

PLAINTIFF'S
EXHIBIT
AL-881



SEATTLE OFFICE

7509 SOUTH 228th STREET

WASHINGTON CONTRACTORS LICENSE NO. AC-S***1372 MT
KENT, WASHINGTON 98032

TEL: (206) 859-1073

FAX: (206) 854-1436

June 12, 1992

Aluminum Company of America
2070 Alcoa Building
Pittsburgh, PA 15219

Attention: R. E. Yester

Subject: Proposal Clarifications
Requisition No. 861337MM
Asbestos Abatement Project
Wenatchee, Washington
AC and S Proposal No. SI-0692-06

RECEIVED
JUN 18 1992

Gentlemen:

This will confirm our telephone conversation of 06/10/92 in response to your Fax of 06/10/92.

The reason for our "No Quote" on Bid Item No. 1 active (hot) and Bid Item No. 2 Active (hot) is as follows:

BID ITEM NO. 1 - with only a 2-hour window to perform the work in this area, we feel that it is physically impossible to perform the removal work within the state and federal guidelines while this piping is hot and active.

The piping being hot will eliminate the use of glove bags thus requiring the work to be performed within a negative air enclosure. Two hours is not enough of a window to erect an enclosure, perform gross removal, clean the enclosure, receive a clearance, and dismantle the enclosure.

BID ITEM NO. 2 - As with Bid Item No. 1, the piping being hot will eliminate the use of glove bags, thus requiring the work to be performed within a negative air enclosure.

Due to the location of this work, the movement of heavy equipment with open ladels of molten metal, and lack of clear vision of both your equipment operator and our employees who are working within a negative air enclosure; we have concerns with maintaining employee safety in this area and therefore "No Quote" this bid item.

468346 0925

Insulation service... everywhere

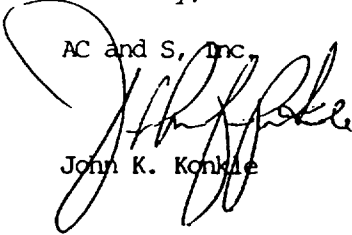
Aluminum Company of America
AC and S Proposal No. SI-0692-06
Page Two

June 12, 1992

If you have any further questions or concerns and we may be of further assistance, please do not hesitate to contact me at our Kent, Washington office.

Sincerely,

AC and S, Inc.


John K. Konkole

JKK/sg

cc: Robert D. Huber - Wenatchee
Marlene A. Spiegel - Pittsburgh

468346 0926

Safety OK



SEATTLE OFFICE

7509 SOUTH 228th STREET

KENT, WASHINGTON 98032

WASHINGTON CONTRACTORS LICENSE NO AC-S-11372 MT

TEL: (206) 859-1073

FAX: (206) 854-1436

June 3, 1992

The Aluminum Company of America
2070 ALCOA Building
Pittsburgh, PA 15219

Attention: R. E. Yester

Subject: Requisition No. 861337WM
Asbestos Abatement Project
Wenatchee, Washington
AC and S Proposal No. SI-0692-06

RECEIVED
JUN 04 1992

Gentlemen:

We are indeed pleased to submit our proposal to furnish all labor, materials, disposables, equipment, supervision, and miscellaneous items of expense necessary to properly remove asbestos containing insulation and to reinsulate those systems designated to reinsulate.

Our proposal is in accordance with your Invitation to Bid No. 861337WN dated 05/15/92 and Addendum No. 1 dated 05/20/92 as may be further clarified herein.

Incorporated in Delaware in 1969, AC and S, Inc. is a national specialty contracting firm with 42 offices nation wide with our headquarters located in Lancaster, Pennsylvania. The following addresses should be used for all correspondence.

Project Correspondence: AC and S, Inc.
7509 S. 228th St.
Kent, WA 98032
Attn: John K. Konkle

Project Payments: AC and S, Inc.
P.O. Box 8500-S-6835
Philadelphia, PA 19178
Attn: Accounts Payable

For your review, the following documents, which you requested, are attached hereto:

- A. Project Price Breakdown (as amended)
- B. Sample Insurance Certificate

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Insulation service... everywhere

June 3, 1992

B. (continued)

1. Upon award of this project, AC and S, Inc. will furnish to ALCOA an insurance certificate that names ALCOA as an additional insured with the exception of workmen's compensation.

- C. Sample insurance certificate for asbestos work liability coverage.
- D. Sample letter explaining the AC and S, Inc. Self-Insured Asbestos Insurance Policy.
- E. Completed copy of ALCOA Engineering Standard 33.0551, "Safety and Health Evaluation of Outside Contractors and Subcontractors" dated January 1988.
- F. AC and S, Inc. Work Plan for this project.
- G. AC and S, Inc. schedule for this project.

PROJECT CLARIFICATIONS:

- A. AC and S, Inc. will double bag, seal, identify, and place asbestos into dumpster or truck furnished by ALCOA. AC and S will notify and ALCOA will dispose of all asbestos contaminated materials. (Agreed on at pre-bid meeting).
- B. ALCOA will furnish, at no cost to AC and S, a flagman for all work in south passageway. (Agreed to at pre-bid meeting).
- C. A .020 PVC jacket finish will be applied to all pipe insulation installed by AC and S on this project whether inside or outside of the building. (Agreed on at pre-bid meeting).
- D. The overhead crane in the central passageway will be locked out for two (2) hours at a time for AC and S to work from to access high bay pot line piping. (Agreed to at pre-bid meeting).
- E. The overhead crane in the rodding room will be locked out and de-energized for scaffold erection or manlift

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June 3, 1992

PROJECT CLARIFICATIONS: (continued)

