

Memorandum

MIAMI-DADE
COUNTY

Date: October 17, 2013

To: Honorable Chairwoman Rebeca Sosa
and Members, Board of County Commissioners

From: Carlos A. Gimenez
Mayor 

Subject: Miami-Dade Corrections and Rehabilitation Department – Management Watch

The following information is provided in response to the August 13, 2013 memorandum from the Honorable Commissioner Sally Heyman regarding her request to place the Miami-Dade Corrections and Rehabilitation Department (MDCR) on Management Watch.

As the eighth largest jail system, out of 3,300 in America, MDCR is in the forefront of jail leadership and management as depicted by the following:

- Reduction of the average daily inmate population from 7,400, in facilities designed to hold 5,845, to at times, less than 5,000;
- Reduction of \$50 million from its budget while maintaining essential services;
- Successful relocation of all female inmates from the Women's Detention Center (WDC) to the Turner Guilford Knight Correctional Center (TGK) and the Pre-Trial Detention Center (PTDC) to further maximize resources and minimize costs;
- Establishment of the corrections technician classification facilitating the redeployment of correctional officers to security posts while reducing personnel costs;
- Partnership with Just Detention International, a nationally recognized private, non-profit organization, to align practices with national standards; train personnel to detect and respond to sexual violence; and develop partnerships with local community organizations to provide essential services to inmates. Just Detention International, through a three-year grant from the Department of Justice's Office for Victims of Crime, has selected pilot sites for the Sexual Victimization Program at TGK and Training and Treatment Center (TTC), and Inmate Education Program at the PTDC. Just Detention International has met with Sexual Assault Response Teams to update protocols and forms; conducted inmate focus groups; and trained MDCR Command Staff on September 5, 2012. Additionally, in conjunction with Just Detention International, the Department is finalizing a new Inmate Orientation Video highlighting Prison Rape Elimination Act (PREA)-related information to be shown during the intake process;
- Co-Hosted, as the very first jail system, the 24th Annual Corrections Accreditation Managers' Association Conference in May 2011. This successful event attracted an international audience of criminal justice professionals, educators, college students, and vendors. Participants had the opportunity to attend a vast array of structured workshops and open discussion panels; and
- Largest Pre-Trial Services Program in Florida to receive accreditation by Florida Corrections Accreditation Commission.

In regards to Commissioner Heyman's specific concerns, MDCR has been proactive in addressing these issues on a daily basis as part of their approach to meeting their overall responsibilities. Below are the specific actions undertaken by the Department:

Concern: Shoddy construction at TGK and Dade County Jail (DCJ) including remaining problems with asbestos, mold, sewer leaks, rodent infestation

PTDC, formerly known as DCJ, opened in 1961 as a first-generation jail and TGK opened in 1989 as a direct supervision facility. PTDC and TGK were designed based on correctional design theories and constructed by county-awarded contractors based on building codes of the time and approved by Miami-Dade County and City of Miami inspectors. However, the daily use of these buildings along with age of the infrastructure, particularly PTDC which is over 52 years old, poses challenges in maintaining a safe and secure environment for inmates. For exactly that reason, MDCR engages in proactive renovation and infrastructure maintenance projects to provide a safe environment not only for the inmates in their custody, but for employees who work in these facilities.

Shortly after assuming the position of MDCR Director in 2006, Director Timothy Ryan identified the need to evaluate the Miami-Dade detention facilities and analyze inmate population trends via the development of the 2008 *Master Plan for Miami-Dade County Correctional Facilities*. The *Master Plan* identified the need for significant facility upgrades, the construction of new facilities like the 2,000-bed Krome Detention Center, which has an estimated cost of \$330 million, and capital improvements, as well as the additional staffing. The Krome Detention Facility was approved by the voters in 2004 with an allocation of \$90 million through the General Obligation Bonds (GOB).

Regarding Commissioner Heyman's specific concerns, it is important to recognize the following:

- **Asbestos:** MDCR is cognizant of the potential dangers of asbestos and maintains an Asbestos Management Plan (attachment #1) that includes a detailed list of the location of asbestos containing materials at facilities. Due to the age of PTDC, asbestos containing materials were present in construction materials when buildings were constructed in the late 1950s. MDCR has engaged in asbestos abatement endeavors since 1996 removing asbestos containing materials whenever possible and containing materials that cannot be removed. Asbestos materials will not release asbestos fibers unless disturbed or damaged in some way. Therefore, MDCR contracts with an asbestos abatement contractor when repairs/renovations to these identified areas are required. Additionally, MDCR has conducted air quality testing annually since 1998 to ensure asbestos materials remain undisturbed. Testing is conducted randomly throughout all ten floors in the common areas and offices of PTDC. The attached asbestos report, dated September 25, 2012 (attachment #2), indicated that "*no asbestos structures were detected in any of the samples collected and the results meet the criteria of clean air for airborne asbestos fibers.*" MDCR initiated its annual testing on March 2013 which indicated that "*these results meet the criteria for clean air (less than 0.010 fibers/cc) for airborne fibers as generally recognized in the asbestos industry (attachment #3).*" The next annual asbestos testing is scheduled for March 2014.
- **Mold:** The issue of mold has not surfaced at TGK. MDCR was advised of stains on the clinic wall at PTDC which were perceived as mold by an employee and engaged in testing. The attached report, dated December 13, 2012 (attachment #4), indicated no mold or fungi were present. The stain was treated by regular cleaning techniques. Due to the age of the building, PTDC does have several rusting pipes throughout the facility and mold may appear occasionally. MDCR takes a proactive approach when mold is detected. Replacement of rusting pipes is included in a major \$22 million renovation/repair project and will occur in various phases.

- **Sewer Leaks:** Currently, issues of sewer leaks are concentrated at PTDC with no such major concerns at their other facilities, including TGK. However, this issue may develop at any facility as infrastructure continues to age. MDCR's Construction Management Division works diligently to resolve such issues as expeditiously as possible. MDCR made its most recent presentation regarding these concerns with pictures of the problems (old pipes, cracking pipes, etc.) during the May 14, 2013 Finance Committee budget presentations.
- **Rodent Infestation:** MDCR has contracted with a pest control company for routine pest control services of its facilities since 2001. Concerns regarding rodent infestation are concentrated at PTDC, with no such rodent concerns at other facilities, including TGK. Toro Pest Control, the on-call 24-hour pest control vendor, is contracted for handling rodent extermination. Additionally, PTDC's medical clinic and kitchen are routinely inspected by the Miami-Dade Department of Health, and issues identified by these inspections are corrected as quickly as possible. It is important to mention that rodent issues are of great concern and an ongoing challenge to buildings not only in the Civic Center area, but throughout Miami-Dade County. This is evidenced in the recent resolution to implement a rodent control program in County-owned facilities, adopted by the Board of County Commissioners on September 4, 2013.

Following a rodent incident at the PTDC Officer's Mess Hall on February 15, 2013, MDCR requested an immediate review of current pest control efforts by Toro Pest Control and 19 vulnerable areas were identified where numerous traps and baits were placed, and weekly checks by Toro conducted. As a result of a letter from a MDCR employee, the Miami-Dade Department of Health conducted an unscheduled inspection of the kitchen and clinic operations on March 8, 2013. As a result of the recommendations from the Miami Dade Department of Health, MDCR sealed the numerous holes in the facility structure to prevent entry of vermin into the building. The attached Miami-Dade Department of Health *Inspection and Food Service Inspection Reports* identified no significant health and safety concerns and recognized current pest control efforts (attachment #5).

A comprehensive walk through was conducted on May 9, 2013 of all areas of the PTDC by MDCR, the Miami-Dade Department of Health, and Toro Pest Control. As a result, the primary areas of concern of rodent activity were identified as the water closets located throughout the facility. MDCR has initiated thorough remediation efforts. The water closets, as well as the electrical rooms, throughout all ten floors of PTDC have been cleaned and treated. The sealing of the water closets occurred in a systematic fashion beginning on the second floor and ascending to the tenth floor, and taking approximately one week to complete each floor. Pest control treatment has been intensified with the Procedural Directive stipulating steps employees must initiate when a rodent is sighted by staff or inmates, including completing a rodent sighting log and immediately contacting sanitation. MDCR has been working closely with the Miami-Dade Department of Health and the Miami-Dade County Pest Control Manager. MDCR will continue to closely monitor pest control efforts in all its facilities to ensure appropriate measures are implemented.

The following chart depicts the findings and recommended action items by the Department of Health. MDCR has completed all recommended action items.

LOCATION	FINDINGS	RECOMMENDED ACTION ITEM
Roof	<ul style="list-style-type: none"> • Rat droppings behind water tower and roof of boiler room • Penetration/holes in structure located behind the tower • Open vents • Drain missing cover • Roof entry door and tower door has gap at the bottom of door 	<ul style="list-style-type: none"> • Remove droppings and disinfect area with water/bleach • Seal cracks and holes • Add mesh screen around vents • Replace cover • Install door sweeps to keep gaps under doors smaller than a quarter inch
Roof Boiler Room	<ul style="list-style-type: none"> • Sprinkler pipe near entrance door penetration • Large gap/opening at the bottom of door 	<ul style="list-style-type: none"> • Seal around pipes leading into walls and structure • Use door sweeps to keep gaps under doors smaller than a quarter inch
Roof Stairwell and Boiler Room	<ul style="list-style-type: none"> • Penetration/holes around PVC piping 	<ul style="list-style-type: none"> • Seal around pipes leading into walls
10 th floor walk electrical room and cage area	<ul style="list-style-type: none"> • Penetration/holes in wall • Rat droppings 	<ul style="list-style-type: none"> • Seal all holes and areas of possible penetration • Remove droppings and disinfect area with water/bleach
10 th floor walk perimeter	<ul style="list-style-type: none"> • Penetration/holes in wall and holes behind fire hose cabinet 	<ul style="list-style-type: none"> • Seal all holes and cracks in foundations/ walls, and around piping
XC-wing air handler room	<ul style="list-style-type: none"> • Pipe Leaks • A/C Vent dirty • Hole in wall behind air handler and below the electrical outlet 	<ul style="list-style-type: none"> • Repair and check pipes regularly for leaks • Vacuum and clean vent • Seal all holes and cracks in foundations/ walls, and around below the electrical outlets
Perimeter/Walk All floors	<ul style="list-style-type: none"> • Plumbing pipe chase 	<ul style="list-style-type: none"> • Seal all holes and cracks in foundations/ walls, and around piping
Perimeter behind 9c-wing	<ul style="list-style-type: none"> • North east corner pipe chasing through penetration • Old dryer exhaust vent open 	<ul style="list-style-type: none"> • Seal all holes and cracks in foundations/ walls, and around piping • Needs to be capped off

LOCATION	FINDINGS	RECOMMENDED ACTION ITEM
9 th floor perimeter AC ducts	<ul style="list-style-type: none"> Holes in duct/(tape fell off) 	<ul style="list-style-type: none"> Seal and repair
Air Handler Room All floors	<ul style="list-style-type: none"> AC Vents dirty 	<ul style="list-style-type: none"> Vacuum and clean vent
9c-wing perimeter water closets	<ul style="list-style-type: none"> Rubbing sited, grease marks along walls and floorboards. Rat droppings present 	<ul style="list-style-type: none"> Remove droppings and disinfect area with water/bleach
6-floor perimeter (behind safety cells)	<ul style="list-style-type: none"> Droppings sited, mouse on glue trap behind cell 604 Wall between 604-606 (water closet) needs repairing and holes/penetration around pipes 6th floor perimeter 	<ul style="list-style-type: none"> Remove droppings and disinfect area with water/bleach Seal all holes and cracks Seal all holes and cracks in foundations/ walls, and around piping area.
5 th floor electrical room	<ul style="list-style-type: none"> Droppings sited Structure/wall has holes 	<ul style="list-style-type: none"> Remove droppings and disinfect area with water/bleach Seal all holes and cracks in foundations/ walls, and around piping
2 nd floor perimeter (walk)	<ul style="list-style-type: none"> Water closets dirty; rodent nest sited, mice and droppings sited; roaches and ants Holes/penetration AC filter dirty (located by 2A4) Food on bars, trash and perishables items (fruit) Rodent nest inside water closet behind PTS 	<ul style="list-style-type: none"> Remove rodent nest, droppings and disinfect area with water/bleach Seal all holes and cracks in foundations/ walls, and around piping. Replace filter Keep area clean, tweak hourly check sheet to include clean and free of all perishable items. Treat area
2A3	<ul style="list-style-type: none"> Rodents and droppings sited AC vent rusted 	<ul style="list-style-type: none"> Remove droppings and disinfect area with water/bleach Vent to be replaced
Kitchen warehouse	<ul style="list-style-type: none"> Ants 	<ul style="list-style-type: none"> Treat area
Kitchen sally port and entry	<ul style="list-style-type: none"> Walk way has gravel Eliminate entry points into kitchen 	<ul style="list-style-type: none"> Needs to be paved with concrete Adjust roll up door to seal at the ground and reduce gap
1 st floor boiler room and welding shop	<ul style="list-style-type: none"> Large gap/opening at the bottom of door Eliminate area for rodents to dig under building Seal basement access panels to eliminate area entry points 	<ul style="list-style-type: none"> Needs door sweep Pour concrete to fully cover boiler room and welding shop floors Cover all basement and crawl space covers with hard wire mesh

MDCR is dedicated to ensuring all its facilities are well maintained and renovated until such time that recommendations from the 2008 *Master Plan for Miami-Dade County Correctional Facilities* can be implemented. This is evidenced by the use of the Facilligence Service Ticket program which is a tracking processing system for daily maintenance work order requests. This program allows for the online submission of maintenance work requests, tracking of work requests, management approval of work requests, assignment to a particular trade and tracking to completion. Over 40,000 service tickets are completed annually. The Facilligence Service Ticket program was recognized by *the National Association of Counties with a 2012 Achievement Award*.

Additionally, the decrease in the inmate population has facilitated numerous renovations projects since entire housing units must be closed in order to securely proceed with such projects. This has allowed MDCR to invest in several important construction and renovation projects to improve the bathroom facilities, increase video surveillance, electrical upgrades, and infrastructure upgrades as summarized below, and is indicative of the firm commitment to properly maintain detention facilities:

- Augmented the surveillance camera systems in all facilities with a total of 1,055 video cameras. The installation of additional video cameras to enhance security efforts throughout the detention facilities predated the Civil Rights for Institutionalized Persons Act (CRIPA) settlement agreement. Additionally, the 7th floor Video Monitoring Station was installed at PTDC. For these efforts, MDCR received a *2012 Achievement Award from the National Association of Counties*;
- Renovated all bathrooms including inmate showers at TGK except in the Medical Clinic and Special Management Unit;
- Renovated bathrooms in 19 out of the 36 units at Metro-West Detention Center (MWDC);
- Renovated Cell Block C, consisting of 7 cells and 1 maximum unit, at TTC. These renovations included the replacement of all bathroom & shower fixtures, installation of specialized high-use epoxy shower walls and flooring, as well as general painting of the bathroom and units. Infrastructure work has begun for the installation of surveillance cameras in each cell. Cell Block B ground work and general infrastructure has begun and will be followed by Cell Block A;
- Renovated the TTC facility roof with the exception of the Administrative Building. Renovations to existing kitchen areas have been completed that allow for specialized sealed tray feeding system. The upgrades in this area include a new freezer and cooler. The fire alarm at the facility has been upgraded to an addressable multi-zoned web-based Fire Notification System;
- Ongoing repair project of PTDC bathrooms including the replacement of bathroom fixtures and tiling when needed;
- Updated the fire alarm system, fire sprinkler risers, and the dental clinic at PTDC;
- Renovated 10th floor cells at PTDC, installed new kitchen freezers and coolers at PTDC;
- Currently the roofing replacement is under design at PTDC;
- Updated the fire alarm, smoke evacuation system and security system at TGK;
- Currently retrofitting all new exterior windows at MWDC;
- Upgraded the fire alarm and installed new air conditioning chillers and towers at MWDC;
- Procured new retherms for inmate food delivery at TGK and MWDC;

- Installed commissary kiosks at TGK and MWDC to provide access to grievance, sick call requests, and commissary;
- Modernizing all elevators at TGK; and
- Upgraded lighting in various locations and the building management system to control the thermal comfort levels at TGK.

As you may be aware, PTDC has been under review for replacement for 10 years with a projected cost of \$200 million dollars for a complete modernization. As this is unfunded, MDCR has initiated a refurbishing project which should remediate these problems totaling over \$22 million and funded through the Building Better Communities GOB Program. The below projects are in addition to the previously mentioned projects:

- Clean-up of the crawl space to provide ventilation into the area, steam cleaning, the removal of standing sewage, and the repair of damaged pipes and hangers;
- Relocation and renovation of the existing east Kitchen Unit to a food processing area which will accommodate necessary kitchen equipment for a retherm operation. The renovation of the existing east Kitchen Unit also includes updates to the Officer's Mess and pantry areas; and
- Incorporate a building structural envelope improvement to eliminate water intrusion, replace the building's window systems, and address certain parts of the certification process.

Concern: Failure to properly train intake personnel

Under the scrutiny of the Department of Justice CRIPA inquiry in 2008, MDCR has changed the inmate intake process from a linear jail concept at PTDC to an "open booking" concept. This "open booking" concept is considered a best practice throughout the United States as it is a more efficient and effective method for inmate intake processing. This, along with an effort to improve the jail booking process, prompted MDCR to open the Centralized Intake Center at TGK on June 10, 2013. The goal was to consolidate the intake processing, inmate classification, records keeping, inmate property storage, and release of inmates from custody and includes a law enforcement officer (LEO) lobby. This lobby allows police officers to transfer custody of new arrestees to corrections staff in a more expeditious manner; thereby, quickly returning to the community to provide police services.

Personnel assigned to the Intake and Release Bureau were oriented and trained in anticipation of the June 10, 2013 opening. On Sunday, April 7, 2013, Intake and Release Bureau staff was invited to attend an Open House and questions and answers session at TGK. A save the date email was sent on March 28, 2013, and the actual invitation was sent on April 4, 2013 via electronic mail. Intake and Release Bureau operations lieutenants received training on Tuesday, May 14, 2013. Additionally, on Wednesday, May 22, 2013, a Centralized Intake Training presentation including an overview of the area and introduction to the new workflow process was electronically mailed to operations lieutenants to review with their staff. Centralized Intake Training presentation was posted on MDCR's internal website for staff access. Mandatory training of Intake and Release Bureau staff occurred between May 20, 2013 and June 9, 2013. The training consisted of a review of the Centralized Intake Training Presentation, questions and answers session, and workflow walkthrough. During this time, Automated A-Form and Queue Management System were also addressed and testing conducted. Weekly project transition meetings were held to discuss and plan the transition with lieutenants, sergeants, corporals, and property manager. Operation Dry Run was implemented between May 20 and May 23, 2013 with the City of Miami bringing arrestees to the Centralized Intake Center for processing.

Challenges that surfaced upon the commencement of the Centralized Intake Center were not based on staff training issues but resulted from delays in key components of the project which have deferred the full benefits of Centralized Intake Center. Delaying the opening of the Centralized Intake Center was considered; however, since it was a significant part of the mitigation plan for the CRIPA settlement agreement, it was determined the best course of action was to proceed.

Concern: Delays of Police processing

MDCR has been working collaboratively with the Miami-Dade County Association of Chiefs of Police to ensure project updates are provided and to address concerns or issues identified by local law enforcement agencies during this transitional period of the Centralized Intake Center. Tours of the Center were scheduled with the Miami-Dade County Association of Chiefs of Police on May 30, 2013. Since June 10, 2013, MDCR received one complaint from North Miami Beach Police Department about significant delays in the LEO lobby on the midnight shift. North Miami Beach Police Department representatives were invited to a meeting on July 31, 2013 at TGK to discuss their concerns. A review of their concerns identified that the delays occurred when the inner lobby reached capacity with 72 inmates and officers had to wait with the inmate in the LEO lobby or Sally Port area. Analysis of the Queue Management System, which captures the processing time at each step once the inmate wrist band is activated, indicated delays occurred at the medical assessment phase which is conducted by the physician. Wrist bands are activated when the inmates enter the LEO lobby and MDCR takes custody of the arrestee only after medical pre-screen and a jail number is issued. The full implementation of the Automated A-form will allow each law enforcement agency to issue the wrist band and capture wait times beginning at the time of arrest and throughout the entire intake process. This will provide improved data for analysis. As a solution to the recognized delays (wait times before booking process), MDCR identified a secured area on another floor to serve as a staging area for those inmates waiting for the medical assessment and an additional medical provider is being provided by Correctional Health Services (CHS) during peak hours. Additionally, secured fencing has been installed in the Sally Port area where arrestees can be securely detained by law enforcement personnel in the event delays do occur.

It is important to mention that MDCR has processed an arrest as quickly as 4 minutes with the officer returning to service. At a meeting with the Miami-Dade County Association of Chiefs of Police on August 7, 2013, MDCR specifically asked the agency representatives if there were any concerns or issues and none were raised. However, MDCR processes at times as many as 300 inmates a day or one every 4-6 minutes. Delays can be expected if mass arrests occur and an agency brings 20+ arrestees at one time. Necessary adjustments will continue to be made to the booking process to further improve wait times. MDCR encourages law enforcement agencies to advise when pre-scheduled stings are planned so staffing adjustments can be made when large scale arrests are expected. MDCR will continue to work closely with their criminal justice partners in meeting their needs for the expeditious return of law enforcement officers to the community and encourages prompt notification in the event delays do occur so that remediation efforts can occur.

Concern: Lack of medical coordination with JHS (Correctional Health Services)

Concerns regarding the quality of inmate medical and mental health care have existed for over 20 years. It is important to re-emphasize that MDCR is not the medical provider and is only responsible for the custody and transport of inmates at all times while receiving medical/mental health treatment, evaluations or assessments by a medical provider whether outside MDCR or within the jail facilities. MDCR has also worked with CHS to ensure that inmates are available for their appointments and are transported accordingly, as well as implemented improvements over the past year resulting in:

- Significant increase in medical staff and on-site medical services;
- 24-hour physician services at the Centralized Intake Center;
- Reorganization of Ward D operations designed to improve efficiencies, including the reduction of inmate transports; and
- Expeditious hospital-based appointments.

Coordination between MDCR and CHS is accomplished in many ways. MDCR has the Mental Health and Medical Services Unit which is the liaison with CHS. MDCR and CHS convene various meetings such as monthly Medical and Corrections meetings and Mortality and Morbidity Review (when necessary), as well as ongoing reviews of inmates with mental health issues regarding discipline and other issues. It is important to note the number of mentally-ill persons in MDCR's custody makes it the largest "mental health operations" in the State of Florida while not being appropriately funded to meet the associated care and custody responsibility of this vulnerable population.

Despite their complementary roles, the responsibilities of each agency are clearly distinct. In fact, the bifurcation of the responsibilities of each agency was recognized by the Department of Justice in finalizing the CRIPA investigation. The Department of Justice entered into a private party settlement agreement with MDCR as acknowledgement for the improved operations and living conditions of the inmates, while requiring CHS to enter into a consent decree enforceable by the judiciary; recognizing that their improvements were more recent and not as fully implemented. MDCR and CHS have, and will continue to, work in tandem to improve the health care provided to inmates.

Concern: Failure to open the Forensic Jail Diversion Facility (Mental Health Diversion Facility)

MDCR submitted its plan for the Mental Health Diversion Facility in 2008 and has worked diligently with other county departments to determine the best course of action for the renovation and construction of the building as the condensed timeline below indicates. Over this time period, an agreement on the programmatic use of this facility did not materialize between the County Administration and the Eleventh Judicial Circuit of Florida. A recent timeline is listed below:

- 01/26/2011 – Meeting convened by the Internal Services Department to discuss incorporating an energy services company, Johnson Controls, which would finance and construct the project with energy conservation savings to offset the capital costs;
- 03/08/2011 – Engineering and design work was completed by SBLM Architects for two floors for MDCR occupancy to include life and safety as well as electrical/mechanical equipment. Engineering and design work was completed in order to proceed for a request to advertise for construction services;
- Issues regarding non-compliance with Johnson Controls in projects at Miami International Airport and Jackson Memorial Hospital surfaced causing delays in this project;
- 11/30/2012 – Internal Services Department had a meeting with Johnson Controls which provided an estimate for all mechanical/electrical/plumbing-related work required for MDCR occupancy based on the architectural design prepared by SBLM Architects and information from Internal Services Department. Internal Services Department was unsure how Johnson Controls' scope would be incorporated into the request to advertise for the design build contract. Funding concerns were also existed since only \$22 million (approximately) of GOB funding was available;

- 01/17/2013 – Internal Services Department initiated meetings with MDCR and the Administrative Office of the Courts to develop their programming needs which included a freestanding building for therapeutic services if MDCR was to utilize all four floors for its mentally ill patients. The decision was made that the needs of the MDCR and the Administrative Office of the Courts were to be combined and eventually incorporated into a request to advertise;
- 04/04/2013, 05/02/2013 and 05/07/2013 – Internal Services Department held workshops with the Administrative Office of the Courts to develop their programming needs incorporating service provider and court administration requirements (including court facilities). During this time, the CHS advised that two floors would not be sufficient to satisfy the Department of Justice consent decree. CHS advised that their concerns would be brought to a meeting with the Deputy Mayor;
- 07/18/2013 – A Notice to Professional Consultants was issued including the following scope of services:
 - Preparation of a design criteria package to include renovation to the existing South Florida Evaluation and Treatment Center, a new onsite parking garage, and a multi-story short term residential treatment facility;
 - First floor will be renovated for general entry, inmate processing, administrative and security areas, food storage, video visitation, courtrooms, and judicial support staff including the Clerk of the Courts, State Attorney, and Public Defender;
 - Second floor will be reconfigured for use as a crisis stabilization unit and mental health services;
 - Third floor is a mechanical room which will be renovated;
 - Fourth through Seventh floors will be renovated for a secure correctional detention facility for mentally-ill inmates; and
 - Short term residential treatment facility will be constructed to accommodate a minimum of 100 beds.
- The projected costs of the expanded use of Mental Health Diversion Facility have increased from the funded \$22 million through the general obligation bond to upwards of \$80 million due to incorporating a design which provides four floors for MDCR and a stand-alone short-term residential treatment facility along with a parking garage. A different configuration can lower costs but falls further short of the combined needs of diversion and MDCR's mentally-ill inmates. These options are still under review.

Therefore, as illustrated, delays stemmed from sources beyond MDCR's control, including the evaluation of the use of an environmental services company and the enhanced scope of the project to accommodate the partial needs of both a diversion program and those inmates under the care of MDCR. To date, the diversion service delivery model has yet to be fully defined. However, this site would not accommodate the entire population of acute and sub-acute mentally-ill inmates detained by MDCR, as well as meet the programmatic needs of their criminal justice partners.

A new option to consider was presented June 2013 when the State of Florida contacted Miami-Dade County indicating their desire to transfer ownership of a building near Krome Avenue previously occupied by the Department of Children and Families. This building was constructed by the State of Florida utilizing federal Violent Offender Incarceration and Truth-in Sentencing grant monies on property owned by Miami-Dade County and leased to the State of Florida. MDCR and CHS, have toured this facility several times and determined it would be suitable to serve as a Mental Health

Treatment Center. The building is designed for 112-beds, is conducive to housing mentally-ill inmates, and has ample room suitable for therapeutic activities and related programming. This new alternative Krome site is on the property owned by Miami-Dade County slated for the Krome Detention Facility as proposed by the MDCR's *Master Plan*. Additional capacity will be achieved with either the expansion of the existing facility or construction of an additional building with the advantage that bond funding is available. This new alternative site could ultimately accommodate the acute and sub-acute mentally-ill inmate population currently housed at PTDC and will allow for the customized design for the delivery of therapeutic interventions, group counseling sessions, and provide a conducive therapeutic environment that complies with the Department of Justice expectations. Miami-Dade County has already begun discussions with the State of Florida. The Florida Department of Law Enforcement, the grant administrator, will have to approve this transaction, as well as the Department of Justice.

Additionally, a team from Miami-Dade County including MDCR, Internal Services Department, Office of the Mayor, CHS, and Judge Steve Leifman toured the Pinellas County Sheriff's Office Medical Detention Center to discuss its construction plan, construction costs, operations, and medical services for purposes of looking at other existing models of service delivery. Our limited GOB funds must be invested in the most advantageous manner to address as much of our needs as possible. Therefore, moving forward expeditiously with a clear plan is of the utmost importance.

Miami-Dade County continues to fully support a mental health diversion program which must be operational by December 2014 pursuant to the CRIPA settlement agreement. The Krome site appears to meet the needs of MDCR and CHS in providing a conducive, therapeutic environment for this vulnerable inmate population and meet the goal of opening an alternative location by December 2014.

It is worth noting that the Mental Health Diversion Facility does not provide all the space necessary for our mentally-ill inmates and it would not totally absorb the community's demand for jail diversion. This was highlighted by Dr. Joel A. Dvoskin in his 2008 report to the Miami-Dade County Mental Health Task Force; therefore long-term alternatives are being analyzed.

Concern: Per Department of Justice directives, failure to properly/medically process incarcerated mentally persons (approximately 1,200-1,500 representing more than 20% of our jail population) resulting in risk to their safety and others

As noted previously, MDCR works closely with CHS staff in providing security during medical and mental health treatment and coordinating permissible activities. However, it is the sole responsibility of CHS to provide the "community standard of care" when delivering medical and mental health care to inmates. MDCR recognizes that PTDC is not a conducive environment for providing therapeutic interventions to mentally-ill inmates and that an alternate facility is an integral component of the "community standard of care."

Concern: Misrepresentation and lack of follow-up on Legislative directives to department

MDCR evaluates all legislative directives to ensure their feasibility and works through the Office of the Mayor to implement any such directives. However, there are times when a request cannot be effectuated due to statutory requirements, legal constraints or logistical issues not fully known at the time of the directive. We remain committed to innovative ideas that will further our mission.

Concern: Health risk to staff in facilities

MDCR is committed to providing clean and sanitary conditions for its employees, the public, and the inmates in its care and custody. MDCR has established several policies that govern the conditions of its facilities including Departmental Standard Operating Procedures (DSOP) 9-009-*Comprehensive Maintenance*, DSOP 9-010-*Inmate Housing and Environmental Conditions*, DSOP 13-001-*Sanitation Procedures*, DSOP 13-003-*Waste Disposal and Pest Control*, and DSOP 25-001-*Food Services Operations*. MDCR actively engages in routine cleaning of housing units and a common area, scheduled pest control efforts, bathroom renovations, painting of interior walls, preventative maintenance of all its facilities, as well as, other construction projects, and manages emergency issues in an expeditious manner.

Despite best attempts, persons in confined spaces like a jail environment are exposed to infectious diseases not commonly seen in the general community. When exposures occur, MDCR contacts the Miami-Dade Department of Health which directs all infectious control efforts. It is important to highlight that in June 2011 the MDCR Infectious Disease Group was recognized as the **2011 Heroes of Infection Prevention** by the Association for Professionals in Infection Control and Epidemiology, Inc. at the 38th Annual Education Conference and International Meeting. The Group includes representatives from MDCR, CHS, Florida Department of Health, State Attorney's Office, Public Defender's Office, and the Internal Services Department Office of Safety. As discussed previously, MDCR also works closely with the Miami-Dade Department of Health to ensure sanitary conditions are maintained and remediate issues as quickly as possible. MDCR offers voluntary tuberculosis testing to sworn staff outside of their 5-year County physical with only 70 out of 2,200 employees participating. As stated earlier, MDCR also has an Asbestos Management Plan, conducts annual air quality testing, and continually repairs and renovates its facilities.

Concern: There consistently remains an environment that lacks transparency, supervision, support and accountability according to those who work there and seek a better environment to do their jobs

MDCR is dedicated to transparency and accountability as evidenced by its commitment to accreditation through various professional correctional organizations. In fact, the Vera Institute of Justice initiated the Corrections Support and Accountability Project, an effort based on the prerequisites for well-run correctional agencies, includes transparency, good oversight, and meaningful accountability. In May 2008, the Office of the Mayor was advised that the Vera Institute of Justice had contacted the MDCR to conduct a 2-3 year review of its operations as part of this project. MDCR was one of five jurisdictions selected for this project, including the State of Colorado, State of Nevada, Travis County, Texas and Prince George County, Maryland. MDCR has implemented many of the Vera recommendations while other recommendations are ongoing.

Our commitment to transparency and openness is also noted in the settlement agreement by the United States Department of Justice stating that *throughout the course of the investigation and inspection of the MDCR Jail facilities, the DOJ received complete cooperation from the County and unfettered access to all facilities, documents and staff. In addition, DOJ acknowledges that the County made significant improvements in many areas of Jail operations and the physical plant since its initial Jail tours in 2008. This Agreement is the result of a cooperative effort that evinces a commitment to constitutional conditions at the MDCR Jail facilities on the part of the United States and the County.*

Transparency and accountability are furthered through the accreditation process which allows for continual self assessment, benchmarking of current practices, and formalized operational review of MDCR by outside correctional professionals. Various accreditation efforts include:

- The MWDC and Pretrial Services Bureau were re-accredited by the Florida Corrections Accreditation Commission after a site visit on December 4- 7, 2012. This re-accredited status is for a period of three years.
- The MDCR Central Office (Administration) was re-accredited via the American Correctional Association in August 2011. In accordance with accreditation requirements, the department conducted an internal review, required annually, and identified no issues that would negatively impact its accreditation status. Further, the Boot Camp Program, which is also American Correctional Association accredited, was re-accredited in August 2013.
- MDCR's objective is to become a fully accredited agency and continue with the plan to achieve American Correctional Association accreditation for the MWDC and Core Jail Standards accreditation for PTDC and the TTC. The Core Jail Standards are a subset of the broader American Correctional Association Adult Local Detention Facilities standards. The goal is to attain full accreditation in 2013.
- Annual inspections are conducted by independent certified inspectors for compliance with medical and operational standards as required by Florida Model Jail Standards. Self-inspections are conducted every month with weekly spot inspections by MDCR staff.

MDCR recognizes that its workforce is the cornerstone of its successes and in accomplishing their responsibility every day. MDCR encourages employee development through training opportunities offered throughout the year. In 2012, MDCR trained 417 employees through Mandatory In-Service Training; 672 in Cardiopulmonary Resuscitation; 616 in the use of Automated External Defibrillator; 361 participated in Scenario Based Firearms Training; 353 received Defensive Tactics Refresher; 1,182 in Crisis Intervention Training; 582 in Response to Resistance Training; and 1,196 participated in Annual Firearms Qualification. Other training classes include Applied Leadership and Professional Program for Police and Corrections Sergeants and Corporals, Radio Procedures, Crime Scene, Riot Control Formations, Driving, Firearms Instructor Techniques Workshop, Annual Firearms Qualification, and Annual Defensive Tactics Qualification and Traffic Control. Manager's Training Days are held quarterly providing a venue for training on topics such as discipline process, Family and Medical Leave Act, personnel issues, and legislative updates.

Expectations are shared with all staff through the Director's Videos issued on February 2007, August 2007, March 2008, November 2008, April 2009, November 2009, April 2010, July 2010, October 2010, April 2011, November 2011, April 2012, and October 2012. Video topics include absenteeism, inmate association, requirements for a valid driver license, loss of County equipment, CRIPA investigation, PREA issues, budgetary issues, and timely MDCR initiatives. Additionally, Town Hall meetings were held at each facility covering all shifts to share new initiatives with staff and provide an open forum to address staff questions or concerns.

MDCR produced eight *Pillars of Professionalism* videos featuring Departmental employees who exemplify service excellence and professionalism every day. These short videos highlight outstanding employees of MDCR and focus on varying topics such as integrity, trust, reliability, compassion, patience and work ethic. MDCR recognizes that correctional personnel are exposed to stressful events and situations. Therefore, MDCR provides an employee assistance program through two licensed staff psychologists. MDCR staff is encouraged to seek counseling and assistance when necessary. MDCR has also established an Employee Wellness Program located at TGK offering exercise classes, personalized training, and exercise equipment.

