Appendix B
Daily Logs

LaCroix Davis LLC Building & Environmental Forensics	**PROJECT LOG** DATE: 1/7/11 LACROIX DAVIS LLC 3685 MT. DIABLO BLVD. SUITE 210 LAFAYETTE, CA 94549 TEL 925-299-1140 FAX 925-299-1185 **LCD REPS:** TM (; ;) **PAGE** 1 **OF** 2

Client	**Department of General Services (DGS)**	Contractor: **JLS Environmental**	Day ✓ Swing ✓ Weekend/Holiday ✓
Project	**Board of Equalization (BOE)**	Location(s):	Floor M Floor ____ Floor 1 Floor ____
Building	**450 N Street, Sacramento CA**	Compound(s) of Concern	Mold ✓ ACM LBP Other
LCD Project #	**2372.0** 2 **-572; SOW** 5.0	**Description:** M - Elev. Mech Rm	
LCD Project #	**2372.0** 2 **-572; SOW** 4.0	**Description:** 1 - 114, 117, 118	
LCD Project #	**2372.0** ____ **-572; SOW** ____	**Description:**	

CONTAINMENT INFORMATION

1. Floor Occupied ✓ Floor Vacant ____
2. Containments: a) M - Elev Rm b) 114 c) 117 d) 118 e) ____ f) ____
3. Type of Containment: NPE ✓ Mini ____ Barrier Tape ____ Minor Procedures ____ N/A ____
4. Type of Decon: Shower ____ 2-Stage ____ 1Stage ✓ Drop Sheet W/Vacuum ____ None ____
5. Manometer: Yes 1 No M Strip Chart Record: Yes 1 No M Adequate Pressure: Yes 1 No M
6. Containment Entry Log: Yes 1 No M
7. Containment and Decon maintained in accordance with accepted practices and procedures: Yes ✓ No ____
8. HEPA Fans and Vacuums have current aerosol challenge test sticker: Yes ✓ No ____
9. Negative Air Exhaust Location: Window ____ Shaft ____ Stairs ____ Interior ✓ Exterior ____
10. Security: Owner ✓ Contractor ____ Private ____ 24 hour ✓ Secure Building ✓

SUMMARY OF ACTIVITIES

Mob ✓ Prep ✓ Removal/Load Out ✓ Detail Clean ✓ Encapsulation ____ Clearance Testing ____ Tear Down ____ DeMob ____

Phase Completion Visual Inspection: Prep ✓ Removal ✓ Encapsulation ____ Clearance ____ Tear Down ____

Summary: M - Elevator Machinery Room: Investigate North wall at location of demo to install HVAC unit.

Floor 1 Rooms 114, 117, 118: containments to remove carpet

Waste: Non-Hazardous Construction Debris ✓ Hazardous Waste ____ Hazardous Waste Manifest ____

Container: 6 Mil ____ Double 6 Mil ✓ Barrel ____ Drum ____ Box ____ Burrito Wrap ____ Labels ____ Other ____

Location of Dumpster: Floor 1 SW Garage

Additional Worker PPE: Disposable Suit ✓ Gloves ✓ Eye Protection ✓ Steel Toe ____ Hard Hat ____ Chem Apron ____

Respirator: Half Face ✓ Full Face ____ PAPR ____ Supplied Air ____

Contractor Worker Exposure Monitoring Yes ____ No ✓ # Workers Sampled ____

On-Site Visitors: 1. ____ 2. ____ 3. ____ 4. ____

LaCroix Davis Project LOG
Date: 1/7/11

PERSONAL EXPENSES:

Hotel: ✓ Per Diem: ✓ Travel: ✓ Destination: site & lab

FIELD SUPPLIES: PPE: Suits 2 Gloves (pairs) 8 Respirator filters: 2 Misc: —

LAB EXPENSES: Type/No. Samples collected: Tape 6 Bulk _____ Air _____

Laboratory Name/Location: EML P & K, W. Sacto

Notes

7:00 meet w/ BPM to discuss Elevator Machinery Room North wall
meet w/ JLS - waiting for BPM's contractor
9:30 - prep begins -
10:30 Begin Removal identified gypboard materials
2 layers of gyp board on hat channel
1 layer fiberglass
1 layer Green Shaft Board
suspect stains on each layer
12:00 Samples collected and delivered to
14:00 deliver samples to lab

17:30 swing shift mobilization
Floor 1 Conference Rooms 114, 117, 118
18:00 Prep underway
18:30 HT & LCD inspect carpet in Locker Room - Exercise area
19:15 check prep work 114, 117, 118 ongoing
20:00 prep completed - break
21:15 Removal begins 3 containments
114 requires demo bottom 1' of S, W, N walls
117, 118 no additional work - carpet + adhesive
23:30 Break
stock equip for detail cleaning 117, 118
00:00 Continue cleaning wall cavity's in 114. demo completed
continue detail cleaning 118 - completed 1 hr.
Final wipe 117 + detail clean underway 114 to 2:30 encap
03:45 post encap inspection Rm 114 - tentative testing 8 hrs at 11:45 AM

Signature [signature] Date 1/8/11

LaCroix Davis LLC
Building & Environmental Forensics

PROJECT LOG DATE: 1/20/11

LACROIX DAVIS LLC
3685 MT. DIABLO BLVD. SUITE 210
LAFAYETTE, CA 94549
TEL 925-299-1140 FAX 925-299-1185

LCD REPS: TMI ; ; PAGE 1 OF 2

Client	**Department of General Services (DGS)**	Contractor: **JLS Environmental**	Day ✓ Swing ___ Weekend/Holiday ___
Project	**Board of Equalization (BOE)**	Location(s):	Floor M Floor ___ Floor ___ Floor ___
Building	**450 N Street, Sacramento CA**	Compound(s) of Concern	Mold ✓ ACM LBP Other
LCD Project #	**2372.0 2 -572; SOW 4.0**	**Description:** Elevator Machinery North Wall investigation	
LCD Project #	**2372.0 ___ -572; SOW ___**	**Description:**	
LCD Project #	**2372.0 ___ -572; SOW ___**	**Description:**	

CONTAINMENT INFORMATION

1. Floor Occupied ✓ Floor Vacant ___
2. Containments: a) EMPs b) ___ c) ___ d) ___ e) ___ f) ___
3. Type of Containment: NPE ✓ Mini ___ Barrier Tape ___ Minor Procedures ___ N/A ___
4. Type of Decon: Shower ___ 2-Stage ___ 1Stage ✓ Drop Sheet W/Vacuum ___ None ___
5. Manometer: Yes ✓ No ___ Strip Chart Record: Yes ___ No ___ Adequate Pressure: Yes ___ No ___
6. Containment Entry Log: Yes ___ No ✓
7. Containment and Decon maintained in accordance with accepted practices and procedures: Yes ✓ No ___
8. HEPA Fans and Vacuums have current aerosol challenge test sticker: Yes ✓ No ___
9. Negative Air Exhaust Location: Window ___ Shaft ___ Stairs ___ Interior ✓ Exterior ___
10. Security: Owner ✓ Contractor ___ Private ___ 24 hour ✓ Secure Building ✓

SUMMARY OF ACTIVITIES

Mob ___ Prep ___ Removal/Load Out ✓ Detail Clean ___ Encapsulation ___ Clearance Testing ___ Tear Down ___ DeMob ___

Phase Completion Visual Inspection: Prep ___ Removal ✓ Encapsulation ___ Clearance ___ Tear Down ___

Summary: continue North wall investigation - open observation hole in Green Shaft board.

Waste: Non-Hazardous Construction Debris ✓ Hazardous Waste ___ Hazardous Waste Manifest ___

Container: 6 Mil ___ Double 6 Mil ✓ Barrel ___ Drum ___ Box ___ Burrito Wrap ___ Labels ___ Other ___

Location of Dumpster: Floor 1 SW Garage

Additional Worker PPE: Disposable Suit ✓ Gloves ✓ Eye Protection ✓ Steel Toe ___ Hard Hat ___ Chem Apron ___

Respirator: Half Face ✓ Full Face ___ PAPR ___ Supplied Air ___

Contractor Worker Exposure Monitoring Yes ___ No ✓ # Workers Sampled ___

On-Site Visitors: 1. ___ 2. ___ 3. ___ 4. ___

LaCroix Davis Project LOG
Date: 1/10/11

PERSONAL EXPENSES:

Hotel: ✓ Per Diem: ✓ Travel: ✓ Destination: site

FIELD SUPPLIES: PPE: Suits _____ Gloves (pairs) _____ Respirator filters: _____ Misc: _____

LAB EXPENSES: Type/No. Samples collected: Tape _____ Bulk _____ Air _____

Laboratory Name/Location: —

Notes

8:30 discuss remaining investigation work w/ Travis (JLS)
crew will remove sheetrock patch (fire rating) installed Friday to protect work over weekend
9:00 meet w/ T.W and 2 crew to review work plan.
crew moves tools/equip to work area
9:30 remove grill and inspect cavity - no visible suspect stains
9:50 OK to continue removing next stud bay.
No stains on inside GB hallway side of cavity -
JLS will continue removing Elec Rm wall then proceed to patch w/ GB (temporary) prior to removing hallway wall.
10:10 removal of Elec Mech Rm Shaft Board completed - no suspect stains observed on green shaft board - OK to remove hall wall
10:30 JLS performs clean up of EMR follow w/ install of temp shaft cover using 5/8 GB over lap existing opening
JLS meets w/ BPM to request smoke detector disable as wall cutting area performed. OK
11- break to 11:45
prep for GB cut in Hall adjacent to EMRm.
12:15 BPM gives verbal OK - smoke detectors off
remove hallway GB
clean area
13:30 complete removal + cleanup

Signature [signature] Date 1/10/[redacted]

LaCroix Davis LLC
Building & Environmental Forensics

PROJECT LOG **DATE:** 3/30/11

LACROIX DAVIS LLC
3685 MT. DIABLO BLVD. SUITE 210
LAFAYETTE, CA 94549
TEL 925-299-1140 FAX 925-299-1185

LCD REPS: TM ; CC ; _____ **PAGE** 1 **OF** _____

Client	**Department of General Services (DGS)**	Contractor: **JLS Environmental**	Day ✓ Swing ✓ Weekend/Holiday ____
Project	**Board of Equalization (BOE)**	Location(s):	Floor 21 Floor ____ Floor M Floor
Building	**450 N Street, Sacramento CA**	Compound(s) of Concern	Mold; ACM LBP; Other
LCD Project #	**2372.0** 2 **-572; SOW** 5.0	**Description:** Floor 21 containments and WDA	
LCD Project #	**2372.0** 2 **-572; SOW** 5.0	**Description:** M - Fan Room 3/4	
LCD Project #	**2372.0** ____ **-572; SOW** ____	**Description:**	

CONTAINMENT INFORMATION

1. Floor Occupied M Floor Vacant 21
2. Containments: a) Fan Room 3/4 b) 21 E c) _____ d) _____ e) _____ f) _____
3. Type of Containment: NPE ✓ Mini ____ Barrier Tape ____ Minor Procedures ____ N/A ____
4. Type of Decon: Shower ____ 2-Stage ____ 1Stage ✓ Drop Sheet W/Vacuum ✓ None ____
5. Manometer: Yes ✓ No ____ Strip Chart Record: Yes ✓ No ____ Adequate Pressure: Yes ✓ No ____
6. Containment Entry Log: Yes ✓ No ____
7. Containment and Decon maintained in accordance with accepted practices and procedures: Yes ✓ No ____
8. HEPA Fans and Vacuums have current aerosol challenge test sticker: Yes ✓ No ____
9. Negative Air Exhaust Location: Window ____ Shaft ____ Stairs ____ Interior ✓ Exterior ✓
10. Security: Owner ✓ Contractor ____ Private ____ 24 hour ✓ Secure Building ✓

SUMMARY OF ACTIVITIES

Mob M Prep M Removal/Load Out ____ Detail Clean M (periodic housekeeping) Encapsulation ____ Clearance Testing 21E Tear Down 21D 21B DeMob ____

Phase Completion Visual Inspection: Prep ____ Removal ____ Encapsulation ____ Clearance ____ Tear Down ____

Summary: DAY - 21 meeting to 12 - testing 21E to 300 - inspect flooring VCT and discuss concrete core repairs w/ M Hoy, JLS, HTT
PM - M Fan room 3/4 17:30 pre fan shutdown sampling & post fan shutdown 18:00 JLS mobs to fan room 3/4 and begins prep: install cont barriers 21:00 break 21:45 continue prep to 23:15 - OK begin housekeeping HEPA vac and wet wipe surfaces and wrap pipe w/ poly + tape. ongoing to 02:30 AM

Waste: Non-Hazardous Construction Debris ____ Hazardous Waste ____ Hazardous Waste Manifest ____

Container: 6 Mil ____ Double 6 Mil ____ Barrel ____ Drum ____ Box ____ Burrito Wrap ____ Labels ____ Other ____

Location of Dumpster: _____

Additional Worker PPE: Disposable Suit ____ Gloves ____ Eye Protection ____ Steel Toe ____ Hard Hat ____ Chem Apron ____

Respirator: Half Face ____ Full Face ____ PAPR ____ Supplied Air ____

Contractor Worker Exposure Monitoring Yes ____ No ____ # Workers Sampled ____

On-Site Visitors: 1. _____ 2. _____ 3. _____ 4. _____

LaCroix Davis LLC Building & Environmental Forensics	**PROJECT LOG** **DATE:** 3/31/11
	LACROIX DAVIS LLC 3685 MT. DIABLO BLVD. SUITE 210 LAFAYETTE, CA 94549 TEL 925-299-1140 FAX 925-299-1185 **LCD REPS:** TAL ; ; **PAGE** 1 **OF** 2

Client	**Department of General Services (DGS)**	Contractor: **JLS Environmental**	Day ✓ Swing ____ Weekend/Holiday ____
Project	**Board of Equalization (BOE)**	Location(s):	Floor M Floor ____ Floor 21 Floor ____
Building	**450 N Street, Sacramento CA**	Compound(s) of Concern	Mold ✓ ACM LBP Other
LCD Project #	**2372.0** 2 **-572; SOW** 5.0	**Description:** M - Fanroom 3/4	
LCD Project #	**2372.0** 2 **-572; SOW** 4.0	**Description:** 21 supp WDA	
LCD Project #	**2372.0** ____ **-572; SOW** ____	**Description:**	

CONTAINMENT INFORMATION

1. Floor Occupied M Floor Vacant 21
2. Containments: a) M - Fan 3/4 b) ____ c) ____ d) ____ e) ____ f) ____
3. Type of Containment: NPE ✓ Mini ____ Barrier Tape ____ Minor Procedures ____ N/A ____
4. Type of Decon: Shower ____ 2-Stage ____ 1Stage ✓ Drop Sheet W/Vacuum ✓ None ____
5. Manometer: Yes ✓ No ____ Strip Chart Record: Yes ✓ No ____ Adequate Pressure: Yes ✓ No ____
6. Containment Entry Log: Yes ✓ No ____
7. Containment and Decon maintained in accordance with accepted practices and procedures: Yes ✓ No ____
8. HEPA Fans and Vacuums have current aerosol challenge test sticker: Yes ✓ No ____
9. Negative Air Exhaust Location: Window ____ Shaft ____ Stairs ____ Interior ____ Exterior ✓
10. Security: Owner ✓ Contractor ____ Private ____ 24 hour ✓ Secure Building ✓

SUMMARY OF ACTIVITIES

Mob ____ Prep ____ Removal/Load Out ____ Detail Clean M Encapsulation ____ Clearance Testing ____ Tear Down ____ DeMob ____

Phase Completion Visual Inspection: Prep ____ Removal ____ Encapsulation ____ Clearance ____ Tear Down ____

Summary: periodic housekeeping continues M - Fan 3/4
visual inspection fire sprinkler pipe fittings Floor 21

Waste: Non-Hazardous Construction Debris ✓ Hazardous Waste ____ Hazardous Waste Manifest ____

Container: 6 Mil ____ Double 6 Mil ____ Barrel ____ Drum ____ Box ____ Burrito Wrap ____ Labels ____ Other ____

Location of Dumpster: Floor 1 SW garage

Additional Worker PPE: Disposable Suit ✓ Gloves ✓ Eye Protection ____ Steel Toe ____ Hard Hat ____ Chem Apron ____

Respirator: Half Face ✓ Full Face ____ PAPR ____ Supplied Air ____

Contractor Worker Exposure Monitoring Yes ____ No ✓ # Workers Sampled —

On-Site Visitors: 1. ____ 2. ____ 3. ____ 4. ____

LaCroix Davis Project LOG
Date: 3/31/17

PERSONAL EXPENSES:

Hotel: ✓ Per Diem: ✓ Travel: ✓ Destination: site & lab

FIELD SUPPLIES: PPE: Suits _____ Gloves (pairs) _____ Respirator filters: _____ Misc: _____

LAB EXPENSES: Type/No. Samples collected: Tape 3 (M) Bulk _____ Air 5 (M)

Laboratory Name/Location: EML P&K W. Santa

Notes

JLS shift 6:30 to
continue periodic housekeeping in Fan Rooms 3/4
1000 perform Floor 21 above ceiling inspection of all fire sprinkler pipe fittings - check for corrosion and leaks (SW)
w/ HTI to 11:15 break
11:15 JLS continues work - M periodic housekeeping
12:30 continue plenum inspection floor 21 w/ HTI S. core to east
13:45 continue plenum inspection 21 North West core hall
15:00 JLS requests visual periodic housekeeping Fan 3/4 - ok
perform visual inspection w/ HTI SW = ok testing
perform air quality testing
17:30 sample COC and deliver to lab

Signature _____ Date _____

LaCroix Davis LLC
Building & Environmental Forensics

PROJECT LOG **DATE:** 4/1/11 & 4/2/11

LACROIX DAVIS LLC
3685 MT. DIABLO BLVD. SUITE 210
LAFAYETTE, CA 94549
TEL 925-299-1140 FAX 925-299-1185

LCD REPS: TMI ; _____ ; _____ **PAGE** 1 **OF** 2

Client	**Department of General Services (DGS)**	Contractor: **JLS Environmental**	Day ✓ Swing ✓ Weekend/Holiday ✓
Project	**Board of Equalization (BOE)**	Location(s):	Floor 21 Floor ____ Floor M Floor ____
Building	**450 N Street, Sacramento CA**	Compound(s) of Concern	Mold ✓ ACM LBP Other
LCD Project #	**2372.0** 2 **-572; SOW** 4.0	**Description:** 21 WDA day	
LCD Project #	**2372.0** 2 **-572; SOW** 5.0	**Description:** M 3/4 swing	
LCD Project #	**2372.0** ____ **-572; SOW** ____	**Description:**	

