



- * **HUBZone Certified**
- * **EDGE Certified**
- * **Veteran Owner**
- * **Small Business Concern**

On September 2, 2021, Ohio Technical Services, Inc. completed the Mold Remediation at 48 Beachwood Drive SW Reynoldsburg, Ohio as proposed to Renee Bock.

OTS cleaned and sanitized all the exposed wood ceiling joists, concrete block walls and floor using appropriate cleaners and disinfectants, applied 1 coat of anti-microbial mold encapsulant to the exposed joists and concrete block walls, fogged the entire house including the basement, first floor and HVAC duct vents as per scope of proposal dated August 24, 2021.

Attached are the closeout documents that include the following:

- Insurance
- Bureau Of Worker Compensation Certificate

- Daily Inspections
- Daily Logs
- Safety Meeting
- Fire Protection & Emergency Action Plan

These records should be kept for duration of at least thirty-years.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/03/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER 360 Insurance Service 291 E. Livingston Ave. Columbus OH 43215	CONTACT NAME: Steve DeCamp PHONE (A/C, No, Ext): (614) 600-4121 FAX (A/C, No): (614) 221-2086 E-MAIL ADDRESS: steve@360insuranceservice.com <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A : ONEBEACON INS CO</td> <td>21970</td> </tr> <tr> <td>INSURER B : OHIO SECURITY INS CO</td> <td>24082</td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : ONEBEACON INS CO	21970	INSURER B : OHIO SECURITY INS CO	24082	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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INSURER F :															
INSURED Ohio Technical Services, Inc. 1949 Camaro Ave. Columbus OH 43207															

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			793-00-12-62-0008	04/29/2021	04/29/2022	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
							MED EXP (Any one person) \$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$ 1,000,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ 2,000,000
	OTHER:						PRODUCTS - COMP/OP AGG \$ 2,000,000
							\$
B	AUTOMOBILE LIABILITY			BAS59763396	04/29/2021	04/29/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY		<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY		<input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY				PROPERTY DAMAGE (Per accident) \$
							\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			793-00-12-63-0008	04/29/2021	04/29/2022	EACH OCCURRENCE \$ 4,000,000
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$ 4,000,000
	DED <input checked="" type="checkbox"/> RETENTION \$ 0						PR/COMP OPS AGG \$ 4,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			793-00-12-62-0008	04/29/2021	04/29/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y / N	N / A				E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Contractors Pollution Liability and Professional Liability			793-00-12-62-0008	04/29/2021	04/29/2022	Per Incident \$1,000,000
							Aggregate \$2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

CANCELLATION

EVIDENCE OF INSURANCE

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Steve DeCamp

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Ohio**Bureau of Workers'
Compensation**30 W. Spring St.
Columbus, OH 43215**Certificate of Ohio Workers' Compensation**

This certifies that the employer listed below participates in the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. This certificate is only valid if premiums and assessments, including installments, are paid by the applicable due date. To verify coverage, visit www.bwc.ohio.gov, or call 1-800-644-6292.

This certificate must be conspicuously posted.

Policy number and employer
01279028Period Specified Below
07/01/2021 to 07/01/2022OHIO TECHNICAL SERVICES INC
1949 CAMARO AVENUE
COLUMBUS, OH 43207www.bwc.ohio.gov

Issued by: BWC

Interim Administrator/CEO

You can reproduce this certificate as needed.

Ohio Bureau of Workers' Compensation**Required Posting**

Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means an employee may dispute or prove untrue the presumption (or belief) that alcohol, marihuana or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove the presence of alcohol, marihuana or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation Act.

Ohio**Bureau of Workers'
Compensation**

You must post this language with the Certificate of Ohio Workers' Compensation.

Ohio Technical Services, Inc.

Daily Inspection Form

Project: Kenec Bock Project # 22-4014
 Location: Basement + Crawlspace Owner: Kenec Bock
 Supervisor: Jacob Owens
 Date: 9/1/21 Shift: 1st Weather: 64°/Rainy/Cloudy