Concern: How persons in custody are being treated

MDCR has implemented several initiatives to improve the living conditions of inmates. The improved living conditions were recognized by the Department of Justice in the settlement agreement stating that *under a cover letter dated September 27, 2011, the County provided to DOJ substantial documentation of changes and measures implemented at the MDCR jail facilities since the time of the DOJ inspections. On October 4, 2011, County representatives met with DOJ in Washington, D.C., to discuss the aforementioned documentation of remedial measures undertaken by MDCR. At the request of MDCR, the DOJ conducted an additional tour of the MDCR jail facilities with consultants on November 30 – December 2, 2011. Based upon this inspection, the DOJ concluded that some of the violations identified in its Findings Letter were improved, while other conditions still warranted remedial efforts to be fully implemented.*

One important effort initiated is the monthly Command Staff Inspection of all facilities by a team of commanders, captains, and division chiefs (attachment #6) which have now been expanded from 12 to 16 inspections annually. The inspection includes the evaluation of the cleanliness of the facility, compliance with policies and procedures, chemical control practices, life safety and security issues, and interviews with inmates about their living conditions. Inspection reports are prepared identifying any areas of concern that must be remediated by the Facility Supervisor. This is in an effort to continually evaluate County detention facilities. Other initiatives are highlighted below:

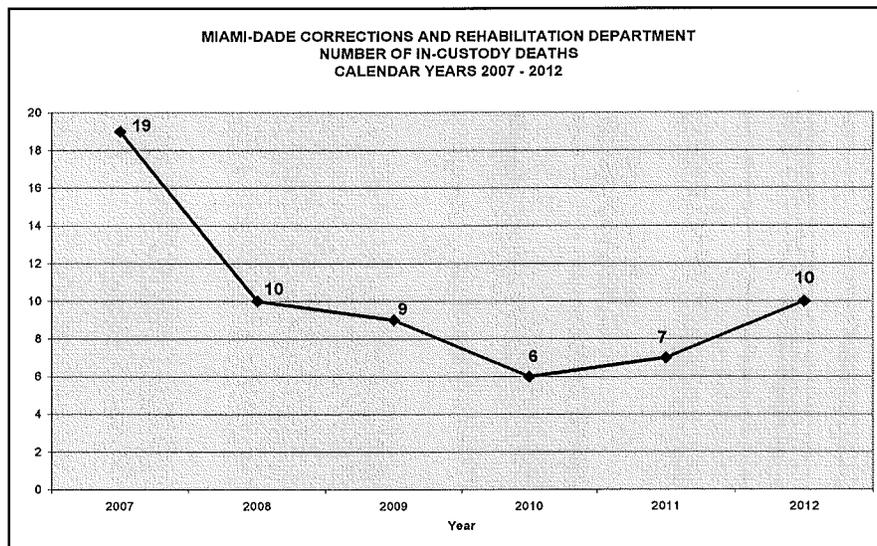
- MDCR established the Assisted Living Housing Unit and the Geriatric Housing Unit at TGK to house inmates with special needs and provide increased supervision and established a Detoxification Unit in the intake area with the increased supervision of 1 correctional officer to 15 inmates.
- Inmate Transition Fairs bring social service providers and offenders together so that offenders can access safety net services to assist with their transition back into the community upon their release. In 2011, 568 inmates were served – the highest number since the Department began hosting these events. In 2012, 200 inmates participated in the Transition Fairs with 20 participating agencies.
- Reentry Hotlines were established in housing units throughout MDCR facilities. These hotlines provide inmates access to social services such as the Homeless Trust, Veteran Services, Substance Abuse Treatment, Employment Services, and Social Security Administration. Reentry Hotline Bulletins are posted in all housing units and available in English, Spanish and Creole.
- MDCR implemented Re-Entry Television in MWDC and PTDC. Re-Entry Television allows educational, training, and informational programming to be available to inmates. This innovative project received a *2012 Achievement Award from the National Association of Counties.*
- The I'm Ready Program began in collaboration with Judge Bloom on June 28, 2012 as an alternative for youthful offenders who cannot qualify for the Boot Camp Program. These offenders are diverted from prison and receive intensive intervention in the areas of education, vocational training, work details, substance abuse treatment, faith-based services, mentoring, and mental health services. Since its inception, there have been three classes with 24 students graduating and 30 students currently in the program.
- Fatherhood education has been implemented through a grant received by the Advocate Program from Miami-Dade County. In collaboration with En Familia, a nonprofit agency,

fatherhood training was provided to 38 cadets at the Boot Camp facility and 31 students of the I'm Ready Program.

- MDCR offers Transitional Planning Services to inmates to facilitate their re-entry into their communities. In 2012, approximately 480 offenders received transition planning through Volunteer Reentry Coordinators who provided needs assessments and developed personalized transition plans. Since 2009, 1,700 offenders have received services.
- The Faith Works! Re-entry Program operates at the TTC and seeks to provide enhanced educational, faith-based, and re-entry services to offenders who voluntarily chose to enter the program. An estimated 40 offenders were served by the program in 2012.

MDCR has joined efforts with their criminal justice partners to reduce the population in facilities thereby reducing jail overcrowding as evidenced by the reduction from 7,400 inmates to, at times, less than 5,000. Other efforts have included staff training, enhanced supervisory oversight, and innovative inmate programs such as "Jail Idol" an inmate talent show, music program such as carolers during the holidays, and contact visitation with family members based on good behavior during the holidays. Other special programs include March Madness Basketball Playoffs, Black History Month and Hispanic History Month activities, poetry and art classes, and Mother's and Father's Day events. MDCR is also working collaboratively with the Children's Trust to coordinate special contact visits with the children of inmates.

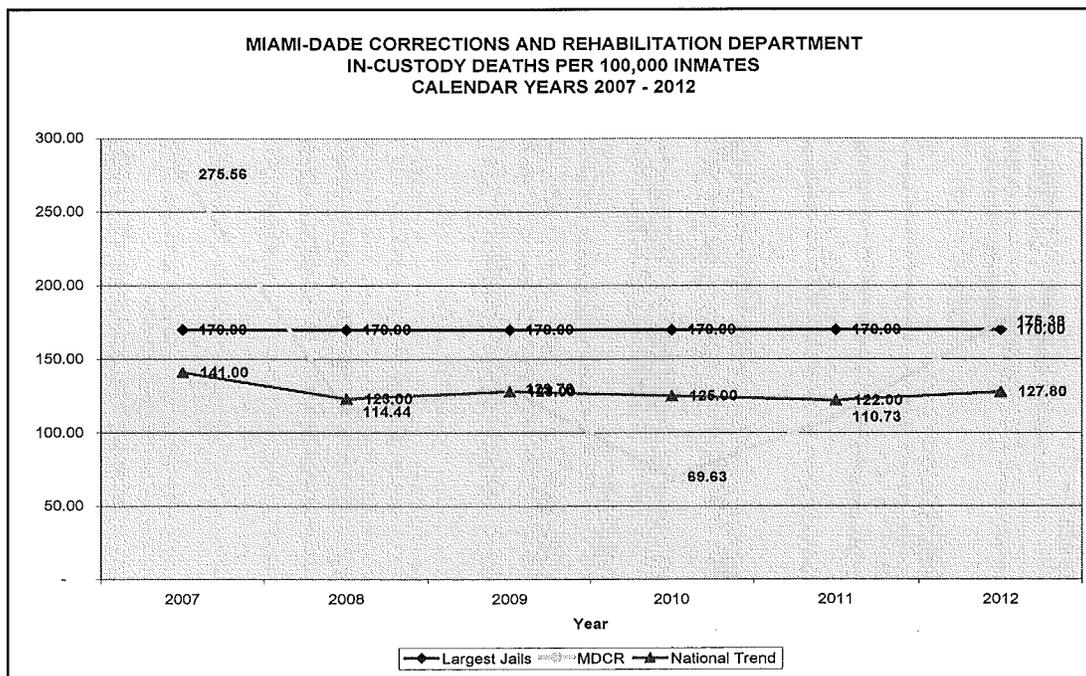
During recent news coverage of in-custody deaths at TGK and PTDC, concerns were expressed; inferring these deaths are attributable to the poor conditions and lax management of the jails. The chart below, Number of In-Custody Death, indicates the number of in-custody deaths and shows a 47.4% reduction over a six-year period.



The following chart outlines the specific types of in-custody deaths. MDCR in-custody deaths include natural causes such as cancer, cardiac arrest, hypertension, cerebral hemorrhage, complications from drug usage, Acquired Immunodeficiency Syndrome (AIDS), and cirrhosis of the liver; from injuries sustained prior to booking such as bullet and stabbing wounds; and self-inflicted wounds an suicide. This is consistent with the leading causes of death for inmates reported in the *Mortality in Local Jails and State Prisons, 2000-2011* published by the Bureau of Justice Statistics.

Calendar Year	Natural/Illness	Suicide	Other	Total
2007	11	3	5 ¹	19
2008	8	0	2 ²	10
2009	8	1	0	9
2010	4	2	0	6
2011	6	1	0	7
2012	7	1	2 ³	10

The chart below depicts the in-custody death rate per 100,000 inmates as compared to national trends. A comparison of the MDCR in-custody death rate with the mortality rates of local jails, as identified in the *Mortality in Local Jails and State Prisons, 2000-2011* published by the Bureau of Justice Statistics, indicates that MDCR has been below the national average in 2008, 2010 and 2011 and only slightly above in 2009. The national rate for 2012 is currently unavailable and an average has been extrapolated for comparison purposes. The *Mortality in Local Jails, 2000-2007*, published by the Bureau of Justice Statistics, depicts the seven-year average annual mortality rate for the 50 largest jails is 170 per 100,000. Utilizing this metric, MDCR has only exceeded the national average for the largest jails in 2007 and 2012.



It is

¹ One death was due to drug overdose. One death was the result of injuries sustained from gun shoot wounds prior to booking. Two deaths were the result of injuries sustained during arson and the arrest made bedside at the Ryder Trauma Center's Burn Unit. One death was a result of injuries (traumatic brain injury) sustained when jumping from the second floor while being interviewed by police.

² One death was caused by injuries sustained prior to booking from self-inflicted stab wounds in the chest and abdomen prior to arrest. Second death was caused from injuries sustained during a shooting incident with MDPD SWAT.

One death was caused by injuries sustained prior to booking from self-inflicted stab wounds in the chest and abdomen prior to arrest. Second death was caused from injuries sustained during a shooting incident with MDPD SWAT.

³ The cause of one death is an unknown. One death was a result of injuries (traumatic brain injury) sustained in a fight.

important to emphasize that pursuant to Florida Statutes, all in-custody deaths must be thoroughly investigated. At the time of an in-custody death, the Miami-Dade Police Department's Homicide Bureau (MDPD) responds immediately to the facility to initiate an investigation. MDCR and MDPD investigate concurrently with MDCR conducting a professional review of the incident to determine if protocols were followed, while MDPD investigates to determine if criminal action has occurred. Additionally, CHS conducts a review within 72 hours of any in-custody death, as well as the cause of death is investigated and determined by the Medical Examiner's Office. There are federal reporting requirements for in-custody deaths which permit for an independent review of the circumstances. The US Department of Justice, Bureau of Justice Statistics is responsible for the Deaths in Custody Reporting Program, which collects data essential for understanding the prevalence and incidence of deaths among persons held in local jails and state prisons. This data collection program provides a unique, comprehensive system for monitoring deaths in the criminal justice system including identifying trends in causes by age, race/ethnic origin, and gender; determining the incidence of death within specific correctional facilities; and distinguishing deaths as a result of preexisting conditions from those developed since admission to custody. Attached is the MDCR Departmental Standard Operating Procedure (DSOP) 10-003, *Major Incidents Reporting Procedures*, which governs departmental responsibilities when responding to any major incident including an in-custody death, and will be updated to include enhanced coordination among the MDPD, CHS, Medical Examiner Department and MDCR (attachment #7).

On September 10, 2013, a letter was received from the Department of Justice raising various issues including suicides and the quality of inmate death investigations. During a subsequent conference call, it became evident their concerns were predicated on their mistaken belief that recent deaths were suicides. In fact, we advised them that there had been one suicide in a 21-month period (January 1, 2012 to September 30, 2013). Concerns regarding the quality of death investigations which were described as "poor" were based on the review of a single investigative case and without the benefit of discussions with the MDPD and the Medical Examiner Department. Additional meetings will take place to further discuss our investigative process.

MDCR's operations are currently being evaluated by the CRIPA Monitors selected by the Department of Justice who will be assessing environmental and living conditions, inmate treatment, policies and procedures, compliance with the settlement agreement provisions such as the Mental Health Diversion Facility, and medical and mental health issues under the purview of the CHS. MDCR will be working with the CRIPA Monitors to meet the settlement agreement provisions as this is the Department's most important priority and which is expected to continue between three to five years. We are confident that the CRIPA process will serve as a catalyst for an improved MDCR and will catapult the Department as a leading jail in the country. MDCR is constantly evaluating its operations in efforts to fulfill its mission to "*serve our community by providing safe, secure, and humane detention of individuals in our custody while preparing them for a successful return to the community.*" To this end, MDCR continues to advocate professionalism in the correctional field through training, implementation of best practices, accreditation, and continual review of operations.

As it relates to additional oversight of MDCR, I have directed Deputy Mayor Genaro "Chip" Iglesias to engage directly in the development of a recommendation towards investing our GOB funds in a manner that addresses our needs and meets CRIPA requirements. He will also engage more directly in our communication with the Department of Justice to ensure that we are responsive in executing our agreement, as well as, managing issues as we work towards full compliance. Oversight in these two most important areas will provide added depth and oversight from my office. I appreciate the opportunity to address the concerns raised.

If you have any questions, please contact Deputy Mayor Genaro "Chip" Iglesias at (305) 375-5427.

Attachments

c: R.A. Cuevas, County Attorney
Christopher Agrippa, Clerk of the Board
Charles Anderson, Commission Auditor
Timothy P. Ryan, Director, Miami-Dade Corrections and Rehabilitation Department
Office of the Mayor Senior Staff



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August 2, 2004
Project 2004-0568

Mr. Simon Waterman
Miami-Dade County
Department of Corrections and Rehabilitation (MDDC&R)
3595 NW 72nd Avenue
Miami, Florida 33166

**Subject: Summary Update of Management Plan
@ Miami-Dade Pre-Trial Detention Center (MDPTDC)
1321 NW 13th Street
Miami, Florida**

Dear Mr. Waterman:

Evans Environmental & Geosciences (EE&G) is pleased to provide Miami-Dade DCR with an updated Asbestos Management Plan for the MDPTDC in Miami, Florida. Since 1996, EE&G has worked in conjunction with MDDC&R to abate as needed and manage in-place any remaining ACMs in this facility. The following is summary of abatement activity performed since 1996:

1996-1998:

1. Abate known ACM mastic on chillwater lines during A/C upgrades on the walks.
2. Abate known ACM ceiling treatment on the Floor 1 East Wing corridor and lobby.
3. Abate damaged ACM in various air handler rooms on the first floor.

1999-2001

1. Abate ACM ceiling treatment and flooring in Floor 2 Chapel and Video Courtroom
2. Abate damaged ACM in various air handler rooms on the first floor
3. Abate ACM flooring in Floor 2 Program offices.
4. Abate miscellaneous ACM piping above kitchen ceilings and in various mech. Areas

2002-Present

1. Abate ACM ceiling treatment and flooring in Floor 1 Central corridor/mech rooms and Finance Offices
2. Abate ACM ceiling treatment and flooring in Floor 1 Central corridor and adjoining Staff Dining Room
3. Abate ACM ceiling treatment and flooring in Floor 1 Main Lobby and Elevator Lobby (in two phases).

As you requested, here is a summary of ACMs identified (or assumed) and still present in the MDPTDC:

<u>Type of ACM Component</u>	<u>Approx. Location</u>	<u>Condition/Friability</u>	<u>Quantity SF</u>
A) Spray-applied ceiling Treatment (on plaster lath)	1) Flr 1 Booking, Processing, Womens Hall	Good/Friable	4,500 SF
	2) South entry Vestibule	Good/Friable	150 SF
	3) Southwest entry Release lobby	Good/Friable	1,250 SF
B) 9x9" VFT/black mastic	1) Flr 2 SW and SE Entry corridors to VC & Chaplain's office (under carpet)	Good/Nonfriable	600 SF total
	2) Flr 4 Bridge foyer (under 12x12" VFT)	Fair/Nonfriable	400 SF total Bridge TBD
C) Black mastic	1) Flr2 Chapel offices (under carpet)	Good/Nonfriable	225 SF each
D) Black masticw/nonACM 12x12" VFT	1) Flr 8 & 9 Guard Pods	Good/Nonfriable	50 SF each
	2) Flr 1 Infirmary & Clinic areas	Good/Nonfriable	2,500 SF total
	3) Fl 1, NW entry Corridor	Good/Nonfriable	200 SF
	4) Fl 1, Womens desk and corridor	Good/Nonfriable	350 SF
E) HVAC seam Black mastic	1) Flr 1-10 above ceilings	Good/Nonfriable	TBD per floor
F) Grey vibration cloth	1) Flr 1-10 AHUs	Good/Nonfriable	2SF/AHU for 30 Units
G) Black mastic on foamglass	1) Flr 1 Mech Bldg	Good/Nonfriable	TBD per pipe
	2) Flr 7 A & B wing AHU	Good/Nonfriable	50 LF
	3) Flr 7 Cptn AHU piping	Good/Nonfriable	100 LF total
H) Roof field and flashings	1) Flr 1-10 roof decks	Good/Nonfriable	TBD per decks
J) Fire Door Insulation	1) Flr 1-10 fire doors	Good/Friable	TBD per floor
K) Remnant "aircell" pipe insulation	1) Flr 1-10 above ceilings	Good/Nonfriable	TBD per floor

A final Management Plan is available under separate cover with diagrams and photographs of these ACMs.

RECOMMENDATIONS/PRIORTIES/COST ESTIMATES

Based on the previous list EE&G recommends the following Response Actions for MDDC&R.

Abatement and replacement within 6-12 months:

- 1) Items B1/C1, VFT in Chaplains office, Stage Offices and adjoining corridors. Approx 1,000 SF total. These are remnant areas from the 1999 abatement. Corridors experience moderate traffic and will deteriorate in the near future. EE&G estimates abatement and testing costs to be approximately \$6,000 for these areas.
- 2) Item B2, VFT in Bridge Foyer and adjoining bridge (where present). Approx 400 SF total in foyer, to be determined on the bridge but should be assumed similar. These areas are covered with nonACM 12x12" VFT but have minor wear in the foyer. Bridge and foyer experience moderate traffic but are in good condition except for patches of wear. EE&G estimates abatement and testing costs to be approximately \$2,000 for the foyer, with approximately \$15,000 for the entire bridge.

Abatement and replacement within 1-2 years:

- 3) Items D1-D4: VFT/mastic in Guard Pods, Floor 1 Womens areas, Infirmary and Clinic. Approx 3,100 SF total. These are high traffic corridors and offices with some minor wear and will continue to deteriorate in the near future. EE&G estimates abatement and testing costs to be approximately \$25,000 total for these areas. For now, EE&G recommends carpet runners be placed over high wear areas in Infirmary/Clinic.
- 4) Item B2, VFT in Bridge Foyer and adjoining bridge (where present). Approx 400 SF total in foyer, to be determined on the bridge. These areas are covered with nonACM 12x12" VFT but have minor wear in the foyer. Bridge and foyer experience moderate traffic but are in good condition except for patches of wear. EE&G estimates abatement and testing costs to be approximately \$2,000 for the foyer, with approximately \$15,000 for the entire bridge.

Abatement and replacement as needed by Planned Renovations:

- 5) Items A1-A3: Spray-applied ceiling treatment on floor 1 areas. Approx 6,000 SF total. These are high traffic booking areas and offices and material is stable and in good condition. For a well planned, multiphased project EE&G estimates abatement and testing costs to be approximately \$60,000 total for these areas. For now, EE&G recommends maintaining areas in the O&M Program and keep under periodic surveillance for deterioration.
- 6) Item G1: Misc. chillwater line ACM mastic in Floor 1 mech room building. Approx 3,000 SF total. These are assumed ACM mastic/insulations so as not to damage insulation with massive sampling. All materials are stable and in good condition. For a well planned, multiphased project EE&G estimates abatement and testing

Mr. Simon Watermann
August 2, 2004
Page 4 of 4

costs to be approximately \$15,000 total for total abatement in this area. For now, EE&G recommends maintaining areas in the O&M Program and keep under periodic surveillance for deterioration.

- 7) Items G2-G3: Misc. chillwater line ACM mastic on floor 7 areas. Approx 300 LF total. These are office and mech. areas and material is stable and in good condition. For a well planned, multiphased project EE&G estimates abatement and testing costs to be approximately \$2,500 total for these areas. For now, EE&G recommends maintaining areas in the O&M Program and keep under periodic surveillance for deterioration.
- 8) Item K: Any friable remnant "aircell" pipe insulation in walls or above ceilings. As encountered, these areas must be assessed as any renovation requires. EE&G estimates abatement and testing cost of approx. \$20 per linear foot of material.

Maintain under Periodic Surveillance in O&M Program:

- 9) Items E, F, H, J: These items are all stable and in good condition. If any items are disturbed due to renovations (i.e. doors, AHUs) then they must be treated accordingly. For now, EE&G recommends maintaining areas in the O&M Program and keep under periodic surveillance for deterioration.

EE&G appreciates the opportunity to submit this summary letter and looks forward to working with you at this facility in the future. Please call us if you have any questions.

Respectfully yours,



Richard Grupenhoff
IH Operations Manager
EE&G



Daniel J. Cottrell, Ph.D., P.G. LAC
Certified Management Planner
Asbestos License #DD0000010

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APPENDIX A Glossary of Asbestos-related Terms

APPENDIX B Operations and Maintenance Forms

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- Certification of worker acknowledgement
- Non-routine activity cleaning log for buildings with ACM
- Asbestos fiber release report
- Respiratory issuance and fit test
- Summary of employee duties and expected asbestos exposure
- Contractor/Vendor notification

APPENDIX C Figures and ACM Inspection Reports 2004

APPENDIX D ACM Photographs

SECTION 1.0

INTRODUCTION

1.1 INTRODUCTION AND PURPOSE

This asbestos management plan is designed to provide guidelines for conducting maintenance activities at Miami-Dade PTDC complex located at 1321 NW 13th Street, Miami, Florida, where friable and nonfriable asbestos-containing materials (ACM) have been identified during various sampling episodes by multiple consultants. The program provides for the management of these materials through implementation of control procedures, periodic surveillance, air quality testing, and operations and maintenance (O&M) programs. In addition to the guidelines outlined in this plan, the building owner or manager should be familiar with all other applicable local, state, and federal regulations. A list of reference materials is provided in section 4.0 of this document.

The goal of this program is to control fiber release episodes by minimizing disturbance to ACM, and to monitor the condition of these materials over time. The primary purpose of the asbestos management plan is to prevent employee exposure to airborne asbestos and thereby protect the health of building occupants and staff.

This management plan addresses procedures and practices required to safely perform routine maintenance activities including periodic surveillance of ACM, emergency repairs, and asbestos waste disposal. The asbestos management plan is designed to:

- Inform management and maintenance staff of the presence of friable and nonfriable ACM in the building and of precautions and procedures to be taken to prevent potential exposure.
- Provide for training of maintenance workers through a combination of awareness training and maintenance procedures.
- Establish procedures for routine maintenance of nonfriable flooring materials.
- Provide guidelines for response to fiber release episodes.
- Establish schedules for periodic surveillance.
- Provide framework for documentation of asbestos-related activities in accordance with applicable regulations and guidelines.

Refer to Appendix A for a glossary of asbestos-related terms.

1.2 IDENTIFIED ASBESTOS-CONTAINING MATERIALS

The following summary indicates the locations, quantities, and assessment results for the identified friable and nonfriable asbestos-containing materials based upon the inspections performed by various consultants, including EE&G from 1996 to the present. The results of these assessments are summarized below; refer to Appendix D for copies of original reports.

1.2.1 Friable Surfacing Material

1.2.2 Friable Thermal System Insulation (TSI)

1.2.3 Friable Miscellaneous Material

1.2.4 Nonfriable Miscellaneous Material

Type of ACM Component	Approx. Location	Condition/Friability	Quantity SF
A) Spray-applied ceiling Treatment (on plaster lath)	1) Flr 1 Booking, Processing, Womens Hall	Good/Friable	4,500 SF
	2) South entry Vestibule	Good/Friable	150 SF
	3) Southwest entry Release lobby	Good/Friable	1,250 SF
B) 9x9" VFT/black mastic	1) Flr 2 SW and SE Entry corridors to VC & Chaplain's office (under carpet)	Good/Nonfriable	600 SF total
	2) Flr 4 Bridge foyer (under 12x12" VFT)	Fair/Nonfriable	400 SF total Bridge TBD
C) Black mastic	1) Flr2 Chapel offices (under carpet)	Good/Nonfriable	225 SF each
D) Black mastic w/nonACM 12x12" VFT	1) Flr 8 & 9 Guard Pods	Good/Nonfriable	50 SF each
	2) Flr 1 Infirmary & Clinic areas	Good/Nonfriable	2,500 SF total
	3) FLr 1, NW entry Corridor	Good/Nonfriable	200 SF
	4) FLr 1, Womens desk and corridor	Good/Nonfriable	350 SF
E) HVAC seam Black mastic (under carpet)	1) Flr 1-10 above ceilings	Good/Nonfriable	TBD per floor
F) Grey vibration cloth	1) Flr 1-10 AHUs	Good/Nonfriable	2SF/AHU for 30 Units
G) Black mastic on foamglass	1) Flr 1 Mech Bldg	Good/Nonfriable	TBD per pipe
	2) Flr 7 C Laundry AHU	Good/Nonfriable	50 LF
	3) Flr 7 Cptn AHU piping	Good/Nonfriable	100 LF total
H) Roof field and flashings	1) Flr 1-10 roof decks	Good/Nonfriable	TBD per decks
J) Fire Door Insulation	1) Flr 1-10 fire doors	Good/Friable	TBD per floor
K) Remnant "aircell"	1) Flr 1-10 above ceilings	Good/Nonfriable	TBD per floor

pipe insulation

1.3 RESPONSE ACTIONS RECOMMENDATIONS

Specific response actions have been developed using ACM assessment criteria from EE&G's asbestos survey. Response actions are designed to account for the condition, friability, access, asbestos content, and potential for fiber release of the ACM. Implementation of response actions is considered suitable for the management of areas where routine maintenance and building activities would cause disruption of ACM.

The recommended response action for MD DC&R is to initiate an O&M Program. The ACM listed in section 1.2 may be incorporated into an O&M program to manage the condition of ACM at the facility. These materials should be managed in an O&M program until major renovation or demolition requires removal under the United States Environmental Protection Agency (USEPA) National Emissions Standard for Hazardous Air Pollutants (NESHAP) regulation, or until hazard assessment factors change.

SECTION 2.0

OPERATIONS AND MAINTENANCE PROGRAM

2.1 ASBESTOS PROGRAM MANAGER

An Asbestos Program Manager shall be appointed and charged with the following responsibilities:

- Arrange and coordinate training of custodial staff and notification of occupants with annual updates for new personnel.
- Arrange for abatement contractors to perform O&M tasks, when necessary.
- Supervise routine maintenance activities by building employees when these activities may disturb ACM.
- Coordinate and oversee work done by outside contractors when the possibility may exist that ACM will be disturbed.
- Arrange for the periodic surveillance of all ACM in the building, including ambient air quality testing.

2.2 INITIAL CLEANING

All areas shall be cleaned where friable ACBM, damaged or significantly damaged TSI, or assumed friable ACBM are present. These areas are to be cleaned at least once after completion of inspection and before implementation of any response action, other than O&M activities or repair. The cleaning shall be performed using the following procedures:

- The entry to the work areas will be restricted to all persons, other than those performing cleaning activities.
- All personnel shall wear proper respiratory protection during cleaning activities.
- All floors and horizontal surfaces in the area shall be HEPA vacuumed or wet-wiped.
- All debris, filters, mop heads, cloth rags etc. shall be disposed of in leak-proof, sealed containers, and disposed of properly.

2.3 ADDITIONAL CLEANING

The building owner will provide for additional cleaning of homogeneous areas which have friable surfacing or thermal system insulation on at least a yearly basis, until the ACM can be removed. All floors and horizontal surfaces will be HEPA vacuumed and/or wet-wiped to clean up any asbestos fibers released during the year.

2.4 METHODS TO PROTECT BUILDING OCCUPANTS

Building occupants shall be protected during all O&M activities through the following procedures:

- All O&M activities will be performed by either a licensed asbestos abatement contractor acting under the supervision of a licensed asbestos consultant or with in-house maintenance personnel who have received the 16 hour O&M training course as specified by United States Environmental Protection Agency (USEPA) and/or Occupational Safety and Health Administration (OSHA) regulations.
- Entry to the work area where O&M activities are being performed will be restricted to all persons other than those performing the O&M activity.
- Warning signs will be posted to prevent entry by unauthorized persons.
- Air-handling systems or other sources of air movement will be shut down or be modified to restrict air movement in the work area.
- Appropriate work practices shall be used to minimize the migration of released fibers. These work practices may include: wet methods, glove bags, protective clothing, and proper containment of contaminated work materials utilizing vacuum or air filtration devices equipped with HEPA filters.
- All fixtures and furniture in the work area will be cleaned using HEPA vacuums and/or wet wiping.
- All asbestos debris and contaminated cleaning materials will be placed in airtight, sealed containers. These containers will be disposed of according to local, state, and federal regulations.

2.5 MAINTENANCE WORK BEYOND SMALL-SCALE, SHORT DURATION

For any maintenance activity that will disturb the identified ACM, other than small-scale, short duration maintenance work, a response action will be designed by a licensed asbestos consultant and performed by a licensed asbestos abatement contractor. For the purposes of this plan, a small-scale, short duration project is defined as the disturbance of no more than three square or linear feet of ACM.

2.6 METHODS TO MINIMIZE FIBER RELEASE

2.6.1 Friable Surfacing Materials

- There will be no nailing, drilling, tacking, taping or hanging of objects from surfaces which are known to be ACM or assumed to be ACM.
- Maintenance and administrative staff personnel will report any disturbance of known or assumed friable or nonfriable ACM to the Asbestos Program Manager immediately.
- Maintenance personnel will report any evidence of potential or actual water damage

to any existing surfacing ACM.

- Any ceiling areas which contain friable surfacing material should be HEPA vacuumed to clean up any asbestos-containing debris which may have dislodged. Ceiling areas which employ a return air plenum should be given priority in the cleanup schedule.
- Access to the ceiling area should be restricted to persons who have received, at minimum, the two-hour awareness training course, and who are fitted with appropriate respiratory/personal protective equipment, and who are participating in the medical surveillance program.
- Any work being performed in a ceiling space which employs a return air plenum should be done with the air conditioning equipment shut down.
- Any work being performed in a ceiling space should be done after hours and/or in an isolated/restricted area.

2.6.2 Thermal System Insulation

- All building personnel will refrain from stepping on or storing any equipment against any thermal system insulation until removal can be performed by a licensed asbestos abatement contractor.
- Maintenance personnel will take care not to disturb any thermal system insulation until removal can be performed by an abatement contractor.

2.6.3 Miscellaneous Materials

- No nailing, drilling, sawing, sanding, or similar disturbance of vinyl asbestos floor tile, asbestos-containing ceiling tile, or any other nonfriable ACM will occur without the proper fiber release control methods.
- Damage to any miscellaneous ACM will be reported to the asbestos program manager immediately.
- Maintenance personnel shall refrain from the use of high speed buffing equipment (>300 RPM) on vinyl asbestos flooring.

2.7 MINOR FIBER RELEASE EPISODES

In the event of a minor fiber release episode (involving the dislodging of less than three linear or square feet of ACM), either a licensed asbestos abatement contractor acting under the supervision of a licensed asbestos consultant or appropriately trained in-house maintenance personnel who have received the 16 hour O&M training shall respond by:

- Thoroughly saturating the ACM debris using wet methods.
- Cleaning all fixtures and other components in the immediate area.
- Placement of all ACM debris in proper containers.

- Repairing the area of damaged ACM with appropriate materials.

2.8 MAJOR FIBER RELEASE EPISODE

In the event of a major fiber release episode (involving the dislodging of more than three linear or square feet of ACM), the following steps will be taken:

- Entry to affected area will be restricted to authorized personnel.
- Air handling systems will be shut down or modified to prevent the spread of fibers into other sections of the building.

For any major fiber release episode, a licensed asbestos consultant will plan the response action. The response action will be conducted by a licensed asbestos abatement contractor.

2.9 EMERGENCY REPAIRS

In the event that any of the identified ACM becomes damaged, it will be removed in the affected areas. Any material which has become contaminated as a result of emergency repairs may be disposed of as ACM, or decontaminated with a HEPA vacuum (non-porous surfaces only). The repairs will be performed with 6 mil. polyethylene sheeting covering all exposed surfaces. A HEPA-filtered exhaust unit or HEPA vacuum will be used to provide a negative pressure differential in the affected area. A change room will be constructed at the entrance to the enclosure with double flaps on each side for personnel access and also allow for makeup-air inflow. All ACM will be properly bagged and labeled for disposal. All ACM will be disposed of at an approved landfill site. During removal work, all personnel entering the emergency repair work area will wear two layers of protective clothing and half-face air purifying respirators. Personnel exiting the enclosure shall remove their outer layer of protective clothing inside the enclosure and decontaminate their inner layer of protective clothing with a HEPA-filtered vacuum inside the change room. Air sampling will be performed as outlined in Section 3.0.

2.10 TRAINING

2.10.1 Two-Hour Awareness Training

An awareness training program of at least 2 hours will be attended by all members of the building management and building maintenance staff who may work in areas where ACM is present. New maintenance personnel will be trained within 20 days of the start of employment. Elements of the awareness training program will include:

- The uses and forms of asbestos.
- The potential health effects of asbestos exposure.
- The locations of ACM in the buildings.
- How to recognize damage or deterioration of ACM.
- Name and telephone number of the Asbestos Program Manager.
- The location and accessibility of the Asbestos Management Plan.

2.10.2 Operations and Maintenance Training

Any maintenance personnel, tradesman, contractors, etc. who will be conducting activities which are

likely to disturb ACM will receive an additional 14 hours of training. This additional training will include:

- Discussion of the proper methods of handling ACM.
- Instruction in the proper use of respiratory protection equipment, and respiratory protection as contained in the EPA/NIOSH publication Guide to Respiratory Protection for the Asbestos Abatement Industry.
- Training in the use of respiratory equipment, personal protective clothing, and proper work and safety practices.

2.10.3 Refresher Training

Maintenance personnel who received the 16-hour O&M training course shall be given a two-hour refresher training course on an annual basis as per OSHA requirements.

2.11 RECORD KEEPING

1. All records concerning the periodic surveillance, response actions, and operations and maintenance program will be kept on file in the Asbestos Program Manager's office.
2. For each area where ACM has been removed, records of the abatement activity will be retained until the property is sold.
3. For any response action or preventative measure taken to abate or minimize fiber release, the Asbestos Program Manager will provide:
 - A written description of the measure or action which will include:
 - Methods used to control fibers.
 - Location of action or measure.
 - Reasons for selecting such measures or actions.
 - Start and completion dates.
 - Names and addresses of all contractors involved in the activity.
 - State of accreditation and accreditation number.
 - The name and location of the disposal site.
 - Copies of air monitoring reports which will include:
 - The name and signature of person(s) collecting air samples.
 - The locations where samples were collected.
 - Date of collection.
 - Name and address of laboratory analyzing air samples.
 - Date(s) of analysis.
 - The method of analysis.
 - The name and signature of the person(s) performing the analysis.
 - A statement that the laboratory meets all applicable requirements.
4. Training records for each person involved in the work will include:

- The person's name and job title.
 - Date of completion of training.
 - Location of the training.
 - Number of hours of training.
5. When periodic surveillance is performed, the name of the person performing the surveillance, date, and changes in condition of ACM will be recorded and kept on file.
 6. When cleaning is performed, the name(s), date, locations, methods of cleaning will be recorded and kept on file.
 7. When O&M activities are performed, names, dates, locations, and a description of the activities will be recorded and kept on file.
 8. When ACM is removed as part of an O&M activity, the name and location of the disposal site will be recorded along with all other information required in #7.
 9. When a major abatement activity is performed, the following information will be recorded and kept on file:

The name, signature, state of accreditation, and accreditation number of each person performing the activity.

- The start and completion dates of the activity.
 - The locations where activity occurred.
 - Description of the activity.
 - The name and location of the disposal site, if ACM is removed.
10. When a fiber release episode occurs, a record of the following will be kept:
 - The date and location of the episode.
 - The method of repair.
 - Description of preventive measures or response action taken.
 - The names of person(s) performing the work.
 - The name and location of the disposal site, if ACM is removed.

2.12 WARNING LABELS

Where feasible, the building owner will attach warning labels adjacent to any installed ACM or assumed ACM located including but not limited to routine maintenance areas. Routine maintenance areas are those areas where normal maintenance activities may disturb ACM (e.g. mechanical rooms).

All labels will be displayed in visible locations and will remain until the ACM is removed.