CONTAINMENT INFORMATION

1. Floor Occupied M Floor Vacant 21
2. Containments: a) 21 - cove wall b) M - 3/4 c) _____ d) _____ e) _____ f) _____
3. Type of Containment: NPE M 3/4 Mini _____ Barrier Tape _____ Minor Procedures ✓21 N/A _____
4. Type of Decon: Shower _____ 2-Stage _____ 1Stage M 3/4 Drop Sheet W/Vacuum _____ None 21
5. Manometer: Yes M No ____ Strip Chart Record: Yes M No ____ Adequate Pressure: Yes M No ____
6. Containment Entry Log: Yes M No ____
7. Containment and Decon maintained in accordance with accepted practices and procedures: Yes M No ____
8. HEPA Fans and Vacuums have current aerosol challenge test sticker: Yes M No ____
9. Negative Air Exhaust Location: Window ____ Shaft ____ Stairs ____ Interior ____ Exterior M
10. Security: Owner ✓ Contractor ____ Private ____ 24 hour ✓ Secure Building ✓

SUMMARY OF ACTIVITIES

Mob M Prep M Removal/Load Out M Detail Clean M Encapsulation M Clearance Testing ____ Tear Down ____ DeMob ____

Phase Completion Visual Inspection: Prep ____ Removal ____ Encapsulation ____ Clearance ____ Tear Down ____

Summary: 21 - inspect cove base and carpet Hallway and Elev. lobby collect samples of 3 conditions - level compound, splotchy, cracks C.o.C and deliver to lab - positive result at crack East wall.
M - setup lab for weekend work Saturday & Sunday - ok per Logan Sat & Sun
17:30 baseline air samples M fan room 1/2
18:00 Prep Fan Room 3/4 pipe insulation removal containment to 23:45
23:45 Begin Removal fabric insulation + check under plastic jackets

Waste: Non-Hazardous Construction Debris ✓ Hazardous Waste ____ Hazardous Waste Manifest ____

Container: 6 Mil ____ Double 6 Mil ✓ Barrel ____ Drum ____ Box ____ Burrito Wrap ____ Labels ____ Other ____

Location of Dumpster: Floor 1 SW Garage

Additional Worker PPE: Disposable Suit ✓ Gloves ✓ Eye Protection ____ Steel Toe ____ Hard Hat ____ Chem Apron ____

Respirator: Half Face ✓ Full Face ✓ PAPR ____ Supplied Air ____

Contractor Worker Exposure Monitoring Yes ____ No ✓ # Workers Sampled —

On-Site Visitors: 1. M. Hong 2. _____ 3. _____ 4. _____

LaCroix Davis Project LOG
Date: 4/01 and 4/02

PERSONAL EXPENSES:

Hotel: ✓ Per Diem: ✓ Travel: ✓ Destination: site & lab

FIELD SUPPLIES: PPE: Suits ✓ Gloves (pairs) ____ Respirator filters: ✓ Misc: ____

LAB EXPENSES: Type/No. Samples collected: Tape 6 Bulk ____ Air 4 M1/2

Laboratory Name/Location: EML P&K, W. Saeto

Notes

JLS Shift DAY-21 = 7 to 5 → ADA (4/01/11)
4/01/11 SWING-M = 18 to 0730 (4/03/11) then Day 07:30 to 23:30
21 – carpet and floor tile investigation NE area – core plenum N. core hall
M – prep ~~and~~ to 23:45
Removal to 02:15 check under plastic jacket (mold entire), remove all fabric + overlap plastic
Bagout 02:15 to ?
Detail cleaning to 06:15 scrub air
07:00 Fan Room 1/2 prep for periodic housekeeping begins
prep Floor 22 Room 2213 for ceiling hatch installation
08:00 air testing M fan room 3/4 containment
08:20 lights are shut off due to elevator work by DCU company said should be back ≈ 10:00 (Extreme Safety hazard crew on scaffold)
JLS post pones work until power returns
8:30 sample COC and deliver to lab
10: 22 B ceiling hatch installed - neg press + drop sheet
10:15 inspect above ceiling 2213 - collect sample East area SE corner stain EP
10:45 prep continues M Fan Room 1/2
13:30 retest M Fan Room 3/4 - COC & deliver to lab
14:20 Prep complete M Fan Room 1/2 periodic housekeeping begins
15:45 open hatch in GB discovered above Fan Housing - close inspection
16 reveals ~~[illegible]~~ site normal housekeeping back side of foam insulation glued to ceil
17 Collect samples per M Mire: feasibility of cleaning pipe insulation 2 locs
Detail cleaning all surfaces top to bottom continues to 21:30
resume 0500 4/03/11

Signature Thom Ac

Date 4/01/11 & 4/02/11

LaCroix Davis LLC Building & Environmental Forensics	**PROJECT LOG** **DATE:** 4/03/11 LACROIX DAVIS LLC 3685 MT. DIABLO BLVD. SUITE 210 LAFAYETTE, CA 94549 TEL 925-299-1140 FAX 925-299-1185 **LCD REPS:** TM1 ; _____ ; _____ **PAGE** 1 **OF** 2

Client	**Department of General Services (DGS)**	Contractor: **JLS Environmental**	Day ✓ Swing ____ Weekend/Holiday ✓
Project	**Board of Equalization (BOE)**	Location(s):	Floor M Floor ____ Floor ✓ Floor ____
Building	**450 N Street, Sacramento CA**	Compound(s) of Concern	Mold ✓ ACM LBP Other
LCD Project #	**2372.0** 2 **-572; SOW** 5.0	**Description:** Fan Room 1/2	
LCD Project #	**2372.0**____**-572; SOW** _____	**Description:**	
LCD Project #	**2372.0**____**-572; SOW** _____	**Description:**	

CONTAINMENT INFORMATION

1. Floor Occupied ✓ Floor Vacant _____
2. Containments: a) Fan Room 1/2 b) _____ c) _____ d) _____ e) _____ f) _____
3. Type of Containment: NPE ✓ Mini _____ Barrier Tape _____ Minor Procedures _____ N/A _____
4. Type of Decon: Shower _____ 2-Stage _____ 1Stage ✓ Drop Sheet W/Vacuum ✓ None _____
5. Manometer: Yes ✓ No ____ Strip Chart Record: Yes ✓ No ____ Adequate Pressure: Yes ✓ No ____
6. Containment Entry Log: Yes ✓ No _____
7. Containment and Decon maintained in accordance with accepted practices and procedures: Yes ✓ No ___
8. HEPA Fans and Vacuums have current aerosol challenge test sticker: Yes ✓ No ___
9. Negative Air Exhaust Location: Window _____ Shaft _____ Stairs _____ Interior _____ Exterior ✓
10. Security: Owner ✓ Contractor ____ Private ____ 24 hour ✓ Secure Building ✓

SUMMARY OF ACTIVITIES

Mob____ Prep____ Removal/Load Out___ Detail Clean____ Encapsulation___ Clearance Testing___ Tear Down___ DeMob____

Phase Completion Visual Inspection: Prep_____ Removal_____ Encapsulation_____ Clearance_____ Tear Down_____

Summary: VLS continues Detail Cleaning - Periodic Housekeeping at 05:00 → 09:00
perform pre-clearance visual inspection = pass schedule testing
w/ HTI ~~and~~ JLS for 11AM = results must be available by 4:00 PM
11:00 perform air quality testing M Fan Room 1/2. COC & Deliver to lab

Waste: Non-Hazardous Construction Debris ✓ Hazardous Waste ____ Hazardous Waste Manifest ____

Container: 6 Mil_____ Double 6 Mil ✓ Barrel _____ Drum_____ Box_____ Burrito Wrap_____ Labels _____ Other_____

Location of Dumpster: Floor 1 SW Garage

Additional Worker PPE: Disposable Suit ✓ Gloves _____ Eye Protection____ Steel Toe____ Hard Hat____ Chem Apron____

Respirator: Half Face ✓ Full Face ____ PAPR _____ Supplied Air_____

Contractor Worker Exposure Monitoring Yes____ No ✓ # Workers Sampled _____

On-Site Visitors: 1._____ 2._____ 3._____ 4._____

LaCroix Davis Project LOG
Date: 4/03/11

PERSONAL EXPENSES:

Hotel: ✓ Per Diem: ✓ Travel: ✓ Destination: Site & lab

FIELD SUPPLIES: PPE: Suits 11 Gloves (pairs) 1 Respirator filters: ____ Misc: ____

LAB EXPENSES: Type/No. Samples collected: Tape ____ Bulk ____ Air 5

Laboratory Name/Location: EML P&K, W. Sacto

Notes

5:00 – JLS Shift
continue periodic housekeeping Fan room 1/2
9:00 pre testing visual – JLS tear down Fan Room 3/4 barriers
air scrub time limited due to Fan operation schedule
11:00 perform air quality testing – JLS – prep F21 hall for carpet.
12:30 sample COC and deliver to lab
15:30 review sample results and issue clearance doc
Contact HTI and JLS verbal clearance
JLS removes Fan Room 1/2 barriers.
End shift. Fans ok ON

Signature [signature] Date 4/03/11

LaCroix Davis Building & Environmental Forensics	**PROJECT LOG** DATE: 5/11/11 LACROIX DAVIS LLC 3685 MT. DIABLO BLVD. SUITE 210 LAFAYETTE, CA 94549 TEL 925-299-1140 FAX 925-299-1185 **LCD REPS:** TM/ ;_____;_____ **PAGE**____**OF**____

Client	**Department of General Services (DGS)**	Contractor: **JLS Environmental**	Day ✓ Swing____ Weekend/Holiday____
Project	**Board of Equalization (BOE)**	Location(s):	Floor M Floor____ Floor____ Floor____
Building	**450 N Street, Sacramento CA**	Compound(s) of Concern	Mold ✓ ACM LBP Other
LCD Project #	**2372.0** 2 **-572; SOW** 5.0	**Description:** M women's	
LCD Project #	**2372.0**____**-572; SOW** _____	**Description:**	
LCD Project #	**2372.0**____**-572; SOW** _____	**Description:**	

CONTAINMENT INFORMATION

1. Floor Occupied ✓ Floor Vacant _____
2. Containments: a) Women's b) _____ c) _____ d) _____ e) _____ f) _____
3. Type of Containment: NPE ✓ Mini_____ Barrier Tape_____ Minor Procedures _____ N/A _____
4. Type of Decon: Shower_____ 2-Stage_____ 1Stage ✓ Drop Sheet W/Vacuum_____ None_____
5. Manometer: Yes____ No____ Strip Chart Record: Yes ___ No ____ Adequate Pressure: Yes ____No ____
6. Containment Entry Log: Yes_____ No_____
7. Containment and Decon maintained in accordance with accepted practices and procedures: Yes___ No ___
8. HEPA Fans and Vacuums have current aerosol challenge test sticker: Yes___ No ___
9. Negative Air Exhaust Location: Window_____ Shaft_____ Stairs_____ Interior _____ Exterior _____
10. Security: Owner ____ Contractor ____ Private____ 24 hour ____ Secure Building ____

SUMMARY OF ACTIVITIES

Mob ✓ Prep ✓ Removal/Load Out ✓ Detail Clean____ Encapsulation___ Clearance Testing___ Tear Down___ DeMob____

Phase Completion Visual Inspection: Prep_____ Removal_____ Encapsulation_____ Clearance_____ Tear Down_____

Summary: inspect M women's cove base - prior to containment set up
Perform Remediation sink wall

Waste: Non-Hazardous Construction Debris ✓ Hazardous Waste ____ Hazardous Waste Manifest ____

Container: 6 Mil_____ Double 6 Mil ✓ Barrel_____ Drum_____ Box_____ Burrito Wrap_____ Labels _____ Other_____

Location of Dumpster: Floor 1 SW

Additional Worker PPE: Disposable Suit ✓ Gloves ✓ Eye Protection____ Steel Toe____ Hard Hat____ Chem Apron____

Respirator: Half Face ✓ Full Face ____ PAPR _____ Supplied Air_____

Contractor Worker Exposure Monitoring Yes____ No ✓ # Workers Sampled _____

On-Site Visitors: 1._____ 2._____ 3._____ 4._____

LaCroix Davis Project LOG
Date: 5/11/11

PROJECT EXPENSES: Hotel: ✓ Per Diem: ✓ Travel: ✓ Destination: site & lab

FIELD SUPPLIES: PPE: Suits _____ Gloves (pairs) _____ Respirator filters: _____ Misc: _____

LAB: Type/No. Samples collected: Tape _____ Bulk _____ Air _____
Laboratory Name/Location: _____

Notes

7 to 3:30
mobilize and prep M floor Women's restroom
7:10 inspect area base to determine containment design
7:20 Begin prep - to 9:30
9:30 Break then begin wall removal 10:00 to 11:00
11:00 lunch
11:45 Begin load out & detail cleaning to 14:15
14:25 perform final visual - OK seal cavity at studs
then finish w/ final wipe down

Signature [signature] Date 5/11

LaCroix Davis LLC Building & Environmental Forensics	**PROJECT LOG** **DATE:** 5/12/11 LACROIX DAVIS LLC 3685 MT. DIABLO BLVD. SUITE 210 LAFAYETTE, CA 94549 TEL 925-299-1140 FAX 925-299-1185 **LCD REPS:**_____;_____;_____ **PAGE**____**OF**____

Client	**Department of General Services (DGS)**	Contractor: **JLS Environmental**	Day ✓ Swing____ Weekend/Holiday____
Project	**Board of Equalization (BOE)**	Location(s):	Floor 24 Floor M Floor____ Floor____
Building	**450 N Street, Sacramento CA**	Compound(s) of Concern	Mold ✓ ACM LBP Other
LCD Project #	**2372.0** 2 **-572; SOW** 5.0	**Description:** Floor 24 Restrooms	
LCD Project #	**2372.0** 2 **-572; SOW** 5.0	**Description:** M women's	
LCD Project #	**2372.0**____**-572; SOW**____	**Description:**	

CONTAINMENT INFORMATION

1. Floor Occupied 24/M Floor Vacant _____
2. Containments: a) M women's b) 24 mens c) 24 women's d) _____ e) _____ f) _____
3. Type of Containment: NPE ✓ Mini____ Barrier Tape____ Minor Procedures ____ N/A ____
4. Type of Decon: Shower____ 2-Stage____ 1Stage ✓ Drop Sheet W/Vacuum____ None____
5. Manometer: Yes ✓ No____ Strip Chart Record: Yes ✓ No ____ Adequate Pressure: Yes ✓ No ____
6. Containment Entry Log: Yes ✓ No____
7. Containment and Decon maintained in accordance with accepted practices and procedures: Yes ✓ No ___
8. HEPA Fans and Vacuums have current aerosol challenge test sticker: Yes ✓ No ___
9. Negative Air Exhaust Location: Window____ Shaft____ Stairs____ Interior ✓ Exterior ____
10. Security: Owner ✓ Contractor ____ Private____ 24 hour ✓ Secure Building ✓

SUMMARY OF ACTIVITIES

Mob 24 Prep 24 Removal/Load Out___ Detail Clean____ Encapsulation___ Clearance Testing M Tear Down___ DeMob____

Phase Completion Visual Inspection: Prep____ Removal____ Encapsulation____ Clearance____ Tear Down____

Summary: 24 - mobilize and begin restroom's - inspect above ceilings + sample
sample COC & deliver to lab
M - perform clearance testing M women's restroom

Waste: Non-Hazardous Construction Debris____ Hazardous Waste ____ Hazardous Waste Manifest ____

Container: 6 Mil____ Double 6 Mil ✓ Barrel ____Drum____ Box____ Burrito Wrap____ Labels ____ Other____

Location of Dumpster: Floor 1 SW Garage

Additional Worker PPE: Disposable Suit ✓ Gloves ✓ Eye Protection____ Steel Toe____ Hard Hat____ Chem Apron____

Respirator: Half Face ✓ Full Face ____ PAPR ____ Supplied Air____

Contractor Worker Exposure Monitoring Yes____ No ✓ # Workers Sampled ____

On-Site Visitors: 1.____ 2.____ 3.____ 4.____

LaCroix Davis Project LOG
Date: 5/12/11

PROJECT EXPENSES: Hotel: ✓ Per Diem: ✓ Travel: ✓ Destination: site + lab

FIELD SUPPLIES: PPE: Suits 2 Gloves (pairs) _____ Respirator filters: _____ Misc: _____

LAB: Type/No. Samples collected: Tape 6 (24) Bulk — Air 4 (M)
Laboratory Name/Location: EML P&K IW. Sacto

Notes

7 to 3:30 shift JLS
Floor 2-4 mobilize & begin restrooms
perform above ceiling inspections restrooms -
9:00 collect samples - COC and deliver to lab
10: prep completed men's - Demo in doorway
prep women's continues to lunch break
11-12 conf call re: sampling plan w/ CL, SCD & BNH
12: inspect men's & women's restrooms
removal and load out to 15:30
discuss above ceiling conditions w/ HTT & JLS
14:30 perform clearance testing M women's restroom
15:30 COC and deliver samples to lab

Signature [signature] Date 5/12/11

LaCroix Davis LLC Building & Environmental Forensics	**PROJECT LOG** DATE: 5/13/11
	LACROIX DAVIS LLC 3685 MT. DIABLO BLVD. SUITE 210 LAFAYETTE, CA 94549 TEL 925-299-1140 FAX 925-299-1185
	LCD REPS: TM/ ; CC ; _____ PAGE 1 OF 2

Client	**Department of General Services (DGS)**	Contractor: **JLS Environmental**	Day ✓ Swing ✓ Weekend/Holiday ✓
Project	**Board of Equalization (BOE)**	Location(s):	Floor 24 Floor 23 Floor M Floor 22
Building	**450 N Street, Sacramento CA**	Compound(s) of Concern	Mold ✓ ACM LBP Other
LCD Project #	**2372.0** 2 **-572; SOW** 5.0	**Description:** 24 Men's + Women's	
LCD Project #	**2372.0** 2 **-572; SOW** 4.0	**Description:** 23 East Deck	
LCD Project #	**2372.0** 2 **-572; SOW** 5.0	**Description:** M Fan Room 1/2 M - Women's	

