STATE OF NEW YORK - DEPARTMENT OF LABOR

ASBESTOS CERTIFICATE

N.Y.S

VICTOR ARAUJO NARVAEZ

CLASS(EXPIRES)

A HAND(02/24)

CERT# 12-10045

DMV# 881378302

MUST BE CARRIED ON ASBESTOS PROJECTS

ANDO International., Inc.

Safety & Environmental Training • Consulting

QUALITATIVE RESPIRATORY FIT TEST

This Respirator Fit Test is valid for the period of twelve (12) months from the date of test.

Name: VICTOR ARAUJO

Address 31-32-97 St EAST ELMHURST 11369

SSN: 1509 **DOB:** 02/25/0 **TEL.** 347) 3920511

RESPIRATORS TESTED - SUCCESSFUL TEST

Test Agent : 1. Irritant Smoke X **2. Odorous Vapor** — **3. Taste Test** —

HALF FACE MASK ONLY

BRAND NAME (1) NORTH (2) #7700 **SIZE (1)** Medium (2) —

TEST DATE 9-25-2022 **FIT TEST NUMBER** 9252022-HF-EF-00

Name of person performing respiratory fit test EDWARD FRANCIS

Signature Edward Francis

ANDO International Inc
44-01 21st ST
Long Island City, NY 11101

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

Application for Asbestos Investigator

Appendix A

Medical Examination for Asbestos Investigators

Applicant Name: VICTOR ARAUJO

Home Address: 31-32-97ST

City, State and Zip Code: EAST ELMHURST 11369

Telephone Number: (347) 392-0511

Date of Birth: 02/25/69

Social Security Number: ___-___-___

Based upon the medical examination which included pulmonary function tests of vital capacity (FVC) and forced expiratory volume at one second (FEV_1), and an evaluation of a recent chest roentgenogram, it is my opinion that the above named patient (please check appropriate box)

☒ is ☐ is not

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

Limitations: _____

Carlos J Serrano MD
Print Name of Physician

Signature of Physician

221633
State License Number

09/21/2022
Date of Examination

DR. CARLOS J. SERRANO
CHEST SURGEON NY
Address
Tel (718) 507-9878 Fax (718) 507-9894

Telephone Number

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

Updated 12/2003

NYC DEP ASBESTOS CONTROL PROGRAM

ASBESTOS CERTIFICATE

ARAUJO NARVAEZ,

VICTOR

HANDLER

127191

EXPIRES: 02/25/2025

DOB:02/25/1969 M 5' 05"

MUST BE CARRIED ON ALL ASBESTOS PROJECTS

OSHA®
Occupational Safety
and Health Administration

38-602010850

This card acknowledges that the recipient has successfully completed:

30-hour Construction Safety and Health

This card issued to:

Victor E Araujo

Anthony Kelvin Molina
Trainer Name

11/29/2020
Date of Issue

OSHA

Occupational Safety
and Health Administration

12-602070378

This card acknowledges that the recipient has successfully completed:

30-hour Construction Safety and Health

This card issued to:

ELVYN JOAQUIN P.

MANUEL FIALLOS

Trainer Name

09/14/2018

Date of Issue

Patient: ELVYN J. POZO **DOB:01/28/1978**
Physician: MERCEDES CAMACHO, FNP **DOS: 01/07/2023**

OCCUPATIONAL AND COMMUNITY HEALTH SERVICES
3300 Hudson Avenue, Union City, NJ 07087
Tel: (201) 325-8002 Fax: (201) 325-9718 E-mail: ochsclinic@yahoo.com

MEDICAL EVALUATION: ASBESTOS WORK

Last Name	First Name	Social Security Number	Date of Birth
POZO	ELVYN	350-95-9761	01/28/1978
Address		Apartment Number	Male/Female
3 ORCHARD AVE		3	Male
City	State/Province	Postal Code	Home Phone
GARFIELD	NJ	07026	3475954547
Emergency Contact Person		Emergency Contact Telephone	
ANA GUTIERREZ		347-604-4856	

The patient indicated above has been evaluated on 01/07/2023 in compliance with

OSHA Asbestos Medical Screening and Surveillance standard 1910.1001 (29CFR.)