The warning label will be printed in large bold letters on a contrasting background and will read as follows:

**DANGER
CONTAINS ASBESTOS FIBERS
AVOID CREATING DUST
CANCER AND LUNG DISEASE HAZARD**

2.13 MEDICAL SURVEILLANCE AND EMPLOYEE PROTECTION PROGRAM

All employees involved in the O&M program will participate in a medical surveillance program designed to detect symptoms of asbestos-related diseases, and evaluate their ability to wear a negative pressure respirator. The medical surveillance program will consist of an initial, and a periodic (annual) examination that will include:

- Completion of a mandatory OSHA questionnaire.
- A physical examination which emphasizes cardiovascular and gastro-intestinal functions.
- A pulmonary function test, which includes the forced vital capacity, and forced expiratory volume (one second).
- For initial examinations, a chest X-ray read by a B-reader is preferable, but not necessary if a recent X-ray is available.
- All medical records will be maintained for at least 30 years after the termination of employment.

2.14 NOTIFICATIONS

A written notification policy should be implemented to inform maintenance and service personnel of the existence of asbestos throughout the facility. Building maintenance should be aware of the potential for damage to all asbestos-containing materials, and refrain from disturbing them, unless properly trained to handle ACM. Outside service contractors must be informed about the location of asbestos-containing materials as plumbers, air conditioning maintenance personnel, electricians and general contractors etc. may disturb asbestos-containing materials unwittingly. Any planned disturbance to the asbestos-containing materials during operations and maintenance work will require notification to the State of Florida Asbestos Coordinator.

Notifications to maintenance service personnel, and the State of Florida should be the responsibility of a person on the staff who will act as an Asbestos Program Manager (see O&M Plan).

2.15 PERIODIC SURVEILLANCE

The condition of the ACM can be expected to change over time due to wear and erosion. In addition, the quantity and location(s) of ACM may change over time as a result of abatement conducted as part of renovations or repairs, etc. In order to document and keep track of these changes, periodic surveillance is performed on a bi-annual basis. Every six months, all areas of the building that were found to have asbestos-containing material present will be visually reinspected by qualified personnel. The personnel performing the surveillance will record the date of surveillance, their names, and any changes in the condition of the ACM that are apparent from the previous inspection. This information will be submitted to the "Asbestos Program Manager" for inclusion in the building records. If any significant damage has occurred to any of the asbestos-containing material since prior inspections, the designated person shall contact the appropriate licensed person(s) to repair or perform acceptable response actions. A copy of a sample periodic surveillance form is provided in Appendix B.

SECTION 3.0

SUMMARY OF RESULTS AIR QUALITY TESTING

The following is a brief overview of the different types of asbestos air sampling procedures commonly used during O&M work, asbestos abatement work, and routinely for documentation purposes. This overview is provided for general informational purposes only and is not intended to be an all inclusive reference document.

3.1 SAMPLING DURING O&M ACTIVITIES

O&M activities are generally small scale, short duration projects where small amounts of ACM may be intentionally or unintentionally disturbed. The minimum type of sampling that should be performed during O&M work includes worker exposure monitoring. Worker exposure monitoring can be performed by a licensed asbestos consulting firm or by in-house personnel who are knowledgeable about air sampling techniques. Other types of air monitoring can also be performed during O&M activities at the owner's discretion. These other types of monitoring include area monitoring in and around the work area and final clearance monitoring. This additional air monitoring is usually not warranted during small scale/short duration projects, and is best performed by personnel who have been trained in the NIOSH 582 course *Sampling and Evaluation of Airborne Asbestos Dust*.

3.1.1 Sample Collection Methods

Air samples are collected on 25 mm diameter mixed cellulose ester (MCE) filters with 0.8 micron diameter pores. The filters are mounted in 25mm diameter plastic cassettes with 50mm anti-static extension cowls. The cassettes should be attached to the worker's collar to allow monitoring of the worker's breathing zone.

Low volume, battery-operated air pumps are used to draw air through the filter apparatus. The pump flow rates should be set between 0.5 to 2.5 liters per minute. Lower flow rates are preferable if there is expected to be a high amount of airborne dust present during the sampling, and if the sampling will occur over several hours. Higher flow rates are preferable if the work is expected to require less than a couple of hours to complete.

In general, the higher the volume of air sampled, the more sensitive the analytical results are. The minimum volume of air that should be collected for worker exposure purposes is 50 liters; this volume will permit a detection limit of 0.099 fibers/cc of air, which is below the current OSHA Permissible Exposure Limit (PEL) of 0.1 fibers/cc of air. A volume of 1,227 liters will yield the lowest possible detection limit of 0.004 fibers per cc of air. Samples with volumes greater than 1,227 liters are acceptable, although caution must be taken to not overload the filter cassette if dusty conditions exist. Each individual pump's flow rate should be checked prior to each sampling period. At the end of each sampling period, the flow rate of each pump should be rechecked to obtain an average flow rate during the entire sampling period.

3.1.2 Sample Analysis Methods

Worker exposure samples are generally analyzed using Phase Contrast Microscopy (PCM) techniques samples as described in the NIOSH method 7400, NIOSH Manual of Analytical Methods, 3rd edition, 2nd supplement, August 1987). Copies of the sample results should be made available to the worker for his review.

3.1.3 Sampling Strategy

Worker exposure sampling should be conducted during each phase of the O&M activity (e.g. preparation phase, removal or disturbance phase, and cleanup phase). If the O&M activity is of short duration, these phases of work can be grouped together. The sampling should be performed on the job categories where the highest exposure to asbestos fibers is expected.

3.2 SAMPLING DURING ASBESTOS ABATEMENT OPERATIONS

3.2.1 General

This section reviews the various types of air monitoring typically performed during a large-scale asbestos abatement project. Air monitoring during these projects should be performed by a licensed asbestos consulting firm and the removal work should be performed by a licensed asbestos abatement contractor. Air monitoring personnel should be present at all times during the disturbance of ACM including preparation work. The various types of air monitoring performed during asbestos abatement projects typically includes:

- **Background Sampling** - Prior to the beginning of an abatement operation it is recommended that areas in and around the removal site be sampled for airborne asbestos, and analyzed by the same method as will be used for final air testing.
- **Abatement-In-Progress Sampling** - During the removal operation, air samples should be taken to monitor the levels of airborne fibers in and around the work area. The purpose of this monitoring is to ensure that the engineering controls being employed by the abatement contractor are sufficient to prevent the release of asbestos fibers outside of the containment. Samples collected during abatement are usually analyzed by the PCM method. Samples are analyzed and results reported to the Owner and contractor within 24 hours. This rapid turnaround generally requires an analyst and microscope at the work site. Samples from outside the work area may be analyzed by Transmission Electron Microscopy (TEM), at the Owner's request or discretion, as a check on results from PCM analysis.
- **Worker exposure monitoring** - This type of sampling is the same as that discussed in section 3.1 except that it is normally the asbestos abatement contractor's responsibility to perform, unless alternate arrangements have been made.
- **Pre-encapsulation Air Testing** - This type of test is often performed prior to dismantling the enclosure system, and prior to the use of any encapsulant. The sampling should not begin until the work area is dry. Sampling should utilize aggressive techniques (a 1 HP leaf blower and electric fans) to resuspend any dust or material that has settled in the work area. The pre-encapsulation air testing is generally analyzed by PCM (NIOSH 7400) with a concentration of 0.01 f/cc being the

standard clearance criteria with a 95% confidence limit.

Final Air Testing - After successful completion of the PCM final air test, the contractor is allowed to encapsulate the entire work area. When encapsulation has been completed and the work area is sufficiently dry, a Final Air Test utilizing the same sampling procedures as the pre-encapsulation test is conducted. The Final Air Test may be analyzed by either PCM or TEM methods. The standard final clearance criteria is 0.01 fibers/cc of air when using PCM analysis and an average of 70 structures per square millimeter using TEM analysis. Where the results of the Final Air Test show values of airborne asbestos in excess of the accepted clearance criteria, the contractor should reclean the work area. The Final Air Testing procedure is generally then repeated at the contractor's expense.

3.3 ROUTINE SAMPLING FOR DOCUMENTATION PURPOSES

A sampling program should be established to provide an objective assessment of the levels of airborne asbestos that is representative of air quality throughout the structure.

3.3.1 Sample Location, Density, and Frequency

Sampling locations in the building are selected randomly by assigning numbers to equal-sized areas and selecting numbers from a random number system.

The EPA (EPA 560/5-85-024, Guidance For Controlling Asbestos-Containing Materials in Buildings) recommends a sampling density of 1 sample per 5000 sq. ft. of floor space in areas where ACM occurs. Where the area is divided up into small rooms, a higher sampling density is recommended.

The air quality sampling program should be performed on an as need basis, especially when significant damage has been discovered through periodic surveillance in the building. Where ACM is disturbed, a small set of samples may be taken prior to the scheduled sampling time to ensure that airborne fibers are not being distributed through the building. At minimum, air sampling should be performed on an annual basis.

3.3.2 Sample Analysis

The samples may be analyzed by either PCM or TEM methods at the discretion of the Asbestos Program Manager. Analysis by TEM is preferable over PCM especially if PCM analysis reveals elevated fiber counts.

SECTION 4.0

REFERENCES

National Institute of Occupational Safety and Health (NIOSH). *Phase Contrast Microscopy (PCM) Method 7400*. NIOSH Manual of Analytical Methods

United States Environmental Protection Agency (USEPA). *Managing Asbestos in Place - A Building Owner's Guide to an Operations and Maintenance Program for Asbestos-Containing Materials*", July 1990, TS-799 #20T-2003.

USEPA. *National Emissions Standards for Hazardous Air Pollutants (NESHAP)*, 40 CFR Part 61, Subpart M, 1990.

USEPA. *Asbestos-containing Materials in Schools; Final Rule and Notice*. 40 CFR 763, 1987.

OSHA. *Occupational Exposure to Asbestos; Final Rule*, 29 CFR 1910 et al.

State of Florida: *Licensure of Asbestos Consultants and Contractors*. Florida Statutes F.S. 455.301 - 455.308.

APPENDIX A
GLOSSARY OF ASBESTOS-RELATED TERMS

Accessible ACM: ACM subject to disturbance by building occupants and maintenance personnel in the course of their normal activities.

Accessible Area: Any area that the inspector is permitted to inspect and that can be inspected without the disassembly of mechanical or rigid structural components of the building.

Accredited: A person who is trained by an approved training facility, or a laboratory that meets standards of the National Voluntary Laboratory Accreditation Program (NVLAP).

Air Erosion: The passage of air over friable ACM that may result in the release of asbestos fibers.

Asbestos: The asbestiform varieties of chrysotile (serpentine); crocidolite (riebeckite); amosite (cummingtonite-grunerite); anthophyllite; tremolite; and actinolite.

Asbestos-Containing Material (ACM): Any material or product that contains more than one percent asbestos by weight.

Asbestos-Containing Building Material (ACBM): Surfacing ACM, thermal system insulation ACM, or miscellaneous ACM that is found in or on interior structural members or other parts of the building.

Asbestos Debris: Pieces of ACM that can be identified by color, texture, or composition; or dust if determined to be ACM by analysis.

Damaged Miscellaneous ACM: Miscellaneous ACM which has deteriorated or sustained physical injury such that the internal structure (cohesion) of the material is inadequate or, or has delaminated such that its bond to the substrate (adhesion) is inadequate, or which for any other reason lacks cohesion or adhesion qualities. Damaged material applies only to material that displays less than 10% damage.

Damaged Surfacing ACM: Surfacing ACM which has deteriorated or sustained physical injury such that the internal structure (cohesion) of the material is inadequate or, or has delaminated such that its bond to the substrate (adhesion) is inadequate, or which for any other reason lacks cohesion or adhesion qualities. Damaged material applies only to material that displays less than 10% damage.

Damaged or Significantly Damaged Thermal System Insulation ACM: Thermal System insulation ACM on pipes, boilers, tanks, ducts, and other thermal system insulation equipment where the insulation has lost its structural integrity, or its covering, in whole or in part; is crushed, water-stained, gouged, punctured, missing, or not intact such that it is not able to contain fibers. Damaged material applies only to material that displays less than 10% damage.

Encapsulation: The treatment of ACBM with a materials that surrounds or embeds asbestos fibers in an adhesive matrix to prevent the release of fibers.

Enclosure: An airtight, impermeable, permanent barrier around ACBM to prevent the release of asbestos fibers into the air.

Friable: Any building material that, when dry, may be crumbled, pulverized, or reduced to a powder by hand pressure.

High Efficiency Particulate Air (HEPA): A filtering system capable of trapping and retaining at least 99.97% of all mono-dispersed particles of 0.3 microns in diameter or larger.

Homogeneous Area: An area of surfacing material, thermal system insulation, or miscellaneous material that is uniform in color and texture.

Inaccessible Area: Any area where access for inspection is not permitted or requires a considerable amount of mechanical or structural disassembly in order to inspect.

Miscellaneous Material: Interior building material on structural components, structural members or fixtures, such as floor and ceiling tiles, and does not include surfacing material or thermal system insulation.

Nonfriable: Any building material that, when dry, can not be crumbled, pulverized, or reduced to a powder by hand pressure.

Operations and Maintenance Program: A program of work practices to maintain friable ACBM in good condition, ensure clean up of asbestos fibers previously released, and prevent further release by minimizing and controlling ACBM disturbance or damage.

Damage: Circumstances in which:

- (1) ACM is in an area regularly used by building occupants, including maintenance personnel, in the course of their normal activities.
- (2) There is a reasonable likelihood that the materials or its covering will become damaged, deteriorated, or delaminated.

Significant Damage: Circumstances in which:

- (1) ACM is in an area regularly used by building occupants, including maintenance personnel, in the course of their normal activities.
- (2) There is a reasonable likelihood that the materials or its covering will become significantly damaged, deteriorated, or delaminated.
- (3) The material is subject to major or continuing disturbance due to accessibility, vibration, or air erosion.

Preventative Measures: Actions taken to reduce disturbance of ACBM or otherwise eliminate the reasonable likelihood of the material's becoming damaged or significantly damaged.

Removal: The taking out or the stripping of substantially all ACBM from a damaged area, functional space, or a homogeneous area in a building.

Repair: Returning damaged ACBM to an undamaged condition or to an intact state so as to prevent fiber release.

Response Action: A method, including removal, repair, encapsulation, enclosure, and operations and maintenance, that protects human health and the environment from friable ACM.

Routine Maintenance Area: An area, such as a boiler room or mechanical room in which maintenance employees or contract workers conduct maintenance activities, but is not normally frequented by non-maintenance personnel.

Significantly Damaged Miscellaneous ACM: Damaged miscellaneous ACM where the damage is extensive and severe.

Significantly Damaged Surfacing ACM: Damaged surfacing ACM in a functional space where the damage is extensive and severe.

Surfacing Material: Material in a building that is sprayed-on, troweled-on, or otherwise applied to surfaces, such as acoustical plaster on ceilings and fireproofing materials on structural members, or other materials on surfaces for acoustical, fireproofing, or other purposes.

Thermal System Insulation: Material in a building applied to pipes, fittings, boilers, breeching, tanks, ducts, or other interior structural components to prevent heat loss or gain, or water condensation, or for other purposes.

Vibration: The periodic motion of friable ACM that may result in the release of asbestos fibers.

APPENDIX B
OPERATIONS AND MAINTENANCE FORMS

PERIODIC ACM SURVEILLANCE FORM

Building Name: _____

Date of the Inspection: _____

Name of the Inspector: (print) _____

Signature of the Inspector: _____

1. CONDITION OF ACM

Has there been a significant change in the physical condition of ACM or suspected ACM since the initial survey, or the most recent inspection?

YES _____ NO _____

If Yes, describe the location and change on the lines below:

If yes, contact the designated Building Asbestos Program Manager for coordination of the following tasks: Reassess the potential asbestos hazard, Monitor air in affected area, Photograph material.

2. SETTLED ACM DUST OR DEBRIS?

Note on the lines below the locations of ACM dust or debris that may need to be cleaned up.

3. DAMAGED ACM: NEED FOR REPAIR OR REMOVAL

Note on the lines below the locations of ACM that may need to be repaired or removed.

Acknowledged by the Building Asbestos Program Manager:

Signature: _____

Date: _____

Printed Name: _____

STATEMENT BY A MEDICAL DOCTOR

I have performed a comprehensive medical examination of _____ (print name) on ____ / ____ / ____, which included, as a minimum, completion of the OSHA Initial or Periodic Medical Questionnaire, a history to elicit symptomatology of respiratory disease, and pulmonary functions tests to include forced vital capacity (FVC) and forced expiratory volume at 1 second (FEV 1.0). At my discretion, I have ____ have not ____ administered a chest roentgenogram. Such roentgenograms are interpreted and classified in accordance with 40 CFR 763.121, Appendix E.

_____ (print name) is physically able to perform the work and use the equipment (such as respiratory equipment) required in performing his/her work with no limitations.

The employer has provided me with the following:

1. A copy of EPA regulation 40 CFR 763, Subpart G, and appendices D, E, and I;
2. A description of the affected employee's duties as they relate to the employee's exposure;
3. The employee's representative exposure level or anticipated exposure level;
4. A description of any personal protective equipment and respiratory protection used, or to be used; and
5. Information from previous medical examinations of the affected employee that is not otherwise available to me.

_____ (print name) has been informed of the results of the examination and of any medical conditions that may result from asbestos exposure.

Comments:

Name of Facility

Signature of MD

Address

Name of Physician

City State Zip

Date Telephone

The physician has fully explained the results of my laboratory tests and medical examination to me. Any test results which have fallen out of normal range have been explained, as well as the recommendations which may have been made to my personal physician. I understand that it is my responsibility to immediately inform my supervisor of any results which will keep me from being medically cleared or able to wear a respirator.

Employee Signature: _____

Date: _____ SSN: _____

CERTIFICATE OF WORKER'S ACKNOWLEDGMENT

Date: _____

Project Location or Name: _____

Building Asbestos Contact Person's Name: _____

WORKING WITH ASBESTOS CAN BE DANGEROUS. BREATHING ASBESTOS FIBERS HAS BEEN LINKED WITH VARIOUS TYPES OF CANCER. IF YOU SMOKE AND INHALE ASBESTOS FIBERS, THE CHANCE THAT YOU WILL DEVELOP LUNG CANCER IS GREATER THAN THAT OF A NON-SMOKING PERSON IN SIMILAR OPERATIONS.

To work on this asbestos project, it is necessary that: (i) prior to working with asbestos, you be trained in safe work practices and in the use of the equipment found on the job; (ii) You receive a medical examination prior to working with asbestos; (iii) you be supplied with a proper respirator and be trained in its use. These things are to have been done at no cost to you. By signing this certification, you are providing assurance that your employer has met these obligations to you.

RESPIRATORY PROTECTION: I have been trained in the proper use of respirators, and informed of the type of respirator to be used on the above-referenced project. I have access to a copy of my employer's written respiratory protection manual. I have been equipped, at no cost to myself, with a respirator to be used on the above project. I have successfully passed a respirator fit check using the type respirator issued to me for the above project.

TRAINING COURSE: I have been trained in the dangers inherent in handling and breathing asbestos and in proper work procedures and personal and area protective measures. The topics covered in the course included the following:

- Physical characteristics of asbestos.
- Health hazards associated with asbestos exposure.
- Respiratory protection.
- Use of protective equipment.
- Negative pressure systems.
- Work practices including hands-on or on-the-job training.
- Personal decontamination procedures.
- Air monitoring, personal and area.

MEDICAL EXAMINATION: I have had a medical examination within the last twelve months (which was paid for by my employer). This examination included: a health history, pulmonary function tests, and may have included an evaluation of a chest x-ray.

Signature: _____

Printed Name: _____

Social Security No.: _____

Witness Signature: _____

**Non-Routine Activity Cleaning Log
For Buildings With
Asbestos-Containing Materials**

Building Name: _____
Date(s) of Cleaning: _____

1. Type of cleaning performed:

- _____ HEPA Vacuuming
- _____ Wet Wiping
- _____ Wet Mopping
- _____ Steam Cleaning
- _____ Other (describe) _____

2. List the specific areas cleaned: _____

3. List the names and social security numbers of all personnel involved with cleaning:

<u>Name</u>	<u>Social Security Number</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Acknowledged by the Building Asbestos Contact Person:

Date: _____

Signature: _____

Printed Name: _____

ASBESTOS FIBER RELEASE EPISODE REPORT

Building Name: _____

Date of Incident: _____

Description of the Incident: _____

Actions Taken to Prevent Spread of Contamination: _____

Name and Social Security Number of Personnel Involved with Cleanup:

<u>Name</u>	<u>Social Security Number</u>
_____	_____
_____	_____
_____	_____
_____	_____

Describe Respiratory Protection and Protective Clothing worn during Cleanup:

Attach Air Monitoring Results or Explain Why Air Monitoring Was Not Conducted:

Describe the Final Disposition of Contaminated Wastes and/or Attach Disposal Receipt from the Landfill:

This report was prepared by:

Name/Title _____

Signature: _____

Date: _____

Acknowledged by the Building Asbestos Contact Person:

Date: _____

Signature: _____

Name/Title: _____

**SUMMARY OF EMPLOYEE'S DUTIES
AND
EXPECTED ASBESTOS EXPOSURE**

EMPLOYEE DUTIES

Employees will be working in areas where asbestos-containing materials (ACM) is present, and may become involved in small-scale, short duration removal, repair or cleanup of ACM. These activities may require the employee to do the following:

1. Wear respirators
2. Wear protective clothing
3. Work in high places (ladders, scaffolding)
4. Lift up to 50 lbs., repetitively for 15 minutes
5. Manipulate hand tools overhead
6. Work in tight, awkward places
7. Work in environments capable of producing heat stress

POTENTIAL EXPOSURE LEVELS

The Occupational Safety and Health Administration (OSHA) and the Environmental Protection Agency (EPA) have set the permissible exposure level (PEL) for asbestos at 0.2 fibers per cubic centimeter (f/cc). It is anticipated that airborne fiber levels will average less than 0.1 f/cc. However, actual exposure will be much less than measured airborne fiber levels due to the protection factor of respirators that will be used by employees working with asbestos.

PERSONAL PROTECTIVE EQUIPMENT AND RESPIRATORS

Employees working with asbestos will be provided with some, or all, of the equipment listed below depending on the type of work to be performed:

1. Half or full facepiece, negative pressure, air-purifying respirator with a high efficiency particulate air (HEPA) filter.
2. Full facepiece, powered air-purifying respirator (PAPR) with a HEPA filter.
3. Disposable full-body coveralls, gloves, and booties.

CONTRACTOR/VENDOR NOTIFICATION

Date: _____

To: All Contractors and Vendors

From: The Building Asbestos Program Manager

(Print name)

Subject: Asbestos-Containing Materials in this Building

Asbestos-Containing Material (ACM) is present in many buildings. The presence of ACM does not necessarily mean that a hazard exists; however, a hazard may be created when ACM is disturbed and asbestos fibers become airborne. The best way to maintain a safe environment is to avoid the disturbance of ACM.

It is possible that you may encounter ACM while working in this building. A survey report which identifies the descriptions and locations of all known ACM in the building is on file with the Asbestos Program Manager. The findings of this survey report should be reviewed prior to performing any work in the building. The report may, or may not, be all inclusive. Therefore, workers must exercise caution and be watchful for materials that might contain asbestos. Avoid disturbing ACM or suspected ACM as you carry out your work.

If your work necessitates the disturbance of ACM, you shall take whatever precautions are necessary to protect human health and the environment from asbestos fibers. At a minimum, you will use the procedures found in the Operations and Maintenance Plan and comply with all Federal, State and Local laws governing working with asbestos. Your employer is responsible for assuring that you are medically certified, trained, and equipped with the proper personal protective devices for safe handling of ACM. You must notify the designated Building Asbestos Program Manager before disturbing any asbestos-containing materials in this building.

If you need additional information regarding ACM in a particular building or would like to review any information regarding asbestos-containing materials in the building, contact the Asbestos Program Manager responsible for the building in which you will be working.