CONTAINMENT INFORMATION

1. Floor Occupied 24, 23, M Floor Vacant _____
2. Containments: a) 24 - Men's b) 24 Women's c) M - Women's d) M Fan 1-2 e) _____ f) _____
3. Type of Containment: NPE a, b, c Mini _____ Barrier Tape _____ Minor Procedures _____ N/A _____
4. Type of Decon: Shower _____ 2-Stage _____ 1Stage a, b, c Drop Sheet W/Vacuum _____ None _____
5. Manometer: Yes a, b, c No ____ Strip Chart Record: Yes a, b, c No ____ Adequate Pressure: Yes a, b, c No ____
6. Containment Entry Log: Yes a, b, c No _____
7. Containment and Decon maintained in accordance with accepted practices and procedures: Yes a, b, c No ___
8. HEPA Fans and Vacuums have current aerosol challenge test sticker: Yes a, b, c No ___
9. Negative Air Exhaust Location: Window _____ Shaft _____ Stairs _____ Interior a, b, c Exterior d
10. Security: Owner ✓ Contractor ____ Private ____ 24 hour ✓ Secure Building ✓

SUMMARY OF ACTIVITIES

Mob d Prep d Removal/Load Out a, b, d Detail Clean d Encapsulation ___ Clearance Testing d Tear Down c DeMob c

Phase Completion Visual Inspection: Prep d Removal d Encapsulation _____ Clearance c Tear Down _____

Summary: M - Women's - clearance testing sample results pending
23 - FD Thomas - repairs to East Deck above punch out NE 2 and 4 doors
24 - men's & Women's containments. removal continues.
Swing M - Fan Room 1/2 perform remediation pipe insulation
5/14 M - Fan Room visual and testing
5/14 22 - inspection, sampling, Mark FP/GB Rooms 2216 and 2219

Waste: Non-Hazardous Construction Debris ✓ Hazardous Waste ____ Hazardous Waste Manifest ____

Container: 6 Mil _____ Double 6 Mil ✓ Barrel _____ Drum _____ Box _____ Burrito Wrap _____ Labels _____ Other _____

Location of Dumpster: Floor 1 SW Garage

Additional Worker PPE: Disposable Suit ✓ Gloves ✓ Eye Protection ____ Steel Toe ____ Hard Hat ____ Chem Apron ____

Respirator: Half Face ✓ Full Face ✓ PAPR _____ Supplied Air _____

Contractor Worker Exposure Monitoring Yes ____ No ✓ # Workers Sampled _____

On-Site Visitors: 1. M. Hoy 2. _____ 3. _____ 4. _____

LaCroix Davis Project LOG
Date: 5/13/11 & 5/14/11

PROJECT EXPENSES: Hotel: ✓ Per Diem: ✓ Travel: ✓ Destination: site & lab

FIELD SUPPLIES: PPE: Suits 3 Gloves (pairs) 3 Respirator filters: ____ Misc: ____

LAB: Type/No. Samples collected: Tape 2, 2 Bulk 2 & 2 Air 5
Laboratory Name/Location: EML P&K, W. Sacto

Notes

7 to 3:30 JLS Day Shift
perform monitor 24 men's & women's restrooms
- men's collect add tape stained ceiling plenum - remove ceiling + cavity a
- women's - removal complete - stains Normal trap - encap 1-3:30
Floor 23 East deck observe FD Thomas inspection to ID moisture intrusion
and install caulk as necessary 07:30
M - clearance received - tear down containment 12:30
12:30 observe ceiling removal and cavity wall removal of men's restroom
14:00 removal completed Mens
detail cleaning continues women's
M - women's Tear down completed
14:30 Break to 17:30
Mob to M floor fan Room 1-2 collect baseline air samples
1800 fans shut down and prep underway to Break
2200 Break 22:45 Begin pipe insulation removal
and bag debris. insulation removal completed 2400
00:00 Begin bag out process - dbl bag & wet wipe + cart to dumpster
01:15 Break to 01:30 Continue bag out to 02:00
05:45 Detail cleaning completed
0600 perform final clearance visual inspection w/HTI KT
06:30 collect air clearance samples
08:00 COC and deliver to lab reinsulation begins in contain
10:30 review lab report and discuss w/HTI
containment will remain in place during reinsulation
and JLS will reclean (scrubbers will continue).
10:30 perform Floor 22 inspection, sampling and mark stains
in Rooms 2216 and 2219 w/JLS, HTI
13:00 collect sample at NE P02 stain GB

Signature [signature] Date 5/14/11

LaCroix Davis LLC
Building & Environmental Forensics

PROJECT LOG DATE: 5/12/11

LACROIX DAVIS LLC
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LCD REPS: TM/ ; ; PAGE 1 OF 2

Client	**Department of General Services (DGS)**	Contractor: **JLS Environmental**	Day ✓ Swing ____ Weekend/Holiday ____
Project	**Board of Equalization (BOE)**	Location(s):	Floor M Floor ____ Floor 24 Floor ____
Building	**450 N Street, Sacramento CA**	Compound(s) of Concern	Mold ✓ ACM LBP Other
LCD Project #	**2372.0 2 -572; SOW 5.0**	**Description:** 24 containments	
LCD Project #	**2372.0 2 -572; SOW 5.0**	**Description:** M offices	
LCD Project #	**2372.0 ____ -572; SOW ____**	**Description:**	

CONTAINMENT INFORMATION

1. Floor Occupied M, 24 Floor Vacant ____
2. Containments: a) men 24 b) women 24 c) janitor 24 d) M offices e) ____ f) ____
3. Type of Containment: NPE ✓ Mini ____ Barrier Tape ____ Minor Procedures ____ N/A ____
4. Type of Decon: Shower ____ 2-Stage ____ 1Stage ✓ Drop Sheet W/Vacuum ____ None ____
5. Manometer: Yes ✓ No ____ Strip Chart Record: Yes ✓ No ____ Adequate Pressure: Yes ✓ No Night 24
6. Containment Entry Log: Yes ✓ No ____
7. Containment and Decon maintained in accordance with accepted practices and procedures: Yes ✓ No ____
8. HEPA Fans and Vacuums have current aerosol challenge test sticker: Yes ✓ No ____
9. Negative Air Exhaust Location: Window ____ Shaft ____ Stairs ____ Interior ✓ Exterior ____
10. Security: Owner ✓ Contractor ____ Private ____ 24 hour ✓ Secure Building ✓

SUMMARY OF ACTIVITIES

Mob M Prep M Removal/Load Out M Detail Clean ____ Encapsulation ____ Clearance Testing ____ Tear Down ____ DeMob ____

Phase Completion Visual Inspection: Prep ____ Removal ____ Encapsulation ____ Clearance ____ Tear Down ____

Summary: M - offices carpet - remediation begins
24 - janitor continue - detail cleaning
24 - men's + women's = clearance testing

Waste: Non-Hazardous Construction Debris ____ Hazardous Waste ____ Hazardous Waste Manifest ____

Container: 6 Mil ____ Double 6 Mil ____ Barrel ____ Drum ____ Box ____ Burrito Wrap ____ Labels ____ Other ____

Location of Dumpster: ____

Additional Worker PPE: Disposable Suit ____ Gloves ____ Eye Protection ____ Steel Toe ____ Hard Hat ____ Chem Apron ____

Respirator: Half Face ____ Full Face ____ PAPR ____ Supplied Air ____

Contractor Worker Exposure Monitoring Yes ____ No ____ # Workers Sampled ____

On-Site Visitors: 1. ____ 2. ____ 3. ____ 4. ____

LaCroix Davis Project LOG
Date: 5/17/11

PROJECT EXPENSES: Hotel: ✓ Per Diem: ✓ Travel: ✓ Destination: site + lab x 2

FIELD SUPPLIES: PPE: Suits 2 Gloves (pairs) 2 Respirator filters: ____ Misc: ____

LAB: Type/No. Samples collected: Tape 5 Bulk ____ Air 5
Laboratory Name/Location: EML P&K, W. Sacto

Notes

7 to 3:30 JLS
7 begin M floor offices mob + prep
continue 2H janitor room detail cleaning + encap
schedule clearance testing w/ HTI 2H men's + women's
8 inspect cove base M offices - No suspect stains
9 check 2H janitor - detail cleaning continues
10:30 collect tape samples - stains chiller insulation (piping)
11:30 sample COC and deliver to lab P/U pump
12:15 perform clearance testing w/ HTI Floor 2H Men's + women
13:15 deliver samples + COC
14:30 check M. Floor offices carpet adhesive scraping - ok
1500 check M Floor men's restroom containment - removal underway - beneath sink plumbing wall
15:15 check cove base men's - No additional issues begin bagout and detail cleaning
15:30 shift completed

Signature [signature] Date 5/17/11

LaCroix Davis LLC
Building & Environmental Forensics

PROJECT LOG DATE: 5/18/11

LACROIX DAVIS LLC
3685 MT. DIABLO BLVD. SUITE 210
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LCD REPS: TML; ; PAGE 1 OF 2

Client	**Department of General Services (DGS)**	Contractor: **JLS Environmental**	Day ✓ Swing ____ Weekend/Holiday ____
Project	**Board of Equalization (BOE)**	Location(s):	Floor M Floor ____ Floor 24 Floor ____
Building	**450 N Street, Sacramento CA**	Compound(s) of Concern	Mold ✓ ACM LBP Other
LCD Project #	**2372.0 2 -572; SOW 5.0**	**Description:** 24 - Janitor	
LCD Project #	**2372.0 2 -572; SOW 5.0**	**Description:** M - men's offices	
LCD Project #	**2372.0 ____ -572; SOW ____**	**Description:**	

CONTAINMENT INFORMATION

1. Floor Occupied M, 24 Floor Vacant ____
2. Containments: a) janitor-24 b) M office c) M men's d) ____ e) ____ f) ____
3. Type of Containment: NPE ✓ Mini ____ Barrier Tape ____ Minor Procedures ____ N/A ____
4. Type of Decon: Shower ____ 2-Stage ____ 1Stage ✓ Drop Sheet W/Vacuum ____ None ____
5. Manometer: Yes ✓ No ____ Strip Chart Record: Yes ✓ No ____ Adequate Pressure: Yes ✓ No ____
6. Containment Entry Log: Yes ✓ No ____
7. Containment and Decon maintained in accordance with accepted practices and procedures: Yes ✓ No ____
8. HEPA Fans and Vacuums have current aerosol challenge test sticker: Yes ✓ No ____
9. Negative Air Exhaust Location: Window ____ Shaft ____ Stairs ____ Interior ✓ Exterior ____
10. Security: Owner ✓ Contractor ____ Private ____ 24 hour ✓ Secure Building ✓

SUMMARY OF ACTIVITIES

Mob ____ Prep ____ Removal/Load Out ____ Detail Clean M ✓ Encapsulation ____ Clearance Testing 24-a M-b,c Tear Down ____ DeMob ____

Phase Completion Visual Inspection: Prep ____ Removal ____ Encapsulation ____ Clearance M+24 Tear Down 24 mens women

Summary: complete detail cleaning M floor office & men's containments perform clearance testing M-offices and 24 janitor

Waste: Non-Hazardous Construction Debris ✓ Hazardous Waste ____ Hazardous Waste Manifest ____

Container: 6 Mil ____ Double 6 Mil ✓ Barrel ____ Drum ____ Box ____ Burrito Wrap ____ Labels ____ Other ____

Location of Dumpster: Floor 1 SW garage area

Additional Worker PPE: Disposable Suit ✓ Gloves ✓ Eye Protection ____ Steel Toe ____ Hard Hat ____ Chem Apron ____

Respirator: Half Face ✓ Full Face ____ PAPR ____ Supplied Air ____

Contractor Worker Exposure Monitoring Yes ____ No ✓ # Workers Sampled ____

On-Site Visitors: 1. M. Ibay 2. ____ 3. ____ 4. ____

LaCroix Davis Project LOG
Date: 5/18/11

Page ____ of ____

PROJECT EXPENSES: Hotel: ✓ Per Diem: ✓ Travel: ✓ Destination: site & lab + site = 28

FIELD SUPPLIES: PPE: Suits 2 Gloves (pairs) 2 Respirator filters: — Misc: —

LAB: Type/No. Samples collected: Tape ____ Bulk ____ Air 9
Laboratory Name/Location: EML P & K, W. Sacto

Notes

7 to 3:30 JLS shift
complete detail cleaning M - offices and men's containment
9:15 perform final visual M offices
12: perform clearance testing M & Z4
1345 col & deliver to lab
14 detail cleaning continues to 15:30 completed.

Signature [signature] Date 5/18/11

LaCroix Davis Building & Environmental Forensics	**PROJECT LOG** DATE: 5/19/11 LACROIX DAVIS LLC 3685 MT. DIABLO BLVD. SUITE 210 LAFAYETTE, CA 94549 TEL 925-299-1140 FAX 925-299-1185 **LCD REPS:** HM ; ; **PAGE** 1 **OF** 2

Client	**Department of General Services (DGS)**	Contractor: **JLS Environmental**	Day ✓ Swing ____ Weekend/Holiday ____
Project	**Board of Equalization (BOE)**	Location(s):	Floor M Floor ____ Floor ____ Floor ____
Building	**450 N Street, Sacramento CA**	Compound(s) of Concern	Mold ✓ ACM LBP Other
LCD Project #	**2372.0** 2 **-572; SOW** 5.0	**Description:** M Floor Mens	
LCD Project #	**2372.0** 2 **-572; SOW** 4.0	**Description:** M Floor Chiller Room	
LCD Project #	**2372.0** ____ **-572; SOW** ____	**Description:**	

CONTAINMENT INFORMATION

1. Floor Occupied ✓ Floor Vacant ____
2. Containments: a) M-men's b) ____ c) ____ d) ____ e) ____ f) ____
3. Type of Containment: NPE ✓ Mini ____ Barrier Tape ____ Minor Procedures ____ N/A ____
4. Type of Decon: Shower ____ 2-Stage ____ 1Stage ✓ Drop Sheet W/Vacuum ____ None ____
5. Manometer: Yes ✓ No ____ Strip Chart Record: Yes ✓ No ____ Adequate Pressure: Yes ✓ No ____
6. Containment Entry Log: Yes ✓ No ____
7. Containment and Decon maintained in accordance with accepted practices and procedures: Yes ✓ No ____
8. HEPA Fans and Vacuums have current aerosol challenge test sticker: Yes ✓ No ____
9. Negative Air Exhaust Location: Window ____ Shaft ____ Stairs ____ Interior ____ Exterior ____
10. Security: Owner ____ Contractor ____ Private ____ 24 hour ____ Secure Building ____

SUMMARY OF ACTIVITIES

Mob ____ Prep ____ Removal/Load Out ____ Detail Clean ____ Encapsulation ____ Clearance Testing ✓ Tear Down ____ DeMob ____

Phase Completion Visual Inspection: Prep ____ Removal ____ Encapsulation ____ Clearance ____ Tear Down ____

Summary: perform Clearance Testing - M - men's Restroom

perform inspection Chiller Piping insulation under plastic jacket.

Waste: Non-Hazardous Construction Debris ____ Hazardous Waste ____ Hazardous Waste Manifest ____

Container: 6 Mil ____ Double 6 Mil ____ Barrel ____ Drum ____ Box ____ Burrito Wrap ____ Labels ____ Other ____

Location of Dumpster: ____

Additional Worker PPE: Disposable Suit ____ Gloves ____ Eye Protection ____ Steel Toe ____ Hard Hat ____ Chem Apron ____

Respirator: Half Face ____ Full Face ____ PAPR ____ Supplied Air ____

Contractor Worker Exposure Monitoring Yes ____ No ____ # Workers Sampled ____

On-Site Visitors: 1. M. Hay 2. ____ 3. ____ 4. ____

LaCroix Davis Project LOG
Date: 5/19/11

PROJECT EXPENSES: Hotel: ✓ Per Diem: ✓ Travel: ✓ Destination: site + lab + site

FIELD SUPPLIES: PPE: Suits 1 Gloves (pairs) 2 Respirator filters: — Misc: box spore traps

LAB: Type/No. Samples collected: Tape 2 Bulk _____ Air 4
Laboratory Name/Location: EML P&R

Notes

7 to 3:30 JLS painting offices
tear down containment
meet w/ JLS, HTI discuss inspection Floor 22 NE
discuss pipe insulation inspection (under jackets)
w/ M. Hoy, M. Moore
10:30 perform clearance testing M-mews
13: prep for testing Chiller room pipe under plastic jackets
JLS to clean up - open jacket and seal.
14 perform M-Chiller inspection
15 COC and deliver samples to lab

Signature Theon Dc

Date 5/19/11

LaCroix Davis LLC Building & Environmental Forensics	**PROJECT LOG** **DATE:** 6/9/11 LACROIX DAVIS LLC 3685 MT. DIABLO BLVD. SUITE 210 LAFAYETTE, CA 94549 TEL 925-299-1140 FAX 925-299-1185 **LCD REPS:** TM I ; ; **PAGE** ___ **OF** ___

Client	**Department of General Services (DGS)**	Contractor: **JLS Environmental**	Day ✓ Swing ___ Weekend/Holiday ___
Project	**Board of Equalization (BOE)**	Location(s):	Floor 1 Floor ___ Floor M Floor ___
Building	**450 N Street, Sacramento CA**	Compound(s) of Concern	Mold ACM LBP Other
LCD Project #	**2372.0** 2 **-572; SOW** 5.0	**Description:** Kitchen	
LCD Project #	**2372.0** 2 **-572; SOW** 4.0	**Description:** chiller piping	
LCD Project #	**2372.0** ___ **-572; SOW** ___	**Description:**	

CONTAINMENT INFORMATION

1. Floor Occupied ✓ Floor Vacant ___
2. Containments: a) Kitchen b) ___ c) ___ d) ___ e) ___ f) ___
3. Type of Containment: NPE ✓ a Mini ___ Barrier Tape ___ Minor Procedures ___ N/A Minspection
4. Type of Decon: Shower ___ 2-Stage ___ 1Stage ✓ a Drop Sheet W/Vacuum ___ None ___
5. Manometer: Yes a No ___ Strip Chart Record: Yes a No ___ Adequate Pressure: Yes a No ___
6. Containment Entry Log: Yes a No ___
7. Containment and Decon maintained in accordance with accepted practices and procedures: Yes a No ___
8. HEPA Fans and Vacuums have current aerosol challenge test sticker: Yes a No ___
9. Negative Air Exhaust Location: Window ___ Shaft a Stairs ___ Interior ___ Exterior ___
10. Security: Owner ✓ Contractor ___ Private ___ 24 hour ✓ Secure Building ✓

SUMMARY OF ACTIVITIES

Mob ___ Prep ___ Removal/Load Out ___ Detail Clean a Encapsulation a Clearance Testing ___ Tear Down ___ DeMob ___

Phase Completion Visual Inspection: Prep ___ Removal ___ Encapsulation ___ Clearance ___ Tear Down ___

Summary: a - Kitchen North wall containment - detail cleaning continues. M Floor - inspection & sampling under plastic jacket on chill H_2O piping at Representative locations.