MEDICAL HISTORY REPORT

OSHA Standard 1910.134 App C Questionnaire for respiratory protection X unremarkable significant finding
OSHA Standard 1926.1101 App D Questionnaire for asbestos workers X unremarkable Significant finding
Patient is: X non-smoker smoker ____cigarettes/day X ____years quit smoking on _____after _____years
Last Chest X-ray dated _____, results: normal abnormal _____
Respiratory system evaluation within normal limits deviations from normal _____
Gastrointestinal system evaluation within normal limits deviations from normal _____
Cardiovascular system evaluation within normal limits deviations from normal _____

PHYSICAL EXAMINATION REPORT:

Blood pressure 120/80 HR 85 RR 17 HT 6'2" WT 224 lb. Visual acuity: Lt. Eye _____ Rt. Eye _____
Pulmonary function test X normal abnormal results attached
Electrocardiogram (per clinician discretion) normal significant deviations from normal N/A
Physical examination X within acceptable limits significant deviations from normal
Chest X-ray: not indicated ordered normal abnormal results pending

RESULTS:

X **ABLE TO WORK IN ASBESTOS AND WEAR RESPIRATORY PROTECTION WITHOUT RESTRICTION**
ABLE TO WORK IN ASBESTOS AND WEAR RESPIRATORY PROTECTION WITH RESTRICTIONS
CLEARANCE DENIED POSTPONED NEEDS FURTHER EVALUATION OR FOLLOW-UP

SPECIFIC RECOMMENDATIONS:

1. Do not smoke cigarettes. **2. Always wear respirator mask while at work**

PATIENT EDUCATION

The patient has been informed of the risks involved in asbestos work and of [he increased risk of lung cancer attributable [0 the combined effects of smoking and asbestos exposure, and of the increased risk with higher intensity and duration of exposure. The results of this medical evaluation for use of respirators and asbestos work have been explained to me (patient). 'Los resultados de esta evaluacion medica han sido exp/icados a mi persona

THIS MEDICAL EVALUATION REPORT EXPIRES ON: 01/07/2024

This report must be accompanied by numeric and graphical printout of the spirometry results.
Original report and all copies must bear the OCHS watermark seal.

MERCEDES CAMACHO, DNP, APN, FNP-BC 01/07/2023 01/07/2023
Signature of Licensed Health Care Provider Date Patient Signature Date

Patient: ELVYN POZO **DOB:01/28/1978**
Physician: MERCEDES CAMACHO, FNP **DOS: 01/07/2023**

OCHS
OCCUPATIONAL & COMMUNITY HEALTH SERVICES
3300 Hudson Avenue, Union City, NJ 07087
Tel: (201) 325-8002 Fax: (201) 325-9718 E-mail: ochsclinic@yahoo.com

QUALITATIVE RESPIRATOR FIT TEST REPORT

FIT TEST RECORD NUMBER	FIT TEST DATE	EXPIRATION DATE
	01/07/2023	01/07/2024
FIRST NAME	**LAST NAME**	**SOCIAL SECURITY NUMBER**
ELVYN	POZO	350-95-9761

RESPIRATION DATA

TYPE:APR HALF FACE

MANUFACTURER:NORTH

MODEL: 7700-30

SIZE:MEDIUM

TESTING AGENT: BITTER/AMER

POSITIVE PRESSURE TEST:PASS

NEGATIVE PRESSURE TEST:PASS

NORMAL BREATHING:PASS

DEEP BREATHING:PASS

TURN HEAD SIDE TO SIDE:PASS

NOD HEAD UP AND DOWN:PASS

TALK ALOUD:PASS

JOG IN PLACE:PASS

FACIAL HAIR:NONE

MERCEDES CAMACHO, DNP, APN, FNP-BC
SIGNATURE OF TESTER
DATE: 01/07/2023

SIGNATURE OF RESPIRATOR USER
ORIGINAL MUST BEAR ISES WATER MARK SEAL

LEGAL NOTICE / NOTA LEGAL: This fit-test is personal. The alteration of this document for fraudulent purposes is a federal crime. La alteracion de este doel/mento para usos fraudulentos es un crimen federal.

OCCUPATIONAL AND COMMUNITY
3300 HUDSON AUE
UNION CITY NJ07087
2013258002

EasyOne[TM] FRONTLINE US 6.7
(c)ndd 2000-2011
EasyWare 2.25.0.0 - 01/07/2023 10.03
SN 116398 RecNo 2009

