

Comments on Supplementary GSA Report, dated November 21 2015 report

My name is Harold J Daniels, I am a former trade and craft worker at the Federal facility at 1500 E Bannister Road Kansas City Missouri. I am also co-complainant on the David Hendricks complaint i.e. OSC file number DI-12-3233 and DI-13-4055. David Hendricks has passed away since this complaint was filed. Our complaint alleges 1) that GSA officials failed to take appropriate precautions to protect maintenance employees from exposure to unsafe concentrations of asbestos and other toxic materials including Beryllium and 2) Failed to provide a medical surveillance program for all current and former employees who may have been exposed to unsafe concentrations of asbestos and other toxic materials. The comments below pertain to the November 21, 2015 supplemental letter from GSA to Office of Special Counsel. All other comments and documents tendered by myself on the GSA/Cloverleaf investigative report stand as a matter of record. The Office of Special Counsel in a letter to The Honorable Dan Tangerlini dated February 28th 2013 found "there is a substantial likelihood that the information provided to OSC by Mr. Hendricks discloses violations of laws, rules, or regulations, gross mismanagement, and abuse of authority, and a substantial and specific danger to public health and safety."

Point number one of the letter GSA provided Clover Leaf Solutions with documents they wanted reviewed, they did not specify that a forensic and scientific investigation into GSA present and past environmental safety program be completed. By doing so GSA could control the outcome and findings of the investigation. Clover Leaf stated that no documentation could be found from the 1980s and very little from the 1990s. Cloverleaf asked to interview myself and two other former trade craft employees, which we agreed to do. They found our testimony to be anecdotal and without substance. Clover Leaf spent less than 2 hours inspecting the 2.5 million square foot facility for contaminates and pathways of contaminates from the DOE manufacturing side of the facility.

In the Executive Summary Cloverleaf stated GSA had consistently maintained a Health and Safety program that was in compliance with regulatory requirements. This conclusion could not and should not have been reached given they found no or limited documentation from the 1980s forward. Clover Leaf also stated that the medical exams administered by GSA went beyond medical surveillance requirements for asbestos and noise hazards. They failed to address the 900 plus toxins such as PCBs, TCEs, Mercury, Cadmium, Plutonium and other radioactive materials that the 40 trade and craft workers were exposed to during their normal tours of duty and especially during emergency situations where no measures were in place to prevent episodic exposure. During emergency situations the DOE workers were given personal protective equipment to protect them from these toxins and the GSA PBS trade and craft employees were not. Even to date many retired workers have not been offered or given exit physicals as required by the CFR. The Clover Leaf Investigation offered no conclusive evidence to support GSAs claim that all health and safety measures were implemented according to the regulations and GSAs mismanagement of their safety and health program created a specific danger to public health and safety of the subset of 40 trade and craft employees and the public. It was yet another tactic in the nearly 30 year deceit and cover up of exposure to dangerous toxic elements that has killed and caused death and chronic illness to the 40 trade and craft employees at the Bannister Federal Complex. It was not until the early 90s through an arbitration case, that GSA PBS final acknowledged that asbestos existed on the GSA side of the building.

GSA stated in the supplementary report that GSA PBS has "consistently maintained" a good environmental program. The attached (attachment #1) IG report dated March 20th 2015 does not agree with this position. It states that GSA prior to news reports and all the other media reports, "PBS did not have a strong environmental management program for the complex, despite the building's history of known health hazards". It also states that PBS personnel did not have a clear understanding of their environmental responsibilities pertaining to the GSA controlled portion of the complex and did not adequately document or maintain files related to health and safety at the complex. This report was part of a nationwide environmental audit and Region 6 PBS was highlighted in the introduction of this audit as having failed this program at the Bannister Federal Complex. In addition in a report prepared by Jeff Cushing MS and Gary Adams MS, IH, CSP, GSA Region 6 Environmental Safety and Health Officers dated November 4, 2013 (Attachment 2) stated on page 3, "the GSA policy governing medical surveillance briefly mentions medical surveillance, but it is woefully inadequate." The inadequacy of the Health and Safety program can be highlighted by the death of an employee who was sent to the abandoned Federal Complex at 607 Hardesty KC Missouri on or about 2006. Management was not aware that a high voltage line that had been cut by copper thieves was still live. An arc flash occurred when a chain fell on the open line and this employee died on or about a week later as a result as a result of an arc flash. Had this hazardous condition been properly inspected and corrected this employee would still be alive. Also he was sent by GSA management to perform a task that was not in his position description, therefore he should not have been at the abandoned complex in the first place.

The supplemental report also maintains that there were no illnesses related to toxic exposure because workers compensation claims do not indicate that workers were subjected to long term toxic exposure. As I have stated in previous responses this is not a valid claim as these exposures sometimes take years to manifest into serious health issues and death. Without an adequate medical surveillance program and monitoring workers may not know for years that the exposures suffered resulted in illness years in the future. There has also been an unusual amount of secondary exposure to families of these workers who have been exposed through toxins brought home on clothing articles. My Co Complainant, Dave Hendricks has passed away since this original complaint was filed as well as his granddaughter who died at the age of 28 from a rare form of brain cancer. His wife, Marilyn Hendricks also has undergone treatment for cancer. This is not an isolated occurrence amongst workers and their families of the trade and craft workers, as well as other occupants of the BFC. In the NIOSH report it states that there is no "cluster" of illnesses. This statement was as a result of a random survey of people in the federal building. GSA PBS and NIOSH did not perform a scientific study of the 40 trade craft workers and their families. The tests and surveys they talk about were random and did not focus on the subset of employees known as the trade/craft or M&O employees. It would be interesting to hear the responses of these workers and surviving families as they explained that no clusters of illnesses or death resulted from exposures they received during employment at the Bannister complex, based upon what has been reported in this and the other reports. David Hendricks widow as well as his granddaughters will have to grow up with this explanation. In addition to Mr. Hendricks death, an additional 3 or more of the 40 trade and craft employees have passed away since this complaint was filed.

I hope the GSA management is as prepared to offer these explanations to these families as they were to create a culture of lies, mismanagement, gross waste of funds and abuse of authority and a substantial and specific danger to public health and safety with these manipulations and cover ups of the hazardous conditions in that plant. I find it unbelievable that our Government could perpetrate such a criminal

activity and then try to justify it in any manner. Even going so far as to spend tens of thousands of taxpayers' dollars to manipulate and attempt to justify these illegal activities, specifically by maintaining a woefully inadequate health and safety program including medical surveillance. I would guess that no one in the GSA PBS management would have ever thought that adherence to the law and regulations would have been the best course to have follow and that providing these workers with a safe and healthy work environment per the CFR would have produced the best possible outcome for the employees and public? I know, as documented, two Senators and a Congressman were concerned and expressed these concerns to our Administrator in 2010. These concerned public servants from both parties were ignored by GSA, PBS, bureaucrats and the culture of cover-up and death continue today at the BFC, even though most of our workers have been moved to other locations. For years it has been found that GSA PBS had "shortcomings" in their Safety and Health program, documentation I have submitted proves this point. GSA PBS apparently has chosen to ignore this and continue the culture of cover up and denial as evidenced by Mr. Neufeld's stated agreement that he agrees with the conclusion that the allegations of the complainants lack merit. I pray that these people are held accountable so this culture that has caused untold suffering never happens again. GSA has been able to achieve the Western Regions conference, more recently has been called to a Congressional Investigation regarding failure to provide Child Care Subsidy for the families of our troops as well as the Senator Claire McCaskill congressional investigation into the public relations contract that was to address toxic issues at the BFC.

It is not surprising that GSA Deputy Administrator Neufeld rejected the OSC recommendation to...."consider conducting an epidemiological study to identify whether current and former M&O employees are experiencing higher morbidity and mortality than general population or other subjects studied by NIOSH." This rejection by Mr. Neufeld is a direct contradiction to the Clover Leaf statement on page 3 of the Supplement Report that states, "We agree that the best of program may encounter unforeseen events. But we also believe that the true measure of the quality of a consistently maintained program is that any shortcomings which may develop are promptly addressed when they are discovered." The consideration of OSC's request for a study of 40 GSA employees who performed maintenance and operations work primarily on the GSA-BFC parcel and sometimes on the DOE Kansas City Plant parcel was dismissed.

