked="" type="checkbox"/>		Exhaust	2.0	S - 0750 F - 1700

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Lab No.	375614
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Project Information						
Company:			Project Name:		Project Location:	
No.	Sample ID (10 Characters Max)	<input checked="" type="checkbox"/> To Be Analyzed	Color	Description	Volume / Area (as applicable)	Comments / Notes
11	114832	<input type="checkbox"/>		Exhaust	2-0	S-0752 F-1700
12	114885	<input checked="" type="checkbox"/>		load out	2-0	S-0751 F-1700
13	114847	<input checked="" type="checkbox"/>		LB	/	1700
14	44833	<input checked="" type="checkbox"/>		FB	/	1700
15		<input type="checkbox"/>				
16		<input type="checkbox"/>				
17		<input type="checkbox"/>				
18		<input type="checkbox"/>				
19		<input type="checkbox"/>				
20		<input type="checkbox"/>				
21		<input type="checkbox"/>				
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25		<input type="checkbox"/>				
26		<input type="checkbox"/>				
27		<input type="checkbox"/>				
28		<input type="checkbox"/>				
29		<input type="checkbox"/>				
30		<input type="checkbox"/>				



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Phase Contrast Microscopy Analysis Report

QuanTEM Set ID: 375643

Date Received: 01/16/25

Received By: Baylie Puga

Analyst: Cassie Sanborn

Date of Report: 1/16/2025

Methodology: NIOSH 7400, Issue 3

AIHA LAP, LLC: 101352

Client: Russell Smalley
Terracon - OKC
4701 N. Stiles Ave.
Oklahoma City, OK 73105

Acct. No.: A725

Project: Purcell Hospital Oversight

Location: Purcell OK

Project No.: 03247167

QuanTEM Sample ID	Client Sample ID	Air Volume (liters)	Fibers	Fields	Fiber Density (f/mm2)	Fiber Concentration (f/cc)	Detection Limits (f/cc)	95% LCL (f/cc)	95% UCL (f/cc)
001	44864	1140	1	100	<7	<0.0024	0.0024	N/A	N/A
002	44870	1136	2	100	<7	<0.0024	0.0024	N/A	N/A
003	44863	1132	1	100	<7	<0.0024	0.0024	N/A	N/A
004	44859	1128	2	100	<7	<0.0024	0.0024	N/A	N/A
005	44892	1124	16	100	20	0.0070	0.0024	0.0037	0.014
006	44848	1120	ND	100	<7	<0.0024	0.0024	N/A	N/A
007	44843	1116	3	100	<7	<0.0024	0.0024	N/A	N/A
008	44841	1112	1	100	<7	<0.0024	0.0024	N/A	N/A
009	44840	1108	ND	100	<7	<0.0024	0.0024	N/A	N/A
010	44837	1104	3	100	<7	<0.0024	0.0024	N/A	N/A
011	44834	1100	2	100	<7	<0.0024	0.0024	N/A	N/A
012	44849	1096	1	100	<7	<0.0025	0.0025	N/A	N/A
013	44836	Blank	ND	100	N/A	N/A	N/A	N/A	N/A
014	44831	Blank	ND	100	N/A	N/A	N/A	N/A	N/A

Laboratory Sr: 0.54 for 5 to 20 fibers. 0.18 for 20 to 50 fibers. 0.14 for >50 fibers.

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Unless otherwise noted, upon receipt the condition of the sample was acceptable for analysis.

Results have been blank corrected per the NIOSH 7400 method, as applicable.

ND = None Detected



2033 HERITAGE PARK DR, OKLAHOMA CITY, OK 73120 | 1.800.822.1650

Phase Contrast Microscopy Analysis Report

QuanTEM Set ID: 375643
Date Received: 01/16/25
Received By: Baylie Puga
Analyst: Cassie Sanborn
Date of Report: 1/16/2025
Methodology: NIOSH 7400, Issue 3
AIHA LAP, LLC: 101352

Client: Russell Smalley
Terracon - OKC
4701 N. Stiles Ave.
Oklahoma City, OK 73105

Acct. No.: A725

Project: Purcell Hospital Oversight
Location: Purcell OK
Project No.: 03247167

QuanTEM Sample ID	Client Sample ID	Air Volume (liters)	Fibers	Fields	Fiber Density (f/mm2)	Fiber Concentration (f/cc)	Detection Limits (f/cc)	95% LCL (f/cc)	95% UCL (f/cc)
----------------------	---------------------	---------------------------	--------	--------	-----------------------------	----------------------------------	-------------------------------	-------------------	-------------------

Authorized Signature: _____

Cassie Sanborn, Laboratory Analyst

Laboratory Sr: 0.54 for 5 to 20 fibers. 0.18 for 20 to 50 fibers. 0.14 for >50 fibers.

This report applies only to the standards or procedures indicated and to the specific samples tested. It is not indicative of the qualities of apparently identical or similar products or procedures, nor does it represent an ongoing assurance program unless so noted. These reports are for the exclusive use of the client and are not to be reproduced without specific written permission. QuanTEM is not responsible for user-supplied data used in calculation. Customer provided data such as volumes, areas, etc., cannot be verified by QuanTEM Laboratories, LLC.

Unless otherwise noted, upon receipt the condition of the sample was acceptable for analysis.

Results have been blank corrected per the NIOSH 7400 method, as applicable.

ND = None Detected



ASBESTOS CHAIN OF CUSTODY

2033 Heritage Park Drive, Oklahoma City, OK 73120-7502
(800) 822-1650 • (405) 755-7272 • Fax: (405) 755-2058

Page 1 of ____

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For Lab Use Only	
Lab No.	<u>375643</u>
<input checked="" type="checkbox"/> Accept	<input type="checkbox"/> Reject

Contact Information		Project Information		Report Results (<input checked="" type="checkbox"/> one box)
Company: <u>Tecracon</u>	Phone: <u>405-612-8948</u>	Project Name: <u>Purcell Hospital/analyz</u>	<input type="checkbox"/> Quantem Website	
Contact: <u>Russell Smalley</u>	Cell Phone: <u>405-496-5526</u>	Project Location: <u>Purcell OK</u>	<input type="checkbox"/> Email _____	
Account #:	E-mail: <u>Russell.Smalley@tecracon.com</u>	Project ID: <u>02247107</u>	<input type="checkbox"/> Other _____	
SAMPLED BY: Name: <u>Tucker Mendith</u>	Date: <u>1-15-25</u>	P.O. Number:		

RELINQUISHED BY	DATE & TIME	VIA	RECEIVED BY	DATE & TIME
<u>[Signature]</u>	<u>1/16/25 9:05</u>	<u>Prisen</u>	<u>[Signature]</u>	<u>1/16/25 9:05</u>

REQUESTED SERVICES (Please ☒ the Appropriate Boxes)

PLM	PLM	TEM	TEM	TURNAROUND TIME
<input type="checkbox"/> Bulk Analysis (EPA 600/R-93/116)	<input type="checkbox"/> Vermiculite Attic Insulation (EPA 600/R-04/004)	<input type="checkbox"/> Air- AHERA	<input type="checkbox"/> Bulk- Presence / Absence EPA600/R-93/116	<input checked="" type="checkbox"/> Rush
<input type="checkbox"/> 400 Point Count	<input type="checkbox"/> Other	<input type="checkbox"/> Air- NIOSH 7402	<input type="checkbox"/> Bulk- Quantitative [weight%]- Chatfield	<input type="checkbox"/> Same Day
<input type="checkbox"/> 1000 Point Count		<input type="checkbox"/> Air- ISO 10312	<input type="checkbox"/> Dust- Presence / Absence	<input type="checkbox"/> 24 - Hour
<input type="checkbox"/> Gravimetric Preparation		<input type="checkbox"/> Drinking Water- EPA 100.2	<input type="checkbox"/> Dust- Quantitative [fibers/sq.cm]- ASTM D5755	<input type="checkbox"/> 3 - Day
<input type="checkbox"/> Particle ID	<input checked="" type="checkbox"/> PCM NIOSH 7400	<input type="checkbox"/> Waste Water- EPA 600/4-83-043	<input type="checkbox"/> Other	<input type="checkbox"/> 5 - Day

No.	Sample ID (10 Characters Max)	<input checked="" type="checkbox"/> To Be Analyzed	Color	Description	Volume / Area (as applicable)	Comments / Notes
1	114864	<input checked="" type="checkbox"/>		N of SE Hallway	2.0	S-0730 F 1700
2	114870	<input checked="" type="checkbox"/>		S of SE Hallway	2.0	S-0732 F 1700
3	114863	<input checked="" type="checkbox"/>		E of SE Hallway	2.0	S-0734 F 1700
4	114859	<input checked="" type="checkbox"/>		W of SE Hallway	2.0	S-0736 F 1700
5	114892	<input checked="" type="checkbox"/>		Change room	2.0	S-0738 F 1700
6	114848	<input checked="" type="checkbox"/>		Exhaust	2.0	S-0740 F 1700
7	114843	<input checked="" type="checkbox"/>		Personal	2.0	S-0742 F 1700
8	114841	<input checked="" type="checkbox"/>		Personal	2.0	S-0744 F 1700
9	114840	<input checked="" type="checkbox"/>		SE Hallway	2.0	S-0746 F 1700
10	114837	<input checked="" type="checkbox"/>		Exhaust	2.0	S-0748 F 1700