- E. (continued)
equipment access to the piping. This will take place at 3:30 p.m. Monday through Friday and will be re-energized at 7:00 a.m. Monday through Friday. (Discussed and agreed to during the pre-bid meeting).
- F. The electrical service to the homogenizing furnaces will be cut at the edge of the furnace and the electrical cable into each motor will be cut. This work will be performed by others at no cost to AC and S or its subcontractors.
- G. We exclude from our work scope any removal of lead contaminated material, hazardous liquids, or any other hazardous waste other than asbestos.
- H. It is understood that the roofing contractor is responsible for removal of the metal roof flashings.
- I. Cold piping will be insulated with fiberglass pipe insulation.
- | | |
|-----------------|--------------|
| 1-1/2" - 2" IPS | 1" Thick |
| 2-1/2" & larger | 1-1/2" Thick |
- J. AC and S assumes there is no presence of expanded metal lath or metal mesh in the insulation or refractory materials of the homogenizing furnaces. Our price is based on this assumption.
- K. We propose to subcontract the following work scope:
1. Demolition of furnaces.
 2. Scaffold requirements.
 3. Cassette analysis and air monitoring if the rodding room work is performed hot.
- L. We submit for your review and acceptance an unsolicited deduct for deleting the requirement of purchased asbestos liability insurance. In lieu of the purchased liability insurance, we offer our self insured asbestos liability insurance program as explained in the enclosed letter from James E. Hipolit.

Deduct.....\$11,438 (cold)

Deduct.....\$16,312 (hot)

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The Aluminum Company of America
AC and S Proposal No. SI-0692-06
Page Four

June 3, 1992

PROJECT PRICE:

Please refer to Price Breakdown attached hereto.

PAYMENT TERMS:

Monthly progress invoicing; 100% of all materials delivered and labor expended during the invoice period to be paid net 30 days from date of invoice.

We appreciate the opportunity of furnishing this proposal and indeed look forward to possibly assisting you on this project.

This proposal is for acceptance within ten days and is subject to the conditions on the reverse side of this page.

Price As indicated in the Price Breakdown.

Terms As indicated above.

Accepted _____, 19 ____

Purchaser

Submitted

By: _____

AC and S, Inc.

John K. Konkle

AC and S, Inc.

Approved

By: _____

District Manager

Date _____, 19 ____

AC and S Proposal No. SI-0692-06

PRICE BREAKDOWN

	<u>LUMP SUM</u>	<u>UNIT RATE ADDED WORK</u>	<u>UNIT RATE DELETE WORK</u>
1. <u>Potrooms Central Passageway</u>			
Asbestos Removal	*		
Active (hot)	\$ No Quote	\$ No Quote	\$ No Quote
Non-Active (cold)	\$ 31,055	\$ 13.50/lf	\$ 9.62/lf
Re-Insulation	\$ 31,704	\$ 13.79/lf	\$ 10.48/lf
2. <u>Potrooms South Passageway</u>			
Asbestos Removal	*		
Active (hot)	\$ No Quote	\$ No Quote	\$ No Quote
Non-Active (cold)	\$ 26,053	\$ 10.43/lf	\$ 7.28/lf
Re-Insulation	\$ 27,757	\$ 11.05/lf	\$ 8.40/lf
3. <u>Homogenizing Furnaces - Ingot Plant</u>			
Decontaminate (Asbestos Removal)	\$ 106,378		
Complete Demolish and Removal	\$ 161,578		
4. <u>Rodding Room (Building 32)</u>			
Asbestos Removal			
Active (hot)	\$ 108,412	\$ 56.52/lf	\$39.48/lf
Non-Active (cold)	\$ 29,630	\$ 15.87/lf	\$11.08/lf
Re-Insulation	\$ 29,657	\$ 15.80/lf	\$12.01/lf
5. <u>Boiler House (Building 66)</u>			
Asbestos Removal			
Active (hot)	\$ 8,171	\$ 75.66/lf	\$53.89/lf
Non-Active (cold)	\$ 3,834	\$ 37.83/lf	\$26.94/lf
Re-Insulation	\$ 1,344	\$ 13.27/lf	\$ 10.08/lf
6. <u>Roof Curb (Building 49)</u>	\$ 3,436	\$ 7.04/lf	\$ 5.02/lf

(continued next page)

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AC and S Proposal No. SI-0692-06

	<u>LUMP SUM</u>	
Total Cold Price excluding furnace demolition	<u>\$ 290,848</u>	plus WSST
Total Hot Price excluding furnace demolition	<u>\$ 373,967</u>	plus WSST
Total Cold Price including furnace demolition	<u>\$ 346,048</u>	plus WSST
Total Hot Price including furnace demolition	<u>\$ 429,167</u>	plus WSST

468346 0933

ACORD CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

PRODUCER

JOHNSON & HIGGINS

TWO LOGAN SQUARE
PHILADELPHIA, PA 19103-2797

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

COMPANIES AFFORDING COVERAGE

COMPANY LETTER A

NATIONAL UNION FIRE INSURANCE

COMPANY LETTER B

AMERICAN HOME ASSURANCE CO

COMPANY LETTER C

INS CO OF THE STATE OF PA

COMPANY LETTER D

LANDMARK INSURANCE CO

COMPANY LETTER E

INSURED

ACandS, Inc.
120 N. Lime Street
Lancaster PA 17603

COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	RMGL3259030	4/01/92	4/01/93	GENERAL AGGREGATE \$ 5,000,000
A	☒ COMMERCIAL GENERAL LIABILITY	RMGL3259031	4/01/92	4/01/93	PRODUCTS-COMP/OP AGG. \$ 5,000,000
	☐ CLAIMS MADE ☒ OCCUR.				PERSONAL & ADV. INJURY \$ 3,000,000
	☐ OWNER'S & CONTRACTOR'S PROT.				EACH OCCURRENCE \$ 3,000,000
					FIRE DAMAGE (Any one fire) \$ 500,000
					MED EXPENSE (Any one person) \$ 1,000
A	AUTOMOBILE LIABILITY	RMCA1428509	4/01/92	4/01/93	COMBINED SINGLE LIMIT \$ 2,000,000
A	☒ ANY AUTO	RMCA1428508	4/01/92	4/01/93	BODILY INJURY (Per person) \$
A	☐ ALL OWNED AUTOS	RMCA1428507	4/01/92	4/01/93	BODILY INJURY (Per accident) \$
	☐ SCHEDULED AUTOS				PROPERTY DAMAGE \$
	☐ HIRED AUTOS				
	☐ NON-OWNED AUTOS				
	☐ GARAGE LIABILITY				
	EXCESS LIABILITY				EACH OCCURRENCE \$
	☐ UMBRELLA FORM				AGGREGATE \$
	☐ OTHER THAN UMBRELLA FORM				
B	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY	RMWC1235241	4/01/92	4/01/93	STATUTORY LIMITS
C		RMWC1235244	4/01/92	4/01/93	EACH ACCIDENT \$ 3,000,000
A		RMWC1235243	4/01/92	4/01/93	DISEASE-POLICY LIMIT \$ 3,000,000
A		RMWC1235240	4/01/92	4/01/93	DISEASE-EACH EMPLOYEE \$ 3,000,000
D	OTHER	RMWC1235242	4/01/92	4/01/93	\$3,000,000 EA ACC \$3,000,000 POL LIM \$3,000,000 EA EMP