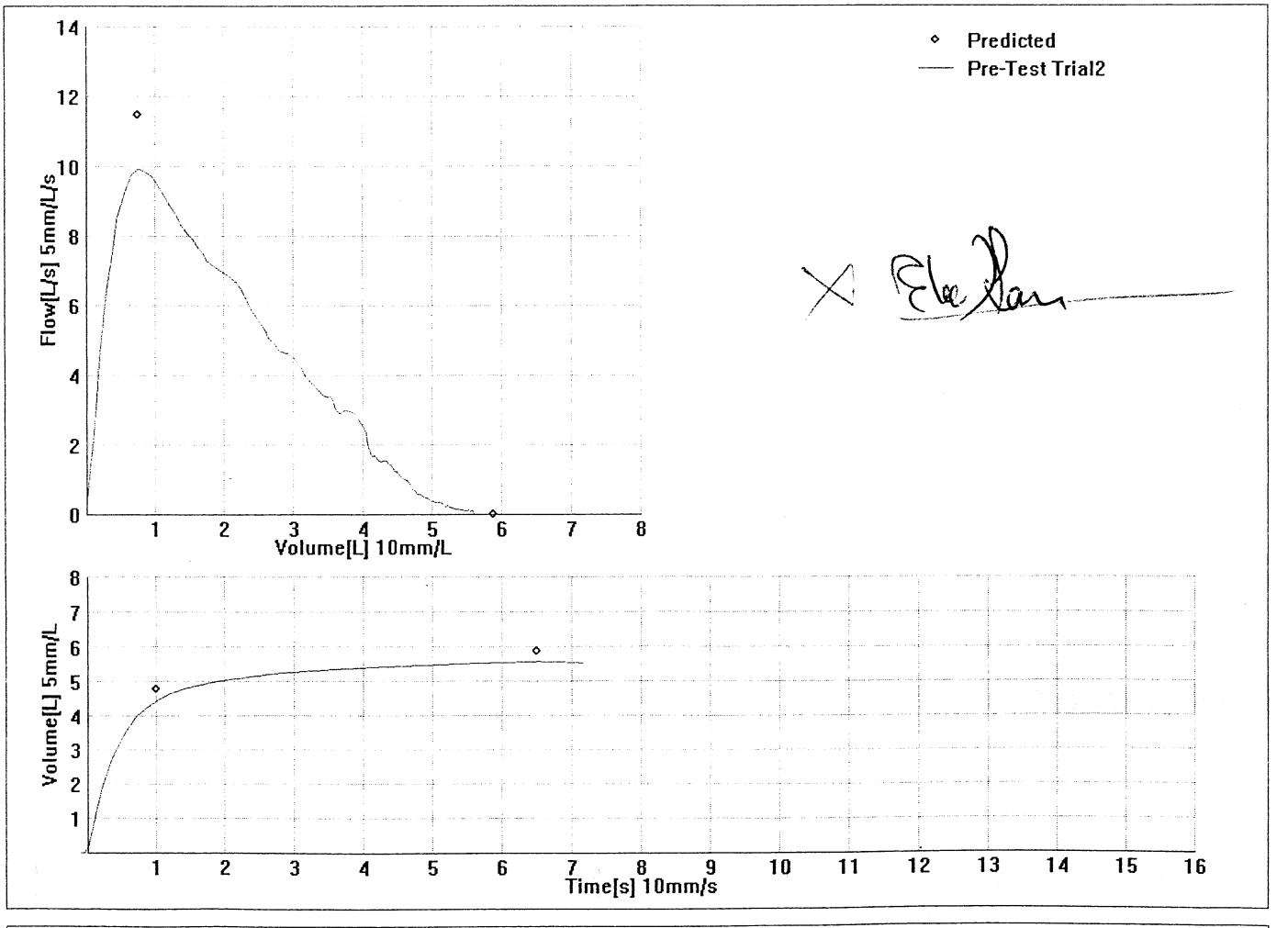
Patient Information	
Name	ELVYN POZO
ID	350959761
Age	40
Height	6 ft 2 in
Weight	224 lbs,BMI 28.7
Gender	MALE
Ethnic	HISPANIC
Smoker	NO
Asthma	NO

Test Information	
Test Date/Time	01/07/2023 10.03
Post Time	--:--
Test Mode	FRONTLINE
Syst. Interpret.	NLHEP
Predicted Ref	Nhanes III
Value Select	BEST VALUE
Tech ID	
Automated QC	ON
BTPS (IN/EX)	-.-/ 1.02

FVC Test Results — Your FEV1 is 93% Predicted

Parameter	Best	Pred	%Pred
FVC[L]	5.6	5.9	95
FEV1[L]	4.4	4.8	93
FEV1/FVC[%]	79.7	81.2	98
PEF[L/min]	595.6	689.7	86

Pre-Test — FEV1 Var=0.10L 2.2%;FVC Var=0.10L 1.7%;Session Quality D
Syst. Interpret. — Normal, but the values shouldn't be used for comparisons with other tests
Caution: Only One Acceptable Maneuver - Interpret With Care.



NYC DEP ASBESTOS CONTROL PROGRAM

ASBESTOS CERTIFICATE

POZO RAMIREZ,
ELVYN
HANDLER
135829

EXPIRES: 01/28/2025
DOB:01/28/1978 M 6' 05"

MUST BE CARRIED ON ALL ASBESTOS PROJECTS

STATE OF NEW YORK - DEPARTMENT OF LABOR

ASBESTOS CERTIFICATE

N.Y.S

ELVYN J POZO RAMIREZ

CLASS(EXPIRES)

A HAND(01/24)

CERT# 14-05158

DMV# 827335768

MUST BE CARRIED ON ASBESTOS PROJECTS

OSHA

Occupational Safety
and Health Administration

12-602033474

This card acknowledges that the recipient has successfully completed:

30-hour Construction Safety and Health

This card issued to:

JOSE M. ROSARIO BATISTA

MANUEL FIALLOS

Trainer Name

04/11/2018

Date of Issue

Occupational and Community Health Services, Inc. – 3300 Hudson Ave., Union City, NJ 07087 – Phone: (201)325-8002 – Fax: (201)325-9718

QUALITATIVE RESPIRATOR FIT TEST REPORT

as per

OSHA STANDARD 29 CFR 1910.134 APP. C FOR RESPIRATORY PROTECTION

RESPIRATORY QUESTIONNAIRE	FIT TEST DATE	EXPIRATION DATE
No contraindication	02/04/2023	02/04/2024
FIRST NAME	**LAST NAME**	**SOCIAL SECURITY NUMBER**
JOSE	RODRIGUEZ	158-17-5660

RESPIRATOR DATA

TYPE: APR HALF FACE

MANUCAFUTER: NORTH

MODEL: 7700-30

SIZE: LARGE

TESTING AGENT: BITTER AMER

POSITIVE PRESSURE TEST: PASS

NEGATIVE PRESSURE TEST: PASS

DEEP BREATHING: PASS

TURN HEAD SIDE TO SIDE: PASS

NOD HEAD UP AND DOWN: PASS

TALK ALOUD: PASS

JOG IN PLACE: PASS

FACIAL HAIR: NONE

THIS WORK CERTIFICATE EXPIRES 04 FEB 2024 501C3 OCHS, INC.

Mercedes Camacho

Mercedes Camacho, DNP, APN, FNP-BC _____ 02/04/2023

Signature of Tester Signature of respirator user Date

ORIGINAL MUST BEAR OCHS WATERMARK SEAL. EMAILED CERTIFICATES MUST BE DONE EXCLUSIVELY VIA OCHS EMAIL.

LEGAL NOTICE/ NOTA LEGAL: This fit-test is pertains only to the person tested. The alteration of this document for fraudulent purposes is a federal crime. Esta prueba pertenece solo a la personal que se lo hizo. La alteracion de este documento para usos fradulentes constituye un delito federal.

WATERMARK SEAL:

Home Telephone No. | Social Security Number - - | Male ☐ Female | Date

Occupational and Community Health Services, Inc. – 3300 Hudson Ave., Union City, NJ 07087 – Phone: (201)325-8002 – Fax: (201)325-9718

MEDICAL CLEARANCE FOR RESPIRATOR USE AND ASBESTOS WORK

First Name JOSE	**Last Name** RODRIGUEZ	**Gender** MALE
DOB 03/18/1978	**SSN** 158-17-5660	**Company**
Address 303 WOODSIDE AVE	**APT**	**City** NEWARK
State NJ	**Zip** 07104	**Telephone** 862-888-4363
Emergency contact name KARINA	**Emergency contact last name** ORTIZ	**Emergency contact telephone** 862-387-2300

THIS WORK CERTIFICATE EXPIRES 04 FEB 2024 501C3 OCHS, INC.

The patient above has been evaluated on **02/04/2023** in compliance with OSHA Asbestos Medical Screening and Surveillance standard 1910.1001 (29CFR)

OSHA MEDICAL HISTORY QUESTIONNAIRES:

OSHA Standard 1910.134 App respiratory protection; 1926.1101 App D asbestos workers: __ unremarkable __ significant finding: __

Patient is: X non-smoker __ smoker: __ cig. (s)/day _years Quit smoking __ after ___year(s) of smoking

Date last chest X-ray: _____ Results: __ normal __ abnormal _____ CT scan: _____

Respiratory/ Cardiovascular/Gastrointestinal system review: _X_ within normal limits ___ deviations from normal: _____

PHYSICAL EXAMINATION:

Heart sounds: normal S1S2, regular, no murmur. Lung sounds: Normal clear to auscultation bilaterally. Abnormal findings: _____

Tests: Pulmonary function test: _X_ within normal limits __ abnormal _____ DEFERRED PER CDC DROPLET PRECAUTIONS

Chest X ray: _X_ not indicated __ ordered __ normal __ abnormal __ results pending EKG: __ ordered __ normal __ abnormal

RESULTS:

X ABLE TO WEAR RESPIRATORY PROTECTION AND WORK IN ASBESTOS WITHOUT RESTRICTION

GENERAL RECOMMENDATIONS: 1. NO SMOKING 2. ALWAYS WEAR RESPIRATOR 3. Other: _____

PATIENT EDUCATION: *The patient has been informed of the risks involved in asbestos work and of the increased risk of lung cancer attributable to the combined effects of smoking and asbestos exposure, and of the increased risk with higher intensity and duration of exposure. The results of this medical evaluation for the use of the respirator and asbestos and relevant airborne chemical exposure have been explained to me (the patient)/ los resultados de esta examinacion han sido explicados a mi persona incluyendo el peligro de cancer que aumenta combinado con cigarro. It is the responsibiolity of the patient to perform ordered chest-x-rays/ tests and obtain results. Es la responsabilitdad del paciente de ejecutar la orden medica de rayos-X y obtener mis resultados.*

LEGAL NOTICE: This report must be accompanied by numeric and graphical printout of the spirometry results. Original report and all copies must carry the OCHS watermark seal. Alteration of this document is fraudulent can constitutes a federal crime.

