

 DEE CRAMER HEATING / COOLING / SHEET METAL <i>Dedicated People. Delivering Quality.</i>	Dee Cramer, Inc. Safety Management System	Doc No:	ALS POLICY
		Initial Issue Date:	1/1/2017
		Revision Date:	6/22/2026
ASBESTOS, LEAD AND SILICA POLICY		Revision No.	1.0
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Purpose

The purpose of this procedure is to advise employees about the properties, dangers and controls of asbestos, lead, and silica.

Scope

This procedure applies to Dee Cramer, Inc. operations, where employees whose work activities may contact asbestos, lead, or silica containing materials but do not disturb the material during their work activities. When work is performed on a non-owned or operated site, the operator's program shall take precedence, however, this document covers Dee Cramer, Inc. employees and contractors and shall be used on owned premises, or when an operator's program doesn't exist or is less stringent.

Definitions

Asbestos – A group of naturally occurring fibrous minerals used in construction for insulation and fireproofing. When disturbed, it can become airborne and inhaled causing serious health risks.

Action Level (AL) – The concentration of a hazardous substance that triggers specific OSHA requirements such as exposure monitoring and medical surveillance.

Lead – A toxic metal historically used in paints, pipes, and other building materials. Exposure occurs primarily through inhalation of dust, fumes, or ingestion of contaminated particles.

Permissible Exposure Limit (PEL) – The maximum amount or concentration of a substance that a worker may be exposed to under OSHA regulations. Typically expressed as an 8 – hour Time-Weighted Average (TWA)

Respirable Crystalline Silica – A fine dust generated during activities such as cutting, grinding or drilling materials like concrete, stone, and brick. Inhalation of respirable silica particles can lead to serious health risk.

Time-Weighted Average (TWA) – The average exposure to a contaminate over a specified period, usually 8 hours, calculated to account for varying exposure levels during the work shift.

Responsibilities

Supervisors/Managers

- Ensure that all requirements of this program are followed.
- Ensure proper employee training completion.
- Perform duties of the Competent Person for asbestos, lead, or silica work.
- Ensure personnel are aware of work that has the potential of exposure to asbestos, lead, or silica.
- Ensure owners, operators and Safety Director are notified of asbestos containing material (ACM) or presumed asbestos containing material (PACM), lead, or silica.
- Prohibit Dee Cramer, Inc. employees from working until material confirmed abated.

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- Take immediate corrective action and stop work if new hazards observed or there is a change in conditions that negatively impacts employee safety or health (in consultation with the Competent Person, if needed).
- Coordinate medical surveillance provisions where necessary.

Safety Department:

- Coordinate asbestos, lead, and silica awareness training activities.
- Coordinate sample collection, air monitoring, medical surveillance or other safety / industrial hygiene practices as needed.
- Coordinate medical surveillance provisions where necessary.

Project Manager

- Review projects with the Competent Person to evaluate potential exposures
- Ensure exposure control provisions are included in the project work plan as determined by required review.
- Ensure project staff receives necessary training and information regarding health hazards, potential for exposure and safe work procedures relevant to the specific project.
- Ensure staff are equipped with necessary PPE, as well as specialized tools and equipment required for safe project completion.

Designated Competent Person:

- Capable of identifying existing and predictable hazards in the surroundings or working conditions and who has authorization to take prompt corrective measures to eliminate them.
- Be familiar with the requirements
- Work with project managers/site supervisors and foremen to identify tasks with potential exposure to asbestos, lead, or silica.
- Work with project managers/site supervisors and foremen to ensure that work with potential silica disturbance / exposure can be done using Table 1 as a first priority.
- Coordinate consultation with EHS professional for exposure assessment of any tasks outside those listed in Table 1.
- Coordinate employee training and information.
- Perform periodic jobsite reviews to verify exposure controls are in place.

Employees:

- Comply with the asbestos, lead, and silica awareness requirements and direct any questions or concerns to the Safety Director.
- Wear appropriate PPE.
- Attend required training.

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- Review material safety data sheets when applicable.