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / SPECIAL ITEMS

468346 0934

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Michael J. Green

ACORD 25-S (7/90)

© ACORD CORPORATION 1990

CERTIFICATE NO. 000201-00002

ACORD. CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

3/3/92

PRODUCER

Johnson & Higgins Of Pa., Inc.
Two Logan Square
Philadelphia, Pa 19103-2797

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND
CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE
DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE
POLICIES BELOW.

COMPANIES AFFORDING COVERAGE

COMPANY
LETTER A

Fidelity Environmental Insurance Co.

COMPANY
LETTER BCOMPANY
LETTER CCOMPANY
LETTER DCOMPANY
LETTER E

INSURED

ACandS, Inc.
120 North Lime Street
Lancaster, PA 17603

COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD
INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS
CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS,
EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A X	GENERAL LIABILITY	ARC923900889	2/17/92	2/17/93	GENERAL AGGREGATE \$ 1,000,
	COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OP AGG. \$ 1,000,
	CLAIMS MADE X OCCUR.				PERSONAL & ADV. INJURY \$ 1,000,
	OWNER'S & CONTRACTOR'S PROT.				EACH OCCURRENCE \$ 1,000,
					FIRE DAMAGE (Any one fire) \$ EXCL.
					MED. EXPENSE (Any one person) \$ 5
	AUTOMOBILE LIABILITY	For Bid Purposes			COMBINED SINGLE LIMIT \$
	ANY AUTO				BODILY INJURY (Per person) \$
	ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	SCHEDULED AUTOS				PROPERTY DAMAGE \$
	HIRED AUTOS				
	NON-OWNED AUTOS				EACH OCCURRENCE \$
	GARAGE LIABILITY				AGGREGATE \$
	EXCESS LIABILITY				STATUTORY LIMIT
	UMBRELLA FORM				EACH ACCIDENT \$
	OTHER THAN UMBRELLA FORM				DISEASE-POLICY LIMIT \$
	WORKER'S COMPENSATION				DISEASE-EACH EMPLOYEE \$
	AND				
	EMPLOYERS' LIABILITY				
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATION/VEHICLES/SPECIAL ITEMS

Asbestos abatement operations performed by the above named insured.

468346 0935

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE
EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO
MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE
LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR
LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES

AUTHORIZED REPRESENTATIVE

Michael F. Kueren

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FIDELITY ENVIRONMENTAL INSURANCE COMPANY
105 CAMPUS DRIVE - UNIVERSITY SQUARE
PRINCETON, N.J. 08543-7008

ASBESTOS ABATEMENT LIABILITY POLICY DECLARATIONS
(ANNUAL POLICY)

Policy Number: ARC913900666

Name and Address of Insured:

PA00128
Irex Corporation
120 North Lime Street
Lancaster, PA 17603

Producer - Name and Address:

AG061
Johnson & Higgins
Two Logan Square
Philadelphia, PA 19103-2797

The Named Insured Is: Individual Corporation ☒ Partnership
Joint Venture Other:

Policy Period: From: 2/17/91 To: 2/17/92 12:01 A.M. STANDARD TIME AT LOCATION OF
YOUR MAILING ADDRESS SHOWN ABOVE.

IN RETURN FOR THE PAYMENT OF THE PREMIUM AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU
TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

Limits of Insurance:

BOODLY INJURY LIABILITY AND PROPERTY DAMAGE LIABILITY COMBINED:

GENERAL AGGREGATE LIMIT
EACH OCCURRENCE LIMIT
FIRE DAMAGE LIMIT
MEDICAL EXPENSE LIMIT

\$1,000,000
\$1,000,000
EXCLUDED, ANY ONE FIRE
\$ 5,000 ANY ONE PERSON

DEDUCTIBLE (BOODLY INJURY AND PROPERTY DAMAGE LIABILITY COMBINED)

\$5,000 PER CLAIM



120 NORTH LIME STREET • P.O. BOX 1548 • LANCASTER, PA 17603 • TEL. (717) 397-3631 • FAX (717) 393-3872

June 2, 1992

Aluminum Co. of America
2070 Alcoa Building
Pittsburgh, PA 15219

Attn: Mr. R. E. Yester

Dear Sir/Madam:

Subject: ACandS, Inc. Insurance Coverage

I am writing to discuss with you ACandS's self insurance of liability risks arising from asbestos. As I am sure you know, because of the large number of lawsuits for asbestos-related diseases resulting from occupational exposures during the 40's, 50's and 60's, insurers have become very reluctant to provide coverage for any asbestos risk. Because of this, ACandS, along with virtually all of its competitors, has experienced difficulty in purchasing effective liability insurance coverage for asbestos claims at a reasonable price.

Much of the coverage for asbestos risks is now sold on a claims made basis. Claims made coverage is virtually worthless for asbestos risks since such coverage is terminable by the insurer if claims are not made within the current year. Because of the long latency of asbestos-related diseases, any asbestos claim will show up only years after claims made coverage has been cancelled. Insurers are selling this form to avoid the possibility that current policies will be interpreted to provide coverage for asbestos claims arising from exposures during the era when manufacturers routinely incorporated asbestos in their insulation products. More recently, a few insurers began offering coverage on an occurrence form, the form which should be used for asbestos risks. This occurrence form coverage, however, is sold on highly restrictive forms, with exclusions that eliminate most common claim situations from coverage. Much of the occurrence form coverage also continues to be sold by thinly capitalized start-ups or risk retention groups, or is sold with a sunset clause which reduces it to the equivalent of a claims made policy.