APPENDIX C

FIGURES AND ACM INSPECTION REPORTS 2004

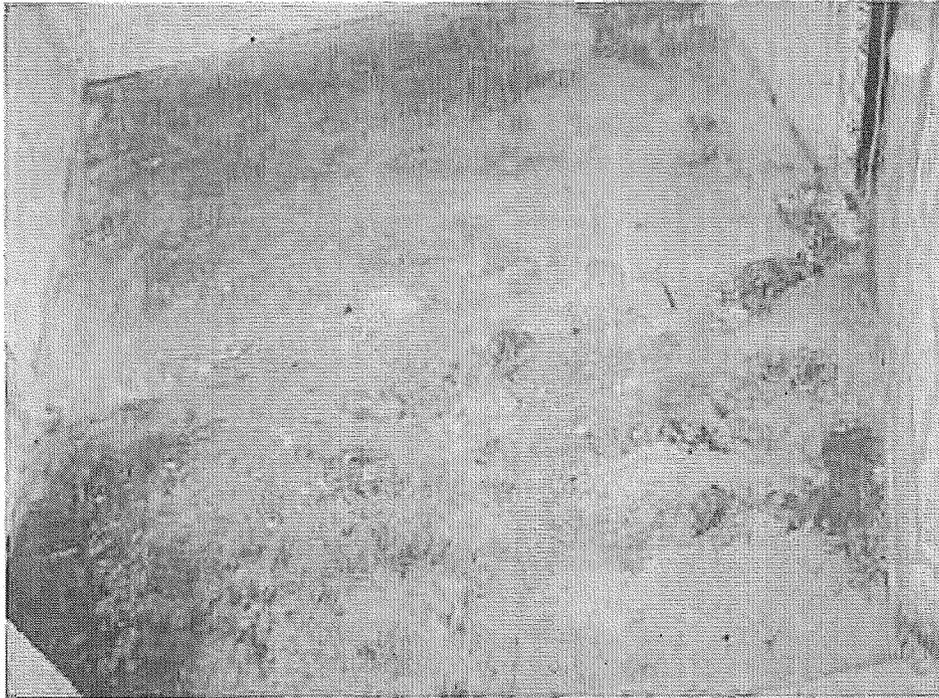


Photo 1: ACM abated in 1998 in Floor 9 interview rooms

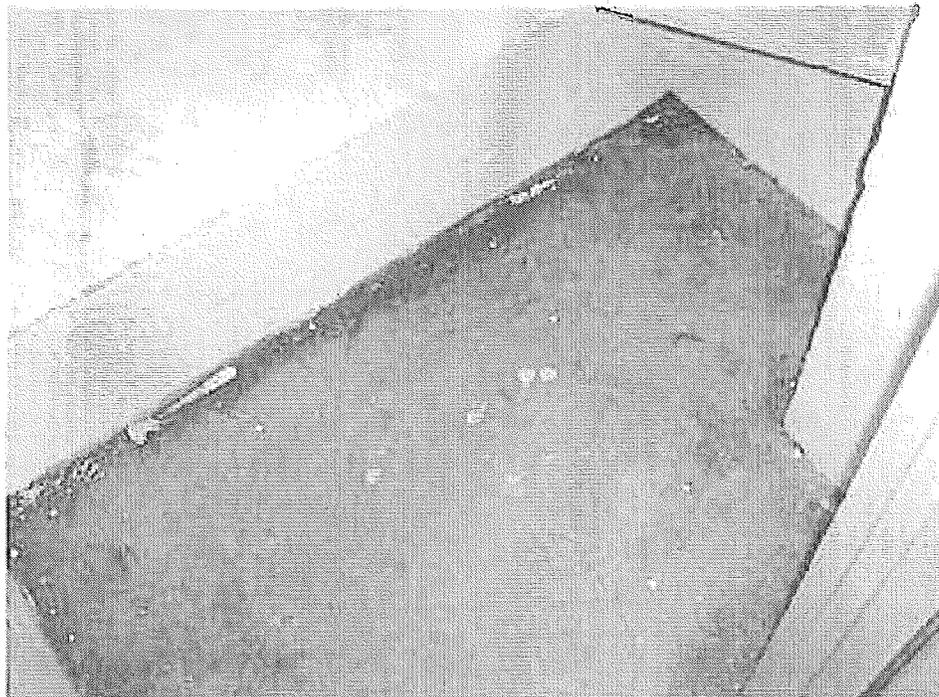


Photo 2: ACM abated in 1998 in Floor 9 interview rooms

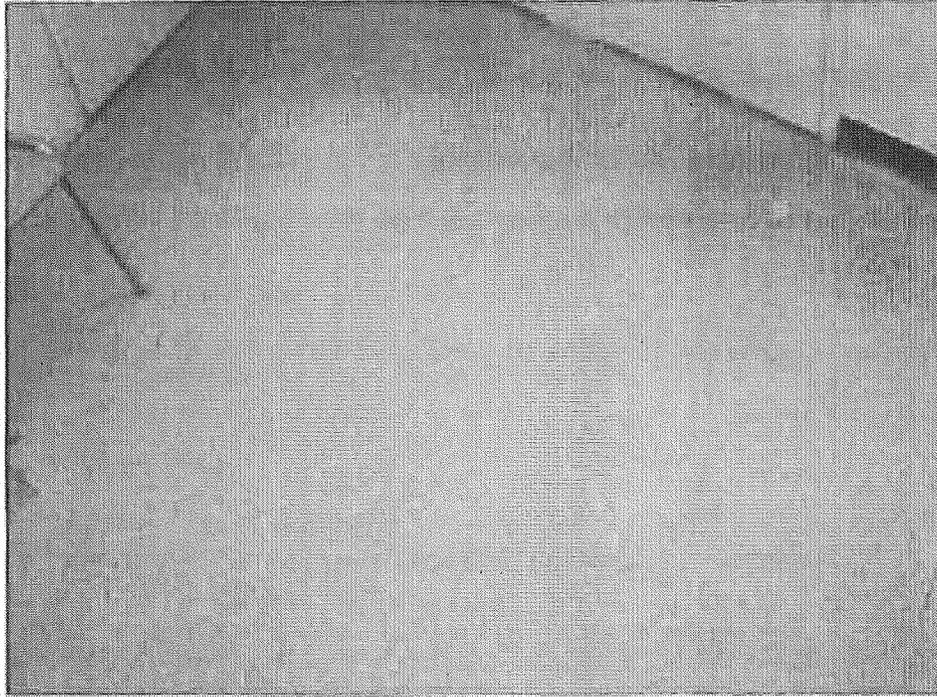


Photo 3: Typical nonACM 12x12" pink VFT in upper offices

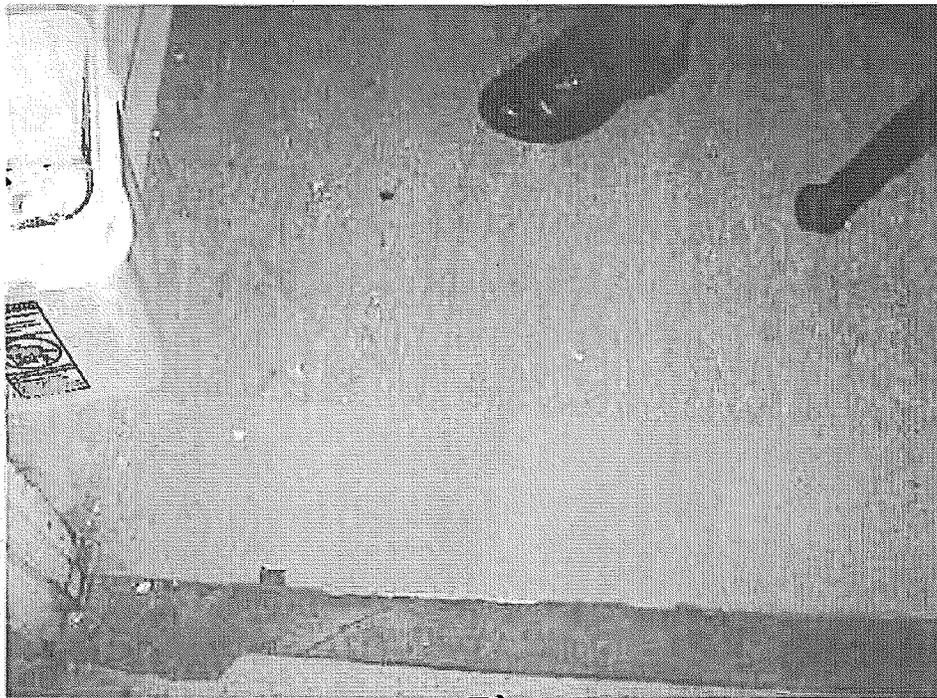


Photo 4: Typical ACM VFT/mastic in Flr 8&9 Guard Booths



Photo 5: Typical Guard Booths on Floors 2-7 with concrete floors

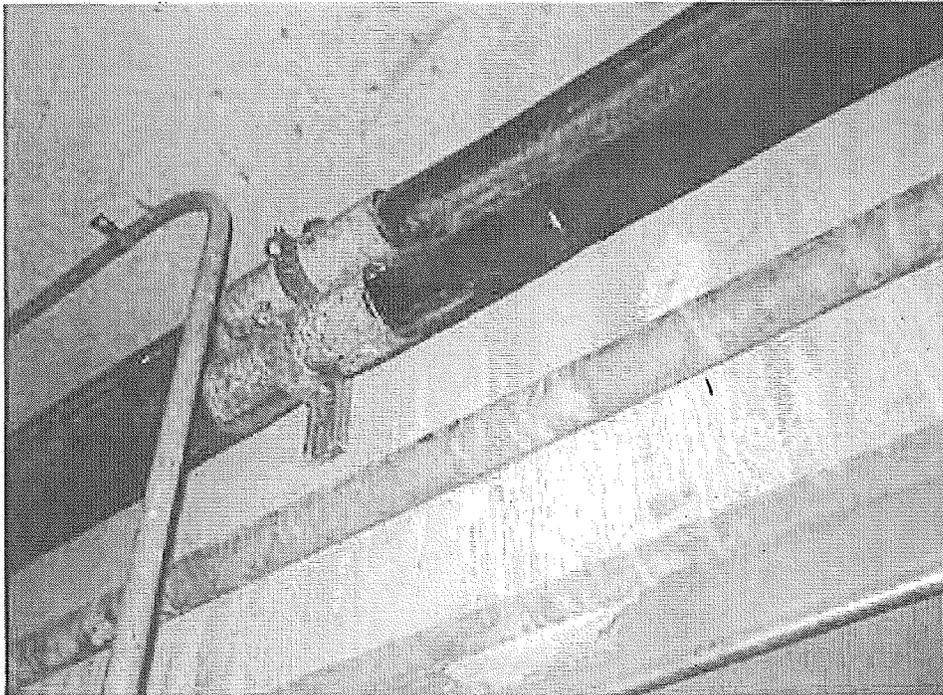


Photo 6: Typical Floor 10 AHR walls and ceilings



Photo 7: Floor 10 AHRs no ACM

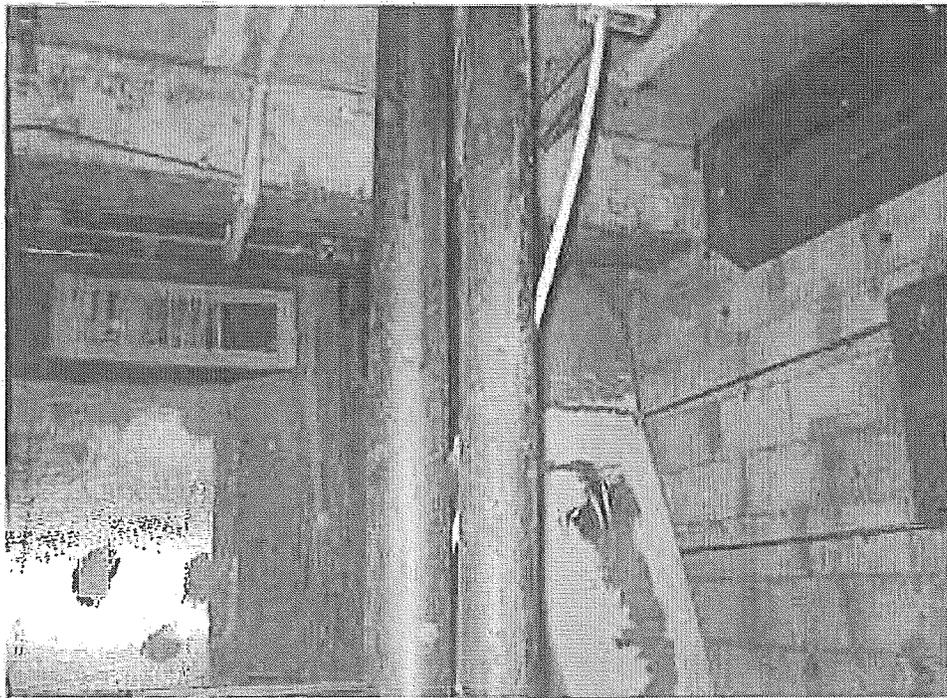


Photo 8: Floor 10 AHRs no ACM

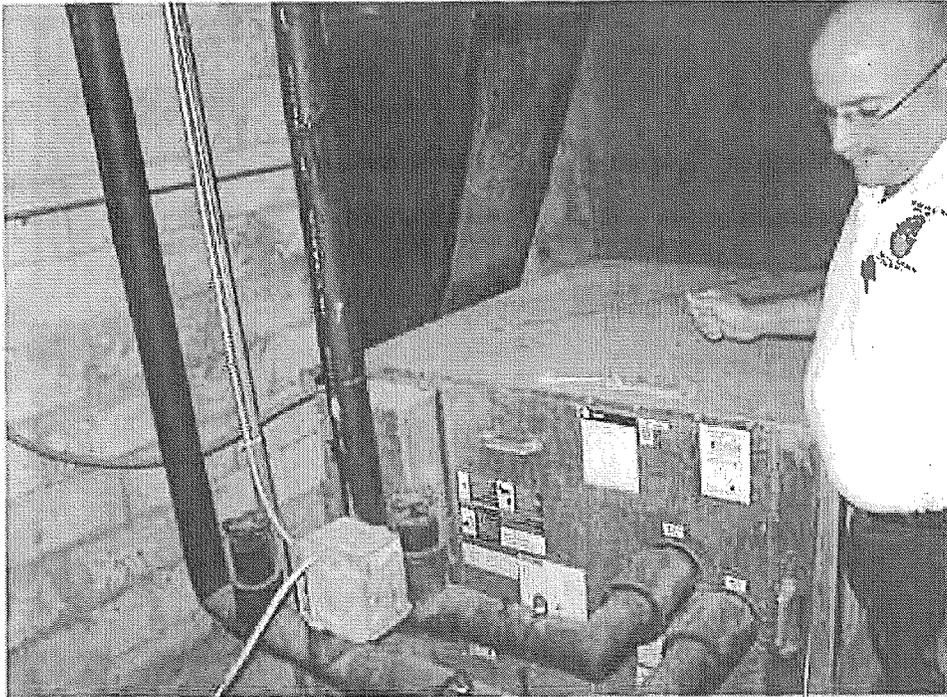


Photo 9: Floor 10 AHRs equipment no ACM



Photo 10: Floor 10 nonACM VFT

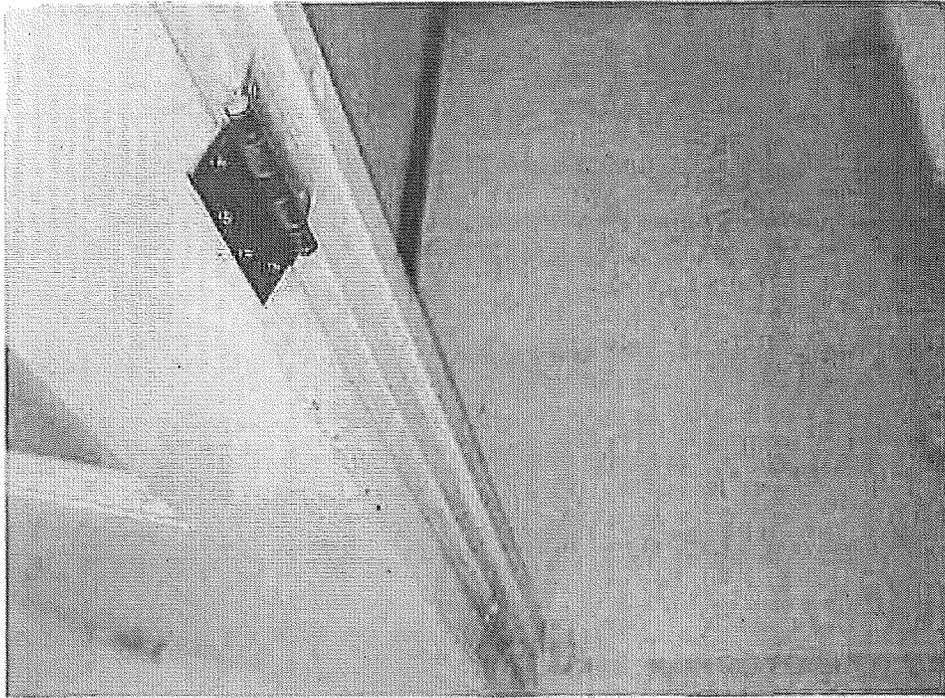


Photo 11: Floor 9 typical nonACM VFT

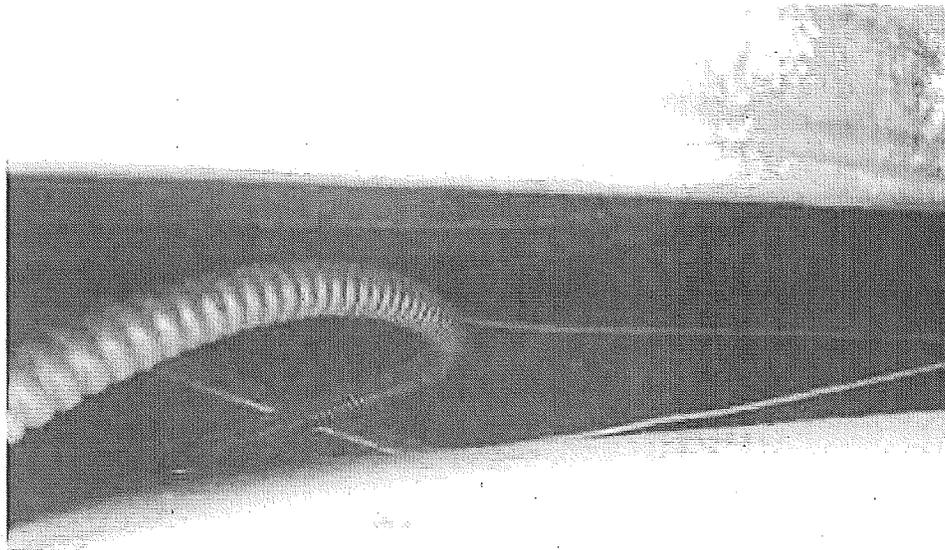


Photo 12: No ACM above ceilings on Floor 9

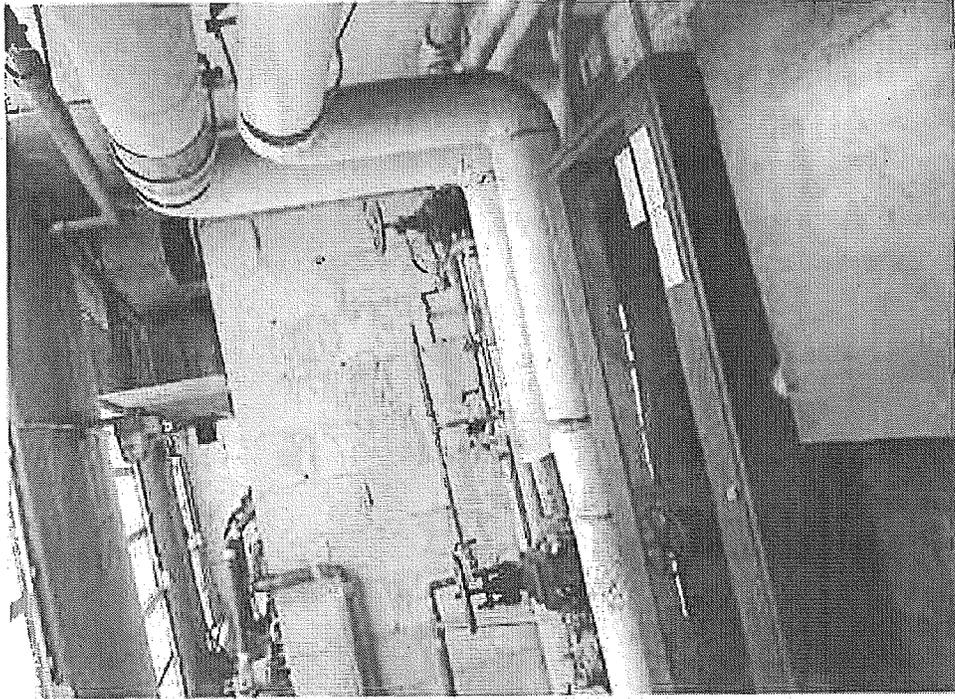


Photo 13: Typical C Walk nonACM pipes

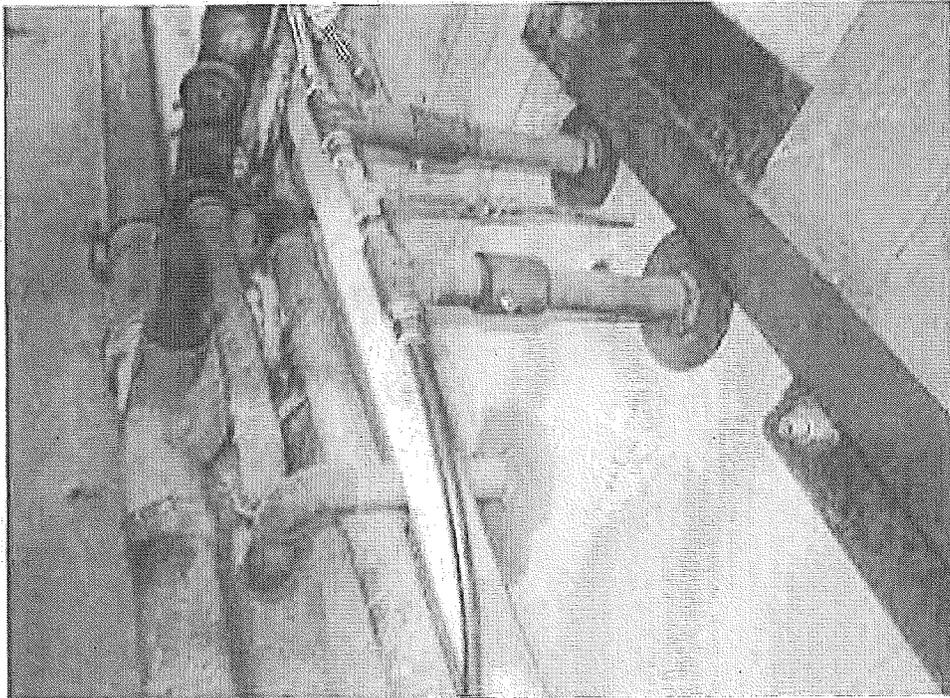


Photo 14: NonACM piping in walks

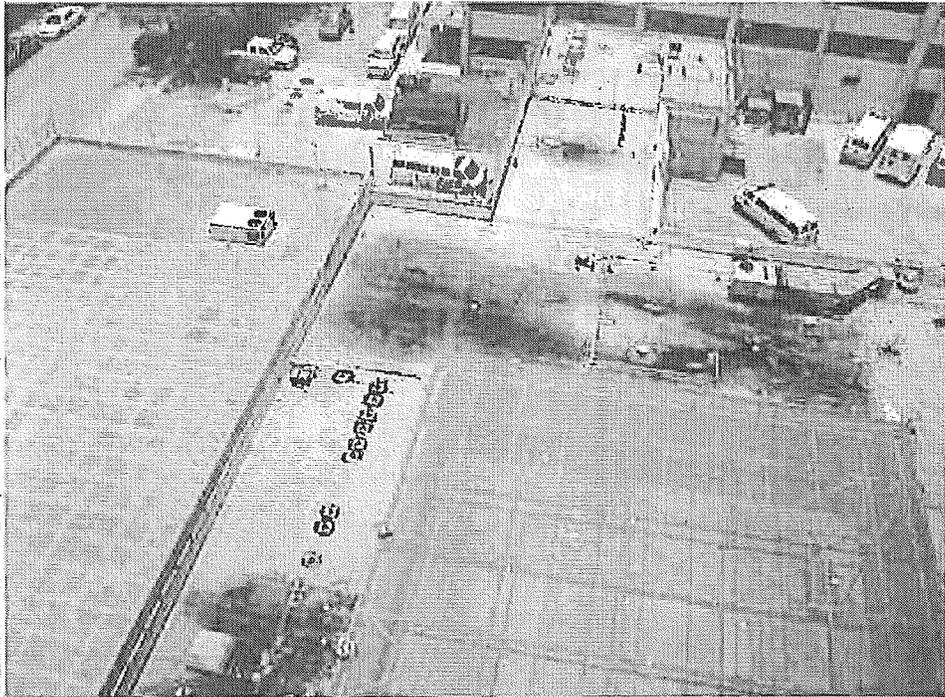


Photo 15: Assumed ACM roof field/flashings

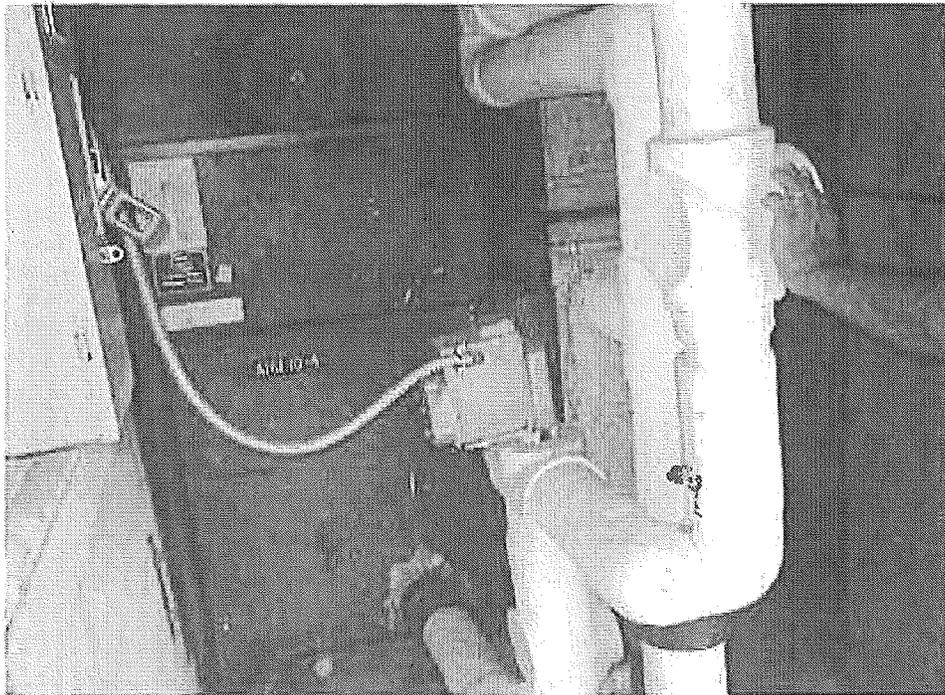


Photo 16: Typical nonACM piping on walks FLrs 3-10

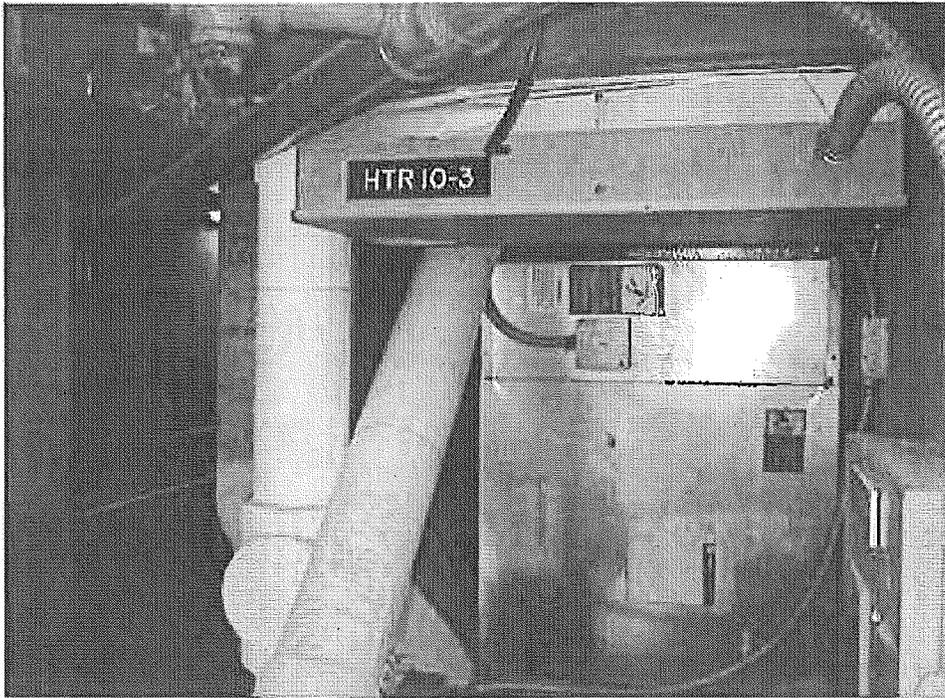


Photo 17: Typical nonACM piping on walks FLrs 3-10

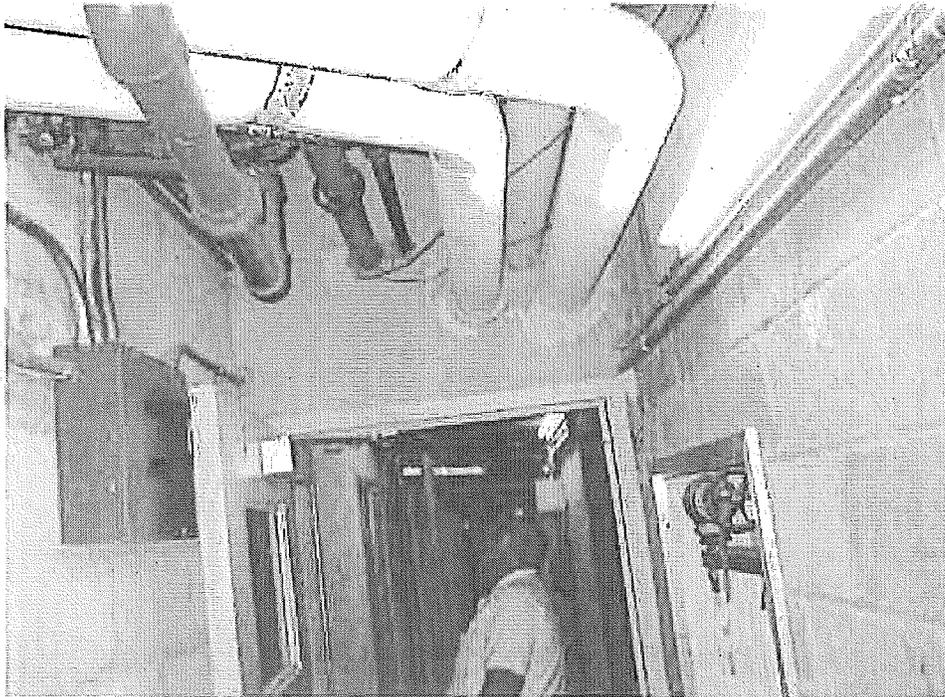


Photo 18: Typical nonACM piping on walks FLrs 3-10

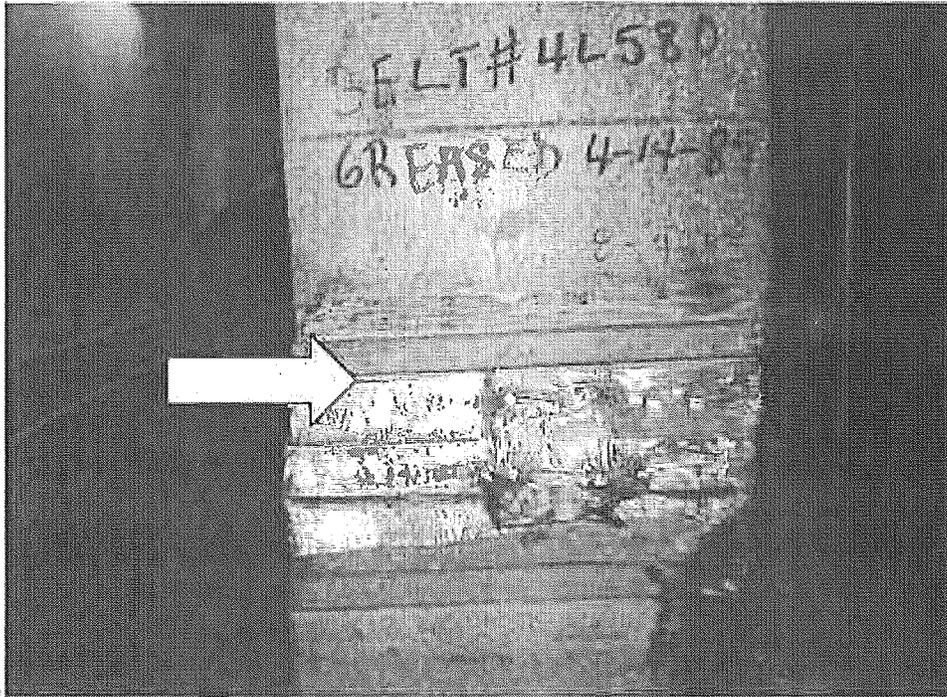


Photo 19: Typical ACM vibration cloth on AHUs n walks

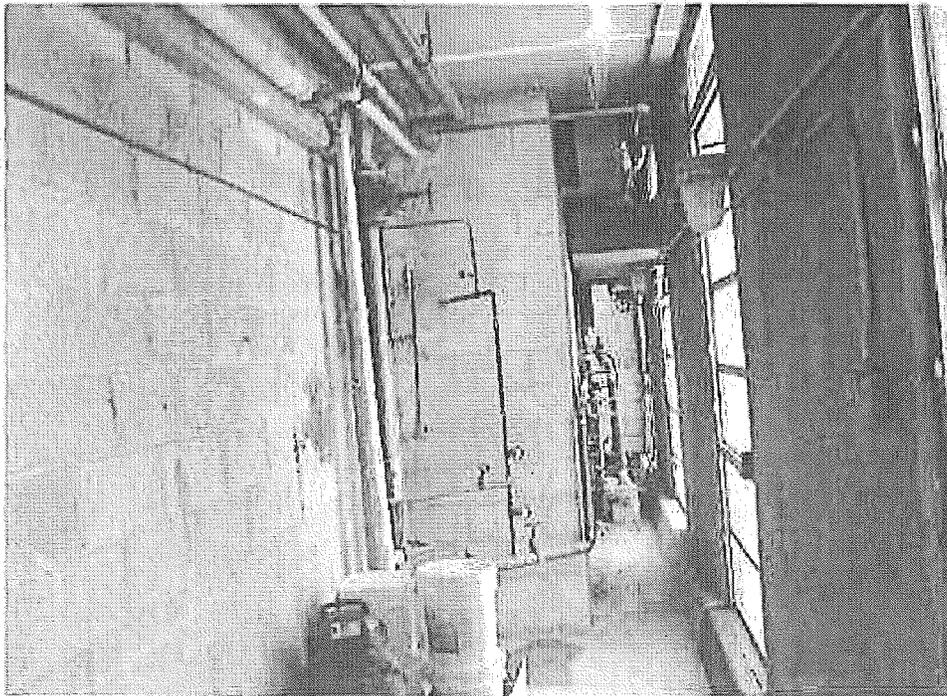


Photo 20: Typical nonACM piping on walks FLrs 3-10

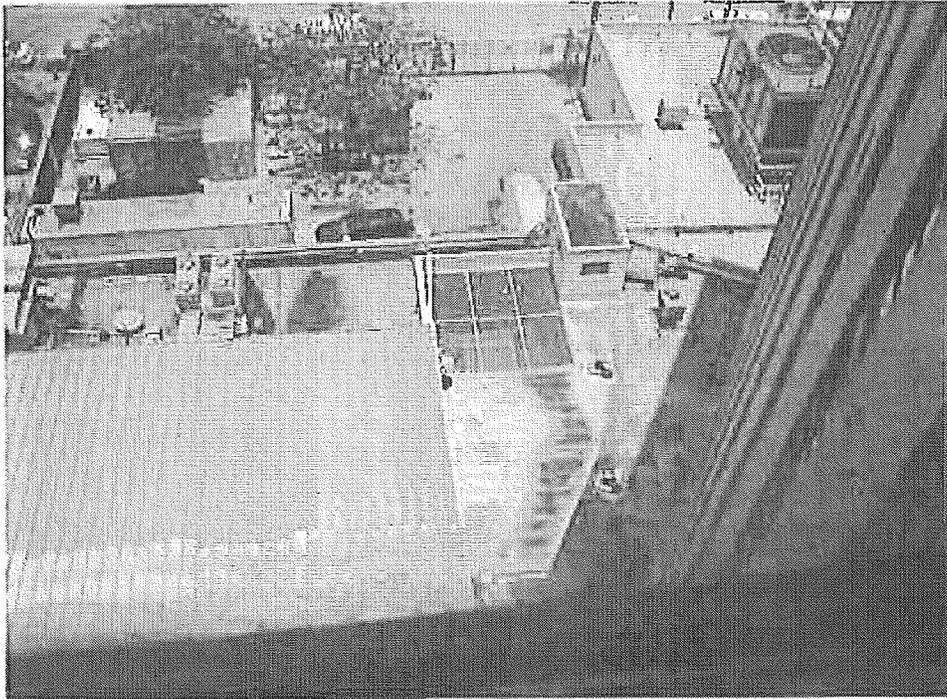


Photo 21 Assumed ACM roof field/flashings

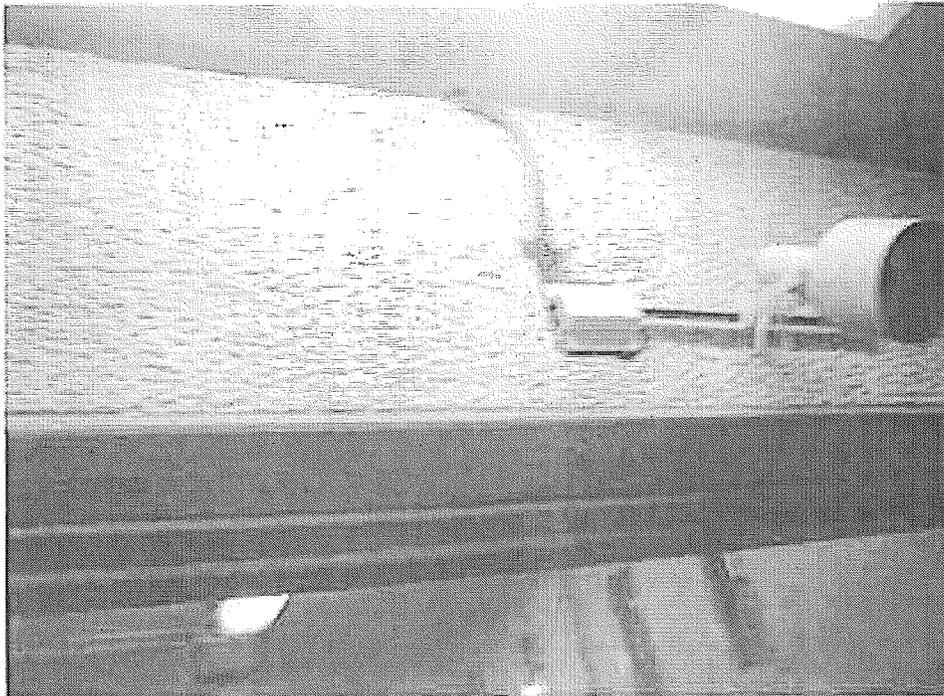


Photo 22: NonACM acoustical tile on Floor 9



Photo 23: NonACM acoustical tile on Floor 9

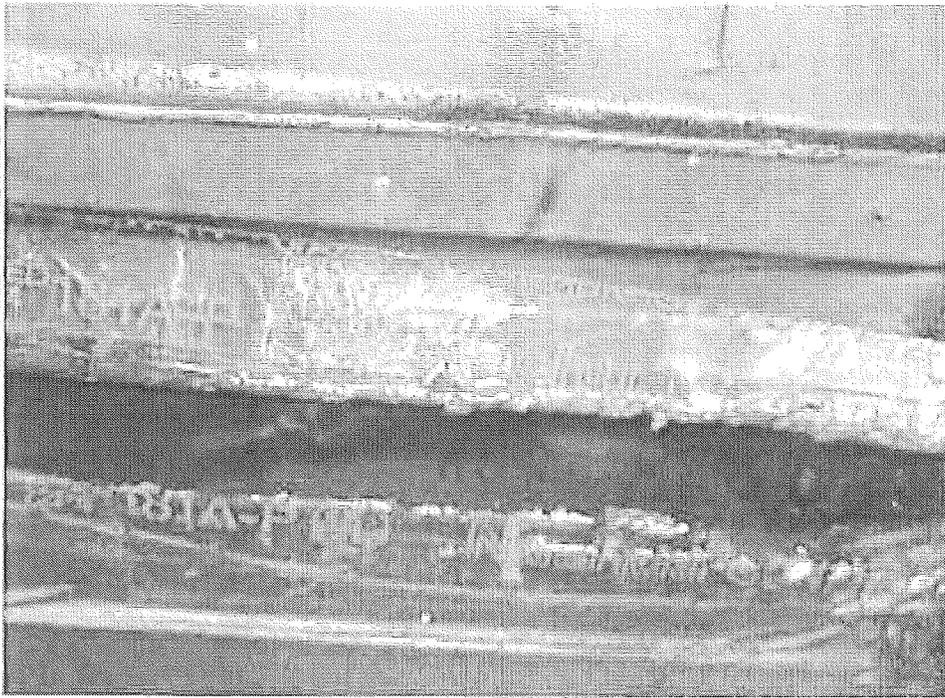


Photo 24: Typical ACM vibration cloth on AHUs n walks

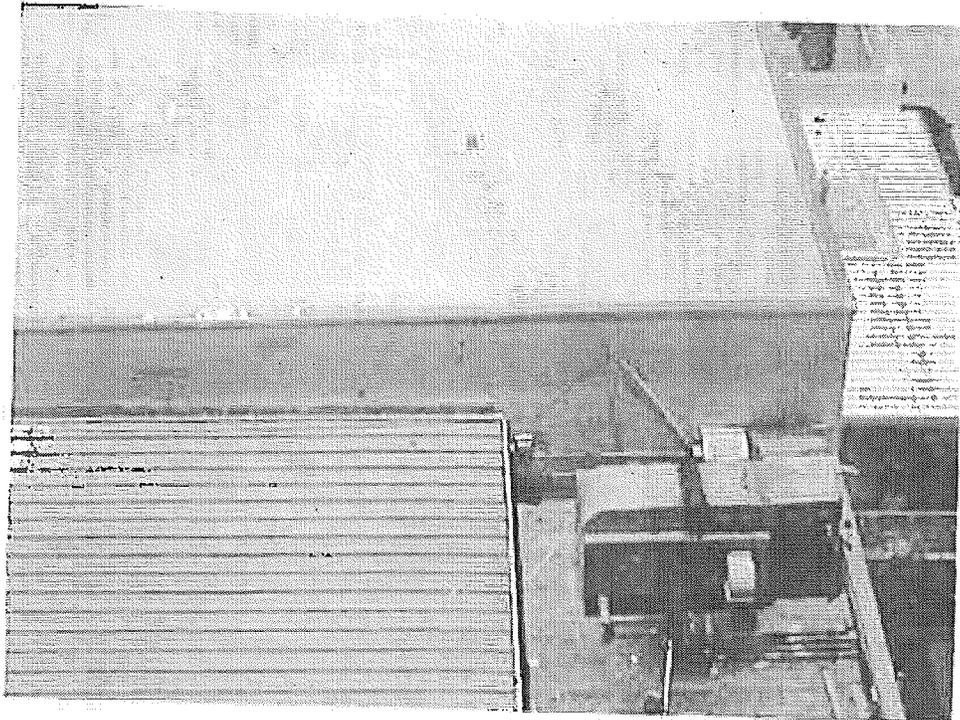


