**VALERO**
**REFINING COMPANY**

**Interoffice Memorandum**

PLAINTIFF'S EXHIBIT

VRC-11

Date: October 7, 1991

To: Don Ruyle Department: Contract Administration

From: Norman L. Renfro Dept/Ext: Environmental Affairs/328

Subject: Asbestos Abatement Contractors

Asbestos Abatement Contractors need to be informed and required to provide documentation that their on-site representative has completed all the necessary NESHAP's training. (See attached.) Do our existing contracts cover new regulations or do we need to amend them?

NLR:sad

xc: J. Kersey
E. Loosemore
J. Kiggans

Norman

allow additional interrogatories upon motion therefor showing good cause, or upon stipulation of the parties. A motion for leave to serve additional interrogatories must be filed and granted prior to the service of the proposed additional interrogatories; and must be accompanied by a copy of the interrogatories, if any, which have already been served by the moving party, and by a copy of the interrogatories proposed to be served. If a party upon which interrogatories have been served believes that the number of interrogatories served exceed the limitation specified in this paragraph, and is not willing to waive this basis for objection, the party shall, within the time for (and instead of) serving answers and specific objections to the interrogatories, serve a general objection on the ground of their excessive number. If the inquiring party, in turn, files a motion to compel discovery, the motion must be accompanied by a copy of the set(s) of interrogatories which together are said to exceed the limitation, and must otherwise comply with the requirements of paragraph (e) of this section.

* * * * *

Dated: September 5, 1991.

Harry F. Manbeck, Jr.,

*Assistant Secretary and Commissioner of Patents and Trademarks.*

[FR Doc. 91-21984 Filed 9-11-91; 8:45 am]

BILLING CODE 3510-16-M

## ENVIRONMENTAL PROTECTION AGENCY

### 40 CFR Part 61

[FRL-3995-4]

### Asbestos NESHAP Training Requirements for On-Site Representative

**AGENCY:** Environmental Protection Agency.

**ACTION:** Notice of guidance.

**SUMMARY:** The purpose of this guidance is to explain how the new Asbestos NESHAP training requirements may be met. The Asbestos NESHAP was revised on November 20, 1990. One of the new requirements of the Asbestos NESHAP is that an on-site representative (such as a foreman or management level person), trained in the asbestos demolition and renovation provisions and the means of complying with them, be present when the regulated asbestos-containing material (RACM) is stripped, removed or otherwise handled or disturbed. Evidence that the required training has been completed shall be posted at the demolition or renovation site and made available for inspection by EPA or the delegated Agency.

**EFFECTIVE DATE:** November 20, 1991.

**FOR FURTHER INFORMATION CONTACT:** Ms. Omayra Salgado at (703) 308-8728.

**SUPPLEMENTARY INFORMATION:** The Asbestos School Hazard Abatement Reauthorization Act (ASHARA), signed into law on November 28, 1990, included an amendment to the Asbestos Hazard Emergency Response Act (AHERA) which requires that EPA revise the AHERA Model Accreditation Plan, originally intended only for schools, to extend accreditation requirements to include persons performing asbestos-related work in public and commercial buildings. These requirements would apply to the asbestos removal associated with the demolition and renovation of buildings that are subject to the NESHAP. These requirements may be in effect as early as 1992.

When the Asbestos NESHAP was last revised, these statutory changes had not been foreseen. As a consequence, the Asbestos NESHAP, contained a requirement for training and a refresher course. EPA wishes to avoid duplicative asbestos training requirements, therefore, the Agency has decided to recognize valid accreditation as an AHERA Asbestos Abatement Contractor/Supervisor as satisfying the Asbestos NESHAP training requirements.

The Asbestos Abatement Contractor/Supervisor curriculum is a training program under the current AHERA that meets the NESHAP requirements. Persons are presently required to complete four days of training and then pass an examination to become accredited under this program. Completion of the Asbestos Abatement Contractor/Supervisor training course to comply with the NESHAP training requirement is strongly recommended since all persons performing asbestos-related work will be required to take AHERA training when EPA revises the AHERA Model Accreditation Plan to include public and commercial buildings. In light of this requirement, it would appear to be ill-advised to develop a training course that does not qualify for AHERA accreditation.