468346 0937

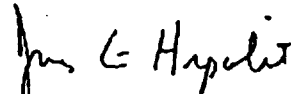
June 2, 1992

In response to the tightening market for asbestos-related liability coverage, ACandS has elected to self-insure this risk. ACandS, of course, continues to purchase insurance for asbestos-related worker's compensation claims. Because we are a nationwide company with sales of approximately 130 million dollars, our decision to self-insure the asbestos liability portion of our insurance program should not cause any concern to our customers. Given the unfavorable development of insurance costs over the last 25 years, many major companies in a variety of businesses now consider self-insurance to be an integral part of their insurance strategy. Indeed, self-insurance is indisputably the most cost-effective way for a larger company to handle many risks in today's insurance market. To maximize the protection afforded both ourselves and our customers through self-insurance, ACandS is charging all work involving asbestos a premium which will be set aside as a reserve against future claims. Self-insurance, of course, will respond for the full amount of any claims, without regard to the low aggregate limits commercial insurers impose on their coverage. This is particularly important when dealing with a contractor of ACandS's size, financial stability and long-term business outlook.

In addition, ACandS offers its customers additional protection by requiring that any work involving contact with asbestos-containing insulation is performed in strictest compliance with Federal OSHA, EPA and local requirements. Choosing a subcontractor that will use appropriate asbestos contact procedures is, in the final analysis, the best way to avoid liability in connection with such work. We are confident you will find that the quality of our work in this area exceeds both governmental requirements, and matches or exceeds that of even our most sophisticated competitors. This, along with the financial strength that allows us to self-insure, provides our customers with maximum assurance when choosing ACandS for work which may involve contact with asbestos-containing products.

Please feel free to call if you have any further questions.

Very truly yours,



James E. Hipolit
Manager, Insurance Services

SLM

468346 0938



Engineering Standard



CONTRACTED SERVICES SAFETY
PREQUALIFICATION QUESTIONNAIRE

33.055.1
1990 OCTOBER
PAGE 1

CONTRACTOR'S NAME ACandS, Inc. DATE 5/11/92

ADDRESS Corp. Office: 120 N. Lime Street, Lancaster, PA 17603

LIST FIRM'S PRIMARY SIC CODE 1799

1a. List your firm's Experience Modification Rate (EMR) for the three most recent years:

YEAR	CA INTRASTATE	WA Experience Factor INDEPT STATE
1991	<u>.86</u>	<u>.8042</u>
1990	<u>.77</u>	<u>.9458</u>
1989	<u>.79</u>	<u>1.2053</u>

1b. If you do not have an EMR, please explain.

2a. How long have you been covered by your current provider of Workers Compensation Insurance? 4 Years, 11 Months

2b. Has there been a change of ownership in your company within the last three years?
YES ☐ NO ☒

3. Please use your firm's last three years OSHA No. 200 Log to fill in number of injuries and illnesses:

	YEAR:	1991	1990	1989
a) Number of Lost Workday Cases		<u>6.57</u> <u>91</u>	<u>6.8</u> <u>90</u>	<u>6.42</u> <u>102</u>
b) Number of Restricted Workday Cases		<u>Not Available</u>	<u>Not Available</u>	<u>Not Available</u>
c) Number of Medical Treatment Cases (not First Aid)		<u>82</u>	<u>87</u>	<u>70</u>
d) Employee Hours Worked Each Year		<u>2,770,090</u>	<u>2,646,952</u>	<u>3,174,538</u>
e) Total Recordable Frequency Rate		<u>12.49</u> ✓	<u>13.37</u> ✓	<u>10.84</u> ✓

4. List any fatalities your firm has had in the last three years. Include: location, cause and corrective action. (Use back of form if additional space required.) NONE

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Engineering Standard



CONTRACTED SERVICES SAFETY
PREQUALIFICATION QUESTIONNAIRE

33.055.1
1990 OCTOBER
PAGE 2

5. List any OSHA/MSHA serious citations your firm has had in the last three years. Please describe. (Use back of form if additional space required.) _____

PITTSBURGH OFFICE -- NONE

6. How often are accident reports (OSHA/MSHA) and report summaries sent to the following?

	<u>Monthly</u>	<u>Quarterly</u>	<u>Annually</u>	<u>Never</u>
Field Superintendent	_____	<u>X</u>	<u>X</u>	_____
Vice President of Construction	_____	<u>X</u>	<u>X</u>	_____
President of Firm	_____	<u>X</u>	<u>X</u>	_____

7. How often do your field supervisors receive safety training?
Weekly _____ Biweekly _____ Monthly X Other _____

8. How often do you conduct project safety inspections? WEEKLY

Who conducts these inspections (Title)? CONSTRUCTION SUPERINTENDENT OR PROJECT MANAGER
AND FOREMAN

9. How are accident records and accident summaries kept? How often are they reported?

	<u>YES</u>	<u>NO</u>	<u>MONTHLY</u>	<u>ANNUALLY</u>
Accidents Totaled for the Entire Company	<u>X</u>	_____	<u>X</u>	<u>X</u>
Accidents Totaled by Project				
Subtotaled by Superintendent	_____	<u>X</u>	_____	_____
Subtotaled by First Line Supervisor	_____	<u>X</u>	_____	_____

10. How are the costs of individual accidents kept? How often are they reported?

	<u>YES</u>	<u>NO</u>	<u>MONTHLY</u>	<u>ANNUALLY</u>
Costs Totaled for the Entire Company	<u>X</u>	_____	<u>X</u>	<u>X</u>
Costs Totaled by Project				
Subtotaled by Superintendent	_____	<u>X</u>	_____	_____
Subtotaled by First Line Supervisor	_____	<u>X</u>	_____	_____

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Engineering Standard



CONTRACTED SERVICES SAFETY
PREQUALIFICATION QUESTIONNAIRE

33.055.1
1990 OCTOBER
PAGE 3

11a. Describe your safety organization. List names, titles and safety training:

<u>David R. Martis</u>	<u>Health & Safety Administrator</u>	<u>Various</u>
<u>Douglas W. Rogers</u>	<u>Safety Manager</u>	<u>Various</u>

11b. Who has safety responsibilities at a specific job site? Give title and safety training:

<u>Construction Superintendent</u>	<u>Various</u>
<u>Project Manager</u>	<u>Various</u>
<u>General Foreman and Foreman</u>	<u>Various</u>

12. Do you have a controlled substance and drug abuse policy? YES ☐ NO ☒
(Please attach copy)

13a. Do you have a written safety program? YES ☒ NO ☐
(Please attach copy)

13b. Does your written safety program include the following?