SATURDAY FEDEX SAMPLE DELIVERY - CALL TO SCHEDULE • Use this address for Saturday Delivery only: 4220 N. Santa Fe Ave., Oklahoma City, OK 73105-8517 • Mark Package "Hold for Saturday Pickup"
Please Note - UPS and USPS are NOT available for Saturday Delivery



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Page 2 of ____

For Lab Use Only	
Lab No. <u>375643</u>	
<input checked="" type="checkbox"/> Accept	<input type="checkbox"/> Reject

Project Information			Project Name:		Project Location:	
Company:						
No.	Sample ID (10 Characters Max)	<input checked="" type="checkbox"/> To Be Analyzed	Color	Description	Volume / Area (as applicable)	Comments / Notes
11	44834	<input checked="" type="checkbox"/>		Exhaust	2.0	S-0750 F1700
12	44834	<input checked="" type="checkbox"/>		Load out	2.0	S-0752 F1200
13	4483C	<input checked="" type="checkbox"/>		LB	1	F-1700
14	44831	<input checked="" type="checkbox"/>		FB	1	F-1700
15		<input type="checkbox"/>				
16		<input type="checkbox"/>				
17		<input type="checkbox"/>				
18		<input type="checkbox"/>				
19		<input type="checkbox"/>				
20		<input type="checkbox"/>				
21		<input type="checkbox"/>				
22		<input type="checkbox"/>				
23		<input type="checkbox"/>				
24		<input type="checkbox"/>				
25		<input type="checkbox"/>				
26		<input type="checkbox"/>				
27		<input type="checkbox"/>				
28		<input type="checkbox"/>				
29		<input type="checkbox"/>				
30		<input type="checkbox"/>				



2033 HERITAGE PARK DR, OKLAHOMA CITY, OK 73120 | 1.800.822.1650

Phase Contrast Microscopy Analysis Report

Quantem Set ID: 375687
Date Received: 01/17/25
Received By: Amanda Bass
Analyst: Cassie Sanborn
Date of Report: 1/17/2025
Methodology: NIOSH 7400, Issue 3
AIHA LAP, LLC: 101352

Client: Russell Smalley
Terracon - OKC
4701 N. Stiles Ave.
Oklahoma City, OK 73105

Acct. No.: A725

Project: Purcell Hospital Oversight
Location: Purcell OK
Project No.: 03247167

Quantem Sample ID	Client Sample ID	Air Volume (liters)	Fibers	Fields	Fiber Density (f/mm2)	Fiber Concentration (f/cc)	Detection Limits (f/cc)	95% LCL (f/cc)	95% UCL (f/cc)
001	44868	1200	4	100	<7	<0.0022	0.0022	N/A	N/A
002	44860	1200	5	100	<7	<0.0022	0.0022	N/A	N/A
003	44857	1200	7	100	8.9	0.0029	0.0022	0.0013	0.0064
004	44853	1200	4	100	<7	<0.0022	0.0022	N/A	N/A
005	44869	1200	2	100	<7	<0.0022	0.0022	N/A	N/A
006	44845	1200	1	100	<7	<0.0022	0.0022	N/A	N/A
007	44854	1200	6	100	7.6	0.0025	0.0022	0.0010	0.0057
008	44873	1200	2	100	<7	<0.0022	0.0022	N/A	N/A
009	44865	1200	3	100	<7	<0.0022	0.0022	N/A	N/A
010	44872	1200	1	100	<7	<0.0022	0.0022	N/A	N/A
011	44866	Blank	ND	100	N/A	N/A	N/A	N/A	N/A
012	44871	Blank	ND	100	N/A	N/A	N/A	N/A	N/A

Authorized Signature: 

Cassie Sanborn, Laboratory Analyst

Laboratory Sr: 0.54 for 5 to 20 fibers. 0.18 for 20 to 50 fibers. 0.14 for >50 fibers.

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Unless otherwise noted, upon receipt the condition of the sample was acceptable for analysis.

Results have been blank corrected per the NIOSH 7400 method, as applicable.

ND = None Detected

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Page 1 of 2

LEGAL DOCUMENT - PLEASE PRINT LEGIBLY

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Lab No. 375687
☒ Accept ☐ Reject

Contact Information		Project Information		Report Results (<input checked="" type="checkbox"/> one box)
Company: <u>Terracon</u>	Phone: <u>405-612-8448</u>	Project Name: <u>Aurcell Hospital Oversight</u>	<input type="checkbox"/> QuanTEM Website	
Contact: <u>Russell Smalley</u>	Cell Phone: <u>405-496-8520</u>	Project Location: <u>Lawell OK</u>	<input type="checkbox"/> Email _____	
Account #:	E-mail: <u>Russell.Smalley@terracon.com</u>	Project ID: <u>05247167</u>	<input type="checkbox"/> Other _____	
SAMPLED BY: Name: <u>Tucker Meredith</u>	Date: <u>1-16-25</u>	R.O. Number:		

RELINQUISHED BY	DATE & TIME	VIA	RECEIVED BY	DATE & TIME
<u>Tucker Meredith</u>	<u>1-17-25 11:20</u>	<u>hand</u>	<u>[Signature]</u>	<u>1/17/25 11:20</u>

REQUESTED SERVICES (Please ☒ the Appropriate Boxes)

PLM	PLM	TEM	TEM	TURNAROUND TIME
<input type="checkbox"/> Bulk Analysis (EPA 600/R-93/116)	<input type="checkbox"/> Vermiculite Attic Insulation (EPA 600/R-04/004)	<input type="checkbox"/> Air- AHERA	<input type="checkbox"/> Bulk- Presence / Absence EPA600/R-93/116	<input checked="" type="checkbox"/> Rush
<input type="checkbox"/> 400 Point Count	<input type="checkbox"/> Other	<input type="checkbox"/> Air- NIOSH 7402	<input type="checkbox"/> Bulk- Quantitative [weight%]- Chatfield	<input type="checkbox"/> Same Day
<input type="checkbox"/> 1000 Point Count		<input type="checkbox"/> Air- ISO 10312	<input type="checkbox"/> Dust- Presence / Absence	<input type="checkbox"/> 24 - Hour
<input type="checkbox"/> Gravimetric Preparation		<input type="checkbox"/> Drinking Water- EPA 100.2	<input type="checkbox"/> Dust- Quantitative [fibers/sq.cm]- ASTM D5755	<input type="checkbox"/> 3 - Day
<input type="checkbox"/> Particle ID	<input checked="" type="checkbox"/> PCM NIOSH 7400	<input type="checkbox"/> Waste Water- EPA 600/4-83-043	<input type="checkbox"/> Other	<input type="checkbox"/> 5 - Day

No.	Sample ID (10 Characters Max)	<input checked="" type="checkbox"/> To Be Analyzed	Color	Description	Volume / Area (as applicable)	Comments / Notes
1	44868	<input checked="" type="checkbox"/>		W of SW Hallway	10.0	S-0900 F-1100
2	44860	<input checked="" type="checkbox"/>		E of SW Hallway	10.0	S-0900 F-1100
3	14857	<input checked="" type="checkbox"/>		E of SE Hallway	10.0	S-0900 F-1100
4	44853	<input checked="" type="checkbox"/>		Central of SE and SW Hallway	10.0	S-0900 F-1100
5	44869	<input checked="" type="checkbox"/>		E of SE Hallway	10.0	S-0900 F-1100
6	44845	<input checked="" type="checkbox"/>		S of E Hallway	10.0	S-1100 F-1300
7	14854	<input checked="" type="checkbox"/>		S of W Hallway	10.0	S-1100 F-1300
8	44873	<input checked="" type="checkbox"/>		N of the E Hallway	10.0	S-1100 F-1300
9	44865	<input checked="" type="checkbox"/>		Central of Chapel hallway	10.0	S-1100 F-1300
10	44872	<input checked="" type="checkbox"/>		N of the W Hallway	10.0	S-1100 F-1300



ASBESTOS CHAIN OF CUSTODY

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Page 2 of 2

For Lab Use Only	
Lab No.	375687
Accept	Reject

LEGAL DOCUMENT - PLEASE PRINT LEGIBLY

Project Information						
Company:			Project Name:		Project Location:	
No.	Sample ID (10 Characters Max)	<input checked="" type="checkbox"/> To Be Analyzed	Color	Description	Volume / Area (as applicable)	Comments / Notes
11	44866	<input checked="" type="checkbox"/>		LB	/	F 1250
12	44871	<input checked="" type="checkbox"/>		FB	/	F 1250
13		<input type="checkbox"/>				
14		<input type="checkbox"/>				
15		<input type="checkbox"/>				
16		<input type="checkbox"/>				
17		<input type="checkbox"/>				
18		<input type="checkbox"/>				
19		<input type="checkbox"/>				
20		<input type="checkbox"/>				
21		<input type="checkbox"/>				
22		<input type="checkbox"/>				
23		<input type="checkbox"/>				
24		<input type="checkbox"/>				
25		<input type="checkbox"/>				
26		<input type="checkbox"/>				
27		<input type="checkbox"/>				
28		<input type="checkbox"/>				
29		<input type="checkbox"/>				
30		<input type="checkbox"/>				