	Yes	No	N/A
1. Building HVAC Systems off and/or isolated?	X		
2. Fire & Security Alarm systems maintained?	X		
3. Adjacent areas free of contamination?	X		
4. OSHA signs in place?	X		
5. Specified Respiratory Protection? Type use <u>Half-Face</u>	X		
6. Respiratory protection equipment checked daily?	X		
7. Proper air monitoring on personnel and in work areas?	X		
8. Work area isolation structure functioning properly?	X		
9. Protective clothing being worn?	X		
10. Emergency exits clearly marked?	X		
11. Knife marked with red handle attached to wall at emergency exit?		X	
12. Emergency evacuation plan completed in the job book?	X		
13. Contractors & others in the area given the opportunity to read MSDS?	X		
14. Adequate negative pressure in all areas?	X		
15. AFDs functioning properly?	X		
16. Electrical GFIs installed and functioning for work areas?	X		
17. All electrical systems de-energized and locked out?	X		
18. Asbestos hazard signs and labels used properly?	X		
19. Entrance(s) to work areas supervised?	X		
20. Stripping and removal activities performed properly?	X		
21. All ladders and scaffolding properly erected and secured?	X		
22. Proper mix and application of amended water?	X		
23. Debris promptly bagged and sealed in containers?	X		
24. Disposal Bags/Containers Properly labeled?	X		
25. Truck and or dumpster properly labeled?	X		
26. Encapsulation activities performed properly?	X		
27. Building decontamination and clean-up performed properly?	X		
28. Facility safe and secured at end of work day?	X		
29. Sufficient quantities of proper materials and equipment?	X		
30. Water in the work area?	X		
31. Water shut off at source?	X		
32. Required documents posted?	X		
33. Safety meeting conducted? Number of workers <u>3</u>	X		

NOTE: If any of the questions above receive a "NO," please explain in detail.

Field Representative

Ohio Technical Services, Inc.

DAILY LOG

Project Name: Renee Bock		Date: 9/1/21
Project Number: 22-4014		Supervisors Name: Jacob Owens
Time	Work Performed	
8:00	arrived at Jobsite, Clocked temps in & met with home owner, began unloading equipment.	
8:30	all equipment unloaded, began setting up Containment.	
9:00	Containment Complete, started spraying Ceiling Joices, & Block walls down with mold Cleaner.	
9:30	Started Sweeping Debris from basement floor	
10:00	Basement floor Sweeping Complete..	
11:30	Back Room walls & Ceiling has been Cleaned,	
12:00	1/2 of Front room of basement Cleaned. Room	
1:00	everything in basement has been thruowly Cleaned. begin wrappin duct, pipes, & water heater & windows with Plastic.	
3:00	Started laying Polly on the floor to get ready to paint tomorrow.	
4:00	end of work day Clocked temps out (No Lunch).	

Today's Waste Bag Count: 3

Number of Air Samples Collected: 0

Supervisors Signature: 

DAILY LOG

Safety Meeting

Project Name: Renée Bock

Date: 9/1/21

Supervisor: Jacob Owens

Safety Coordinator for the day: Jacob Owens

Suggested topics, check the ones covered:

☐ Fire Hazards

☒ Ladders

☐ Scaffold

☒ Small Hand Tools

☒ Eye, Head, Feet Protection

☐ General Housekeeping

☐ Emergency Exits

☒ Waste Management

☐ Power Failures

☐ Heat Stress

☐ Other Topics: _____

☐ Other Topics: _____

☐ Other Topics: _____

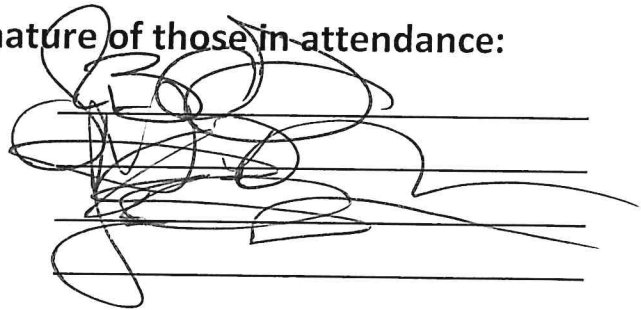
☐ Other Topics: _____

☐ Other Topics: _____

☐ Other Topics: _____

☐ Other Topics: _____

Signature of those in attendance:



Ohio Technical Services, Inc.