Photo 25 Assumed ACM roof field/flashings

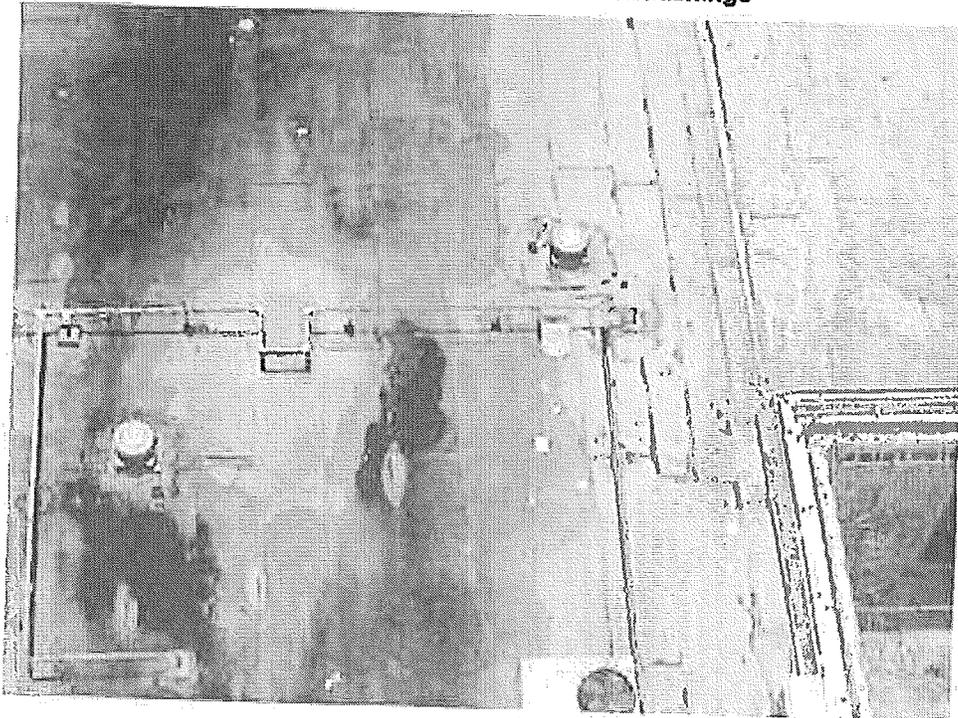


Photo 26 Assumed ACM roof field/flashings



Photo 27 Assumed ACM roof field/flashings

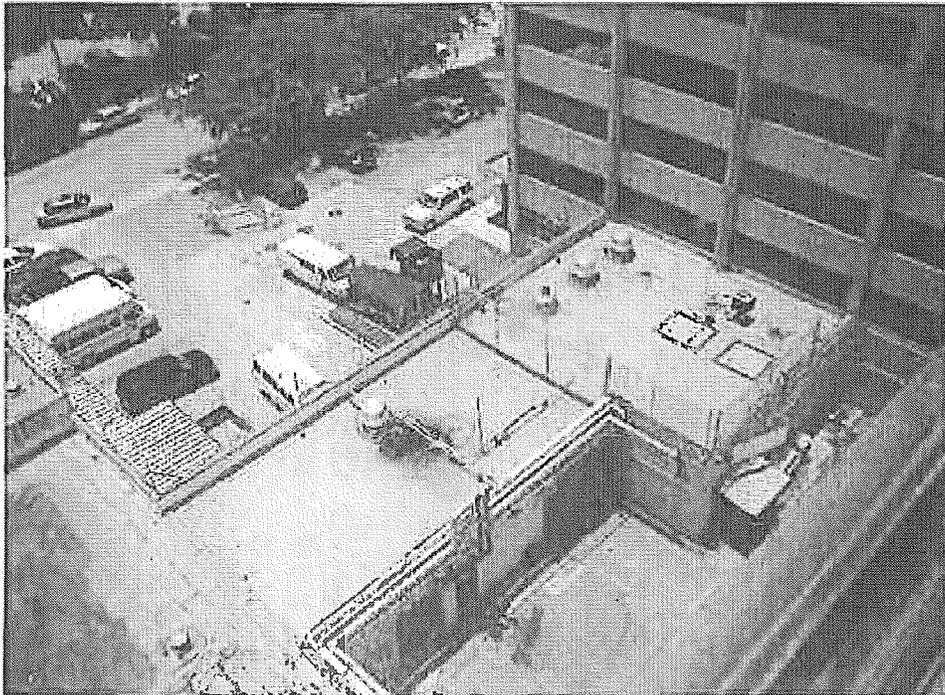


Photo 28 Assumed ACM roof field/flashings

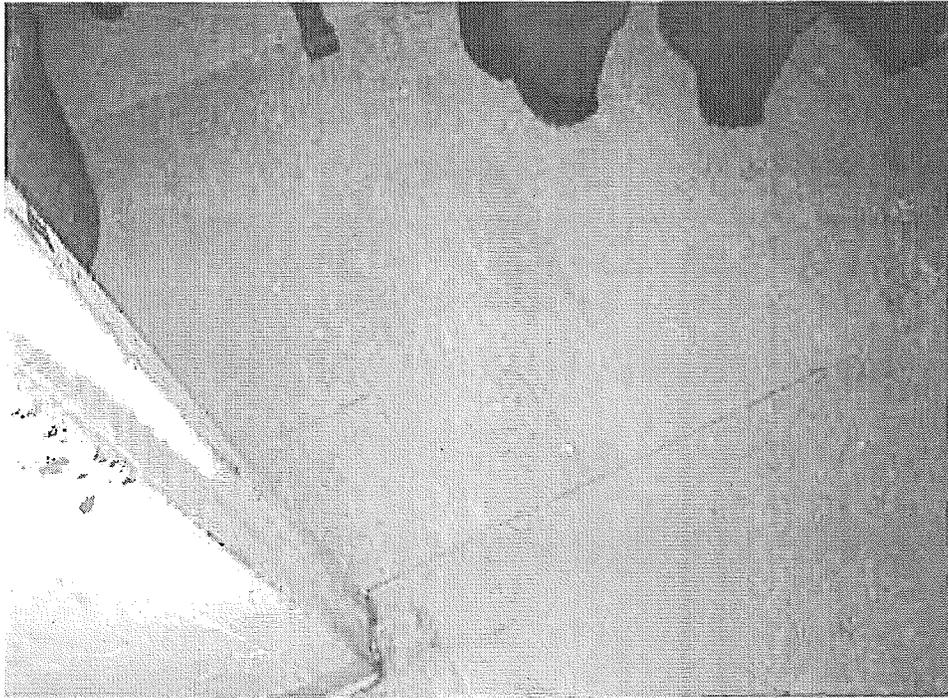


Photo 29: Typical nonACM VFT on Floors 3-10



Photo 30: Typical nonACM VFT on Floor 8 walks



Photo 31: ACM pipe wrap In Captains AHR In Floor 7



Photo 32: Typical ACM vibration cloth on AHUs n walks



Photo 33: Typical ACM vibration cloth on AHUs n walks



Photo 34: Typical nonACM VFT in Floor 7 classrooms

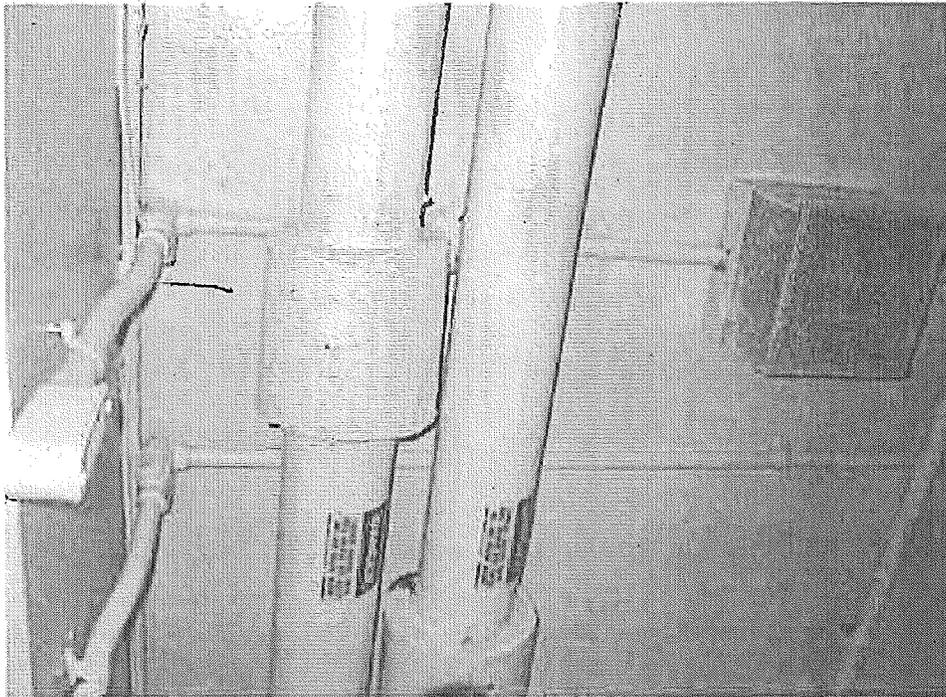


Photo 35: Typical ACM piping on Floor 7 over

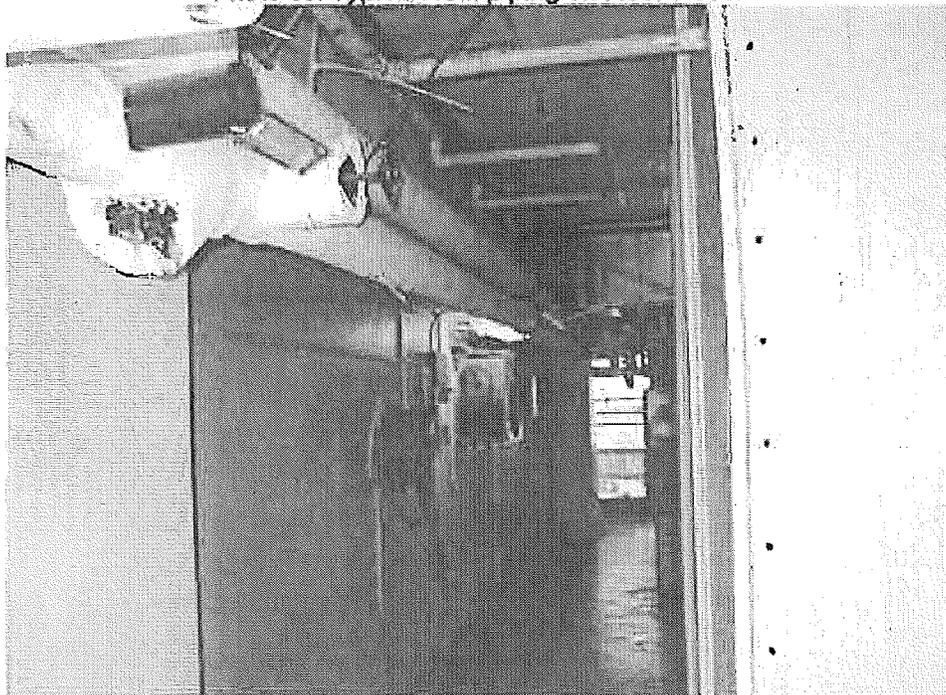


Photo 36: Typical nonACM piping on walks FLrs 3-10

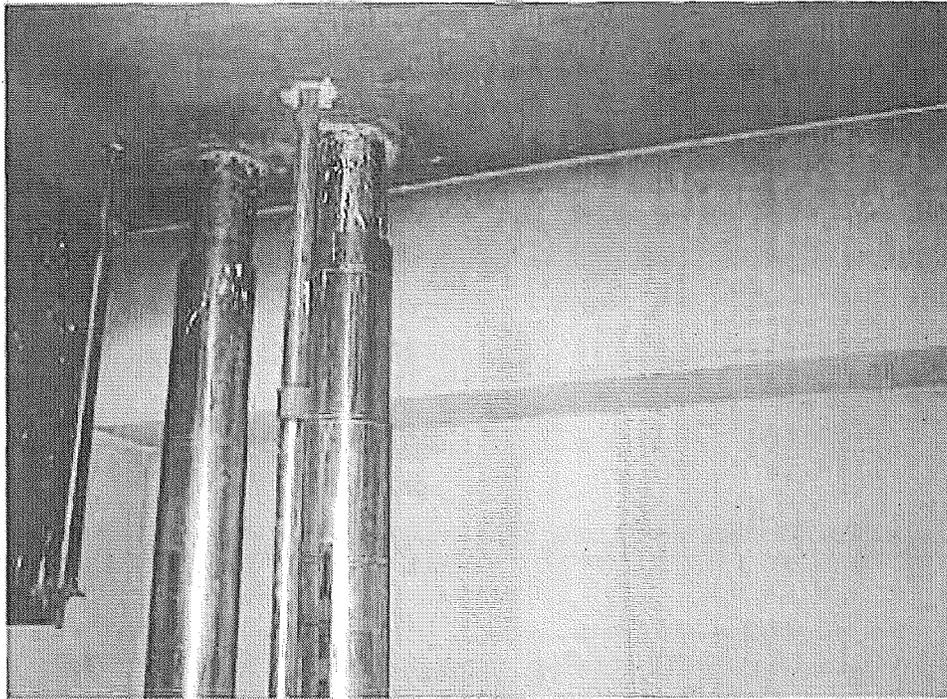


Photo 37: Typical FPL vaults on walks FLrs 3-10

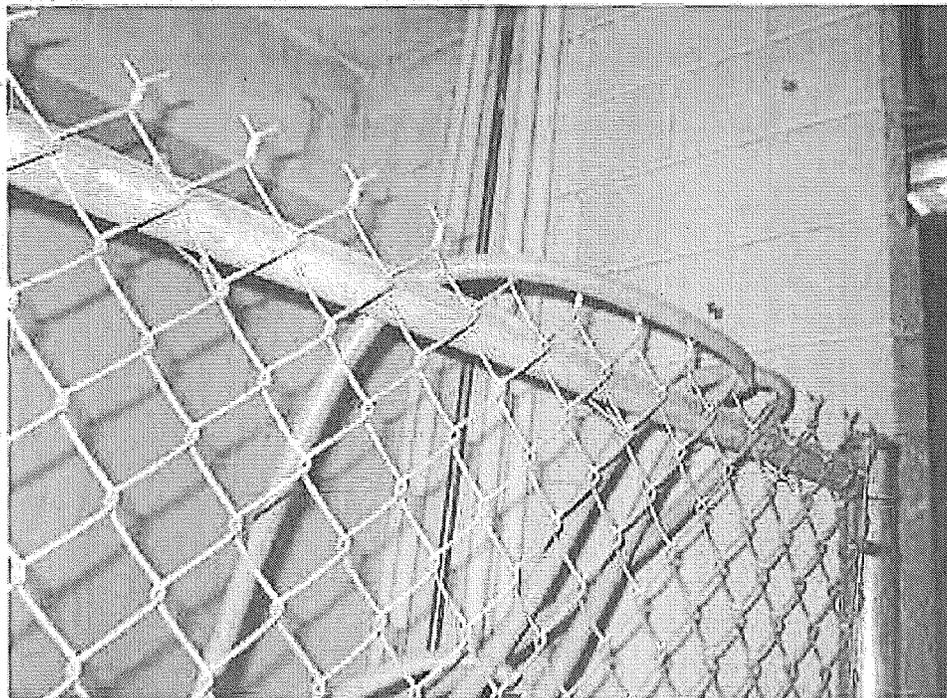


Photo 38: Typical FPL vaults on walks FLrs 3-10



Photo 39 : Typical nonACM VFT piping on walks FLrs 3-10

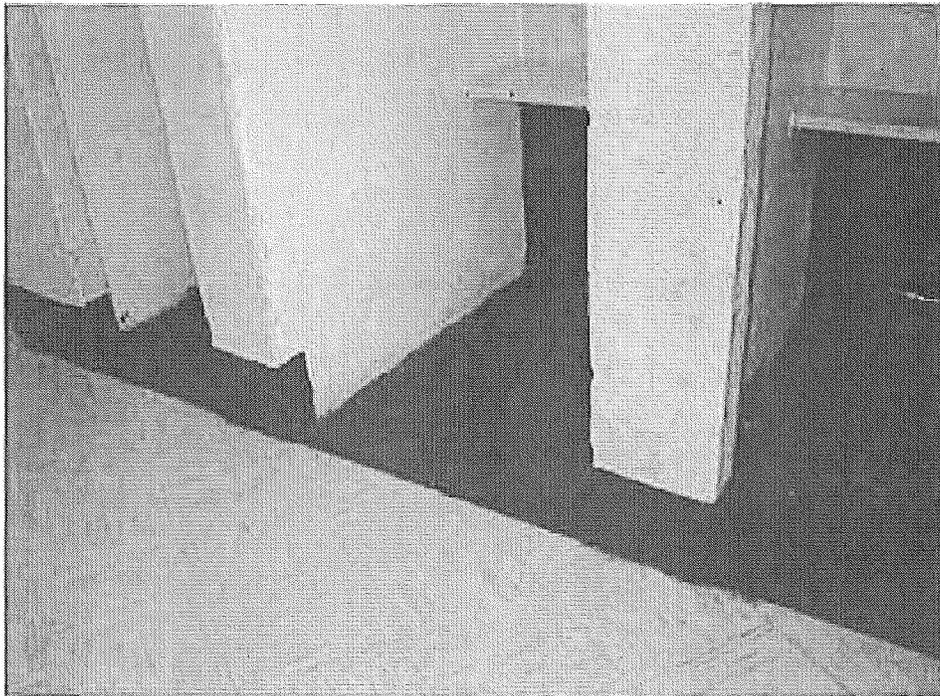


Photo 40: Typical nonACM VFT on FLrs 5-8 tobbles

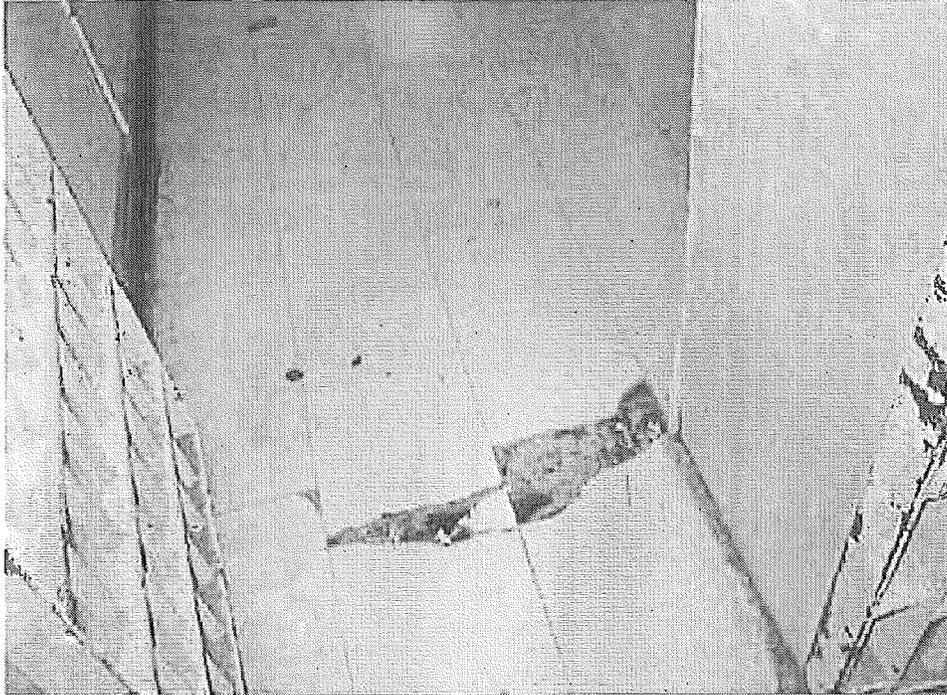


Photo 41: Typical nonACM VFT on Floors 3-8



Photo 42: Typical nonACM VFT on Floors 3-8



Photo 43: Typical nonACM VFT on Floors 5-8 lobbies

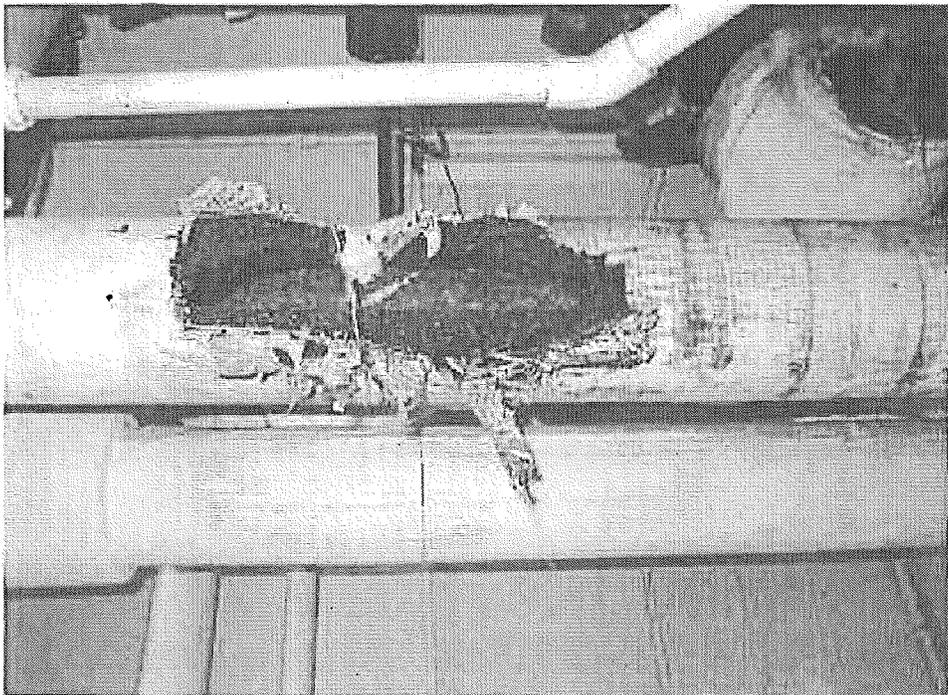


Photo 44: Typical nonACM piping on walks FLrs 3-10

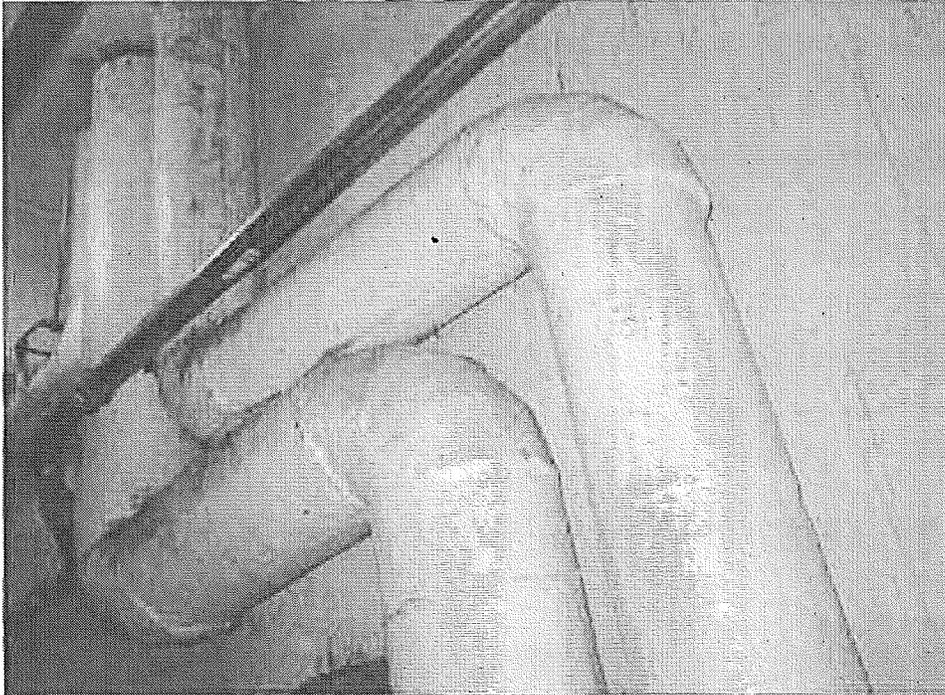


Photo 45: Typical nonACM piping on walks FLrs 3-10

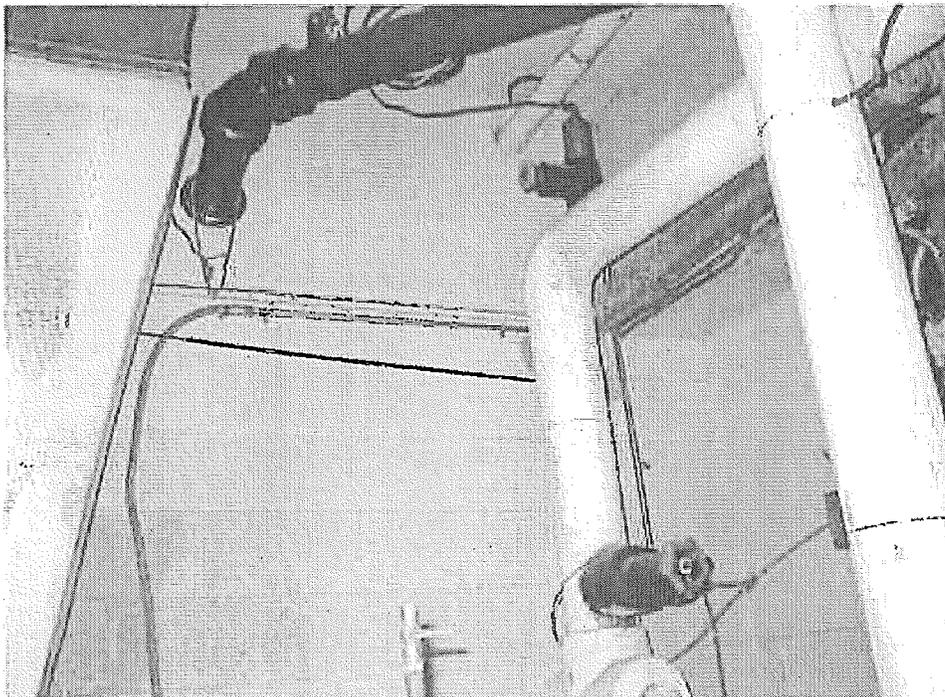


Photo 46: Typical nonACM piping on walks FLrs 3-10



Photo 47: ACM mastic in Floor 2 corridor (to VCR)



Photo 48: ACM VFT and mastic in other Floor 2 corridor



Photo 49: Corridor to VCR (abated 1999)

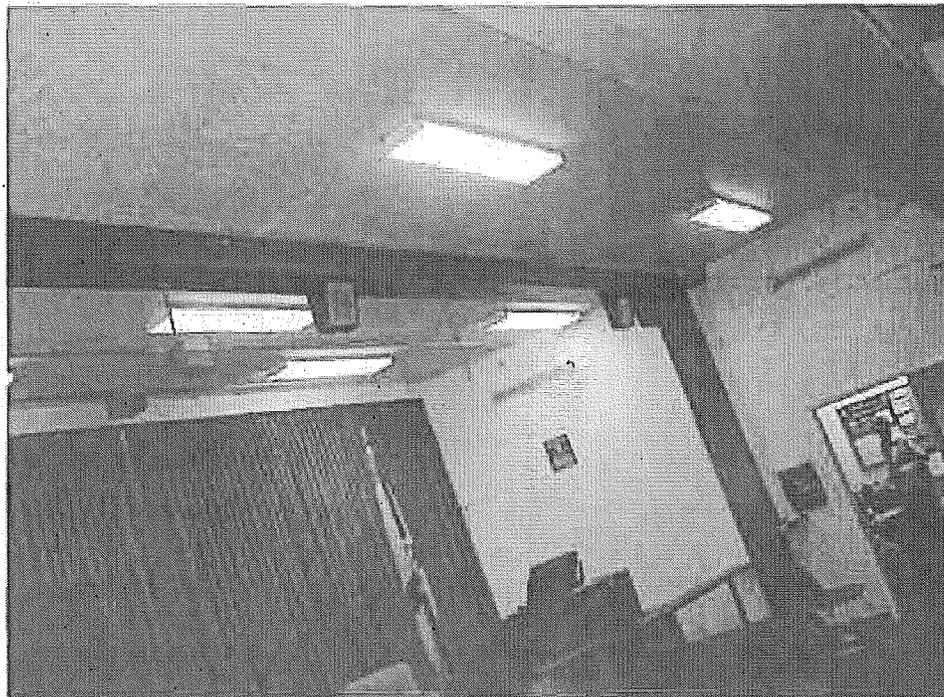


Photo 50: ACM abated in 1999 in Chapel

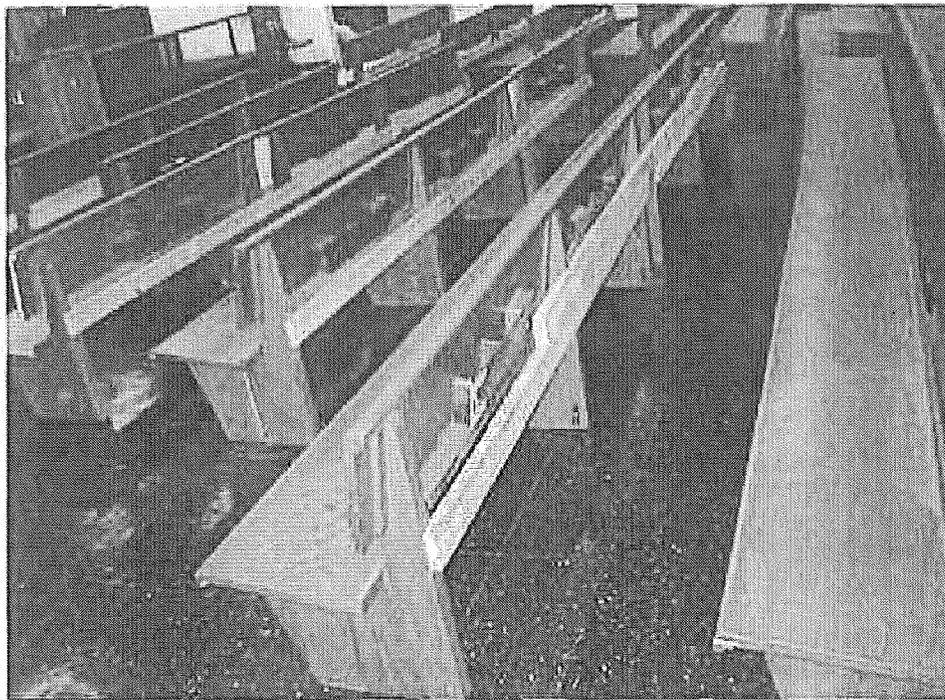


Photo 51: ACM VFT abated in Chapel and VCR in 1997-1999



Photo 52: Typical nonACM VFT In Chapel and VCR

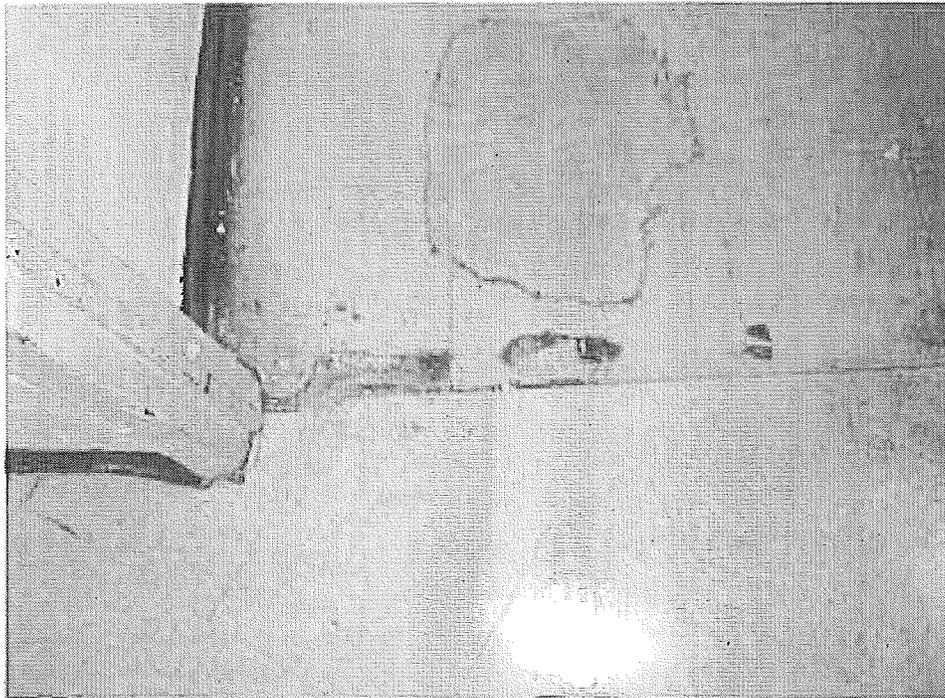


Photo 53: ACM VFT/mastic under 12x12" VFT in Infirmary/Clinic:

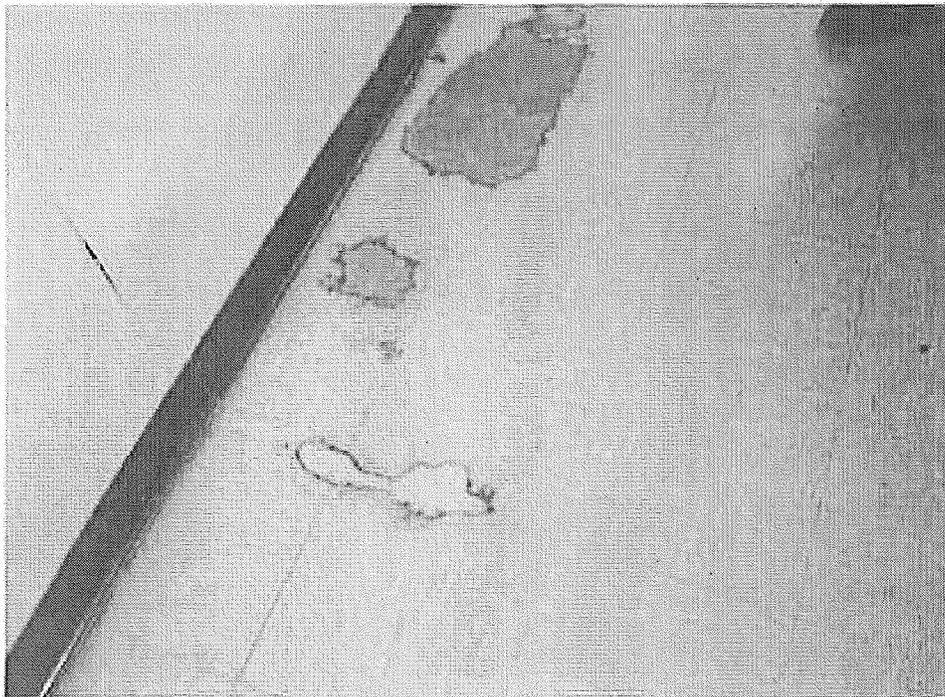


Photo 54: ACM VFT/mastic under 12x12" VFT in Infirmary/Clinic



Photo 55: ACM VFT/mastic under 12x12" VFT in Infirmary/Clinic



Photo 56: ACM VFT/mastic under 12x12" VFT in Infirmary/Clinic

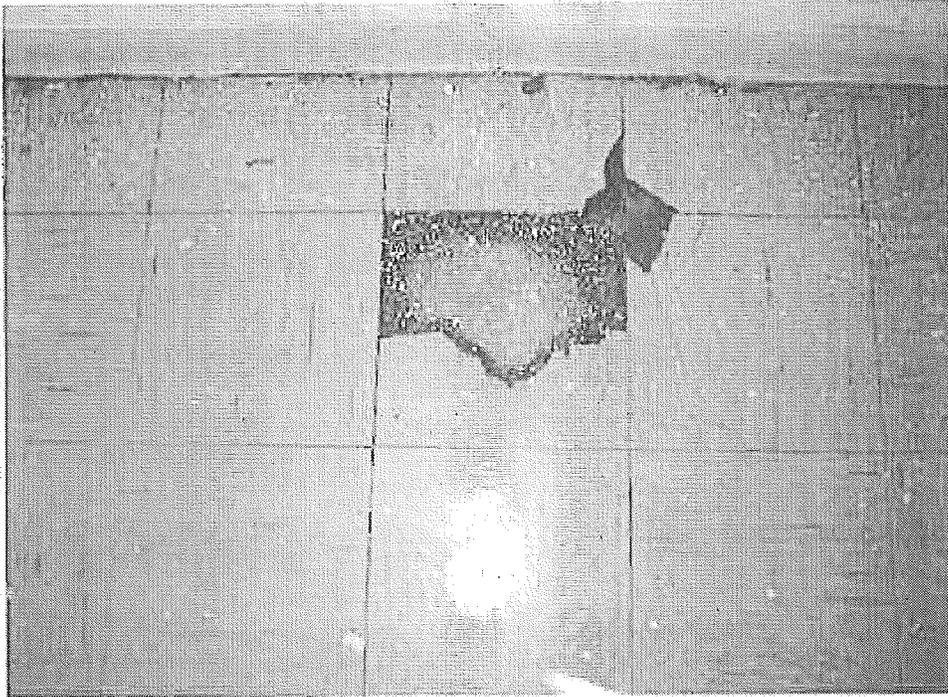


Photo 57: ACM VFT/mastic under 12x12" VFT in Infirmary/Clinic

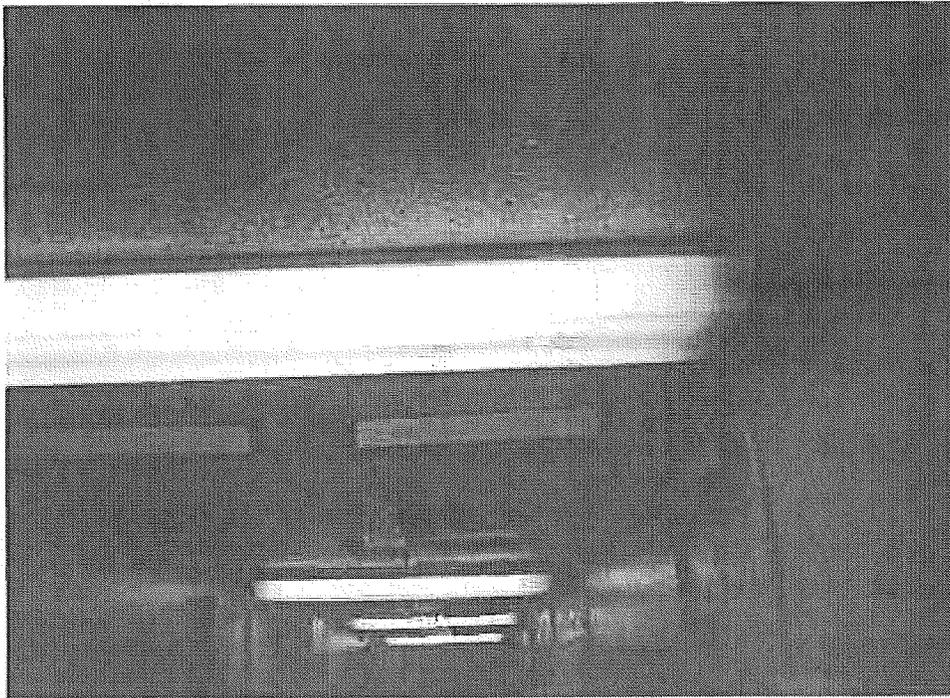


Photo 58: ACM ceiling treatment in Booking Areas



Photo 59: NonACM VFT mastic in Property Room

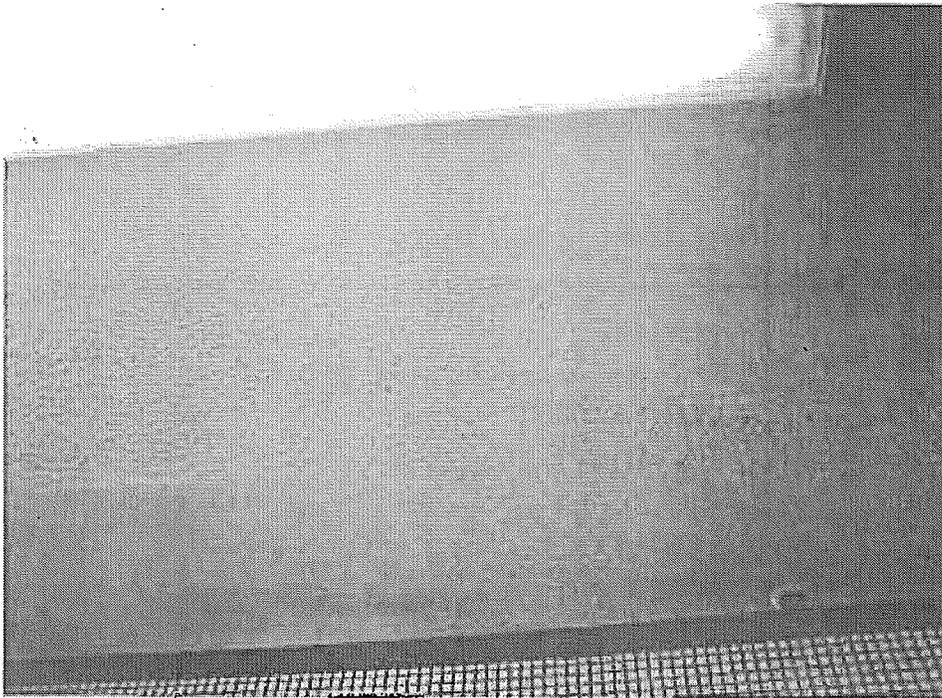


Photo 60: ACM ceiling treatment on ceiling of Womens walk

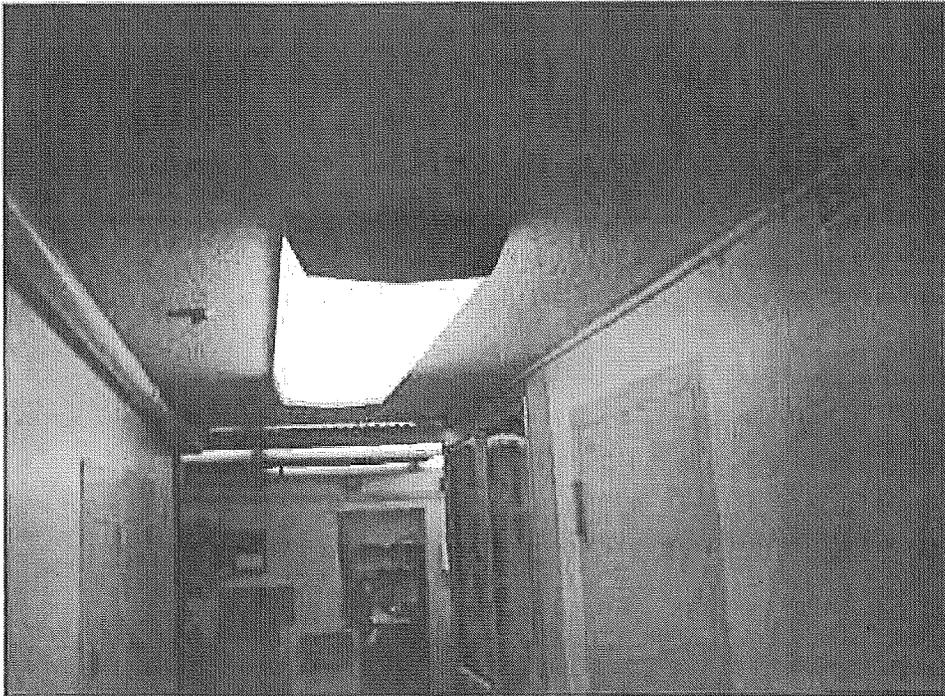


Photo 61: ACM ceiling treatment on ceiling of Womens walk

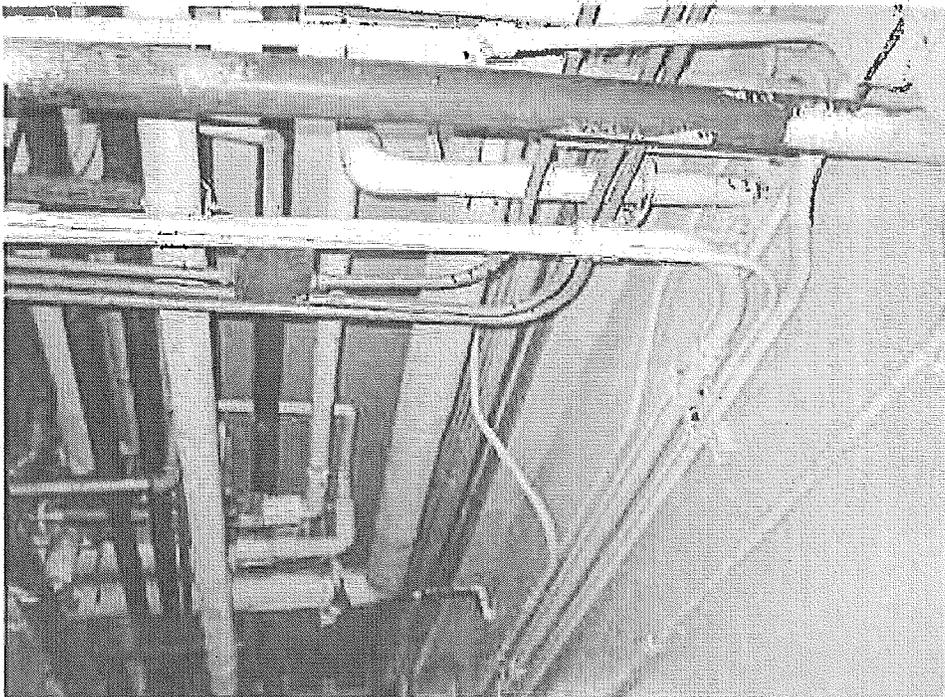


Photo 62: Typical nonACM piping in kitchen areas

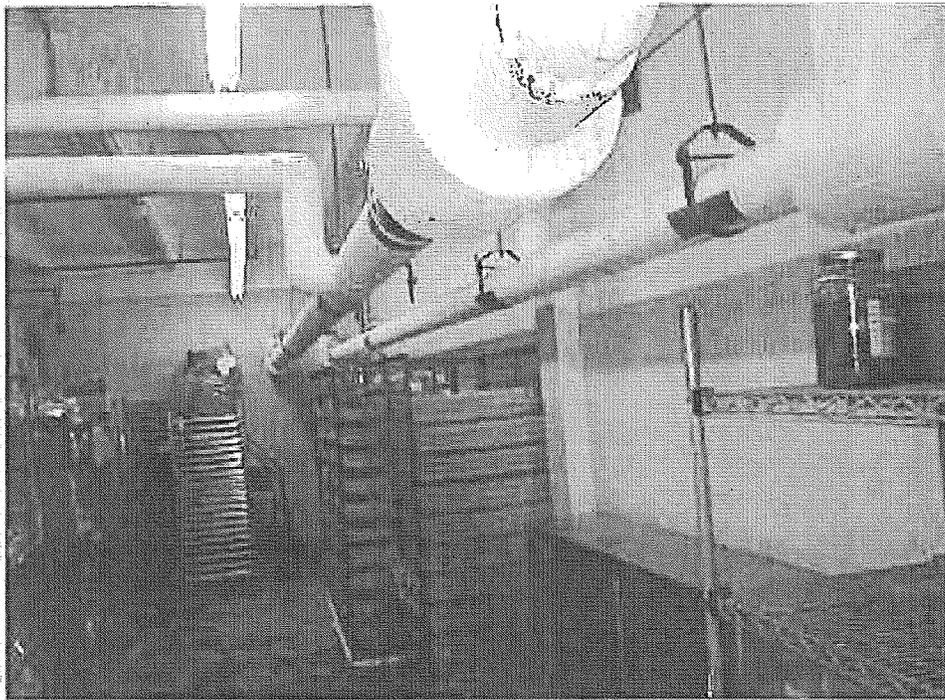


Photo 63: New nonACM piping in kitchen stores



Photo 64: New nonACM piping in kitchen stores

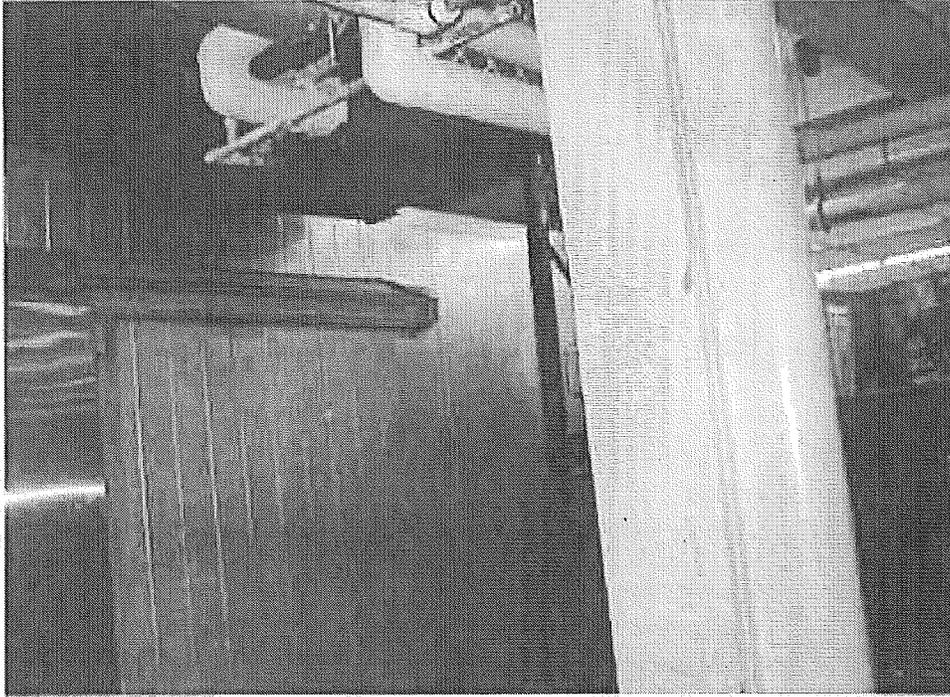


Photo 65: New nonACM piping in kitchen stores

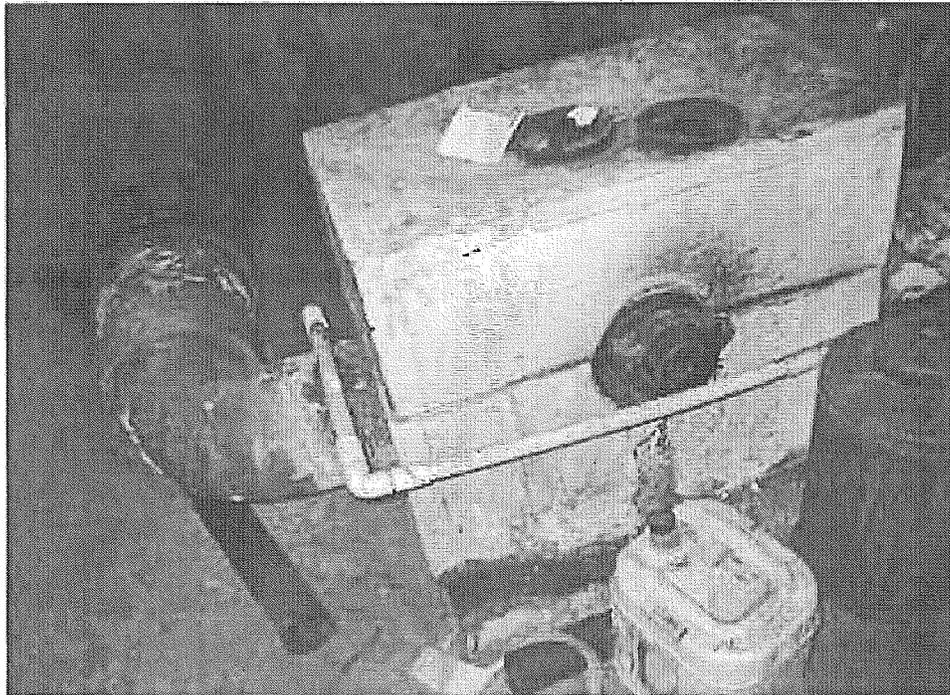


Photo 66: Typical assumed ACM mastic on foamglass in Mech. Bldg

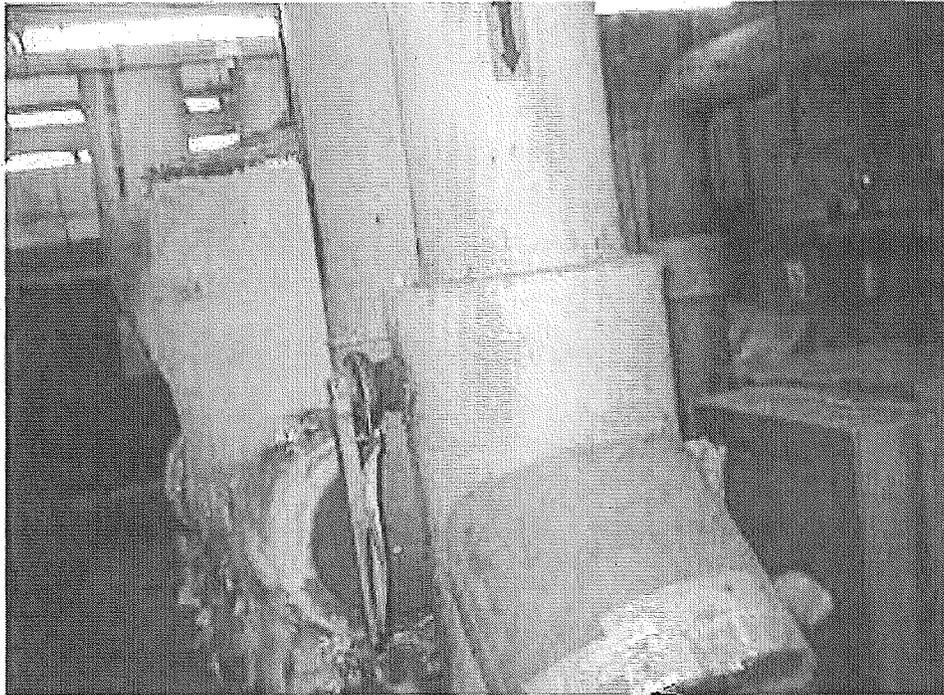


Photo 67: Typical assumed ACM mastic on foamglass in Mech. Bldg

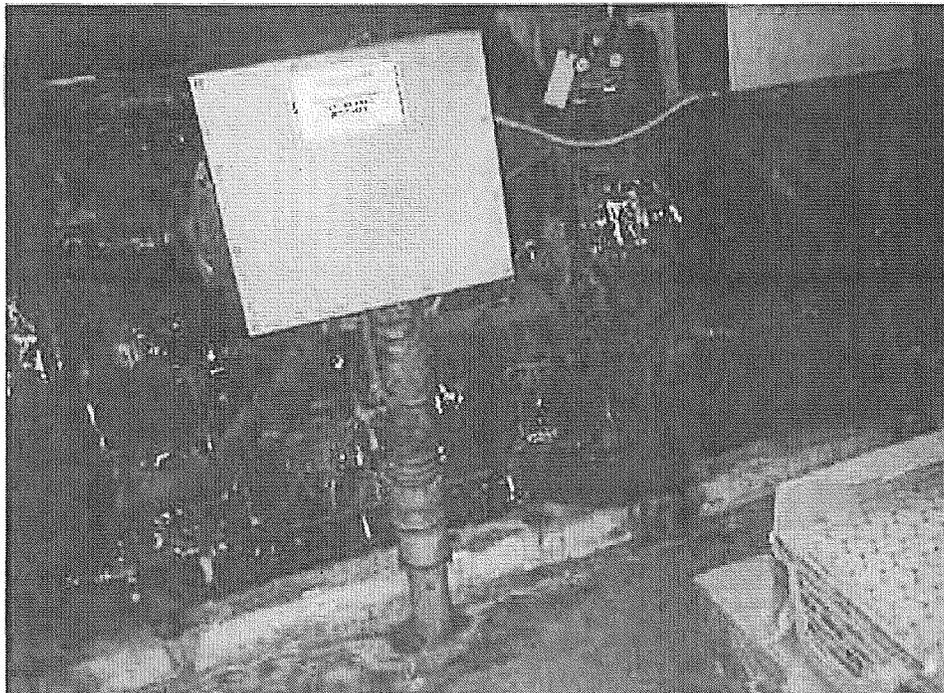


Photo 68: Typical assumed ACM mastic on foamglass in Mech. Bldg

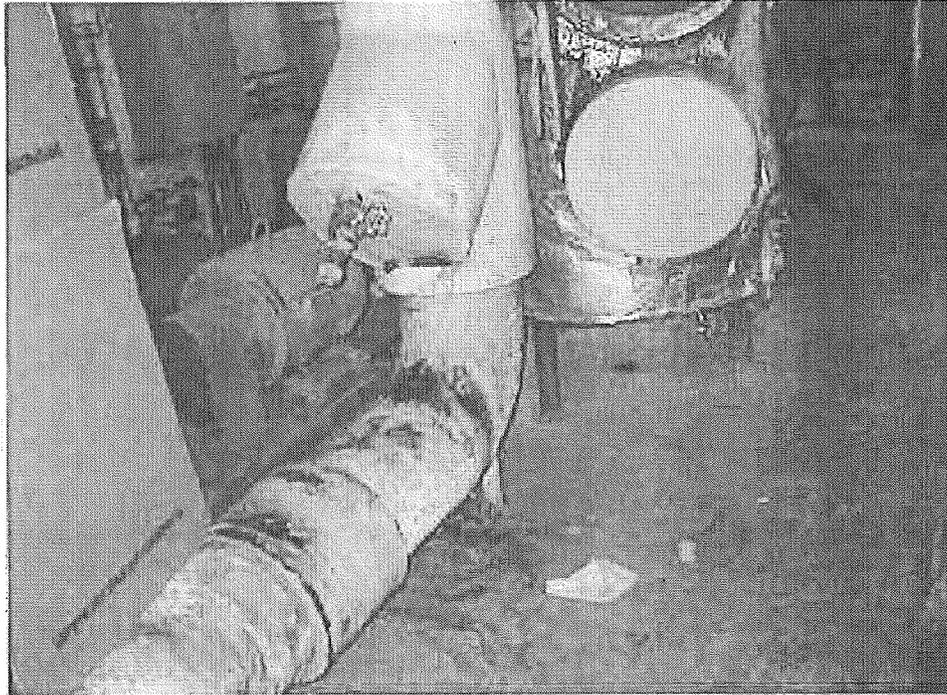


Photo 69: Typical assumed ACM mastic on foamglass in Mech. Bldg

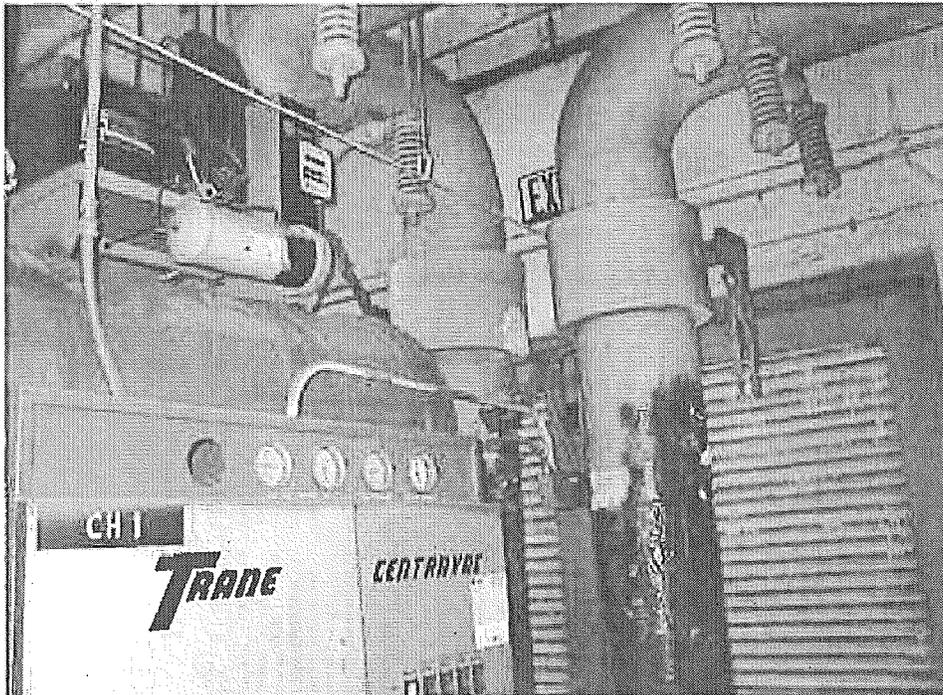


Photo 70: Typical assumed ACM mastic on foamglass in Mech. Bldg



ENVIRONMENTAL SERVICES, LLC

**BACKGROUND AIR QUALITY
OPERATIONS & MAINTENANCE
TESTING REPORT FY 2012**

FOR

**MIAMI-DADE
PRE-TRIAL DETENTION CENTER (MDPTDC)
1321 NW 13TH STREET
MIAMI, FLORIDA**

Prepared for

**MIAMI-DADE DEPARTMENT OF CORRECTIONS AND REHABILITATION
3595 NW 72ND AVENUE
MIAMI, FLORIDA 33166
ATTENTION: MR. SIMON WATERMANN**

Prepared by

EE&G
EE&G Environmental Services, LLC (EE&G)
5751 Miami Lakes Drive
Miami Lakes, Florida 33014
(305) 374-8300

September 25, 2012
EE&G Project Number: 2012-2375

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Appendices

- Appendix A PCM O&M Sample Results
- Appendix B TEM O&M Sample Results
- Appendix C Sample Location Figures
- Appendix D Certificates

SECTION 1.0

INTRODUCTION

Asbestos Operation and Maintenance testing was conducted at the Miami-Dade Department of Corrections and Rehabilitation center located at 1321 NW 13th Street, Miami, Florida. The testing was conducted randomly throughout floors 1-10 in the common areas and offices by Sean Nemser September 19, 2012. Access to the site was authorized by Mr. Simon Waterman, a representative of Miami-Dade Department of Corrections and Rehabilitation.

SECTION 2.0

METHODS

2.1 SAMPLING METHODS

Air samples were taken on 25 mm diameter mixed cellulose ester filters with 0.8 micron diameter pores for Phase Contrast Microscopy (PCM). The filters were mounted in plastic cassettes with 50 mm anti-static cowls.

Air samples were taken on 25 mm diameter mixed cellulose ester filters with 0.45 micron diameter pores for Transmission Electron Microscopy (TEM). The filters were mounted in plastic cassettes with 50 mm anti-static cowls.

High volume air pumps were used to draw air through the filter apparatus. The pumps used were Thomas AC powered vacuum pumps which move approximately 10-15 liters of air per minute. Sample pumps were calibrated against a primary calibration source manufactured by A.P. Buck, Inc. The pumps were calibrated before and after use, with the average flow rate in liters per minute (l/min), and the total volume in liters, being reported to the laboratory.

2.2 AIR SAMPLE COLLECTION

Air samples were collected in accessible common areas on floors 1-10. One PCM air sample was collected on floors 3-10 at lobby water fountains. A total of four TEM air samples were collected in public areas on floors 1 and 2.

2.3 AIR SAMPLE ANALYSIS

PCM air samples collected were returned to our in house laboratory and analyzed by phase contrast microscopy (PCM) using the NIOSH Method 7400. Results are reported as fibers per cubic centimeter of air (f/cc).

TEM air samples collected were returned to EMSL's laboratory and analyzed by transmission electron microscopy (TEM) using the AHERA Protocol as set forth in 40 CFR 763. Results are reported as structure per millimeter squared of filter area (str/mm²)

2.4 LIMITATIONS

The results, conclusions, and recommendations contained in this report pertain to conditions which were observed during the project. By this report, EE&G makes no representation or assumptions as to the nature of past conditions or future occurrences.

EE&G assumes no responsibility for activities conducted outside the scope of this report. EE&G also assumes no responsibility for any subsequent use or interpretations of these analytical results.

This report has been prepared by EE&G in a manner consistent with that level of care and skill ordinarily exercised by members of the profession currently practicing under similar conditions. No other warranty, expressed or implied, is made.

EE&G's interpretations and recommendations are based upon the results of sample analyses conducted in strict compliance with environmental regulations and project specifications, performed by trained personnel under quality control and quality assurance standards. EE&G will not be responsible for the interpretation or use by others of data developed pursuant to the compilation of this report.

This report was prepared solely for the use of Miami-Dade Department of Corrections and Rehabilitation and is not intended for use by third party beneficiaries. The "client" shall indemnify and hold EE&G harmless against any liability for any loss arising out of or relating to reliance by any third party on any work performed thereunder, or the contents of this report. EE&G will not be held responsible for use of segregated portions of this report.

SECTION 3.0

SCHEDULE OF TESTING

3.1 SAMPLING LOCATIONS ON FLOORS 1 – 10

SEPTEMBER 19, 2012

PCM Background Air Testing

Floor 3 at Water Fountain
Floor 4 at Water Fountain
Floor 5 at Water Fountain
Floor 6 at Water Fountain
Floor 7 at Water Fountain
Floor 8 at Water Fountain
Floor 9 at Water Fountain
Floor 10 at Water Fountain

TEM Background Air Testing

Floor 1 at Clinic Area
Floor 1 at Main office Booking area
Floor 2 at Water Fountain
Floor 2 at Walk Door

SECTION 4.0

RESULTS

4.1 SUMMARY OF PCM RESULTS

Laboratory analysis of the PCM O&M air samples indicates that the concentrations of airborne fibers on floors 3-10 were less than 0.004 fibers/cc. These results meet the criteria for clean air (less than 0.010 fibers/cc) for airborne fibers as generally recognized in the asbestos industry. Refer to Appendix A for Laboratory Analysis Report - PCM Results.

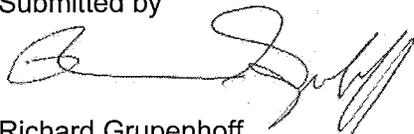
4.2 SUMMARY OF TEM RESULTS

No asbestos structures were detected in any of the samples collected on September 19, 2012. Laboratory analysis of the TEM O&M air samples indicates that the concentrations of airborne asbestos structures on Floors 1 and 2 remained less than 14.00 structures/mm². These results meet the criteria for clean air (less than 70 str/mm²) for airborne asbestos fibers as generally recognized in the asbestos industry. Refer to Appendix B for Laboratory Analysis Report - TEM Results.

SECTION 5.0

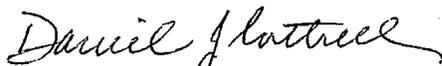
SIGNATURE PAGE

Submitted by



Richard Grupenhoff
Associate Project Manager

Reviewed by



Daniel J. Cottrell, Ph.D., P. G.
Senior Technical Advisor, EE&G
Asbestos Consultant #DD0000010

APPENDIX A
PCM SAMPLE RESULTS

**EMSL Analytical, Inc.**

19501 NE 10th Ave. Bay A, N. Miami Beach, FL 33179
 Phone/Fax: (305) 650-0577 / (305) 650-0578
<http://www.emsl.com> miamilab@emsl.com

EMSL Order: 171204747
 CustomerID: EEG50
 CustomerPO:
 ProjectID:

Attn: **Rich Grupenhoff**
EE & G
5751 Miami Lakes Drive East
Miami Lakes, FL 33014

Phone: (305) 374-8300
 Fax:
 Received: 09/19/12 1:30 PM
 Analysis Date: 9/24/2012
 Collected: 9/19/2012

Project: 2012-2375 MDPTDC Fis3-10 Common Area

**Test Report: Fiber Count by Phase Contrast Microscopy (PCM), NIOSH 7400 Method,
 Revision 3, Issue 2, 8/15/94**

Sample	Location	Sample Date	Volume (liters)	Fibers	Fields	LOD (fib/cc)	Fibers/mm ²	Fibers/cc	Notes
1	10th @ Water Fountain	9/19/2012	704.00	<5.5	100	0.004	<7.01	<0.004	
171204747-0001									
2	9th @ Water Fountain	9/19/2012	704.00	<5.5	100	0.004	<7.01	<0.004	
171204747-0002									
3	8th @ Water Fountain	9/19/2012	704.00	<5.5	100	0.004	<7.01	<0.004	
171204747-0003									
4	7th @ Water Fountain	9/19/2012	704.00	<5.5	100	0.004	<7.01	<0.004	
171204747-0004									
5	6th @ Water Fountain	9/19/2012	704.00	<5.5	100	0.004	<7.01	<0.004	
171204747-0005									
6	5th @ Water Fountain	9/19/2012	704.00	<5.5	100	0.004	<7.01	<0.004	
171204747-0006									
7	4th @ Water Fountain	9/19/2012	704.00	<5.5	100	0.004	<7.01	<0.004	
171204747-0007									
8	3rd @ Water Fountain	9/19/2012	704.00	<5.5	100	0.004	<7.01	<0.004	
171204747-0008									
B-1	Blank In	9/19/2012		<5.5	100		<7.01		Field Blank
171204747-0009									
B-2	Blank Out	9/19/2012		<5.5	100		<7.01		Field Blank
171204747-0010									

Analyst(s)

Joe McOscar (10)

Kimberly Wallace, Laboratory Manager
 or other approved signatory

Limit of detection is 7 fibers/mm². Intra-laboratory Sr values: 5-20 fibers = 0.32, 21-50 fibers = 0.37, 51-100 fibers = 0.28. Inter-laboratory Sr values (Average of EMSL round robin data) = 0.29. EMSL maintains liability limited to cost of analysis. This report relates only to the samples reported above and may not be reproduced, except in full, without written approval by EMSL. EMSL bears no responsibility for sample collection activities or analytical method limitations. Interpretation and use of test results are the responsibility of the client. EMSL is not responsible for data reported in fibers/cc, which is dependent on volume collected by non-laboratory personnel. Results have been blank corrected as applicable. Samples received in good condition unless otherwise noted.
 Samples analyzed by EMSL Analytical, Inc. N. Miami Beach, FL

Initial report from 09/24/2012 10:56:09

**EMSL Analytical, Inc.**

19501 NE 10th Ave. Bay A, N. Miami Beach, FL 33179

Phone/Fax: (305) 650-0577 / (305) 650-0578

<http://www.emsl.com>miamilab@emsl.com

EMSL Order: 171204747

CustomerID: EEG50

CustomerPO:

ProjectID:

Attn: **Rich Grupenhoff**
EE & G
5751 Miami Lakes Drive East
Miami Lakes, FL 33014

Phone: (305) 374-8300
 Fax:
 Received: 09/19/12 1:30 PM
 Analysis Date: 9/24/2012
 Collected: 9/19/2012

Project: 2012-2375 MDPTDC Fis3-10 Common Area

Test Report: Fiber Count by Phase Contrast Microscopy (PCM), NIOSH 7400 Method, Revision 3, Issue 2, 8/15/94

Sample	Location	Sample Date	Volume (liters)	Fibers	Fields	LOD (fib/cc)	Fibers/ mm ²	Fibers/ cc	Notes
--------	----------	-------------	--------------------	--------	--------	-----------------	----------------------------	---------------	-------

The results reported have been blank corrected as applicable.

Analyst(s)

Joe McOscar (10)

Kimberly Wallace, Laboratory Manager
or other approved signatory

Limit of detection is 7 fibers/mm². Intra-laboratory Sr values: 5-20 fibers = 0.32, 21-50 fibers = 0.37, 51-100 fibers = 0.28. Inter-laboratory Sr values (Average of EMSL round robin data) = 0.29. EMSL maintains liability limited to cost of analysis. This report relates only to the samples reported above and may not be reproduced, except in full, without written approval by EMSL. EMSL bears no responsibility for sample collection activities or analytical method limitations. Interpretation and use of test results are the responsibility of the client. EMSL is not responsible for data reported in fibers/cc, which is dependent on volume collected by non-laboratory personnel. Results have been blank corrected as applicable. Samples received in good condition unless otherwise noted.
 Samples analyzed by EMSL Analytical, Inc. N. Miami Beach, FL

Initial report from 09/24/2012 10:56:09



5751 Miami Lakes Drive
Miami Lakes, Florida 33014
(305) 374-8300 • (305) 374-1666 Fax

30day TAT

AIR SAMPLE DATA SHEET

17204747

DATE: 09/19/12 CLIENT: mDDCA PROJECT: ~~MDPTDC~~ MDPTDC WORK AREA LOCATION(S): A & A

TEST TYPE(S): PLM FILTER TYPE: ~~ESM~~ ESM MICE MEANS OF PUMP CALIBRATION: ~~ES10~~ ES10 RESPIRATOR TYPE: PAPP TYPE "C" NONE

SAMPLE #	SAMPLE DESCRIPTION/ LOCATION	CREW WORK ACTIVITY	PUMP #	TIME (IN MIN)		24 HOUR CLOCK	FLOW RATE (L/MIN)			TOTAL AIR VOLUME (LITERS)	FIBER COUNT INFO			
				ON/OFF TIME	TOTAL MINUTES		START FLOW	STOP FLOW	AVG FLOW		# OF FIBERS	# OF FIELDS	CONC. (F/C)	8HR TWA (F/C)
1	18th Street/Foreman	Background	?	743	910	88	8	8	8	704				
2	9th			747	915									
3	8th			750	916									
4	7th			754	924									
5	6th			758	926									
6	5th			800	926									
7	4th			810	938									
8	3rd			812	940									
B-1	Bianh in													
B-2	Bianhour													

CHAIN OF CUSTODY:

NAME & AFFILIATION
DATE/TIME
PURPOSE

DATE/TIME
PURPOSE

COLLECTION
TRANSPORT
ANALYSIS

CASSETTE LOT#
RESULTS NEEDED BY
AT PHONE/BEEPER#

APPENDIX B
TEM SAMPLE RESULTS

**EMSL Analytical, Inc.**

19501 NE 10th Ave. Bay A, N. Miami Beach, FL 33179
 Phone/Fax: (305) 650-0577 / (305) 650-0578
<http://www.emsl.com> miamilab@emsl.com

EMSL Order: 171204739
 CustomerID: EEG50
 CustomerPO:
 ProjectID:

Attn: **Rich Grupenhoff**
EE & G
5751 Miami Lakes Drive East
Miami Lakes, FL 33014

Phone: (305) 374-8300
 Fax:
 Received: 09/19/12 1:30 PM
 Analysis Date: 9/20/2012
 Collected: 9/19/2012

Project: 2012-2375/Jomair MDPTOC Floors 1 and 2 Common Areas

Test Report: Asbestos Fiber Analysis by Transmission Electron Microscopy (TEM)
Performed by EPA 40 CFR Part 763 Appendix A to Subpart E

Sample	Location	Volume (Liters)	Area Analyzed (mm ²)	Non Asb	Asbestos Type(s)	# Structures		Analytical Sensitivity (S/cc)	Asbestos Concentration	
						≥ 0.5μ < 5μ	≥ 5μ		(S/mm ²)	(S/cc)
1 171204739-0001	2nd Floor @ Water Fountain	1200.00	0.0700	0	None Detected			0.0046	<14.00	<0.0046
2 171204739-0002	2nd Floor @ Wairdoor	1200.00	0.0700	0	None Detected			0.0046	<14.00	<0.0046
3 171204739-0003	1st Floor Main Office	1200.00	0.0700	0	None Detected			0.0046	<14.00	<0.0046
4 171204739-0004	1st Floor Clinic @ WF	1200.00	0.0700	0	None Detected			0.0046	<14.00	<0.0046

Analyst(s)
 Joe McOscar (4)

Kimberly A. Wallace
 Kimberly Wallace, Laboratory Manager
 or other approved signatory

EMSL maintains liability limited to cost of analysis. This report relates only to the samples reported above and may not be reproduced, except in full, without written approval by EMSL. EMSL bears no responsibility for sample collection activities or analytical method limitations. Interpretation and use of test results are the responsibility of the client. This report must not be used to claim product certification, approval, or endorsement by NVLAP, NIST, or any agency of the federal government. EMSL is not responsible for data reported in structures/cc, which is dependent on volume collected by non-laboratory personnel. Samples received in good condition unless otherwise noted. Estimated accuracy, precision and uncertainty data available upon request.
 Samples analyzed by EMSL Analytical, Inc. N. Miami Beach, FL NVLAP Lab Code 200204-0

Initial report from 09/20/2012 14:11:28



5751 Miami Lakes Drive
 Miami Lakes, Florida 33014
 (305) 374-8300 • (305) 374-1666 Fax

24 hr

AIR SAMPLE DATA SHEET

17704739

DATE: 09/19/12 CLIENT: m DBA (mi 434-5W) PROJECT: m DP 4 DL
 TEST TYPE(S): TEM FILTER TYPE: TEM
 P/N: 2012-2375 Domain
 WORK AREA LOCATION(S): Floors 1 and 2 common Areas
 MEANS OF PUMP CALIBRATION: K&E
 RESPIRATOR TYPE: PAPER TYPE: C NONE

SAMPLE #	SAMPLE DESCRIPTION/ LOCATION	CREW WORK ACTIVITY	PUMP #	TIME (IN MIN)		24 HOUR CLOCK		FLOW (L/MIN)			TOTAL AIR VOLUME (LITERS)	FIBER COUNT INFO			
				ON/OFF TIME	TOTAL MINUTES	START FLOW	STOP FLOW	AVG FLOW	# OF FIBERS	# OF FIELDS		CONC. (F/CC)	8HR TWA (F/CC)		
1	2nd Fl @ water Fountain	Bohystevad	1	0830 / 0910	80	15	15	15	1200						
2	2nd Fl @ walk door		08	0830 / 0940											
3	5th Fl main office		8	0835 / 0945											
4	5th Fl clinic @ WF		41	0830 / 0950											
B-1	Blank														
B-2	Blank														
B-3	Blank														

CHAIN OF CUSTODY:

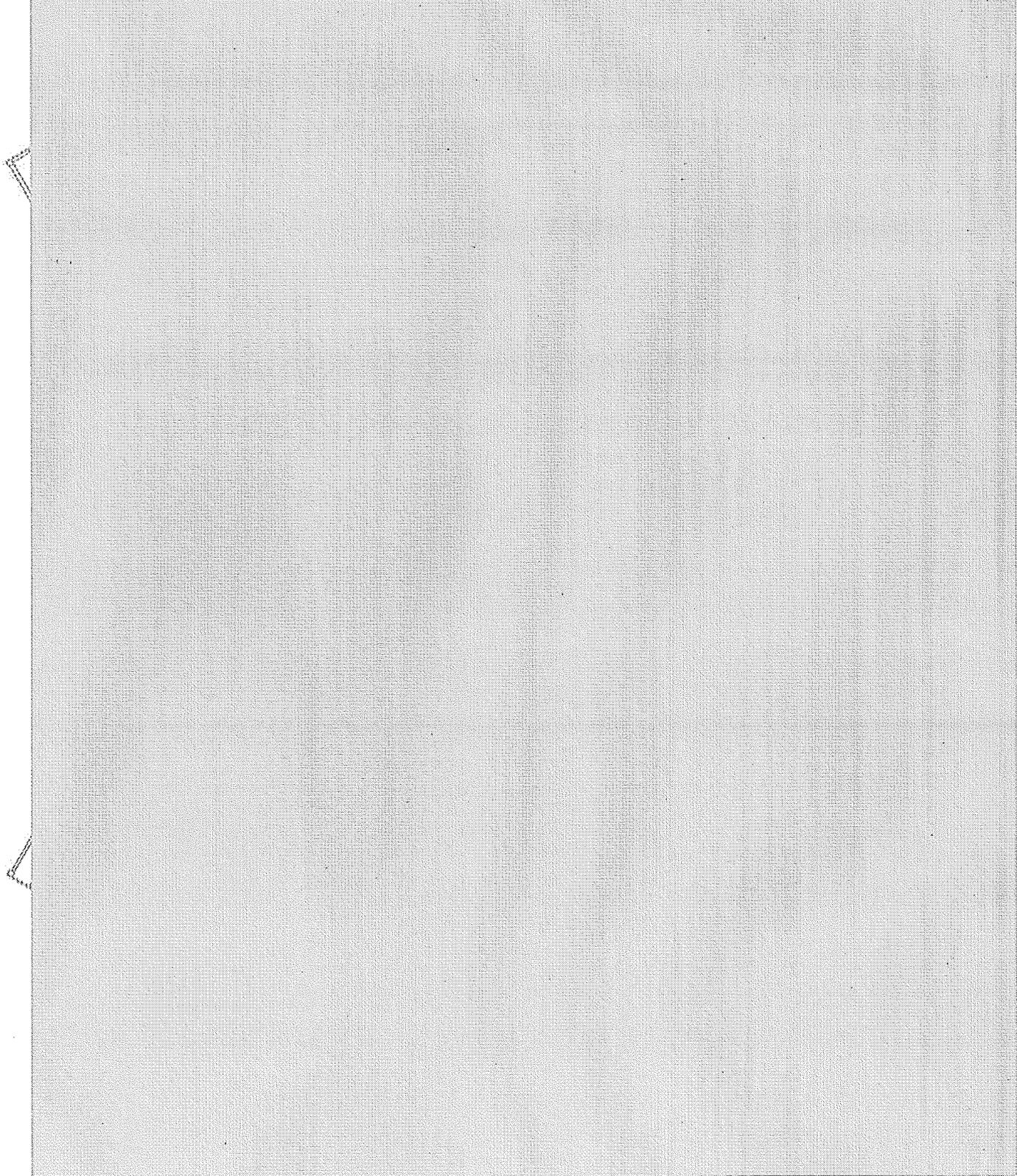
NAME & AFFILIATION: SA-8
 DATE/TIME: 9/19/12
 PURPOSE: COLLECTION TRANSPORT ANALYSIS
 AT 1:30pm

CASSETTE LOT# _____
 RESULTS NEEDED BY _____ CONTACT _____
 AT PHONE/BEEPER# _____

APPENDIX C
SAMPLE LOCATION FIGURES

DIAGRAMS OF FACILITY REDACTED

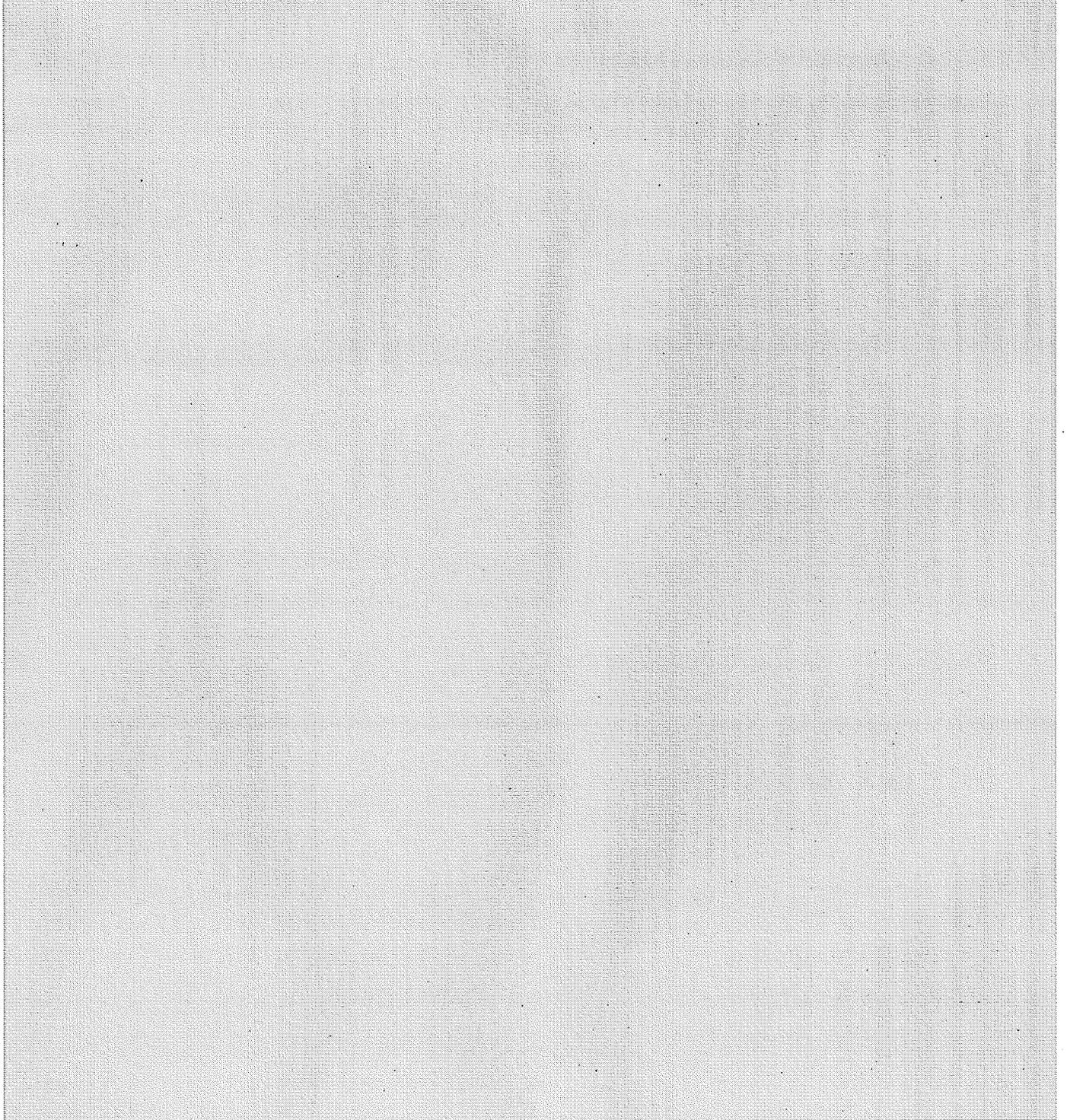
DIAGRAMS OF FACILITY REDACTED



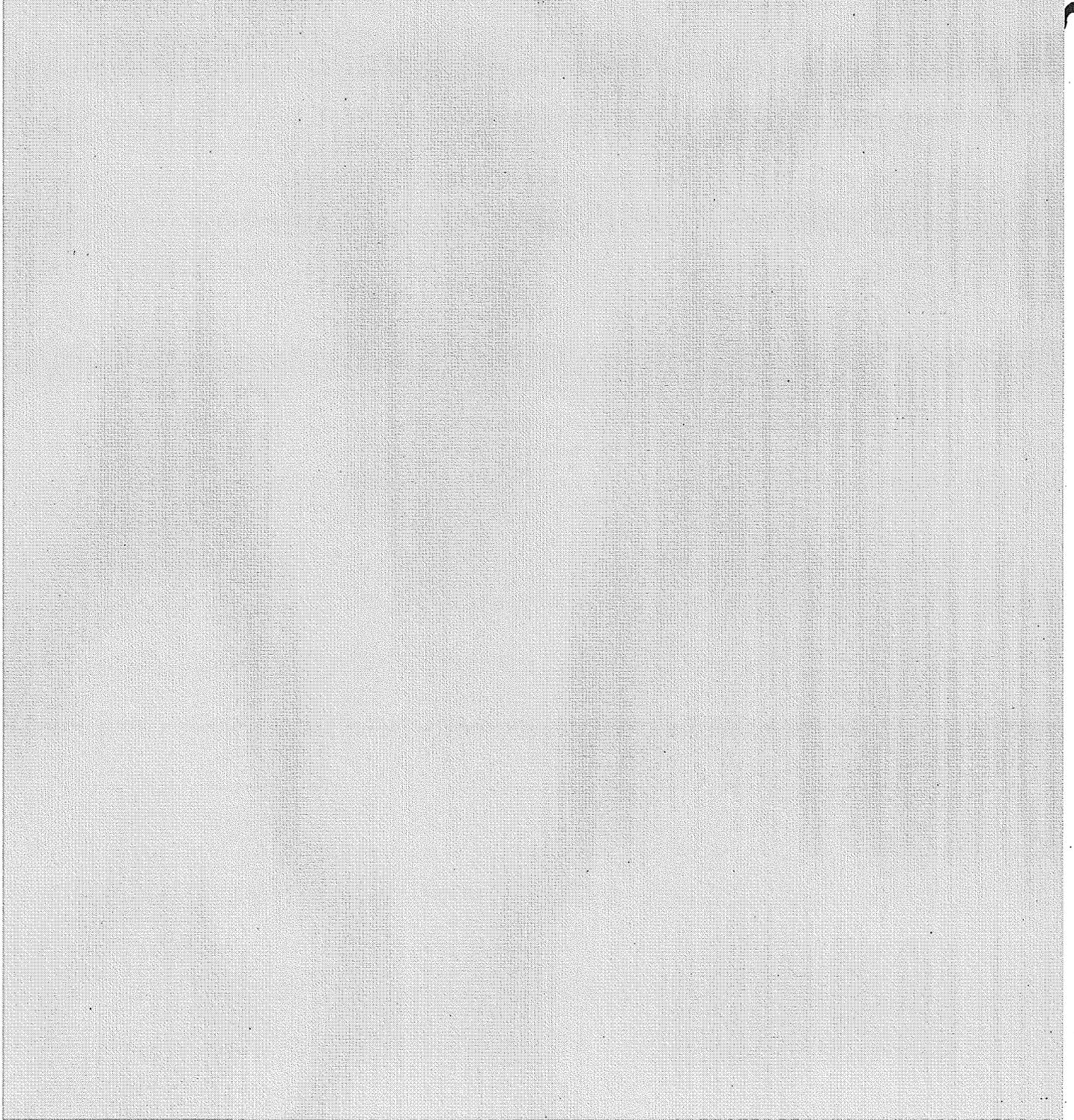
DIAGRAMS OF FACILITY REDACTED

3

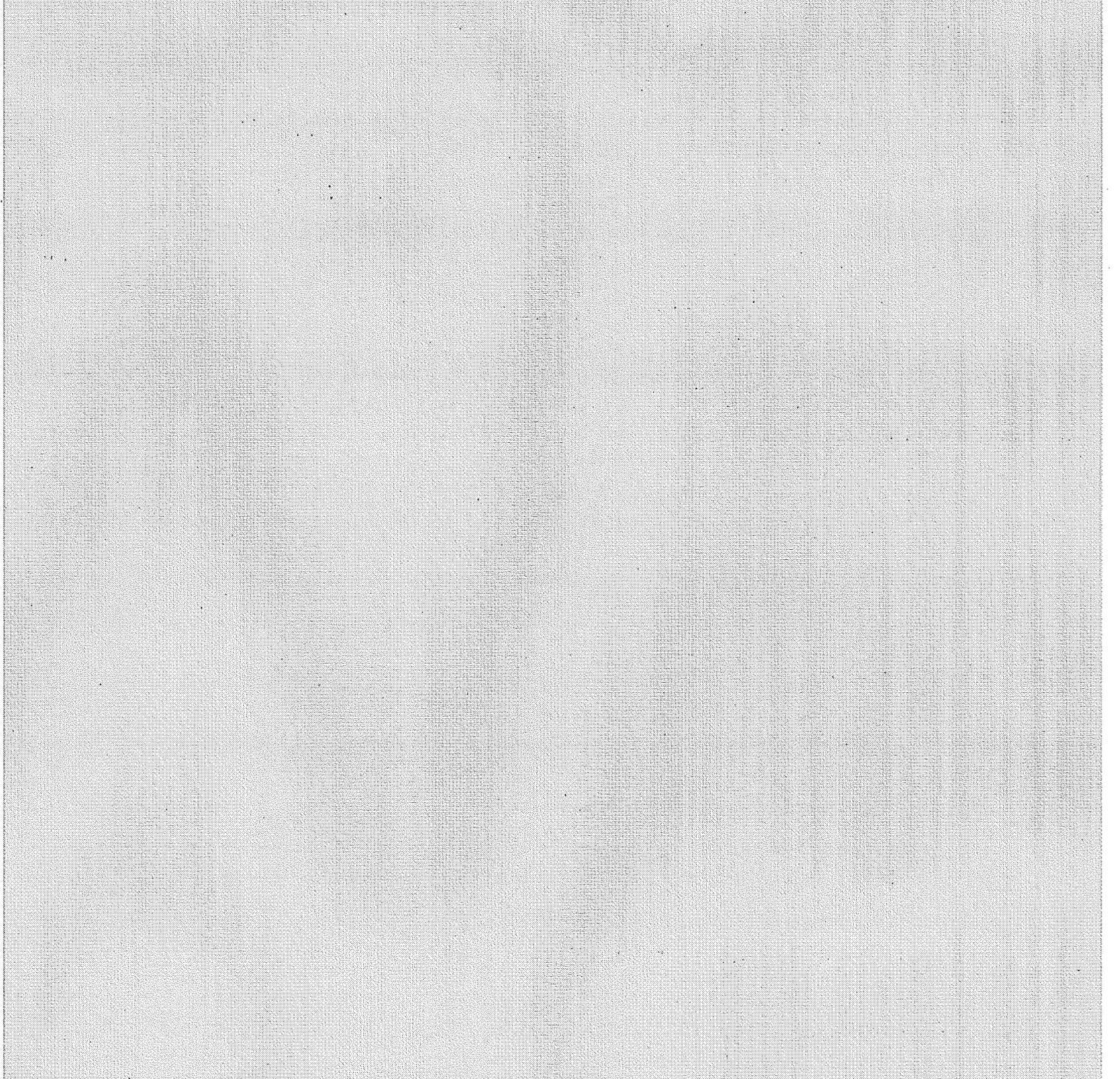
DIAGRAMS OF FACILITY REDACTED



DIAGRAMS OF FACILITY REDACTED



DIAGRAMS OF FACILITY REDACTED

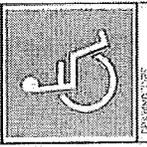


PROJECT NO. W00238
BUILDING No. 9016
SECTION

PRE-TRIAL DETENTION CENTER
1321 N.W. 13TH STREET
MIAMI, FLORIDA



STEPHEN ROY
ADA ARCHITECT
LICENSE NO.
SUITE 2420
1111 NW 14th STREET
MIAMI, FL 33135
(305) 375-4400



ADA
BARRIER
SURVEY
7TH FLOOR

DATE
JAN-MAY 2000
ISSUED BY
JUNE 7, 2000
DRAWN BY
H.S.
SCALE
S.R.
PAGE 5 OF 14

DIAGRAMS OF FACILITY REDACTED



7TH FLOOR PLAN
SCALE: 1/8" = 1'-0"

C WING

- A WING
ADMINISTRATIVE
OFFICES
- B WING
ADMINISTRATION
OFFICES
CLASSROOMS
- C WING
LAV LIBRARY
GYM
OFFICES

NO. 101	NO. 102	NO. 103	NO. 104	NO. 105	NO. 106	NO. 107	NO. 108	NO. 109	NO. 110
DATE	PROJECT	DESCRIPTION	DESIGNER	CHECKER	DATE	SCALE	PROJECT NO.	DATE	SCALE

DIAGRAMS OF FACILITY REDACTED

46 10101 1 1

PROJECT NO. W0023B
BUILDING NO. 9816
FLORIDA

PRE-TRIAL DETENTION CENTER
1321 N.W. 13TH STREET
MIAMI, FLORIDA



STEPHEN BOH
ADA ARCHITECT
LICENSE NO.
SUITE 2420
111 N.W. 13TH STREET
MIAMI, FLORIDA 33136
(305) 375-4200



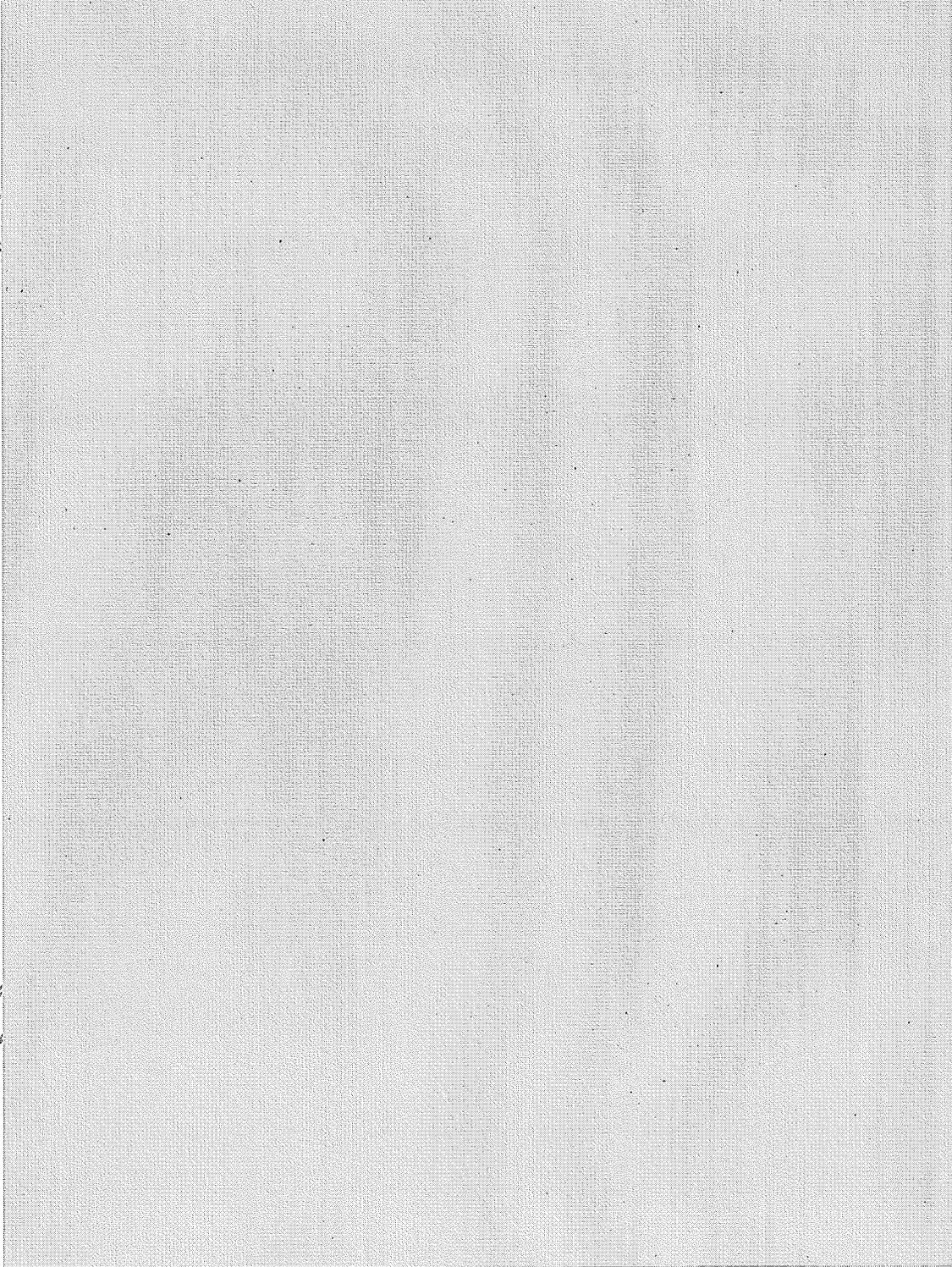
ADA
BARRIER
SURVEY
9TH FLOOR

DESIGNED BY
JANUARY 2000
APPROVED BY
JUNE 7, 2000
DRAWN BY
H.S.
CHECKED BY
S.R.
SHEET 7 of 14

DIAGRAMS OF FACILITY REDACTED

U. W. LINO
MEN INMATES
SPECIAL CATEGORY - PSYCH
LEVEL 1 & LEVEL 2

DIAGRAMS OF FACILITY REDACTED



APPENDIX D
CERTIFICATES

AC# 5227070

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
ASBESTOS LICENSING UNIT

SEQ# L10092501299

DATE	BATCH NUMBER	LICENSE NBR
09/25/2010	100120327	DD0000010

The ASBESTOS CONSULTANT
Named below IS LICENSED
Under the provisions of Chapter 469 FS.
Expiration date: NOV 30, 2012

COTTRELL, DANIEL JOSEPH
6367 SW 44 ST
MIAMI

FL 33155-5142



CHARLIE CRIST
GOVERNOR

CHARLIE LIEM
SECRETARY

DISPLAY AS REQUIRED BY LAW

RETRA TRAINING SERVICES

Florida Approval FL49-0001008

113 S Disston Avenue
Tarpon Springs, FL 34689
1-727-938-5459

Sean Nemser

241 SE 9th Ave Apt. 203 Pompano Beach, FL 33060

Has successfully completed the Requisite Training for Asbestos Accreditation
as required by TSCA Title II

Initial Asbestos Supervisor Contractor FL4722

December 12-16, 2011

Course Date:

December 16, 2011

Exam Date:

December 16, 2012

Expiration Date:

Tarpon Springs, FL

Course Location:

Certification Number:

F 026357

Savio

Nava

Instructors

John V. Lewis
Course Administrator



**National Voluntary
Laboratory Accreditation Program**



SCOPE OF ACCREDITATION TO ISO/IEC 17025:2005

EMSL Analytical, Inc.
 Skylake Executive Industrial Park
 19501 N.E. 10th Ave., Bay A
 N. Miami Beach, FL 33179
 Ms. Kimberly A. Wallace
 Phone: 305-650-0577 Fax: 305-650-0578
 E-Mail: kwallace@emsl.com
 URL: <http://www.emsl.com>

AIRBORNE ASBESTOS FIBER ANALYSIS (TEM)

NVLAP LAB CODE 200204-0

NVLAP Code Designation / Description

18/A02 U.S. EPA's "Interim Transmission Electron Microscopy Analytical Methods-Mandatory and Nonmandatory-and Mandatory Section to Determine Completion of Response Actions" as found in 40 CFR, Part 763, Subpart E, Appendix A.

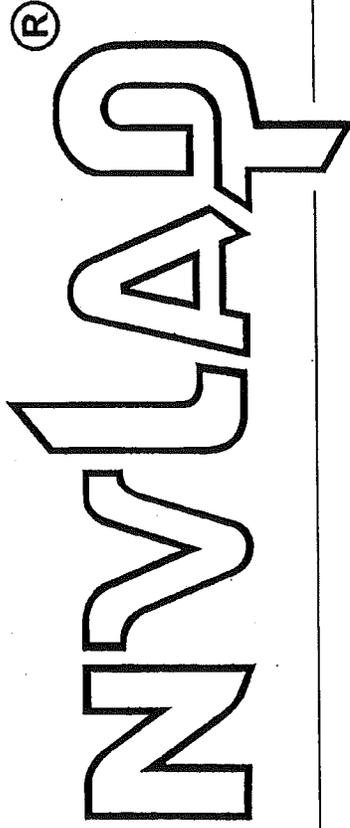
2012-04-01 through 2013-03-31

Effective dates

David F. Alderman

For the National Institute of Standards and Technology

United States Department of Commerce
National Institute of Standards and Technology



Certificate of Accreditation to ISO/IEC 17025:2005

NVLAP LAB CODE: 200204-0

EMSL Analytical, Inc.
N. Miami Beach, FL

is accredited by the National Voluntary Laboratory Accreditation Program for specific services,
listed on the Scope of Accreditation, for:

AIRBORNE ASBESTOS FIBER ANALYSIS

This laboratory is accredited in accordance with the recognized International Standard ISO/IEC 17025:2005.
This accreditation demonstrates technical competence for a defined scope and the operation of a laboratory quality management system (refer to joint ISO-ILAC-IAF Communiqué dated January 2009).

2012-04-01 through 2013-03-31

Effective dates



David F. Alderman

For the National Institute of Standards and Technology



ENVIRONMENTAL SERVICES, LLC

**BACKGROUND AIR QUALITY
OPERATIONS & MAINTENANCE
TESTING REPORT FY 2013**

FOR

**MIAMI-DADE
PRE-TRIAL DETENTION CENTER (MDPTDC)
1321 NW 13TH STREET
MIAMI, FLORIDA**

Prepared for

**MIAMI-DADE DEPARTMENT OF CORRECTIONS AND REHABILITATION
3595 NW 72ND AVENUE
MIAMI, FLORIDA 33166
ATTENTION: MR. SIMON WATERMANN**

Prepared by

EE&G
EE&G Environmental Services, LLC (EE&G)
5751 Miami Lakes Drive
Miami Lakes, Florida 33014
(305) 374-8300

March 21, 2013
EE&G Project Number: 2012-2375

CONTENTS

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1.0	INTRODUCTION.....	1-1
2.0	METHODS.....	2-1
	2.1 SAMPLING METHODS.....	2-1
	2.2 AIR SAMPLE COLLECTION.....	2-1
	2.3 AIR SAMPLE ANALYSIS.....	2-2
	2.4 LIMITATIONS.....	2-2
3.0	SCHEDULE OF TESTING.....	3-1
	3.1 SAMPLING LOCATIONS ON FLOORS 1-10.....	3-1
4.0	RESULTS.....	4-1
	4.1 SUMMARY OF PCM RESULTS.....	4-1
	4.2 SUMMARY OF TEM RESULTS.....	4-1
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Appendices

- Appendix A PCM O&M Sample Results
- Appendix B TEM O&M Sample Results
- Appendix C Certificates

SECTION 1.0

INTRODUCTION

Asbestos Operation and Maintenance testing was conducted at the Miami-Dade Department of Corrections and Rehabilitation center located at 1321 NW 13th Street, Miami, Florida. The testing was conducted randomly throughout floors 1-10 in the common areas and offices by Rey Garcia March 14, 2013. Access to the site was authorized by Mr. Simon Waterman, a representative of Miami-Dade Department of Corrections and Rehabilitation.

SECTION 2.0

METHODS

2.1 SAMPLING METHODS

Air samples were taken on 25 mm diameter mixed cellulose ester filters with 0.8 micron diameter pores for Phase Contrast Microscopy (PCM). The filters were mounted in plastic cassettes with 50 mm anti-static cowls.

Air samples were taken on 25 mm diameter mixed cellulose ester filters with 0.45 micron diameter pores for Transmission Electron Microscopy (TEM). The filters were mounted in plastic cassettes with 50 mm anti-static cowls.

High volume air pumps were used to draw air through the filter apparatus. The pumps used were Thomas AC powered vacuum pumps which move approximately 10-15 liters of air per minute. Sample pumps were calibrated against a primary calibration source manufactured by A.P. Buck, Inc. The pumps were calibrated before and after use, with the average flow rate in liters per minute (l/min), and the total volume in liters, being reported to the laboratory.

2.2 AIR SAMPLE COLLECTION

Air samples were collected in accessible common areas on floors 1-10. One PCM air sample was collected on floors 3-10 at lobby water fountains. A total of four TEM air samples were collected in public areas on floors 1 and 2.

2.3 AIR SAMPLE ANALYSIS

PCM air samples collected were returned to our in house laboratory and analyzed by phase contrast microscopy (PCM) using the NIOSH Method 7400. Results are reported as fibers per cubic centimeter of air (f/cc).

TEM air samples collected were returned to EMSL's laboratory and analyzed by transmission electron microscopy (TEM) using the AHERA Protocol as set forth in 40 CFR 763. Results are reported as structure per millimeter squared of filter area (str/mm²)

2.4 LIMITATIONS

The results, conclusions, and recommendations contained in this report pertain to conditions which were observed during the project. By this report, EE&G makes no representation or assumptions as to the nature of past conditions or future occurrences.

EE&G assumes no responsibility for activities conducted outside the scope of this report. EE&G also assumes no responsibility for any subsequent use or interpretations of these analytical results.

This report has been prepared by EE&G in a manner consistent with that level of care and skill ordinarily exercised by members of the profession currently practicing under similar conditions. No other warranty, expressed or implied, is made.

EE&G's interpretations and recommendations are based upon the results of sample analyses conducted in strict compliance with environmental regulations and project specifications, performed by trained personnel under quality control and quality assurance standards. EE&G will not be responsible for the interpretation or use by others of data developed pursuant to the compilation of this report.

This report was prepared solely for the use of Miami-Dade Department of Corrections and Rehabilitation and is not intended for use by third party beneficiaries. The "client" shall indemnify and hold EE&G harmless against any liability for any loss arising out of or relating to reliance by any third party on any work performed thereunder, or the contents of this report. EE&G will not be held responsible for use of segregated portions of this report.

SECTION 3.0

SCHEDULE OF TESTING

3.1 SAMPLING LOCATIONS ON FLOORS 1 – 10

MARCH 14, 2013

PCM Background Air Testing

Floor 3 at Water Fountain
Floor 4 at Water Fountain
Floor 5 at Water Fountain
Floor 6 at Water Fountain
Floor 7 at Water Fountain
Floor 8 at Water Fountain
Floor 9 at Water Fountain
Floor 10 at Water Fountain

TEM Background Air Testing

Floor 1 at Clinic Areas

SECTION 4.0**RESULTS****4.1 SUMMARY OF PCM RESULTS**

Laboratory analysis of the PCM O&M air samples indicates that the concentrations of airborne fibers on floors 2-10 were less than or equal to 0.005 fibers/cc. These results meet the criteria for clean air (less than 0.010 fibers/cc) for airborne fibers as generally recognized in the asbestos industry. Refer to Appendix A for Laboratory Analysis Report - PCM Results.

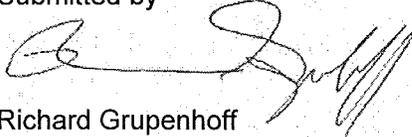
4.2 SUMMARY OF TEM RESULTS

No asbestos structures were detected in any of the samples collected on March 14, 2013. Laboratory analysis of the TEM O&M air samples indicates that the concentrations of airborne asbestos structures on Floor 1 Clinic Areas remained less than 10.00 structures/mm². These results meet the criteria for clean air (less than 70 str/mm²) for airborne asbestos fibers as generally recognized in the asbestos industry. Refer to Appendix B for Laboratory Analysis Report - TEM Results.

SECTION 5.0

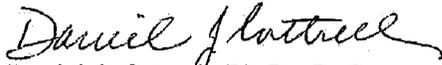
SIGNATURE PAGE

Submitted by



Richard Grupenhoff
Associate Project Manager

Reviewed by



Daniel J. Cottrell, Ph.D., P. G.
Senior Technical Advisor, EE&G
Asbestos Consultant #DD0000010

APPENDIX A
PCM SAMPLE RESULTS

**EMSL Analytical, Inc.**

19501 NE 10th Ave. Bay A, N. Miami Beach, FL 33179
 Phone/Fax: (305) 650-0577 / (305) 650-0578
<http://www.emsl.com> miamilab@emsl.com

EMSL Order: 171301348
 CustomerID: EEG50
 CustomerPO:
 ProjectID:

Attn: **Rich Grupenhoff** Phone: (305) 374-8300
EE & G Fax:
5751 Miami Lakes Drive East Received: 03/13/13 1:15 PM
Miami Lakes, FL 33014 Analysis Date: 3/14/2013
 Collected: 3/13/2013

Project: PTDC ASB Monitoring - Floors 1-10

**Test Report: Fiber Count by Phase Contrast Microscopy (PCM), NIOSH 7400 Method,
 Revision 3, Issue 2, 8/15/94**

Sample	Location	Sample Date	Volume (liters)	Fibers	Fields	LOD (fib/cc)	Fibers/mm ²	Fibers/cc	Notes
1 171301348-0001	Floor 10 @ Fount Water	3/13/2013	900.00	<5.5	100	0.003	<7.01	<0.003	
2 171301348-0002	Floor 9 @ Fount Water	3/13/2013	900.00	<5.5	100	0.003	<7.01	<0.003	
3 171301348-0003	Floor 8 @ Fount Water	3/13/2013	900.00	<5.5	100	0.003	<7.01	<0.003	
4 171301348-0004	Floor 7 @ Fount Water	3/13/2013	900.00	<5.5	100	0.003	<7.01	<0.003	
5 171301348-0005	Floor 6 @ Fount Water	3/13/2013	900.00	<5.5	100	0.003	<7.01	<0.003	
6 171301348-0006	Floor 5 @ Fount Water	3/13/2013	900.00	<5.5	100	0.003	<7.01	<0.003	
7 171301348-0007	Floor 4 @ Fount Water	3/13/2013	900.00	<5.5	100	0.003	<7.01	<0.003	
8 171301348-0008	Floor 3 @ Fount Water	3/13/2013	900.00	<5.5	100	0.003	<7.01	<0.003	
9 171301348-0009	Floor 2 @ Fount Water	3/13/2013	900.00	8.5	100	0.003	10.8	0.005	
14 171301348-0014	Blank	3/13/2013		<5.5	100		<7.01		Field Blank

Analyst(s)

Joe McOscar (11)

Kimberly Wallace, Laboratory Manager
or other approved signatory

Limit of detection is 7 fibers/mm². Intra-laboratory Sr values: 5-20 fibers = 0.32, 21-50 fibers = 0.37, 51-100 fibers = 0.28. Inter-laboratory Sr values (Average of EMSL round robin data) = 0.29. EMSL maintains liability limited to cost of analysis. This report relates only to the samples reported above and may not be reproduced, except in full, without written approval by EMSL. EMSL bears no responsibility for sample collection activities or analytical method limitations. Interpretation and use of test results are the responsibility of the client. EMSL is not responsible for data reported in fibers/cc, which is dependent on volume collected by non-laboratory personnel. Results have been blank corrected as applicable. Samples received in good condition unless otherwise noted.
 Samples analyzed by EMSL Analytical, Inc. N. Miami Beach, FL.

Initial report from 03/14/2013 11:39:54

**EMSL Analytical, Inc.**

19501 NE 10th Ave. Bay A, N. Miami Beach, FL 33179
 Phone/Fax: (305) 650-0577 / (305) 650-0578
<http://www.emsl.com> miamilab@emsl.com

EMSL Order: 171301348
 CustomerID: EEG50
 CustomerPO:
 ProjectID:

Attn: **Rich Grupenhoff**
EE & G
5751 Miami Lakes Drive East
Miami Lakes, FL 33014

Phone: (305) 374-8300
 Fax:
 Received: 03/13/13 1:15 PM
 Analysis Date: 3/14/2013
 Collected: 3/13/2013

Project: PTDC ASB Monitoring - Floors 1-10

**Test Report: Fiber Count by Phase Contrast Microscopy (PCM), NIOSH 7400 Method,
 Revision 3, Issue 2, 8/15/94**

Sample	Location	Sample Date	Volume		LOD (fib/cc)	Fibers/ mm ²	Fibers/ cc	Notes
			(liters)	Fibers				
15	Blank	3/13/2013	<5.5	100		<7.01		Field Blank

171301348-0015

The results reported have been blank corrected as applicable.