Waste: Non-Hazardous Construction Debris ✓ Hazardous Waste ___ Hazardous Waste Manifest ___

Container: 6 Mil ___ Double 6 Mil ✓ Barrel ___ Drum ___ Box ___ Burrito Wrap ___ Labels ___ Other ___

Location of Dumpster: Floor 1 SW at Garage

Additional Worker PPE: Disposable Suit ✓ Gloves ✓ Eye Protection ___ Steel Toe ___ Hard Hat ___ Chem Apron ___

Respirator: Half Face ✓ Full Face ✓ PAPR ___ Supplied Air ___

Contractor Worker Exposure Monitoring Yes ___ No ✓ # Workers Sampled ___

On-Site Visitors: 1. B. Continiere - M 2. insulation Gubs 3. ___ 4. ___

LaCroix Davis Project LOG
Date: 6/9/11

PERSONAL EXPENSES:

Hotel: ✓ Per Diem: ✓ Travel: ✓ Destination: site & lab

FIELD SUPPLIES: PPE: Suits _____ Gloves (pairs) _____ Respirator filters: _____ Misc: _____

LAB EXPENSES: Type/No. Samples collected: Tape III Bulk _____ Air _____

Laboratory Name/Location: EML P&K, W. Sacto

Notes

7 to 3:30 JLS shift.
FI - detail cleaning continues Kitchen North containment
encap water stains on GB walls North a/c
M - perform visual inspection under plastic jackets on chiller
pipes at representative locations (per M. Moore) collect samples
on stains (Chiller 1, Chiller 2 and Chiller 3) w/ JLS & HTT
using 2000 CFM as Engineering Control - JLS carefully
cutting plastic to expose paper wrap on insulation. At some
penetrations of jacket some stains and VMG are observed.
and samples are collected.
JLS GS, Bruce - Rich, EOE - B. Courtney & insulation contractor
in Chiller Room observing conditions - estimating work
perform final clearance visual inspection Kitchen North
14:00 wall containment w/ HTT - ok testing Friday.

Signature [signature] Date _____

LaCroix Davis LLC Building & Environmental Forensics	**PROJECT LOG** **DATE:** 6/23/11 LACROIX DAVIS LLC 3685 MT. DIABLO BLVD. SUITE 210 LAFAYETTE, CA 94549 TEL 925-299-1140 FAX 925-299-1185 **LCD REPS:** TM/ ; ; **PAGE** 1 **OF** 2

Client	**Department of General Services (DGS)**	Contractor: **JLS Environmental**	Day____ Swing____ Weekend/Holiday____
Project	**Board of Equalization (BOE)**	Location(s):	Floor____ Floor____ Floor____ Floor____
Building	**450 N Street, Sacramento CA**	Compound(s) of Concern	Mold ACM LBP Other
LCD Project #	**2372.0** 2 **-572; SOW** 5.0	**Description:** M chiller Rooms	
LCD Project #	**2372.0**____**-572; SOW** _____	**Description:**	
LCD Project #	**2372.0**____**-572; SOW** _____	**Description:**	

CONTAINMENT INFORMATION

1. Floor Occupied ✓ Floor Vacant _____
2. Containments: a) Chiller 2 b) _____ c) _____ d) _____ e) _____ f) _____
3. Type of Containment: NPE_____ Mini_____ Barrier Tape_____ Minor Procedures _____ N/A _____
4. Type of Decon: Shower_____ 2-Stage_____ 1Stage_____ Drop Sheet W/Vacuum_____ None_____
5. Manometer: Yes____ No____ Strip Chart Record: Yes ___ No ____ Adequate Pressure: Yes ____No ____
6. Containment Entry Log: Yes_____ No_____
7. Containment and Decon maintained in accordance with accepted practices and procedures: Yes___ No ___
8. HEPA Fans and Vacuums have current aerosol challenge test sticker: Yes___ No ___
9. Negative Air Exhaust Location: Exterior____ Window____ Shaft____ Exhaust Duct____ Interior ____
10. Security: Owner ____ Contractor ____ Private____ 24 hour ____ Secure Building ____

SUMMARY OF ACTIVITIES

Mob____ Prep____ Removal/Load Out___ Detail Clean____ Encapsulation___ Clearance Testing___ Tear Down___ DeMob____

Phase Completion Visual Inspection: Prep_____ Removal_____ Encapsulation_____ Clearance_____ Tear Down_____

Summary: containment chiller 2 piping underway.
HTI site visit to observe
pre-cleaning work area prior to prep underway.

Waste: Non-Hazardous Construction Debris ✓ Hazardous Waste ____ Hazardous Waste Manifest ____

Container: 6 Mil_____ Double 6 Mil _____ Barrel _____Drum_____ Box_____ Burrito Wrap_____ Labels _____ Other_____

Location of Dumpster: Floor 1 SW Garage Area

Additional Worker PPE: Disposable Suit ✓ Gloves _____Eye Protection____ Steel Toe____ Hard Hat____ Chem Apron____

Respirator: Half Face ____ Full Face ____ PAPR _____Supplied Air_____

Contractor Worker Exposure Monitoring Yes____ No ✓ # Workers Sampled _____

On-Site Visitors: 1. L. Sandhu HTI 2. K. Tse HTI 3._____ 4._____

LaCroix Davis Project LOG
Date: 6/23/11

PROJECT EXPENSES: Hotel: ✓ Per Diem: ✓ Travel: ✓ Destination: site & lab

FIELD SUPPLIES: PPE: Suits _____ Gloves (pairs) _____ Respirator filters: _____ Misc: _____

LAB: Type/No. Samples collected: Tape _____ Bulk _____ Air _____
Laboratory Name/Location: _____

Notes

7 to 3:30 shift JLS
precleaning surfaces chiller room and chiller 3 piping
set up containment chiller 2 piping - partial
9:00 perform VCT inspection of inaccessible rooms - floor 17 and 6 w/HTI
10:30 observe kitchen where add. walls were removed w/HTI
Nothing remarkable observed.
10:40 MM call re: VCT - additional rooms to test I suggested
19B (where we performed flux tests due to ltd occupancy)
1200 continue monitoring 1st floor chiller room -
HEPA vacuum continues -
Containment prep continues to 15:30

Signature: [signature] Date: 6/23/11

LaCroix Davis LLC
Building & Environmental Forensics

PROJECT LOG **DATE:** 6/27/11

LACROIX DAVIS LLC
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LCD REPS: TM / ; ; **PAGE** 1 **OF** 2

Client	**Department of General Services (DGS)**	Contractor: **JLS Environmental**	Day ✓ Swing ___ Weekend/Holiday ___
Project	**Board of Equalization (BOE)**	Location(s):	Floor M Floor ___ Floor ___ Floor ✓
Building	**450 N Street, Sacramento CA**	Compound(s) of Concern	Mold ✓ ACM LBP Other
LCD Project #	**2372.0** 2 **-572; SOW** 5.0	**Description:** Chiller Pump 3 & Chiller 1	
LCD Project #	**2372.0** ___ **-572; SOW** ___	**Description:**	
LCD Project #	**2372.0** ___ **-572; SOW** ___	**Description:**	

CONTAINMENT INFORMATION

1. Floor Occupied ✓ Floor Vacant ___
2. Containments: a) Pump 3 Chiller 2 b) ___ c) ___ d) ___ e) ___ f) ___
3. Type of Containment: NPE ✓ Mini ___ Barrier Tape ___ Minor Procedures ___ N/A ___
4. Type of Decon: Shower ___ 2-Stage ___ 1Stage ✓ Drop Sheet W/Vacuum ___ None ___
5. Manometer: Yes ✓ No ___ Strip Chart Record: Yes ✓ No ___ Adequate Pressure: Yes ✓ No ___
6. Containment Entry Log: Yes ✓ No ___
7. Containment and Decon maintained in accordance with accepted practices and procedures: Yes ✓ No ___
8. HEPA Fans and Vacuums have current aerosol challenge test sticker: Yes ✓ No ___
9. Negative Air Exhaust Location: Exterior ___ Window ___ Shaft ___ Exhaust Duct ___ Interior ✓
10. Security: Owner ✓ Contractor ___ Private ___ 24 hour ✓ Secure Building ✓

SUMMARY OF ACTIVITIES

Mob ___ Prep ✓ Removal/Load Out ✓ Detail Clean ___ Encapsulation ___ Clearance Testing ___ Tear Down ___ DeMob ___

Phase Completion Visual Inspection: Prep ✓ Removal ✓ Encapsulation ___ Clearance ___ Tear Down ___

Summary: Complete prep Pump 3-Chiller 2 containment (P3-C2) remove plastic jackets and inspect paper wrap on FG Insul. remove stained insulation -

Waste: Non-Hazardous Construction Debris ✓ Hazardous Waste ___ Hazardous Waste Manifest ___

Container: 6 Mil ___ Double 6 Mil ✓ Barrel ___ Drum ___ Box ___ Burrito Wrap ___ Labels ___ Other ___

Location of Dumpster: Floor 1 SW Garage

Additional Worker PPE: Disposable Suit ✓ Gloves ✓ Eye Protection ___ Steel Toe ___ Hard Hat ___ Chem Apron ___

Respirator: Half Face ✓ Full Face ___ PAPR ___ Supplied Air ___

Contractor Worker Exposure Monitoring Yes ___ No ✓ # Workers Sampled ___

On-Site Visitors: 1. L. Baker 2. ___ 3. ___ 4. ___

LaCroix Davis Project LOG
Date: 6/22/11

Page____ of____

PROJECT EXPENSES: Hotel: ✓ Per Diem: ✓ Travel: ✓ Destination: site & lab

FIELD SUPPLIES: PPE: Suits _____ Gloves (pairs) _____ Respirator filters: _____ Misc: _____

Filters 4 4 2

LAB: Type/No. Samples collected: Tape 4 Bulk _____ Air _____

Laboratory Name/Location: _____

Notes

7 - 10 complete prep pump 3 to chiller 2 piping (P3 C2)
discuss work w/ J. Beesley and Travis to ID specific lines
and verify valves & pump 3 have been properly closed
and power off
9 - collect samples of filters in 3/4 filter bank w/ HT1 & BPM
10:15 begin removal - containment - P3 C2
11:15 break - Filter Sample COC and shipping
11:30 FedEX
12 crew continues bag and load out
crew begins detail cleaning - collect samples stained insulation Chiller Roo
14: load out some tools and equip detail cleaning continues
COC samples - 3 from chiller 1/2 piping; 1 from chiller 3 piping.
15:00 crew cleans up, check containment.
work tomorrow will include cleaning insulation that was
not removed and painting VMG w/ Encap then wrapping
insulation w/ poly sealed with tape.
15:30 Shift completed.

Signature [signature] Date 6/22/11

LaCroix Davis Building & Environmental Forensics	**PROJECT LOG** **DATE:** 6/28/11
	LACROIX DAVIS LLC 3685 MT. DIABLO BLVD. SUITE 210 LAFAYETTE, CA 94549 TEL 925-299-1140 FAX 925-299-1185
	LCD REPS: TMI ; ; **PAGE** 1 **OF** 2

Client	**Department of General Services (DGS)**	Contractor: **JLS Environmental**	Day ✓ Swing ____ Weekend/Holiday ____
Project	**Board of Equalization (BOE)**	Location(s):	Floor M Floor ____ Floor ____ Floor ____
Building	**450 N Street, Sacramento CA**	Compound(s) of Concern	Mold ACM LBP Other
LCD Project #	**2372.0** 2 **-572; SOW** 5.0	**Description:** chiller Room	
LCD Project #	**2372.0** ____ **-572; SOW** ____	**Description:**	
LCD Project #	**2372.0** ____ **-572; SOW** ____	**Description:**	

CONTAINMENT INFORMATION

1. Floor Occupied ✓ Floor Vacant ____
2. Containments: a) Pump 3, Chiller 2 c) ____ d) ____ e) ____ f) ____
3. Type of Containment: NPE ✓ Mini ____ Barrier Tape ____ Minor Procedures ____ N/A ____
4. Type of Decon: Shower ____ 2-Stage ____ 1Stage ✓ Drop Sheet W/Vacuum ____ None ____
5. Manometer: Yes ✓ No ____ Strip Chart Record: Yes ✓ No ____ Adequate Pressure: Yes ✓ No ____
6. Containment Entry Log: Yes ✓ No ____
7. Containment and Decon maintained in accordance with accepted practices and procedures: Yes ✓ No ____
8. HEPA Fans and Vacuums have current aerosol challenge test sticker: Yes ✓ No ____
9. Negative Air Exhaust Location: Exterior ____ Window ____ Shaft ____ Exhaust Duct ____ Interior ✓
10. Security: Owner ✓ Contractor ____ Private ____ 24 hour ✓ Secure Building ✓

SUMMARY OF ACTIVITIES

Mob ____ Prep ____ Removal/Load Out ____ Detail Clean ✓ Encapsulation ✓ Clearance Testing ____ Tear Down ____ DeMob ____

Phase Completion Visual Inspection: Prep ____ Removal ____ Encapsulation ✓ Clearance ____ Tear Down ____

Summary: clean stained insulation not included in removal (active lines) encap stained surfaces

Waste: Non-Hazardous Construction Debris ____ Hazardous Waste ____ Hazardous Waste Manifest ____

Container: 6 Mil ____ Double 6 Mil ✓ Barrel ____ Drum ____ Box ____ Burrito Wrap ____ Labels ____ Other ____

Location of Dumpster: Floor 1 SW Garage

Additional Worker PPE: Disposable Suit ✓ Gloves ✓ Eye Protection ____ Steel Toe ____ Hard Hat ____ Chem Apron ____

Respirator: Half Face ✓ Full Face ____ PAPR ____ Supplied Air ____

Contractor Worker Exposure Monitoring Yes ____ No ✓ # Workers Sampled ____

On-Site Visitors: 1. ____ 2. ____ 3. ____ 4. ____

LaCroix Davis Project LOG
Date: 6/28/11

PROJECT EXPENSES: Hotel: ✓ Per Diem: ✓ Travel: ✓ Destination: site & lab

FIELD SUPPLIES: PPE: Suits ___ Gloves (pairs) ___ Respirator filters: ___ Misc: ___

LAB: Type/No. Samples collected: Tape 11 Bulk ___ Air ___
Laboratory Name/Location: ___

Notes

7 to 3:30 - JLS shift - Continue detail cleaning
clean insulation remaining on
CH2 supply (vertical above valve) active line
encap stained insulation remaining:
- CH2 Supply vertical above valve
- Pump 3 return intake vertical above vale

8:20 HTI visual inspection & QA rev.
collect samples of top surfaces of Chiller 3 and 1-2 piping following JLS
HEPA Vac of dust.
1145 JLS Begins Prep pump 1 containment

VCT Testing 2 worst locations
2 medium
1 OK
} Review VCT table & select 5 locations to recommend testing tomorrow at meeting.

1245 JLS continues HEPA Vac piping at N side of Chiller Room near ceiling

Signature ___ Date ___

LaCroix Davis LLC
Building & Environmental Forensics

PROJECT LOG **DATE:** 6/29/11

LACROIX DAVIS LLC
3685 MT. DIABLO BLVD. SUITE 210
LAFAYETTE, CA 94549
TEL 925-299-1140 FAX 925-299-1185

LCD REPS: TM ; ; **PAGE** 1 **OF** 2

Client	**Department of General Services (DGS)**	Contractor: **JLS Environmental**	Day ✓ Swing ____ Weekend/Holiday ____
Project	**Board of Equalization (BOE)**	Location(s):	Floor M Floor ____ Floor ____ Floor ____
Building	**450 N Street, Sacramento CA**	Compound(s) of Concern	Mold ✓ ACM LBP Other
LCD Project #	**2372.0** 2 **-572; SOW** 5.0	**Description:** M Chiller & pump 3	
LCD Project #	**2372.0** 2 **-572; SOW** 4.0	**Description:** M Chiller pipe	
LCD Project #	**2372.0** 2 **-572; SOW** 6.0	**Description:** const. mtgs	

CONTAINMENT INFORMATION

1. Floor Occupied ✓ Floor Vacant ____
2. Containments: a) CH2 PMP3 b) ____ c) ____ d) ____ e) ____ f) ____
3. Type of Containment: NPE ✓ Mini ____ Barrier Tape ____ Minor Procedures ____ N/A ____
4. Type of Decon: Shower ____ 2-Stage ____ 1Stage ✓ Drop Sheet W/Vacuum ____ None ____
5. Manometer: Yes ✓ No ____ Strip Chart Record: Yes ✓ No ____ Adequate Pressure: Yes ✓ No ____
6. Containment Entry Log: Yes ✓ No ____
7. Containment and Decon maintained in accordance with accepted practices and procedures: Yes ✓ No ____
8. HEPA Fans and Vacuums have current aerosol challenge test sticker: Yes ✓ No ____
9. Negative Air Exhaust Location: Exterior ____ Window ____ Shaft ____ Exhaust Duct ____ Interior ✓
10. Security: Owner ✓ Contractor ____ Private ____ 24 hour ✓ Secure Building ✓

SUMMARY OF ACTIVITIES

Mob ____ Prep ____ Removal/Load Out ____ Detail Clean ____ Encapsulation ____ Clearance Testing ✓ Tear Down ____ DeMob ____

Phase Completion Visual Inspection: Prep ____ Removal ____ Encapsulation ____ Clearance ____ Tear Down ____

Summary: review VCT survey draft
continue developing chill pipe remediation plan
attend weekly construction meetings
collect clearance samples CH2-Pump 3 containment
continue inspection of chill pipe and draft plan
print additional copies of M Floor Mechanical plan for draft

Waste: Non-Hazardous Construction Debris ✓ Hazardous Waste ____ Hazardous Waste Manifest ____

Container: 6 Mil ____ Double 6 Mil ____ Barrel ____ Drum ____ Box ____ Burrito Wrap ____ Labels ____ Other ____

Location of Dumpster: Floor 1 SW Garage

Additional Worker PPE: Disposable Suit ____ Gloves ____ Eye Protection ____ Steel Toe ____ Hard Hat ____ Chem Apron ____

Respirator: Half Face ____ Full Face ____ PAPR ____ Supplied Air ____

Contractor Worker Exposure Monitoring Yes ____ No ✓ # Workers Sampled ____

On-Site Visitors: 1. M. Hoy 2. ____ 3. ____ 4. ____

LaCroix Davis Project LOG
Date: 6/29/11

PROJECT EXPENSES: Hotel: ✓ Per Diem: ✓ Travel: ✓ Destination: site-lab-site-printer