FIRE PROTECTION & EMERGENCY ACTION PLAN

DATE: 9/1/21

JOB NAME: Renée Bock

JOB ADDRESS: 48 Beachwood drive Sw, Reynoldsburg

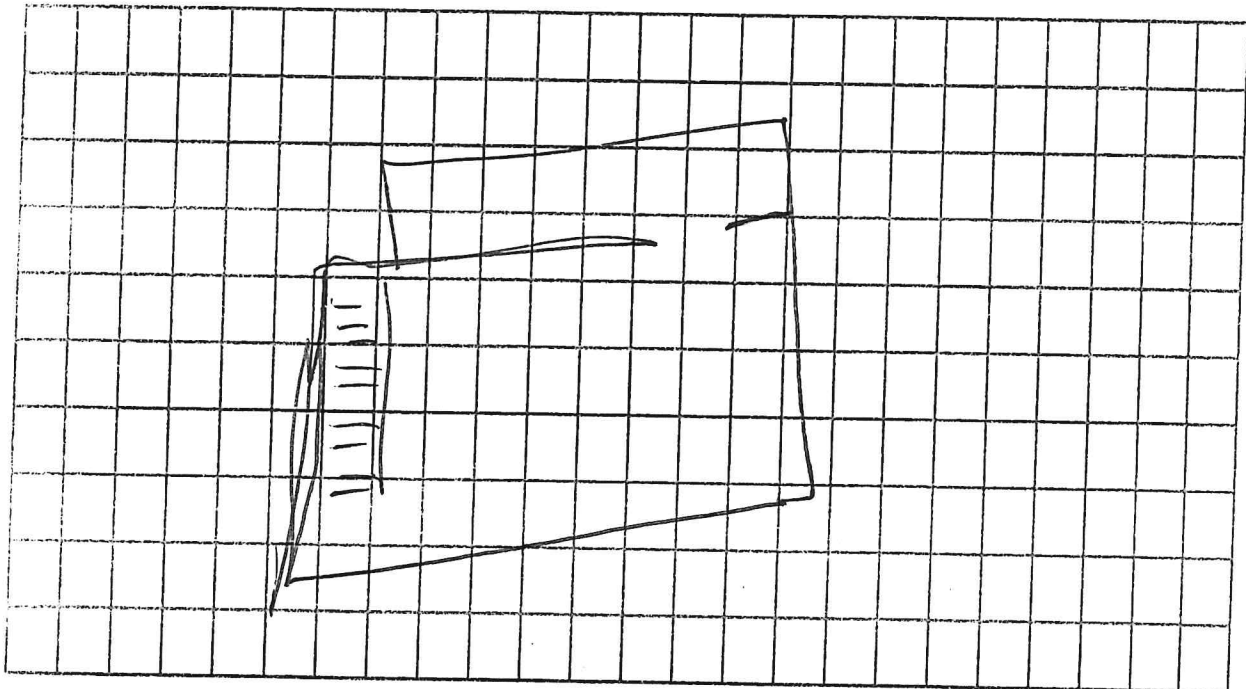
LOCATION OF
ABATEMENT: Basement

SUPERVISOR: Jacob B. Owens

MAJOR FIRE HAZARDS: _____

FIRE PREVENTION EQUIPMENT AVAILABLE: _____

BASIC FLOOR PLAN WITH EXITS MARKED:



PROCEDURE: REVIEW WITH WORKERS PRIOR TO ABATEMENT!

FIRE & HEAVY SMOKE:

1. All exits will be clearly marked inside the abatement enclosure with arrows pointing the way out.
2. A fire extinguisher will be located just outside the entrance to the containment.
3. If a fire breaks out, each worker is responsible for notifying all workers that there is immediate danger to leave the area immediately.
4. The supervisor will immediately count the workers and make sure everyone is accounted for.
5. The supervisor will call 911 and specify that this is an "asbestos abatement project" and he will also notify emergency medical people if necessary.

POWER FAILURE:

1. In the event of a power failure, the competent person will announce this to all workers inside the containment.
2. He will advise them to stay put until the source of the problem can be located and corrected, if possible.
3. If the problem cannot be corrected within a reasonable amount of time, flashlights will be used so that workers can find the shower and appropriately decontaminate themselves and shower out.
4. Containment flaps will then be sealed to prevent the escape of ACM fibers.

ACCIDENT/EMPLOYEE INJURY:

1. Any and all injuries or accidents should be immediately reported to the supervisor. At this time the supervisor will determine the severity of the injury and the appropriate medical personnel will be notified.
2. A first aid kit is on site at all times and should be used, but not as a substitute for medical attention to more serious matters.

Ohio Technical Services, Inc.