In summary the finding of the Clover Leaf GSA investigation was inadequate and the supplement letter from GSA to OSC contains no significant further findings.

Respectfully,

Harold J. Daniels

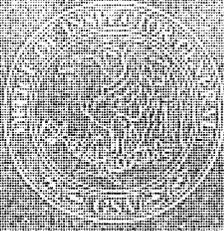
9-20-15



Office of Audits
Office of Inspector General
U.S. General Services Administration

PBS's Identification and Management of Environmental Risks Need Improvement

Report Number A130131/P/R/R15003
March 20, 2015



Office of Audits
Office of Inspector General
U.S. General Services Administration

REPORT ABSTRACT

OBJECTIVE

The objective of our audit was to determine whether or not the Public Buildings Service (PBS) has the appropriate procedures in place to identify, quantify, and manage environmental contamination in accordance with government orders, laws, and PBS guidance. If not, determine whether PBS facilities, tenants, and/or the surrounding environment are at risk.

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PBS's Identification and Management of Environmental Risks
Need Improvement
A130131/P/R/R15003
March 20, 2015

WHAT WE FOUND

We identified the following during our audit:

- Finding 1 – PBS Central Office currently does not have a system in place to effectively monitor environmental management risks.
- Finding 2 – PBS has not conducted environmental compliance audits on its entire owned building inventory, and lacks policy and guidance for the audits.
- Finding 3 – PBS does not have consistent environmental management practices across PBS regional offices.
- Finding 4 – Environmental management responsibility in tenant space is unclear.

WHAT WE RECOMMEND

Based on our audit findings we recommend that the PBS Commissioner:

1. Develop a system or framework to collect environmental risk data for PBS buildings and facilities to enable the Environmental Division and regional management to manage and report on environmental risks and liabilities.
2. Ensure that environmental compliance audits or equivalent surveys are conducted to identify risk factors for each PBS facility and are updated as needed; and establish policies to ensure the environmental compliance audits or surveys are consistent across the regions and findings are addressed.
3. Establish and enforce consistent environmental management practices across the regions.
4. Incorporate environmental management responsibilities into tenant occupancy agreements, particularly in cases where the tenant's activities pose a greater risk to the environment.

MANAGEMENT COMMENTS

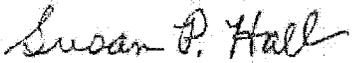
The PBS Commissioner concurred with our findings and recommendations. Management's written comments to the draft report are included in their entirety as **Appendix B**.



**Office of Audits
Office of Inspector General
U.S. General Services Administration**

DATE: March 20, 2015

TO: Norman Dong
Commissioner, Public Buildings Service (P)

FROM: Susan P. Hall 
Audit Manager, Program Audit Office (JA-R)

SUBJECT: PBS's Identification and Management of Environmental Risks
Need Improvement
Report Number A130131/P/R/R15003

This report presents the results of our audit of PBS's Environmental Management Program. Our findings and recommendations are summarized in the Report Abstract. Instructions regarding the audit resolution process can be found in the email that transmitted this report.

Your written comments to the draft report are included in **Appendix B** of this report.

If you have any questions regarding this report, please contact me or any member of the audit team at the following:

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On behalf of the audit team, I would like to thank you and your staff for your assistance during this audit.

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Introduction

PBS is responsible for the design, construction, operation, maintenance, and disposal of federal government buildings, and owns over 1,500 properties across 11 regions nationwide. PBS's goal is to provide superior workplaces for federal employees across the United States and minimize all damage to the environment from its operations. The Environmental Management Program within PBS's Office of Facilities Management and Services Programs supports GSA in maintaining compliance with environmental laws and regulations, minimizing environmental risk and liability, and promoting cost-effective environmental policies to meet PBS's performance goals.

The Office of Inspector General (OIG) has previously reported on GSA's environmental management programs.¹ These audits found that: PBS's Central Office needs to play a stronger role in implementing environmental program initiatives; improvements to environmental policies and procedures are needed; and written agreements are needed to ensure that tenants clearly understand their responsibilities regarding environmental hazards.

The OIG also reviewed the environmental conditions at the Bannister Federal Complex in Kansas City, Missouri (the Complex).² A United States Senator requested the review after numerous news reports about health concerns of current and former occupants of the Complex. These reports stated that the Complex has a history of known health hazards related to exposure to contaminants including lead and polychlorinated biphenyls (PCBs), and that such exposure may have resulted in illnesses and even the deaths of some of the occupants of the Complex. The OIG found that PBS took substantial steps to protect the health of the Complex's occupants in response to the news reports. However, prior to the news reports, PBS did not have a strong environmental management program for the Complex, despite the building's history of known health hazards. PBS personnel did not have a clear understanding of environmental responsibilities pertaining to the GSA-controlled portion of the Complex and did not adequately document or maintain files related to health and safety conditions at the Complex.

Objective

The objective of our audit was to determine whether or not PBS has the appropriate procedures in place to identify, quantify, and manage environmental contamination in accordance with government orders, laws, and PBS guidance. If not, determine whether PBS facilities, tenants, and/or the surrounding environment are at risk.

See **Appendix A** - Purpose, Scope, and Methodology for additional details.

¹*Audit of PBS' Environmental Management Program*, Report Number A995196/P/H/R00008, dated February 16, 2000; and *Review of the PBS Environment Program Management*, Report Number A050040/P/4/R06003, dated March 28, 2006.

²*Review of Health and Safety Conditions at the Bannister Federal Complex, Kansas City, Missouri*, Report Number A100116/P/6/R11001, dated November 8, 2010.

Results

PBS lacks the procedures to sufficiently identify, quantify, and manage environmental contamination in accordance with government orders, laws, and PBS guidance. As a result, PBS facilities, tenants, and the surrounding environment are potentially at risk. Specifically, PBS lacks a system to effectively monitor environmental management risks nationwide. In addition, PBS has not conducted environmental compliance audits on its entire building inventory, and lacks policy and guidance to ensure audit consistency and effectiveness. Environmental management practices are also inconsistent across the PBS regions due to a lack of centralized policy. Finally, environmental management responsibility in tenant space is unclear, which can lead to undetected risks.

Finding 1 – PBS Central Office currently does not have a system in place to effectively monitor environmental management risks.

The PBS Central Office Environmental Division (Environmental Division) lacks the data necessary to fulfill its responsibility to support GSA in maintaining compliance with environmental laws and regulations, and minimizing environmental risks and liabilities. The Environmental Division does not have a centralized database to capture environmental data, leaving PBS unaware of environmental risks associated with buildings in its inventory. With no centralized database, it is difficult for PBS to identify and address systemic environmental issues across the nation.

PBS previously used the Environmental Risk Index to store environmental information. PBS decommissioned this database in 2012 and has not replaced it. The PBS Inventory Reporting Information System (IRIS) has the capability to store environmental data, such as the results of environmental compliance audits.³ Although more than half of the PBS regions use IRIS for tracking compliance audit findings and recommendations,⁴ it is not user-friendly and does not support consistent sharing of environmental information across the regions.

PBS regions maintain environmental information, but it is not easily accessible to the Environmental Division. Methods for storing and reporting environmental data differ across the regions. Specifically, one region effectively used a cloud storage site to house environmental data. Information in the cloud storage site can be made available to anyone within PBS needing access, including the Environmental Division. Another region used IRIS and noted both its capabilities and limitations. A third region used a regional network drive; however the Environmental Division does not have access to

³ Environmental compliance audits are completed to ensure that federal buildings comply with federal, state, and local environmental laws and regulations. They also serve to develop an awareness of environmental compliance criteria, evaluate the effectiveness of current management systems in place, and improve environmental performance at facilities.