FIELD SUPPLIES: PPE: Suits 1 Gloves (pairs) 1 Respirator filters: _____ Misc: _____

LAB: Type/No. Samples collected: Tape _____ Bulk _____ Air 4
Laboratory Name/Location: EML P&K

Notes

JLS tear down containment PM
AM - work on chill H2O piping plan, VCT survey & attend Const. mtgs.
12 perform clearance testing
print plans
inspect piping continues w/ RTI
plan inspection of plastic jackets w/ JLS

Signature Miranda

Date 6/29/11

LaCroix Davis LLC Building & Environmental Forensics	**PROJECT LOG** **DATE:** 6/30/11
	LACROIX DAVIS LLC 3685 MT. DIABLO BLVD. SUITE 210 LAFAYETTE, CA 94549 TEL 925-299-1140 FAX 925-299-1185 **LCD REPS:** TM ; ; **PAGE** 1 **OF** 2

Client	**Department of General Services (DGS)**	Contractor: **JLS Environmental**	Day ✓ Swing ____ Weekend/Holiday ____
Project	**Board of Equalization (BOE)**	Location(s):	Floor M Floor ____ Floor ____ Floor ____
Building	**450 N Street, Sacramento CA**	Compound(s) of Concern	Mold ✓ ACM LBP Other
LCD Project #	**2372.0** 2 **-572; SOW** 4.0	**Description:** Chiller pipe inspection	
LCD Project #	**2372.0** ____ **-572; SOW** ____	**Description:**	
LCD Project #	**2372.0** ____ **-572; SOW** ____	**Description:**	

CONTAINMENT INFORMATION

1. Floor Occupied ✓ Floor Vacant ____
2. Containments: a) ____ b) ____ c) ____ d) ____ e) ____ f) ____
3. Type of Containment: NPE ____ Mini ____ Barrier Tape ____ Minor Procedures ____ N/A ____
4. Type of Decon: Shower ____ 2-Stage ____ 1Stage ____ Drop Sheet W/Vacuum ____ None ____
5. Manometer: Yes ____ No ____ Strip Chart Record: Yes ____ No ____ Adequate Pressure: Yes ____ No ____
6. Containment Entry Log: Yes ____ No ____
7. Containment and Decon maintained in accordance with accepted practices and procedures: Yes ____ No ____
8. HEPA Fans and Vacuums have current aerosol challenge test sticker: Yes ____ No ____
9. Negative Air Exhaust Location: Exterior ____ Window ____ Shaft ____ Exhaust Duct ____ Interior ____
10. Security: Owner ✓ Contractor ____ Private ____ 24 hour ✓ Secure Building ✓

SUMMARY OF ACTIVITIES

Mob ____ Prep ____ Removal/Load Out ____ Detail Clean ____ Encapsulation ____ Clearance Testing ____ Tear Down ____ DeMob ____

Phase Completion Visual Inspection: Prep ____ Removal ____ Encapsulation ____ Clearance ____ Tear Down ____

Summary: Visual inspection of all chiller 3 piping insulation in Chiller Room exhaust fan room and electrical room w/ HTI and JLS. collect samples of suspect stains and seal w/ tape then paint stains w/ encap.

Waste: Non-Hazardous Construction Debris ____ Hazardous Waste ____ Hazardous Waste Manifest ____

Container: 6 Mil ____ Double 6 Mil ____ Barrel ____ Drum ____ Box ____ Burrito Wrap ____ Labels ____ Other ____

Location of Dumpster: ____

Additional Worker PPE: Disposable Suit ____ Gloves ____ Eye Protection ____ Steel Toe ____ Hard Hat ____ Chem Apron ____

Respirator: Half Face ____ Full Face ____ PAPR ____ Supplied Air ____

Contractor Worker Exposure Monitoring Yes ____ No ____ # Workers Sampled ____

On-Site Visitors: 1. M. Hoy 2. ____ 3. ____ 4. ____

LaCroix Davis Project LOG
Date: 6/30/11

PROJECT EXPENSES: Hotel: ✓ Per Diem: ✓ Travel: ✓ Destination: site & lab

FIELD SUPPLIES: PPE: Suits _____ Gloves (pairs) _____ Respirator filters: _____ Misc: _____

LAB: Type/No. Samples collected: Tape 2 Bulk 2 Air _____
Laboratory Name/Location: EML P&K

Notes

7 to 3:30 JLS shift
draft chiller 3 and piping onto M2.5 12th Floor Mechanical Plan as Chiller 3 serves 5th Floor Server Room and was installed as a Tenant Improvement.
perform inspection w/ HTI and JLS.
JLS sealing paper wrap w/ proper tape and painting non-suspect stains w/ encapsulant. superficial

meet w/ M. Hoy to discuss how the uninsulated pipe, valve and gauges that penetrate insulation will be addressed to eliminate condensation.

discuss pump 2 work w/ JLS TW and HTI LS.

complete sample COC and deliver samples to lab.

Signature [signature] Date 6/30/11

LaCroix Davis LLC Building & Environmental Forensics	**PROJECT LOG** DATE: 1/5/11 LACROIX DAVIS LLC 3685 MT. DIABLO BLVD. SUITE 210 LAFAYETTE, CA 94549 TEL 925-299-1140 FAX 925-299-1185 **LCD REPS:** TMI ; ; **PAGE** 1 **OF** 2

Client	**Department of General Services (DGS)**	Contractor: **JLS Environmental**	Day M Swing 11 Weekend/Holiday
Project	**Board of Equalization (BOE)**	Location(s):	Floor M Floor Floor 11 Floor
Building	**450 N Street, Sacramento CA**	Compound(s) of Concern	Mold ✓ ACM LBP Other
LCD Project #	**2372.0** 2 **-572; SOW** 5.0	**Description:** M - remediation	
LCD Project #	**2372.0** 2 **-572; SOW** 4.0	**Description:** 11 - water stains	
LCD Project #	**2372.0** ____ **-572; SOW** ____	**Description:**	

CONTAINMENT INFORMATION

1. Floor Occupied ✓ Floor Vacant ____
2. Containments: a) pump 2 b) ____ c) ____ d) ____ e) ____ f) ____
3. Type of Containment: NPE X Mini ____ Barrier Tape ____ Minor Procedures ____ N/A ____
4. Type of Decon: Shower ____ 2-Stage ____ 1Stage X Drop Sheet W/Vacuum ____ None ____
5. Manometer: Yes X No ____ Strip Chart Record: Yes X No ____ Adequate Pressure: Yes X No ____
6. Containment Entry Log: Yes X No ____
7. Containment and Decon maintained in accordance with accepted practices and procedures: Yes X No ____
8. HEPA Fans and Vacuums have current aerosol challenge test sticker: Yes X No ____
9. Negative Air Exhaust Location: Exterior ____ Window ____ Shaft ____ Exhaust Duct ____ Interior X
10. Security: Owner X Contractor ____ Private ____ 24 hour X Secure Building X

SUMMARY OF ACTIVITIES

Mob ____ Prep ____ Removal/Load Out ____ Detail Clean ____ Encapsulation ____ Clearance Testing X Tear Down ____ DeMob ____

Phase Completion Visual Inspection: Prep ____ Removal ____ Encapsulation ____ Clearance ____ Tear Down ____

Summary/Other Activities: erect containment Pump 1 & Chiller 1
continue Chillers 1 & 2 piping survey.
conf. call w/ LCD & HTI
PM inspect Floor 11 at leak - South area w/ HTI & BPM
PM inspect FIRE DAMPER access - Floor 11 w/ HTI & BPM
test Pump 2 containment

Waste: Non-Hazardous Construction Debris ____ Hazardous Waste ____ Hazardous Waste Manifest ____

Container: 6 Mil ____ Double 6 Mil ____ Barrel ____ Drum ____ Box ____ Burrito Wrap ____ Labels ____ Other ____

Location of Dumpster: ____

Additional Worker PPE: Disposable Suit ____ Gloves ____ Eye Protection ____ Steel Toe ____ Hard Hat ____ Chem Apron ____

Respirator: Half Face ____ Full Face ____ PAPR ____ Supplied Air ____

Contractor Worker Exposure Monitoring Yes ____ No ____ # Workers Sampled ____

On-Site Visitors: 1. ____ 2. ____ 3. ____ 4. ____

LaCroix Davis Project LOG
Date: 7/5/11

PROJECT EXPENSES: Hotel: ✓ Per Diem: ✓ Travel: ✓ Destination: site & lab

FIELD SUPPLIES: PPE: Suits _____ Gloves (pairs) _____ Respirator filters: _____ Misc: _____

LAB: Type/No. Samples collected: Tape _____ Bulk _____ Air _____
Laboratory Name/Location: _____

Notes

7 to 11 inspect chiller piping M floor w/ HTI & VLS
12 perform clearance testing Pump 2 containment
13 CBC & delivery to lab
14 conf call w/ LCD & HTI
15 locate floor plans/HVAC as-builts in PH flat files
16 break
17:30 inspect Floor 11 leak south area w/ HTI & BPM
18:30 inspect Fire Door Access panel/ducting interior condition.
fan installed by BPM - attempt to dry - although insulation above GB deck may require additional efforts to dry out.
discuss w/ CL and DBS/BPM at meeting.
review Pump 2 results call TW

Signature _____ Date _____

LaCroix Davis LLC Building & Environmental Forensics	**PROJECT LOG** **DATE:** 7/6/11 LACROIX DAVIS LLC 3685 MT. DIABLO BLVD. SUITE 210 LAFAYETTE, CA 94549 TEL 925-299-1140 FAX 925-299-1185 **LCD REPS:** TM; CC; **PAGE** 1 **OF** 2

Client	**Department of General Services (DGS)**	Contractor: **JLS Environmental**	Day____ Swing____ Weekend/Holiday____
Project	**Board of Equalization (BOE)**	Location(s):	Floor____ Floor____ Floor____ Floor____
Building	**450 N Street, Sacramento CA**	Compound(s) of Concern	Mold ACM LBP Other
LCD Project #	**2372.0** 2 **-572; SOW** 5.0	**Description:** M Remediation	
LCD Project #	**2372.0** 2 **-572; SOW** 4.0	**Description:** M chillerpipe	
LCD Project #	**2372.0**____**-572; SOW** _____	**Description:**	

CONTAINMENT INFORMATION

1. Floor Occupied ✓ Floor Vacant _____
2. Containments: a) Pump 2 b) _____ c) _____ d) _____ e) _____ f) _____
3. Type of Containment: NPE ✓ Mini_____ Barrier Tape_____ Minor Procedures _____ N/A _____
4. Type of Decon: Shower_____ 2-Stage_____ 1Stage ✓ Drop Sheet W/Vacuum_____ None_____
5. Manometer: Yes ✓ No____ Strip Chart Record: Yes ✓ No ____ Adequate Pressure: Yes ____No ____
6. Containment Entry Log: Yes_____ No_____
7. Containment and Decon maintained in accordance with accepted practices and procedures: Yes___ No ___
8. HEPA Fans and Vacuums have current aerosol challenge test sticker: Yes___ No ___
9. Negative Air Exhaust Location: Exterior____ Window____ Shaft____ Exhaust Duct____ Interior ____
10. Security: Owner ____ Contractor ____ Private____ 24 hour ____ Secure Building ____

SUMMARY OF ACTIVITIES

Mob____ Prep____ Removal/Load Out___ Detail Clean ✓ Encapsulation___ Clearance Testing ✓ Tear Down___ DeMob____

Phase Completion Visual Inspection: Prep_____ Removal_____ Encapsulation_____ Clearance_____ Tear Down_____

Summary/Other Activities:

discuss pump 2 containment w/ TW - reclean and SCH retest
attend weekly construction meetings
perform clearance testing
perform visual survey of chiller piping w/ HTI

Waste: Non-Hazardous Construction Debris ✓ Hazardous Waste ____ Hazardous Waste Manifest ____

Container: 6 Mil_____ Double 6 Mil ✓ Barrel_____ Drum_____ Box_____ Burrito Wrap_____ Labels _____ Other_____

Location of Dumpster: Floor 1 SW Garage

Additional Worker PPE: Disposable Suit ✓ Gloves ✓ Eye Protection____ Steel Toe____ Hard Hat____ Chem Apron____

Respirator: Half Face ____ Full Face ____ PAPR _____Supplied Air_____

Contractor Worker Exposure Monitoring Yes____ No ✓ # Workers Sampled _____

On-Site Visitors: 1._____ 2._____ 3._____ 4._____

LaCroix Davis Project LOG
Date: 7/6/11

PROJECT EXPENSES: Hotel: ✓ Per Diem: ✓ Travel: ✓ Destination: site & lab

FIELD SUPPLIES: PPE: Suits _____ Gloves (pairs) _____ Respirator filters: _____ Misc: _____

LAB: Type/No. Samples collected: Tape 3 Bulk _____ Air 4
Laboratory Name/Location: EML P&K

Notes

7 scan plans/HVAC
discuss recleaning pump 2 containment w/ JLS - TW & HEPA Chiller Rm
meet w/ HTI - LS re: VCT survey
re: Floor 11 - drying FG Insulation above GB deck
prep for retesting pump 2 containment
9:00 attend weekly construction meeting w/ CC
11:00 perform clearance testing pump 2 containment
12:00 sample COC and deliver to lab
1300 continue chiller pipe insulation survey w/ HTI
15:45 break
17:30 meet JLS for evening work Floor 11 @ Column K19
1800 prep begins
18:45 begin removal sheet rock and insulation above
insulation dry
19:20 begin cleanup
19:35 complete cleanup and seal GB deck w/ poly & tape
20:00 complete

Signature [signature] Date 7/6/11

LaCroix Davis LLC Building & Environmental Forensics	**PROJECT LOG** DATE: 7/7/11 LACROIX DAVIS LLC 3685 MT. DIABLO BLVD. SUITE 210 LAFAYETTE, CA 94549 TEL 925-299-1140 FAX 925-299-1185 **LCD REPS:** TM1 ; CC ; ____ **PAGE** 1 **OF** 2

Client	**Department of General Services (DGS)**	Contractor: **JLS Environmental**	Day ✓ Swing ____ Weekend/Holiday ____
Project	**Board of Equalization (BOE)**	Location(s):	Floor M Floor ____ Floor ____ Floor ____
Building	**450 N Street, Sacramento CA**	Compound(s) of Concern	Mold ACM LBP Other
LCD Project #	**2372.0** 2 **-572; SOW** 5.0	**Description:** Chiller 1 to pump 1	
LCD Project #	**2372.0** ____ **-572; SOW** ____	**Description:**	
LCD Project #	**2372.0** ____ **-572; SOW** ____	**Description:**	

CONTAINMENT INFORMATION

1. Floor Occupied ✓ Floor Vacant ____
2. Containments: a) CH1/1 pump b) ✓ c) ____ d) ____ e) ____ f) ____
3. Type of Containment: NPE ✓ Mini ____ Barrier Tape ____ Minor Procedures ____ N/A ____
4. Type of Decon: Shower ____ 2-Stage ____ 1Stage ✓ Drop Sheet W/Vacuum ____ None ____
5. Manometer: Yes ✓ No ____ Strip Chart Record: Yes ✓ No ____ Adequate Pressure: Yes ✓ No ____
6. Containment Entry Log: Yes ✓ No ____
7. Containment and Decon maintained in accordance with accepted practices and procedures: Yes ✓ No ____
8. HEPA Fans and Vacuums have current aerosol challenge test sticker: Yes ✓ No ____
9. Negative Air Exhaust Location: Exterior ____ Window ____ Shaft ____ Exhaust Duct ____ Interior ✓
10. Security: Owner ✓ Contractor ____ Private ____ 24 hour ✓ Secure Building ✓

SUMMARY OF ACTIVITIES

Mob ____ Prep ✓ Removal/Load Out ✓ Detail Clean ____ Encapsulation ____ Clearance Testing ____ Tear Down ____ DeMob ____

Phase Completion Visual Inspection: Prep ✓ Removal ✓ Encapsulation ____ Clearance ____ Tear Down ____

Summary/Other Activities: prep continues Chiller 1 to Pump 1 Containment to lunch
continue CH1 H2O pipe inspection w/ HTI
meet w/ JB & JA (BPM) re: floor plan M Chiller's piping remediation. BPM ok
w/ view and will get a copy when samples are reported and plan is finalized
coordinate 12:00 meeting w/ HTI - on floor 21 until 13:30 - Floor 1 room 122 conf. room. to 16:00
~~perform prep visual 11:~~
~~perform removal visual 13:45~~

Waste: Non-Hazardous Construction Debris ✓ Hazardous Waste ____ Hazardous Waste Manifest ____

Container: 6 Mil ____ Double 6 Mil ✓ Barrel ____ Drum ____ Box ____ Burrito Wrap ____ Labels ____ Other ____

Location of Dumpster: Floor 1 SW Garage

Additional Worker PPE: Disposable Suit ✓ Gloves ✓ Eye Protection ____ Steel Toe ____ Hard Hat ____ Chem Apron ____

Respirator: Half Face ✓ Full Face ____ PAPR ____ Supplied Air ____

Contractor Worker Exposure Monitoring Yes ____ No ✓ # Workers Sampled ____

On-Site Visitors: 1. ____ 2. ____ 3. ____ 4. ____

LaCroix Davis LLC
Building & Environmental Forensics

PROJECT LOG DATE: 7/8/11/7/9/11

LACROIX DAVIS LLC
3685 MT. DIABLO BLVD. SUITE 210
LAFAYETTE, CA 94549
TEL 925-299-1140 FAX 925-299-1185

LCD REPS: TMI ; _____ ; _____ **PAGE** 1 **OF** 2

Client	**Department of General Services (DGS)**	Contractor: **JLS Environmental**	Day ✓ Swing ____ Weekend/Holiday ____
Project	**Board of Equalization (BOE)**	Location(s): PM	Floor M Floor 1 Floor 11 Floor 2
Building	**450 N Street, Sacramento CA**	Compound(s) of Concern	Mold ✓ ACM LBP Other
LCD Project #	**2372.0____-572; SOW _____**	**Description:**	
LCD Project #	**2372.0____-572; SOW _____**	**Description:**	
LCD Project #	**2372.0____-572; SOW _____**	**Description:**	