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 Please Note - UPS and USPS are NOT available for Saturday Delivery

Asbestos Project Checklist

☒ Initial Notification

☐ Revised Notification

☐ Emergency Notification

	NAME	ADDRESS	CITY	PHONE
Job Site:	Purcell Hospital	1500 N. Green Ave.	Purcell, OK 73080	None
Contractor:	Environmental Action, Inc.	PO Box 1029	Jenks, OK 74037	918 298-4080
Site Owner:	City of Purcell	230 W. Main St.	Purcell, OK 73080	405 527-6561
Gen. Contractor:	N/A			
Project Designer:	Terracon	4701 N. Stiles Ave	Oklahoma City, OK 73105	405 496-9526
Air Monitoring Firm:	Terracon	4701 N. Stiles Ave	Oklahoma City, OK 73105	405 496-9526
Air Monitoring Firm:				
Landfill:	Republic Southeast Landfill	7001 S Bryant Ave	Oklahoma City, OK 73149	405 672-7379
Hauler:	Lowder Transportation	PO Box 307	Shawnee, OK 74802	405 615-4075

MOBILIZATION DATE: 12/4/2024 SCHEDULED DATE OF ASBESTOS REMOVAL: 12/16/2024
PROJECT COMPLETION DATE: 1/31/2025 RENOVATION: ☐ DEMOLITION: ☒ EMERGENCY: ☐
TYPE AND PERCENTAGE ASBESTOS (ATTACH LAB REPORTS): 1.5% Chrysotile

AMOUNT OF ASBESTOS TO BE ABATED: 31000 SF Wall Texture

ABATEMENT TECHNIQUES: 380:50-23-4

SUBMITTALS NECESSARY BEFORE ABATEMENT MAY BEGIN. CHECK OFF ONLY THOSE ATTACHED TO THIS CHECKLIST OR WHICH ARE ON FILE AT THE OKLAHOMA DEPARTMENT OF LABOR.

☒ NESHAPS Notification (Copy)

Variances

Project Specifications

☐ Bonds and/or Insurance Certificates☐ Plans for Decontamination Facilities☐ Respirator Program

☐ Employee Physicals

☐ Permission from owner for all rented vehicles/trailers used to haul asbestos-containing material.

of Mini-containments

of Glovebags

1 # of Containments

1 # of Phases

FEES

* \$1000.00 per containment

* \$350.00 per project not part of a definite containment

* \$350.00 per project with multiple glovebags or mini-containments,
plus \$10.00 per such glovebag or mini-containment

Comments: _____

Darwin Chesnut

~~Digitally signed by Darwin Cheanu
Date: 2018-08-15 11:28:01 -0400~~

Contractor/Responsible Party Signature

12/2/2024

Date _____

EPA NOTIFICATION OF DEMOLITION OR RENOVATION

OFFICE USE ONLY: DATE RECEIVED: _____ JOB / PERMIT / ID NUMBER _____

I. FACILITY INFORMATION:

OWNER: City of Purcell PHONE: 405 527-6561
STREET ADDRESS: 230 W Main St CITY: Purcell STATE: OK ZIP: 73080
FACILITY REPRESENTATIVE Sam Demel PHONE: 405 527-6561

ASBESTOS ABATEMENT CONTRACTOR: Environmental Action, Inc.
STREET ADDRESS: P.O. Box 1029 CITY: Jenks STATE: OK ZIP: 74037
REPRESENTATIVE: Darwin Chesnut PHONE: 405 631-2353
PAGER: None CELL PHONE: 405 990-0070

AIR MONITORING FIRM OR OTHER OPERATOR Terracon
STREET ADDRESS: 4701 N. Stiles Ave. CITY: Oklahoma City STATE: OK ZIP: 73105
REPRESENTATIVE: Russell Smalley PHONE: 405 694-4856

II. TYPE OF NOTIFICATION: (O=ORIGINAL) OR (R=REVISED) O

III. TYPE OF OPERATION: (D=DEMOLITION) (R=RENOVATION) (ER=EMERGENCY RENOVATION) D

IV. IS ASBESTOS CONTAINING MATERIAL (ACM) PRESENT? YES XXXXX NO

V. FACILITY / BUILDING DESCRIPTION (BE SPECIFIC AND DETAILED AS TO NAME, # FLOORS, EXACT ACM LOCATION, ROOM NUMBERS, ETC.)

FACILITY: Purcell Hospital ADDRESS: 1500 N. Green Ave
CITY: Purcell STATE: OK ZIP CODE: 73080 COUNTY: McClain

WHERE IS ACM LOCATED? Wall texture in east section

BUILDING SIZE: SQ. FEET: 61,574 AGE: 53 YEARS # OF FLOORS: 1

PRESENT USE: Vacant PREVIOUS USE: Hospital

VI. PROCEDURES USED TO DETERMINE PRESENCE OF ACM INCLUDING ANALYTICAL METHODS:

Visual inspection of the building -- suspect materials were collected -- analysis by polarized light microscopy

NAME OF EPA ACCREDITED INSPECTOR WHO PERFORMED INSPECTION AND SAMPLING INCLUDING AFFILIATION AND OKLAHOMA DOL LICENSE NUMBER:

Richard Belcher, ASTECH, Lic#159310

EPA NOTIFICATION OF DEMOLITION OR RENOVATION CONTINUED

VII. AMOUNTS OF REGULATED ASBESTOS CONTAINING MATERIAL (RACM) TO BE REMOVED; ALSO AMOUNTS OF CATEGORY I OR II MATERIALS WHICH (WILL) / WILL NOT BE REMOVED (circle one)

PIPES --LINEAR FT: 0 SURFACING AREA --- SQUARE FEET: 31000 OFF FACILITY COMPONENT:

CUBIC FEET: CATEGORY I - SQ FT: CATEGORY II - SQ. / LN. FT.

VIII. SCHEDULED DATES OF ASBESTOS REMOVAL: START: 12/16/2024 FINISH: 1/31/2025

IX. SCHEDULED DATES OF DEMO / RENO: START: FINISH:

X. DESCRIPTION OF THE PLANNED ASBESTOS REMOVAL TECHNIQUES TO BE EMPLOYED:
(e.g. gross removal, glove bagging, manual scrape, etc.)

Gross removal

XI. DESCRIPTION OF THE CONTROLS AND WORK PRACTICES TO BE USED TO PREVENT ASBESTOS FIBER EMISSIONS (e.g. full containment with negative pressure, adequate wetting):

Full containment with negative pressure, adequate wetting

XII. LICENSED ASBESTOS WASTE TRANSPORTER: Lowder Transportation

ADDRESS: PO Box 307 CITY: Shawnee STATE: OK ZIP: 74802

REPRESENTATIVE: Tom Lowder PHONE: 405 278-8538

XIII. STATE PERMITTED ASBESTOS WASTE DISPOSAL SITE: Republic Services Southeast Landfill

ADDRESS: 7001 S. Bryant Ave. CITY: Oklahoma City STATE: OK ZIP: 73105

REPRESENTATIVE: Kim Richey PHONE: 405 672-7379

XIV. IS DEMOLITION ORDERED BY A GOVERNMENT AGENCY? YES: NO: XXXX

NAME OF AGENCY: N/A REPRESENTATIVE:

DATE OF ORDER: DATE DEMOLITION IS TO START:

XV. IS THIS RENOVATION REQUIRED DUE TO AN EMERGENCY? YES: NO: XXXX

DATE OF EMERGENCY: HOUR OF DAY EMERGENCY OCCURRED:

DESCRIPTION OF THE SUDDEN, UNEXPECTED EVENT CAUSING THE EMERGENCY:

EXPLANATION OF HOW THIS CAUSED 1) UNSAFE CONDITIONS; 2) SERIOUS DISRUPTION OF NORMAL BUILDING OPERATIONS; AND/OR 3) IMPOSES AN UNREASONABLE FINANCIAL BURDEN? (be specific & detailed)

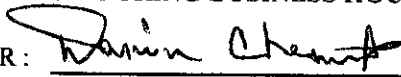
EPA NOTIFICATION OF DEMOLITION OR RENOVATION CONTINUED

XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS BECOMES FRIABLE (crumbled, pulverized, abraded, or reduced to powder, etc.):

Stop work, wet the materials, collect and bag loose materials, notify DEQ

XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR, PART 61, SUBPART M - NESHA) WILL BE ON SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE OF HIS/HER TRAINING AND CERTIFICATION / LICENSING WILL BE AVAILABLE (OR BE POSTED) FOR INSPECTION DURING BUSINESS HOURS:

SIGNATURE OF OWNER / OPERATOR:

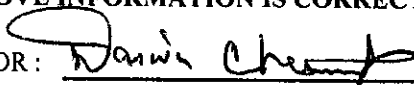


DATE: 12/2/2024

PRINTED NAME: Darwin Chesnut

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE:

SIGNATURE OF OWNER / OPERATOR:



DATE: 12/2/2024

PRINTED NAME: Darwin Chesnut

DEFINITION: OWNER OR OPERATOR Any person who owns, leases, operates, controls or supervises the facility being demolished or renovated or any person who owns, leases, operates, controls or supervises the demolition or renovation, or both.