Guidance

- Successful completion of the AHERA Model Accreditation Plan course titled Asbestos Abatement Contractor/Supervisor is strongly recommended to satisfy the Asbestos NESHAP training requirements.
- Completion of the Asbestos Abatement Contractor/Supervisor refresher training course every 2 years will comply with the Asbestos NESHAP training requirements. However, completion of the refresher course, every year, is required to maintain AHERA accreditation. For this reason an accredited person probably will need to complete the refresher course each year in order to continue working as an AHERA accredited Contractor/Supervisor, and also to qualify for refresher training.
- Those persons who are accredited as an AHERA Asbestos Abatement Contractor/Supervisor at the time the NESHAP training requirement takes effect (November 20, 1991), will be accredited as a NESHAP on-site representative until the certificate expiration date. Completion of the appropriate AHERA refresher training is required thereafter.

Dated: September 9, 1991.

John B. Rasnic,

*Director, Stationary Source Compliance Division, Office of Air Quality Planning and Standards.*

[FR Doc. 91-21974 Filed 9-11-91; 8:45 am]

BILLING CODE 6560-50-M

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Care Financing Administration

### 42 CFR Part 433

[MB-022-IFC]

RIN 0938-AD36

### Medicaid Program; State Share of Financial Participation

**AGENCY:** Health Care Financing Administration (HCFA), HHS.

**ACTION:** Interim final rule with comment.

**SUMMARY:** Under certain circumstances, States are currently permitted to use voluntary contributions (donated funds) from providers and all revenues from State-imposed taxes, as the State share of the costs of the Medicaid program. There is now widespread use of State donations or other voluntary provider payment programs that unfairly affect the Federal share of Federal Financial Participation (FFP). This practice circumvents the States' statutory obligation to expend funds for medical assistance. Therefore, effective January 1, 1992, this interim final rule requires that the amount of funds donated from Medicaid providers be offset from Medicaid expenditures incurred on or

# Northwest Envirocon, Inc.

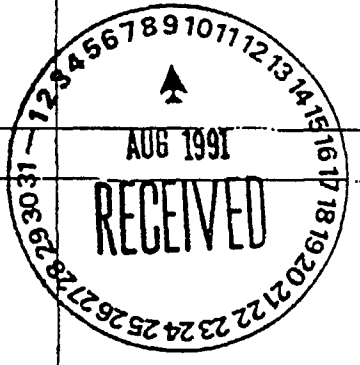
P.O. Box 4638•Vancouver, WA 98662 • 7410 Delaware Lane•Vancouver, WA 98664
(206) 699-4015 • FAX (206) 699-5223

## Bulk Sample Analysis Report

Client: Valero Refining
Attention:
Project: 48/53 Feeder CPC (12,500U)

NWE Job Number: 8004
Report Date: 7-26-91
Page: 1 of 1

| | | | |
|---|---|---|---|
| Sample ID Number | 01 | | |
| Laboratory Number | 100-901 | | |
| Additional Information | | | |
| Sample Gross Appearance | Friable | | |
| Is the sample homogenous? | yes | | |
| Does it contain obvious layers? | no | | |
| Is the sample fibrous? | yes | | |
| lor of sample & pleochroism | White | | |
| Is Asbestos Detected? | yes | | |
| ASBESTOS | | | |
| (Type and Percent) | 1) 15% | | |
| 1. Chrysotile | | | |
| 2. Amosite | | | |
| 3. Crocidolite | | | |
| 4. Other (specify) | | | |
| Total Percent Asbestos | 15% | | |
| Other Fibrous Materials | | | |
| (Type and Percent) | 6) 20%<br>7) 5% | | |
| 5. Fiberglass | | | |
| 6. Cellulose | | | |
| 7. Synthetic | | | |
| 8. Other (specify) | | | |
| Non-Fibrous Materials | N/A | | |




Method of Analysis: EPA recommended PLM. Samples will be disposed of after 90 days unless prior arrangements have been made. The results reported apply to the samples received and tested. Sub-samples are analyzed separately and the combined results are reported in proportion to their abundance.

