

NM1 - 63

ANNUAL REPORT

2020



OWL Landfill Services, LLC
(dba) Northern Delaware Basin Landfill
8201 Preston Rd. Suite 520
Dallas, Texas 75225
(214) 292-2011

Date: August 25, 2021

Mr. Brad Jones
EMNRD Oil Conservation Division
1220 S. Saint Francis Dr.
Santa Fe, NM 87505

RE: Annual Reporting
OWL Landfill Services, LLC, (dba) Northern Delaware Basin Landfill, Lea County,
New Mexico
Commercial Surface Waste Management Facility Permit NM1-63. Section 23,
Township 24 South, Range 33 East NMPM, Lea County, New Mexico dated
08/17/2017

Dear Mr. Jones:

As part of our Commercial Surface Waste Management Facility Permit NM1-63, located in Lea County, New Mexico, OWL Landfill Services, LLC is required to submit an annual report to the Oil Conservation Division (OCD) by September 1st of each year, providing information for the preceding year.

Section 2, General Facility Operations, Item D, specifically states:

Annual Report. The operator must submit an annual report to the OCD by September 1st of each year providing the following information for the preceding year: 1) all inspection forms including those for leak detection systems along with analytical results, 2) hydrogen sulfide monitoring results, 3) process piping integrity test results, 4) training records, 5) complaint logs and resolutions, and 6) a summary of the nature and amount of any reportable releases.

To address this requirement, I would like to offer the following as it pertains to Section 2, D of our Commercial Surface Waste Management Facility Permit:

- 1) All inspection forms including those for leak detection systems along with analytical results –** The facility officially opened in May 2020 and the leak detection systems were inspected in accordance with the facility operating permit. Accordingly, the inspection forms are attached as required for the preceding year 2020. Additionally, no fluids were detected in the leak detection sumps and no issues with the leak detection sumps were noted during the inspection; therefore, there are no analytical results to present.
- 2) Hydrogen Sulfide monitoring results –** The Hydrogen Sulfide (H₂S) monitoring systems as detailed in the constructions plans around the disposal pit, evaporation

pond(s), drying pad(s), liquids processing facility, were installed and operational in May 2020. Additionally, the site was to monitor loads of incoming wastes for the presence of H₂S. Accordingly, the H₂S monitoring system which monitors the site and cycles multiple times per day is tested and calibrated monthly by a third-party vendor, Safety Solutions, LLC. There have been no instances of H₂S on site in 2020. Incoming waste loads are also checked at the point of unloading at the mud plant and the results are entered into our Point-of-Sale system and kept in an on-line data base. Each load of incoming waste has the results of the monitoring, either pass or fail, and can be viewed at any time on-site. Any load that fails is rejected and taken off site. In 2020 there were not any loads that tested positive for the presence of H₂S.

Each OWL employee is issued a personal H₂S Monitor to wear under circumstances where H₂S may be present, including when they are testing or unloading materials that may contain H₂S.

While the option exists to treat incoming waste loads containing H₂S, it is the operating policy to reject loads that contain H₂S to further protect the employees and public which utilize the site. In the year 2020, no incoming waste loads were rejected due the presence of H₂S as tests resulted in "no presence" of H₂S.

- 3) Process piping integrity test results** – Process piping as detailed in the construction plans were completed in May 2020. It is a matter of daily operations that the employees working the site inspect the process piping daily weekly and monthly for leaks in welded joints, loose fittings and flanged connections and immediately report the issue for prompt correction.
As part of the monthly inspections, the site personnel walk / inspect the process piping and note deficiencies if found, and immediately address the issue. In 2020, there have been no process piping failures and no integrity issues noted.
- 4) Training records** – Training is completed by third party safety company, Got Safety, LLC out of Hobbs, NM. All new and current employees are trained on site by the safety company and training records are kept in a database for review at any time. The hiring process began in February 2020 and in 2021, largely due to COVID 19, the site will be transitioning to an on-line Learning Management system due to the shortage of on-site trainers available.
- 5) Complaint logs and resolutions** –The facility became operational in May 2020 and as part of the permit requirement, OWL is to provide complaint logs and resolutions if any are reported. For the period of May 2020, through December 2020 there were no issues and/or complaints filed with landfill personnel by any user or member of the public.
- 6) Summary of the nature and amount(s) of any reportable releases** – The facility became operational in May of 2020. OWL is to provide a summary of the nature and amount(s) of any reportable releases if any occur. Releases, if any occur are to be reported both verbally and timely written notice on Form C141. For the period of May 2020 through December 2020, no reportable releases occurred, therefore no notice, either verbally or written was required.
Accordingly, OWL cannot submit a summary of the nature and amount(s) of any reportable releases (if any) as required for the preceding year 2020 as there have not been any reportable releases associated with the operation of the facility for the year 2020.

OWL Landfill Services, LLC is committed to the safety of the general public, our employees, and the environment and will operate in a productive, responsible manner. The OWL Facility is designed in compliance with 19.15.36 NMAC, and will be constructed and operated in compliance with our Surface Waste Management Facility Permit NM1-63.

If you have any further questions or feel this letter does not serve its intended purpose of reporting for the preceding year, please feel free to contact me at (281) 802-2038 or by e-mail at tshreve@ndblandfill.com. On behalf of OWL Landfill Services, LLC, I wish to thank you in advance for your continued support of this facility.

Sincerely,

A handwritten signature in black ink that reads "Timothy Shreve". The script is cursive and fluid, with the first name and last name clearly legible.

Tim Shreve
Director of Landfill Operations
OWL Landfill Services, LLC

ATTACHMENT II.1.C
Inspection Form
OWL Landfill Services, LLC

Date: 3/20/2020
 Others: _____

Print Name: Zach Ramos
 Signature: [Signature]

Inspection will be in accordance with NMOCD operational conditions.

Item	Satisfactory	Action Required
Entrance Sign	/	
Berms and outside pond levees	/	
Tank Labels		
Sumps	/	
Pond levels three-foot free board		
Free oil on Pits-Ponds		
Pit and Pond condition		
Pit and Pond marker numbers		
Treatment Plant inspection		
Solid waste disposal area inspection		
Blowing trash	/	
Fences and Gates	/	
Leak detection sumps - Landfill - Liquid present?	/	
Leak detection sumps - Evaporation Ponds - Liquid present?		
Leak detection sumps - Drying Pad - Liquid present?		
Landfill Leachate Sump	/	
Groundwater Monitoring	/	
Pond Sludge Depth		

*Comments & Repairs: EVERYTHING unchecked is under construction

H₂S

READINGS ARE TO BE TAKEN 4 FT DOWNWIND FROM EVAPORATION PONDS

Evaporation Pond (readings in ppm):

POND	
1	
2	
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Ø H₂S

*In the event that a reading of 10 ppm is registered at the Facility, personnel will evacuate the area and operator will monitor H₂S levels at the downwind of the Pond. If H₂S levels reach 20 ppm, the Facility will be closed and notification will be given to the following:

OWL Office 505-231-1071
 New Mexico State Police 575-392-5580
 Lea County Sheriff 575-397-3611

NMOCD Hobbs 575-393-6161
 NMOCD Santa Fe 505-476-3440

Receipt & Approval

Name: _____

Date: _____

ATTACHMENT II.1.C
Inspection Form
OWL Landfill Services, LLC

Date: 4/14/2020
 Others: _____

Print Name: Zach Ramos
 Signature: [Signature]

Inspection will be in accordance with NMOCD operational conditions.

Item	Satisfactory	Action Required
Entrance Sign	/	
Berms and outside pond levees	/	
Tank Labels		
Sumps	/	
Pond levels three-foot free board		
Free oil on Pits-Ponds		
Pit and Pond condition		
Pit and Pond marker numbers		
Treatment Plant inspection		
Solid waste disposal area inspection	/	
Blowing trash	/	
Fences and Gates	/	
Leak detection sumps - Landfill - Liquid present?	/	
Leak detection sumps - Evaporation Ponds - Liquid present?	/	
Leak detection sumps - Drying Pad - Liquid present?	/	
Landfill Leachate Sump	/	
Groundwater Monitoring	/	
Pond Sludge Depth		

*Comments & Repairs: items unchecked are under construction

H₂S

READINGS ARE TO BE TAKEN 4 FT DOWNWIND FROM EVAPORATION PONDS

Evaporation Pond (readings in ppm):

POND	H ₂ S
1	
2	
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*In the event that a reading of 10 ppm is registered at the Facility, personnel will evacuate the area and operator will monitor H₂S levels at the downwind of the Pond. If H₂S levels reach 20 ppm, the Facility will be closed and notification will be given to the following:

OWL Office 505-231-1071
 New Mexico State Police 575-392-5580
 Lea County Sheriff 575-397-3611

NMOCD Hobbs 575-393-6161
 NMOCD Santa Fe 505-476-3440

Receipt & Approval

Name: _____

Date: _____

ATTACHMENT II.1.C
Inspection Form
OWL Landfill Services, LLC

Date: 5/21/2020
 Others: _____

Print Name: Zach Pams
 Signature: [Signature]

Inspection will be in accordance with NMOCD operational conditions.

Item	Satisfactory	Action Required
Entrance Sign	/	
Berms and outside pond levees	/	
Tank Labels	/	
Sumps	/	
Pond levels three-foot free board	/	
Free oil on Pits-Ponds	/	
Pit and Pond condition	/	
Pit and Pond marker numbers	/	
Treatment Plant inspection	/	
Solid waste disposal area inspection	/	
Blowing trash	/	
Fences and Gates	/	
Leak detection sumps - Landfill - Liquid present?	/	
Leak detection sumps - Evaporation Ponds - Liquid present?	/	
Leak detection sumps - Drying Pad - Liquid present?	/	
Landfill Leachate Sump	/	
Groundwater Monitoring	/	
Pond Sludge Depth	/	

*Comments & Repairs: _____

H₂S

READINGS ARE TO BE TAKEN 4 FT DOWNWIND FROM EVAPORATION PONDS

Evaporation Pond (readings in ppm):

POND

1
2
3
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12

NO 4/2⁵

*In the event that a reading of 10 ppm is registered at the Facility, personnel will evacuate the area and operator will monitor H₂S levels at the downwind of the Pond. If H₂S levels reach 20 ppm, the Facility will be closed and notification will be given to the following:

OWL Office 505-231-1071
 New Mexico State Police 575-392-5580
 Lea County Sheriff 575-397-3611

NMOCD Hobbs 575-393-6161
 NMOCD Santa Fe 505-476-3440

Receipt & Approval

Name: _____

Date: _____

ATTACHMENT II.1.C
Inspection Form
OWL Landfill Services, LLC

Date: 6/11/2020
 Others: _____

Print Name: Zach Rams
 Signature: [Signature]

Inspection will be in accordance with NMOCD operational conditions.

Item	Satisfactory	Action Required
Entrance Sign	/	
Berms and outside pond levees	/	
Tank Labels	/	
Sumps	/	
Pond levels three-foot free board	/	
Free oil on Pits-Ponds	/	
Pit and Pond condition	/	
Pit and Pond marker numbers	/	
Treatment Plant inspection	/	
Solid waste disposal area inspection	/	
Blowing trash	/	
Fences and Gates	/	
Leak detection sumps - Landfill - Liquid present?	/	
Leak detection sumps - Evaporation Ponds - Liquid present?	/	
Leak detection sumps - Drying Pad - Liquid present?	/	
Landfill Leachate Sump	/	
Groundwater Monitoring	/	
Pond Sludge Depth	/	

*Comments & Repairs: Pond 1/2 full, No H₂S is present in facility

H₂S

READINGS ARE TO BE TAKEN 4 FT DOWNWIND FROM EVAPORATION PONDS

Evaporation Pond (readings in ppm):

POND	
1	
2	
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*In the event that a reading of 10 ppm is registered at the Facility, personnel will evacuate the area and operator will monitor H₂S levels at the downwind of the Pond. If H₂S levels reach 20 ppm, the Facility will be closed and notification will be given to the following:

OWL Office 575-231-1071
 New Mexico State Police 575-392-5580
 Lea County Sheriff 575-397-3611

MOCD Hobbs 575-393-6161
 MOCD Santa Fe 505-476-3440

Receipt & Approval

Name: _____

Date: _____

ATTACHMENT II.1.C
Inspection Form
OWL Landfill Services, LLC

Date: 7/23/2020 Print Name: Zach Ramos
 Others: _____ Signature: ZR

Inspection will be in accordance with NMOCD operational conditions.