ADDITIONAL COMMENTS:

EPA NESHA AUTHORITY:

OKLAHOMA DEPARTMENT OF ENVIRONMENTAL QUALITY
Air Quality Division, 707 N. Robinson, P.O. Box 1677
OKC, OK 73101-1677 or
Tulsa Regional Office, 3105 East Skelly Drive, Suite 200
Tulsa, OK 74105

NOTE: Please submit your Notification to the DEQ office closer to your job site.

Sample Numbers			Type	Friab.	Description	Location	%	Type
240426	36	01-03	TM	F	Boiler Flue Insulation	Mechanical Room	ND	NA
240426	37	01-03	TM	F	Boiler Insulation	Mechanical Room	ND	NA
240426	38	01-03	TM	F	Duct Insulation	Mechanical Room	ND	NA
240426	39	01-03	CM	F	Wall Texture	East Section	1.5	Chrysotile
240426	40	01-05	M	F	Joint Compound	East Section	ND	NA
240426	41	01-02	M	F	Drywall	East Section	ND	NA
240426	42	01-02	M	F	2x4 Ceiling Tiles	East Section	ND	NA
240426	43	01-02	M	F	2x2 Ceiling Tiles	East Section	ND	NA
240426	44	01-04	M	NF	Duct Mastic-Applied	Throughout	4	Chrysotile
240426	45	01-05	TM	F	Domestic Water Piping Insulation	Throughout Main Building	ND	NA
240426	46	01-07	TM	F	Domestic Water Fitting	Throughout Main Building	ND	NA
240426	47	01-03	TM	F	Domestic Piping Insulation	Throughout Main Building	ND	NA
240426	48	01-02	M	NF	Vinyl Sheeting	North-West Section	ND	NA
240426	49	01-02	M	NF	1x1 VCT/Mastic-Beige Ten Spots	Hallways-North & South Rooms	3-4	Chrysotile
240426	50	01-02	M	NF	Vinyl Sheeting/Mastic	Center	ND	NA
240426	51	01-02	M	NF	1x1 VCT/Mastic-Gray	SE Section	ND	NA
240426	52	01-02	M	NF	1x1 VCT/Mastic-Red	Center	ND	NA
240426	53	01-02	M	NF	1x1 VCT/Mastic-Beige Gray Spots	NE Section	ND	NA
240426	54	01-02	M	NF	1x1 VCT/Mastic-Tan (Mastic Only)	East Section	3	Chrysotile

ND = None Detected N/A = Not Applicable



2033 HERITAGE PARK DR, OKLAHOMA CITY, OK 73120 1.800.822.1650

Polarized Light Microscopy Asbestos Analysis Report

Quantem Lab No. 368509

Account Number: B054

Date Received: 04/29/2024

Received By: Courtney Holman

Date Analyzed: 05/03/2024

Analyzed By: Cassie Sanborn

Methodology: EPA/600/R-93/116

Client: AsTech, Inc.

P.O. Box 771

Blanchard, OK 73010

Project: Purcell Muni Hospital

Project Location: 1500 N. Green Ave Purcell, OK

Project Number: N/A REVISED

Quantem Sample ID	Client Sample ID	Composition	Color / Description	Asbestos (%)	Non-Asbestos Fiber (%)	Non Fibrous
118	39-1	Homogeneous	White Texture	Asbestos Present Chrysotile 1.50 400 Point Count	NA	CaCO3 Paint
119	39-2	Homogeneous	** Texture	**	Not Analyzed	
Positive Stop						
120	39-3	Homogeneous	** Texture	**	Not Analyzed	
Positive Stop						
121	39-4	Homogeneous	** Texture	**	Not Analyzed	
Positive Stop						
122	39-5	Homogeneous	** Texture	**	Not Analyzed	
Positive Stop						
123	40-1	Homogeneous	White Joint Compound	Asbestos Not Present	NA	CaCO3
124	40-2	Homogeneous	White Joint Compound	Asbestos Not Present	NA	CaCO3

Unless otherwise noted, upon receipt the condition of the sample was acceptable for analysis.

Quantem is a NVLAP accredited Testing PLM laboratory (Lab Code: 101959-0). This report relates only to the specific items tested.
 NVLAP accreditation applies only to analysis performed utilizing EPA—40 CFR Appendix E to Subpart E of Part 763 and EPA/600/R-93/116 methods.
 This report may not be used to claim product endorsement by NVLAP or any agency of the US Government.
 This report may not be reproduced except in full, without the written approval of the laboratory.

EPA NOTIFICATION OF DEMOLITION OR RENOVATION

OFFICE USE ONLY: DATE RECEIVED: _____ JOB / PERMIT / ID NUMBER _____

I. FACILITY INFORMATION:

OWNER: City of Purcell PHONE: 405.527.6561
STREET ADDRESS: 230 West Main St. CITY: Purcell STATE: OK ZIP: 73080
FACILITY REPRESENTATIVE: Sam Demel PHONE: 405.527.6561

ASBESTOS ABATEMENT CONTRACTOR:

Environmental Action, Inc.
STREET ADDRESS: PO Box 1029 CITY: Jenks STATE: OK ZIP: 74037
REPRESENTATIVE: Darwin Chesnut PHONE: 405 631 2353
PAGER: None CELL PHONE: 405 990 0070

AIR MONITORING FIRM OR OTHER OPERATOR: Terracon

STREET ADDRESS: 4701 N. Stiles Ave. CITY: Oklahoma City STATE: OK ZIP: 73105
REPRESENTATIVE: Russell Smalley PHONE: 405.694.4856

II. TYPE OF NOTIFICATION: (O=ORIGINAL) OR (R=REVISED) R

III. TYPE OF OPERATION: (D=DEMOLITION) (R=RENOVATION) (ER=EMERGENCY RENOVATION) D

IV. IS ASBESTOS CONTAINING MATERIAL (ACM) PRESENT? YES XXXXX NO

V. FACILITY / BUILDING DESCRIPTION (BE SPECIFIC AND DETAILED AS TO NAME, # FLOORS, EXACT ACM LOCATION, ROOM NUMBERS, ETC.)

FACILITY: VACANT PURCELL HOSPITAL ADDRESS: 1500 N. GREEN AVE.
CITY: PURCELL STATE: OK ZIP CODE: 73080 COUNTY: OKLAHOMA

WHERE IS ACM LOCATED? Wall Texture in East section

BUILDING SIZE: SQ. FEET: 61,574 AGE: 53 YEARS # OF FLOORS: 1

PRESENT USE: VACANT PREVIOUS USE: HOSPITAL

VI. PROCEDURES USED TO DETERMINE PRESENCE OF ACM INCLUDING ANALYTICAL METHODS:

Visual inspection of the building -- suspect materials were collected -- analysis by polarized light microscopy

NAME OF EPA ACCREDITED INSPECTOR WHO PERFORMED INSPECTION AND SAMPLING INCLUDING AFFILIATION AND OKLAHOMA DOL LICENSE NUMBER:

Richard Belcher ASTECH, Lic. # 159310

EPA NOTIFICATION OF DEMOLITION OR RENOVATION CONTINUED

VII. AMOUNTS OF REGULATED ASBESTOS CONTAINING MATERIAL (RACM) TO BE REMOVED; ALSO AMOUNTS OF CATEGORY I OR II MATERIALS WHICH (WILL) WILL NOT BE REMOVED (circle one)

PIPES --LINEAR FT: _____ SURFACING AREA -- SQUARE FEET: 31,000 OFF FACILITY COMPONENT: _____

CUBIC FEET: _____ CATEGORY I - SQ FT: _____ CATEGORY II - SQ. / LN. FT. _____

VIII. SCHEDULED DATES OF ASBESTOS REMOVAL: START: 12/16/2024 FINISH 1/15/2025

IX. SCHEDULED DATES OF DEMO / RENO: START: UNKNOWN FINISH: UNKNOWN

X. DESCRIPTION OF THE PLANNED ASBESTOS REMOVAL TECHNIQUES TO BE EMPLOYED:

(e.g. gross removal, glove bagging, manual scrape, etc.)