	YES	NO
1. Policy Statements:		
a. Company Statements	<u>X</u>	<u>X</u>
b. Substance Abuse	<u> </u>	<u> </u>
c. Rule/Program Enforcement	<u>X</u>	<u> </u>
2. Safety/Health Procedures:		
a. Fall Protection	<u>X</u>	<u> </u>
b. Scaffolding/Work Platform	<u>X</u>	<u> </u>
c. Perimeter guarding/floor, wall and roof openings	<u>X</u>	<u> </u>
d. Mobile Equipment Safety	<u>X</u>	<u> </u>
e. Housekeeping	<u>X</u>	<u> </u>
f. Fire Protection	<u>X</u>	<u> </u>
g. Injury Treatment Procedure, First-aid Facilities	<u>X</u>	<u> </u>
h. Emergency Procedures, Rescue, Evacuation	<u>X</u>	<u> </u>
i. Hazard Recognition/MSDS	<u>X</u>	<u> </u>
j. Toxic Substances	<u>X</u>	<u> </u>
k. Trenching/Excavation	<u> </u>	<u> </u>
l. Signs, Barricades, Flagging	<u>X</u>	<u> </u>
m. Electrical Safety	<u>X</u>	<u> </u>
n. Rigging/Crane Safety	<u>X</u>	<u> </u>
o. Confined Space Entry	<u>X</u>	<u> </u>
p. Welding/Burning Permit Procedures	<u>X</u>	<u> </u>
q. Asbestos Abatement	<u>X</u>	<u> </u>
r. Lockout/Tagout/Tryout	<u>X</u>	<u> </u>

N/A

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- | | YES | NO |
|--|------------------|------------------|
| 3. Personal Protective Equipment Requirements: | | |
| a. Head Protection | <u> X </u> | <u> </u> |
| b. Eye Protection | <u> X </u> | <u> </u> |
| c. Hearing Protection | <u> X </u> | <u> </u> |
| d. Foot Protection | <u> X </u> | <u> </u> |
| e. Respiratory Protection | <u> X </u> | <u> </u> |
| f. Chemical Protective Clothing | <u> X </u> | <u> </u> |
| 13c. Are all current employees trained in the above safety program? | YES <u> X </u> | NO <u> </u> |
| 13d. Do you have a formal orientation program for all new hires on the above safety program? | | |
| YES <u> X </u> NO <u> </u> | | |
| (Please attach copy) | | |
| 14a. Do you have a written safety program for newly hired or promoted supervisors? | YES <u> X </u> | NO <u> </u> |
| (Please attach copy) | | |
| 14b. If yes, does it include instruction on the following? | | |
| | YES | NO |
| 1. All elements of your written safety program | <u> X </u> | <u> </u> |
| 2. Methods of safety supervision | <u> X </u> | <u> </u> |
| 3. Toolbox meetings | <u> X </u> | <u> </u> |
| 4. Emergency procedures | <u> X </u> | <u> </u> |
| 5. First-Aid facilities | <u> X </u> | <u> </u> |
| 6. Accident Investigation | <u> X </u> | <u> </u> |
| 7. Fire prevention/protection | <u> X </u> | <u> </u> |
| 8. New worker orientation | <u> X </u> | <u> </u> |
| 15. How often do you hold craft "toolbox" safety meetings? | | |
| Weekly <u> X </u> Biweekly <u> </u> Monthly <u> </u> Other <u> </u> | | |
| 16. Have you performed work at any Alcoa location previously? | YES <u> X </u> | NO <u> </u> |
| If yes, please describe date and location. | | |
| <u> 2/92 Syracuse, NY - BS Industrial Contractor - \$113,00 </u> | | |
| <u> 10/91 Syracuse, NY - BS Industrial Contractor - \$150,000 </u> | | |

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WORK PLAN

GENERAL:

- A. Agency Notifications
- B. Daily Cleanup
- C. Weekly Tool Box Safety Meetings

CENTRAL PASSAGEWAY:

- A. Low corridor work will be performed from slim electric scissor lifts or rolling scaffold.
 - 1. Proper warning devices will be utilized.
 - 2. Work will be performed during day shift hours.
 - 3. Steam and condensate piping will be isolated and cold.
 - 4. Removal will be performed utilizing glove bags.
- B. Outside work will be performed from boom manlifts.
 - 1. Work will be performed during day shift hours.
 - 2. Steam and condensate piping will be isolated and cold.
 - 3. Removal will be performed utilizing glove bags.
- C. High bay potroom work will be performed from the overhead crane and boom manlifts.
 - 1. Work will be performed during shift change when the overhead crane can be locked out below the horizontal pipe for access from crane. This will be a 2-hour work window.
 - 2. The risers will be worked from a boom manlift during the lock out period.
 - 3. The steam and condensate piping will be isolated and cold.
 - 4. Work will be performed using glove bags.