Analyzed by: PMarshall

VALERO/MOAKE



Final copy sheet 1 of 1

TEXAS AIR CONTROL BOARD
1231 AGNES ST., SUITE 103, CORPUS CHRISTI, TX. 78401
(512) 882 - 5828; FAX (512) 882 - 7364

# FAX COVER SHEET

FAX TO:

NAME: Norman Renfro

CITY: Valero Refining

STATE: TX

FAX #: 289-3247 OTHER:

FROM TACB REGION 5:

NAME: Dick Hinman

REMARKS: These can be copied as needed Call if you have any questions

Total number of pages sent including this cover sheet 3

| Operator Project # | Postmark | Date Received | Notification # |
|---|---|---|---|
| | | | |

I. TYPE OF NOTIFICATION (O=Original R=Revised C=Cancelled):

II. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)

OWNER NAME:

Address:

| City: | State: | Zip: |
|---|---|---|
| Contact: | | Tel: |

REMOVAL CONTRACTOR:

| Address: | TDH Lic. No: |
|---|---|

| City: | State: | Zip: |
|---|---|---|
| Contact: | | Tel: |

OTHER OPERATOR:

Address:

| City: | State: | Zip: |
|---|---|---|
| Contact: | | Tel: |

III. TYPE OF OPERATION (D=Demo O=Ordered Demo R=Renovation E=EmerRenovation P=Planned):

IV. IS ASBESTOS PRESENT? (Yes/No)

V. FACILITY DESCRIPTION (Include building name, number and floor or room #)

| Bldg Name: | TACB Account: |
|---|---|

Address:

| City: | State: | Zip: |
|---|---|---|
| Site Location: | | Site Tel: |
| Building Size: | # of Floors: | Age in Years: |
| Present Use: | Prior Use: | |

VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:

| VII. APPROXIMATE AMOUNT OF ASBESTOS, INCLUDING: | RACM To Be Removed | Nonfriable Asbestos Material Not To Be Removed | | Indicate Unit of Measurement Below | |
|---|---|---|---|---|---|
| 1. Regulated ACM to be Removed<br>2. Category I ACM Not Removed<br>3. Category II ACM Not Removed | | Cat I | Cat II | UNIT | |
| Pipes | | | | LnFt: | Ln m: |
| Surface Area | | | | SqFt: | Sq m: |
| Vol RACM Off Facility Component | | | | CuFt: | Cu m: |

VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: Complete:

IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: Complete:

VALERO/MOAKE

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:

XII. WASTE TRANSPORTER #1

Name:

Address:

City: | State: | Zip:

Contact: | Tel:

WASTE TRANSPORTER #2

Name:

Address:

City: | State: | Zip:

Contact: | Tel:

XIII. WASTE DISPOSAL SITE

Name:

Address:

City: | State: | Zip:

Telephone: | TDH/TWC Permit No.:

XIV. IF DEMOLITION ORDERED BY GOVERNMENT AGENCY, PLEASE IDENTIFY AGENCY BELOW:

Name: | Title:

Authority:

Date of Order (MM/DD/YY): | Date Ordered to Begin (MM/DD/YY):

XV. FOR EMERGENCY RENOVATIONS

Date and Hour of Emergency (MM/DD/YY):

Description of the Sudden, Unexpected Event:

Explanation of how the event cause unsafe conditions or would cause equipment damage or an unreasonable financial burden:

XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER.

XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation)

Job Supervisor: _____

TDH Lic. No.: _____ (Signature of Owner/Operator) (Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

(Signature of Owner/Operator) (Date)

| Operator Project # | Postmark | Date Received | Notification # |
|---|---|---|---|
| | | | |

I. TYPE OF NOTIFICATION (O=Original R=Revised C=Cancelled):

II. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)

OWNER NAME:

Address:

| City: | State: | Zip: |
|---|---|---|
| Contact: | | Tel: |

REMOVAL CONTRACTOR:

| Address: | TDH Lic. No: |
|---|---|

| City: | State: | Zip: |
|---|---|---|
| Contact: | | Tel: |

OTHER OPERATOR:

Address:

| City: | State: | Zip: |
|---|---|---|
| Contact: | | Tel: |

III. TYPE OF OPERATION (D=Demo O=Ordered Demo R=Renovation E=EmerRenovation P=Planned):

IV. IS ASBESTOS PRESENT? (Yes/No)

V. FACILITY DESCRIPTION (Include building name, number and floor or room #)

| Bldg Name: | TACB Account: |
|---|---|

Address:

| City: | State: | Zip: |
|---|---|---|
| Site Location: | | Site Tel: |
| Building Size: | # of Floors: | Age in Years: |
| Prese Use: | Prior Use: | |

VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:

VII. APPROXIMATE AMOUNT OF ASBESTOS, INCLUDING:

| | RACM To Be Removed | Nonfriable Asbestos Material Not To Be Removed | | Indicate Unit of Measurement Below | |
|---|---|---|---|---|---|
| 1. Regulated ACM to be Removed<br>2. Category I ACM Not Removed<br>3. Category II ACM Not Removed | | Cat I | Cat II | UNIT | |
| Pipes | | | | LnFt: | Ln m: |
| Surface Area | | | | SqFt: | Sq m: |
| RACM Off Facility Component | | | | CuFt: | Cu m: |

SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: Complete:

SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: Complete:

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:

XII. WASTE TRANSPORTER #1

Name:

Address:

| City: | State: | Zip: |
|---|---|---|
| | | Tel: |

Contact:

WASTE TRANSPORTER #2

Name:

Address:

| City: | State: | Zip: |
|---|---|---|
| | | Tel: |

Contact:

XIV. WASTE DISPOSAL SITE

Name:

Address:

| City: | State: | Zip: |
|---|---|---|
| Telephone: | TDH/TWC Permit No.: | |

XV. IF DEMOLITION ORDERED BY GOVERNMENT AGENCY, PLEASE IDENTIFY AGENCY BELOW:

| Name: | Title: |
|---|---|

Authority:

| Date of Order (MM/DD/YY): | Date Ordered to Begin (MM/DD/YY): |
|---|---|

XVI. FOR EMERGENCY RENOVATIONS

Date and Hour of Emergency (MM/DD/YY):

Description of the Sudden, Unexpected Event:

Explanation of how the event cause unsafe conditions or would cause equipment damage or an unreasonable financial burden:

XVII. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER.

XVIII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation)

Job Supervisor: _____ _____ _____

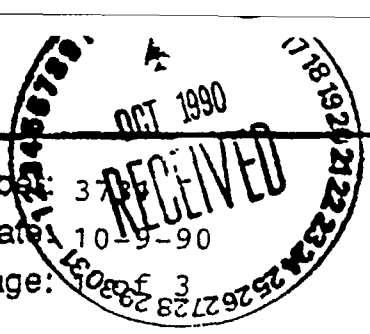
TDH Lic. No.: _____ (Signature of Owner/Operator) (Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

_____ _____

(Signature of Owner/Operator) (Date)