Item	Satisfactory	Action Required
Entrance Sign	/	
Berms and outside pond levees	/	
Tank Labels	/	
Sumps	/	
Pond levels three-foot free board	/	
Free oil on Pits-Ponds	/	Small amount skimmed to GC.
Pit and Pond condition	/	
Pit and Pond marker numbers	/	
Treatment Plant inspection	/	
Solid waste disposal area inspection	/	
Blowing trash	/	
Fences and Gates	/	
Leak detection sumps - Landfill - Liquid present?	/	
Leak detection sumps - Evaporation Ponds - Liquid present?	/	
Leak detection sumps - Drying Pad - Liquid present?	/	
Landfill Leachate Sump	/	
Groundwater Monitoring	/	
Pond Sludge Depth	/	

*Comments & Repairs: Pond coming up. started to send
down Pipeline and started to have issue with pump,
pad gets cleaned daily

H₂S

READINGS ARE TO BE TAKEN 4 FT DOWNWIND FROM EVAPORATION PONDS

Evaporation Pond (readings in ppm):

POND	NO H ₂ S is present on site
1	
2	
3	
4	
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11	
12	

*In the event that a reading of 10 ppm is registered at the Facility, personnel will evacuate the area and operator will monitor H₂S levels at the downwind of the Pond. If H₂S levels reach 20 ppm, the Facility will be closed and notification will be given to the following:

OWL Office	575-231-1071	MOCD Hobbs	575-393-6161
New Mexico State Police	575-392-5580	MOCD Santa Fe	505-476-3440
Lea County Sheriff	575-397-3611		

Receipt & Approval

Name: _____

Date: _____

ATTACHMENT II.1.C
Inspection Form
OWL Landfill Services, LLC

Date: 8/5/20 Print Name: Zach Ramos
 Others: _____ Signature: [Signature]

Inspection will be in accordance with NMOCD operational conditions.

Item	Satisfactory	Action Required
Entrance Sign	/	
Berms and outside pond levees	/	
Tank Labels	/	
Sumps	/	
Pond levels three-foot free board	/	
Free oil on Pits-Ponds	/	
Pit and Pond condition	/	
Pit and Pond marker numbers	/	
Treatment Plant inspection	/	
Solid waste disposal area inspection	/	Cleaned Daily
Blowing trash	/	
Fences and Gates	/	
Leak detection sumps - Landfill - Liquid present?	/	
Leak detection sumps - Evaporation Ponds - Liquid present?	/	
Leak detection sumps - Drying Pad - Liquid present?	/	
Landfill Leachate Sump	/	Emptied Leachate
Groundwater Monitoring	/	
Pond Sludge Depth	/	

*Comments & Repairs: got pumps up and running now
sending water down Blue knit pipeline.

H₂S

READINGS ARE TO BE TAKEN 4 FT DOWNWIND FROM EVAPORATION PONDS

Evaporation Pond (readings in ppm):

POND	NO H ₂ S IS PRESENT ON SITE
1	
2	
3	
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11	
12	

*In the event that a reading of 10 ppm is registered at the Facility, personnel will evacuate the area and operator will monitor H₂S levels at the downwind of the Pond. If H₂S levels reach 20 ppm, the Facility will be closed and notification will be given to the following:

OWL Office	575-231-1071	MOCD Hobbs	575-393-6161
New Mexico State Police	575-392-5580	MOCD Santa Fe	505-476-3440
Lea County Sheriff	575-397-3611		

Receipt & Approval

Name: _____

Date: _____

ATTACHMENT II.1.C
Inspection Form
OWL Landfill Services, LLC

Date: 9/11/2020 Print Name: Zal Rames
 Others: _____ Signature: _____

Inspection will be in accordance with NMOCD operational conditions.

Item	Satisfactory	Action Required
Entrance Sign	/	
Berms and outside pond levees	/	
Tank Labels	/	
Sumps	/	
Pond levels three-foot free board	/	
Free oil on Pits-Ponds	/	
Pit and Pond condition	/	
Pit and Pond marker numbers	/	
Treatment Plant inspection	/	
Solid waste disposal area inspection	/	Cleaned Daily
Blowing trash	/	Had crew walk around and pickup trash
Fences and Gates	/	
Leak detection sumps - Landfill - Liquid present?	/	
Leak detection sumps - Evaporation Ponds - Liquid present?	/	
Leak detection sumps - Drying Pad - Liquid present?	/	
Landfill Leachate Sump	/	Check and empty weekly
Groundwater Monitoring	/	
Pond Sludge Depth	/	

*Comments & Repairs: All water is being sent to water reuse at the moment.

H₂S

READINGS ARE TO BE TAKEN 4 FT DOWNWIND FROM EVAPORATION PONDS

Evaporation Pond (readings in ppm):

POND	NO H ₂ S
1	
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*In the event that a reading of 10 ppm is registered at the Facility, personnel will evacuate the area and operator will monitor H₂S levels at the downwind of the Pond. If H₂S levels reach 20 ppm, the Facility will be closed and notification will be given to the following:

OWL Office	575-231-1071	1 MOCD Hobbs	575-393-6161
New Mexico State Police	575-392-5580	1 MOCD Santa Fe	505-476-3440
Lea County Sheriff	575-397-3611		

Receipt & Approval

Name: _____

Date: _____

ATTACHMENT II.1.C
Inspection Form
OWL Landfill Services, LLC

Date: 10/17/2020 Print Name: Zach Ramez
 Others: _____ Signature: _____

Inspection will be in accordance with NMOCD operational conditions.

Item	Satisfactory	Action Required
Entrance Sign	/	
Berms and outside pond levees	/	
Tank Labels	/	
Sumps	/	
Pond levels three-foot free board	/	
Free oil on Pits-Ponds	/	
Pit and Pond condition	/	
Pit and Pond marker numbers	/	
Treatment Plant inspection	/	
Solid waste disposal area inspection	/	
Blowing trash	/	Crew cleans Daily
Fences and Gates	/	
Leak detection sumps - Landfill - Liquid present?	/	
Leak detection sumps - Evaporation Ponds - Liquid present?	/	
Leak detection sumps - Drying Pad - Liquid present?	/	
Landfill Leachate Sump	/	emptied weekly
Groundwater Monitoring	/	checked monthly
Pond Sludge Depth	/	

*Comments & Repairs: Plant is operating, pad cleared etc, water get sent down pipeline
Leachate emptied, 12 hrs

READINGS ARE TO BE TAKEN 4 FT DOWNWIND FROM EVAPORATION PONDS

Evaporation Pond (readings in ppm): NO H₂S present on site

POND	
1	
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*In the event that a reading of 10 ppm is registered at the Facility, personnel will evacuate the area and operator will monitor H₂S levels at the downwind of the Pond. If H₂S levels reach 20 ppm, the Facility will be closed and notification will be given to the following:

OWL Office	575-231-1071	MOCD Hobbs	575-393-6161
New Mexico State Police	575-392-5580	MOCD Santa Fe	505-476-3440
Lea County Sheriff	575-397-3611		

Receipt & Approval

Name: _____

Date: _____

ATTACHMENT II.1.C
Inspection Form
OWL Landfill Services, LLC

Date: 11/16/2020
 Others: _____

Print Name: Zachariah Ramos
 Signature: [Signature]

Inspection will be in accordance with NMOCD operational conditions.

Item	Satisfactory	Action Required
Entrance Sign	/	
Berms and outside pond levees	/	
Tank Labels	/	
Sumps	/	
Pond levels three-foot free board	/	
Free oil on Pits-Ponds	/	
Pit and Pond condition	/	
Pit and Pond marker numbers	/	
Treatment Plant inspection	/	
Solid waste disposal area inspection	/	
Blowing trash	/	
Fences and Gates	/	
Leak detection sumps - Landfill - Liquid present?	/	
Leak detection sumps - Evaporation Ponds - Liquid present?	/	
Leak detection sumps - Drying Pad - Liquid present?	/	
Landfill Leachate Sump	/	Empty
Groundwater Monitoring	/	Monthly
Pond Sludge Depth	/	

*Comments & Repairs: Water being sent to Blue Creek, Plant Processing much
Drying Pad Let's Cleaned Daily,

H₂S

READINGS ARE TO BE TAKEN 4 FT DOWNWIND FROM EVAPORATION PONDS

Evaporation Pond (readings in ppm):

POND	NO H ₂ S Present
1	
2	
3	
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12	

*In the event that a reading of 10 ppm is registered at the Facility, personnel will evacuate the area and operator will monitor H₂S levels at the downwind of the Pond. If H₂S levels reach 20 ppm, the Facility will be closed and notification will be given to the following:

OWL Office 575-231-1071
 New Mexico State Police 575-392-5580
 Lea County Sheriff 575-397-3611

MOCD Hobbs 575-393-6161
 MOCD Santa Fe 505-476-3440

Receipt & Approval

Name: _____

Date: _____

ATTACHMENT II.1.C
Inspection Form
OWL Landfill Services, LLC

Date: 12/29/2020 Print Name: Zachariah Ramos
 Others: _____ Signature: _____

Inspection will be in accordance with NMOCD operational conditions.

Item	Satisfactory	Action Required
Entrance Sign	/	
Berms and outside pond levees	/	
Tank Labels	/	
Sumps	/	
Pond levels three-foot free board	/	
Free oil on Pits-Ponds	/	
Pit and Pond condition	/	
Pit and Pond marker numbers	/	
Treatment Plant inspection	/	
Solid waste disposal area inspection	/	Cleaned Daily
Blowing trash	/	
Fences and Gates	/	
Leak detection sumps - Landfill - Liquid present?	/	
Leak detection sumps - Evaporation Ponds - Liquid present?	/	
Leak detection sumps - Drying Pad - Liquid present?	/	
Landfill Leachate Sump	/	emptied weekly
Groundwater Monitoring	/	done monthly
Pond Sludge Depth	/	

*Comments & Repairs: water start down line, plant up and running
and drying pad getting cleaned.

H₂S

READINGS ARE TO BE TAKEN 4 FT DOWNWIND FROM EVAPORATION PONDS

Evaporation Pond (readings in ppm):

POND

1
2
3
4
5
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12

NO H₂S IS PRESENT

*In the event that a reading of 10 ppm is registered at the Facility, personnel will evacuate the area and operator will monitor H₂S levels at the downwind of the Pond. If H₂S levels reach 20 ppm, the Facility will be closed and notification will be given to the following:

OWL Office 575-231-1071
 New Mexico State Police 575-392-5580
 Lea County Sheriff 575-397-3611

MOCD Hobbs 575-393-6161
 MOCD Santa Fe 505-476-3440

Receipt & Approval

Name: _____

Date: _____

ATTACHMENT II.8.B
Pond Integrity/Leak Detection Inspection Form
OWL Landfill Services, LLC

Page ____ of ____

Date: 8/28/2020

Inspector(s):

Time: 1:27

Zach Ramos

Weather:

Temperature 92.5 deg. F

Precipitation (last 24 hours) 0 inches

Skies Partly Cloudy

Wind Speed 6.0 mph

Wind Direction NW (direction blowing from)

NOTES:

"X" indicates that a Deficiency has been noted. "P" indicates that a Photograph has been taken. "S" indicates that a Sample has been collected. Complete descriptions of Deficiencies, Photographs, and Samples are provided on attached pages. Items are referenced by Location.

Pond Condition

Location	Item			
	Erosion	Vegetation Established	Vectors	Sample
Pond 1	good	good	good	Pond Empty

Leak Detection System

Riser #	Deficiency	
	Depth of H ₂ O	Structural Defect
Pond 1	0	
LEAK DET		
Landfill	0	
Drying pad	0	

NOTES:

0 fluid in leak detection

ATTACHMENT II.8.B
Pond Integrity/Leak Detection Inspection Form
OWL Landfill Services, LLC

Page ____ of ____

Date: 5/21/2020

Inspector(s):

Time: 11:00am

Zach Lamos

Weather:

Temperature 84° deg. F

Precipitation (last 24 hours) 0 inches

Skies 7/c

Wind Speed 20 mph mph

Wind Direction WSW (direction blowing from)

NOTES:

"X" indicates that a Deficiency has been noted. "P" indicates that a Photograph has been taken. "S" indicates that a Sample has been collected. Complete descriptions of Deficiencies, Photographs, and Samples are provided on attached pages. Items are referenced by Location.

Pond Condition

Location	Item			
	Erosion	Vegetation Established	Vectors	Sample
<u>Pond 1</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>

Leak Detection System

Riser #	Deficiency	
	Depth of H ₂ O	Structural Defect
<u>Pond 1</u>	<u>0</u>	
<u>Landfill</u>	<u>0</u>	
<u>Dry pond</u>	<u>0</u>	

NOTES:

No fluid in leak detection

ATTACHMENT II.1.D
Pond Integrity/Leak Detection Inspection Checklist
OWL Landfill Services, LLC

Page ____ of ____

Date: 7/23/2020
Time: 2:30 pm

Inspector(s):
JA Rana

Weather:
 Temperature 93° deg. F Precipitation (last 24 hours) _____ inches
 Skies FAr
 Wind Speed 16 mph mph
 Wind Direction SE (direction blowing from)

NOTES:

"X" indicates that a Deficiency has been noted. "P" indicates that a Photograph has been taken. "S" indicates that a Sample has been collected. Complete descriptions of Deficiencies, Photographs, and Samples are provided on attached pages. Items are referenced by Location.