D. Estimated Quantities:

<u>System</u>	<u>Pipe Size</u>	<u>L/F</u>	<u>Elbows</u>	<u>Tees</u>	<u>Valves</u>
Water Pipe	3"	1158	85	0	0
Steam Pipe	2"	1293	49	2	0

E. Personnel and environmental air monitoring will be performed during the removal work.

F. All areas will be barricaded with "Danger Asbestos" tape while removal is in progress.

SOUTH PASSAGEWAY:

A. Proper warning devices will be utilized.

B. ALCOA will provide a flagman.

C. Work will be performed in one bay at a time while traffic is diverted around work area.

D. Work will be performed from a platform scissor lift during day shift hours.

E. The steam and condensate piping will be isolated and cold when removal work is performed.

F. Removal will be performed using glove bags.

G. Estimated quantities:

<u>System</u>	<u>Pipe Size</u>	<u>L/F</u>	<u>Elbows</u>	<u>Tees</u>	<u>Valves</u>
Steam & Condensate	3/4"	792	155	23	0
Steam	1-1/2"	132	4	0	0
Steam	3"	951	30	0	0
Water	6"	801	1	0	1

H. Personnel and environmental air monitoring will be performed during the removal work.

I. All areas will be barricaded with "Danger Asbestos" tape while removal is in progress.

BOILER HOUSE:

- A. Work in this area will be performed during day shift hours.
- B. Scaffolding will be erected to work from.
- C. Piping systems will be isolated and worked while cold using glove bags.
- D. Personnel and environmental air monitoring will be performed during the removal work.
- E. Estimated quantities:

<u>System</u>	<u>Pipe Size</u>	<u>L/F</u>	<u>Elbows</u>	<u>Tees</u>	<u>Valves</u>
Steam	3"	48	1	0	0
Steam	4"	60	0	0	1

- F. All areas will be barricaded with "Danger Asbestos" tape while removal is in progress.

RODDING ROOM:

I. Hot Work Plan:

- A. Removal work will be performed on week-ends from 3:30 p.m. on Friday to 7:00 a.m. on Monday.
 - 1. The overhead crane must be locked out and de-energized during our work period.
 - 2. Scaffolding will be erected in 3 bays (60 feet) beginning at 4:00 p.m. on Friday.
 - 3. Negative air enclosures will be constructed to envelope the piping.
 - 4. Gross removal will be performed, enclosure cleaned, and final clearance will be taken prior to enclosure being removed.
 - 5. The upper levels of the scaffolding will then be dismantled, down to below the crane rails and power tracks, and stored against the wall until the following weekend.

6. The following Friday the scaffolding will be rolled to the next position and erected to repeat the process.
 7. Personnel and environmental air monitoring will be performed during the removal work.
 8. All areas will be barricaded with "Danger Asbestos" tape while removal work is being performed.
- B. Reinsulation work will be performed during night shift hours beginning at 4:00 p.m. Monday through Friday.
1. The overhead crane must be locked out and de-energized during our work hours.
 2. The reinsulation work will be performed utilizing boom manlifts.

II. Cold Work Plan:

- A. Removal and reinsulation work will be performed during night shift working hours between 3:30 p.m. and 7:00 a.m. Monday through Friday.
- B. The overhead crane must be locked out and de-energized during our work hours.
- C. The steam and condensate piping will be isolated and cold during our work period.
- D. All removal work will be performed using glove bags.
- E. Personnel and environmental air monitoring will be performed during the removal work.
- F. Estimated quantities:

<u>System</u>	<u>Pipe Size</u>	<u>L/F</u>	<u>Elbows</u>	<u>Tees</u>	<u>Valves</u>
Steam	1"	150	6	0	0
Steam	2"	550	12	0	0
Steam	4"	850	4	0	1
Steam	5"	450	9	0	2

- G. All work will be barricaded with "Danger Asbestos" tape while removal work is in progress.

HOMOGENIZING FURNACES:

I. Asbestos Abatement:

- A. All work will be performed during day shift work hours.
- B. ALCOA will cut the electrical power leads to the two furnaces at the furnace sidewall.
- C. We will remove the furnace doors and locate them next to the furnaces for abatement.
- D. The internal coils and horizontal heat shield/diffuser will then be removed to open the inside for abatement.
- E. Negative air enclosures will be erected including portable showers and load out.
- F. Type "C" supplied air will be used for the gross asbestos removal.
- G. The exterior tops of both furnaces will require pre-cleaning of dust and debris prior to beginning work. The cost of pre-cleaning is included in our proposal.
- H. Personnel and environmental air monitoring will be performed during the asbestos removal work.
- I. The asbestos debris will be placed in heavy duty cardboard "Gaylords" that will be wrapped with two (2) layers of 6 mil polyethylene, sealed, and will be located on pallets. The approximate size of the "Gaylords" is 48" wide X 48" long X 48" high. The loaded "Gaylords" will then be placed on the ALCOA truck for disposal by ALCOA.
- J. The furnace structures will be wet wiped, fiber locked down, and released to ALCOA for demolition.
- K. The area will be barricaded with "Danger Asbestos" tape while removal work is in progress.

II. Furnace Structure Demolition:

- A. The electric motors will be removed and turned over to ALCOA for salvage.
- B. The furnace doors and structural steel, including the platform above the furnace, will be cut into pieces, small enough to handle with a boom truck, and transported to the plant scrap yard.
- C. Prior to any cutting or burning taking place, ALCOA must remove the magnesium from the area as a fire prevention and safety precaution.
- D. Air arc will be used to dismantle the steel structure.
- E. The furnaces will be demolished down to the top surface of the concrete floor.