Asbestos Procedure

Hazard Assessment

Dee Cramer, Inc. assesses exposure or likelihood of exposure of a worker to the inhalation or ingestion of asbestos. In causing the assessment to be made, Dee Cramer, Inc. shall consider and take into account such matters as the methods and procedures used or to be used in the processing, mining, use, handling, or storage of asbestos. Dee Cramer, Inc. ensures exposure does not exceed occupational exposure limits.

Dee Cramer, Inc. must take all necessary measures and procedures by means of engineering controls, work practices, and hygiene practices and facilities to ensure that the time-weighted average exposure of a worker to any of the forms of airborne asbestos, individually or collectively, is reduced or kept as low as reasonably achievable. In any case employees must not be exposed to airborne concentrations of asbestos in excess of 0.1 fibers per cubic centimeter of air (.1 f/cc) [over an 8 hour time period for Alberta operations]. Atmospheric testing results should be assessed before a worker is exposed.

Health Effects

Exposure to asbestos dust such as inhalation may cause pneumoconiosis, lung cancer or mesothelioma. The risk of injury to health caused by the inhalation of asbestos is increased by smoking.

Exposure Control Methods

Client-owned and/or operated equipment and facilities, where surface material or insulation is present, must be confirmed non-asbestos before Dee Cramer, Inc. employees disturb that material. Where surfacing material or insulation cannot be confirmed non-asbestos, the client or owner must test, and where necessary abate, the material before Dee Cramer, Inc. employees are permitted to work.

Dee Cramer, Inc. must post signs at the boundaries of the restricted/designated work area indicating asbestos work is in progress, the hazards, and the precautions required for entering the work area and employees will abide with warning signs and labels and will not disturb the Asbestos Containing Material.

Prior to commencement of work, the affected employees shall be briefed on the engineering controls and work practices designed to reduce/maintain the exposure below TWA for the asbestos work. This briefing shall be documented and maintained with the job documentation. Where engineering controls are not feasible work practices such as exhaust systems for hand tools, wet methods, clean-up procedures & PPE shall be used.

Wet methods will be employed for all asbestos work as a means to minimize potential airborne exposure wherever possible. ACM shall be wet from the initiation of the maintenance or renovation

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operation and wetting agents shall be used continually throughout the work period to ensure that any dry ACM exposed in the course of the work is wet and remains wet until final disposal. Wetting agents, usually a surfactant (dish soap), are generally prepared by mixing 1 to 3 ounces of wetting agent to 5 gallons of water.

Where exhaust ventilation equipment used to contain asbestos dust Dee Cramer, Inc. shall ensure that the equipment has with a HEPA filter, inspected regularly for defects, maintained and certified by a competent person at least once each year as being able to function safely and effectively.

If the TWA and/or excursion limit is exceeded, a site-specific written Asbestos Exposure Control Program to reduce employee exposure shall be implemented containing means of engineering & work practice controls & the use of respiratory protection.

Where an asbestos process is undertaken, Dee Cramer, Inc. shall ensure that the area is effectively isolated or otherwise enclosed to prevent the escape of asbestos dust to any other part of the place of employment and that a warning notice is conspicuously displayed indicating that asbestos work is in progress.

Dee Cramer, Inc. does not abate any material containing asbestos. All abatement shall be coordinated by General Contractor or Building Owner.

Personal Protective Equipment (PPE)

The use of approved respirators shall be at no cost to the employee and will be used in conjunction with work practice controls, work operations, to reduce exposure and in emergencies. Dee Cramer, Inc. must provide workers in a restricted area with protective clothing that protects other clothing worn by the worker from asbestos contamination, ensure that workers' street clothing is not contaminated by asbestos, and ensure that a worker does not leave a restricted area until the worker has been decontaminated. All protective clothing is disposed of as asbestos waste after use or is kept, maintained and cleaned in a safe manner each time it is used.