# Bulk Sample Analysis Report




Client: GILMAN INSULATION
Attention: CLIFTON LANGTON
Project: VALERO

Asbestos Abatement

NWE Job Number: 3788
Report Date: 10-9-90
Page: 3

| Sample ID Number | 44 - 01 | 19 - 7 | 19 - 14 |
|---|---|---|---|
| Laboratory Number | 100 - 127 | 100 - 128 | 100 - 129 |
| Additional Information | | | |
| Sample Gross Appearance | Friable | Friable | Friable |
| Is the sample homogenous? | Yes | Yes | No |
| Does it contain obvious layers? | No | No | No |
| Is the sample fibrous? | Yes | Yes | Yes |
| Color of sample & pleochroism | White | White | White/Tan |
| Is Asbestos Detected? | No | No | No |
| ASBESTOS (Type and Percent) 1. Chrysotile 2. Amosite 3. Crocidolite 4. Other (specify) | | | |
| Total Percent Asbestos | None | None | None |
| Other Fibrous Materials (Type and Percent) 5. Fiberglass 6. Cellulose 7. Synthetic 8. Other (specify) | 6) 50 % | 45 % | 6) 38 % |
| Non-Fibrous Materials | NA | NA | NA |

Method of Analysis: EPA recommended PLM. Samples will be disposed of after 90 days unless prior arrangements have been made. The results reported apply only to the samples received and tested. Sub-samples are analyzed separately and the combined results are reported in proportion to their abundance.

Analyzed by: Eric Connelly

Final copy checked by: Tommy White

Q.A. Supervisor Approval

# Bulk Sample Analysis Report

Client: GILMAN INSULATION
Attention: CLIFTON LANGTON
Project: VALERO REFINING CO.

NWE Job Number: 3731
Report Date: 10-9-90


| Sample ID Number | 19 - 13 | 19 - 18 | 19 - 6 |
|---|---|---|---|
| Laboratory Number | 100 - 130 | 100 - 131 | 100 - 132 |
| Additional Information | | WET SAMPLE | WET SAMPLE |
| Sample Gross Appearance | Friable | Friable | Friable |
| Is the sample homogenous? | Yes | Yes | Yes |
| Does it contain obvious layers? | No | No | No |
| Is the sample fibrous? | Yes | Yes | Yes |
| Color of sample & pleochroism | White | White | White |
| Is Asbestos Detected? | No | No | No |
| ASBESTOS (Type and Percent) 1. Chrysotile 2. Amosite 3. Crocidolite 4. Other (specify) | | | |
| Total Percent Asbestos | None | None | None |
| Other Fibrous Materials (Type and Percent) 5. Fiberglass 6. Cellulose 7. Synthetic 8. Other (specify) | 6) 40 % | 6) 50 % | 6) 50 % |
| Non-Fibrous Materials | NA | NA | NA |

Method of Analysis: EPA recommended PLM. Samples will be disposed of after 90 days unless prior arrangements have been made. The results reported apply only to the samples received and tested. Sub-samples are analyzed separately and the combined results are reported in proportion to their abundance.

Analyzed by: Eric Connelly

Final copy checked by: Tommy White

Q.A. Supervisor Approval

# Bulk Sample Analysis Report

Client: GILMAN INSULATION
Attention: CLIFTON LANGTON
Project: VALERO

NWE Job Number: 3731
Report Date: 10-9-90
Page: 3 of 3

| | | | |
|---|---|---|---|
| Sample ID Number | 19 - 06 A | | |
| Laboratory Number | 100 - 133 | | |
| Additional Information | WET SAMPLE | | |
| Sample Gross Appearance | Friable | | |
| Is the sample homogenous? | Yes | | |
| Does it contain obvious layers? | No | | |
| Is the sample fibrous? | Yes | | |
| Color of sample & pleochroism | White | | |
| Is Asbestos Detected? | No | | |
| ASBESTOS (Type and Percent) 1. Chrysotile 2. Amosite 3. Crocidolite 4. Other (specify) | | | |
| Total Percent Asbestos | None | | |
| Other Fibrous Materials (Type and Percent) 5. Fiberglass 6. Cellulose 7. Synthetic 8. Other (specify) | 6) 45 % | | |
| Non-Fibrous Materials | NA | | |

Method of Analysis: EPA recommended PLM. Samples will be disposed of after 90 days unless prior arrangements have been made. The results reported apply only to the samples received and tested. Sub-samples are analyzed separately and the combined results are reported in proportion to their abundance.