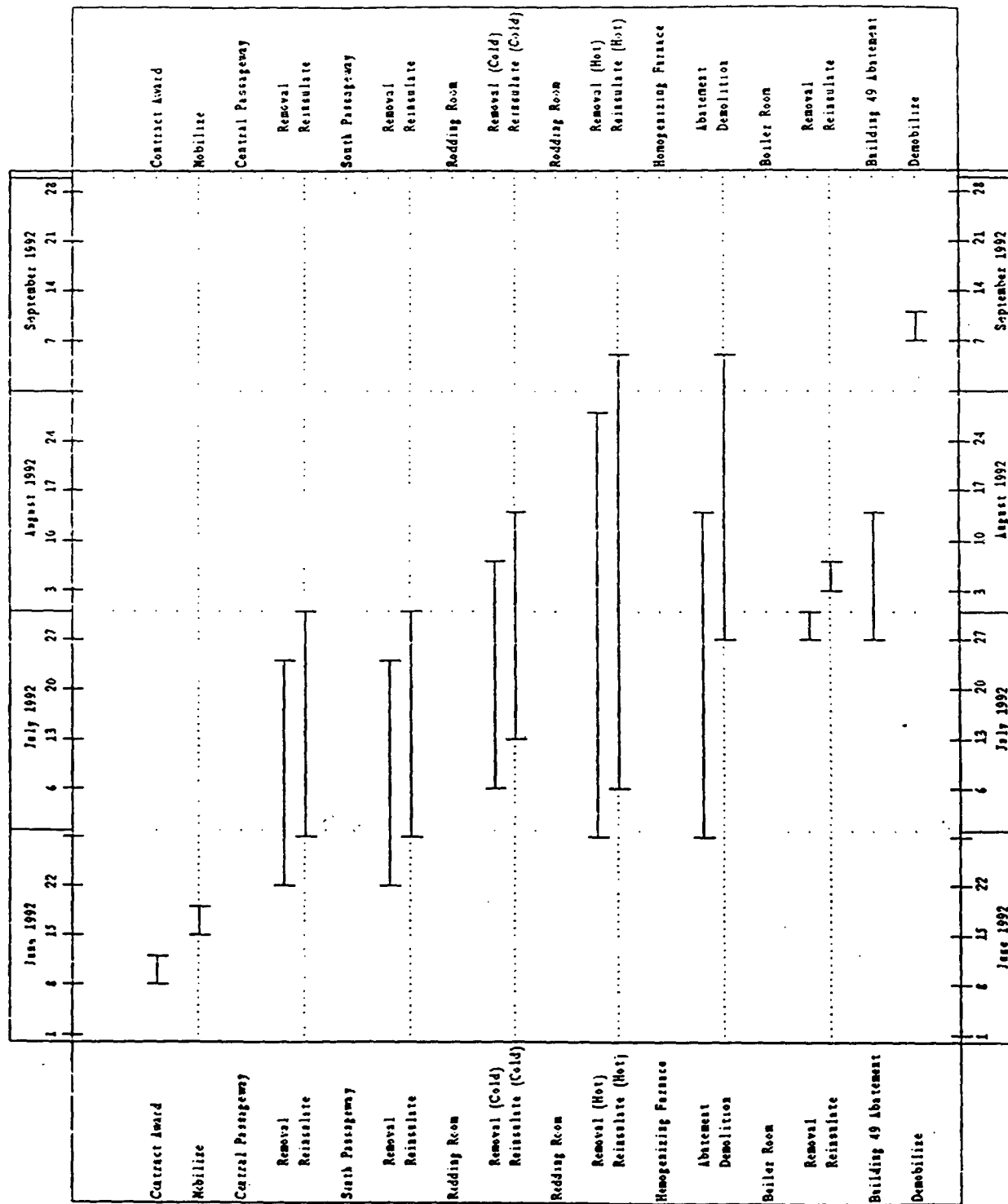
BUILDING 49 ROOF FLASHING REMOVAL:

- A. The metal flashing will be removed by others at no cost to AC and S, Inc.
- B. We will string cables between the roof ventilators to tie-off to for personnel safety. While working on the roof curb, all personnel will wear safety harnesses and be tied-off.
- C. The existing 4-ply builtup roof will be cut with an ax, in lieu of saw cut, due to the gravel in the built up roofing system.
- D. The perimeter of the building in the immediate work area will be roped off with "Danger Asbestos" warning tape at grade level prior to beginning actual removal.
- E. Personnel and environmental air monitoring will be performed while our work is in progress.
- F. All asbestos containing roofing materials removed will be double bagged, sealed, labeled, and transported to the ALCOA dumpster for disposal by others.

June 2, 1992

Work Schedule for AICOL Abatement

LC and S Proposal No. SI-0692-06



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6/10/92 John Koukle - ACandS

At job walk - "Unfeasible to abate
the 2 areas hot" (Items 1 & 2).
Engineer involved?

Can do it in a "cold" mode

Item 1 - Can do cold - 2 hrs/day
not enough time to do hot.

Item 2 - Can not do "hot" due to
safety due to visibility, etc.,
due to crane traffic w/ cranes, etc..
Safety stops it in the "hot" mode.

Can do cold & glove bag.

Hot mode requires enclosure.



Safety OK

120 NORTH LIME STREET • P.O. BOX 1548 • LANCASTER, PA 17603 • TEL. (717) 397-3631 • FAX (717) 393-3872

May 11, 1992

Mr. Russell E. Yester
Alcoa Procurement Dept.
2070 Alcoa Bldg.
Pittsburgh, PA 15219

Dear Mr. Yester:

Re: Alcoa Prequalification Questionnaire

Please find attached a completed Alcoa Prequalification Questionnaire. The EMR's shown are for the states of California and Washington. Marlene Spiegel said the work we're bidding is on the West Coast and felt that these EMR's were more realistic.

Thank you for your cooperation.

Very truly yours,

Linda F. Geiter

Linda F. Geiter
Administrative Assistant/Insurance

SLM

Enclosure

*5/12 PM 2:30 - Jerry Salter -
Requested Asbestos
Policy Review Comments
by 5/14*

RECEIVED
MAY 12 1992

468346 0951

Insulation service... everywhere



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CONTRACTOR'S NAME ACandS, Inc. DATE 5/11/92

ADDRESS Corp. Office: 120 N. Lime Street, Lancaster, PA 17603

LIST FIRM'S PRIMARY SIC CODE 1799

1a. List your firm's Experience Modification Rate (EMR) for the three most recent years:

YEAR	CA INTRASTATE	WA Experience Factor INTRASTATE
1991	<u>.86</u> <i>OK+</i>	<u>.8042</u> <i>OK+</i>
1990	<u>.77</u>	<u>.9458</u>
1989	<u>.79</u>	<u>1.2053</u>

1b. If you do not have an EMR, please explain.