⁴ We conducted detailed fieldwork in the New England, Northeast and Caribbean, and Mid-Atlantic Regions. We also performed a limited survey of environmental management processes in GSA's remaining eight regions.

this information. These various storage and maintenance methods are not conducive to nationwide data management.

Additionally, the environmental data the regions regularly submit to the Environmental Division is limited. The majority of regions mentioned only regularly submitting environmental liabilities data to the Environmental Division.⁵ Other information, including data on environmental risk factors, is typically sent as a result of the Environmental Division's data calls.

We reviewed PBS's management of five environmental risk factors: asbestos, lead, radon, hazardous materials,⁶ and storage tanks. Currently, the Environmental Division regularly collects storage tank and asbestos data from the regions. However, it is not monitoring or collecting data on lead, radon, or hazardous materials.

PBS's efforts to collect data on its storage tank inventory nationwide expanded during our audit. The Environmental Division did not have confidence in the accuracy of the storage tank data initially provided to the audit team. Therefore, PBS recently developed a comprehensive set of data fields for monitoring its storage tank inventory, including identification, operational, maintenance, and training-related data. This data is not yet complete. Tank installation dates, tank ownership, and tank operating statuses are not known for the entire storage tank inventory.⁷ However, the Environmental Division is continually monitoring and validating the storage tank information it receives from the regions.

Having sufficient, readily accessible information on key risk factors would improve the Environmental Division's ability to quickly respond to environmental concerns and minimize environmental risks and liabilities nationwide.

Recommendation 1

We recommend that the PBS Commissioner develop a system or framework to collect environmental risk data for PBS buildings and facilities to enable the Environmental Division and regional management to manage and report on environmental risks and liabilities.

Management Comments

The PBS Commissioner concurred with our finding and recommendation. Management's written comments to the draft report are included in their entirety as **Appendix B**.

⁵ Environmental liabilities data is consolidated by Central Office and reported in GSA's annual financial statement.

⁶ Per PBS's *Hazardous Waste Technical Guide*, hazardous materials include hazardous waste from household cleaners, pesticides, paints, solvents, copier toner, and fluorescent bulbs with PCB ballast. Other PCB-containing items were also considered hazardous materials for the purposes of this audit.

⁷ Storage tank operating statuses include: active, inactive, abandoned in place, removed, closed, and transferred ownership.

Finding 2 – PBS has not conducted environmental compliance audits on its entire owned building inventory, and lacks policy and guidance for the audits.

Compliance audits are an effective tool for identifying environmental risks. However, PBS has not completed environmental compliance audits (compliance audits) on its entire owned building inventory. This leaves some buildings, tenants, and the environment vulnerable to potentially adverse impacts.

We conducted detailed reviews of a sample of 20 PBS owned buildings in three regions. Each building in our sample had a compliance audit conducted by an environmental consulting services contractor or outside agency. In fact, information provided by the sample regions' personnel indicates compliance audits were conducted on all buildings in their inventories. However, a survey of the regions not included in our sample revealed that compliance audits were not conducted consistently across the regions. For example:

- One region conducted compliance audits on nearly its entire building inventory but conducted the audits using regional staff.
- Two regions conducted compliance audits, or some variation of compliance audits, on a portion of its buildings.
- Two regions conducted Safety Environmental Management Surveys⁸ in lieu of compliance audits but had not conducted the surveys on the entire building inventory.
- Two regions conducted Management Analysis Review Systems⁹ reviews in lieu of compliance audits. Both of the regions completed reviews on their entire building inventory.
- One region had not conducted a compliance audit on any of its buildings.

There were differences in the scope and classification of findings in the compliance audits in our sample regions, depending on the contractor completing the audits. For instance, in one region the contractor performing compliance audits defined Category 1 findings as those that posed harm to human health and the environment.¹⁰ In this region, none of the eight compliance audits identified a Category 1 finding. In contrast, the contractor performing compliance audits in the two other sample regions expanded the definition of a Category 1 finding to include those risks that could lead to increased operating costs, administrative penalties, loss of revenue, and disposal and clean-up costs. The 12 compliance audits in the two regions with an expanded Category 1 definition identified 64 Category 1 findings.

The 20 compliance audits found 248 instances of non-compliance with federal, state, and local environmental laws and regulations. Twenty-six percent of these 248

⁸ Safety Environmental Management Surveys have an emphasis on fire safety, and address general employee safety issues.

⁹ Management Analysis Review Systems are broad internal reviews of property management operations, with environmental, health, and safety being only one of 14 different components.

¹⁰ Compliance audit findings are classified by category, with Category 1 being the highest risk.

instances are attributable to the expanded Category 1 findings mentioned above, and present the potential for adverse impacts to human health or the environment. For example, one compliance audit reported the improper maintenance and recordkeeping of a 10,000 gallon underground storage tank. The underground storage tank had a broken cap for the tank's fill port, tank maintenance was lacking, and recordkeeping was non-existent. These findings were not discovered until a compliance audit was conducted, and building management addressed these issues subsequent to the audit. By not conducting compliance audits on all buildings in its inventory, PBS is left vulnerable to risks the audits help to mitigate.

The detailed environmental audits included the following major regulatory and program areas: air quality; water quality; hazard communication plans; hazardous waste management; trash and recycling; underground storage tanks; and PCBs, asbestos, and lead. The compliance audit teams verified testing of these areas and recommended corrective action when necessary.

Although compliance audits provide environmental management benefits to PBS buildings, PBS has no formal policy to ensure compliance audits are conducted consistently and used effectively. The Environmental Division suggests that each PBS owned building have a compliance audit completed every 5 years. However, this is not a formal policy and is often not being met. Regions are not required to conduct the audits nor take corrective action on the findings. Policy regulating the scope, frequency, and follow-up requirements for the audits is non-existent; leading to inconsistencies across the regions.

While it may not be practical for every PBS building to undergo a review as in-depth as a compliance audit, some form of review should be conducted to identify environmental issues and improve environmental performance. The development and distribution of risk-based policy and guidance would enhance the Environmental Division's ability to identify environmental risks. A nationwide policy for compliance audits would also enable the Environmental Division to identify risks that are pervasive across the regions.

Recommendation 2

We recommend that the PBS Commissioner:

- a. Ensure that environmental compliance audits or equivalent surveys are conducted to identify risk factors for each PBS facility and are updated as needed.
- b. Establish policies to ensure the environmental compliance audits or surveys are consistent across the regions and findings are addressed.

Management Comments

The PBS Commissioner concurred with our finding and recommendations. Management's written comments to the draft report are included in their entirety as **Appendix B**.

Finding 3 – PBS does not have consistent environmental management practices across PBS regional offices.

Decentralization of the environmental management function, combined with the lack of oversight and formal policy from the Environmental Division, leads to inconsistent environmental management practices across the regions. Inconsistent practices can leave building tenants and the environment at risk.

PBS has limited formal policies to ensure environmental management practices and testing are consistent across the regions. Our detailed review of 20 PBS owned buildings revealed that environmental testing for contaminants such as lead, radon, and PCBs varied widely across our three sample regions. Monitoring and maintenance of fuel storage tanks and hazardous materials also differed across the regions. For example, one region performed building-wide radon tests while another region performed testing only in the childcare centers.¹¹ In addition, two regions conducted lead-based paint testing in all buildings constructed before 1978, while another region performed the tests only as a precursor for alteration work.¹² Lastly, hazard communication plans were on file for five of six buildings in one region, but only one of six buildings in another region.

A lack of policy to promote consistent environmental management practices makes it difficult to collect and analyze nationwide environmental data and identify environmental risk. Without formal policies, the Environmental Division's ability to effectively monitor and oversee PBS's environmental risks will continue to be complicated by regional inconsistencies.

Recommendation 3

We recommend that the PBS Commissioner establish and enforce consistent environmental management practices across the regions.

Management Comments

The PBS Commissioner concurred with our finding and recommendation. Management's written comments to the draft report are included in their entirety as **Appendix B**.