POND CONDITION

Location	Item			
	Erosion	Vegetation Established	Vectors	Sample
<u>Pond 1</u>	<u>—</u>	<u>—</u>	<u>—</u>	

LEAK DETECTION SYSTEM

Riser #	Deficiency	
	Depth of H ₂ O	Structural Defect
<u>Pond</u>	<u>0</u>	
<u>Dry Pond</u>	<u>0</u>	
<u>Landfill</u>	<u>0</u>	

NOTES:

No fluid in the leak detection

ATTACHMENT II.8.B
Pond Integrity/Leak Detection Inspection Form
OWL Landfill Services, LLC

Page ____ of ____

Date: 8/27/2020

Inspector(s): John Ramon

Time: 9:15 am

Weather:

Temperature 79 deg. F

Precipitation (last 24 hours) 0 inches

Skies FAV

Wind Speed 15 mph

Wind Direction SSE (direction blowing from)

NOTES:

"X" indicates that a Deficiency has been noted. "P" indicates that a Photograph has been taken. "S" indicates that a Sample has been collected. Complete descriptions of Deficiencies, Photographs, and Samples are provided on attached pages. Items are referenced by Location.

Pond Condition

Location	Item			
	Erosion	Vegetation Established	Vectors	Sample
Pond 1	good	good	good	

Leak Detection System

Riser #	Deficiency	
	Depth of H ₂ O	Structural Defect
Landfill	0	
Pond	0	
Drying Pad	0	

NOTES:

0 fluid in leak detection

ATTACHMENT II.1.D
Pond Integrity/Leak Detection Inspection Checklist
OWL Landfill Services, LLC

Page ____ of ____

Date: 9/15/2020

Inspector(s):

Zach Ramos

Time: 10:15 a.m.

Weather:

Temperature 72 deg. F

Precipitation (last 24 hours) 0 inches

Skies partly cloudy

Wind Speed 6 mph

Wind Direction South (direction blowing from)

NOTES:

"X" indicates that a Deficiency has been noted. "P" indicates that a Photograph has been taken. "S" indicates that a Sample has been collected. Complete descriptions of Deficiencies, Photographs, and Samples are provided on attached pages. Items are referenced by Location.

POND CONDITION

Location	Item			
	Erosion	Vegetation Established	Vectors	Sample
<u>Pond #1</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	

LEAK DETECTION SYSTEM

Riser #	Deficiency	
	Depth of H ₂ O	Structural Defect
<u>Landfill</u>	<u>1</u>	
<u>D Pond</u>	<u>1</u>	
<u>Pond</u>	<u>1</u>	

NOTES:

& Fluid

ATTACHMENT II.1.D
Pond Integrity/Leak Detection Inspection Checklist
OWL Landfill Services, LLC

Page ____ of ____

Date: 10/8/2020

Inspector(s):

Time: 8:00 AM

Zach Ramos

Weather:

Temperature 57 deg. F

Precipitation (last 24 hours) 0 inches

Skies good

Wind Speed 3 mph mph

Wind Direction South West (direction blowing from)

NOTES:

"X" indicates that a Deficiency has been noted. "P" indicates that a Photograph has been taken. "S" indicates that a Sample has been collected. Complete descriptions of Deficiencies, Photographs, and Samples are provided on attached pages. Items are referenced by Location.

POND CONDITION

Location	Item			
	Erosion	Vegetation Established	Vectors	Sample
<u>#1</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	

LEAK DETECTION SYSTEM

Riser #	Deficiency	
	Depth of H ₂ O	Structural Defect
<u>Pond</u>	<u>NONE</u>	
<u>Land C. 11</u>	<u>NONE</u>	
<u>D Pond</u>	<u>NONE</u>	

NOTES:

NO fluid in leak Detection

ATTACHMENT II.1.D
Pond Integrity/Leak Detection Inspection Checklist
OWL Landfill Services, LLC

Page ____ of ____

Date: 11/16/2020

Inspector(s):

Time: 8:00 A.M.

Zach Amos

Weather:

Temperature 36⁰ deg. F

Precipitation (last 24 hours) _____ inches

Skies good clear

Wind Speed 6 mph mph

Wind Direction South southwest (direction blowing from)

NOTES:

"X" indicates that a Deficiency has been noted. "P" indicates that a Photograph has been taken. "S" indicates that a Sample has been collected. Complete descriptions of Deficiencies, Photographs, and Samples are provided on attached pages. Items are referenced by Location.

POND CONDITION

Location	Item			
	Erosion	Vegetation Established	Vectors	Sample
<u>Pond 1</u>	<u>good</u>	<u>good</u>	<u>good</u>	

LEAK DETECTION SYSTEM

Riser #	Deficiency	
	Depth of H ₂ O	Structural Defect
<u>Landfill</u>	<u>/</u>	
<u>D Pond</u>	<u>/</u>	
<u>Pond</u>	<u>/</u>	

NOTES:

0 H₂O in leak detection

ATTACHMENT II.1.D
Pond Integrity/Leak Detection Inspection Checklist
OWL Landfill Services, LLC

Page ____ of ____

Date: 12/29/2020

Inspector(s):

Time: 2:15 pm

Zachariah Ramos

Weather:

Temperature 77° deg. F

Precipitation (last 24 hours) _____ inches

Skies clear

Wind Speed 6 mph

Wind Direction North West (direction blowing from)

NOTES:

"X" indicates that a Deficiency has been noted. "P" indicates that a Photograph has been taken. "S" indicates that a Sample has been collected. Complete descriptions of Deficiencies, Photographs, and Samples are provided on attached pages. Items are referenced by Location.

POND CONDITION

Location	Item			
	Erosion	Vegetation Established	Vectors	Sample
<u>Pond 1</u>	<u>good</u>	<u>good</u>	<u>good</u>	

LEAK DETECTION SYSTEM

Riser #	Deficiency	
	Depth of H ₂ O	Structural Defect
<u>Pond #1</u>	<u>-</u>	
<u>Landfill</u>	<u>-</u>	
<u>Dryng Pool</u>	<u>-</u>	

NOTES:

Ø fluid in LEAK detection

Company Name: Northern Delaware Basin Landfill
 City: Jal State: NM Zip: 88252

Monthly Attendance Record Monthly Safety: _____ Yearly Block: X Make Up Meeting: _____ Month: _____
 Date: 2 / 19 / 20 Expiration Date: 2 / 19 / 21 Contact Name: Zach Phone: (432) 556-3022

Name (Must Print)	Signature	ID #	SPP
1. <u>Adan Chacon</u>	<u>[Signature]</u>		<u>✓</u>
2. <u>Zachariah Ramos</u>	<u>[Signature]</u>		<u>✓</u>
3. <u>Fabian Fabian</u>	<u>[Signature]</u>		<u>✓</u>
4. <u>Millie Otto</u>	<u>[Signature]</u>		<u>✓</u>
5. <u>Dominique Tellez</u>	<u>[Signature]</u>		<u>✓</u>
6.			
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- ☐ Abrasive Sandblasting 1910.94(a)
☐ Asbestos Awareness 1910.1001
☐ Benzene Awareness 1910.1028
☐ Behavior Based Safety Program
☐ Blood-borne Pathogens 1910.1030
☐ Confined Space Entry Awareness 1910.146
☐ Entrant Level ☐ Attendant Level ☐ Supervisor
☐ Defensive Driving 29CFR Part 500 Subpart D
☐ Drug & Alcohol Training ☐ Supervisor
☐ Electrical Safety/GFCI 1910.304
☐ NFPA-70E ☐ Arc Flash Training
☐ Emergency Response Procedure 1910.38
☐ First Aid 1910.151 CPR
☐ Fire Safety 1910.150 ☐ Bullex Hands-On
☐ Fire Watch Training 1915.504
☐ Hand & Power Tools 1926.300
☐ HAZCOM Complies GHS 1910.1200
☐ Job Safety Analysis
☒ Other: 3 point contact

☐ Hazard ID Risk Assessment 1910 Subl App B
☐ Gas Hazards Compressed Gas 1910.101
☐ Heat Stress
☐ HAZWOPER On-Line 1910.120
☐ Awareness ☐ 8hr ☐ 24hr ☐ 40hr
☒ Hydrogen Sulfide Certification ANSI Z390.1-2017
☐ Incident Reporting & Investigation 1960.29
☐ Ladder Safety & Stairways 1910.24-27
☐ Lead Safety 1910.1025
☐ Lockout/Tagout 1910.147 ☐ Authorized
☐ Manual Lifting ☐ Back ☐ Hand Safety
☐ Noise Exposure 1910.95
☐ N.O.R.M. 1910.7 App A
☐ Personal Fall Protection 1910.66 App C
☐ Personal Protective Equipment 1910.132
☐ Respiratory Protection 1910.134
☐ Medical Case Management

☐ Rigging Material Handling 1926.251
☐ Process Safety Management 1910.119
☐ Scaffolds 1910.128
☐ Short Service Employee
☐ Stop Work Authority
☐ Trenching/Excavation 1926.650
☐ Welding/Hot Work 1910.253
☐ Walking & Working Slips Trips Falls 1910.22
☐ Oxy Orientation
☐ Environmental Awareness
☐ Disciplinary Policy
☐ Winter Safety
☐ Aerial Lift Certification Expires: _____
☐ Model: _____ Wt. Cap _____ 1926.453
☐ Forklift Certification Expires: _____
☐ Model: _____ Wt. Cap _____ 1910.178
☐ Respirator Protection 1910.134 App C
☐ Fit Test ☐ Medical Questionnaire

Comments: Went over HAS ppt & discussed. Watched video. Reviewed and discussed test. Issued cards.

Course Location: Jal, NM Time In: 8AM Time Out: 10:30AM Page: 1 of 1
 Safety Passports: 0 Ticket #: 59359 Bump Test: 4 Instructor: Ivonne Lopez

Company Name: Northern Delaware Basin Landfill
 City: Jal State: NM Zip: 88252

Monthly Attendance Record Monthly Safety: X Yearly Block: _____ Make Up Meeting: _____ Month: _____
 Date 03/02/2020 Expires: 03/02/2021 Contact Name: Zack Phone: 432-556-3075

Name (Must Print)	Signature	ID #	SPP
1. <u>Fabian Fajela</u>	<u>[Signature]</u>	<u>1185</u>	<u>✓</u>
2. <u>Alan Chacon</u>	<u>[Signature]</u>	<u>1173</u>	<u>✓</u>
3. <u>Millie Ochoa</u>	<u>[Signature]</u>	<u>1184</u>	<u>✓</u>
4. <u>Zach Ramos</u>	<u>[Signature]</u>		
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| <input type="checkbox"/> Abrasive Sandblasting 1910.94(a) | <input type="checkbox"/> Hazard ID Risk Assessment 1910 Subl App B | <input type="checkbox"/> Rigging Material Handling 1926.251 |
| <input type="checkbox"/> Asbestos Awareness 1910.1001 | <input type="checkbox"/> Gas Hazards Compressed Gas 1910.101 | <input type="checkbox"/> Process Safety Management 1910.119 |
| <input type="checkbox"/> Benzene Awareness 1910.1028 | <input type="checkbox"/> Heat Stress | <input type="checkbox"/> Scaffolds 1910.128 |
| <input type="checkbox"/> Behavior Based Safety Program | <input type="checkbox"/> HAZWOPER On-Line 1910.120 | <input type="checkbox"/> Short Service Employee |
| <input type="checkbox"/> Blood-borne Pathogens 1910.1030 | <input type="checkbox"/> Awareness <input type="checkbox"/> 8hr <input type="checkbox"/> 24hr <input type="checkbox"/> 40hr | <input type="checkbox"/> Stop Work Authority |
| <input type="checkbox"/> Confined Space Entry Awareness 1910.146 | <input type="checkbox"/> Hydrogen Sulfide Certification ANSI Z390.1-2017 | <input type="checkbox"/> Trenching/Excavation 1926.650 |
| <input type="checkbox"/> Entrant Level <input type="checkbox"/> Attendant Level | <input type="checkbox"/> Incident Reporting & Investigation 1960.29 | <input type="checkbox"/> Welding/Hot Work 1910.253 |
| <input type="checkbox"/> Defensive Driving 29CFR Part 500 Subpart D | <input type="checkbox"/> Ladder Safety & Stairways 1910.24-27 | <input type="checkbox"/> Walking & Working Slips Trips Falls 1910.22 |
| <input type="checkbox"/> Drug & Alcohol Training <input type="checkbox"/> Supervisor | <input type="checkbox"/> Lead Safety 1910.1025 | <input type="checkbox"/> Oxy Orientation <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Electrical Safety/GFCI 1910.304 | <input type="checkbox"/> Lockout/Tagout 1910.147 <input type="checkbox"/> Authorized | <input type="checkbox"/> Aerial Lift Certification Expires: _____ |
| <input type="checkbox"/> Emergency Response Procedure 1910.38 | <input type="checkbox"/> Manual Lifting <input type="checkbox"/> Back <input type="checkbox"/> Hand Safety | <input type="checkbox"/> Model: _____ Wt. Cap _____ 1926.453 |
| <input type="checkbox"/> First Aid 1910.151 CPR | <input checked="" type="checkbox"/> Noise Exposure 1910.95 | <input type="checkbox"/> Forklift Certification Expires: _____ |
| <input type="checkbox"/> Fire Safety 1910.150 <input type="checkbox"/> Bullex Hands-On | <input type="checkbox"/> N.O.R.M. 1910.7 App A | <input type="checkbox"/> Model: _____ Wt. Cap _____ 1910.178 |
| <input type="checkbox"/> Fire Watch Training 1915.504 | <input type="checkbox"/> Personal Fall Protection 1910.66 App C | <input type="checkbox"/> Respirator Protection 1910.134 App C |
| <input type="checkbox"/> Hand & Power Tools 1926.300 | <input checked="" type="checkbox"/> Personal Protective Equipment 1910.132 | <input type="checkbox"/> Fit Test <input type="checkbox"/> Medical Questionnaire |
| <input checked="" type="checkbox"/> HAZCOM Complies GHS 1910.1200 | <input type="checkbox"/> Respiratory Protection 1910.134 | |
| <input type="checkbox"/> Other: _____ | | |