Daily Inspection Form

Project: <u>Renee Back</u>	Project # <u>22-4014</u>
Location: <u>Basement</u>	Owner: <u>Renee back</u>
Supervisor: <u>Jacob Owens</u>	
Date: <u>9/2/21</u>	Shift: <u>1st</u> Weather: <u>60° / sunny</u>

	Yes	No	N/A
1. Building HVAC Systems off and/or isolated?	X		
2. Fire & Security Alarm systems maintained?	X		
3. Adjacent areas free of contamination?	X		
4. OSHA signs in place?	X		
5. Specified Respiratory Protection? Type use <u>half-face</u>	X		
6. Respiratory protection equipment checked daily?	X		
7. Proper air monitoring on personnel and in work areas?	X		
8. Work area isolation structure functioning properly?	X		
9. Protective clothing being worn?	X		
10. Emergency exits clearly marked?	X		
11. Knife marked with red handle attached to wall at emergency exit?		X	
12. Emergency evacuation plan completed in the job book?	X		
13. Contractors & others in the area given the opportunity to read MSDS?	X		
14. Adequate negative pressure in all areas?	X		
15. AFDs functioning properly?	X		
16. Electrical GFIs installed and functioning for work areas?	X		
17. All electrical systems de-energized and locked out?	X		
18. Asbestos hazard signs and labels used properly?	X		
19. Entrance(s) to work areas supervised?	X		
20. Stripping and removal activities performed properly?	X		
21. All ladders and scaffolding properly erected and secured?	X		
22. Proper mix and application of amended water?	X		
23. Debris promptly bagged and sealed in containers?	X		
24. Disposal Bags/Containers Properly labeled?	X		
25. Truck and or dumpster properly labeled?	X		
26. Encapsulation activities performed properly?	X		
27. Building decontamination and clean-up performed properly?	X		
28. Facility safe and secured at end of work day?	X		
29. Sufficient quantities of proper materials and equipment?	X		
30. Water in the work area?	X		
31. Water shut off at source?	X		
32. Required documents posted?	X		
33. Safety meeting conducted? Number of workers <u>3</u>	X		

NOTE: If any of the questions above receive a "NO," please explain in detail.

Field Representative

Ohio Technical Services, Inc.

DAILY LOG

Project Name: Renee Rock		Date: 9/2/21
Project Number: 22-4014		Supervisors Name: Jacob Owens
Time	Work Performed	
8:00	arrived at Jobsite, Checked temps in & gain entry to house. Started loading up equipment not needed and unloading tools needed.	
8:30	all equipment in Place, Started Covering water tank, Stairs, windows, at ^{Hvac} and at ^{of} Floors of the basement to begin Painting.	
9:30	all the furniture & hot water tank & Hvac Systems are wrapped begin laying Poly on the Floor.	
10:00	Basement is Completely Contained, Begin Painting the Back Room with airless.	
11:30	Back Room Ceiling and walls Completely Painted took lunch Break.	
12:00	returned From lunch Break, & Begin Painting the rest of Remaining Ceilings & walls in Basement	
3:30	Basement Ceilings & walls are Painted Started fogging up Stairs & vents.	
4:00	upstairs has been fogged started taking down plastic from basement.	
4:15	fogged Basement loaded equipment onto truck	

4:30 Checked temps out Job complete.

Today's Waste Bag Count: _____

Number of Air Samples Collected: 0

Supervisors Signature: _____

DAILY LOG

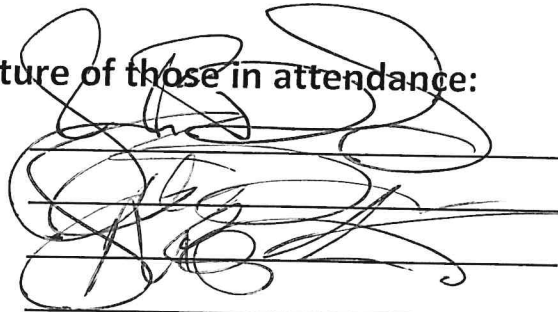
Safety Meeting

Project Name: Renee Back
Date : 9/2/21
Supervisor: Jacob Owens
Safety Coordinator for the day: Jacob Owens

Suggested topics, check the ones covered:

- ☐ Fire Hazards
- ☒ Ladders
- ☐ Scaffold
- ☒ Small Hand Tools
- ☒ Eye, Head, Feet Protection
- ☐ General Housekeeping
- ☐ Emergency Exits
- ☒ Waste Management
- ☐ Power Failures
- ☐ Heat Stress
- ☐ Other Topics: _____
- ☐ Other Topics: _____
- ☐ Other Topics: _____
- ☐ Other Topics: _____
- ☐ Other Topics: _____
- ☐ Other Topics: _____
- ☐ Other Topics: _____

Signature of those in attendance:



Ohio Technical Services, Inc.