¹¹ PBS issued formal radon policy during the course of this audit on April 17, 2014, *PBS FMSP Risk Management Division, Radon GSA Guidance*. The policy requires testing for radon in all childcare centers in accordance with state and national authorities; in all new federal buildings, after construction but before occupancy; and to serve as an initial baseline in existing federal buildings, when no prior results exist.

¹² The *Lead Based Paint Technical Guide 402-1001* specifies that lead-based paint testing is required wherever renovation projects may disturb affected surfaces. Further, test results revealing elevated lead levels require continuous monitoring.

Finding 4 – Environmental management responsibility in tenant space is unclear.

PBS's tenant occupancy agreements do not address tenant responsibilities for the management of environmental hazards.¹³ The lack of such an agreement could lead to undetected and untreated environmental risks, particularly in secure tenant space that is not accessible to PBS.

Tenant occupancy agreements do not assign responsibility for the management and remediation of environmental contaminants resulting from tenant operations or for ultimate restoration of the space. This has resulted in problems with environmental building management and restoration. Two firing ranges located in a federal building in New York have remained closed since 2011. PBS and the tenants continue to disagree on the responsibility of funding the restoration of the space. As a result, the firing ranges have remained locked and unused since their closure. Additionally, a 2007 compliance audit of the building found that one tenant had not properly maintained its firing range for several years. The compliance audit also found a tenant had been improperly disposing silver bearing wastewater into the sanitary sewer system.

Furthermore, some tenant space is not readily accessible to PBS, hampering its ability to manage all of the environmental risks in its facilities. This is especially an issue with tenants such as the Federal Bureau of Investigation, the U.S. Marshals Service, or other law enforcement personnel. For example, PBS officials do not have access to the firing range or its inspection records at a Maryland courthouse. Firing range maintenance in the building is handled by the tenant, who contracts for cleaning and inspection of the firing range. However, PBS does not have access to the results of the inspections or the lead testing in the firing range. Thus, PBS cannot ensure that lead exposure levels in the firing range are in accordance with Occupational Safety and Health Administration regulations. Currently, occupancy agreements do not address responsibilities for environmental risks related to tenant activities in space where PBS does not have authorized access.

Tenants are bound to federal laws, the Federal Management Regulations, and their agency's environmental management policies and regulations. However, PBS should proactively define environmental management responsibilities and address access rights in its occupancy agreements to avoid any potential disputes and minimize risks. Tenants and the surrounding environment may be vulnerable to possible environmental contamination in space with unassigned environmental management responsibilities, particularly in space that PBS cannot access.

¹³ The Office of Inspector General reported this issue in two prior audit reports: *Audit of PBS' Environmental Management Program*, Report Number A995196/P/H/R00008, dated February 16, 2000; and *Review of the PBS Environment Program Management*, Report Number A050040/P/4/R06003, dated March 28, 2006.

Recommendation 4

We recommend that the PBS Commissioner incorporate environmental management responsibilities into tenant occupancy agreements, particularly in cases where the tenant's activities pose a greater risk to the environment.

Management Comments

The PBS Commissioner concurred with our finding and recommendation. Management's written comments to the draft report are included in their entirety as **Appendix B**.

Conclusion

PBS lacks the procedures to sufficiently identify, quantify, and manage environmental contamination in accordance with government orders, laws, and PBS guidance. As a result, PBS facilities, tenants, and the surrounding environment are potentially at risk. Specifically:

- (1) PBS is not effectively monitoring environmental risks nationwide;
- (2) PBS is not conducting environmental compliance audits on all of its building inventory;
- (3) Environmental management inconsistencies exist across the regions; and
- (4) Written agreements are needed to ensure tenants clearly understand their environmental management responsibilities in PBS owned buildings.

These findings are consistent with those the OIG previously reported, dating back to February 2000. During the course of this audit, PBS issued formal radon policy and expanded its efforts to collect data on its storage tank inventory nationwide. PBS management also informed us of its intention to issue formal policy on several other environmental contaminants in the early months of 2015. However, to further improve the environmental management program, PBS needs to develop a framework to manage and report on environmental risks; ensure consistent identification and routine maintenance of risk factors at each PBS building; establish agency-wide policy for the risk factors selected; and incorporate environmental management responsibilities into occupancy agreements.

Appendix A – Purpose, Scope, and Methodology

Purpose

This audit of PBS's environmental management process was part of the OIG's Fiscal Year 2014 Audit Plan.

Scope and Methodology

The audit covered PBS's environmental management processes and procedures in PBS Central Office, the Office of Facilities Management and Services Programs, and in the PBS regional offices. We conducted site visits in the New England, Northeast and Caribbean, and Mid-Atlantic Regions and performed detailed reviews on a sample of buildings in each region.¹⁴ These reviews covered a number of environmental risk factors, including asbestos, lead, radon, hazardous materials, and storage tank maintenance.

To accomplish our objective, we:

- Interviewed PBS personnel in the Environmental Division of the Office of Facilities Management and Services Programs;
- Reviewed and analyzed environmental management laws, regulations, policies, and guidance from PBS, the Environmental Protection Agency, the Occupational Safety and Health Administration, and Executive Orders 13423 and 13514;¹⁵
- Interviewed PBS building management and building operations and maintenance contractors for a sample of 20 buildings in three regions;
- Reviewed prior audit reports and news articles on environmental management; and
- Performed a limited survey of all PBS regions to determine environmental management processes.

We conducted the audit between November 2013 and July 2014 in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objective.

Internal Controls

We evaluated internal controls over PBS's environmental management process to the extent necessary to answer the audit objective. Related internal control issues are discussed in the context of the audit findings.

¹⁴ We reviewed eight buildings in the New England Region, and six buildings in both the Northeast and Caribbean and Mid-Atlantic Regions.

¹⁵ Executive Order 13423, dated January 24, 2007, *Strengthening Federal Environmental, Energy, and Transportation Management*. Executive Order 13514, dated October 5, 2009, *Federal Leadership in Environmental, Energy, and Economic Performance*.

Appendix B -- Management Comments



GSA Public Buildings Service

MAR 10 2015

MEMORANDUM FOR MARISA A. ROINESTAD
ASSOCIATE DEPUTY ASSISTANT INSPECTOR GENERAL
FOR AUDITING PROGRAM AUDIT OFFICE (JA-R)

FROM: NORMAN DONG
COMMISSIONER (P)
PUBLIC BUILDINGS SERVICE 

SUBJECT: Draft Report: PBS's Identification and Management of
Environmental Risks Need Improvement
Report Number A130131

The Public Buildings Service (PBS) appreciates the opportunity to comment on the subject draft audit report and concurs with the draft report's findings and recommendations. The report recommends that PBS:

1. Develop a system or framework to collect environmental risk data for PBS buildings and facilities to enable the Environmental Division and regional management to manage and report on environmental risks and liabilities.
2. Ensure that environmental compliance audits or equivalent surveys are conducted to identify risk factors for each PBS facility and are updated as needed; and establish policies to ensure the environmental compliance audits or surveys are consistent across the regions and findings are addressed.
3. Establish and enforce consistent environmental management practices across the regions.
4. Incorporate environmental management responsibilities into tenant occupancy agreements, particularly in cases where the tenant's activities pose a greater risk to the environment.

The PBS Environmental Division previously identified the same weaknesses detailed in the audit, and is executing a number of actions that will strengthen the PBS environmental program while addressing the recommendations set forth in the audit report.

U.S. General Services Administration
1800 F Street NW
Washington, DC 20405-0002
www.gsa.gov

Appendix B – Management Comments (cont.)

2

PBS has created and is currently field-testing a risk-based template for environmental compliance audits that will be mandatory for all regional offices to use beginning in fiscal year 2016. In support of this template, an Environmental Assessment module was implemented in January 2015 as part of PBS's Inventory Reporting Information System (IRIS). This new module will serve as the national data repository for all environmental compliance audits beginning in FY 2016. Further, the use of the Environmental Assessment module in IRIS will allow PBS to track and report on progress toward completing environmental compliance audits and close-out of any corrective actions identified during the audits.