Comments: great meeting, went over HAZCOM ppt & test, PPE video & noise test done mention tested
 Course Location: Jal, NM Time In: 7am Time Out: 8am Page: 1 of 1
 Safety Passports: 0 Ticket #: 59799 Bump Test: 3 Instructor: Lillian Amanda

Company Name: Northern Delaware Basin Landfill
 City: Jal State: NM Zip: 88252

Monthly Attendance Record Monthly Safety: X Yearly Block: _____ Make Up Meeting: _____ Month: _____
 Date: 05/01/20 Expiration Date: 05/01/21 Contact Name: Zach Phone: _____

Name (Must Print)	Signature	ID #	SPP
1. <u>Dominique Teller</u>	<u>D. Teller</u>		<input checked="" type="checkbox"/>
2. <u>Adam Chason</u>	<u>Adam Chason</u>		<input type="checkbox"/>
3. <u>Unges D. CABILL</u>	<u>Unges D. CABILL</u>		<input type="checkbox"/>
4. <u>Fabien Fabola</u>	<u>Fabien Fabola</u>		<input type="checkbox"/>
5. <u>Seth Estrada</u>	<u>Seth Estrada</u>		<input type="checkbox"/>
6. <u>Mike Donastan</u>	<u>Mike Donastan</u>		<input type="checkbox"/>
7. <u>Michael Montañez</u>	<u>Michael Montañez</u>		<input type="checkbox"/>
8. <u>Gina Fabola</u>	<u>Gina Fabola</u>		<input type="checkbox"/>
9. <u>Erina Zamora</u>	<u>Erina Zamora</u>		<input type="checkbox"/>
10. <u>Edgar Cruz</u>	<u>Edgar Cruz</u>		<input type="checkbox"/>
11. <u>Gerardo Arreola</u>	<u>Gerardo Arreola</u>		<input type="checkbox"/>
12. <u>Zach Ramon</u>	<u>Zach Ramon</u>		<input type="checkbox"/>
13.			<input type="checkbox"/>
14.			<input type="checkbox"/>
15.			<input type="checkbox"/>

IF YOU NEED A PASSPORT

- ☐ Abrasive Sandblasting 1910.94(a)
☐ Asbestos Awareness 1910.1001
☐ Benzene Awareness 1910.1028
☐ Behavior Based Safety Program
☒ Blood-borne Pathogens 1910.1030
☐ Confined Space Entry Awareness 1910.146
☐ Entrant Level ☐ Attendant Level ☐ Supervisor
☐ Defensive Driving 29CFR Part 500 Subpart D
☐ Drug & Alcohol Training ☐ Supervisor
☐ Electrical Safety/GFCI 1910.304
☐ NFPA-70E ☐ Arc Flash Training
☒ Emergency Response Procedure 1910.38
☒ First Aid 1910.151 ~~CPR~~
☐ Fire Safety 1910.150 ☐ Bullex Hands-On
☐ Fire Watch Training 1915.504
☐ Hand & Power Tools 1926.300
☐ HAZCOM Complies GHS 1910.1200
☐ Job Safety Analysis
☐ Other: _____

☐ Hazard ID Risk Assessment 1910 Subl App B
☐ Gas Hazards Compressed Gas 1910.101
☒ Heat Stress
☐ HAZWOPER On-Line 1910.120
☐ Awareness ☐ 8hr ☐ 24hr ☐ 40hr
☐ Hydrogen Sulfide Certification ANSI Z390.1-2017
☐ Incident Reporting & Investigation 1960.29
☐ Ladder Safety & Stairways 1910.24-27
☐ Lead Safety 1910.1025
☐ Lockout/Tagout 1910.147 ☐ Authorized
☐ Manual Lifting ☐ Back ☐ Hand Safety
☐ Noise Exposure 1910.95
☐ N.O.R.M. 1910.7 App A
☐ Personal Fall Protection 1910.66 App C
☐ Personal Protective Equipment 1910.132
☐ Respiratory Protection 1910.134
☐ Medical Case Management

☐ Rigging Material Handling 1926.251
☐ Process Safety Management 1910.119
☐ Scaffolds 1910.128
☐ Short Service Employee
☐ Stop Work Authority
☐ Trenching/Excavation 1926.650
☐ Welding/Hot Work 1910.253
☐ Walking & Working Slips Trips Falls 1910.22
☐ Oxy Orientation
☐ Environmental Awareness
☐ Disciplinary Policy
☐ Winter Safety
☐ Aerial Lift Certification Expires: _____
☐ Model: _____ Wt. Cap _____ 1926.453
☐ Forklift Certification Expires: _____
☐ Model: _____ Wt. Cap _____ 1910.178
☐ Respirator Protection 1910.134 App C
☐ Fit Test ☐ Medical Questionnaire

Comments: great meeting went over BBP ppt Heat Stress video

Course Location: Jal, NM Time In: 7am Time Out: 3pm Page: 1 of 1
 Safety Passports: 0 Ticket #: 60244 Bump Test: 11 Instructor: William Thando

Company Name: Northern Delaware Basin Landfill
 City: Jal State: NM Zip: 88252

Monthly Attendance Record Monthly Safety: _____ Yearly Block: X Make Up Meeting: _____ Month: _____
 Date: 05/01/20 Expiration Date: 05/01/21 Contact Name: Zach Phone: 88252

Name (Must Print)	Signature	ID #	SPP
1. <u>Michael Montañez</u>	<u>[Signature]</u>	<u>1197</u>	IF YOU NEED A PASSPORT
2. <u>Gina Fabela</u>	<u>[Signature]</u>	<u>1195</u>	
3. <u>Mike Denniston</u>	<u>[Signature]</u>	<u>1193</u>	
4. <u>Seth Estrada</u>	<u>[Signature]</u>	<u>1196</u>	
5. <u>Edgar Cruz</u>	<u>[Signature]</u>	<u>1190</u>	
6. <u>Ulises D Caballo</u>	<u>[Signature]</u>		
7. <u>Gerardo Arreola</u>	<u>[Signature]</u>	<u>1192</u>	
8. <u>ERINA ZAMORA</u>	<u>[Signature]</u>	<u>7227</u>	
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|---|---|--|
| <input type="checkbox"/> Abrasive Sandblasting 1910.94(a) | <input type="checkbox"/> Hazard ID Risk Assessment 1910 Subl App B | <input type="checkbox"/> Rigging Material Handling 1926.251 |
| <input type="checkbox"/> Asbestos Awareness 1910.1001 | <input type="checkbox"/> Gas Hazards Compressed Gas 1910.101 | <input type="checkbox"/> Process Safety Management 1910.119 |
| <input type="checkbox"/> Benzene Awareness 1910.1028 | <input type="checkbox"/> Heat Stress | <input type="checkbox"/> Scaffolds 1910.128 |
| <input type="checkbox"/> Behavior Based Safety Program | <input type="checkbox"/> HAZWOPER On-Line 1910.120 | <input type="checkbox"/> Short Service Employee |
| <input checked="" type="checkbox"/> Blood-borne Pathogens 1910.1030 | <input type="checkbox"/> Awareness <input type="checkbox"/> 8hr <input type="checkbox"/> 24hr <input type="checkbox"/> 40hr | <input type="checkbox"/> Stop Work Authority |
| <input checked="" type="checkbox"/> Confined Space Entry Awareness 1910.146 | <input checked="" type="checkbox"/> Hydrogen Sulfide Certification ANSI Z390.1-2017 | <input type="checkbox"/> Trenching/Excavation 1926.650 |
| <input type="checkbox"/> Entrant Level <input type="checkbox"/> Attendant Level <input type="checkbox"/> Supervisor | <input type="checkbox"/> Incident Reporting & Investigation 1960.29 | <input type="checkbox"/> Welding/Hot Work 1910.253 |
| <input type="checkbox"/> Defensive Driving 29CFR Part 500 Subpart D | <input type="checkbox"/> Ladder Safety & Stairways 1910.24-27 | <input type="checkbox"/> Walking & Working Slips Trips Falls 1910.22 |
| <input type="checkbox"/> Drug & Alcohol Training <input type="checkbox"/> Supervisor | <input type="checkbox"/> Lead Safety 1910.1025 | <input type="checkbox"/> Oxy Orientation |
| <input checked="" type="checkbox"/> Electrical Safety/GFCI 1910.304 | <input checked="" type="checkbox"/> Lockout/Tagout 1910.147 <input type="checkbox"/> Authorized | <input type="checkbox"/> Environmental Awareness |
| <input type="checkbox"/> NFPA-70E <input type="checkbox"/> Arc Flash Training | <input checked="" type="checkbox"/> Manual Lifting <input checked="" type="checkbox"/> Back <input checked="" type="checkbox"/> Hand Safety | <input type="checkbox"/> Disciplinary Policy |
| <input checked="" type="checkbox"/> Emergency Response Procedure 1910.38 | <input checked="" type="checkbox"/> Noise Exposure 1910.95 | <input type="checkbox"/> Winter Safety |
| <input type="checkbox"/> First Aid 1910.151 CPR | <input type="checkbox"/> N.O.R.M. 1910.7 App A | <input type="checkbox"/> Aerial Lift Certification Expires: _____ |
| <input checked="" type="checkbox"/> Fire Safety 1910.150 <input type="checkbox"/> Bullex Hands-On | <input type="checkbox"/> Personal Fall Protection 1910.66 App C | <input type="checkbox"/> Model: _____ Wt. Cap _____ 1926.453 |
| <input type="checkbox"/> Fire Watch Training 1915.504 | <input checked="" type="checkbox"/> Personal Protective Equipment 1910.132 | <input type="checkbox"/> Forklift Certification Expires: _____ |
| <input type="checkbox"/> Hand & Power Tools 1926.300 | <input checked="" type="checkbox"/> Respiratory Protection 1910.134 | <input type="checkbox"/> Model: _____ Wt. Cap _____ 1910.178 |
| <input checked="" type="checkbox"/> HAZCOM Complies GHS 1910.1200 | <input type="checkbox"/> Medical Case Management | <input type="checkbox"/> Respirator Protection 1910.134 App C |
| <input type="checkbox"/> Job Safety Analysis | | <input type="checkbox"/> Fit Test <input type="checkbox"/> Medical Questionnaire |
| <input type="checkbox"/> Other: _____ | | |

Comments: great meeting went over Northern Delaware Basin
Landfill policy & procedures ASSE test given
 Course Location: Jal, NM Time In: 8am Time Out: 2pm Page: 1 of 1
 Safety Passports: 8 Ticket #: 60245 Bump Test: 8 Instructor: William Tranelo

Course Attendance Record

NM 7920

Company Name: North Delaware Basin Landfill LLC
 Contact Name: Zach Parnou Phone #: 432 556 3072
 City: Jal State: NM Zip: 88252

Date: 5 / 28 / 20 Expiration Date: 5 / 28 / 21 New Employee Safety: ☒ Yearly Block: _____ Make Up Meeting: _____ Month: _____

Name (Print)	Signature	ID #	Passport	Card
1. Sandra Alvarez	<i>Sandra Alvarez</i>	5485		S.A
2. Amy Montonez	<i>Amy Montonez</i>	8323		S.A M
3. Bryce Davidson	<i>Bryce Davidson</i>	7289		DS
4. Christian Espinoza	<i>Christian Espinoza</i>	7363		CE
5. Ryan Ros	<i>Ryan Ros</i>	2307 7207		RL
6. Ramon Rion	<i>Ramon Rion</i>	9815		RR
7.				
8.				
9.				
10.				