Gross Removal OKDOL JOINT COMPOUND PROCEDURES 380:50-23-2

XI. DESCRIPTION OF THE CONTROLS AND WORK PRACTICES TO BE USED TO PREVENT ASBESTOS FIBER EMISSIONS

(e.g. full containment with negative pressure, adequate wetting):

Full Containment with Adequate Wetting

XII. LICENSED ASBESTOS WASTE TRANSPORTER: Lowder Transportation

ADDRESS: PO Box 307 CITY: Shawnee STATE: OK ZIP: 74802

REPRESENTATIVE: Tom Lowder PHONE: (405) 615-4075

XIII. STATE PERMITTED ASBESTOS WASTE DISPOSAL SITE: Republic S.E. Landfill

ADDRESS: 7001 S. Bryant CITY: Oklahoma City STATE: OK ZIP: 73149

REPRESENTATIVE: Kim Richey PHONE: (405) 672-7379

XIV. IS DEMOLITION ORDERED BY A GOVERNMENT AGENCY? YES: _____ NO: XXXX

NAME OF AGENCY: N/A REPRESENTATIVE: _____

DATE OF ORDER: _____ DATE DEMOLITION IS TO START: _____

XV. IS THIS RENOVATION REQUIRED DUE TO AN EMERGENCY? YES: _____ NO: XXXX

DATE OF EMERGENCY: _____ HOUR OF DAY EMERGENCY OCCURRED: _____

DESCRIPTION OF THE SUDDEN, UNEXPECTED EVENT CAUSING THE EMERGENCY: _____

EXPLANATION OF HOW THIS CAUSED 1) UNSAFE CONDITIONS; 2) SERIOUS DISRUPTION OF NORMAL BUILDING OPERATIONS; AND/OR 3) IMPOSES AN UNREASONABLE FINANCIAL BURDEN? (be specific & detailed)

EPA NOTIFICATION OF DEMOLITION OR RENOVATION CONTINUED

XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS BECOMES FRIABLE (crumbled, pulverized, abraided, or reduced to powder, etc.):

Stop work, wet the materials, collect and bag loose materials, notify DEQ

XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR, PART 61, SUBPART M - NESHAP) WILL BE ON SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE OF HIS/HER TRAINING AND CERTIFICATION / LICENSING WILL BE AVAILABLE (OR BE POSTED) FOR INSPECTION DURING BUSINESS HOURS:

SIGNATURE OF OWNER / OPERATOR :

T. C. Tuck, Jr.

DATE

12/11/2024

PRINTED NAME:

Tom Tuck, Jr.

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE:

SIGNATURE OF OWNER / OPERATOR :

T. C. Tuck, Jr.

DATE:

12/11/2024

PRINTED NAME:

Tom Tuck, Jr.

DEFINITION: OWNER OR OPERATOR: Any person who owns, leases, operates, controls or supervises the facility being demolished or renovated or any person who owns, leases, operates, controls or supervises the demolition or renovation, or both.

ADDITIONAL COMMENTS:

EPA NESHAP AUTHORITY:

OKLAHOMA DEPARTMENT OF ENVIRONMENTAL QUALITY
Air Quality Division, 707 N. Robinson, P.O. Box 1677
OKC, OK 73101-1677 or
Tulsa Regional Office, 3105 East Skelly Drive, Suite 200
Tulsa, OK 74105

NOTE: Please submit your Notification to the DEQ office closer to your job site.

PROJECT DESIGN
FOR
ASBESTOS ABATEMENT

LOCATED AT
OLD PURCELL MUNICIPAL HOSPITAL COMPLEX
1500 NORTH GREEN AVE.
PURCELL, OKLAHOMA
73080

CONTRACTOR
ENVIRONMENTAL ACTION, INC
P.O. BOX 1029
JENKS, OKLAHOMA 74037

Submitted by
Tom Tuck, Jr.
OKDOL P.D. # 248154

PROJECT INTRODUCTION

This Project Design was prepared by Environmental Action, Inc. to provide a course of action for the handling of asbestos for the project described herein, in the best interest of the facility owner, employees, visitors and the public. It is prepared in compliance with applicable State of Oklahoma and federal regulations.

PROJECT INFORMATION:

1. Project Name: Old Purcell Municipal Hospital Complex
2. Occupancy: Vacant
3. Project Type: Asbestos Abatement-***Building is scheduled to be razed.***
4. Abatement Contractor: Environmental Action, Inc.
5. Air Monitoring Firm: ASTECH

I. REGULATORY COMPLIANCE:

1. This project design is for the performance of asbestos abatement according to applicable State and Federal regulations including:
 - a. Oklahoma Department of Labor Rules for Abatement of Friable Asbestos Materials, OAC 380:50, Asbestos Statutes Title 40, Sections 451-457.
 - b. Title 29 CFR Sections 1910.1101, and 1926.58, OSHA, U.S. Dept. of Labor
 - c. Title 40 CFR part 61, NESHAPS, latest edition.
2. Should there be any conflict between this project design and Local, State or Federal regulation, the most stringent will apply.

II. SEQUENCING OF WORK:

1. One Phase – The abatement project involves the removal of Asbestos Containing Drywall Joint Compound & Wall Texture. (Eastside of Building)
2. The work will be performed Monday through Friday.

III. EGRESS AND FIRE PROTECTION:

1. In the event evacuation is necessary workers will exit the containments / regulated areas through the nearest exit. There will be two emergency exits on the containments.
2. Emergency exits will be clearly marked and illuminated.
3. A minimum of one 10A: B:C fire extinguisher shall be provided for this containment. Travel distance from any point of the work area to the nearest fire extinguisher shall not exceed seventy-five linear feet. Multiple fire extinguishers will be utilized on this project.

IV. MATERIALS TO BE ABATED:

1. 31,000 Sq. Ft. of Drywall & Joint Compound 4 % Chrysotile.

V. METHOD OF ABATEMENT:

1. Gross removal per 380:50-23-2&4 Full Containment. AFD's will be utilized as roamers.

VI. NUMBER OF AIR MONITORING PUMPS:

1. All air sampling will be performed in accordance with 380:50-11-1.
2. No background samples will be performed.
3. Area Air Monitors: One or more area air samples will be taken inside the containment area placed in strategic locations where work is taking place. Area samples will be placed outside the containment at the following locations.
 - a. One sampling pump at the decontamination units' clean room and load out during load out activities.
 - b. One sampling pump on the negative air exhaust on the decon vented externally and monitored.
4. Personnel Monitors: 25% of workers will be monitored.
5. ASTECH will collect and analyze both personnel and area air samples throughout the project.

VII. NUMBER AND LOCATION OF CLEAN TEST SAMPLES

1. N/A This structure is scheduled to be razed.

VIII. NUMBER, CAPACITIES AND LOCATIONS OF NEGATIVE AIR MACHINES:

1. The containment will require one negative air machine per active work area based on the following calculation.

$$\frac{238,500 \text{ CF}}{3 @ 1800} = 11 \text{ Minutes}$$

2. The AFD located on the decon will be vented externally & monitored.

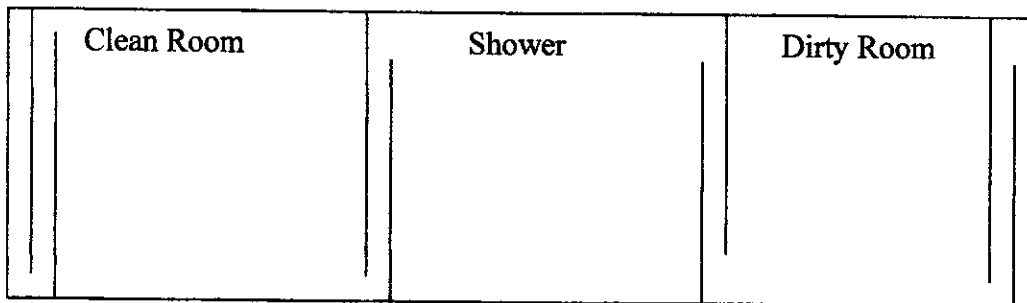
IX. DETAILS OF PROJECT CONTAINMENT:

Containment Construction:

1. All utilities to the building have been disconnected. EAI will be utilizing GFI Boards & extension cords.
2. Prep work in the removal work area will consist of placing one layer of 6-mil poly on all openings and entrances to the work area in the removal scope of work.
3. One layer of 6-mil poly will be placed on the floor of the abatement areas.
4. The decontamination unit will be built in accordance with Title 40 380:50-15-7, 8, & 12.
5. Demarcate the work area and post warning signs.
6. Abatement will begin in full face APR's.
7. All surfaces within the work area will be thoroughly locked down following abatement.

X. DETAILS OF DECONTAMINATION SYSTEM

2. Three-chamber decontamination unit will be attached to the containment.
3. The decontamination unit is to be constructed in accordance with Title 40 380:50-15-7, 8, & 12. (see drawing)



XI. ASBESTOS SOILS IF ANY TO BE REMOVED:

1. None required on this project.

XII. SPECIAL MATERIALS OR METHODS TO PROTECT OBJECTS:

1. None required for this project.

XIII. VARIANCES:

1. 380:50 -17-14
2. Waive the ten (10) day OKDOL waiting period for approval.

XIII: CERTIFICATION:

1. This project design was prepared in accordance with applicable state and federal regulations.

Respectfully Submitted,

Tom Tuck, Jr.
OKDOL # 248154



2033 HERITAGE PARK DR, OKLAHOMA CITY, OK 73120 1.800.822.1650

Polarized Light Microscopy Asbestos Analysis Report

Quantem Lab No. 368509

Account Number: B054

Date Received: 04/29/2024

Received By: Courtney Holman

Date Analyzed: 05/03/2024

Analyzed By: Cassie Sanborn

Methodology: EPA/600/R-93/116

Client: AsTech, Inc.