Since not all GSA-owned buildings have received an environmental compliance audit on a regularly-occurring schedule, PBS must first obtain a baseline across the entire inventory of properties. In support of this goal, the PBS Environmental Division developed a risk-based list of all GSA-owned buildings that will be used to prioritize the order in which PBS conducts environmental compliance audits.

To further support PBS's knowledge of the environmental risks in its inventory, PBS added a new Environmental Liability section to the annual Physical Condition Survey beginning in FY 2015. This new section allows the reviewer to identify whether or not there is evidence of a spill or release of any chemical or other substance within or outside of the building. Data is reported quarterly through the existing Environmental Liability process. Inclusion of the Environmental Liability section into the Physical Condition Survey will result in 50% of all GSA-owned buildings assessed every year. The initial survey of all GSA-owned buildings will be complete by the end of FY2016.

In order to standardize and bring consistency to PBS's environmental management across the Nation, the PBS Environmental Division is introducing a number of new and revised policies in FY 2015 and FY 2016. These policies cover topics such as:

- Fuel storage tank management – planned issuance, 3rd quarter FY 2015
- Asbestos management – planned issuance, 3rd quarter FY 2015
- Occupational safety and health – planned issuance, 3rd quarter FY 2015
- Refrigerant use and disposal – planned issuance, 4th quarter FY 2015
- Indoor air quality – planned issuance, 1st quarter FY 2016
- Drinking water – planned issuance, 1st quarter FY 2016

To support these new or revised policies, the PBS Environmental Division is creating data gathering and reporting requirements that will enable PBS to track and document progress on implementing each policy. Additionally, training associated with the implementation of these policies is being developed.

Appendix B – Management Comments (cont.)

3

In regard to PBS's awareness of how tenant activities impact GSA's environmental risks, in January 2015 PBS sent a letter that went to all GSA building tenants – targeting agencies with operations and maintenance delegations – that reminded them of their environmental compliance responsibilities for their activities within PBS space. This letter served as the first of several activities that PBS plans for FY 2015 and FY 2016 that will improve PBS's knowledge of tenant activities that can impact overall building environmental compliance. The PBS Environmental Division is developing standardized language that will be used within tenant Occupancy Agreements that will require tenant notifications to PBS of any hazardous materials use or storage, while also clearly defining financial responsibility for any required cleanup activities. Implementation in tenant Occupancy Agreements is planned for the beginning of October, 2015.

Should you or your staff have questions, please contact Nathan Smith on (202) 501-1116.

Appendix C – Report Distribution

Commissioner, PBS (P)

Deputy Commissioner, PBS (PD)

Chief of Staff, PBS (P)

Regional Administrator (1A, 2A, 3A)

Regional Commissioner, PBS, New England Region (1P)

Acting Regional Commissioner, PBS, Northeast and Caribbean Region (2P)

Regional Commissioner, PBS, Mid-Atlantic Region (3P)

Associate General Counsel, Real Property Division (LR)

Regional Counsel (LD1, LD2, LD3)

Assistant Commissioner, PBS, Office of Facilities Management and
Services Program (PM)

Director, PBS, Facilities Management and
Services Programs Division (1PM, 2PM, 3PM)

Chief Administrative Services Officer (H)

Branch Chief, GAO/IG Audit Response Branch (H1C)

Audit Liaison, PBS (BCP)

Audit Liaison, PBS, New England Region (BCPA)

Audit Liaison, PBS, Northeast and Caribbean Region (BCPA)

Audit Liaison, PBS, Mid-Atlantic Region (BCPA)

Assistant Inspector General for Auditing (JA)

Director, Audit Planning, Policy, and Operations Staff (JAO)



Jeffry Cushing - 6PMX <jeffry.cushing@gsa.gov>

Asbestos Hazard Assessment

2 messages

Jeffry Cushing - 6PMX <jeffry.cushing@gsa.gov>
To: Eric Gibbs - 6PMX <eric.gibbs@gsa.gov>

Fri, Feb 21, 2014 at 8:31 AM

Jim Daniels approached me and asked me for a copy of our the Asbestos Hazard Report we just did. He was one of the people who complained about the medical surveillance program that got this going in the first place. Is it OK to give it to him?

Eric Gibbs - 6PMX <eric.gibbs@gsa.gov>
To: Jeffry Cushing - 6PMX <jeffry.cushing@gsa.gov>
Cc: Brian McDevitt <brian.mcdevitt@gsa.gov>

Mon, Feb 24, 2014 at 8:45 AM

Jeff - It would be best to hold off on further distribution at this point. We need to ensure that our regional message is in line with the National Office response to OSC, especially since Jim was involved with that complaint as well. I hope to have more information on that shortly. Will keep you posted.

Thanks,
-Eric

Eric B. Gibbs
Chief - Building Operations (6PMX)
Facilities Management Division
GSA Heartland Region
816.926.7574 Direct
816.806.6826 Mobile
eric.gibbs@gsa.gov

On Fri, Feb 21, 2014 at 8:31 AM, Jeffry Cushing - 6PMX <jeffry.cushing@gsa.gov> wrote:
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3/14/2014

GSA.gov Mail - Asbestos Hazard Assessment



Jeffrey Cushing - 6PMX <jeffrey.cushing@gsa.gov>

Asbestos Hazard Assessment

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Eric Gibbs - 6PMX <eric.gibbs@gsa.gov>
To: Jeffrey Cushing - 6PMX <jeffrey.cushing@gsa.gov>
Cc: Brian McDevitt <brian.mcdevitt@gsa.gov>

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Exemption
5 U.S.C. 552(b)(6)

Exemption
5 U.S.C. 552(b)(6)

Exemption
5 U.S.C. 552(b)(6)



Jeffry Cushing - 6PMX <jeffry.cushing@gsa.gov>

Asbestos Hazard Assessment for OSC Case

1 message

Jeffry Cushing - 6PMX <jeffry.cushing@gsa.gov>
To: Mark Warnick - LD6 <mark.warnick@gsa.gov>
Cc: Dennis O'Connell - LD6 <dennis.oconnell@gsa.gov>

Wed, Jan 22, 2014 at 2:56 PM

8 attachments

-  **2013 Asbestos Hazard Report 3.pdf**
1499K
-  **Attachment 1 - Medical Surveillance Program History.pdf**
85K
-  **Attachment 3 - Medical Exams Procedures.pdf**
41K
-  **Attachment 4 - GSA OSH Handbook.pdf**
4809K
-  **Attachment 2 - Medical Exam Inclusion - Exclusion Statment.pdf**
72K
-  **Attachment 5 - PBS_Asbestos_Policy_2008.pdf**
833K
-  **Attachment 6 - OSHA Asbestos Information Attachment.pdf**
153K
-  **Asbestos Attachment Notes.pdf**
43K

**HAZARD REPORT AND ASSESSMENT
REGION 6 ASBESTOS MANAGEMENT/ASBESTOS
MEDICAL SURVEILLANCE PROGRAMS**

For

**GSA Region 6
Public Building Service
1500 East Bannister Road
Kansas City, MO
November 4, 2013**

Performed by:



**Jeffry Cushing MS
Gary Adams MS, IH, CSP
Heartland Safety & Environmental Team
1500 East Bannister Road (6PMX)
Kansas City, Mo 64131**

Executive Summary

A formal investigation of the regional asbestos management program, and asbestos medical surveillance program was opened on November 4, 2013. The investigation was a result of an inquiry from central office to answer an Office of Special Counsel investigation and four inquiries from current GSA associates (former GSA maintenance personnel, two regional and two from the Kansas City South Field Office), as to why they have not been receiving annual medical exams due to asbestos exposure at the Bannister Federal Complex, 1500 East Bannister Road, Kansas City, Missouri 64131. The investigation was conducted from November 4 through December 26, 2013, by Jeffrey Cushing and Gary Adams, Region 6 Safety and Environmental Team.