Other PPE will include:

- All persons within a restricted/designated work area wear protective clothing which is made of material resistant to penetration by asbestos fibers, fits snugly at the neck, wrists and ankles as necessary to protect against the risk, covers the head and feet as well as the body.
- Protective coveralls, gloves. Head coverings / Foot coverings, Vented goggles / Face Shields

Before a worker removes protective clothing and equipment, Dee Cramer, Inc. must ensure that the worker cleans this gear with a damp cloth or a vacuum cleaner equipped with a HEPA-filtered exhaust and ensure that a worker removes protective clothing and equipment before leaving the restricted/designated work area.

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Emergency Procedure

When an unexpected exposure occurs, such as a spill, release, or unexpected disturbance Dee Cramer Inc shall establish a regulated area, stop work and notify a competent person, don PPE, and follow the Asbestos Control Program as stated above.

Medical Surveillance

Workers exposed to asbestos are provided health assessments. The person with custody of the health assessment record must ensure that no person, other than the worker or health professional who conducts the health assessment, has access to the exposed worker's health assessment unless the record is in a form that does not identify the worker, or the worker gives written permission for access by another person. Dee Cramer, Inc. must ensure that a worker undergoes a health assessment not more than 30 calendar days after the worker becomes an exposed worker, and every two years after the first health assessment. Exposed workers may refuse to undergo part or all of a health assessment by giving Dee Cramer, Inc. a written statement refusing it. Dee Cramer, Inc. must pay the cost of the health assessment and ensure that, if it is reasonably practicable, a health assessment is performed during normal work hours.

Lead Procedure

Hazard Assessment

Employees must abide by any signs/labels/assessment reports indicating the presence of lead containing materials and will not disturb the lead containing material. Appropriate work practices shall be followed to ensure the lead containing materials are not disturbed. Regulated access signs are to demarcate the lead exposure regulated work areas. The signs should read as follows:

WARNING
LEAD WORK AREA
POISON
NO SMOKING OR EATING

Health Effects

Common symptoms of acute lead poisoning are loss of appetite, nausea, vomiting, stomach cramps, constipation, difficulty in sleeping, fatigue, moodiness, headache, joint or muscle aches, and anemia. Long term (chronic) overexposure to lead may result in severe damage to the blood-forming, nervous, urinary, and reproductive systems.

Exposure Control Methods

When working on multi-contractor worksites Dee Cramer, Inc. employees shall be protected from exposure. If employees working immediately adjacent to a lead abatement activity are exposed to lead due to the inadequate containment of such job, Dee Cramer, Inc. shall either remove the employees from the area until the enclosure breach is repaired or perform an initial exposure assessment.

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Employees will wash hands and face if lead materials are contacted. possible contact with lead containing material must be reported immediately to the supervisor or Safety Director.

If air is re-circulated back into the workplace, the system must be equipped with a HEPA (high efficiency particulate air) and backup filter, and a system to monitor the lead level will be installed.

When using mechanical means to remove lead-containing paints or coatings, use equipment which is equipped with a HEPA collection system.

Whenever possible, use a wet system to reduce airborne dust.

Whenever possible, substitute lead material with non-lead material.

Personal Protective Equipment (PPE)

Respirators shall be used during the time required to install or implement control if engineering and work practices are insufficient as well as for emergency use.

If respirators are required, they will meet national certification requirements, be supplied at no cost to the employee and all using employees will follow the Dee Cramer, Inc. Respiratory Protection Program.

Emergency Procedure

If lead has been discovered at a job site, stop work immediately and notify a supervisor.

Seek medical attention if there was ingestion or significant inhalation of lead dust/fumes. Ensure to inform the healthcare professional about the nature of the exposure.

Secure the area until proper lead abatement methods are completed.

Medical Surveillance

If lead exposure has been identified at the beginning of the project an initial medical examination will be conducted. After initial medical examination periodic monitoring shall be established as exposure continues. Frequency of monitoring will be determined by the Safety Director.

Silica Procedure

Hazard Assessment

Potential for employee exposure to respirable crystalline silica will vary by task, materials, and work methods. The OSHA construction standard, 1926.1153 TABLE 1: Specified Exposure Control Methods When Working with Materials Containing Crystalline Silica (Attachment A of this document), offers characterization of exposure and controls for common tasks.