THIS MEDICAL REPORT EXPIRES: 02/04/2024

Mercedes Camacho

Mercedes Camacho, DNP, APN, FNP-BC — 02/04/2023 — _____ — 02/04/2023

Signature of Licensed Health Care Provider | Date | Patient signature | Date

NYC DEP ASBESTOS CONTROL PROGRAM
ASBESTOS CERTIFICATE

RODRIGUEZ,
JOSE
HANDLER
114911

EXPIRES: 03/18/2024
DOB:03/18/1978 M 5' 02"

MUST BE CARRIED ON ALL ASBESTOS PROJECTS

OSHA®
Occupational Safety and Health Administration

38-602006150

This card acknowledges that the recipient has successfully completed:

30-hour Construction Safety and Health

This card issued to:
Jose Rodriguez

Anthony Kelvin Molina
Trainer Name

11/24/2019
Date of Issue

STATE OF NEW YORK - DEPARTMENT OF LABOR
ASBESTOS CERTIFICATE

N.Y.S

JOSE A RODRIGUEZ
CLASS(EXPIRES)
A HAND(03/24)

CERT# 09-08124
DMV# 971972460

MUST BE CARRIED ON ASBESTOS PROJECTS

Site Safety Training Card

ID: 1Q439OE540

SITE SAFETY TRAINING

JOSE RODRIGUEZ

WE ARE LIUNA!

Issued: 09/01/2020

Expires: 09/01/2025

ANDO International, Inc.

Safety & Environmental Training • Consulting

QUALITATIVE RESPIRATORY FIT TEST

This Respirator Fit Test is valid for the period of twelve (12) months from the date of test.

Name: JOSE M ROSARIO

Address 2562 BRONXWOOD AV

SSN: 170-17-9874 DOB: TEL. 347-416-4521

RESPIRATORS TESTED - SUCCESSFUL TEST

Test Agent : 1. Irritant Smoke _X_ 2. Odorous Vapor ____ 3. Taste Test ____

HALF FACE MASK ONLY

BRAND NAME (1) Haywell NORTH (2) #7700 SIZE (1) LARGE (2) ____

TEST DATE 3-18-2023 FIT TEST NUMBER 318-2023-HF-EF010

Name of person performing respiratory fit test Edward FRANCO

Signature Edward Franco

ANDO International Inc
44-01 21st ST
Long Island City, NY 11101

Medical evaluation for respiratory protection

In compliance with 29.CFR 1910.134 Respiratory Protection Standard and CFR 1926.1101

Asbestos Exposure in Construction

ANDO-MED, INC
44-01 21st St. 3rd Fl.
Long Island City, NY 11101
tel.:(718) 349-3235

All the information that you provide in this questionnaire is strictly confidential and will become part of your medical record.

Date: 3/14/23

Patient Information

Patient SSN: 170-17-9874 Patient Name: (First/MI/Last) JOSE M ROSARIO	Sex: M	Date of Birth: (mm/dd/yyyy) 01-01-1981
Patient address: 2562 Bronxwood Av		
Telephone number: 347-416-4521		

Examination

HEIGHT:	WEIGHT:	BP:	PULSE:	RESP:
6'01	215	136/77	67	13

Have you ever had any respiratory problems:
shortness of breath:
chest pain: No
wheezing:

Tobacco: No	Do you use tobacco?..... ○ Currently ○ Previously ⊖ Never
	If previously, when did you quit?..... How many per day?.....

The above named individual has been informed of the increased risk of lung cancer attributable to the combined effect of smoking and asbestos exposure.

Based upon medical examination which included pulmonary function test it is my opinion that the above named patient

IS ~~IS NOT~~

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

RENATA UKOWSKA MD
Attending Physician MED
NBHN # 400[illegible] Lic # 251258
NPI # 1467698[illegible] MMIS # 698866

print name of physician

signature of physician

ANDO MED

44-01 21 Street, LIC, NY 11101

718-779-0522

sdi DIAGNOSTICS

ID Code:	318235		Date:	03-18-2023	Time: 11:33
Name:	Rosario Jose				
Sex:	Male	Age(y):	42	Height(in): 73	Wgt(lb): 146
Temp.(°F)	64	Pres(mmHg):	525	Humidity(%):60	Smok.I.:
Technician:				Transducer: Turbine	
Predicted:	KNUDSON-USA			Ethnic f.: 100	BMI : 19.3
F.BTPS:	1.149				
Version:	5118FB-4.02				