CONTAINMENT INFORMATION

1. Floor Occupied ✓ Floor Vacant _____
2. Containments: a) MCh / Pump / b) Kitch Hall c) F2 Stair 3 d) _____ e) _____ f) _____
3. Type of Containment: NPE a, b, c Mini _____ Barrier Tape _____ Minor Procedures _____ N/A _____
4. Type of Decon: Shower _____ 2-Stage _____ 1Stage a, b, c Drop Sheet W/Vacuum _____ None _____
5. Manometer: Yes a ___ No ____ Strip Chart Record: Yes a ___ No ____ Adequate Pressure: Yes a ___ No ____
6. Containment Entry Log: Yes a ___ No ____
7. Containment and Decon maintained in accordance with accepted practices and procedures: Yes a ___ No ___
8. HEPA Fans and Vacuums have current aerosol challenge test sticker: Yes a ___ No ___
9. Negative Air Exhaust Location: Exterior ____ Window ____ Shaft ____ Exhaust Duct ____ Interior a, ___
10. Security: Owner ✓ Contractor ____ Private ____ 24 hour ✓ Secure Building ✓

SUMMARY OF ACTIVITIES

Mob ____ Prep ____ Removal/Load Out ___ Detail Clean a ___ Encapsulation ___ Clearance Testing ___ Tear Down ___ DeMob ____

Phase Completion Visual Inspection: Prep _____ Removal _____ Encapsulation _____ Clearance _____ Tear Down _____

Summary/Other Activities: a: detail cleaning containment, pipes
continue Chiller pipe survey w/ HTI

Waste: Non-Hazardous Construction Debris ✓ Hazardous Waste ____ Hazardous Waste Manifest ____

Container: 6 Mil ____ Double 6 Mil ✓ Barrel ____ Drum ____ Box ____ Burrito Wrap ____ Labels ____ Other ____

Location of Dumpster: Floor 1 SW Garage

Additional Worker PPE: Disposable Suit ✓ Gloves ✓ Eye Protection ____ Steel Toe ____ Hard Hat ____ Chem Apron ____

Respirator: Half Face ✓ Full Face ____ PAPR ____ Supplied Air ____

Contractor Worker Exposure Monitoring Yes ____ No ✓ # Workers Sampled ____

On-Site Visitors: 1. _____ 2. _____ 3. _____ 4. _____

LaCroix Davis Project LOG
Date: 7/8/11 & 7/9/11

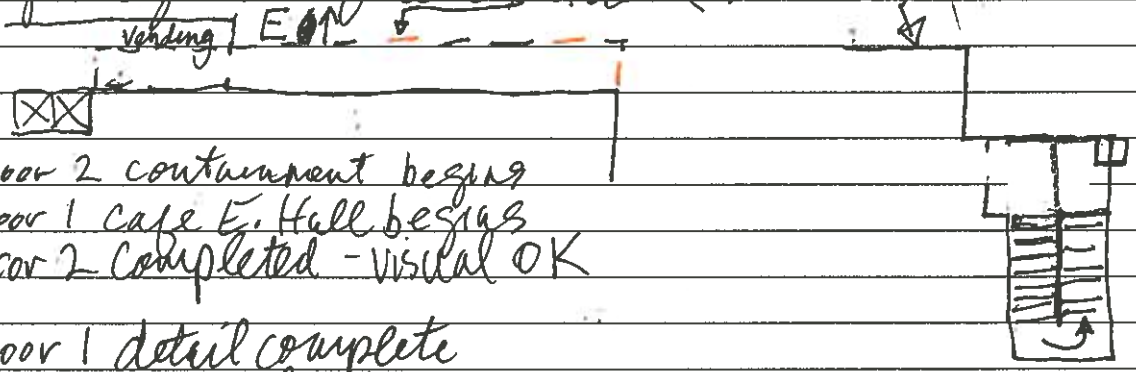
PROJECT EXPENSES: Hotel: ✓ Per Diem: ✓ Travel: ✓ Destination: site

FIELD SUPPLIES: PPE: Suits _____ Gloves (pairs) _____ Respirator filters: _____ Misc: _____

LAB: Type/No. Samples collected: Tape _____ Bulk _____ Air _____
Laboratory Name/Location: _____

Notes

7 JLS shift 1530 & 1800 to
day - M Floor Chiller Room CH1/Pmp1 containment cleaning pipes and insulation continues
13:00 perform final clearance visual inspection conditions acceptable - SCHEDULE testing 7AM Monday w/ HTI
13:15 JLS Break followed by continue Chiller pipe inspection w/ HTI under plastic jacket CH/R storage tan. large dia (intake side and outflow lines)
CWS at North wall, CH3S at thermostat
16:00 Sample COC and deliver to lab
18 prep begins cafeteria and (Floor 2) SE Stairs 3



20:45 Floor 2 containment begins
21:00 Floor 1 Cafe E. Hall begins
21:45 Floor 2 Completed - visual OK

00:45 Floor 1 detail complete
apply foam sealant.
01:00 work completed

08:00 observe Chill. H_2O testing to 09:45 prep for clearance tests
10:00 perform clearance testing Floor 1 and 2 containments with COC and deliver to lab

Signature _____ Date _____

LaCroix Davis LLC Building & Environmental Forensics	**PROJECT LOG** DATE: 7/11/11
	LACROIX DAVIS LLC 3685 MT. DIABLO BLVD. SUITE 210 LAFAYETTE, CA 94549 TEL 925-299-1140 FAX 925-299-1185 **LCD REPS:** TMI ; ; **PAGE** 1 **OF** 2

Client	**Department of General Services (DGS)**	Contractor: **JLS Environmental**	Day ✓ Swing ____ Weekend/Holiday ____
Project	**Board of Equalization (BOE)**	Location(s):	Floor M Floor ____ Floor ____ Floor ____
Building	**450 N Street, Sacramento CA**	Compound(s) of Concern	Mold ACM LBP Other
LCD Project #	**2372.0** 2 **-572; SOW** 4.0	**Description:** M Chiller Piping survey	
LCD Project #	**2372.0** 2 **-572; SOW** 5.0	**Description:** M Chiller and Pump pipe remediation	
LCD Project #	**2372.0** ____ **-572; SOW** ____	**Description:**	

CONTAINMENT INFORMATION

1. Floor Occupied ✓ Floor Vacant ____
2. Containments: a) Chiller / Pump / b) ____ c) ____ d) ____ e) ____ f) ____
3. Type of Containment: NPE ✓ Mini ____ Barrier Tape ____ Minor Procedures ____ N/A ____
4. Type of Decon: Shower ____ 2-Stage ____ 1Stage ✓ Drop Sheet W/Vacuum ____ None ____
5. Manometer: Yes ✓ No ____ Strip Chart Record: Yes ✓ No ____ Adequate Pressure: Yes ✓ No ____
6. Containment Entry Log: Yes ✓ No ____
7. Containment and Decon maintained in accordance with accepted practices and procedures: Yes ✓ No ____
8. HEPA Fans and Vacuums have current aerosol challenge test sticker: Yes ✓ No ____
9. Negative Air Exhaust Location: Exterior ____ Window ____ Shaft ____ Exhaust Duct ____ Interior ✓
10. Security: Owner ✓ Contractor ____ Private ____ 24 hour ✓ Secure Building ✓

SUMMARY OF ACTIVITIES

Mob ____ Prep ____ Removal/Load Out ____ Detail Clean ____ Encapsulation ____ Clearance Testing ✓ Tear Down ✓ DeMob ____

Phase Completion Visual Inspection: Prep ____ Removal ____ Encapsulation ____ Clearance ____ Tear Down ____

Summary: perform clearance testing, COC and deliver to lab
meet w/ HTI re: chiller pipe survey & sample results
develop floor plan identify chiller piping areas of concern
deliver M Floor mechanical plan w/ TAOC to BPM

Waste: Non-Hazardous Construction Debris ____ Hazardous Waste ____ Hazardous Waste Manifest ____

Container: 6 Mil ____ Double 6 Mil ____ Barrel ____ Drum ____ Box ____ Burrito Wrap ____ Labels ____ Other ____

Location of Dumpster: ____

Additional Worker PPE: Disposable Suit ____ Gloves ____ Eye Protection ____ Steel Toe ____ Hard Hat ____ Chem Apron ____

Respirator: Half Face ____ Full Face ____ PAPR ____ Supplied Air ____

Contractor Worker Exposure Monitoring Yes ____ No ____ # Workers Sampled ____

On-Site Visitors: 1. ____ 2. ____ 3. ____ 4. ____

LaCroix Davis

PROJECT LOG DATE: 7/14/11

LACROIX DAVIS LLC
3685 MT. DIABLO BLVD. SUITE 210
LAFAYETTE, CA 94549
TEL 925-299-1140 FAX 925-299-1185

LCD REPS: TM / ; ; PAGE 1 OF 2

Client	**Department of General Services (DGS)**	Contractor: **JLS Environmental**	Day ✓ Swing ____ Weekend/Holiday ____
Project	**Board of Equalization (BOE)**	Location(s):	Floor M Floor ____ Floor ____ Floor ____
Building	**450 N Street, Sacramento CA**	Compound(s) of Concern	Mold ✓ ACM ____ LBP ____ Other ____
LCD Project #	**2372.0 2 -572; SOW 4.0**	**Description:** prep for pipe insul survey	
LCD Project #	**2372.0 ____ -572; SOW ____**	**Description:**	
LCD Project #	**2372.0 ____ -572; SOW ____**	**Description:**	

CONTAINMENT INFORMATION

1. Floor Occupied ✓ Floor Vacant ____
2. Containments: a) — b) ____ c) ____ d) ____ e) ____ f) ____
3. Type of Containment: NPE ____ Mini ____ Barrier Tape ____ Minor Procedures ____ N/A ____
4. Type of Decon: Shower ____ 2-Stage ____ 1Stage ____ Drop Sheet W/Vacuum ____ None ____
5. Manometer: Yes ____ No ____ Strip Chart Record: Yes ____ No ____ Adequate Pressure: Yes ____ No ____
6. Containment Entry Log: Yes ____ No ____
7. Containment and Decon maintained in accordance with accepted practices and procedures: Yes ____ No ____
8. HEPA Fans and Vacuums have current aerosol challenge test sticker. Yes ____ No ____
9. Negative Air Exhaust Location: Exterior ____ Window ____ Shaft ____ Exhaust Duct ____ Interior ____
10. Security: Owner ____ Contractor ____ Private ____ 24 hour ____ Secure Building ____

SUMMARY OF ACTIVITIES

Mob ____ Prep ✓ Removal/Load Out ____ Detail Clean ____ Encapsulation ____ Clearance Testing ____ Tear Down ____ DeMob ____

Phase Completion Visual Inspection: Prep ____ Removal ____ Encapsulation ____ Clearance ____ Tear Down ____

Summary: review floor plans archive for mech/plumbing plans deliver plans to printer meet w/ M Hoy

Waste: Non-Hazardous Construction Debris ____ Hazardous Waste ____ Hazardous Waste Manifest ____

Container: 6 Mil ____ Double 6 Mil ____ Barrel ____ Drum ____ Box ____ Burrito Wrap ____ Labels ____ Other ____

Location of Dumpster: ____

Additional Worker PPE: Disposable Suit ____ Gloves ____ Eye Protection ____ Steel Toe ____ Hard Hat ____ Chem Apron ____

Respirator: Half Face ____ Full Face ____ PAPR ____ Supplied Air ____

Contractor Worker Exposure Monitoring Yes ____ No ____ # Workers Sampled ____

On-Site Visitors. 1. ____ 2. ____ 3. ____ 4. ____

LaCroix Davis Project LOG
Date:_____

Page ____ of ____

PROJECT EXPENSES: Hotel: ___Per Diem: ___Travel: ___Destination:_____

FIELD SUPPLIES: PPE: Suits _____ Gloves (pairs) _____Respirator filters: _____ Misc: _____

LAB: Type/No. Samples collected: Tape _____ Bulk _____ Air _____
Laboratory Name/Location:_____

Notes

Signature _____ Date _____

LaCroix Davis

PROJECT LOG **DATE:** 7/15/11

LACROIX DAVIS LLC
3685 MT. DIABLO BLVD. SUITE 210
LAFAYETTE, CA 94549
TEL 925-299-1140 FAX 925-299-1185

LCD REPS: TM/; ; **PAGE** ___ **OF** ___

Client	**Department of General Services (DGS)**	Contractor: **JLS Environmental**	Day ✓ Swing ___ Weekend/Holiday ___
Project	**Board of Equalization (BOE)**	Location(s):	Floor M Floor ___ Floor ___ Floor ___
Building	**450 N Street, Sacramento CA**	Compound(s) of Concern	Mold ACM LBP Other
LCD Project #	**2372.0** 2 **-572; SOW** 4.0	**Description:** survey piping insul.	
LCD Project #	**2372.0** ___ **-572; SOW** ___	**Description:**	
LCD Project #	**2372.0** ___ **-572; SOW** ___	**Description:**	

CONTAINMENT INFORMATION

1. Floor Occupied ✓ Floor Vacant ___
2. Containments: a) ___ b) ___ c) ___ d) ___ e) ___ f) ___
3. Type of Containment: NPE ___ Mini ___ Barrier Tape ___ Minor Procedures ___ N/A ___
4. Type of Decon: Shower ___ 2 Stage ___ 1Stage ___ Drop Sheet W/Vacuum ___ None ___
5. Manometer: Yes ___ No ___ Strip Chart Record: Yes ___ No ___ Adequate Pressure: Yes ___ No ___
6. Containment Entry Log: Yes ___ No ___
7. Containment and Decon maintained in accordance with accepted practices and procedures: Yes ___ No ___
8. HEPA Fans and Vacuums have current aerosol challenge test sticker: Yes ___ No ___
9. Negative Air Exhaust Location: Exterior ___ Window ___ Shaft ___ Exhaust Duct ___ Interior ___
10. Security: Owner ___ Contractor ___ Private ___ 24 hour ___ Secure Building ___

SUMMARY OF ACTIVITIES

Mob ___ Prep ___ Removal/Load Out ___ Detail Clean ___ Encapsulation ___ Clearance Testing ___ Tear Down ___ DeMob ___

Phase Completion Visual Inspection: Prep ___ Removal ___ Encapsulation ___ Clearance ___ Tear Down ___

Summary: perform survey - M water heater room w/ HTI & JLS COC and deliver to lab

Waste: Non-Hazardous Construction Debris ___ Hazardous Waste ___ Hazardous Waste Manifest ___

Container: 6 Mil ___ Double 6 Mil ___ Barrel ___ Drum ___ Box ___ Burrito Wrap ___ Labels ___ Other ___

Location of Dumpster: ___

Additional Worker PPE: Disposable Suit ___ Gloves ___ Eye Protection ___ Steel Toe ___ Hard Hat ___ Chem Apron ___

Respirator: Half Face ___ Full Face ___ PAPR ___ Supplied Air ___

Contractor Worker Exposure Monitoring Yes ___ No ___ # Workers Sampled ___

On-Site Visitors. 1 ___ 2 ___ 3 ___ 4 ___

LaCroix Davis Project LOG
Date:_____

Page___ of ___

PROJECT EXPENSES: Hotel: ___Per Diem: ___Travel: ___Destination:_____

FIELD SUPPLIES: PPE: Suits _____ Gloves (pairs) _____Respirator filters: _____ Misc: _____

LAB: Type/No. Samples collected: Tape _____ Bulk _____ Air _____
Laboratory Name/Location:_____

Notes

Signature _____ Date_____

LaCroix Davis

PROJECT LOG DATE: 7/18/11

LACROIX DAVIS LLC
3685 MT. DIABLO BLVD SUITE 210
LAFAYETTE, CA 94549
TEL 925-299-1140 FAX 925-299-1185

LCD REPS: TML; _____; _____ PAGE 1 OF 2

Client	**Department of General Services (DGS)**	Contractor: **JLS Environmental**	Day ✓ Swing ____ Weekend/Holiday ____
Project	**Board of Equalization (BOE)**	Location(s)	Floor M Floor ____ Floor ____ Floor ____
Building	**450 N Street, Sacramento CA**	Compound(s) of Concern	Mold; ACM LBP; Other
LCD Project #	**2372.0** 2 **-572; SOW** 4.0	**Description:** M piping inspection	
LCD Project #	**2372.0** 2 **-572; SOW** 5.0	**Description:** M Chiller 3 remed	
LCD Project #	**2372.0** ____ **-572; SOW** ____	**Description:**	

CONTAINMENT INFORMATION

1. Floor Occupied ✓ Floor Vacant ____
2. Containments: a) CH 3 b) ____ c) ____ d) ____ e) ____ f) ____
3. Type of Containment: NPE ✓ Mini ____ Barrier Tape ____ Minor Procedures ____ N/A ____
4. Type of Decon: Shower ____ 2-Stage ____ 1Stage ✓ Drop Sheet W/Vacuum ____ None ____
5. Manometer: Yes ✓ No ____ Strip Chart Record: Yes ✓ No ____ Adequate Pressure: Yes ✓ No ____
6. Containment Entry Log: Yes ____ No ____
7. Containment and Decon maintained in accordance with accepted practices and procedures: Yes ✓ No ____
8. HEPA Fans and Vacuums have current aerosol challenge test sticker: Yes ✓ No ____
9. Negative Air Exhaust Location: Exterior ✓ Window ____ Shaft ____ Exhaust Duct ____ Interior ____
10. Security: Owner ✓ Contractor ____ Private ____ 24 hour ✓ Secure Building ✓

SUMMARY OF ACTIVITIES

Mob ____ Prep X Removal/Load Out ____ Detail Clean ____ Encapsulation ____ Clearance Testing ____ Tear Down ____ DeMob ____

Phase Completion Visual Inspection: Prep ____ Removal ____ Encapsulation ____ Clearance ____ Tear Down ____

Summary: perform survey piping insulation - M floor
observe containment prep work M Floor Chiller #3
for condensation test

Waste: Non-Hazardous Construction Debris ____ Hazardous Waste ____ Hazardous Waste Manifest ____

Container: 6 Mil ____ Double 6 Mil ____ Barrel ____ Drum ____ Box ____ Burrito Wrap ____ Labels ____ Other ____

Location of Dumpster: ____

Additional Worker PPE: Disposable Suit ____ Gloves ____ Eye Protection ____ Steel Toe ____ Hard Hat ____ Chem Apron ____

Respirator: Half Face ____ Full Face ____ PAPR ____ Supplied Air ____

Contractor Worker Exposure Monitoring Yes ____ No ____ # Workers Sampled ____

On-Site Visitors: 1 M. Hoy 2 ____ 3 ____ 4 ____

LaCroix Davis Project LOG
Date: 7/18/11

PROJECT EXPENSES: Hotel: ✓ Per Diem: ✓ Travel: ✓ Destination: site & lab

FIELD SUPPLIES: PPE: Suits ____ Gloves (pairs) ____ Respirator filters: ____ Misc: ____