New Employee Orientation

- ☒ Bloodborne Pathogens 1910.1030
- ☒ Back Safety
- ☒ Electrical Safety/GFCI 1910.304
- ☒ Emergency Response Procedure 1910.38
- ☒ Fire Safety Awareness 1910.150
- ☒ HAZCOM-Globally Harmonized System 1910.1200
- ☒ Lockout/Tagout Training 1910.147
- ☒ Noise Exposure 1910.95
- ☒ Personal Protective Equipment 1910.132
- ☒ Respiratory Protection 1910.134
- ☒ Walking & Working Surfaces Slips Trips Falls 1910.22
- ☒ Confined Space Awareness 1910.146
- ☒ Hydrogen Sulfide Certification ANSI Z390.1-2017

Additional Topics

- ☐ Alcohol & Drug Supervisor Training
- ☐ Behavior Based Safety Program
- ☐ Defensive Driving 29CFR Part 500 Subpart D
- ☐ Hand & Power Tools 1926.300
- ☐ Incident Reporting & Investigation 1960.29
- ☐ Ladder Safety 1910.24-27
- ☐ First Aid 1910.151 CPR
- ☐ Personal Fall Protection 1910.66 App C
- ☐ Short Service Employee
- ☐ Stop Work Authority
- ☐ Fire Watch Training 1915.504
- ☐ Bullex-Fire Extinguisher Training Hands on 1910.157(g)(1)
- ☐ Other: _____

Contractor Orientation

- ☐ Other: _____
- ☐ Oxy Orientation
- ☐ Marathon Orientation

Specialty Training

- ☐ Confined Space 1910.146 ☐ Entrant Level ☐ Attendant
- ☐ Fit Test 1910.134 App A ☐ QLFT ☐ QNFT
- Respirator Brand _____
- Respirator Brand _____
- ☐ Medical Questionnaire 1910.134 App C
- ☐ Aerial Lift 1910.68 Model: _____ Wt.Cap: _____
- ☐ Forklift 1910.178 Model: _____ Wt.Cap: _____
- ☐ Other: _____

Comments: Watched Video & Discussed Confined Space, went over H2S ppt
Gave out Tests & Reviewed w/ Class.

Instructor: Lilliana Aranda

Course Location: JAL, NM

Job Ticket #: 05754 Passports: 0 Bump Test: 0

Time In: 10:00 am Time Out: 7:30 AM Page: 1 of 1

Company Name: Northern Delaware Basin Landfill LLC

City: dal State: NM Zip: _____

Monthly Attendance Record Monthly Safety: X Yearly Block: _____ Make Up Meeting: _____ Month: June
Date: 6/5/20 Expiration Date: 6/5/21 Contact Name: Zach Phone: 4325543071

Name (Must Print)	Signature	ID #	SPP
1. <u>Dominique Tellez</u>	<u>Dan Tely</u>		IF YOU NEED A PASSPORT
2. <u>Edgar Cruz</u>	<u>Edgar Cruz</u>		
3. <u>Fabian Fobell</u>	<u>Fabian Fobell</u>		
4. <u>Adrian Chacon</u>	<u>Adrian Chacon</u>		
5. <u>Christian ESPINOSA</u>	<u>Christian ESPINOSA</u>		
6. <u>Jeffrey Herson</u>	<u>Jeffrey Herson</u>		
7. <u>Rigo Leyva</u>	<u>Rigo Leyva</u>		
8. <u>Ryan Rios</u>	<u>Ryan Rios</u>		
9. <u>Sandra Alvarez</u> ^{SANDRA NUNEZ}	<u>Sandra Alvarez</u>		
10. <u>Amy Montañez</u>	<u>Amy Montañez</u>		
11. <u>MICHAEL MONTANEZ</u>	<u>Michael Montañez</u>		
12. <u>ERINA Zamora</u>	<u>Erina Zamora</u>		
13. <u>Millie Otto</u>	<u>Millie Otto</u>		
14. <u>Ramon Rios</u>	<u>Ramon Rios</u>		
15. <u>JOSE P CABILLO</u>	<u>Jose P Cabillo</u>		

- | | | |
|---|---|--|
| <input type="checkbox"/> Abrasive Sandblasting 1910.94(a) | <input type="checkbox"/> Hazard ID Risk Assessment 1910 Subl App B | <input type="checkbox"/> Rigging Material Handling 1926.251 |
| <input type="checkbox"/> Asbestos Awareness 1910.1001 | <input type="checkbox"/> Gas Hazards Compressed Gas 1910.101 | <input type="checkbox"/> Process Safety Management 1910.119 |
| <input type="checkbox"/> Benzene Awareness 1910.1028 | <input type="checkbox"/> Heat Stress | <input type="checkbox"/> Scaffolds 1910.128 |
| <input type="checkbox"/> Behavior Based Safety Program | <input type="checkbox"/> HAZWOPER On-Line 1910.120 | <input type="checkbox"/> Short Service Employee |
| <input type="checkbox"/> Blood-borne Pathogens 1910.1030 | <input type="checkbox"/> Awareness <input type="checkbox"/> 8hr <input type="checkbox"/> 24hr <input type="checkbox"/> 40hr | <input type="checkbox"/> Stop Work Authority |
| <input type="checkbox"/> Confined Space Entry Awareness 1910.146 | <input type="checkbox"/> Hydrogen Sulfide Certification ANSI Z390.1-2017 | <input type="checkbox"/> Trenching/Excavation 1926.650 |
| <input type="checkbox"/> Entrant Level <input type="checkbox"/> Attendant Level <input type="checkbox"/> Supervisor | <input type="checkbox"/> Incident Reporting & Investigation 1960.29 | <input type="checkbox"/> Welding/Hot Work 1910.253 |
| <input type="checkbox"/> Defensive Driving 29CFR Part 500 Subpart D | <input type="checkbox"/> Ladder Safety & Stairways 1910.24-27 | <input type="checkbox"/> Walking & Working Slips Trips Falls 1910.22 |
| <input type="checkbox"/> Drug & Alcohol Training <input type="checkbox"/> Supervisor | <input type="checkbox"/> Lead Safety 1910.1025 | <input type="checkbox"/> Oxy Orientation |
| <input checked="" type="checkbox"/> Electrical Safety/GFCI 1910.304 | <input checked="" type="checkbox"/> Lockout/Tagout 1910.147 <input type="checkbox"/> Authorized | <input type="checkbox"/> Environmental Awareness |
| <input type="checkbox"/> NFPA-70E <input type="checkbox"/> Arc Flash Training | <input type="checkbox"/> Manual Lifting <input type="checkbox"/> Back <input type="checkbox"/> Hand Safety | <input type="checkbox"/> Disciplinary Policy |
| <input type="checkbox"/> Emergency Response Procedure 1910.38 | <input type="checkbox"/> Noise Exposure 1910.95 | <input type="checkbox"/> Winter Safety |
| <input type="checkbox"/> First Aid 1910.151 CPR | <input type="checkbox"/> N.O.R.M. 1910.7 App A | <input type="checkbox"/> Aerial Lift Certification Expires: _____ |
| <input type="checkbox"/> Fire Safety 1910.150 <input type="checkbox"/> Bullex Hands-On | <input type="checkbox"/> Personal Fall Protection 1910.66 App C | <input type="checkbox"/> Model: _____ Wt. Cap _____ 1926.453 |
| <input type="checkbox"/> Fire Watch Training 1915.504 | <input type="checkbox"/> Personal Protective Equipment 1910.132 | <input type="checkbox"/> Forklift Certification Expires: _____ |
| <input type="checkbox"/> Hand & Power Tools 1926.300 | <input type="checkbox"/> Respiratory Protection 1910.134 | <input type="checkbox"/> Model: _____ Wt. Cap _____ 1910.178 |
| <input type="checkbox"/> HAZCOM Complies GHS 1910.1200 | <input type="checkbox"/> Medical Case Management | <input type="checkbox"/> Respirator Protection 1910.134 App C |
| <input type="checkbox"/> Job Safety Analysis | | <input type="checkbox"/> Fit Test <input type="checkbox"/> Medical Questionnaire |
| <input type="checkbox"/> Other: _____ | | |

Comments: Watched Video & Discussed LOTO / Went Over PPT
& Electrical Safety w/ Class then Reviewed Tests.

Course Location: dal, NM Time In: 6:00 AM Time Out: 7:00 AM Page: 1 of 1

Safety Passports: 0 Ticket #: 165154 Bump Test: 0 Instructor: Jose Estivaliz Calderon

Company Name: Northern Delaware Basin LANDFILL NM 8777
 City: JAL State: NM Zip: 88252

Monthly Attendance Record Monthly Safety: ☒ Yearly Block: _____ Make Up Meeting: _____ Month: _____
 Date: 7/9/20 Expiration Date: 7/9/21 Contact Name: Zach Phone: 4325503072

Name (Must Print)	Signature	ID #	SPP
1. <u>Dominique Teller</u>	<u>Dominique Teller</u>		<input checked="" type="checkbox"/>
2. <u>Michael Montañez</u>	<u>Michael Montañez</u>		<input checked="" type="checkbox"/>
3. <u>Seth Eskade</u>	<u>Seth Eskade</u>	<u>2806</u>	<input checked="" type="checkbox"/>
4. <u>Milagros Rabago</u>	<u>Milagros Rabago</u>	<u>6177</u>	<input checked="" type="checkbox"/>
5. <u>Gina Fabela</u>	<u>Gina Fabela</u>	<u>7617</u>	<input checked="" type="checkbox"/>
6. <u>Fabian Fabela</u>	<u>Fabian Fabela</u>	<u>9900</u>	<input checked="" type="checkbox"/>
7. <u>Candi Thomas</u>	<u>Candi Thomas</u>	<u>2228</u>	<input checked="" type="checkbox"/>
8. <u>Mike Dennister</u>	<u>Mike Dennister</u>	<u>0326</u>	<input checked="" type="checkbox"/>
9. <u>Mar Chacon</u>	<u>Mar Chacon</u>	<u>0048</u>	<input checked="" type="checkbox"/>
10. <u>Christian Espinosa</u>	<u>Christian Espinosa</u>	<u>1205</u>	<input checked="" type="checkbox"/>
11. <u>Jana Corbell</u>	<u>Jana Corbell</u>		<input checked="" type="checkbox"/>
12. <u>Chester Miller</u>	<u>Chester Miller</u>	<u>4227</u>	<input checked="" type="checkbox"/>
13. <u>SANDRA ALVAREZ</u>	<u>Sandra Alvarez</u>		<input checked="" type="checkbox"/>
14. <u>Ginney Urias</u>	<u>Ginney Urias</u>		<input checked="" type="checkbox"/>
15. <u>Edgar Cruz</u>	<u>Edgar Cruz</u>		<input checked="" type="checkbox"/>

IF YOU NEED A PASSPORT

- ☐ Abrasive Sandblasting 1910.94(a)
☐ Asbestos Awareness 1910.1001
☐ Benzene Awareness 1910.1028
☒ Behavior Based Safety Program
☐ Blood-borne Pathogens 1910.1030
☐ Confined Space Entry Awareness 1910.146
☐ Entrant Level ☐ Attendant Level ☐ Supervisor
☐ Defensive Driving 29CFR Part 500 Subpart D
☐ Drug & Alcohol Training ☐ Supervisor
☐ Electrical Safety/GFCI 1910.304
☐ NFPA-70E ☐ Arc Flash Training
☐ Emergency Response Procedure 1910.38
☐ First Aid 1910.151 CPR
☐ Fire Safety 1910.150 ☐ Bullex Hands-On
☐ Fire Watch Training 1915.504
☐ Hand & Power Tools 1926.300
☐ HAZCOM Complies GHS 1910.1200
☐ Job Safety Analysis
☒ Other: CORONAVIRUS

☐ Hazard ID Risk Assessment 1910 Subl App B
☐ Gas Hazards Compressed Gas 1910.101
☐ Heat Stress
☐ HAZWOPER On-Line 1910.120
☐ Awareness ☐ 8hr ☐ 24hr ☐ 40hr
☒ Hydrogen Sulfide Certification ANSI Z390.1-2017
☒ Incident Reporting & Investigation 1960.29
☐ Ladder Safety & Stairways 1910.24-27
☐ Lead Safety 1910.1025
☐ Lockout/Tagout 1910.147 ☐ Authorized
☐ Manual Lifting ☐ Back ☐ Hand Safety
☐ Noise Exposure 1910.95
☐ N.O.R.M. 1910.7 App A
☐ Personal Fall Protection 1910.66 App C
☐ Personal Protective Equipment 1910.132
☐ Respiratory Protection 1910.134
☐ Medical Case Management

☐ Rigging Material Handling 1926.251
☐ Process Safety Management 1910.119
☐ Scaffolds 1910.128
☐ Short Service Employee
☐ Stop Work Authority
☐ Trenching/Excavation 1926.650
☐ Welding/Hot Work 1910.253
☐ Walking & Working Slips Trips Falls 1910.22
☐ Oxy Orientation
☐ Environmental Awareness
☐ Disciplinary Policy
☐ Winter Safety
☐ Aerial Lift Certification Expires: _____
☐ Model: _____ Wt. Cap _____ 1926.453
☐ Forklift Certification Expires: _____
☐ Model: _____ Wt. Cap _____ 1910.178
☐ Respirator Protection 1910.134 App C
☐ Fit Test ☐ Medical Questionnaire

Comments: Watched video over Incident Reporting & PPT BBS
Reviewed Test, also went over COVID-19.