P.O. Box 771

Blanchard, OK 73010

Project: Purcell Muni Hospital

Project Location: 1500 N. Green Ave Purcell, OK

Project Number: N/A REVISED

Quantem Sample ID	Client Sample ID	Composition	Color / Description	Asbestos (%)	Non-Asbestos Fiber (%)	Non Fibrous
131	42-2	Homogeneous	Tan/White Ceiling Tile	Asbestos Not Present	Cellulose 50 Glass Fiber 30	Perlite Paint
132	43-1	Homogeneous	Tan/White Ceiling Tile	Asbestos Not Present	Cellulose 50 Glass Fiber 30	Perlite Paint
133	43-2	Homogeneous	Tan/White Ceiling Tile	Asbestos Not Present	Cellulose 50 Glass Fiber 30	Perlite Paint
134	44-1	Layered	White Mastic	Asbestos Present Chrysotile 4	NA	Binder
134a		Layered	Brown Wrap	Asbestos Not Present	Cellulose 50 Glass Fiber 10	Foil
134b		Layered	Yellow Insulation	Asbestos Not Present	Glass Fiber 100	
135	44-2	Layered	** Mastic	**	Not Analyzed	

Unless otherwise noted, upon receipt the condition of the sample was acceptable for analysis.

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Abatement Preparation Inspection Form

Abatement Project: Purcell Hospital Date: 12-17-2024 Time: 1000
Project No.: 24-0614 Phase: 1
Project Address/Location: 1500 N. Green Ave City: Purcell Zip: 73080
Contractor: EAT Contact Person: Arian Panto

A = Acceptable
D = Denied; must be correct and re-inspected before asbestos removal is begun
N/A = Not applicable to this project

X = Deficiencies which must be corrected before asbestos removal begins. If the only deficiencies are the "X" type, after correction, asbestos abatement may begin.
Beginning asbestos removal before the deficiencies are correct shall constitute a Serious Violation

- | A D N/A X | A D N/A X | A D N/A X |
|---|--|--|
| (1) Work site barriers and warning signs..... <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | (19) Storage lockers for workers and ODOL inspectors' street clothes..... <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | (35) Scaffolding with people working under has mesh or solid barrier on platform... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| (2) Toilet facilities provided..... <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | (20) Shower with hot water supply, stable nonskid surface, lights..... <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | (36) Scaffolding floorboards in good condition and secured..... <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> |
| (3) Worker licenses..... <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | (21) Shower drains, filter, proper water disposal..... <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | (37) Aerial lifts have full-body harness with shock lanyards..... <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> |
| (4) Emergency telephone #s..... <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | (22) Soap from dispenser, and towels provided..... <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | (38) Ladders are non-conducting and stable..... <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| (5) OSHA forms, poster (min. wage, workers comp, equal opportunity)..... <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | (23) Hearing protection provided if required..... <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | (39) Heat stress monitors in place..... <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| (6) Air mon., results from prior phases, if applicable..... <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> | (24) Hard hats provided, if required..... <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | (40) HEPA vacuum is clean with filters properly installed..... <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| (7) Respirator program and and project design on-site..... <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | (25) Appropriate footwear/safety shoes provided, if required... <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | (41) Temporary lighting is adequate and properly wired and grounded..... <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| (8) Current Fit Test..... <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | (26) Ventilation serving or passing through the abatement area deactivated..... <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | (42) 10 # ABC fire extinguishers inspected..... <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| (9) NIOSH approved respirators, clean, parts in working order..... <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | (27) Critical barriers in place..... <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | (43) Adequate escape routes are properly marked and illuminated with emergency lighting and battery back-up. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| (10) Electrical panel outside work area..... <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | (28) Neg. air quantity and pressure drop, confirmed on-site with recording manometer..... <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> | (44) Acceptable amended water sprayers and chemicals provided..... <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| (11) Electrical system in abatement area locked out/tagged out..... <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | (29) Neg. air machine(s) have properly installed filters, clean pre-filters..... <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | (45) Load-out sealed unless needed for make-up air..... <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| (12) Temporary wiring installed by licensed electrician..... <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | (30) Prep. work secure with negative air on..... <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | (46) Disposal bags and/or barrels provided and properly labelled..... <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| (13) Temporary panel boards properly grounded..... <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | (31) Make-up air sources provide adequate circulation and air cleaning..... <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | (47) Disposal vehicle properly lined..... <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| (14) Ground fault interruption provided from outside work area..... <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | (32) Access controlled..... <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | (48) Area monitoring locations identified..... <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| (15) Live electrical requirement met..... <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> | (33) Scaffolding over 10' high has 42" side rails and 4" toe boards..... <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> | (49) Other..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| (16) Extension cords in acceptable condition..... <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | (34) Scaffolding from 4' to 10' high, but less than 42" wide, has side rails..... <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> | |
| (17) Equipment properly grounded..... <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | |
| (18) De-con firmly constructed, opaque, with triple flaps..... <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | |

OF GLOVEBAGS

OF FULL CONTAINMENTS

OF MINI CONTAINMENTS

Recommendations & Remarks:

Prep Accepted for drywall removal containing asbestos feature.

Orders:

☐ Imminent Danger

Inspector's Signature

Contractor's or Representative's Signature

Oklahoma Department of Labor

Asbestos Division

409 NE 28th Street, 3rd Floor
Oklahoma City, OK 73105
(405-521-6464) FAX (405-521-6025)



Visual/Final Inspection Form

DOL Project #:	<u>24-0614</u>	<u>01</u>	<u>16</u>	<u>2025</u>	<u>1025</u>
Facility:	<u>Purcell Hospital</u>	Month	Day	Year	Time
Contractor #:	<u>110170</u>	County #:	<u>44</u>	FY #:	<u>2025</u>
Address/Location:	<u>1500 N. Green Avenue</u>	Address City:	<u>Purcell</u>		
Owner/Occupant:	<u>City of Purcell</u>	Contractor:	<u>Environmental Action, Inc</u>		
Contact Name:	<u>Sam Demel</u>	Contractor's Rep.:	<u>Juan Prieto</u>		
Facility Phone #:	<u>405-527-6561</u>	Contractor's Phone #:	<u>405-570-2614</u>		

1. Description of Area: Vacant hospital scheduled to be demolished requiring the abatement of approx. 31,000 SF of sheetrock wall texture containing 1.5% chrysotile asbestos.

2. Areas requiring further cleaning: None.

3. Air Counts (PCM/TEM) On-Site?: All work shift samples Acceptable Clearance sampling not performed due to demolition of the structure.

4. DOL Recommendations: Remove all poly & tape and dispose of as ACM waste.

5. Will a FINAL inspection be required?: This is the Final inspection.

6. Notes: Visual & Final inspection Accepted for asbestos wall texture removal.

(This Project is Complete)

7. Note any violations cited: 380:50-

8. Contractor's Comments:

Justi Cook
Inspector's Signature

Juan Prieto
Contractor's Signature

Oklahoma Accreditation Plan (OAP) Inspection Form

Name of Facility Purcell Hospital
 Facility Address 1500 N. Green Ave.
 City Purcell Zip 73080
 DOL Project Numb. if applicable 24-0614
 Owner name City of Purcell
 Owner address 230 W. Main St. Purcell, OK
 Owner phone 405-529-6561
 Contact person Sam Hermal

Date 12-17-2024 Time 1100
Reason for Inspection: ☒ Routine ☐ Citizen Complaint
☐ Response Action ☐ Other
Contractor Environmental Action, Inc.
Contractor address P.O. Box 1029
City Seneca Zip 74037
Contractor office phone 405-990-0070
Contact person Darwin Chestnut

Abatement Project Description (size of project, type of material, methods used, etc.)

Vacant hospital scheduled for demolition requiring the abatement of drywall containing asbestos texture. Containment, wet removal procedures.

OPENING CONFERENCE

Personnel present and interviewed:

Name: Juan Nieto Title: Assignment Supervisor
Name: _____ Title: _____
Name: _____ Title: _____

ODOL inspector accompanied by other State or Federal employee(s)

Yes ☐ No ☒

Name: _____ Title: _____

Name: _____ Title: _____

Credentials presented to:

Name: Juan Prieto Title: Abatement Supervisor
Name: _____ Title: _____

Notice of Inspection signed and a copy provided to official?

Yes ☒ No ☐

INSPECTION

Was the building initially inspected for asbestos?

Yes ☒ No ☐

Name of inspector: Richard Belcher

License #: 159310 Exp. Date: 07.17.2025

Date of Inspection: 04.26.2024

AIR MONITORING DATA

Name of Laboratory: Quantum Laboratories
Address: 2033 Heritage Park Dr.
City: OKC Zip: 73120
License #: Lab Code: 101959-0 Exp. Date: _____
On-Site air tech contract: T. Meredith Phone: 405-612-8498
Type of analysis: TEM ☐ PCM ☒

ACCREDITATION OF CONTRACTORS & WORKERS

Contractors/Supervisors:

Name: <u>Juan Prieto</u>	License #: <u>400519</u>
Issue date: <u>11-08-2024</u>	Exp. Date: <u>11-07-2025</u>
Name: _____	License #: _____
Issue date: _____	Exp. Date: _____
Name: _____	License #: _____
Issue date: _____	Exp. Date: _____

ACCREDITATION OF CONTRACTORS & WORKERS, cont.