LAB: Type/No. Samples collected: Tape 111 ____ Bulk ____ Air ____
Laboratory Name/Location: ____

Notes

7 To 3:30 JLS shift
continue prep Chiller 3 containment for condensation test
continue pipe insulation inspection M Floor w/ HTI & JLS
12 prep completed Chiller 3 - begin testing
13 adjust test - reduce neg pressure to HEPA Vac w/ HEPA Fan Scrubber.
discuss w/ HTI LS and JLS TW. Begin test w/ Scrubber & 1 HEPA vac
13:30 continue insulation/piping inspection w/ HTI & JLS.
15:00 Sample COC and deliver to lab

Signature [signature] Date 7/18/11

LaCroix Davis LLC
Building & Environmental Forensics

PROJECT LOG **DATE:** 7/19/11

LACROIX DAVIS LLC
3685 MT. DIABLO BLVD. SUITE 210
LAFAYETTE, CA 94549
TEL 925-299-1140 FAX 925-299-1185

LCD REPS: TMI ; ; **PAGE** 1 **OF** 2

Client	**Department of General Services (DGS)**	Contractor: **JLS Environmental**	Day ✓ Swing ____ Weekend/Holiday ____
Project	**Board of Equalization (BOE)**	Location(s):	Floor M Floor ____ Floor PH Floor ____
Building	**450 N Street, Sacramento CA**	Compound(s) of Concern	Mold ✓ ACM LBP Other
LCD Project #	**2372.0** 2 **-572; SOW** 5.0	**Description:** M Chiller 3	
LCD Project #	**2372.0** 2 **-572; SOW** 4.0	**Description:** PH piping	
LCD Project #	**2372.0** ____ **-572; SOW** ____	**Description:**	

CONTAINMENT INFORMATION

1. Floor Occupied ✓ Floor Vacant ____
2. Containments: a) CH 3 b) ____ c) ____ d) ____ e) ____ f) ____
3. Type of Containment: NPE ✓ Mini ____ Barrier Tape ____ Minor Procedures ____ N/A ____
4. Type of Decon: Shower ____ 2-Stage ____ 1Stage ✓ Drop Sheet W/Vacuum ____ None ____
5. Manometer: Yes ✓ No ____ Strip Chart Record: Yes ✓ No ____ Adequate Pressure: Yes ✓ No ____
6. Containment Entry Log: Yes ✓ No ____
7. Containment and Decon maintained in accordance with accepted practices and procedures: Yes ✓ No ____
8. HEPA Fans and Vacuums have current aerosol challenge test sticker: Yes ✓ No ____
9. Negative Air Exhaust Location: Exterior ✓ Window ____ Shaft ____ Exhaust Duct ____ Interior ____
10. Security: Owner ____ Contractor ____ Private ____ 24 hour ____ Secure Building ____

SUMMARY OF ACTIVITIES

Mob ____ Prep ____ Removal/Load Out ✓ Detail Clean ✓ Encapsulation ____ Clearance Testing ____ Tear Down ____ DeMob ____

Phase Completion Visual Inspection: Prep ____ Removal ✓ Encapsulation ____ Clearance ____ Tear Down ____

Summary: removal of CH 3 room piping insulation

Waste: Non-Hazardous Construction Debris ____ Hazardous Waste ____ Hazardous Waste Manifest ____

Container: 6 Mil ____ Double 6 Mil ✓ Barrel ____ Drum ____ Box ____ Burrito Wrap ____ Labels ____ Other ____

Location of Dumpster: Floor 1 SW Garage

Additional Worker PPE: Disposable Suit ✓ Gloves ✓ Eye Protection ____ Steel Toe ____ Hard Hat ____ Chem Apron ____

Respirator: Half Face ✓ Full Face ____ PAPR ____ Supplied Air ____

Contractor Worker Exposure Monitoring Yes ____ No ✓ # Workers Sampled ____

On-Site Visitors: 1. ____ 2. ____ 3. ____ 4. ____

LaCroix Davis Project LOG
Date: 7/19/11

PROJECT EXPENSES: Hotel: ✓ Per Diem: ✓ Travel: ✓ Destination: Site & lab

FIELD SUPPLIES: PPE: Suits _____ Gloves (pairs) _____ Respirator filters: _____ Misc: _____

LAB: Type/No. Samples collected: Tape _____ Bulk _____ Air 4
Laboratory Name/Location: EML P&K

Notes

7 to 3:30 JLS shift
meet w/ HTI observe CH 3 containment
discuss outside air intake area dust accumulation w/
HTI and BPM - area is very dusty all surfaces - floor, walls
schedule/prep for PH - postpone per M. Moore - focus on
monitoring Dew Point and Condensation on exposed CH3 pipe
9:27 check dew point inside 43.7° DP; rH 26.1%; Temp 77.0°
(while crew is on break)
9:45 crew returns - Continue monitoring dew point - detail cleaning
11:00 detail cleaning final pass to 12:50
13:00 perform final visual and air clearance testing
1400 sample COC and deliver to lab
1500 meet w/ M. Moore, T. Walker, J. Beasley re: current piping plan and
remediation - JLS directed to erect containments at pump risers & etc
1600 schedule 1616 breakroom inspection re: leaking refrigerator and water
damage cabinet & walls. for 1800 w/ HTI & JLS
16:20 break
1800 meet w/ HTI & JLS re: 1616 Breakroom
swollen cabinet and delam wall cove base
cabinet interior is wet - conf room 1618 adjacent
exhibits minor cove base separation
JLS seals all surfaces w/ poly & tape
1900 completed

Signature _____ Date _____

LaCroix Davis LLC Building & Environmental Forensics	**PROJECT LOG** DATE: 7/21/11 LACROIX DAVIS LLC 3685 MT. DIABLO BLVD. SUITE 210 LAFAYETTE, CA 94549 TEL 925-299-1140 FAX 925-299-1185 **LCD REPS:** TML ; _____ ; _____ **PAGE** 1 **OF** ___

Client	**Department of General Services (DGS)**	Contractor: **JLS Environmental**	Day ✓ Swing ____ Weekend/Holiday ____
Project	**Board of Equalization (BOE)**	Location(s):	Floor PH Floor M Floor ____ Floor ____
Building	**450 N Street, Sacramento CA**	Compound(s) of Concern	Mold ACM LBP Other
LCD Project #	**2372.0** 2 **-572; SOW** 4.0	**Description:** HVAC sampling plan	
LCD Project #	**2372.0** 2 **-572; SOW** 5.0	**Description:** M-Chiller	
LCD Project #	**2372.0** 2 **-572; SOW** 4.0	**Description:** sample plans M, PH	

CONTAINMENT INFORMATION

1. Floor Occupied _____ Floor Vacant _____
2. Containments: a) _____ b) _____ c) _____ d) _____ e) _____ f) _____
3. Type of Containment: NPE_____ Mini_____ Barrier Tape_____ Minor Procedures _____ N/A _____
4. Type of Decon: Shower_____ 2-Stage_____ 1Stage_____ Drop Sheet W/Vacuum_____ None_____
5. Manometer: Yes____ No____ Strip Chart Record: Yes ___ No ____ Adequate Pressure: Yes ____No ____
6. Containment Entry Log: Yes_____ No_____
7. Containment and Decon maintained in accordance with accepted practices and procedures: Yes___ No ___
8. HEPA Fans and Vacuums have current aerosol challenge test sticker: Yes___ No ___
9. Negative Air Exhaust Location: Window_____ Shaft_____ Stairs_____ Interior _____ Exterior _____
10. Security: Owner ____ Contractor ____ Private____ 24 hour ____ Secure Building ____

SUMMARY OF ACTIVITIES

Mob____ Prep____ Removal/Load Out___ Detail Clean____ Encapsulation___ Clearance Testing___ Tear Down___ DeMob____

Phase Completion Visual Inspection: Prep_____ Removal_____ Encapsulation_____ Clearance_____ Tear Down_____

Summary: 6:50 to 8:00 review building plans / locate ducting plans for floor / areas. duplicate plans at print shop (3 copies) met w/ BPM Eng. Robert to discuss location of HVAC systems on floor 1. Review PH lab results and discuss w/ DGS, JLS, HTI discuss HVAC sampling w/ DGS - Mitt and HTI LS - distribute plans SCHEDULE Floor 1 Mezzanine areas assessment w/ HTI-LS Friday PM OBSERVE M Chiller pump containment construction 6 hours

Waste: Non-Hazardous Construction Debris____ Hazardous Waste ____ Hazardous Waste Manifest ____

Container: 6 Mil_____ Double 6 Mil _____ Barrel _____Drum_____ Box_____ Burrito Wrap_____ Labels _____ Other_____

Location of Dumpster: _____

Additional Worker PPE: Disposable Suit_____ Gloves _____Eye Protection____ Steel Toe____ Hard Hat____ Chem Apron____

Respirator: Half Face ____ Full Face ____ PAPR _____Supplied Air_____

Contractor Worker Exposure Monitoring Yes____ No_____ # Workers Sampled _____

On-Site Visitors: 1. M. Hoy 2._____ 3._____ 4._____

DAILY PROJECT LOG - DATE: July 25, 2011

LACROIX DAVIS LLC
3685 MT. DIABLO BLVD. SUITE 210
LAFAYETTE, CA 94549
TEL 925-299-1140 FAX 925-299-11

Client	**Department of General Services (DGS)**	Shift **DAY**	
Project	**California State Board of Equalization**	Number of Workers	**3**
Location	**450 N Street, Sacramento CA**	Compound(s) of Concern	**Mold**
	Floor: M Room: Chiller 1 & 2	**Area: Tank Riser**	
LCD Project #	**2372.03-572; SOW 5.0**		
Contractor	**JLS Environmental**		

CONTAINMENT INSPECTION

1. Type of Containment: NPE **X** Mini_____ Barrier Tape_____ Minor Procedures _____
2. Type of Decon: Shower_____ 2-Stage **X** 1Stage_____Drop Sheet W/Vacuum_____ None_____
3. Manometer? Yes **X** No____ Readings: Start of Shift **.009***; Middle of Shift_____; End of Shift_____

   Used HEPA vacuum in place of negative air machine to minimize pulling moisture into containment.
4. Containment and Decon Clean at End of Shift? (if no explain)**Yes**
5. Containment Smoke Tested by Contractor? **No**
6. Negative Air Machines and/or HEPA Vacuums Aerosol Challenge Tested? _____
7. Negative Air Exhaust Location: Window_____ Smoke Shaft_____ Stairs_____ Unoccupied Space_____ ***HEPA vacuum**

SUMMARY OF DAILY ACTIVITIES

Removal **X**, Contractor Assist_____ (If removal, state type of material, quantities, and removal method) VMG and water-stained pipe insulation._____

_____

Type of Waste Generated: Hazardous _____ Non-Hazardous **X** Adequately Wet_____ Manifest

Waste Load-Out?_____ Hazardous Waste Manifest?_____

Packaging: Bags, Double 6 Mil _____ Barrels_____ Boxes_____ Burrito Wrap_____ Other_____

Labels?_____

Visual Inspections: Pre-abatement____ Pre-clearance: **HTI** Comments: **HTI performed visual inspection prior to air scrub; LCD performed visual inspection during air clearance.**

_____

_____

Contractor's PPE: **coveralls, gloves, respirator** _____

On-Site Visitors: 1._____ 2._____ 3._____ 4._____

Contractor Air Sampling? _____ Number of Workers Sampled_____

PERSONAL EXPENSES:

Hotel: (Y or N?) **Y** Name of Hotel: **Vagabond Inn**

Per Diem? (Y or N?): **Y** Mileage? (Y or N?) **Y** Destination: **Lafayette to BOE**

FIELD SUPPLIES: PPE: Suits? **1** Gloves (pairs)? 1 Respirator filters: 1

LAB EXPENSES: Type/No. Samples collected: Tape _____ Bulk _____ Air **3**

Laboratory Name: **EMLab P&K – West Sacramento**

TIME	Activity

6:00 AM TMI arrives on site

7:00 AM CC arrives on site

9:45 AM JLS completes removal; HTI performs pre-clearance visual inspection

Enclosure allowed to air scrub from 10:00 to 11:00.

10:45 – 11:05 collected three spore trap clearance samples and delivered to EMLab P&K for same-day analysis.

12:30 PM received EMLab P&K analytical results – clearance samples passed.

Signature Date: July 25, 2011

DAILY PROJECT LOG - DATE: July 26, 2011

LACROIX DAVIS LLC
3685 MT. DIABLO BLVD. SUITE 210
LAFAYETTE, CA 94549
TEL 925-299-1140 FAX 925-299-11

Client	**Department of General Services (DGS)**	Shift **DAY**	
Project	**California State Board of Equalization**	Number of Workers	**3(M)/6(PH)**
Location	**450 N Street, Sacramento CA**	Compound(s) of Concern	**Mold**
	Floor: M Room: Chiller 1 & 2	**Area: Chiller Pump #1 & #2**	
LCD Project #	**2372.03-572; SOW 5.0**		
Contractor	**JLS Environmental**		

CONTAINMENT INSPECTION

1. Type of Containment: NPE **X** Mini_____ Barrier Tape_____ Minor Procedures _____
2. Type of Decon: Shower_____ 2-Stage **X** 1Stage_____Drop Sheet W/Vacuum_____ None_____
3. Manometer? Yes **X** No____ Readings: Start of Shift **.009***; Middle of Shift_____; End of Shift_____

   Used HEPA vacuum in place of negative air machine to minimize pulling moisture into containment.
4. Containment and Decon Clean at End of Shift? (if no explain)**Yes**
5. Containment Smoke Tested by Contractor? **No**
6. Negative Air Machines and/or HEPA Vacuums Aerosol Challenge Tested? _____
7. Negative Air Exhaust Location: Window_____ Smoke Shaft_____ Stairs_____ Unoccupied Space_____ ***HEPA vacuum**

SUMMARY OF DAILY ACTIVITIES

Removal **X**, Contractor Assist_____ (If removal, state type of material, quantities, and removal method) VMG and water-stained pipe insulation._____

_____

Type of Waste Generated: Hazardous _____ Non-Hazardous **X** Adequately Wet_____ Manifest

Waste Load-Out?_____ Hazardous Waste Manifest?_____

Packaging: Bags, Double 6 Mil _____ Barrels_____ Boxes_____ Burrito Wrap_____ Other_____

Labels?_____

Visual Inspections: Pre-abatement **X** Pre-clearance: Comments:

_____

_____

Contractor's PPE: **coveralls, gloves, respirator** _____

On-Site Visitors: 1._____ 2._____ 3._____ 4._____

Contractor Air Sampling? _____ Number of Workers Sampled_____

LaCroix Davis Project LOG

PERSONAL EXPENSES:

Hotel: (Y or N?) **N** Name of Hotel: **NA**

Per Diem? (Y or N?): **N** Mileage? (Y or N?) **Y** Destination: **BOE to Lafayette**

FIELD SUPPLIES: PPE: Suits? Gloves (pairs)? Respirator filters:

LAB EXPENSES: Type/No. Samples collected: Tape _____ Bulk _____ Air

Laboratory Name: **EMLab P&K – West Sacramento**

TIME	Activity

06:30 AM CC arrives on site; inspects M Floor enclosures; no activity in Penthouse; no activity in Cafeteria kitchen.

08:30 AM HTI/LCD Pre-abatement inspection.

09:45 – 10:30 JLS removal and clean.

11:00 AM collected four air clearance samples.

13:00 EMLab four clearance samples passed.

14:20 Post abatement inspection LCD/HTI;

Signature Date: July 26, 2011

DAILY PROJECT LOG - DATE: July 27, 2011

LACROIX DAVIS LLC
3685 MT. DIABLO BLVD. SUITE 210
LAFAYETTE, CA 94549
TEL 925-299-1140 FAX 925-299-11

Client	**Department of General Services (DGS)**	Shift **DAY**	
Project	**California State Board of Equalization**	Number of Workers	
Location	**450 N Street, Sacramento CA**	Compound(s) of Concern	**Mold**
	Floor: M Room: Chiller 1 & 2	**Area: Chiller Pump #3**	
LCD Project #	**2372.03-572; SOW 5.0**		
Contractor	**JLS Environmental**		

CONTAINMENT INSPECTION

1. Type of Containment: NPE **X** Mini_____ Barrier Tape_____ Minor Procedures _____
2. Type of Decon: Shower_____ 2-Stage **X** 1Stage_____Drop Sheet W/Vacuum_____ None_____
3. Manometer? Yes **X** No____ Readings: Start of Shift _____; Middle of Shift_____; End of Shift_____
4. Containment and Decon Clean at End of Shift? (if no explain)**Yes**
5. Containment Smoke Tested by Contractor? **No**
6. Negative Air Machines and/or HEPA Vacuums Aerosol Challenge Tested? _____
7. Negative Air Exhaust Location: Window_____ Smoke Shaft_____ Stairs_____ Unoccupied Space_____**X**_**HEPA Vacuum**

Manometer at Hot Water Pump Room, PH Floor = -0.03" water.

SUMMARY OF DAILY ACTIVITIES

Removal **X**, Contractor Assist_____ (If removal, state type of material, quantities, and removal method) VMG and water-stained pipe insulation._____

_____

Type of Waste Generated: Hazardous _____ Non-Hazardous **X** Adequately Wet_____ Manifest

Waste Load-Out?_____ Hazardous Waste Manifest?_____

Packaging: Bags, Double 6 Mil _____ Barrels_____ Boxes_____ Burrito Wrap_____ Other_____

Labels?_____

Visual Inspections: Pre-abatement **X** Pre-clearance: Comments:

_____

_____

Contractor's PPE: **coveralls, gloves, respirator** _____

On-Site Visitors: 1._____ 2._____ 3._____ 4._____

Contractor Air Sampling? _____ Number of Workers Sampled_____

PERSONAL EXPENSES:

Hotel: (Y or N?) **N** Name of Hotel: **NA**

Per Diem? (Y or N?): **N** Mileage? (Y or N?) **Y** Destination:

FIELD SUPPLIES: PPE: Suits? Gloves (pairs)? Respirator filters:

LAB EXPENSES: Type/No. Samples collected: Tape _____ Bulk _____ Air

Laboratory Name: **EMLab P&K – West Sacramento**

TIME	Activity

06:30 AM JK arrive on-site; gets conctractor badge and key card, parking pass with T. Ice.
JLS at Chiller Room, Pump #1 at M Floor

07:50 AM JLS final detal clean in Chiller Room, Pump #1 containment. Two JLS workers move to PH containment (Hot Water Pump Room). Enclosure allowed to scrub from 0900 to 1000 hrs.