Course Location: JAL, NM Time In: 6:00 AM Time Out: 7:00 AM Page: 1 of 2
 Safety Passports: 2 Ticket #: 65780 Bump Test: 10 Instructor: J. Gutierrez Calderon

Company Name: Northern Delaware Basin Landfill
 City: dal State: NM Zip: 88240

Monthly Attendance Record Monthly Safety: _____ Yearly Block: _____ Make Up Meeting: _____ Month: _____

Date: 7/9/20 Expiration Date: 7/9/21 Contact Name: Zach Phone: 432 556 3072

Name (Must Print)	Signature	ID #	SPP
1. <u>Ulisa D. Casilla</u>		<u>9194</u>	<u>✓</u>
2. <u>RYAN BOJ</u>		<u>2007</u>	<u>✓</u>
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IF YOU NEED A PASSPORT

- ☐ Abrasive Sandblasting 1910.94(a)
- ☐ Asbestos Awareness 1910.1001
- ☐ Benzene Awareness 1910.1028
- ☒ Behavior Based Safety Program
- ☐ Blood-borne Pathogens 1910.1030
- ☐ Confined Space Entry Awareness 1910.146
- ☐ Entrant Level ☐ Attendant Level ☐ Supervisor
- ☐ Defensive Driving 29CFR Part 500 Subpart D
- ☐ Drug & Alcohol Training ☐ Supervisor
- ☐ Electrical Safety/GFCI 1910.304
- ☐ NFPA-70E ☐ Arc Flash Training
- ☐ Emergency Response Procedure 1910.38
- ☐ First Aid 1910.151 CPR
- ☐ Fire Safety 1910.150 ☐ Bullex Hands-On
- ☐ Fire Watch Training 1915.504
- ☐ Hand & Power Tools 1926.300
- ☐ HAZCOM Complies GHS 1910.1200
- ☐ Job Safety Analysis
- ☒ Other: CORONAVIRUS
- ☐ Hazard ID Risk Assessment 1910 Subl App B
- ☐ Gas Hazards Compressed Gas 1910.101
- ☐ Heat Stress
- ☐ HAZWOPER On-Line 1910.120
- ☐ Awareness ☐ 8hr ☐ 24hr ☐ 40hr
- ☒ Hydrogen Sulfide Certification ANSI Z390.1-2017
- ☒ Incident Reporting & Investigation 1960.29
- ☐ Ladder Safety & Stairways 1910.24-27
- ☐ Lead Safety 1910.1025
- ☐ Lockout/Tagout 1910.147 ☐ Authorized
- ☐ Manual Lifting ☐ Back ☐ Hand Safety
- ☐ Noise Exposure 1910.95
- ☐ N.O.R.M. 1910.7 App A
- ☐ Personal Fall Protection 1910.66 App C
- ☐ Personal Protective Equipment 1910.132
- ☐ Respiratory Protection 1910.134
- ☐ Medical Case Management
- ☐ Rigging Material Handling 1926.251
- ☐ Process Safety Management 1910.119
- ☐ Scaffolds 1910.128
- ☐ Short Service Employee
- ☐ Stop Work Authority
- ☐ Trenching/Excavation 1926.650
- ☐ Welding/Hot Work 1910.253
- ☐ Walking & Working Slips Trips Falls 1910.22
- ☐ Oxy Orientation
- ☐ Environmental Awareness
- ☐ Disciplinary Policy
- ☐ Winter Safety
- ☐ Aerial Lift Certification Expires: _____
- ☐ Model: _____ Wt. Cap _____ 1926.453
- ☐ Forklift Certification Expires: _____
- ☐ Model: _____ Wt. Cap _____ 1910.178
- ☐ Respirator Protection 1910.134 App C
- ☐ Fit Test ☐ Medical Questionnaire

Comments: See page one.

Course Location: dal, NM Time In: 10:00 Time Out: 7:00 Page: 2 of 2

Safety Passports: _____ Ticket #: 65780 Bump Test: _____ Instructor: J. Gutierrez Calaveras

Company Name: Northern Delaware Basin Landfill

City: dal State: NM Zip: 88240

Monthly Attendance Record Monthly Safety: ☒ Yearly Block: _____ Make Up Meeting: _____ Month: _____
Date: 8/7/20 Expiration Date: 8/7/21 Contact Name: Zach Phone: 432556307

Name (Must Print)	Signature	ID #	SPP
1. <u>Dominian Teller</u>	<u>D Teller</u>		<input checked="" type="checkbox"/>
2. <u>Fabian Fabala</u>	<u>Fabian Fabala</u>		<input checked="" type="checkbox"/>
3. <u>MECHAE MONTANER</u>	<u>MECHAE MONTANER</u>		<input checked="" type="checkbox"/>
4. <u>Ryan Rios</u>	<u>Ryan Rios</u>		<input checked="" type="checkbox"/>
5. <u>Gina Fabala</u>	<u>Gina Fabala</u>		<input checked="" type="checkbox"/>
6. <u>Ryan</u>	<u>Ryan</u>		<input checked="" type="checkbox"/>
7. <u>Chesler mika</u>	<u>Chesler mika</u>		<input checked="" type="checkbox"/>
8. <u>Adan Ornelas</u>	<u>Adan Ornelas</u>		<input checked="" type="checkbox"/>
9. <u>Fabian Ornelas</u>	<u>Fabian Ornelas</u>		<input checked="" type="checkbox"/>
10. <u>Bonathan Frias</u>	<u>Bonathan Frias</u>		<input checked="" type="checkbox"/>
11. <u>Natalie Franco</u>	<u>Natalie Franco</u>		<input checked="" type="checkbox"/>
12. <u>Milagros Rabago</u>	<u>Milagros Rabago</u>		<input checked="" type="checkbox"/>
13. <u>Ginney Ornel</u>	<u>Ginney Ornel</u>		<input checked="" type="checkbox"/>
14. <u>Carli Thomas</u>	<u>Carli Thomas</u>		<input checked="" type="checkbox"/>
15. <u>Elsa Ontiveros</u>	<u>Elsa Ontiveros</u>		<input checked="" type="checkbox"/>

- | | | |
|---|---|--|
| <input type="checkbox"/> Abrasive Sandblasting 1910.94(a) | <input checked="" type="checkbox"/> Hazard ID Risk Assessment 1910 Subl App B | <input type="checkbox"/> Rigging Material Handling 1926.251 |
| <input type="checkbox"/> Asbestos Awareness 1910.1001 | <input type="checkbox"/> Gas Hazards Compressed Gas 1910.101 | <input type="checkbox"/> Process Safety Management 1910.119 |
| <input type="checkbox"/> Benzene Awareness 1910.1028 | <input type="checkbox"/> Heat Stress | <input type="checkbox"/> Scaffolds 1910.128 |
| <input type="checkbox"/> Behavior Based Safety Program | <input type="checkbox"/> HAZWOPER On-Line 1910.120 | <input type="checkbox"/> Short Service Employee |
| <input type="checkbox"/> Blood-borne Pathogens 1910.1030 | <input type="checkbox"/> Awareness <input type="checkbox"/> 8hr <input type="checkbox"/> 24hr <input type="checkbox"/> 40hr | <input type="checkbox"/> Stop Work Authority |
| <input type="checkbox"/> Confined Space Entry Awareness 1910.146 | <input type="checkbox"/> Hydrogen Sulfide Certification ANSI Z390.1-2017 | <input type="checkbox"/> Trenching/Excavation 1926.650 |
| <input type="checkbox"/> Entrant Level <input type="checkbox"/> Attendant Level <input type="checkbox"/> Supervisor | <input type="checkbox"/> Incident Reporting & Investigation 1960.29 | <input type="checkbox"/> Welding/Hot Work 1910.253 |
| <input type="checkbox"/> Defensive Driving 29CFR Part 500 Subpart D | <input checked="" type="checkbox"/> Ladder Safety & Stairways 1910.24-27 | <input type="checkbox"/> Walking & Working Slips Trips Falls 1910.22 |
| <input type="checkbox"/> Drug & Alcohol Training <input type="checkbox"/> Supervisor | <input type="checkbox"/> Lead Safety 1910.1025 | <input type="checkbox"/> Oxy Orientation |
| <input type="checkbox"/> Electrical Safety/GFCI 1910.304 | <input type="checkbox"/> Lockout/Tagout 1910.147 <input type="checkbox"/> Authorized | <input type="checkbox"/> Environmental Awareness |
| <input type="checkbox"/> NFPA-70E <input type="checkbox"/> Arc Flash Training | <input type="checkbox"/> Manual Lifting <input type="checkbox"/> Back <input type="checkbox"/> Hand Safety | <input type="checkbox"/> Disciplinary Policy |
| <input type="checkbox"/> Emergency Response Procedure 1910.38 | <input type="checkbox"/> Noise Exposure 1910.95 | <input type="checkbox"/> Winter Safety |
| <input type="checkbox"/> First Aid 1910.151 CPR | <input type="checkbox"/> N.O.R.M. 1910.7 App A | <input type="checkbox"/> Aerial Lift Certification Expires: _____ |
| <input type="checkbox"/> Fire Safety 1910.150 <input type="checkbox"/> Bullex Hands-On | <input type="checkbox"/> Personal Fall Protection 1910.66 App C | <input type="checkbox"/> Model: _____ Wt. Cap _____ 1926.453 |
| <input type="checkbox"/> Fire Watch Training 1915.504 | <input type="checkbox"/> Personal Protective Equipment 1910.132 | <input type="checkbox"/> Forklift Certification Expires: _____ |
| <input type="checkbox"/> Hand & Power Tools 1926.300 | <input type="checkbox"/> Respiratory Protection 1910.134 | <input type="checkbox"/> Model: _____ Wt. Cap _____ 1910.178 |
| <input type="checkbox"/> HAZCOM Complies GHS 1910.1200 | <input type="checkbox"/> Medical Case Management | <input type="checkbox"/> Respirator Protection 1910.134 App C |
| <input type="checkbox"/> Job Safety Analysis | | <input type="checkbox"/> Fit Test <input type="checkbox"/> Medical Questionnaire |
| <input type="checkbox"/> Other: _____ | | |


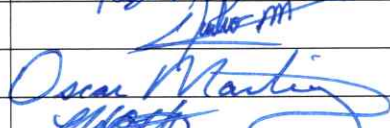
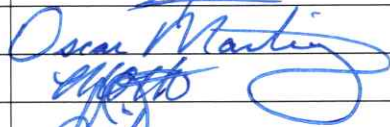
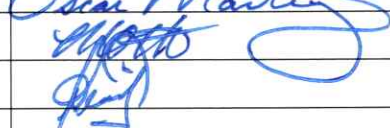
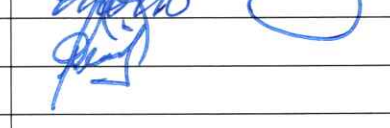
Comments: Went over PPT for Hazard ID Risk Assessment
Watched video over Ladder Safety & Reviewed Test N/ class

Course Location: dal, NM Time In: 6 AM Time Out: 7 AM Page: 1 of 2

Safety Passports: 0 Ticket #: 51451 Bump Test: LO Instructor: sterling calderon

Company Name: Northern Delaware Basin Landfill
City: Jal State: NM Zip: 88240

Monthly Attendance Record Monthly Safety: ☒ Yearly Block: _____ Make Up Meeting: _____ Month: _____
Date: 8/7/20 Expiration Date: 8/7/21 Contact Name: Zach Phone: 4325563076

Name (Must Print)	Signature	ID #	SPP
1. <u>Seth Estrich</u>			<input checked="" type="checkbox"/>
2. <u>Peggy Jones</u>			
3. <u>Julio C Ruvalcaba</u>			
4. <u>Oscar Martinez</u>			
5. <u>Millettto</u>			
6. <u>Lisec D Cabillon</u>			
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IF YOU NEED A PASSPORT