FIRE PROTECTION & EMERGENCY ACTION PLAN

DATE: 9/2/21

JOB NAME: Renee Box

JOB ADDRESS: 48 Beachwood Dr. SW, Reynoldsburg, OH 43068

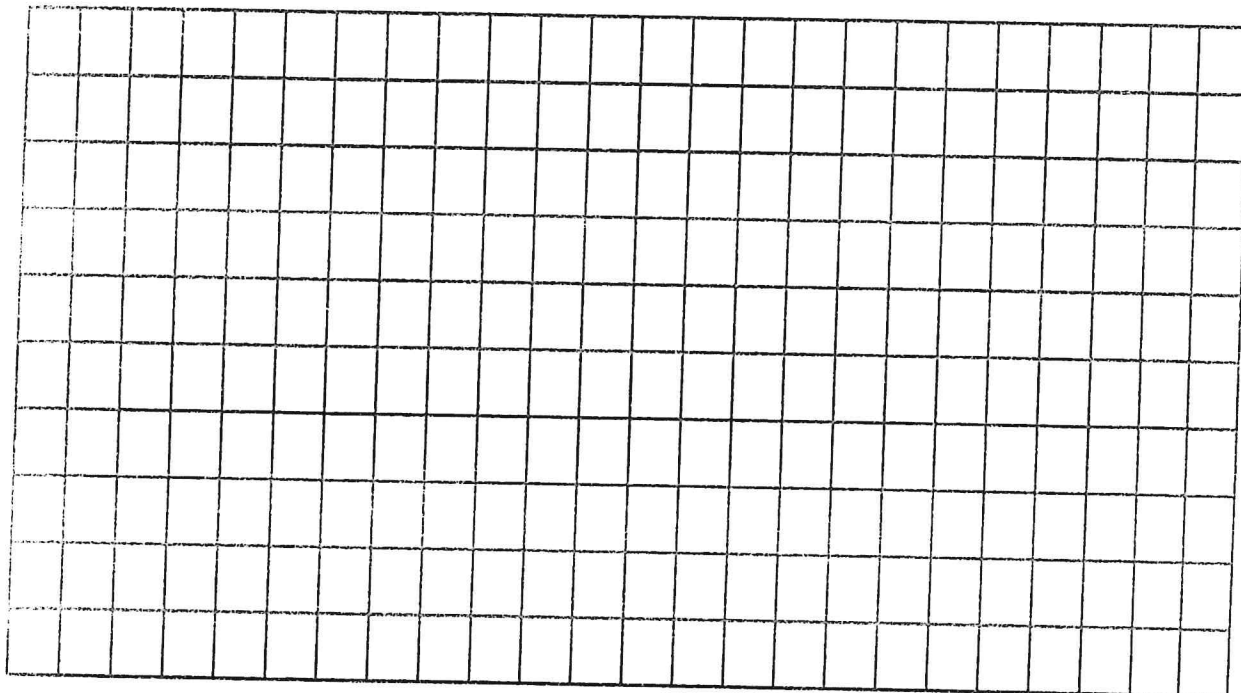
LOCATION OF
ABATEMENT: Basement

SUPERVISOR: Jacob Owens

MAJOR FIRE HAZARDS: _____

FIRE PREVENTION EQUIPMENT AVAILABLE: _____

BASIC FLOOR PLAN WITH EXITS MARKED:



PROCEDURE: REVIEW WITH WORKERS PRIOR TO ABATEMENT!

FIRE & HEAVY SMOKE:

1. All exits will be clearly marked inside the abatement enclosure with arrows pointing the way out.
2. A fire extinguisher will be located just outside the entrance to the containment.
3. If a fire breaks out, each worker is responsible for notifying all workers that there is immediate danger to leave the area immediately.
4. The supervisor will immediately count the workers and make sure everyone is accounted for.
5. The supervisor will call 911 and specify that this is an "asbestos abatement project" and he will also notify emergency medical people if necessary.

POWER FAILURE:

1. In the event of a power failure, the competent person will announce this to all workers inside the containment.
2. He will advise them to stay put until the source of the problem can be located and corrected, if possible.
3. If the problem cannot be corrected within a reasonable amount of time, flashlights will be used so that workers can find the shower and appropriately decontaminate themselves and shower out.
4. Containment flaps will then be sealed to prevent the escape of ACM fibers.

ACCIDENT/EMPLOYEE INJURY:

1. Any and all injuries or accidents should be immediately reported to the supervisor. At this time the supervisor will determine the severity of the injury and the appropriate medical personnel will be notified.
2. A first aid kit is on site at all times and should be used, but not as a substitute for medical attention to more serious matters.