2a. How long have you been covered by your current provider of Workers Compensation Insurance? 4 Years, 11 Months

2b. Has there been a change of ownership in your company within the last three years?
YES ☐ NO ☒

3. Please use your firm's last three years OSHA No. 200 Log to fill in number of injuries and illnesses:

	YEAR:	1991	1990	1989
a) Number of Lost Workday Cases		<u>6.6</u>	<u>6.8</u>	<u>6.43</u>
b) Number of Restricted Workday Cases		<u>91</u>	<u>90</u>	<u>102</u>
c) Number of Medical Treatment Cases (not First Aid)		<u>Not Available</u>	<u>Not Available</u>	<u>Not Available</u>
d) Employee Hours Worked Each Year		<u>82</u>	<u>87</u>	<u>70</u>
e) Total Recordable Frequency Rate		<u>2,770,090</u>	<u>2,646,952</u>	<u>3,174,538</u>
		<u>12.49</u>	<u>13.37</u>	<u>10.84</u>

4. List any fatalities your firm has had in the last three years. Include: location, cause and corrective action. (Use back of form if additional space required.) NONE

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5. List any OSHA/MSHA serious citations your firm has had in the last three years. Please describe. (Use back of form if additional space required.) _____

PITTSBURGH OFFICE -- NONE

6. How often are accident reports (OSHA/MSHA) and report summaries sent to the following?

	<u>Monthly</u>	<u>Quarterly</u>	<u>Annually</u>	<u>Never</u>
Field Superintendent	_____	<u>X</u>	<u>X</u>	_____
Vice President of Construction	_____	<u>X</u>	<u>X</u>	_____
President of Firm	_____	<u>X</u>	<u>X</u>	_____

7. How often do your field supervisors receive safety training?
Weekly _____ Biweekly _____ Monthly X Other _____

8. How often do you conduct project safety inspections? WEEKLY

Who conducts these inspections (Title)? CONSTRUCTION SUPERINTENDENT OR PROJECT MANAGER
AND FOREMAN

9. How are accident records and accident summaries kept? How often are they reported?

	<u>YES</u>	<u>NO</u>	<u>MONTHLY</u>	<u>ANNUALLY</u>
Accidents Totaled for the Entire Company	<u>X</u>	_____	<u>X</u>	<u>X</u>
Accidents Totaled by Project				
Subtotaled by Superintendent	_____	<u>X</u>	_____	_____
Subtotaled by First Line Supervisor	_____	<u>X</u>	_____	_____

10. How are the costs of individual accidents kept? How often are they reported?

	<u>YES</u>	<u>NO</u>	<u>MONTHLY</u>	<u>ANNUALLY</u>
Costs Totaled for the Entire Company	<u>X</u>	_____	<u>X</u>	<u>X</u>
Costs Totaled by Project				
Subtotaled by Superintendent	_____	<u>X</u>	_____	_____
Subtotaled by First Line Supervisor	_____	<u>X</u>	_____	_____

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11a. Describe your safety organization. List names, titles and safety training:

<u>David R. Martis</u>	<u>Health & Safety Administrator</u>	<u>Various</u>
<u>Douglas W. Rogers</u>	<u>Safety Manager</u>	<u>Various</u>

11b. Who has safety responsibilities at a specific job site? Give title and safety training:

<u>Construction Superintendent</u>	<u>Various</u>
<u>Project Manager</u>	<u>Various</u>
<u>General Foreman and Foreman</u>	<u>Various</u>

12. Do you have a controlled substance and drug abuse policy? YES ☐ NO ☒
(Please attach copy)

13a. Do you have a written safety program? YES ☒ NO ☐
(Please attach copy)

13b. Does your written safety program include the following?

	YES	NO
1. Policy Statements:		
a. Company Statements	☒	
b. Substance Abuse		☒
c. Rule/Program Enforcement	☒	
2. Safety/Health Procedures:		
a. Fall Protection	☒	
b. Scaffolding/Work Platform	☒	
c. Perimeter guarding/floor, wall and roof openings	☒	
d. Mobile Equipment Safety	☒	
e. Housekeeping	☒	
f. Fire Protection	☒	
g. Injury Treatment Procedure, First-aid Facilities	☒	
h. Emergency Procedures, Rescue, Evacuation	☒	
i. Hazard Recognition/MSDS	☒	
j. Toxic Substances	☒	
k. Trenching/Excavation		
l. Signs, Barricades, Flagging	☒	
m. Electrical Safety	☒	
n. Rigging/Crane Safety	☒	
o. Confined Space Entry	☒	
p. Welding/Burning Permit Procedures	☒	
q. Asbestos Abatement	☒	
r. Lockout/Tagout/Tryout	☒	

N/A

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	YES	NO
3. Personal Protective Equipment Requirements:		
a. Head Protection	<u>X</u>	___
b. Eye Protection	<u>X</u>	___
c. Hearing Protection	<u>X</u>	___
d. Foot Protection	<u>X</u>	___
e. Respiratory Protection	<u>X</u>	___
f. Chemical Protective Clothing	<u>X</u>	___
13c. Are all current employees trained in the above safety program?	YES <u>X</u>	NO ___
13d. Do you have a formal orientation program for all new hires on the above safety program?	YES <u>X</u>	NO ___
(Please attach copy)		
14a. Do you have a written safety program for newly hired or promoted supervisors?	YES <u>X</u>	NO ___
(Please attach copy)		
14b. If yes, does it include instruction on the following?		
	YES	NO
1. All elements of your written safety program	<u>X</u>	___
2. Methods of safety supervision	<u>X</u>	___
3. Toolbox meetings	<u>X</u>	___
4. Emergency procedures	<u>X</u>	___
5. First-Aid facilities	<u>X</u>	___
6. Accident Investigation	<u>X</u>	___
7. Fire prevention/protection	<u>X</u>	___
8. New worker orientation	<u>X</u>	___
15. How often do you hold craft "toolbox" safety meetings?		
Weekly <u>X</u> Biweekly ___ Monthly ___ Other ___		
16. Have you performed work at any Alcoa location previously? YES <u>X</u> NO ___		
If yes, please describe date and location.		
<u>2/92 Syracuse, NY - BS Industrial Contractor - \$113,000</u>		
<u>10/91 Syracuse, NY - BS Industrial Contractor - \$150,000</u>		

Insulation Only
Insulation Only
No asbestos work

468346 0955

[illegible]

SHIPMENT REQUESTED

Plus scaffold & Manlift Costs