The investigation started out informally to answer questions concerning the asbestos medical surveillance program that has been in place since the year 2000, but quickly turned into a comprehensive review of the entire Region 6 Asbestos Management and Asbestos Medical Surveillance Programs. The following significant issues were identified:

- Potential contractor and GSA employee exposure to airborne asbestos fibers, and possible inadvertent tenant exposure to airborne asbestos fibers in some GSA Region 6 facilities.
- Non-compliance with OSHA assessment, labeling, posting, control, employee protection, and employee training requirements.
- Non-compliance with the 2008 GSA Asbestos Policy inventory, assessment, control, employee protection, and employee training requirements.

The scope and significance of these issues apply to all the facilities in the region that contain asbestos materials.

Background

Medical Surveillance

Prior to the year 2000, GSA Region 6 employed tradesmen ("green shirts") to perform the building operations and maintenance that is currently being performed by a contractor. The work performed by the "green shirt" employees exposed them to asbestos and required them to be on a formal asbestos medical surveillance program that complied with OSHA regulations. In 2000, GSA Region 6 eliminated the "green shirt" positions and absorbed many of the former "green shirt" employees into the organization, and hired contractors to perform the building operations and maintenance tasks for GSA. Since GSA employees were no longer performing the work that exposed them to asbestos, a formal asbestos medical surveillance program was not required by OSHA regulations however, a decision was made to informally keep it.

The current GSA Region 6 version of the asbestos medical surveillance program has been in place for approximately 13 years and appears to be the result of a decision made between former Region 6 Asbestos Program Managers, Region 6 PBS Management, and Region 6 Human Resources Management. Apparently, the managers at the time decided it was a good idea to continue to offer asbestos medical exams on a voluntary basis to any GSA employees who were previously performing duties that had exposed them to asbestos, as long as the safety and environmental budget could support it. No formal GSA Region 6 policies could be found to support the existence of this program. However, a 2012 Memo For Record from Kevin Santee, former safety and environmental team member, team leader and branch chief, indicates this is the case. In addition, two informal documents were discovered in the electronic files maintained by the former asbestos program manager, Dave Hartshorn, that supports this program, but has significant flaws and inconsistencies. The GSA policy governing medical surveillance briefly mentions medical surveillance, but it is woefully inadequate. See Attachments 1-4.

Note: The search for formal documentation included a search of archived files on the regional "K" drive, and inquiries at the Region 6 Inspector General's Office, the Office of the Region 6 Counsel, GSA Region 6 Human Resources Labor Relations, the American Federation of Government Employees Local Union Office, and previous Region 6 Safety and Environmental Team members.

Asbestos Program Management

At least since 2007, GSA Region 6 has been using a generic building asbestos management plan developed by the former Region 6 Asbestos Program Manager (contracted out and written by Occu-Tec) based on the Asbestos Hazard Emergency Response Act (AHERA) EPA Guidelines for Schools to manage asbestos in place, prevent employees and tenants from being exposed to asbestos, and to safely remove asbestos when necessary. Unbeknown to the current asbestos program manager who inherited responsibility for the asbestos program in January 2013, the GSA Central Office issued a formal asbestos policy in 2008 that, if followed from the beginning, would have done a much better job of asbestos management and allowed the region to be in compliance with OSHA regulations. The building asbestos management plans put in place by the former asbestos program do not conform to the 2008 GSA PBS Asbestos Policy, omits OSHA labeling and posting requirements, and does not address GSA employee and custodial service duties or responsibilities. The management plans also leave out specific OSHA housekeeping and training requirements.

Although the asbestos management and medical surveillance program responsibilities changed hands in January, 2013, the new program managers were informed all actions for the fiscal year 2013 were complete, and no action for either program was required until the new fiscal year by the outgoing program manager, current safety and environmental team leader, and the current safety and environmental branch chief.

Findings

1. The region has not complied with the OSHA termination of employment medical examination requirements : GSA Region 6 employees who were under the asbestos medical surveillance program prior to the year 2000 were not provided medical examinations within 30 days before or after the date of their termination as required by 29 CFR 1910.1001(i)(4)(i) and (ii).

2. The informal medical surveillance program for the region is flawed and inconsistent: It appears the program was first initiated as a good faith gesture to continue to provide former "Green Shirt" employees who performed duties that exposed them to asbestos with medical exams if they so desired. However, records show it also included safety and environmental team members from 2001-2007 as well and there is not a formal policy or procedures to determine who should have been offered the medical exam from year-to-year, and which employees had priority if the budget could not support providing exams for everyone on the list. In addition, the list was expanded from 2010-2012 to include regional Design and Construction and Facilities Divisions employees for unknown reasons. These exams are still being offered and there still is not a formal policy in place.

According to two documents found in an electronic file maintained by the former asbestos program manager, both dated May 6, 2009, one titled "Medical Exams Procedures" and the other titled "Medical Surveillance Exam Criteria," the medical surveillance exam process involves providing a list of employees for a given year to Federal Occupational Health who then is required to notify the employees on the list that may schedule their exam. There are not checks and balances to this system, and verification that all the employees on the list were/are actually offered an exam only exists for a couple of the thirteen years this program has been in existence. Several employees stated they were removed from the list and never reinstated, yet archived files indicate they were on the list provided to Federal Occupational Health. One employee that was taken off the list, was reinstated by virtue of his complaint alone.

The most troubling part of these two documents are the statements that imply regional employees were/are being exposed to asbestos and these exams are actually required. Taking these two documents at face value, the region has knowingly been exposing GSA employees to asbestos without a proper medical surveillance program in place, or a proper asbestos safety program that includes proper hazard assessments, personal protective equipment, and the monitoring required to meet the OSHA regulations to protect the employees being exposed.

3. The region has failed to meet the OSHA building and facility owner responsibility to determine the presence, location, and quantity of asbestos containing materials and/or presumed asbestos containing materials as required by 29 CFR 1910.1001(j)(2)(i): Although the region has had a recurring survey process in place, it was discovered in Spring 2012 by the regional industrial hygienist, the surveys at the following buildings were inaccurate:

- U.S. Courthouse and Federal Building in Hannibal, Missouri - asbestos containing materials were listed where none were actually present and more asbestos containing materials was listed than were actually present.
- Building 100, Federal Records Center in Overland, Missouri - more asbestos containing materials were listed than were actually present.

When confronted, the contractor (Occu-Tec) who conducted the surveys was unable to reconcile the deficiencies. Upon reviewing the survey contract, the regional industrial hygienist discovered there was not a QA/QC verification step to ensure the surveys were accurate, and the former asbestos program manager only provided a cursory review of the survey report when it was submitted for payment. In addition, the surveys do not adequately identify those areas that may contain asbestos. This renders the current asbestos survey data extremely suspect for completeness and accuracy. The regional industrial hygienist identified these issues to the former asbestos program manager, current safety and environmental team leader, and current branch chief on November 20, 2012, and again on May 6, 2013, but no action was taken. The same contractor has recently been selected and retained on a Five-year Blanket Purchase Agreement by the contracting group. The region stopped the survey program in 2013 due to budget constraints, but is planning to bring it back in 2014 to meet GSA Central Office requirements.

This issue surfaced again on August 2, at the Federal Building in Pittsburg, Kansas. During an emergency roof leak repair and water intrusion project, asbestos pipe fittings that were not reported on the facility asbestos inventory were discovered above the ceiling of the men's restroom after the plaster had been removed. Fortunately, the Kansas Field Office Project Manager recognized one half of a wet mud pipe fitting laying on the floor in the construction area that had the potential to be asbestos and immediately notified the regional asbestos manager. The regional asbestos manager instructed the Project Manager to put the wet fitting portion into a bag and seal before further damage to it or further exposure could occur. The regional asbestos manager retrieved the bag with the fitting and took it to a laboratory to find out if the material was asbestos, it was. Although the hard plaster ceiling in the restrooms did not provide access from inside the restrooms, the areas above the ceilings can be viewed from the boiler room. An experienced inspector would have conducted the inspection viewing the space above the ceiling from the boiler room to observe the piping and pipe fittings and identified the fittings as presumed asbestos containing material in the survey.