Workers:

[illegible]

Definition of Public and Commercial Building:

The interior space of any building, excluding residential apartment buildings of fewer than four (4) units or detached single-family homes. The term includes, but is not limited to industrial and office buildings, residential apartment buildings and condominiums of four (4) or more dwelling units, government-owned buildings, colleges, school buildings, museums, airports, hospitals, churches, preschools, stores, warehouse, and factories. Interior space includes interior hallways connecting buildings, porticos, and mechanical systems used to condition interior space.

Recommendations & Remarks

Orders

Inspector

Contractor or Representative



Oklahoma City
409 NE 28th Street, 3rd Floor
Oklahoma City, OK 73105
405-521-6467
888-269-5353

1. INVESTIGATION IDENTIFICATION			2. TIME	3. COMPANY NAME	
DATE	INSPECTOR NO.	DAILY SEQ NO.	1015	Environmental Action, Inc.	
12-17-2024	22				
4. INSPECTOR ADDRESS			5. COMPANY ADDRESS		
409 NE 28th Street, 3rd floor OKC, OK 73105			P.O. Box 1029 Jenks, OK 74037		
REASON FOR INSPECTION					
Under the authority of Section 11 of the Toxic Substances Control Act:					
<input type="checkbox"/> For the purpose of inspecting (including taking samples, photographs, statements, and other inspection activities) an establishment, facility or other premises in which chemical substances or mixtures or articles containing same are manufactured, processed or stored, or held before or after their distribution in commerce (including records, files, papers, processes, controls, and facilities) and any conveyance being used to transport chemical substances, mixtures or articles containing same in connection with their distribution in commerce (including records, files, papers, processes, controls and facilities) bearing on whether the requirements of the Act applicable to the chemical substances, mixtures or articles within or associated with such premises or conveyance have been complied with.					
<input checked="" type="checkbox"/> In addition, this inspection extends to (check appropriate boxes):					
<input type="checkbox"/> A. Financial data <input checked="" type="checkbox"/> D. Personnel data (40 CFR Part 763 Subpart E)					
<input type="checkbox"/> B. Sales data <input type="checkbox"/> E. Research data					
<input type="checkbox"/> C. Pricing Data					
The nature and extent of inspection of such data specified in A through E above is as follows:					
Licensure check					
CERTIFICATION					
I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.					
INSPECTOR SIGNATURE			RECIPIENT SIGNATURE		
Justin Creek			Juan Prieto		
NAME			NAME		
Justin Creek			Juan Prieto		
TITLE		DATE SIGNED	TITLE		DATE SIGNED
Asbestos Inspector		12-17-2024	Super Vicar		12-17-24

DAILY FIELD ACTIVITY LOG

SUPERVISOR:	Juan Prieto	DATE:	12-4-24 Wednesday	Page	1	of
PROJECT NAME:	Purcell Hospital	PROJECT NO.	7152			
FIELD ACTIVITY SUBJECT:	Mobilization					
DESCRIPTION OF DAILY ACTIVITIES AND EVENTS: Arrived to Job Site at 7:30 AM met with Tom Tuck and a Representative for the City of Purcell. The Representative gave me "Juan Prieto" the keys to the Building. After looking over the job had a safety meeting with crew. Crew then started to unload the job trailer. 12:00-1:00 PM Lunch after lunch part of the crew continued to unload trailer while rest of crew started to clear out Halls and Rooms. Lots of beds and furniture 						
VISITORS ON SITE:	CHANGES FROM PLANS AND SPECIFICATIONS, AND OTHER SPECIAL ORDERS AND IMPORTANT DECISIONS:					
WEATHER CONDITIONS: warm nice day	IMPORTANT TELEPHONE CALLS: Darwin Chesnut Tom Tuck					
IH PERSONNEL ON SITE:	None					
SIGNATURE:	Juan Prieto	DATE:	12-4-24			

DAILY FIELD ACTIVITY LOG

[illegible]

DAILY FIELD ACTIVITY LOG

SUPERVISOR:	Juan Prieto	DATE:	12-9-24 Monday	Page 3 of
PROJECT NAME:	Purcell Hospital	PROJECT NO.	7152	
FIELD ACTIVITY SUBJECT: Cleaning work Areas				
DESCRIPTION OF DAILY ACTIVITIES AND EVENTS: Arrived at job site 6:55 AM Started safety meeting and went over job scope. Crews continued to clean rooms and Halls. 12:00-1:00 pm lunch after lunch crew continued the same scope at work. 				
VISITORS ON SITE:	CHANGES FROM PLANS AND SPECIFICATIONS, AND OTHER SPECIAL ORDERS AND IMPORTANT DECISIONS:			
WEATHER CONDITIONS: warm nice day	IMPORTANT TELEPHONE CALLS: Darwin Chesnut			
IH PERSONNEL ON SITE:	None			
SIGNATURE:	Juan Prieto	DATE:	12-9-24 Monday	

DAILY FIELD ACTIVITY LOG

SUPERVISOR: <u>Juan Prieto</u>		DATE: <u>12-10-24 Tuesday</u>		Page 4 of	
PROJECT NAME: <u>Purcell Hospital</u>			PROJECT NO. <u>7152</u>		
FIELD ACTIVITY SUBJECT: <u>Cleaning work area</u>					
DESCRIPTION OF DAILY ACTIVITIES AND EVENTS: <u>Arrived to job site at 6:50 Am</u> <u>Started after meeting and went over job scope. CRW continued to</u> <u>Remove Everything from Rooms 12:00-1:00 PM Lunch Same work continued</u> <u>Rest of day</u>					
VISITORS ON SITE:			CHANGES FROM PLANS AND SPECIFICATIONS, AND OTHER SPECIAL ORDERS AND IMPORTANT DECISIONS:		
WEATHER CONDITIONS: <u>cool day</u>			IMPORTANT TELEPHONE CALLS: <u>Darwin Chesnut</u>		
IH PERSONNEL ON SITE:		<u>None</u>			
SIGNATURE: <u>Juan Prieto</u>				DATE: <u>12-10-24 Tuesday</u>	

DAILY FIELD ACTIVITY LOG

SUPERVISOR: <u>Juan Prieto</u>		DATE: <u>12-11-24</u> <u>Wednesday</u>	Page <u>5</u> of <u> </u>
PROJECT NAME: <u>Purcell Hospital</u>		PROJECT NO. <u>7152</u>	
FIELD ACTIVITY SUBJECT: <u>Cleaning work area</u>			
DESCRIPTION OF DAILY ACTIVITIES AND EVENTS: <u>Arrived to job site 6:51 Am</u> <u>Started safety meeting and went over job scope. Split crew up today</u> <u>Some continued clearing out rooms and halls. others started prepping</u> <u>rooms that are cleared out. Then had two guys start building</u> <u>the Decora 12:00-1:00pm Lunch after lunch same work continued</u>			
VISITORS ON SITE:		CHANGES FROM PLANS AND SPECIFICATIONS, AND OTHER SPECIAL ORDERS AND IMPORTANT DECISIONS:	
WEATHER CONDITIONS: <u>cool - day</u>		IMPORTANT TELEPHONE CALLS: <u>Darwin chesnut</u>	
IH PERSONNEL ON SITE:		<u>None</u>	
SIGNATURE: <u>Juan Prieto</u>		DATE: <u>12-11-24</u> <u>Wednesday</u>	

DAILY FIELD ACTIVITY LOG

[illegible]

DAILY FIELD ACTIVITY LOG

[illegible]

DAILY FIELD ACTIVITY LOG

[illegible]

DAILY FIELD ACTIVITY LOG

[illegible]

DAILY FIELD ACTIVITY LOG

SUPERVISOR: Juan Prieto	DATE: 12-19-24 Thursday	Page 10 of
PROJECT NAME: Purcell Hospital		PROJECT NO. 7152
FIELD ACTIVITY SUBJECT: Asbestos Abatement.		
DESCRIPTION OF DAILY ACTIVITIES AND EVENTS: Arrived to Job Site at 6:55 AM started Safety meeting and went over job scope. After meeting workers got dressed while I went out to hook up the water worker then went in and continued abatement on the South west wing of Hospital 12:00pm - 1:00pm workers took lunch. after Lunch worker continued with the same work till end of shift		
VISITORS ON SITE:	CHANGES FROM PLANS AND SPECIFICATIONS, AND OTHER SPECIAL ORDERS AND IMPORTANT DECISIONS:	
WEATHER CONDITIONS: Cool nice day	IMPORTANT TELEPHONE CALLS: Darwin Chesnut	
IH PERSONNEL ON SITE:	Tucker Meredith / Terracan	
SIGNATURE: Juan Prieto	DATE: 12-19-24 Thursday	

DAILY FIELD ACTIVITY LOG

[illegible]

DAILY FIELD ACTIVITY LOG

[illegible]

DAILY FIELD ACTIVITY LOG

[illegible]