FVC REPORT

AstraPro-SDI Diagnostics

PARAMETER		M1	%PRED	M2	%PRED	M3	%PRED	PRED	LLN
Best FVC	**(l)**	**5.08**	**91**	**5.08**	**91**	**5.08**	**91**	**5.58**	**5.28**
Best FEV1	**(l)**	**4.70**	**103**	**4.70**	**103**	**4.70**	**103**	**4.56**	**4.36**
BFev1/BFvc	**(%)**	**92.43**	**113**	**92.43**	**113**	**92.43**	**113**	**81.74**	**65.39**
FVC	(l)	5.08	91	5.08	91	4.52	81	5.58	5.28
FEV0.5	(l)	3.60		3.62		3.28			
FEV1	(l)	4.70	103	4.60	101	4.16	91	4.56	4.36
FEV3	(l)	5.08		5.08		4.52			
FEV0.5/FVC	(%)	70.94		71.26		72.59			
FEV1/FVC	(%)	92.48	113	90.59	111	91.86	112	81.74	65.39
FEV1/VC	(%)								
PEF	(l/s)	11.19	113	11.43	115	9.97	100	9.93	7.94
FEF75%	(l/s)	2.94	129	2.94	129	2.68	117	2.29	2.07
FEF50%	(l/s)	6.76	121	6.84	123	5.82	104	5.58	5.17
FEF25%-75%	(l/s)	5.67	121	5.73	123	5.33	114	4.67	4.33
FEF75%-85%	(l/s)	2.55		2.29		2.09			
FEF50%/FIF50%									
FEV1/FEV0.5		1.30		1.27		1.27			
FEV1/PEF	(%)	7.00		6.71		6.95			
FIF50%	(l/s)								
FIVC	(l)								
FEV1/FIV1	(%)								
Vext.	(l)	0.13		0.12		0.13			
MVV ind	(l/min)	140.92		138.12		124.66			
FEV6	(l)	5.08		5.08		4.52			
FEV1/FEV6	(%)	92.48		90.59		91.86			
COPD index	(%)					1.00			
Lung Age		22.87		25.78		39.81			
FEV0.75	(l)	4.28		4.26		3.84			
FEV0.75/FVC	(%)	84.32		83.82		84.83			

Repeatability ATS/ERS: FVC: No, FEV1: No

Alerts ATS/ERS : M1: ET M2: ET M3: ET

Interpretation: ATS/ERS
Possible restriction:
Mild

RENATA UKOWSKA MD
NPI # 1467698563 MDIS # 698866

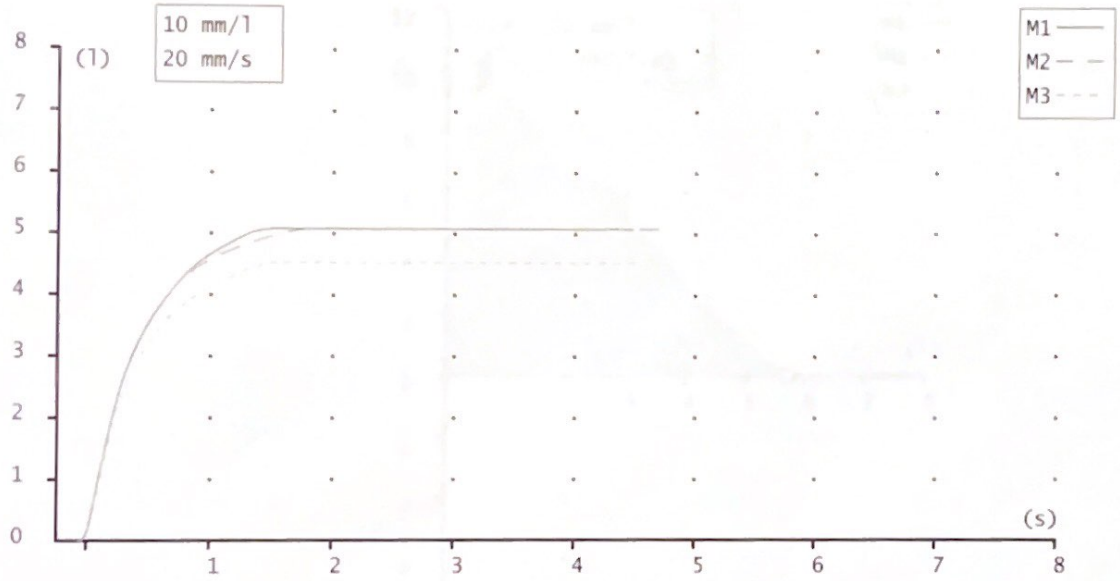
ANDO MED

44-01 21 Street, LIC, NY 11101

718-779-0522

sdi DIAGNOSTICS

ID Code:	318235		Date:	03-18-2023	Time: 11:33
Name:	Rosario Jose				
Sex:	Male	Age(y):	42	Height(in): 73	Wgt(lb): 146
Temp.(°F)	64	Pres(mmHg):	525	Humidity(%):60	Smok.I.:
Technician:				Transducer: Turbine	
Predicted:	KNUDSON-USA			Ethnic f.: 100	BMI : 19.3
F.BTPS:	1.149				
Version:	5118FB-4.02				