- | | | |
|---|---|--|
| <input type="checkbox"/> Abrasive Sandblasting 1910.94(a) | <input checked="" type="checkbox"/> Hazard ID Risk Assessment 1910 Subl App B | <input type="checkbox"/> Rigging Material Handling 1926.251 |
| <input type="checkbox"/> Asbestos Awareness 1910.1001 | <input type="checkbox"/> Gas Hazards Compressed Gas 1910.101 | <input type="checkbox"/> Process Safety Management 1910.119 |
| <input type="checkbox"/> Benzene Awareness 1910.1028 | <input type="checkbox"/> Heat Stress | <input type="checkbox"/> Scaffolds 1910.128 |
| <input type="checkbox"/> Behavior Based Safety Program | <input type="checkbox"/> HAZWOPER On-Line 1910.120 | <input type="checkbox"/> Short Service Employee |
| <input type="checkbox"/> Blood-borne Pathogens 1910.1030 | <input type="checkbox"/> Awareness <input type="checkbox"/> 8hr <input type="checkbox"/> 24hr <input type="checkbox"/> 40hr | <input type="checkbox"/> Stop Work Authority |
| <input type="checkbox"/> Confined Space Entry Awareness 1910.146 | <input type="checkbox"/> Hydrogen Sulfide Certification ANSI Z390.1-2017 | <input type="checkbox"/> Trenching/Excavation 1926.650 |
| <input type="checkbox"/> Entrant Level <input type="checkbox"/> Attendant Level <input type="checkbox"/> Supervisor | <input type="checkbox"/> Incident Reporting & Investigation 1960.29 | <input type="checkbox"/> Welding/Hot Work 1910.253 |
| <input type="checkbox"/> Defensive Driving 29CFR Part 500 Subpart D | <input checked="" type="checkbox"/> Ladder Safety & Stairways 1910.24-27 | <input type="checkbox"/> Walking & Working Slips Trips Falls 1910.22 |
| <input type="checkbox"/> Drug & Alcohol Training <input type="checkbox"/> Supervisor | <input type="checkbox"/> Lead Safety 1910.1025 | <input type="checkbox"/> Oxy Orientation |
| <input type="checkbox"/> Electrical Safety/GFCI 1910.304 | <input type="checkbox"/> Lockout/Tagout 1910.147 <input type="checkbox"/> Authorized | <input type="checkbox"/> Environmental Awareness |
| <input type="checkbox"/> NFPA-70E <input type="checkbox"/> Arc Flash Training | <input type="checkbox"/> Manual Lifting <input type="checkbox"/> Back <input type="checkbox"/> Hand Safety | <input type="checkbox"/> Disciplinary Policy |
| <input type="checkbox"/> Emergency Response Procedure 1910.38 | <input type="checkbox"/> Noise Exposure 1910.95 | <input type="checkbox"/> Winter Safety |
| <input type="checkbox"/> First Aid 1910.151 CPR | <input type="checkbox"/> N.O.R.M. 1910.7 App A | <input type="checkbox"/> Aerial Lift Certification Expires: _____ |
| <input type="checkbox"/> Fire Safety 1910.150 <input type="checkbox"/> Bullex Hands-On | <input type="checkbox"/> Personal Fall Protection 1910.66 App C | <input type="checkbox"/> Model: _____ Wt. Cap _____ 1926.453 |
| <input type="checkbox"/> Fire Watch Training 1915.504 | <input type="checkbox"/> Personal Protective Equipment 1910.132 | <input type="checkbox"/> Forklift Certification Expires: _____ |
| <input type="checkbox"/> Hand & Power Tools 1926.300 | <input type="checkbox"/> Respiratory Protection 1910.134 | <input type="checkbox"/> Model: _____ Wt. Cap _____ 1910.178 |
| <input type="checkbox"/> HAZCOM Complies GHS 1910.1200 | <input type="checkbox"/> Medical Case Management | <input type="checkbox"/> Respirator Protection 1910.134 App C |
| <input type="checkbox"/> Job Safety Analysis | | <input type="checkbox"/> Fit Test <input type="checkbox"/> Medical Questionnaire |
| <input type="checkbox"/> Other: _____ | | |

Comments: Went over ppt for Hazard ID Risk Assessment
Watched video over ladder safety & reviewed test w/ class

Course Location: Jal, NM Time In: 6AM Time Out: 7AM Page: 2 of 2
Safety Passports: 0 Ticket #: _____ Bump Test: 0 Instructor: Zlerung Calderon

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Course Attendance Record

NM 7785

Company Name: North Delaware Basin Landfill
Contact Name: ZACH Phone #: 432-556-3072
City: dal State: NM Zip: _____

Date: 8/26/20 Expiration Date: 8/26/21 New Employee Safety: ☒ Yearly Block: _____ Make Up Meeting: _____ Month: _____

	Name (Print)	Signature	ID #	Passport	Card
1.	Ron Rios	<i>Ron Rios</i>			
2.	Rayla Diaz	<i>Rayla Diaz</i>			
3.	Ukisha D. Castillo	<i>Ukisha D. Castillo</i>			
4.	Henry U. Babellos	<i>Henry U. Babellos</i>			
5.	Serge Alvarez	<i>Serge Alvarez</i>			
6.	Sose Rabago	<i>Sose Rabago</i>			
7.	Forien Rios	<i>Forien Rios</i>			
8.	Flauteria Riquillo - Elesterio	<i>Flauteria Riquillo</i>			
9.	Jonathan Bana	<i>Jonathan Bana</i>			
10.	Yanels Pinos - Adan Ornelas	<i>Yanels Pinos</i>			

☒ New Employee Orientation

- Bloodborne Pathogens 1910.1030
- Back Safety
- Electrical Safety/GFCI 1910.304
- Emergency Response Procedure 1910.38
- Fire Safety Awareness 1910.150
- HAZCOM-Globally Harmonized System 1910.1200
- Lockout/Tagout Training 1910.147
- Noise Exposure 1910.95
- Personal Protective Equipment 1910.132
- Respiratory Protection 1910.134
- Walking & Working Surfaces Slips Trips Falls 1910.22
- ☒ Confined Space Awareness 1910.146
- ☒ Hydrogen Sulfide Certification ANSI Z390.1-2017

Comments: Confined Space PPT Video for On Alert, PPT & Video on
HAS Reviewed all tests after

Instructor: Erin Yzhariz Calderon

Course Location: JUL NM

Additional Topics

- ☐ Alcohol & Drug Supervisor Training
- ☐ Behavior Based Safety Program
- ☐ Defensive Driving 29CFR Part 500 Subpart D
- ☐ Hand & Power Tools 1926.300
- ☐ Incident Reporting & Investigation 1960.29
- ☐ Ladder Safety 1910.24-27
- ☐ First Aid 1910.151 CPR
- ☐ Personal Fall Protection 1910.66 App C
- ☐ Short Service Employee
- ☐ Stop Work Authority
- ☐ Fire Watch Training 1915.504
- ☐ Bullex-Fire Extinguisher Training Hands on 1910.157(g)(1)
- ☒ Other: On Alert

Contractor Orientation

- ☐ Other: _____
- ☐ Oxy Orientation
- ☐ Marathon Orientation

Specialty Training

- ☐ Confined Space 1910.146
- ☐ Entrant Level
- ☐ Attendant
- ☐ Fit Test 1910.134 App A
- ☐ QLFT
- ☐ QNFT
- Respirator Brand: _____
- Respirator Brand: _____
- ☐ Medical Questionnaire 1910.134 App C
- ☐ Aerial Lift 1910.68 Model: _____ Wt.Cap: _____
- ☐ Forklift 1910.178 Model: _____ Wt.Cap: _____
- ☐ Other: _____

Job Ticket #: 51482 Passports: 23 Bump Test: 0

Time In: 10:00 AM Time Out: 10:30 AM Page: 1 of 3

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Course Attendance Record

NM 7786

Company Name: North Delaware Basin Landfill
Contact Name: Zach Phone #: 432-556-3072
City: Jal State: NM Zip: _____
Date: 9/26/20 Expiration Date: 9/26/21 New Employee Safety: ☒ Yearly Block: _____ Make Up Meeting: _____ Month: _____

Name (Print)	Signature	ID #	Passport	Card
1. <u>Finney Urias</u>	<u>Finney Urias</u>			
2. <u>ATilano Rosalez</u>	<u>ATilano Rosalez</u>			
3. <u>Donathan Frias</u>	<u>Donathan Frias</u>			
4. <u>Brandon Gutierrez</u>	<u>Brandon Gutierrez</u>			
5. <u>Jazmine A. Lujan</u>	<u>Jazmine A. Lujan</u>			
6. <u>Reyna Selman</u>	<u>Reyna Selman</u>			
7. <u>Elsa Ontiveros</u>	<u>Elsa Ontiveros</u>			
8. <u>Jose Quesada</u>	<u>Jose Quesada</u>			
9. <u>Joseph Justin Titus</u>	<u>Joseph Justin Titus</u>			
10. <u>Oscar Martinez</u>	<u>Oscar Martinez</u>			

☐ New Employee Orientation

Bloodborne Pathogens 1910.1030
Back Safety
Electrical Safety/GFCI 1910.304
Emergency Response Procedure 1910.38
Fire Safety Awareness 1910.150
HAZCOM-Globally Harmonized System 1910.1200
Lockout/Tagout Training 1910.147
Noise Exposure 1910.95
Personal Protective Equipment 1910.132
Respiratory Protection 1910.134
Walking & Working Surfaces Slips Trips Falls 1910.22
☐ Confined Space Awareness 1910.146
☐ Hydrogen Sulfide Certification ANSI Z390.1-2017

Comments: _____

☐ Additional Topics

☐ Alcohol & Drug Supervisor Training
☐ Behavior Based Safety Program
☐ Defensive Driving 29CFR Part 500 Subpart D
☐ Hand & Power Tools 1926.300
☐ Incident Reporting & Investigation 1960.29
☐ Ladder Safety 1910.24-27
☐ First Aid 1910.151 CPR
☐ Personal Fall Protection 1910.66 App C
☐ Short Service Employee
☐ Stop Work Authority
☐ Fire Watch Training 1915.504
☐ Bullex-Fire Extinguisher Training Hands on 1910.157(g)(1)
☐ Other: _____

☐ Contractor Orientation

☐ Other: _____
☐ Oxy Orientation
☐ Marathon Orientation

☐ Specialty Training

☐ Confined Space 1910.146 ☐ Entrant Level ☐ Attendant
☐ Fit Test 1910.134 App A ☐ QLFT ☐ QNFT
Respirator Brand _____
Respirator Brand _____
☐ Medical Questionnaire 1910.134 App C
☐ Aerial Lift 1910.68 Model: _____ Wt.Cap: _____
☐ Forklift 1910.178 Model: _____ Wt.Cap: _____
☐ Other: _____

Instructor: _____ Job Ticket #: _____ Passports: _____ Bump Test: _____
Course Location: _____ Time In: _____ Time Out: _____ Page: 2 of 3

Got Safety? LLC

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Course Attendance Record

NM 7786-1

Company Name: North Delaware Basin landfill
Contact Name: Zach Phone #: 432-556-3012
City: Jal State: Nm Zip: _____

Date: 10/24/20 Expiration Date: 10/26/20 New Employee Safety: ☒ Yearly Block: _____ Make Up Meeting: _____ Month: _____

Name (Print)	Signature	ID #	Passport	Card
1. <u>Judy Ronquillo</u>	<u>Judy Ronquillo</u>			
2. <u>Ernesto Romero</u>				
3. <u>Miguel Holguin</u>	<u>Miguel H.</u>			
4. <u>Jose Carlos Flores</u>	<u>J</u>			
5.				
6.				
7.				
8.				
9.				
10.				

☐ New Employee Orientation

- Bloodborne Pathogens 1910.1030
- Back Safety
- Electrical Safety/GFCI 1910.304
- Emergency Response Procedure 1910.38
- Fire Safety Awareness 1910.150
- HAZCOM-Globally Harmonized System 1910.1200
- Lockout/Tagout Training 1910.147
- Noise Exposure 1910.95
- Personal Protective Equipment 1910.132
- Respiratory Protection 1910.134
- Walking & Working Surfaces Slips Trips Falls 1910.22
- ☐ Confined Space Awareness 1910.146
- ☐ Hydrogen Sulfide Certification ANSI Z390.1-2017

Additional Topics

- ☐ Alcohol & Drug Supervisor Training
- ☐ Behavior Based Safety Program
- ☐ Defensive Driving 29CFR Part 500 Subpart D
- ☐ Hand & Power Tools 1926.300
- ☐ Incident Reporting & Investigation 1960.29
- ☐ Ladder Safety 1910.24-27
- ☐ First Aid 1910.151 CPR
- ☐ Personal Fall Protection 1910.66 App C
- ☐ Short Service Employee
- ☐ Stop Work Authority
- ☐ Fire Watch Training 1915.504
- ☐ Bullex-Fire Extinguisher Training Hands on 1910.157(g)(1)
- ☐ Other: _____

Contractor Orientation

- ☐ Other: _____
- ☐ Oxy Orientation
- ☐ Marathon Orientation

Specialty Training

- ☐ Confined Space 1910.146 ☐ Entrant Level ☐ Attend:
- ☐ Fit Test 1910.134 App A ☐ QLFT ☐ QNFT
- Respirator Brand _____
- Respirator Brand _____
- ☐ Medical Questionnaire 1910.134 App C
- ☐ Aerial Lift 1910.68 Model: _____ Wt.Cap: _____
- ☐ Forklift 1910.178 Model: _____ Wt.Cap: _____
- ☐ Other: _____

Comments: _____

Instructor: _____

Course Location: _____

Job Ticket #: _____

Time In: _____

Passports: _____

Time Out: _____

Bump Test: _____

Page: 8 of 8

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Company Name: Northern Delaware Basin **NM** 8979
City: dal State: NM Zip: 88

Monthly Attendance Record Monthly Safety: ☒ Yearly Block: _____ Make Up Meeting: _____ Month: _____
Date: 9/4/20 Expiration Date: 9/4/20 Contact Name: ZACH Phone: 432 550307

Name (Must Print)	Signature	ID #	SPP
1. Dorion Rosalez			
2. Adan Omedas		2227	
3. Adriano Rosalez		5067	
4. Fabian Fabela		9900	
5. Christian Espinoza		7362	✓
6. Michael Montanez		7132	✓
7. Gina Fabela		7617	✓
8. xth Esteban		2806	✓
9. Jonathan Frias		5647	
10. Miguel Holguin		4816	
11. Adan Chacon		1123	✓
12. Mike Dennison		1193	✓
13. Ramon Trevino		7624	✓
14. Edgar Cruz		2786	
15. Luis Cruz		2987	✓