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Health Effects

Short term effects to silica include irritation of the eyes, nose, and throat. An acute silicosis may occur when there is heavy exposure over a short period of time which can cause rapid lung damage and lead to severe breathing difficulties. Long term effects to silica may include chronic silicosis, lung cancer, chronic obstructive pulmonary disease (COPD), and kidney disease.

Exposure Control Methods

Potential for employee exposure to respirable crystalline silica will vary by task, materials, and work methods. 1926.1153 TABLE 1: Specified Exposure Control Methods When Working with Materials Containing Crystalline Silica offers characterization of exposure and controls for common tasks.

Access to work areas will be restricted to those employees trained in proper procedures and required to perform specific work function. Work areas will be restricted from general entry when activities create potential for exposure to respirable crystalline silica.

The project manager and site supervisor should also be aware of any work on the project, conducted by other trades and contractors, that may disturb silica and/or create airborne silica dust. In consultation with the competent person, take appropriate action if there is a potential for exposure to the Company employees.

The Company will prepare a written work plan for all tasks with the potential to generate silica dust. A helpful resource to develop this plan can be found at www.silicasafe.org.

No dry sweeping or brushing should be done in areas containing silica dust or debris as these activities may create an un-necessary employee exposure. Similarly, compressed air should not be used for cleaning work areas, tools, equipment, or clothing containing silica dust or debris.

Work-plans should include provisions for wet cleaning methods to minimize airborne dust or, preferably, use of HEPA filtered vacuum cleaners.

Engineering and work practice controls identified by task (Table 1) should be incorporated into site specific work plans. Additionally, provisions should be made to further control dust through exhaust ventilation, wet methods, and ongoing housekeeping to minimize accumulation of settled dust.

Requirements of other standards must still be followed as applicable, for example, 29 CFR 1926.57 (Ventilation), where abrasive blasting is conducted using crystalline silica containing blasting agents, or where abrasive blasting is conducted on substrates that contain crystalline silica.

Personal Protective Equipment (PPE)

Requirements for respiratory protection identified by task (Table 1) must be incorporated into site specific work plans.

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If there are circumstances where Table 1 cannot be followed, the Competent Person will determine the need for respiratory protection based on employee exposure to respirable crystalline silica.

When tasks require use of respiratory protection, all provisions of OSHA's Respiratory Protection Standard (29 CFR 1910.134) must be followed.

These include:

- Respirator selection
- Providing equipment at no cost to employees
- Medical evaluation
- Fit testing
- Use, maintenance, and care
- Training and information

Major Requirements of OSHA's Respiratory Protection Standard 29 CFR 1910.134 is located in Attachment C. The SMACNA website provides a model Respiratory Protection Program that may be utilized by member companies who need to implement a program.

Emergency Procedure

If significant respirable silica exposure has been discovered at a job site stop work immediately and notify a supervisor.

Seek medical attention if there was ingestion or significant inhalation of silica dust/fumes. Ensure to inform the healthcare professional about the nature of the exposure.

Secure the area until proper wet methods or HEPA vacuuming has been completed. Avoid dry sweeping or compressed air.

Medical Surveillance

Each employee required to wear a respirator 30 or more days per year is to be included in a medical surveillance program to include a medical examination performed by a physician or other licensed healthcare professional (PLHCP). Initial medical examination must be done within 30 days of assignment unless there is documentation that the employee has had a medical examination that meets the requirements of the standard within the past 3 years.

Periodic examinations must be performed every 3 years or more frequently if recommended by the PLHCP.

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Requirements of Medical Examination

The examination shall consist of:

- A medical and work history, with emphasis on: past, present, and anticipated exposure to respirable crystalline silica, dust, and other agents affecting the respiratory system; any history of respiratory system dysfunction, including signs and symptoms of respiratory disease (e.g., shortness of breath, cough, wheezing); history of tuberculosis; and smoking status and history;
- A physical examination with special emphasis on the respiratory system.
- A chest X-ray (a single posteroanterior radiographic projection or radiograph of the chest at full inspiration recorded on either film (no less than 14 x 17 inches and no more than 16 x 17 inches) or digital radiography systems), interpreted and classified according to the International Labor Office (ILO) International Classification of Radiographs of Pneumoconiosis by a NIOSH-certified B Reader;
- A pulmonary function test to include forced vital capacity (FVC) and forced expiratory volume in one second (FEV1) and FEV1/FVC ratio, administered by a spirometry technician with a current certificate from a NIOSH-approved spirometry course;
- Testing for latent tuberculosis infection; and
- Any other tests deemed appropriate by the PLHCP.