In November, 2013, several Kansas City South field office employees stated the asbestos at the Bannister Federal Complex was being mismanaged. A spot check conducted by the region safety specialist and industrial hygienist revealed asbestos containing materials and/or presumed asbestos containing materials in multiple locations not listed on the facility survey or labeled as required by OSHA. See Figures 1-7.

This issue was further validated on December 11, 2013, in the Neil Smith Federal Building in Des Moines, Iowa, when the building manager, on-site manager for the O&M contractor, and the on-site asbestos worker for the O&M contractor showed an entire wall of asbestos that is not

listed on the survey for that facility, or labeled as required by OSHA. A check of archived files revealed the asbestos was listed on a previous survey. See Figure 8.

4. The region has not complied with the OSHA building and facility owner labeling and posting requirements: Asbestos containing materials and/or areas containing asbestos materials have not been properly labeled or posted as required by 29 CFR 1910.1001(j)(3). See Figures 1-8.

5. The region has not complied with OSHA employee information and training requirements: GSA building managers, facilities operations specialist, and regional facilities maintenance personnel responsibilities include asbestos housekeeping duties, but have not received initial and annual asbestos awareness training as required by 29 CFR 1910.1001(j)(7)(iv).

In addition, the region has not complied with the training requirements outlined in the 2008 GSA PBS Asbestos Policy. GSA building managers, facilities operations specialist, regional and field office project managers, regional facilities maintenance, and safety and environmental personnel have not received the asbestos inspector, asbestos project designer, and asbestos supervisor training in accordance with Section XIV Training.

6. The region has not complied with the 2008 GSA PBS Asbestos Policy (Attachment 5) renovation and demolition pre-assessment requirements, and does not have a regional policy that would meet the GSA policy requirements:

- The policy requires "... an assessment must be performed to determine the potential to disturb such asbestos containing materials and sufficient controls must be designed into the project. The pre-alteration assessment must be conducted for all projects regardless of the age of the facility and must address both accessible and inaccessible asbestos containing materials. Destructive sampling must be conducted where necessary to address inaccessible asbestos containing materials. Firms performing such assessments must use personnel accredited as both "asbestos inspector" and "asbestos project designer." PBS personnel performing such assessments must meet the training requirements of Section XIV.

Explanatory note: Asbestos surveys are useful in the preparation of pre-alteration assessments but cannot substitute for such assessments. Asbestos surveys typically do not include destructive sampling and are not project specific."

Although the Region 6 asbestos manager who handles the majority of the asbestos projects has a vast amount of education, training and experience in the asbestos arena, he has not met the initial and recurring training required by this policy. In addition, projects in the region have typically not included pre-assessment surveys, especially destructive sampling, for either large regional or smaller field office projects. Questionable asbestos inventories for each facility has been used almost exclusively in most of the construction projects performed in the region since 2007. A prominent example of this can be found in Figure 9, and a typical example of a field office repair

can be found in Figures 2, 6, and 7. Because the region has not followed GSA asbestos policy protocols, regional employees and contractor personnel may have inadvertently been exposed to asbestos in violation of OSHA 29 CFR 1910.1001 regulations. In this case, how much, how long, and how is almost impossible to determine however, this report includes four examples.

- The policy requires “The potential impact of asbestos containing materials must be considered and included in the cost of Reimbursable Work Authorizations and programed into proposed projects.” Typically, asbestos abatement has not been considered in regional/field office projects.
- The policy requires “Only designers qualified in accordance with the EPA Asbestos Model Accreditation Plan may design asbestos projects. Project designers must be licensed in the State in which the project is located.” Typically, this requirement is only fulfilled on large regional projects when asbestos is discovered after the project has already started.
- The policy requires “Property managers must establish a work permit system to disclose the presense, location, and condition of asbestos containing materials to everyone intending to perform work that may disturb the asbestos containing material and to regulate such work. Tenant agencies must also obtain a work permit from PBS before performing any such work.” Region 6 does not use this work permit process.
- Region 6 field office building managers do not issue work permits, and the majority have erroneously shifted the asbestos management responsibility over to the O&M contractor even though this responsibility is not part of their contract. This, coupled with the inaccurate survey data provided to the O&M contractor, has created the situation where contractor employees and the GSA employees verifying their work are potentially being exposed to asbestos. See Figure 2, 6, 7, and 8. There is a small possibility that tenant employees may have been exposed as well. As stated before, there is no way to verify this except through direct observation when the violation occurs, and sampling can only be used to determine if asbestos containing material is present and exposure is occuring at the time of the sampling.
- The region has not complied with all the 2008 GSA PBS Asbestos Policy survey requirements. Annual visual inspections of asbestos containing materials in facility occupied space and common areas have typically not been performed.

Figures



Figure 1

Location: Banister Complex Building 1 – Mall Level Fan Room 2B

Description: Asbestos containing material (ACM (Transite[®] partial panels) has not been properly disposed of. These panels have not been used in over 10 years. The ACM has not been properly labeled as required by OSHA regulations, and the entrance to the room has not been properly posted as required. These panels are being stored in an inactive air handling room. This material is not listed on the current facility asbestos inventory.

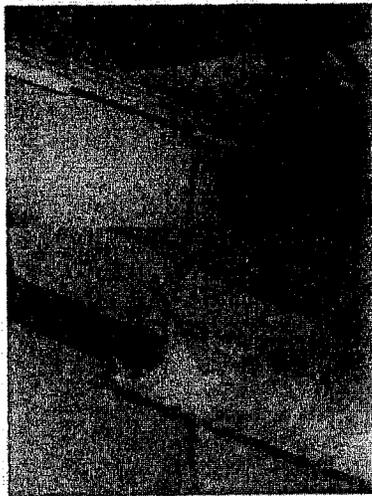


Figure 2

Location: Banister Complex Building 1 - Mall level custodial contractor's storage area and laundry room.

Description: This material is presumed asbestos containing material (PACM) according to OSHA regulations. The PACM (thermal system insulation) is in poor condition and not being properly maintained. The PACM has not been properly labeled as required by OSHA regulations, and the entrance to the room has not been properly posted as required. This Material is not listed on the current facility asbestos inventory or archived inventory.

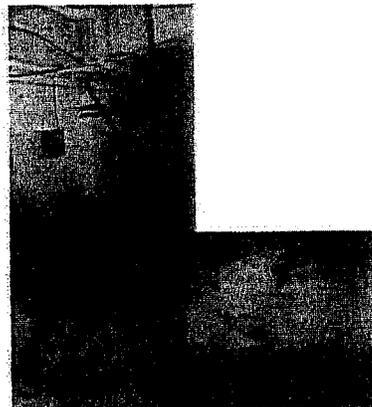


Figure 3

Location: Banister Complex Building 1 – Mall Level West Hallway – Fire Exit

Description: ACM (thermal system insulation) is in poor condition and not being properly maintained. The ACM has not been properly labeled as required by OSHA regulations. This ACM is in a frequently used hallway. This ACM is not listed in the current facility asbestos inventory, but is listed in the archived inventory.



Figure 4

Location: Banister Complex Building 1 - Pit Area in Mechanical Room

Description: The ACM has not been properly labeled as required by OSHA regulations, and the entrance to the room has not been properly posted as required. The material is not listed on the current facility asbestos survey but is listed in the archived inventory.

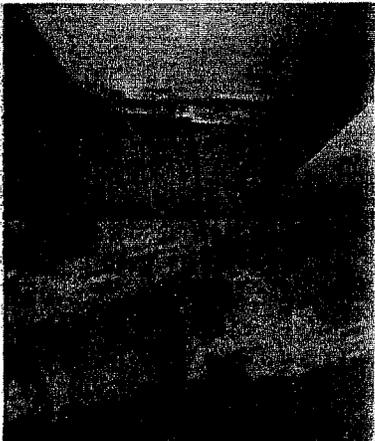


Figure 5

Location: Banister Complex Building 1 – Mall Level Fan Room 2B

Description: This material is presumed asbestos containing material (PACM) according to OSHA regulations. The PACM (thermal system insulation) is in poor condition and not being properly maintained. The PACM has not been properly labeled as required by OSHA regulations, and the entrance to the room has not been properly posted as required. This material is not listed on the current facility asbestos inventory but appears to be listed on the archived inventory.