RENATA UKOWSKA MD
NPI # 1457698563
MED # 251536
MS # 698866

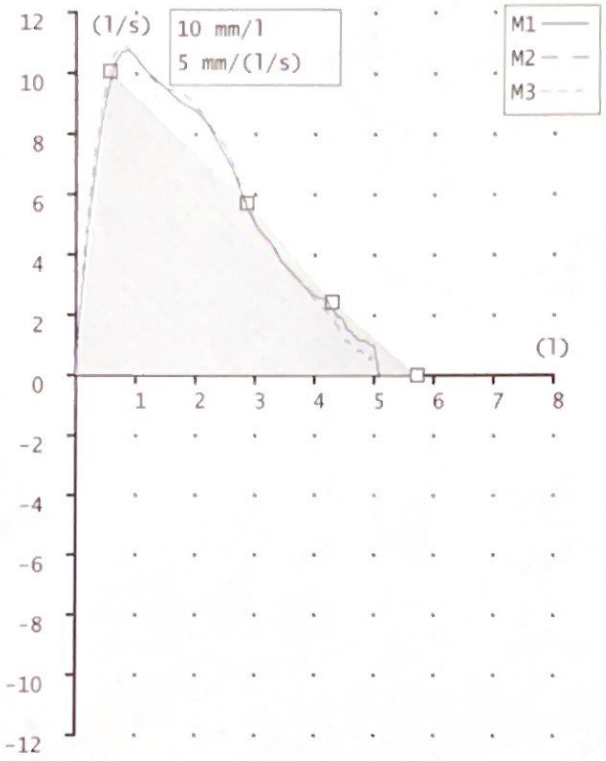
ANDO MED

44-01 21 Street, LIC, NY 11101

718-779-0522

sdi DIAGNOSTICS

ID Code:	318235		Date:	03-18-2023	Time: 11:33
Name:	Rosario Jose				
Sex:	Male	Age(y):	42	Height(in): 73	Wgt(lb): 146
Temp.(°F)	64	Pres(mmHg):	525	Humidity(%): 60	Smok.I.:
Technician:				Transducer: Turbine	
Predicted:	KNUDSON-USA			Ethnic f.: 100	BMI : 19.3
F.BTPS:	1.149				
Version:	5118FB-4.02				



RENATA IKKOWSKA MD
Attending Physician MED
NBHN # 400[illegible] LIC # 251258
NPI # 1467698[illegible] MMIS # 696366

ANDO MED

44-01 21 Street, LIC, NY 11101

718-779-0522

sdi DIAGNOSTICS

ID Code:	318235	Date:	03-18-2023	Time:	11:33
Name:	Rosario Jose				
Sex:	Male	Age(y): 42	Height(in): 73	Wgt(lb): 146	
Temp.(°F)	64	Pres(mmHg): 525	Humidity(%):60	Smok.I.:	
Technician:			Transducer: Turbine		
Predicted:	KNUDSON-USA		Ethnic f.: 100	BMI :	19.3
F.BTPS:	1.149				
Version:	5118FB-4.02				

FVC REPORT

AstraPro-SDI Diagnostics

PARAMETER		M1	%PRED	M2	%PRED	M3	%PRED	PRED	LLN
Best FVC	**(l)**	**5.08**	**91**	**5.08**	**91**	**5.08**	**91**	**5.58**	**5.28**
Best FEV1	**(l)**	**4.70**	**103**	**4.70**	**103**	**4.70**	**103**	**4.56**	**4.36**
BFev1/BFvc	**(%)**	**92.43**	**113**	**92.43**	**113**	**92.43**	**113**	**81.74**	**65.39**
FVC	(l)	5.08	91	5.08	91	4.52	81	5.58	5.28
FEV0.5	(l)	3.60		3.62		3.28			
FEV1	(l)	4.70	103	4.60	101	4.16	91	4.56	4.36
FEV3	(l)	5.08		5.08		4.52			
FEV0.5/FVC	(%)	70.94		71.26		72.59			
FEV1/FVC	(%)	92.48	113	90.59	111	91.86	112	81.74	65.39
FEV1/VC	(%)								
PEF	(l/s)	11.19	113	11.43	115	9.97	100	9.93	7.94
FEF75%	(l/s)	2.94	129	2.94	129	2.68	117	2.29	2.07
FEF50%	(l/s)	6.76	121	6.84	123	5.82	104	5.58	5.17
FEF25%-75%	(l/s)	5.67	121	5.73	123	5.33	114	4.67	4.33
FEF75%-85%	(l/s)	2.55		2.29		2.09			
FEF50%/FIF50%									
FEV1/FEV0.5		1.30		1.27		1.27			
FEV1/PEF	(%)	7.00		6.71		6.95			
FIF50%	(l/s)								
FIVC	(l)								
FEV1/FIV1	(%)								
Vext.	(l)	0.13		0.12		0.13			
MVV ind	(l/min)	140.92		138.12		124.66			
FEV6	(l)	5.08		5.08		4.52			
FEV1/FEV6	(%)	92.48		90.59		91.86			
COPD index	(%)					1.00			
Lung Age		22.87		25.78		39.81			
FEV0.75	(l)	4.28		4.26		3.84			
FEV0.75/FVC	(%)	84.32		83.82		84.83			