DAILY FIELD ACTIVITY LOG

SUPERVISOR:	Juan Prieto	DATE:	12-27-24 Friday	Page 14 of
PROJECT NAME:	Purcell Hospital	PROJECT NO.	7152	
FIELD ACTIVITY SUBJECT:	Abatement			
DESCRIPTION OF DAILY ACTIVITIES AND EVENTS: Arrived to Job Site 6:45 AM Hooked water up Then started safety meeting and went over job scope with crew. Crew then got dressed and continued with Abatements 12:00pm - 1:00pm Lunch After lunch workers continued the same work till End of day				
VISITORS ON SITE:		CHANGES FROM PLANS AND SPECIFICATIONS, AND OTHER SPECIAL ORDERS AND IMPORTANT DECISIONS:		
WEATHER CONDITIONS: cool nice day		IMPORTANT TELEPHONE CALLS: Darwin Chesnut		
IH PERSONNEL ON SITE:		Tucker		
SIGNATURE: Juan Prieto		DATE: 12-27-24 Friday		

DAILY FIELD ACTIVITY LOG

[illegible]

DAILY FIELD ACTIVITY LOG

SUPERVISOR: Juan Prieto		DATE: 12-31-24 Tuesday	Page 16 of
PROJECT NAME: Purcell Hospital		PROJECT NO. 7152	
FIELD ACTIVITY SUBJECT: Abatement			
DESCRIPTION OF DAILY ACTIVITIES AND EVENTS: Arrived to job site at 6:49 AM Hooked up water and started safety meeting and went over Job Scope. Workers got dressed and went in to continue demo. at 11:45 crews showed out and put everything up and went home for the Holiday			
VISITORS ON SITE:		CHANGES FROM PLANS AND SPECIFICATIONS, AND OTHER SPECIAL ORDERS AND IMPORTANT DECISIONS:	
WEATHER CONDITIONS: Cold day		IMPORTANT TELEPHONE CALLS: Darwin Chesnut	
IH PERSONNEL ON SITE:		Tucker	
SIGNATURE: Juan Prieto		DATE: 12-31-24 Tuesday	

DAILY FIELD ACTIVITY LOG

[illegible]

DAILY FIELD ACTIVITY LOG

RE: Juan R. [Signature]

DAILY FIELD ACTIVITY LOG

IH PERSONNEL ON SITE:	Tucker
SIGNATURE: <i>[Signature]</i>	DATE: 1-6-25 Monday

DAILY FIELD ACTIVITY LOG

[illegible]

DAILY FIELD ACTIVITY LOG

[illegible]

DAILY FIELD ACTIVITY LOG

RE: Juan R. [Signature]

DAILY FIELD ACTIVITY LOG

SUPERVISOR: Juan Prieto	DATE: 1-13-25 Monday	Page 23 of
PROJECT NAME: Purcell Hospital		PROJECT NO. 7152
FIELD ACTIVITY SUBJECT: Abatement		
DESCRIPTION OF DAILY ACTIVITIES AND EVENTS: Arrived to Job Site at 6:45 AM Started Safety meeting and went over scope of work. Workers then got dressed and continued cleaning work areas 12:00PM - 1:00 PM Lunch After lunch same work continued till end of shift		
VISITORS ON SITE:	CHANGES FROM PLANS AND SPECIFICATIONS, AND OTHER SPECIAL ORDERS AND IMPORTANT DECISIONS:	
WEATHER CONDITIONS: Cold day	IMPORTANT TELEPHONE CALLS: Darwin Chesnut	
IH PERSONNEL ON SITE:	Tucker	
SIGNATURE: Juan Prieto	DATE: 1-13-25 Monday	

DAILY FIELD ACTIVITY LOG

[illegible]

DAILY FIELD ACTIVITY LOG

[illegible]

DAILY FIELD ACTIVITY LOG

[illegible]



Abatement Preparation Inspection Form

Abatement Project: Purcell Hospital Date: 12-17-2024 Time: 1000
Project No.: 24-0614 Phase: 1
Project Address/Location: 1500 N. Queen Ave. City: Purcell Zip: 73080
Contractor: EAI Contact Person: Juan Prieto

A = Acceptable
D = Denied; must be correct and re-inspected before asbestos removal is begun
N/A = Not applicable to this project

X = Deficiencies which must be corrected before asbestos removal begins. If the only deficiencies are the "X" type, after correction, asbestos abatement may begin.
**Beginning asbestos removal before the deficiencies are correct shall constitute a Serious Violation.

- | A D N/A X | | A D N/A X | | A D N/A X | |
|--|--|---|--|--|--|
| (1) Work site barriers and warning signs..... | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | (19) Storage lockers for workers and ODOL inspectors' street clothes..... | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | (35) Scaffolding with people working under has mesh or solid barrier on platform.... | <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> |
| (2) Toilet facilities provided..... | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | (20) Shower with hot water supply, stable nonskid surface, lights..... | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | (36) Scaffolding floorboards in good condition and secured..... | <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> |
| (3) Worker licenses..... | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | (21) Shower drains, filter, proper water disposal..... | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | (37) Aerial lifts have full-body harness with shock lanyards..... | <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> |
| (4) Emergency telephone #s..... | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | (22) Soap from dispenser, and towels provided..... | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | (38) Ladders are non-conducting and stable..... | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| (5) OSHA forms, poster (min. wage, workers comp, equal opportunity)..... | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | (23) Hearing protection provided if required..... | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | (39) Heat stress monitors in place..... | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| (6) Air mon., results from prior phases, if applicable..... | <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> | (24) Hard hats provided, if required..... | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | (40) HEPA vacuum is clean with filters properly installed..... | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| (7) Respirator program and project design on-site..... | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | (25) Appropriate footwear/safety shoes provided, if required..... | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | (41) Temporary lighting is adequate and properly wired and grounded..... | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| (8) Current Fit Test..... | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | (26) Ventilation serving or passing through the abatement area deactivated..... | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | (42) 10 # ABC fire extinguishers inspected..... | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| (9) NIOSH approved respirators, clean, parts in working order..... | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | (27) Critical barriers in place..... | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | (43) Adequate escape routes are properly marked and illuminated with emergency lighting and battery back-up..... | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| (10) Electrical panel outside work area..... | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | (28) Neg. air quantity and pressure drop, confirmed on-site with recording manometer..... | <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> | (44) Acceptable amended water sprayers and chemicals provided..... | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| (11) Electrical system in abatement area locked out/tagged out..... | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | (29) Neg. air machine(s) have properly installed filters, clean pre-filters..... | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | (45) Load-out sealed unless needed for make-up air..... | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| (12) Temporary wiring installed by licensed electrician..... | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | (30) Prep. work secure with negative air on..... | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | (46) Disposal bags and/or barrels provided and properly labelled..... | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| (13) Temporary panel boards properly grounded..... | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | (31) Make-up air sources provide adequate circulation and air cleaning..... | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | (47) Disposal vehicle properly lined..... | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| (14) Ground fault interruption provided from outside work area..... | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | (32) Access controlled..... | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | (48) Area monitoring locations identified..... | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| (15) Live electrical requirement met..... | <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> | (33) Scaffolding over 10' high has 42" side rails and 4" toe boards..... | <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> | (49) Other..... | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| (16) Extension cords in acceptable condition..... | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | (34) Scaffolding from 4' to 10' high, but less than 42" wide, has side rails..... | <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> | | |
| (17) Equipment properly grounded..... | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | | | |
| (18) De-con firmly constructed, opaque, with triple flaps..... | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | | | |

OF GLOVEBAGS

OF FULL CONTAINMENTS

OF MINI CONTAINMENTS

Recommendations & Remarks:

Prep Accepted for drywall removal containing asbestos texture.

Orders:

☐ Imminent Danger

Inspector's Signature

Contractor's or Representative's Signature

Oklahoma Department of Labor

Asbestos Division

409 NE 28th Street, 3rd Floor
Oklahoma City, OK 73105
(405-521-6464) FAX (405-521-6025)



Visual/Final Inspection Form

DOL Project #: 24-0614 01 16 2025 1025
Facility: Purcell Hospital Month Day Year Time
Contractor #: 110170 County #: 44 FY #: 2025
Address/Location: 1500 N. Green Avenue Address City: Purcell
Owner/Occupant: City of Purcell Contractor: Environmental Action, Inc.
Contact Name: Sam Demel Contractor's Rep.: Juan Prieto
Facility Phone #: 405-527-6561 Contractor's Phone #: 405-570-2614

1. Description of Area: Vacant hospital scheduled to be demolished requiring the abatement of approx. 31,000 SF of sheetrock wall texture containing 1.5% chrysotile asbestos.
2. Areas requiring further cleaning: None.
3. Air Counts (PCM/TEM) On-Site?: All work shift samples Acceptable. Clearance sampling not performed due to demolition of the structure.
4. DOL Recommendations: Remove all poly & tape and dispose of as ACM waste.
5. Will a FINAL inspection be required?: This is the Final inspection.
6. Notes: Visual & Final inspection Accepted for asbestos wall texture removal.
(This Project is Complete).
7. Note any violations cited: 380:50-
8. Contractor's Comments:

Justi. Cmt
Inspector's Signature

Juan Prieto
Contractor's Signature