The PLHCP must be provided the following information:

- A copy of 1926.1153.
- A description of the employee's former, current, and anticipated duties as they relate to the employee's occupational exposure to respirable crystalline silica;
- The employee's former, current, and anticipated levels of occupational exposure to respirable crystalline silica.
- A description of any personal protective equipment used or to be used by the employee, including when and for how long the employee has used or will use that equipment.
- Information from records of employment-related medical examinations previously provided to the employee and currently within the control of the employer

Within 30 days following examination the PLHCP must provide the employee a written report that includes the following information:

- A statement indicating the results of the medical examination, including any medical condition(s) that would place the employee at increased risk of material impairment to health from exposure to respirable crystalline silica and any medical conditions that require further evaluation or treatment.
- Any recommended limitations on the employee's use of respirators.
- Any recommended limitations on the employee's exposure to respirable crystalline silica; and A statement that the employee should be examined by a specialist if the chest X-ray provided in accordance with this section is classified as 1/0 or higher by the B Reader, or if referral to a specialist is otherwise deemed appropriate by the PLHCP.

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The PLHCP must also provide the company a written medical opinion within 30 days of completing employee medical examinations. This written medical opinion must be shared with the referenced employee (each employee should be provided information pertaining to him/her only). Information included by the PLHCP in this report is as follows:

- The date of the examination.
- A statement that the examination has met the requirements of 1926.1153
- Any recommended limitations on the employee's use of respirators.

If the employee provides written authorization, the written opinion shall also contain either or both of the following:

- Any recommended limitations on the employee's exposure to respirable crystalline silica.
- A statement that the employee should be examined by a specialist if the chest X-ray provided in accordance with this section is classified as 1/0 or higher by the B Reader, or if referral to a specialist is otherwise deemed appropriate by the PLHCP.

Recommendations regarding referral to a specialist must be followed up (appointment scheduled) within 30 days. The specialist must be given all information originally provided to the PLHCP. The specialist must provide reports to both the employee and company, as described above for the PLHCP, within 30 days of the examination.

Asbestos, Lead and Silica Personnel Air Monitoring

When exposure to asbestos, lead or silica are suspected air monitoring shall occur by an independent/third party air sampling person, and provide the results to the Dee Cramer, Inc. Competent Person.

The air quality is to be determined from breathing zone air samples. The samples shall be representative of the 8- hour TWA and 30-minute short-term exposure. Measurements are required for documentation.

Where the asbestos exposure assessment (in the absence of quantitative personnel monitoring results) does not present objective, convincing data that indicates the ACM to be handled will not (under the worst circumstances) release airborne fibers, personnel air monitoring shall be performed to quantify exposure.

The Dee Cramer, Inc. Safety Director is to be consulted for advice and assistance in performing personnel air sampling activities.

The number of samples necessary to be considered "representative" is dependent upon many factors and must be determined in consultation with the Dee Cramer, Inc. Safety Manager, certified Industrial Hygienist consultant, or a third-party air sampling professional.

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Affected employees will be notified of monitoring results, which represent the employee's exposure, as soon as possible following receipt of the monitoring results. Employees shall be notified in writing either individually or by posting at a centrally located place that is accessible to affected employees.

Once representative sampling indicates that exposure levels for that particular activity are consistently below the established permissible limit and/or excursion limit, the requirement for respiratory protection may be waived.

It is imperative that accurate personnel air sampling records are maintained in order to justify any relaxation of respiratory protection requirements.

Results of air sampling data shall be maintained.

Silica Specific

Air monitoring data from previous similar projects may be considered along with other objective data that characterizes exposure (for example, studies performed by equipment manufacturers using specific work methods or equipment shown to control exposure).