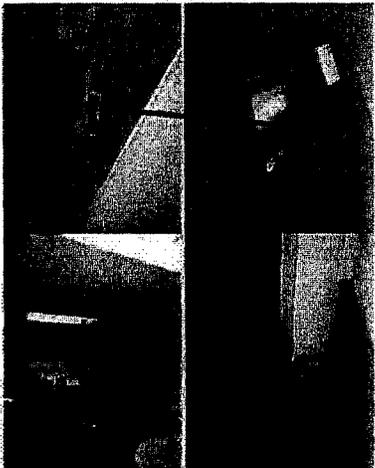


Figure 6

Location: Banister Complex Building 2 – BOE 26.5

Description: According to a Kansas City South Field Office Facilities Operations Specialist, the leaking pipe was recently repaired. The pipe was wrapped in ACM (thermal system insulation). The ACM has not been properly labeled as required by OSHA regulations, and the entrance to the room has not been properly posted as required. This material is listed on the current facility asbestos inventory. The repair area was not properly cleaned up according to OSHA regulations and PACM was left laying on the floor and the dehumidifier.



Figure 7

Location: Banister Complex Building 2 - Stairway

Description: This material is presumed asbestos containing material (PACM) according to OSHA regulations. The PACM (thermal system insulation) is in poor condition and not being properly maintained. The PACM has not been properly labeled as required by OSHA regulations, and the entrance to this area has not been properly posted as required. This material is not listed on the current facility asbestos inventory or archived inventory. The repair area was not properly cleaned up according to OSHA requirements and PACM was left laying on the floor.

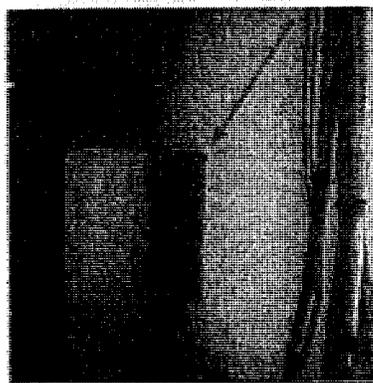


Figure 8

Location: Neil Smith Federal Building – Penthouse Mechanical Room

Description: Approximately 8900 square feet of ACM is not listed on the current facility asbestos inventory, but is listed in the archived inventory. The ACM has not been properly labeled as required by OSHA regulations, and the entrance to the room has not been properly posted as required.

According to the Facility Operations Specialist, the asbestos material was disturbed by the tenant installing radio equipment. It is not known if the tenant knew the mounting surface contained asbestos or not because they did not communicate with Facility Operations Specialist prior to installing the equipment.



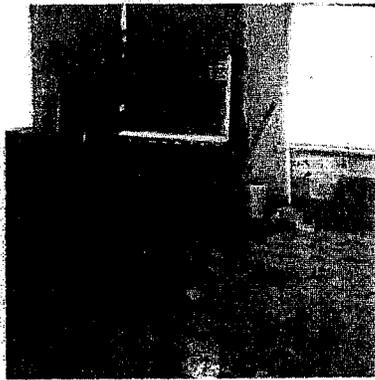
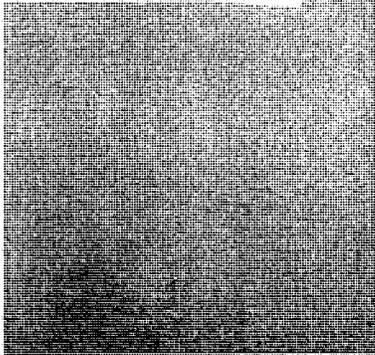


Figure 9

Location: RAY Federal Building -Tower

Description: Asbestos floor tile was being pulverized by contractors who were moving pallets of concrete mortar over it during the RAY ARRA Envelope Improvement Project. The issue was discovered on March 3, 2011, during a regional safety investigation into an unrelated electrical shock issue plaguing construction workers performing tuck pointing on the tower. Work was halted and the regional industrial hygienist was dispatched to perform sampling to ensure the entire building was not contaminated. The project contract was modified, and the asbestos floor tile was abated before construction work was allowed to continue. Swipe tests and air monitoring confirmed the building tenants on the floors below were not exposed to asbestos. However, the pulverized material present in the tower means there was a significant possibility that anyone who visited the tower was exposed. Had the GSA PBS Asbestos Policy been followed, the asbestos would have been accounted for and this would not have been an issue. The asbestos floor tile was on the facility asbestos inventory at the time.

Conclusions/Recommendations

1. The 2008 GSA PBS Asbestos Policy is well written and if followed, the region would have been in compliance with OSHA and EPA requirements. The draft regional safety program has incorporated this policy but has not been implemented yet. The GSA PBS Asbestos Policy should be implemented immediately until the draft GSA Region 6 Safety Program is endorsed and executed.
2. There are significant indications that GSA Region 6 has exposed some or all PBS regional and field office facility management and contractor employees in facilities where asbestos containing materials/presumed asbestos containing materials are present by virtue of the negligent manner in which the region has managed the asbestos program over the past 10-15 years. It would be extremely difficult, expensive, and time consuming to determine how many employees were exposed to asbestos and to what extent they have been exposed. It is also possible, but unlikely, tenant employees may have been exposed as well. Due diligence requires that GSA Region 6 draft a letter explaining the situation and notify employees and contractors that they may have been exposed to asbestos. In addition, an offer should be extended to provide an asbestos medical examination now, and again when the employee terminates their employment with GSA, to those GSA employees who want it.

According to OSHA, "There is no "safe" level of asbestos exposure for any type of asbestos fiber. Asbestos exposures as short in duration as a few days have caused mesothelioma in humans." See Attachment 6. This letter will provide the necessary documentation for employees to make a claim should they contract an asbestos related illness due to their exposure while working for GSA. The decision to include past GSA regional, contractor, and tenant employees should also be addressed.

3. Some or all of the current facility asbestos surveys are inaccurate. Every Region 6 facility containing asbestos and/or presumed asbestos containing material should be resurveyed. A QA/QC verification (preferably by a third party inspector) should be incorporated to ensure survey accuracy. The surveys should incorporate OSHA labeling and posting requirements

4. The current regional medical surveillance program should be immediately terminated. A new regional policy that incorporates current hazard assessments (required by OSHA regulation 29 CFR 1910.132) to determine employee exposure to asbestos, hazardous materials/chemicals, noise, PCB's and lead that would put them in an OSHA required medical surveillance program should be developed and implemented as soon as possible.

Corrected Copy: Several typos (misspellings, etc.) were discovered in the original copy and corrected in the copy. This copy is Dated January



Eric Gibbs - 6PMX <eric.gibbs@gsa.gov>

Eric Gibbs is out of the office Re: Asbestos Hazard Assessment

Eric Gibbs - 6PMX <eric.gibbs@gsa.gov>
To: christopher.powers@gsa.gov

Fri, Feb 21, 2014 at 9:52 PM

I will be out of the office until February 24.

I will respond to your message as soon as I can.

Thanks,
-Eric

Eric B. Gibbs
Chief - Building Operations (6PMX)
Facilities Management Division
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Asbestos Hazard Assessment

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waiting for OSHA's letter -but I don't have a strong gut either way. Did we publish the report somewhere?

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Mon, Feb 24, 2014 at 7:13 AM

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Cc: Brian McDevitt <brian.mcdevitt@gsa.gov>

Mon, Feb 24, 2014 at 8:45 AM

Jeff - It would be best to hold off on further distribution at this point. We need to ensure that our regional message is in line with the National Office response to OSC, especially since Jim was involved with that complaint as well. I hope to have more information on that shortly. Will keep you posted.

Thanks,
-Eric

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Fwd: Asbestos Hazard Assessment

8 messages

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—— Forwarded message ——

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