Repeatability ATS/ERS: FVC: No, FEV1: No

Alerts ATS/ERS : M1: ET M2: ET M3: ET

Interpretation: ATS/ERS
Possible restriction:
Mild

RENATA UK[illegible]WSKA MD
Attending Ph[illegible] MED
NBEIN # 4063[illegible] # 251258
NPI # 1467698563 M[illegible]IS # 698866

NYC DEP ASBESTOS CONTROL PROGRAM

ASBESTOS CERTIFICATE

ROSARIO BATISTA,
JOSE
HANDLER
142697

EXPIRES: 01/01/2025
DOB:01/01/1981 M 6' 01"

MUST BE CARRIED ON ALL ASBESTOS PROJECTS

STATE OF NEW YORK - DEPARTMENT OF LABOR

ASBESTOS CERTIFICATE

N.Y.S

JOSE M ROSARIO

CLASS(EXPIRES)

A HAND(01/24)

CERT# 16-00125

DMV# 381114407

MUST BE CARRIED ON ASBESTOS PROJECTS

Medical evaluation for respiratory protection

In compliance with 29.CFR 1910.134 Respiratory Protection Standard and CFR 1926.1101 Asbestos Exposure in Construction

ANDO-MED, INC
44-01 21st St. 3rd Fl.
Long Island City, NY 11101
tel.:(718) 349-3235

All the information that you provide in this questionnaire is strictly confidential and will become part of your medical record.

Date: 3/20/2023

Patient Information

Patient SSN: 4744 Patient Name: (First/MI/Last) Meriyn Muñoz	Sex: M	Date of Birth: (mm/dd/yyyy) 10/28/1994
Patient address: 547 West 157 street NeW York, NY		
Telephone number: 347-892-6720		

Examination

HEIGHT:	WEIGHT:	BP:	PULSE:	RESP:
6'2	190	133/60	61	14

Have you ever had any respiratory problems:
shortness of breath: No
chest pain:
wheezing:

Tobacco:	
No	Do you use tobacco?..... ○ Currently ○ Previously ◉ Never
	If previously, when did you quit?..... How many per day?.....

The above named individual has been informed of the increased risk of lung cancer attributable to the combined effect of smoking and asbestos exposure.

Based upon medical examination which included pulmonary function test it is my opinion that the above named patient

IS / **IS NOT**

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

RENATA UKOWSKA MD
Attending Ph
NPI # 1467
MMIS #

print name of physician

signature of physician

ANDO International., Inc.

Safety & Environmental Training • Consulting

QUALITATIVE RESPIRATORY FIT TEST

This Respirator Fit Test is valid for the period of twelve (12) months from the date of test.

Name: Meriyn Muñoz

Address 547 West 157 Street New York, NY

SSN: 4744 **DOB:** 10/28/94 **TEL** 347-892-6720

RESPIRATORS TESTED - SUCCESSFUL TEST

Test Agent : 1. Irritant Smoke X **2. Odorous Vapor** ___ **3. Taste Test** ___

HALF FACE MASK ONLY

BRAND NAME (1) NORTH **(2)** #7700 **SIZE (1)** Large **(2)** ___

TEST DATE 3/20/23 **FIT TEST NUMBER** 5222021-HF-EF-005

Name of person performing respiratory fit test EDWARD BRAWLEY

Signature Edward Brawley

ANDO International
44-01 21st ST
Long Island City, NY 11

NYC DEP ASBESTOS CONTROL PROGRAM
ASBESTOS CERTIFICATE

MUNOZ VERAS,
MERLYN
HANDLER
157378

EXPIRES: 10/28/2023
DOB:10/28/1994 M 6' 01"

MUST BE CARRIED ON ALL ASBESTOS PROJECTS

TATE OF NEW YORK - DEPARTMENT OF LABOR
SBESTOS CERTIFICATE

N.Y.S

MERLYN A MUNOZ
CLASS(EXPIRES)
A HAND(10/23)

CERT# 19-03277
DMV# 111366348

MUST BE CARRIED ON ASBESTOS PROJECTS

OSHA
Occupational Safety and Health Administration

12-602142737

This card acknowledges that the recipient has successfully completed:

30-hour Construction Safety and Health

This card issued to:

MERLYN A MUNOZ.

Gerardo Cano
Trainer Name

03/07/2019
Date of Issue