10:05 AM LCD collected four air samples (1 in containment, 1 ambient, 2 exterior)
12:20 PM EMLab: The clearance air sample collected in Chiller Room, Pump #1 M Floor passed.

01:30 PM Post-remediation visual inspection at Hot Water Pump Room, PH Floor. JLS continues set up in Chiller Room, M Floor and Boiler Room Expansion Tank, PH Floor.

03:30 PM JK/LCD off-site.

Signature_____ Date_____

DAILY PROJECT LOG - DATE: July 28, 2011

LACROIX DAVIS LLC
3685 MT. DIABLO BLVD. SUITE 210
LAFAYETTE, CA 94549
TEL 925-299-1140 FAX 925-299-11

Client	**Department of General Services (DGS)**	Shift **DAY**	
Project	**California State Board of Equalization**	Number of Workers	
Location	**450 N Street, Sacramento CA**	Compound(s) of Concern	**Mold**
	Floor: M Floor: Chiller 1 & 2 **PH Floor: Hot Water Pump Rm**	**Area: Chiller Pump #3** **Hot Water Pump Room**	
LCD Project #	**2372.03-572; SOW 5.0**		
Contractor	**JLS Environmental**		

CONTAINMENT INSPECTION

1. Type of Containment: NPE **X** Mini_____ Barrier Tape_____ Minor Procedures _____
2. Type of Decon: Shower_____ 2-Stage **X** 1Stage_____Drop Sheet W/Vacuum_____ None_____
3. Manometer? Yes **X** No____ Readings: Start of Shift _____; Middle of Shift_____; End of Shift_____
4. Containment and Decon Clean at End of Shift? (if no explain)**Yes**
5. Containment Smoke Tested by Contractor? **No**
6. Negative Air Machines and/or HEPA Vacuums Aerosol Challenge Tested? _____
7. Negative Air Exhaust Location: Window_____ Smoke Shaft_____ Stairs_____ Unoccupied Space_____**X**_**HEPA Vacuum**

Manometer at Hot Water Pump Room, PH Floor = -0.06" water.

SUMMARY OF DAILY ACTIVITIES

Removal **X**, Contractor Assist_____ (If removal, state type of material, quantities, and removal method) VMG and water-stained pipe insulation._____

_____

Type of Waste Generated: Hazardous _____ Non-Hazardous **X** Adequately Wet_____ Manifest

Waste Load-Out?_____ Hazardous Waste Manifest?_____

Packaging: Bags, Double 6 Mil _____ Barrels_____ Boxes_____ Burrito Wrap_____ Other_____

Labels?_____

Visual Inspections: Pre-abatement **X** Pre-clearance: Comments:

_____

_____

Contractor's PPE: **coveralls, gloves, respirator** _____

On-Site Visitors: 1._____ 2._____ 3._____ 4._____

Contractor Air Sampling? _____ Number of Workers Sampled_____

PERSONAL EXPENSES:

Hotel: (Y or N?) **N** Name of Hotel: **NA**

Per Diem? (Y or N?): **N** Mileage? (Y or N?) **Y** Destination:

FIELD SUPPLIES: PPE: Suits? Gloves (pairs)? Respirator filters:

LAB EXPENSES: Type/No. Samples collected: Tape _____ Bulk _____ Air

Laboratory Name: **EMLab P&K – West Sacramento**

TIME	Activity

06:20 AM JK arrive on-site.

Containment at Hot Water Pump Room at PH Floor allowed to scrub overnight.

06:50 AM LCD collected four air samples (1 in containment, 1 ambient, 2 exterior)

10:00 AM EMLab: The clearance air sample collected in Hot Water Pump Room, PH Floor passed.

JLS continues containment set-up in Chiller Room, M Floor and Boiler Room 1 & 2, PH Floor.

12:30 PM Post-remediation visual inspection at Boiler Room Expansion Tank, PH Floor.

02:15 PM LCD collected four air samples (1 in containment, 1 ambient, 2 exterior)

02:45 PM Pre-remediation visual inspection at PH Floor Boiler Room 1 & 2, north containment.

03:30 PM JK/LCD off-site.

Signature_____ Date_____

DAILY PROJECT LOG - DATE: July 29, 2011

LACROIX DAVIS LLC
3685 MT. DIABLO BLVD. SUITE 210
LAFAYETTE, CA 94549
TEL 925-299-1140 FAX 925-299-11

Client	**Department of General Services (DGS)**	Shift **DAY**	
Project	**California State Board of Equalization**	Number of Workers	
Location	**450 N Street, Sacramento CA**	Compound(s) of Concern	**Mold**
	Floor: M Room: Chiller 1 & 2	**Areas: Chiller #3 Return Pipe; Chiller #3 Supply Pipe**	
LCD Project #	**2372.03-572; SOW 5.0**		
Contractor	**JLS Environmental**		

CONTAINMENT INSPECTION

1. Type of Containment: NPE **X** Mini_____ Barrier Tape_____ Minor Procedures _____
2. Type of Decon: Shower_____ 2-Stage **X** 1Stage_____Drop Sheet W/Vacuum_____ None_____
3. Manometer? Yes **X** No____ Readings: Start of Shift _____; Middle of Shift_____; End of Shift_____
4. Containment and Decon Clean at End of Shift? (if no explain)**Yes**
5. Containment Smoke Tested by Contractor? **No**
6. Negative Air Machines and/or HEPA Vacuums Aerosol Challenge Tested? _____
7. Negative Air Exhaust Location: Window_____ Smoke Shaft_____ Stairs_____ Unoccupied Space_____

SUMMARY OF DAILY ACTIVITIES

Removal **X**, Contractor Assist_____ (If removal, state type of material, quantities, and removal method) VMG and water-stained pipe insulation._____

_____

Type of Waste Generated: Hazardous _____ Non-Hazardous **X** Adequately Wet_____ Manifest

Waste Load-Out?_____ Hazardous Waste Manifest?_____

Packaging: Bags, Double 6 Mil _____ Barrels_____ Boxes_____ Burrito Wrap_____ Other_____

Labels?_____

Visual Inspections: Pre-abatement **X** Pre-clearance: Comments:

_____

_____

Contractor's PPE: **coveralls, gloves, respirator** _____

On-Site Visitors: 1._____ 2._____ 3._____ 4._____

Contractor Air Sampling? _____ Number of Workers Sampled_____

LaCroix Davis Project LOG

PERSONAL EXPENSES:

Hotel: (Y or N?) **N** Name of Hotel: **NA**

Per Diem? (Y or N?): **N** Mileage? (Y or N?) **Y** Destination:

FIELD SUPPLIES: PPE: Suits? Gloves (pairs)? Respirator filters:

LAB EXPENSES: Type/No. Samples collected: Tape _____ Bulk _____ Air - 5

Laboratory Name: **EMLab P&K – West Sacramento**

TIME	Activity

06:30 AM - CC Arrived on site

5 Clearance Samples collected and submitted to EMLab. Received results from EM Lab 811226; spaces cleared.

Signature

Date: July 29, 2011

LaCroix Davis LLC Building & Environmental Forensics	**PROJECT LOG** **DATE:** 7/29 & 7/30/11 and 7/31/11
	LACROIX DAVIS LLC 3685 MT. DIABLO BLVD. SUITE 210 LAFAYETTE, CA 94549 TEL 925-299-1140 FAX 925-299-1185
	LCD REPS: TMI ; CC ; _____ **PAGE** 1 **OF** 2

Client	**Department of General Services (DGS)**	Contractor: **JLS Environmental**	Day ✓ Swing ✓ Weekend/Holiday ✓
Project	**Board of Equalization (BOE)**	Location(s):	Floor M Floor Tower Floor Floor
Building	**450 N Street, Sacramento CA**	Compound(s) of Concern	Mold ✓ ACM LBP Other
LCD Project #	**2372.0** 2 **-572; SOW** 4.0	**Description:** Perform M & Tower ductwork sampling	
LCD Project #	**2372.0** 2 **-572; SOW** 5.0	**Description:** monitor housekeeping M Floor OA intakes	
LCD Project #	**2372.0** ____ **-572; SOW** _____	**Description:**	

CONTAINMENT INFORMATION

1. Floor Occupied ✓ Floor Vacant _____
2. Containments: a) _____ b) _____ c) _____ d) _____ e) _____ f) _____
3. Type of Containment: NPE_____ Mini_____ Barrier Tape_____ Minor Procedures _____ N/A _____
4. Type of Decon: Shower_____ 2-Stage_____ 1Stage_____ Drop Sheet W/Vacuum_____ None_____
5. Manometer: Yes____ No____ Strip Chart Record: Yes ___ No ____ Adequate Pressure: Yes ____No ____
6. Containment Entry Log: Yes_____ No_____
7. Containment and Decon maintained in accordance with accepted practices and procedures: Yes___ No ___
8. HEPA Fans and Vacuums have current aerosol challenge test sticker: Yes___ No ___
9. Negative Air Exhaust Location: Window_____ Shaft_____ Stairs_____ Interior _____ Exterior _____
10. Security: Owner ____ Contractor ____ Private____ 24 hour ____ Secure Building ____

SUMMARY OF ACTIVITIES

Mob____ Prep____ Removal/Load Out___ Detail Clean____ Encapsulation___ Clearance Testing___ Tear Down___ DeMob____

Phase Completion Visual Inspection: Prep_____ Removal_____ Encapsulation_____ Clearance_____ Tear Down_____

Summary: Ductwork sample collection:

7/29/11 1800 - M Floor Fan 3 and 4 install doors & sample (3)
7/30/11 700 - M. Floor Fan 1 and 2 install doors & sample (7)
7/30/11 Tower occupied floors sample duct 2 per floor
7/31/11 M Floor Outside air intakes - housekeeping & tape
Sample wall surfaces N & S following cleaning

Waste: Non-Hazardous Construction Debris____ Hazardous Waste ____ Hazardous Waste Manifest ____

Container: 6 Mil_____ Double 6 Mil _____ Barrel _____Drum_____ Box_____ Burrito Wrap_____ Labels _____ Other_____

Location of Dumpster: _____

Additional Worker PPE: Disposable Suit_____ Gloves _____Eye Protection____ Steel Toe____ Hard Hat____ Chem Apron____

Respirator: Half Face ____ Full Face ____ PAPR _____Supplied Air_____

Contractor Worker Exposure Monitoring Yes____ No_____ # Workers Sampled _____

On-Site Visitors: 1._____ 2._____ 3._____ 4._____

LaCroix Davis Project LOG
Date: 7/29/11 & 7/30/11

PERSONAL EXPENSES:

Hotel: ✓ Per Diem: ✓ Travel: ✓ Destination: sites

FIELD SUPPLIES: PPE: Suits ____ Gloves (pairs) ____ Respirator filters: ____ Misc: ____

LAB EXPENSES: Type/No. Samples collected: Tape M = 17 + 12 Tower = 37 Bulk ____ ~~Air~~ PCR 57

Laboratory Name/Location: EML : P&K

Notes

Signature ____ Date ____

LaCroix Davis LLC Building & Environmental Forensics	**PROJECT LOG** **DATE:** 8/1/11 LACROIX DAVIS LLC 3685 MT. DIABLO BLVD. SUITE 210 LAFAYETTE, CA 94549 TEL 925-299-1140 FAX 925-299-1185 **LCD REPS:** TM/ ; ; **PAGE** 1 **OF** 2

Client	**Department of General Services (DGS)**	Contractor: **JLS Environmental**	Day ✓ Swing ____ Weekend/Holiday ____
Project	**Board of Equalization (BOE)**	Location(s):	Floor M Floor ____ Floor ____ Floor ____
Building	**450 N Street, Sacramento CA**	Compound(s) of Concern	Mold ACM LBP Other
LCD Project #	**2372.0** 2 **-572; SOW** 5.0	**Description:** Monitor M Laundry	
LCD Project #	**2372.0** ____ **-572; SOW** ____	**Description:**	
LCD Project #	**2372.0** ____ **-572; SOW** ____	**Description:**	

CONTAINMENT INFORMATION

1. Floor Occupied _____ Floor Vacant _____
2. Containments: a) _____ b) _____ c) _____ d) _____ e) _____ f) _____
3. Type of Containment: NPE_____ Mini_____ Barrier Tape_____ Minor Procedures _____ N/A _____
4. Type of Decon: Shower_____ 2-Stage_____ 1Stage_____ Drop Sheet W/Vacuum_____ None_____
5. Manometer: Yes____ No____ Strip Chart Record: Yes ___ No ____ Adequate Pressure: Yes ____No ____
6. Containment Entry Log: Yes_____ No_____
7. Containment and Decon maintained in accordance with accepted practices and procedures: Yes___ No ___
8. HEPA Fans and Vacuums have current aerosol challenge test sticker: Yes___ No ___
9. Negative Air Exhaust Location: Window_____ Shaft_____ Stairs_____ Interior _____ Exterior _____
10. Security: Owner ____ Contractor ____ Private____ 24 hour ____ Secure Building ____

SUMMARY OF ACTIVITIES

Mob ✓ Prep ✓ Removal/Load Out ✓ Detail Clean____ Encapsulation___ Clearance Testing___ Tear Down___ DeMob____

Phase Completion Visual Inspection: Prep_____ Removal_____ Encapsulation_____ Clearance_____ Tear Down_____

Summary: setup containment of Laundry - remove poly jacket & clean

Waste: Non-Hazardous Construction Debris ✓ Hazardous Waste ____ Hazardous Waste Manifest ___

Container: 6 Mil_____ Double 6 Mil ✓ Barrel _____Drum_____ Box_____ Burrito Wrap_____ Labels _____ Other_____

Location of Dumpster: Floor 1 SW Garage

Additional Worker PPE: Disposable Suit ✓ Gloves ✓ Eye Protection____ Steel Toe____ Hard Hat____ Chem Apron____

Respirator: Half Face ✓ Full Face ✓ PAPR _____Supplied Air_____

Contractor Worker Exposure Monitoring Yes____ No ✓ # Workers Sampled _____

On-Site Visitors: 1. M. Hoy 2._____ 3._____ 4._____

LaCroix Davis Project LOG
Date: 8/1/11

PERSONAL EXPENSES:

Hotel: ✓ Per Diem: ✓ Travel: ✓ Destination: site

FIELD SUPPLIES: PPE: Suits _____ Gloves (pairs) _____ Respirator filters: _____ Misc: _____

LAB EXPENSES: Type/No. Samples collected: Tape _____ Bulk _____ Air _____

Laboratory Name/Location: _____

Notes

7 to 3:30 - JLS shift
prep Laundry
remove jackets & insulation below 8' clean and paint
water stained surfaces (tested)

Signature [signature] Date 8/1/11

LaCroix Davis LLC Building & Environmental Forensics	**PROJECT LOG** **DATE:** 8/2/11
	LACROIX DAVIS LLC 3685 MT. DIABLO BLVD. SUITE 210 LAFAYETTE, CA 94549 TEL 925-299-1140 FAX 925-299-1185
	LCD REPS: TM/; ; **PAGE** 1 **OF** 2

Client	**Department of General Services (DGS)**	Contractor: **JLS Environmental**	Day ✓ Swing ____ Weekend/Holiday ____
Project	**Board of Equalization (BOE)**	Location(s):	Floor M Floor ____ Floor ____ Floor ____
Building	**450 N Street, Sacramento CA**	Compound(s) of Concern	Mold ACM LBP Other
LCD Project #	**2372.0** 2 **-572; SOW** 5.0	**Description:** M Floor Laundry	
LCD Project #	**2372.0** ____ **-572; SOW** ____	**Description:**	
LCD Project #	**2372.0** ____ **-572; SOW** ____	**Description:**	

CONTAINMENT INFORMATION

1. Floor Occupied ✓ Floor Vacant ____
2. Containments: a) Laundry b) ____ c) ____ d) ____ e) ____ f) ____
3. Type of Containment: NPE ✓ Mini ____ Barrier Tape ____ Minor Procedures ____ N/A ____
4. Type of Decon: Shower ____ 2-Stage ____ 1Stage ✓ Drop Sheet W/Vacuum ____ None ____
5. Manometer: Yes ✓ No ____ Strip Chart Record: Yes ✓ No ____ Adequate Pressure: Yes ✓ No ____
6. Containment Entry Log: Yes ✓ No ____
7. Containment and Decon maintained in accordance with accepted practices and procedures: Yes ✓ No ____
8. HEPA Fans and Vacuums have current aerosol challenge test sticker: Yes ✓ No ____
9. Negative Air Exhaust Location: Window ____ Shaft ____ Stairs ____ Interior ✓ Exterior ____
10. Security: Owner ✓ Contractor ____ Private ____ 24 hour ✓ Secure Building ✓

SUMMARY OF ACTIVITIES

Mob ____ Prep ____ Removal/Load Out ✓ Detail Clean ✓ Encapsulation ✓ Clearance Testing ✓ Tear Down ✓ DeMob ____

Phase Completion Visual Inspection: Prep ____ Removal ✓ Encapsulation ✓ Clearance ✓ Tear Down ✓

Summary: complete work in Laundry room and testing.

Waste: Non-Hazardous Construction Debris ✓ Hazardous Waste ____ Hazardous Waste Manifest ____

Container: 6 Mil ____ Double 6 Mil ✓ Barrel ____ Drum ____ Box ____ Burrito Wrap ____ Labels ____ Other ____

Location of Dumpster: Floor 1 SW Garage

Additional Worker PPE: Disposable Suit ✓ Gloves ✓ Eye Protection ____ Steel Toe ____ Hard Hat ____ Chem Apron ____

Respirator: Half Face ✓ Full Face ✓ PAPR ____ Supplied Air ____

Contractor Worker Exposure Monitoring Yes ____ No ✓ # Workers Sampled ____

On-Site Visitors: 1. M. Hoy 2. ____ 3. ____ 4. ____

LaCroix Davis Project LOG
Date: 8/2/11

PERSONAL EXPENSES:

Hotel: ✓ Per Diem: ✓ Travel: ✓ Destination: site and lab

FIELD SUPPLIES: PPE: Suits _____ Gloves (pairs) _____ Respirator filters: _____ Misc: _____

LAB EXPENSES: Type/No. Samples collected: Tape _____ Bulk _____ Air 4

Laboratory Name/Location: _____

Notes

7 to 3:30 DLS Shift
Set up dehumidifier's and continue chill H_2O pipe removal
Complete containment cleaning and scrub
perform clearance testing
Sample COC and deliver to lab
Review lab report and notify HTI and JLS & DGS

Signature [signature] Date 8/2/11