Exposure Monitoring Requirements	
- Not required if employer follows Table 1 - If initial monitoring results are below the Action level (25 ug/m³) no further monitoring is required. - If initial monitoring results are > than the Action Level (25 ug/m³) and < Permissible Exposure Limit (50 ug/m³) repeat monitoring every 6 months until two consecutive sets of data are below 25 ug/m³. - If initial monitoring results are above the Permissible Exposure Limit (>50 ug/m³) monitoring must be repeated every 3 months.	
Note:	All samples must be analyzed in accordance with OSHA 1926.1153. Each affected employee must be notified of sample results within 5 working days after the exposure assessment is completed. Notification must include methods being taken to reduce exposures measured above 50 ug/m³

Asbestos, Lead and Silica Training

Asbestos

Workers are provided training on the possible locations (typically piping an hazard of asbestos and safe work procedures. Dee Cramer, Inc. must ensure all employees that are exposed to airborne concentrations undergo training applicable to the authority having jurisdiction. This includes site supervisors/superintendents who oversee other contractors performing this function to minimize the worker's exposure.

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A certificate of training shall be provided and maintained.

Lead

Lead awareness training is required for employees whose work activities may contact lead containing materials but do not disturb the material during their work activities. Lead awareness training is required at time of hire, during orientation, or before assignment to areas containing lead. Refresher training must be given annually.

Training will include the health effects of lead, how to report suspected locations of lead containing material and not to disturb any possible lead containing material.

Training records shall be provided upon request all materials relating to the employee information and training program to regulatory agencies.

Silica

Employees with potential exposure to respirable crystalline silica must receive information and training explaining the contents and availability of 29 CFR 1926.1153 and the following:

- The health hazards associated with exposure to respirable crystalline silica.
- Specific tasks in the workplace (as determined by review of Table 1 or other exposure assessment) that could result in exposure to respirable crystalline silica.
- Specific measures the employer has implemented to protect employees from exposure to respirable crystalline silica, including engineering controls, work practices, and respirators to be used
- The name and contact information of the competent person
- An explanation of the company medical surveillance program.

Asbestos, Lead, and Silica Recordkeeping

The following records are required to be maintained and made available in accordance with 29 CFR 1910.1020:

1. Air monitoring data:
 - The date of measurement for each sample taken.
 - The task monitored.
 - Sampling and analytical methods used.
 - Number, duration, and results of samples taken.
 - Identity of the laboratory that performed the analysis.
 - Type of personal protective equipment, such as respirators, worn by the employees monitored; and
 - Name, social security number, and job classification of all employees represented by the monitoring, indicating which employees were monitored
2. Objective data used for exposure assessment:
 - The material in question.
 - The source of the objective data.
 - The testing protocol and results of testing.

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- A description of the process, task, or activity on which the objective data were based; and
 - Other data relevant to the process, task, activity, material, or exposures on which the objective data were based.
3. Medical surveillance for each employee to include:
- Name and social security number.
 - A copy of the PLHCPs' and specialists' written medical opinions; and
 - A copy of the information provided to the PLHCPs and specialists.

Employee training records and documentation of periodic jobsite review should also be maintained as a best practice and documentation of program implementation.

All records relating to any asbestos activity shall be maintained by Dee Cramer, Inc. permanently. The records of the exposures of each worker to airborne asbestos at the workplace to be maintained as provided by the asbestos control program shall identify the worker, including the worker's date of birth, the worker's jobs or occupations at the workplace, the results of monitoring for exposure to airborne asbestos in his or her work area, and the use by the worker of respiratory equipment and its type.

Asbestos, Lead and Silica Change in Process

Where a change is made in a process involving asbestos, lead or silica in the methods and procedures in the mining, use, handling or storage and the change could result in a significant difference in the exposure of a worker to the inhalation or ingestion Dee Cramer shall reassess and reevaluate if a further assessment is to be made.

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Management of Change		
Date	Description of Change	Name
6/22/2026	Combination of Asbestos, Lead and Silica policy. General process flow updates.	Madelyn Nichols