Analyzed by: Eric Connelly

Final copy checked by: Tommy White

Q.A. Supervisor Approval

# HSM LABORATORIES

P. O. Box 816
Nederland, Texas 77627
(409) 842-5751
Fax: (409) 842-4099

11821 I-10 East, Suite 160
Houston, Texas 77029
(713) 455-7227
Fax: (713) 455-7263


June 31, 1990

Gilman Insulation Co., Inc.
P.O. Box 4074
Corpus Christi, TX 78408

ATTENTION: CLIFTON LANGTON

SUBJECT: LAB SERVICE NUMBER 0790.1339

On June 24, 1990, HSM Laboratories received five filter cassette samples for analysis. The analytical result of each sample was determined following NIOSH method 7400 (Rule A).

Wedges from each sample filter were examined under a phase contrast microscope at a magnification of 400x. All fibers and particulates longer than five microns with a length-to-width ratio of 3:1 or greater were counted as asbestos. The fiber concentration of each filter was then calculated based on the number of fibers per fields counted and the volume of air drawn through the sampling media.

HSM Laboratories participates in the NIOSH Proficiency Analytical Testing (PAT) program for phase contrast microscopy (NIOSH PAT #77029-001). Other methods of Quality Assurance/Quality Control include recounts, interlaboratory analysis and blanks. Analysts have completed the NIOSH 582 Equivalency course "Airborne Asbestos Sampling and Laboratory Analysis".

HSM Laboratories appreciates the opportunity to provide analytical services. If you have any questions, please contact our office.

Please see the following page(s) for analytical results.

Sincerely,

Dennis G. Watts
Laboratory Supervisor

DGW/em
Enclosure

Client: Gilman Insulation Co., Inc
Project #: N/A
Site : Valero Refining
Report Date: July 31, 1990

Results of Analysis

| Lab Number | Sample ID Number | Fibers Counted | Fields Counted | Air Volume (liters) | Fiber Concentrations (fibers/cc)* |
|---|---|---|---|---|---|
| 0790.1339 | 101 | 38.0 | 100 | 660.0 | 0.027 |
| 0790.1340 | 102 | 26.0 | 100 | 1512.0 | 0.008 |
| 0790.1341 | 103 | 1.0 | 100 | 60.0 | <0.083 |
| 0790.1342 | 104 | 46.5 | 100 | 1020.0 | 0.021 |
| 0790.1343 | BLANK | 3.0 | 100 | ------ | BLANK |

* Indicates measurements corrected for blanks.
** Indicates interlaboratory recount.

NA = Not Analyzed

Analyst

Laboratory Supervisor

GILMAN INSULATION CO., INC. AIR MONITORING/SAMPLING REPORT

CUSTOMER: Valero Refining - Corpus Christi Tx.

LOCATION: Lab.

GILMAN SUPERVISOR: Ray Huerta GIC JOB NO. 585

ALL SAMPLES ARE COLLECTED AT 2 L/MIN. UNLESS OTHERWISE NOTED

| SAMPLE NO. | WORKER'S NAME/ACTIVITY | START TIME | STOP TIME | START TIME | STOP TIME | FIBERS/ 100 FLDS | F/CC |
|---|---|---|---|---|---|---|---|
| 101 | Inocencio Bustillos Prepare area to be abated 7/20/90 2L/min. | 10:30 | 11:50 | 12:50 | 5:00 | | |
| 102 | Area Simple 7/21/90 2.8L/m Lab. (Entrance to area abated) | 7:30 | 4:30 | | | | |
| 103 | Inocencio Bustillos 7/21/90 Glove Bagging 2L/min S.T.E.L | 7:30 A.m | 8:00 A.m | | | STEL | |
| 104 | Inocencio Bustillos 7/21/90 2L/min (Glove Bagging Cleanup) | 8:00 | 4:30 | | | | |
| | BLANK | | | | | | |