Analyst(s)

Joe McOscar (11)

Kimberly Wallace, Laboratory Manager
 or other approved signatory

Limit of detection is 7 fibers/mm². Intra-laboratory Sr values: 5-20 fibers = 0.32, 21-50 fibers = 0.37, 51-100 fibers = 0.28. Inter-laboratory Sr values (Average of EMSL round robin data) = 0.29. EMSL maintains liability limited to cost of analysis. This report relates only to the samples reported above and may not be reproduced, except in full, without written approval by EMSL. EMSL bears no responsibility for sample collection activities or analytical method limitations. Interpretation and use of test results are the responsibility of the client. EMSL is not responsible for data reported in fibers/cc, which is dependent on volume collected by non-laboratory personnel. Results have been blank corrected as applicable. Samples received in good condition unless otherwise noted.
 Samples analyzed by EMSL Analytical, Inc. N. Miami Beach, FL

Initial report from 03/14/2013 11:39:54

APPENDIX B
TEM SAMPLE RESULTS

**EMSL Analytical, Inc.**

19501 NE 10th Ave. Bay A, N. Miami Beach, FL 33179
 Phone/Fax: (305) 650-0577 / (305) 650-0578
<http://www.emsl.com> miamilab@emsl.com

EMSL Order: 171301348
 CustomerID: EEG50
 CustomerPO:
 ProjectID:

Attn: **Rich Grupenhoff**
EE & G
5751 Miami Lakes Drive East
Miami Lakes, FL 33014

Phone: (305) 374-8300
 Fax:
 Received: 03/13/13 1:15 PM
 Analysis Date: 3/14/2013
 Collected: 3/13/2013

Project: PTDC ASB Monitoring - Floors 1-10

Test Report: Asbestos Fiber Analysis by Transmission Electron Microscopy (TEM)
Performed by EPA 40 CFR Part 763 Appendix A to Subpart E

Sample	Location	Volume (Liters)	Area Analyzed (mm ²)	Non Asb	Asbestos Type(s)	# Structures		Analytical Sensitivity (S/cc)	Asbestos Concentration	
						≥ 0.5μ < 5μ	≥ 5μ		(S/mm ²)	(S/cc)
10 171301348-0010	1st Floor Office	900.00	0.0980	0	None Detected			0.0044	<10.00	<0.0044
11 171301348-0011	1st Floor Office	900.00	0.0980	0	None Detected			0.0044	<10.00	<0.0044
12 171301348-0012	1st Floor Clinic	900.00	0.0980	0	None Detected			0.0044	<10.00	<0.0044
13 171301348-0013	1st Floor Clinic	900.00	0.0980	0	None Detected			0.0044	<10.00	<0.0044

Analyst(s)

Joe McOscar (4)

Kimberly Wallace, Laboratory Manager
 or other approved signatory

EMSL maintains liability limited to cost of analysis. This report relates only to the samples reported above and may not be reproduced, except in full, without written approval by EMSL. EMSL bears no responsibility for sample collection activities or analytical method limitations. Interpretation and use of test results are the responsibility of the client. This report must not be used to claim product certification, approval, or endorsement by NVLAP, NIST, or any agency of the federal government. EMSL is not responsible for data reported in structures/cc, which is dependent on volume collected by non-laboratory personnel. Samples received in good condition unless otherwise noted. Estimated accuracy, precision and uncertainty data available upon request.
 Samples analyzed by EMSL Analytical, Inc. N. Miami Beach, FL NVLAP Lab Code 200204-0

Initial report from 03/14/2013 11:39:54

APPENDIX C
CERTIFICATES



SCOPE OF ACCREDITATION TO ISO/IEC 17025:2005

EMSL Analytical, Inc.
Skylake Executive Industrial Park
19501 N.E. 10th Ave., Bay A
N. Miami Beach, FL 33179
Ms. Kimberly A. Wallace
Phone: 305-650-0577 Fax: 305-650-0578
E-Mail: kwallace@emsl.com
URL: <http://www.emsl.com>

AIRBORNE ASBESTOS FIBER ANALYSIS (TEM)

NVLAP LAB CODE 200204-0

NVLAP Code Designation / Description

18/A02 U.S. EPA's "Interim Transmission Electron Microscopy Analytical Methods-Mandatory and Nonmandatory-and Mandatory Section to Determine Completion of Response Actions" as found in 40 CFR, Part 763, Subpart E, Appendix A.

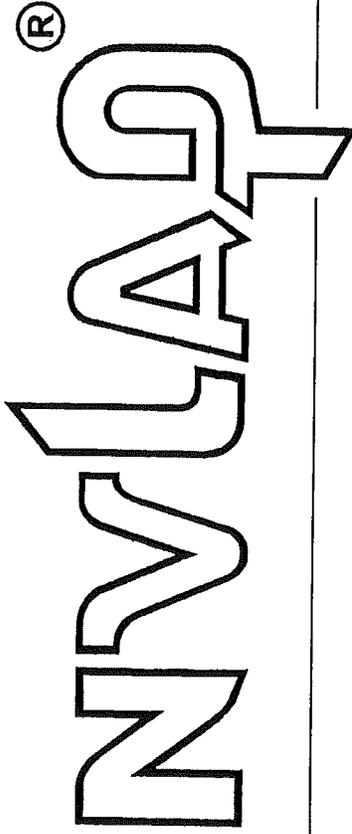
2013-04-01 through 2014-03-31

Effective dates

A handwritten signature in black ink, appearing to read "Michael R. M. L. D.", positioned above a horizontal line.

For the National Institute of Standards and Technology

United States Department of Commerce
National Institute of Standards and Technology



Certificate of Accreditation to ISO/IEC 17025:2005

NVLAP LAB CODE: 200204-0

EMSL Analytical, Inc.
N. Miami Beach, FL

is accredited by the National Voluntary Laboratory Accreditation Program for specific services,
listed on the Scope of Accreditation, for:

AIRBORNE ASBESTOS FIBER ANALYSIS

*This laboratory is accredited in accordance with the recognized International Standard ISO/IEC 17025:2005.
This accreditation demonstrates technical competence for a defined scope and the operation of a laboratory quality
management system (refer to joint ISO-ILAC-IAF Communique dated January 2009).*

2013-04-01 through 2014-03-31

Effective dates



A handwritten signature in black ink, appearing to read "M. R. MULL".

For the National Institute of Standards and Technology

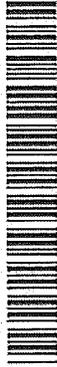
Asbestos Consulting & Training Systems

39749.5719CERT/S

900 N.W. 5TH Avenue, Fort Lauderdale, Florida 33311

(954) 524-7208

**This is to Certify that
Reynaldo Garcia**


X X X - X X - 0 3 2 7
11774 SW 37 St. Miami, FL

Processed By:

Seagull

To Authenticate Certificate:
www.seagulltraining.com
1-800-966-9933

**has successfully completed an English
Asbestos Contractor/Supervisor Course**

6-Aug-12 TO 10-Aug-12

individual above has completed the requisite training for accreditation under TSCA Title II

Meets state requirements of 326 IAC (IDEM) and FL49-0001020/CN-0006270.

NDAAC Provider #451

Trainer(s): James F. Stump

TEST SCORE: 86 % Training Address: 900 Northwest Fifth Ave., Fort Lauderdale, Fl, 33311

Successful course completion based on exam score on: 10-Aug-12

This Certificate Expires:

OSHA TRAINING: 10-Aug-13


0 8 / 1 0 / 1 3

10-Aug-13

James F. Stump, Course Sponsor

Certificate Number..... 1 5 4 3 5 9

Course Number SE1232

UNDER FEDERAL AND CRIMINAL PENALTIES OF LAW FOR MAKING OR
SUBMISSION OF FALSE OR FRAUDULENT STATEMENT OR
FALSIFICATION (18 U.S.C. 1001 & 18 U.S.C. 1015), I
CERTIFY THAT THIS TRAINING COMPLIES WITH ALL APPLICABLE
REQUIREMENTS OF TITLE 29, CHAPTER 779, SUBCHAPTER 1, PART
20.17, 40 CFR 101.75 FOR ANY COURSE REQUIRING AS
APPROVED BY FEDERAL, STATE OR LOCAL AGENCIES AS
APPLICABLE.

THIS DOCUMENT HAS A COLORED BACKGROUND - MICROPRINTING - LINEMARK - PATENTED PAPER

AC#6437658

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
ASBESTOS LICENSING UNIT

SEQ# L12100303316

DATE	BATCH NUMBER	LICENSE NBR
10/03/2012	120122432	DD0000010

The ASBESTOS CONSULTANT
Named below IS LICENSED
Under the provisions of Chapter 469 FS.
Expiration date: NOV 30, 2014

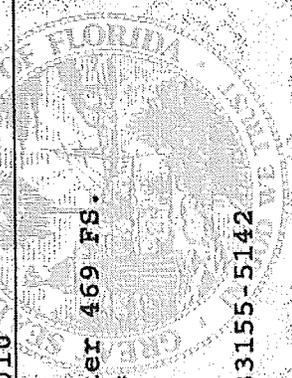
COTTRELL, DANIEL JOSEPH
6367 SW 44 ST
MIAMI

FL 33155-5142

RICK SCOTT
GOVERNOR

KEN LAWSON
SECRETARY

DISPLAY AS REQUIRED BY LAW





EMSL Analytical, Inc.

19501 NE 10th Ave. Bay A N. Miami Beach, FL 33179
 Phone/Fax: (305) 650-0577 / (305) 650-0578
<http://www.emsl.com> / miamilab@emsl.com

EMSL Order ID: 171206215
 Customer ID: EEG50
 Customer PO: 2-2381
 Project ID:

Attn: Rich Grupenhoff
 EE & G
 5751 Miami Lakes Drive East
 Miami Lakes, FL 33014

Phone: (305) 374-8300
 Fax: (NO) FAX-AXES
 Collected:
 Received: 12/13/2012
 Analyzed: 12/13/2012

Proj: MDPTDC

Test Report: Microscopic Examination of Fungal Spores, Fungal Structures, Hyphae, and Other Particulates from Bulk Samples (EMSL Method: M041)

Lab Sample Number: Client Sample ID: Sample Location:	171206215-0001 #1 Clinic Holiday Area - PTDC - 1	171206215-0002 #2 Clinic Holiday Area - PTDC - 2	171206215-0003 #3 Clinic Holiday Area - PTDC - 3		
Spore Types	Category	Category	Category		
Agrocybe/Coprinus	-	-	-		
Alternaria	-	-	-		
Ascospores	-	-	-		
Aspergillus/Penicillium	-	-	-		
Basidiospores	-	-	-		
Bipolaris++	-	-	-		
Chaetomium	-	-	-		
Cladosporium	-	-	-		
Curvularia	-	-	-		
Epicoccum	-	-	-		
Fusarium	-	-	-		
Ganoderma	-	-	-		
Myxomycetes++	-	-	-		
Paecilomyces	-	-	-		
Rust	-	-	-		
Scopulariopsis	-	-	-		
Stachybotrys	-	-	-		
Torula	-	-	-		
Ulocladium	-	-	-		
Unidentifiable Spores	-	-	-		
Zygomycetes	-	-	-		
Fibrous Particulate	-	-	-		
Hyphal Fragment	-	-	-		
Insect Fragment	-	-	-		
Pollen	-	-	-		

Sample Comment: 171206215-0001 None Detected
 Sample Comment: 171206215-0002 None Detected
 Sample Comment: 171206215-0003 None Detected

Category: Count/per area analyzed
 Rare: 1 to 10 Low: 11 to 100 Medium: 101 to 1000 High: >1000

Bipolaris++ = Bipolaris/Dreschlera/Exserohilum Myxomycetes++ = Myxomycetes/Periconia/Smut
 * = Sample contains fruiting structures and/or hyphae associated with the spores.

Ariel Escoto, Laboratory Manager
 or Other Approved Signatory

No discernable field blank was submitted with this group of samples.

EMSL maintains liability limited to cost of analysis. This report relates only to the samples reported above and may not be reproduced, except in full, without written approval by EMSL. EMSL bears no responsibility for sample collection activities or analytical method limitations. Interpretation of the data contained in this report is the responsibility of the client. "-" denotes not detected. Samples received in good condition unless otherwise noted.
 Samples analyzed by EMSL Analytical, Inc. N. Miami Beach, FL AIHA-LAP, LLC--EMLAP Accredited #102813

Initial report from: 12/13/2012 16:24:41

For information on the fungi listed in this report please visit the Resources section at www.emsl.com

**STATE OF FLORIDA
DEPARTMENT OF HEALTH
BIOMEDICAL WASTE GENERATOR/TRANSPORTER/STORAGE/TREATMENT
INSPECTION REPORT**



PURPOSE:

- ROUTINE REINSPECTION
- CONSTRUCT CONSULTATION
- COMPLAINT
- QA SURVEY
- OTHER

NAME Pre-Trial Detention Center
 ADDRESS 1301 NW 13 St CITY Miami
 PHONE 786 263-4170 ZIP 33125
 OWNER/CONTACT PERSON Chief D. Junior

RESULTS

- Satisfactory
- Incomplete
- Unsatisfactory
- Correct Violations by
 - Next Inspection
 - 8:00 AM on:
- Letter of Compliance by:

BEGIN	END	DATE	POSITION #	PERMIT NUMBER	TYPE
1:25 PM	1:30 PM	030813	051004	1376440	<input checked="" type="checkbox"/> Generate
2:05 PM	2:05 PM				<input type="checkbox"/> Transport
3:10 PM	3:10 PM				<input type="checkbox"/> Store
4:15 PM	4:15 PM				<input type="checkbox"/> Treat
5:20 PM	5:20 PM				<input type="checkbox"/> Other
6:25 PM	6:25 PM				
7:30 PM	7:30 PM				
8:35 PM	8:35 PM				
9:40 PM	9:40 PM				
10:45 PM	10:45 PM				
11:50 PM	11:50 PM				
12:55 PM	12:55 PM				

DATE		
01/01/00	01/01/00	<input type="checkbox"/> 11
02/01/00	02/01/00	<input type="checkbox"/> 12
03/01/00	03/01/00	<input type="checkbox"/> 13
04/01/00	04/01/00	<input type="checkbox"/> 14
05/01/00	05/01/00	<input type="checkbox"/> 15
06/01/00	06/01/00	<input type="checkbox"/> 16
07/01/00	07/01/00	<input type="checkbox"/> 17
08/01/00	08/01/00	<input type="checkbox"/> 18
09/01/00	09/01/00	<input type="checkbox"/> 19
10/01/00	10/01/00	<input type="checkbox"/> 20
<input type="checkbox"/> OUT OF BUSINESS		

- Hospital Nursing Home Medical Doctor Oncopath Clinical Laboratory Abortion Clinic
- Funeral Home Veterinarian Dentist Home Health Surgical Suite/Walk-in Other Jail
- Dialysis Clinic Tattoo/Body Piercing Podiatrist State Laboratory/ Clinic Blood Bank

Items marked below violate the requirements of Chapter 64E-16 of the Florida Administrative Code and must be corrected. Continued operation of this facility without making these corrections is a violation of Chapter 64E-16 of the Florida Administrative Code and Chapters 381, and 386 of the Florida Statutes. Violations must be corrected as indicated in the Results section above, or a citation, administrative fine, or other legal action will be initiated.

- 1. Permit Exemption Registration 5. Segregation 9. Labeling 12. Other
- 3. Written Plans 6. Containers 10. Transfer/Transport
- 2. Training 7. Storage 11. Treatment Method
- 4. Records 8. Transport Vehicle(s)

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
12	clean floors & walls in the clinic areas.

INSPECTION CONDUCTED BY Mrs. Kelly Schmidt PHONE 305-623-3590
 COPY OF REPORT RECEIVED BY [Signature] DATE 3/8/13



Estb. No.: 18-48-1276261

STATE OF FLORIDA
DEPARTMENT OF HEALTH

ESTABLISHMENT NAME: Miami Dade County - Pre trial Detention Center

COMMENTS AND INSTRUCTION:

- ③7 Observed standing water around outside garbage area
- ③9 Observed external openings in wall next to garbage dumpster
- ③9 Observed uneven pavement under garbage dumpster (should be sloped to drainage)
- ③9 All floors & walls must be smooth & easily cleanable and non absorbent. in the kitchen & support area.
- ③8 Perimeter of the entry door at the support.
- ③8 Seal holes in ceiling around pipes leading from hand sink in officers mess.

Note: Item # 37 & 38 must be corrected to prevent rodents from entering the building.

Copy of Inspection Report Received by: x Willis Dai
Health Department Inspector: [Signature] Date: 3.8.2013

Memorandum



Date: December 31, 2012

To: Concerned Personnel

From: John W. Johnson, Captain
Compliance, Inspections and Accreditation Bureau

Subject: Command Staff Inspection Schedule - REVISED

Please find below the Command Staff Inspection Teams and schedule for the 2013 Calendar Year. The aforementioned teams and inspection schedule have been established and disseminated in accordance with Director Timothy Ryan's mandate. For reference, each inspection team has been assigned a liaison (identified below) within the Compliance, Inspections and Accreditation Bureau (CIAB). The liaisons are available to assist with questions relevant to their assigned teams; however, in the event, a team member is unable to participate in a scheduled inspection; it is requested that they select an alternate from their corresponding list to attend. In all such cases, a written advisement to the respective Assistant Director and me is necessary for tracking purposes. Finally, all inspections will begin promptly at 9:30 a.m.

Date	Facility	Team 1	Alternates	CIAB Liaison
1/23/13 5/22/13 9/4/13 10/16/13	PTDC TGK MWDC TTC/BCP	Chief E. Astigarraga Chief V. Cohen Jennings Captain J. Johnson Captain J. Gray Captain E. Rodriguez Commander M. Harris Commander S. Waterman**	Lieutenant B. Cone Lieutenant L. Gayle Lieutenant L. Little Lieutenant R. Wells Lieutenant W. Samuels** Mr. E. Palma**	Corporal T. Reynolds
Date	Facility	Team 2	Alternates	CIAB Liaison
2/20/13 6/19/13 9/11/13 10/30/13	TGK MWDC TTC/BCP PTDC	Chief A. Dawsey Chief W. Schuh Captain C. Jones** Captain W. Mayes Commander F. Brophy Commander T. Browne** Commander D. Graham**	Lieutenant D. Bennett** Lieutenant S. Boone Lieutenant D. Fain Lieutenant R. Green Lieutenant M. Rodriguez**	Corporal T. Reynolds
Date	Facility	Team 3	Alternates	CIAB Liaison
3/20/13 7/24/13 9/18/13 11/20/13	MWDC TTC/BCP PTDC TGK	Chief D. Coffey Captain E. Cambridge Captain E. Denson Captain Y. Richardson Commander G. Jackson Commander J. Prats	Lieutenant T. Adams-Carter** Lieutenant C. Guyton** Lieutenant S. Henderson Lieutenant M. Johnson Lieutenant P. Quinones	Corporal D. McRae
Date	Facility	Team 4	Alternates	CIAB Liaison
4/24/13 8/14/13 9/25/13 12/19/13	TTC/BCP PTDC TGK MWDC	Chief L. Edwards** Chief D. Junior Captain C. Young Commander V. Cox Commander M. Kovacs Lieutenant L. Wilson *	Lieutenant T. Key Lieutenant B. Kim Lieutenant D. Summons Lieutenant R. Marquez	Corporal D. McRae

*Substitute for Captain A. Lawrence (educational commitment).

** FMJS Inspectors

If there are any questions regarding the content within this document, please contact me as early as practical at (786) 263-6539.

JJ/ma

MIAMI-DADE CORRECTIONS AND REHABILITATION DEPARTMENT

VOLUME: 10	DSOP: 10-003	YEAR: 2012	VERSION: 1
SUBJECT:	MAJOR INCIDENT REPORTING PROCEDURES		

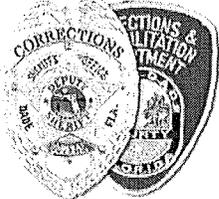
	EFFECTIVE DATE: June 11, 2012
	SUPERSEDES: March 15, 1999
	MODIFICATIONS: All Pages

TABLE OF CONTENTS

- I. POLICY
- II. DEFINITIONS
- III. PROCEDURES
 - A. Safety
 - B. Security
 - C. Incident/Crime Scene
 - D. Notifications
 - E. Documentations
 - F. Sexual Assault
- IV. CROSS REFERENCES
- V. RELATED REFERENCES
- VI. ACCREDITATION STANDARDS
- VII. REVOCATIONS

I. POLICY

It is the policy of the Miami-Dade Corrections and Rehabilitation Department (MDCR) to outline procedures to be utilized by staff in order to report and record major incidents that occur within the jurisdiction of MDCR. All major incidents shall be documented on a MDCR Incident Report, which shall consist of a package that includes the Major Incident Response Checklist (MIRC), Executive Summary memorandum and other pertinent documents.

MDCR staff who participate in or witness a major incident shall immediately verbally report the incident through the chain of command to the Shift Supervisor/Commander. In addition, MDCR staff shall submit, in writing, a detailed description of their involvement in the incident by completing a MDCR Incident Report or a Supplementary Incident Report, as applicable, via the chain of command to the Shift Supervisor/Commander. All MDCR staff involved in the major incident shall complete their portion of the report prior to the end of the shift in which the incident occurred. The Major Incident Report package shall be reviewed by the respective MDCR supervisor and by the Shift Supervisor/Commander.

MIAMI-DADE CORRECTIONS AND REHABILITATION DEPARTMENT

VOLUME: 10	DSOP: 10-003	YEAR: 2012	VERSION: 1
SUBJECT:	MAJOR INCIDENT REPORTING PROCEDURES		

In order for the appropriate MDCR staff to effectively respond to a major incident, the Shift Supervisor/Commander or designee shall make all necessary notifications as expeditiously as possible.

The Facility/Bureau Supervisor or designee shall thoroughly investigate and review all major incidents, as determined by a Division Chief or higher ranking authority within the respective chain of command.

II. DEFINITIONS

MDCR Incident Report Originator

The MDCR Incident Report originator shall be designated by the appropriate MDCR supervisor to initiate an Incident Report. The incident report originator shall include any attachments that will be part of the Major Incident Report package. The complete MDCR Incident Report package, including all supplemental incident reports, shall be submitted within the appropriate time frame via the chain of command to the Shift Supervisor/Commander.

Major Incidents

A major, critical or serious incident is a situation in which a serious physical injury occurs to staff, an inmate, or a visitor on the grounds of facility MDCR detention facility; a situation creating an imminent threat to the security of the institution and/or to the safety of staff, inmates, or visitors on the grounds of the facility; and any event or situation that threatens staff or inmates in their community (criminal justice setting). Certain incidents specified in this Departmental Standard Operating Procedure shall be reported whenever it becomes known that the incident has occurred.

Each Shift Supervisor/Commander will evaluate each incident on a case by case basis. If there is any question regarding the classification of any incident, the Facility/Bureau Supervisor shall be contacted and briefed. A major incident may consist of one or more of the following:

- A. The death of staff while on/off-duty or of an inmate from any cause;
- B. A serious physical injury to staff or an inmate;
- C. A major disturbance, which may include some of the following factors:
 - 1. Several inmates are involved;

MIAMI-DADE CORRECTIONS AND REHABILITATION DEPARTMENT

VOLUME: 10	DSOP: 10-003	YEAR: 2012	VERSION: 1
SUBJECT:	MAJOR INCIDENT REPORTING PROCEDURES		

2. One or more inmates and/or staff are seriously injured;
 3. When assistance from other law enforcement agencies is needed;
 4. A hostage situation involving staff, inmates, or visitors.
- D. An inmate's escape or an attempted escape which resulted in injuries. There is no escape exclusion for Work Release or Monitored Release inmates;
- E. A fire which causes substantial damage to a MDCR building, equipment, property, or when mass evacuation is required;
- F. An arrest of staff while on/off-duty;
- G. An incident where a major breach of security has occurred. For example:
1. When a major weapon; e.g., gun, knife, explosive device, etc., is found or used;
 2. When the security of a facility is compromised; e.g., the facility is damaged and evacuation is necessary, and security of inmates cannot be maintained;
- H. A vehicle accident resulting in injury to staff or inmates and/or significant property damage has occurred to the vehicle;
- I. Sexual assault of an inmate or staff;
- J. Occurrences of any other unusual and/or major event.

Supplementary Incident Report

Each subsequent incident report entered into the CJIS Incident Report system under the originator's control number shall be assigned subsequent letters of the alphabet in sequential order.

III. PROCEDURES

A. SAFETY

While maintaining proper security, the first priority is the safety and well-being of staff, inmates, and visitors. This will include the administering of first aid and obtaining appropriate medical attention for all involved injured parties.

MIAMI-DADE CORRECTIONS AND REHABILITATION DEPARTMENT

VOLUME: 10	DSOP: 10-003	YEAR: 2012	VERSION: 1
SUBJECT:	MAJOR INCIDENT REPORTING PROCEDURES		

B. SECURITY

The incident area shall be secured immediately by the highest ranking staff at the scene. Only staff responding to the emergency shall be permitted to enter the area, and then, only to the degree and number deemed necessary by the highest ranking staff on-duty.

C. INCIDENT/CRIME SCENE

Until the arrival of the proper supervisory and/or investigating authorities, the entire incident area shall not be disturbed. This includes any materials or devices used in the incident. The incident/crime scene shall be under the direction of the investigator of the responding law enforcement agency. All inmates shall be moved to another location. Refer to DSOP 11-028 "Preservation of a Crime Scene."

After the investigation is completed, any items from the scene that have not been secured as evidence by the responding police agency will be forwarded to the Facility/Bureau Supervisor for disposition. Such items shall be fully documented on a MDCR Incident Report.

Where the possibility of a suspicious or homicidal death exists, or where staff or an inmate receives a serious physical injury, steps shall be taken to isolate the remaining inmates from each other. As a security precaution, all inmates shall be strip searched for contraband. Results of the search shall be documented on a MDCR Incident Report. The area shall not be disturbed or restored to normal use until the Shift Supervisor/Commander receives approval and clearance from the designated departmental supervisory authority, as well as the investigating law enforcement agency.

D. NOTIFICATION

1. 911 Emergency Calls

In order to avoid delays in response to emergency situations, it is important that the Shift Supervisor/Commander reporting the emergency provide the dispatcher with the complete street address where emergency vehicles are to respond.

2. Miami-Dade Police Department (MDPD)

When a major incident has occurred (except in the case of an employee being arrested), the Shift Supervisor/Commander shall notify the MDPD Communications Bureau to ensure that the appropriate tactical, investigative and support services response is provided, where applicable.

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3. Police Benevolent Association (PBA)

When a major incident involving the discharge of a weapon occurs, the Shift Supervisor/Commander shall permit the subject officer to notify/request a representative e.g.; PBA, to ensure the officer's rights are protected pursuant to Florida Statutes (FS) 112.532, and 112.533.

Note: FS 112.532 provides subject officers the right to consult with counsel and refrain from making any statements without the presence and assistance of counsel. Staff attempting to assist officers who are potentially subject officers should not ask the officer questions about the incident to ensure the officer's rights are not compromised.

4. Miami Dade Corrections and Rehabilitation Department (MDCR)

The Shift Supervisor/Commander shall be responsible for assuming control of the incident and immediately initiating the notification process.

- a. When notifications are being made, all contact numbers (office, cellular, home and pager) shall be used. He/she shall not relinquish responsibility or leave the facility until the Facility/Bureau Supervisor or higher authority grants approval. If the nature of the emergency does not permit the Shift Supervisor/Commander of the affected facility/bureau to initiate the notification process, he/she shall contact the Shift Supervisor/Commander of the nearest facility who shall assume responsibility for initiating the notification process:

(1) If the major incident occurs Monday-Friday (excluding holidays), 8:00 a.m. to 5:00 p.m., the Shift Supervisor/Commander shall immediately initiate the notification process as specified in Section II of the MIRC. In addition, he/she shall immediately notify the Facility/Bureau Supervisor who shall determine the notification of key staff listed in Section III of the MIRC. The Facility/Bureau Supervisor shall ensure that the Staff Duty Officer is notified in a timely manner;

(2) If the major incident occurs Monday-Friday, 5:01 p.m. to 7:59 a.m., any time on the weekend (Saturday and Sunday) or on a holiday, the Shift Supervisor/Commander shall immediately initiate the notification process as specified in Section II of the MIRC. In addition, he/she shall immediately notify the Staff Duty Officer who shall determine the notification of key staff listed in Section III of the MIRC. If the notifying supervisor is

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unsuccessful in contacting the Staff Duty Officer after a reasonable amount of time, this shall be documented on the MIRC and the Facility/Bureau Supervisor shall be contacted. In such cases, the Shift Supervisor/Commander shall continue efforts to contact the Staff Duty Officer.

- b. Pursuant to this DSOP and DSOP 10-001, "Escape Prevention, Response and Action Plan," whenever staff discovers that an inmate is attempting to escape, has escaped, or the specific whereabouts of an inmate is unknown, staff shall immediately notify the Shift Supervisor/Commander of the situation.
 - (1) If the incident occurs Monday-Friday, 8:00 a.m. to 5:00 p.m., the Shift Supervisor/Commander shall immediately notify the Facility/Bureau Supervisor. The Facility/Bureau Supervisor shall ensure that the Staff Duty Officer is notified in a timely manner;
 - (2) If the incident occurs Monday-Friday, 5:01 p.m. to 7:59 a.m., anytime on the weekend (Saturday and Sunday) or on a holiday, the Shift Supervisor/Commander shall immediately notify the Staff Duty Officer who shall determine the notification of key staff listed in Section III of the MIRC.
- c. The Shift Supervisor/Commander shall ensure that a MIRC is completed for each major incident and attached to the MDCR Incident Report. The Shift Supervisor/Commander of the facility where the incident occurred shall ensure the MIRC is completed, even if a Shift Supervisor/Commander of another facility made the notifications;
- d. Overtime compensation shall be authorized only for those hourly employees approved by the Facility/Bureau Supervisor or higher ranking authority to stay beyond their normal working hours to complete reports, investigations, cell shakedowns, etc.;
- e. When the memorandum for Contact Telephone Numbers Ref: Major Incidents is updated, the Facility/Bureau Supervisor shall provide the listing to the Shift Supervisor/Commander.

5. Staff

In case of a serious injury to staff, the Shift Supervisor/Commander shall notify the person indicated on the employee's personal data card, under the section titled "In Case of Emergency Notify." In the event a staff member expires while on-duty and the family has not yet been notified, the highest ranking authority on-duty shall:

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- a. Contact his/her respective Facility/Bureau Supervisor and provide him/her with all the information pertaining to the incident;
- b. The Facility/Bureau Supervisor or designee, accompanied by an Employee and Psychological Services Counselor (if available in a timely manner), shall travel to the address indicated on the employee's personal data card and personally inform the family member and/or relative of the employee's expiration. However, the MDPD Homicide Bureau must be contacted prior to proceeding with the notification process;
- c. If after an unsuccessful attempt to notify said person and a reasonable period of time has elapsed, any other known relative of the employee shall be personally notified;
- d. The Personnel Management Bureau (PMB) Commander shall collect the names of those relatives to contact from information obtained from personnel files and/or background investigation files.

In all cases, MDCR shall ensure that all reasonable efforts are extended until such time as the employee's family is properly notified.

6. Inmate

The Shift Supervisor/Commander shall be notified when an inmate develops a serious illness or injury which requires life saving treatment, or the inmate's physical condition deteriorates where death is imminent. The Shift Supervisor/Commander shall ensure the following is completed:

- a. All notifications shall be made in accordance with the MIRC, to include the Facility/Bureau Supervisor or designee and the Inmate Medical Provider (IMP) Director or designee;
- b. The inmate's next of kin contact information is gathered and provided to the appropriate entity. If the next of kin information is not readily available, all reasonable efforts shall be made to locate related information which may assist in identifying a next of kin and/or family member, e.g. review of letters, address book, cellular telephone, or other items, among the inmate's property in the housing area, and/or stored in the property room; review of visitation logs or other facility documents; gathering of information known by inmates in same housing area, etc.;

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- c. All notifications and actions taken shall be documented on the related MDCR Incident Report;
- d. If the inmate's serious injury or death involves a criminal investigation; e.g., suicide, homicide, trauma, etc., the inmate's next of kin shall be notified by the MDPD Homicide Bureau, unless otherwise instructed.
- e. If an inmate's deteriorating state or death results from an illness or medical condition, the inmate's next of kin shall be notified by the Facility/Bureau Supervisor with clearance from the IMP and/or the treating medical facility;
- f. Individuals, including next of kin, requesting information about an inmate's medical condition or illness shall be directed to the IMP Director or designee.

E. DOCUMENTATION

Reports shall be objective and shall provide specific information pertaining to who, what, when, where and how the incident occurred. Accurate reporting is essential; therefore, MDCR staff involved in the incident should be permitted, within operational capabilities, to complete their reports as soon as possible after the incident and no later than the end of their shift.

- 1. The Shift Supervisor/Commander shall ensure, before going off duty that a complete report of the major incident is being or has been prepared;
- 2. All MDCR staff involved, other than the originator of the Incident Report will submit a complete Supplementary Incident Report detailing their involvement in the incident;
- 3. The Facility/Bureau Supervisor shall prepare an Executive Summary memorandum of the incident and submit it within 3 business days via their chain of command to the Director. Preparation of the Executive Summary shall be a collaborative effort of all concerned parties but shall be completed by the applicable Facility/Bureau Supervisor;
- 4. As indicated in the Executive Summary sample, the following information must be included:
 - a. Administrative Summary – Summary of event including pertinent facts, information, etc., in chronological order;
 - b. Procedural Review – Review and assessment of the event (factors surrounding the event, staff and inmate's actions during the incident,

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- corrective actions taken and pending, documentation provided, etc.) in relation to applicable policies, procedures, practices, etc. Description of a plan of action - follow-up actions initiated to avoid similar incidents;
- c. Other Information – Arrest/incarceration background (pertinent inmate information), event description (pertinent chronological event summary), attachment log (all related documents in attachment order - do not write out attached);
 - d. Additional Considerations – Recommendation(s) for changes to applicable policies, procedures, practices; scheduled implementation of plan of action(s); date when an updated status report shall be submitted, etc. All reviewing chain of command supervisors shall include respective recommendations if applicable on supplemental attachments.
5. In the event of an inmate's death, the Inmate Death Response Checklist must be completed by the Shift Supervisor/Commander and submitted to the Facility/Bureau Supervisor within 24 hours of the inmate's death;
 6. If the incident is prolonged and extends over more than a shift, each relieving Shift Supervisor/Commander shall complete a supplemental report describing follow-up actions during their tour of duty;
 7. All original major incident reports shall be forwarded to the Security and Internal Affairs Bureau (SIAB) for centralization and reviewing purposes, within 3 business days of the incident;
 8. All original documentation (e.g., statements, pictures, logs, rosters, medical addendum, completed checklists, summaries) is to be included in the Major Incident Report package;
 9. Major incident reports shall be forwarded via the chain of command to the Director with a hand-delivery receipt indicating the Incident Report control number;
 10. All staff notified of the major incident shall be forwarded a copy of the completed Incident Report by the originating facility/bureau;
 11. The Florida Department of Corrections' Prison Inspector shall no longer be notified of any incidents occurring within MDCR.

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F. **SEXUAL ASSAULTS**

All case records associated with claims of sexual assault, including incident reports, investigative reports, offender information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment and/or counseling, are retained in accordance with applicable confidentiality and records retention requirements.

1. In the event of a sexual assault, the Shift Supervisor/Commander shall ensure that the inmate is separated from his/her assailant;
2. Victims of sexual assault have the option to report the incident to MDCR and/or IMP staff or call the Rape Crisis Hotline;
3. Under appropriate security, victims shall be referred to the Rape Treatment Center for treatment, gathering of evidence, and referral to a mental health professional.

IV. **CROSS REFERENCES**

DSOP 11-003 "Incident Report Procedures"

V. **RELATED REFERENCES**

Florida Model Jail Standards 2.17(b) 3; 3.02(j); 3.03(a)(b); 11.01(k); 11.05(b); 13.13

Florida Statutes: 112.532, 112.533, 951.23

VI. **ACCREDITATION STANDARDS**

ACA 2010 & 2010 Supplement	1-ABC-3D-04, 1-ABC-3D-06-1, 1-ABC-3D-06-3, 1-ABC-3C-04, 1-ABC-3A-27, 1-ABC-1F-01, 3-JTS 3A-28; 3-JTS-3A-31, 4-ALDF-2A-11; 4-ALDF-4D-22-2; 4-ALDF-4D-22-6; 4-ALDF-4D-22-7 4-ALDF-4D-22-8; 4-ALDF-2B-03
2012 FCAC	6.21

VII. **REVOCATIONS**

Procedural Directive D09-012 titled "Revision to DSOP 18-001 Arrest of Departmental Employees and Other Governmental Employees, and DSOP 10-003 Major Incidents Reporting Procedures" dated October 30, 2009

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Procedural Directive D09-020 titled "Revisions to DSOP 10-003 Major Incidents Reporting Procedures" dated October 1, 2009

Procedural Directive D08-011 titled "Revisions to DSOP 10-003 Major Incidents Reporting Procedures" dated June 11, 2008

Procedural Directive D07-019 titled, "Revisions to DSOP 10-003 Major Incidents Reporting Procedures" dated July 12, 2007

Any language in a DSOP, Procedural Directive, Standard Operating Procedure, Post Order, and/or written correspondence that conflicts with this policy is hereby revoked.

FORMS/SUPPORTING DOCUMENTS

Contact Telephone Numbers Ref: Major Incidents

Executive Summary (Sample)

Inmate Death Response Checklist

Major Incident Response Checklist

MDCR Incident Report