- | | | |
|---|---|--|
| <input type="checkbox"/> Abrasive Sandblasting 1910.94(a) | <input type="checkbox"/> Hazard ID Risk Assessment 1910 Subl App B | <input type="checkbox"/> Rigging Material Handling 1926.251 |
| <input type="checkbox"/> Asbestos Awareness 1910.1001 | <input type="checkbox"/> Gas Hazards Compressed Gas 1910.101 | <input type="checkbox"/> Process Safety Management 1910.119 |
| <input type="checkbox"/> Benzene Awareness 1910.1028 | <input type="checkbox"/> Heat Stress | <input type="checkbox"/> Scaffolds 1910.128 |
| <input type="checkbox"/> Behavior Based Safety Program | <input type="checkbox"/> HAZWOPER On-Line 1910.120 | <input type="checkbox"/> Short Service Employee |
| <input type="checkbox"/> Blood-borne Pathogens 1910.1030 | <input type="checkbox"/> Awareness <input type="checkbox"/> 8hr <input type="checkbox"/> 24hr <input type="checkbox"/> 40hr | <input type="checkbox"/> Stop Work Authority |
| <input checked="" type="checkbox"/> Confined Space Entry Awareness 1910.146 | <input type="checkbox"/> Hydrogen Sulfide Certification ANSI Z390.1-2017 | <input type="checkbox"/> Trenching/Excavation 1926.650 |
| <input type="checkbox"/> Entrant Level <input type="checkbox"/> Attendant Level <input type="checkbox"/> Supervisor | <input type="checkbox"/> Incident Reporting & Investigation 1960.29 | <input type="checkbox"/> Welding/Hot Work 1910.253 |
| <input type="checkbox"/> Defensive Driving 29CFR Part 500 Subpart D | <input type="checkbox"/> Ladder Safety & Stairways 1910.24-27 | <input type="checkbox"/> Walking & Working Slips Trips Falls 1910.22 |
| <input type="checkbox"/> Drug & Alcohol Training <input type="checkbox"/> Supervisor | <input type="checkbox"/> Lead Safety 1910.1025 | <input type="checkbox"/> Oxy Orientation |
| <input type="checkbox"/> Electrical Safety/GFCI 1910.304 | <input type="checkbox"/> Lockout/Tagout 1910.147 <input type="checkbox"/> Authorized | <input type="checkbox"/> Environmental Awareness |
| <input type="checkbox"/> NFPA-70E <input type="checkbox"/> Arc Flash Training | <input type="checkbox"/> Manual Lifting <input type="checkbox"/> Back <input type="checkbox"/> Hand Safety | <input type="checkbox"/> Disciplinary Policy |
| <input type="checkbox"/> Emergency Response Procedure 1910.38 | <input type="checkbox"/> Noise Exposure 1910.95 | <input type="checkbox"/> Winter Safety |
| <input type="checkbox"/> First Aid 1910.151 CPR | <input type="checkbox"/> N.O.R.M. 1910.7 App A | <input type="checkbox"/> Aerial Lift Certification Expires: _____ |
| <input type="checkbox"/> Fire Safety 1910.150 <input type="checkbox"/> Bullex Hands-On | <input type="checkbox"/> Personal Fall Protection 1910.66 App C | <input type="checkbox"/> Model: _____ Wt. Cap _____ 1926.453 |
| <input type="checkbox"/> Fire Watch Training 1915.504 | <input type="checkbox"/> Personal Protective Equipment 1910.132 | <input type="checkbox"/> Forklift Certification Expires: _____ |
| <input type="checkbox"/> Hand & Power Tools 1926.300 | <input checked="" type="checkbox"/> Respiratory Protection 1910.134 | <input type="checkbox"/> Model: _____ Wt. Cap _____ 1910.178 |
| <input type="checkbox"/> HAZCOM Complies GHS 1910.1200 | <input type="checkbox"/> Medical Case Management | <input type="checkbox"/> Respirator Protection 1910.134 App C |
| <input type="checkbox"/> Job Safety Analysis | | <input type="checkbox"/> Fit Test <input type="checkbox"/> Medical Questionnaire |
| <input type="checkbox"/> Other: _____ | | |

Comments: Respiratory protection video, Confined Space ppt, Reviewed Tests
Course Location: dal, NM Time In: 6:00AM Time Out: 7:00AM Page: 1 of 2
Safety Passports: 5 Ticket #: 51492 Bump Test: 10 Instructor: Gerardo Calderon

Got Safety? LLC

www.gotsafetytraining.com

NM 8980

Company Name: Northern Delaware Basin Landfill

City: dal State: NM Zip: _____

Monthly Attendance Record Monthly Safety: ☒ Yearly Block: _____ Make Up Meeting: _____ Month: _____
Date: 9/4/20 Expiration Date: 9/4/21 Contact Name: Zach Phone: 432 556 3072

Name (Must Print)	Signature	ID #	SPP
1. Jose Galaniz	<i>[Signature]</i>	0019	
2. Jonathan Brown			
3. Fabian Ornelas	<i>[Signature]</i>	7767	—
4. Keydel Clemente	<i>[Signature]</i>	7798	✓
5. Bryan Perez	<i>[Signature]</i>		
6. Reyno Selman	<i>[Signature]</i>		
7. Sergio Lujan	<i>[Signature]</i>		✓
8. Jose Carlos Flores D	<i>[Signature]</i>	→	
9. Bryan Villa	<i>[Signature]</i>	B04	✓
10. Judy Rongulli			
11. Elsa Ontiveros			
12.			
13.			
14.			
15.			

- | | | |
|---|---|--|
| <input type="checkbox"/> Abrasive Sandblasting 1910.94(a) | <input type="checkbox"/> Hazard ID Risk Assessment 1910 Subl App B | <input type="checkbox"/> Rigging Material Handling 1926.251 |
| <input type="checkbox"/> Asbestos Awareness 1910.1001 | <input type="checkbox"/> Gas Hazards Compressed Gas 1910.101 | <input type="checkbox"/> Process Safety Management 1910.119 |
| <input type="checkbox"/> Benzene Awareness 1910.1028 | <input type="checkbox"/> Heat Stress | <input type="checkbox"/> Scaffolds 1910.128 |
| <input type="checkbox"/> Behavior Based Safety Program | <input type="checkbox"/> HAZWOPER On-Line 1910.120 | <input type="checkbox"/> Short Service Employee |
| <input type="checkbox"/> Blood-borne Pathogens 1910.1030 | <input type="checkbox"/> Awareness <input type="checkbox"/> 8hr <input type="checkbox"/> 24hr <input type="checkbox"/> 40hr | <input type="checkbox"/> Stop Work Authority |
| <input checked="" type="checkbox"/> Confined Space Entry Awareness 1910.146 | <input type="checkbox"/> Hydrogen Sulfide Certification ANSI Z390.1-2017 | <input type="checkbox"/> Trenching/Excavation 1926.650 |
| <input type="checkbox"/> Entrant Level <input type="checkbox"/> Attendant Level <input type="checkbox"/> Supervisor | <input type="checkbox"/> Incident Reporting & Investigation 1960.29 | <input type="checkbox"/> Welding/Hot Work 1910.253 |
| <input type="checkbox"/> Defensive Driving 29CFR Part 500 Subpart D | <input type="checkbox"/> Ladder Safety & Stairways 1910.24-27 | <input type="checkbox"/> Walking & Working Slips Trips Falls 1910.22 |
| <input type="checkbox"/> Drug & Alcohol Training <input type="checkbox"/> Supervisor | <input type="checkbox"/> Lead Safety 1910.1025 | <input type="checkbox"/> Oxy Orientation |
| <input type="checkbox"/> Electrical Safety/GFCI 1910.304 | <input type="checkbox"/> Lockout/Tagout 1910.147 <input type="checkbox"/> Authorized | <input type="checkbox"/> Environmental Awareness |
| <input type="checkbox"/> NFPA-70E <input type="checkbox"/> Arc Flash Training | <input type="checkbox"/> Manual Lifting <input type="checkbox"/> Back <input type="checkbox"/> Hand Safety | <input type="checkbox"/> Disciplinary Policy |
| <input type="checkbox"/> Emergency Response Procedure 1910.38 | <input type="checkbox"/> Noise Exposure 1910.95 | <input type="checkbox"/> Winter Safety |
| <input type="checkbox"/> First Aid 1910.151 CPR | <input type="checkbox"/> N.O.R.M. 1910.7 App A | <input type="checkbox"/> Aerial Lift Certification Expires: _____ |
| <input type="checkbox"/> Fire Safety 1910.150 <input type="checkbox"/> Bullex Hands-On | <input type="checkbox"/> Personal Fall Protection 1910.66 App C | <input type="checkbox"/> Model: _____ Wt. Cap _____ 1926.453 |
| <input type="checkbox"/> Fire Watch Training 1915.504 | <input type="checkbox"/> Personal Protective Equipment 1910.132 | <input type="checkbox"/> Forklift Certification Expires: _____ |
| <input type="checkbox"/> Hand & Power Tools 1926.300 | <input checked="" type="checkbox"/> Respiratory Protection 1910.134 | <input type="checkbox"/> Model: _____ Wt. Cap _____ 1910.178 |
| <input type="checkbox"/> HAZCOM Complies GHS 1910.1200 | <input type="checkbox"/> Medical Case Management | <input type="checkbox"/> Respirator Protection 1910.134 App C |
| <input type="checkbox"/> Job Safety Analysis | | <input type="checkbox"/> Fit Test <input type="checkbox"/> Medical Questionnaire |
| <input type="checkbox"/> Other: _____ | | |

Comments: See page one

Course Location: dal NM Time In: 6:00 Time Out: 7:00AM Page: 2 of 2
Safety Passports: _____ Ticket #: 81497 Bump Test: _____ Instructor: Starling Calderon

Got Safety? LLC

www.gotsafetytraining.com

NM 9014

Company Name: Northern Delaware Basin Landfill

City: Jal State: NM Zip: 88252

Monthly Attendance Record Monthly Safety: ☒ Yearly Block: _____ Make Up Meeting: _____ Month: _____
Date: 10/2/20 Expiration Date: 10/2/21 Contact Name: ZACH Phone: 432556307

Name (Must Print)	Signature	ID #	SPP
1. <u>Josue J Ronquillo</u>	<u>Josue Ronquillo</u>	<u>6600</u>	<input checked="" type="checkbox"/>
2. <u>Mike Denaiston</u>	<u>Mike</u>	<u>1193</u>	
3. <u>Michael Bustamante</u>	<u>Michael</u>	<u>1770</u>	<u>3394</u>
4. <u>Finney Urias</u>	<u>Finney Urias</u>		
5. <u>Gonzalo Piron</u>	<u>Gonzalo Piron</u>	<u>8937</u>	
6. <u>Elsa Ontiveros</u>	<u>Elsa Ontiveros</u>		
7. <u>Christian Espinosa</u>	<u>Christian Espinosa</u>	<u>7363</u>	<input checked="" type="checkbox"/>
8. <u>Michael Navarrete</u>	<u>Michael</u>		<input checked="" type="checkbox"/>
9. <u>Adan Ornelas</u>	<u>Adan</u>	<u>2227</u>	<input checked="" type="checkbox"/>
10. <u>Edgar Lopez</u>	<u>Edgar Lopez</u>	<u>2227</u>	
11. <u>Adrian Chacon</u>	<u>Adrian Chacon</u>	<u>2227</u>	
12. <u>Jose Rangel</u>	<u>Jose Rangel</u>	<u>1251</u>	<input checked="" type="checkbox"/>
13. <u>Jose Rangel</u>	<u>Jose Rangel</u>	<u>1271</u>	<input checked="" type="checkbox"/>
14. <u>Ryan Ruiz</u>	<u>Ryan Ruiz</u>	<u>2397</u>	<input checked="" type="checkbox"/>
15. <u>ALEXANDER TORRES</u>	<u>Alex</u>	<u>3009</u>	<input checked="" type="checkbox"/>

- | | | |
|---|---|--|
| <input type="checkbox"/> Abrasive Sandblasting 1910.94(a) | <input type="checkbox"/> Hazard ID Risk Assessment 1910 Subl App B | <input type="checkbox"/> Rigging Material Handling 1926.251 |
| <input type="checkbox"/> Asbestos Awareness 1910.1001 | <input type="checkbox"/> Gas Hazards Compressed Gas 1910.101 | <input type="checkbox"/> Process Safety Management 1910.119 |
| <input type="checkbox"/> Benzene Awareness 1910.1028 | <input type="checkbox"/> Heat Stress | <input type="checkbox"/> Scaffolds 1910.128 |
| <input type="checkbox"/> Behavior Based Safety Program | <input type="checkbox"/> HAZWOPER On-Line 1910.120 | <input checked="" type="checkbox"/> Short Service Employee |
| <input type="checkbox"/> Blood-borne Pathogens 1910.1030 | <input type="checkbox"/> Awareness <input type="checkbox"/> 8hr <input type="checkbox"/> 24hr <input type="checkbox"/> 40hr | <input type="checkbox"/> Stop Work Authority |
| <input type="checkbox"/> Confined Space Entry Awareness 1910.146 | <input type="checkbox"/> Hydrogen Sulfide Certification ANSI Z390.1-2017 | <input type="checkbox"/> Trenching/Excavation 1926.650 |
| <input type="checkbox"/> Entrant Level <input type="checkbox"/> Attendant Level <input type="checkbox"/> Supervisor | <input type="checkbox"/> Incident Reporting & Investigation 1960.29 | <input type="checkbox"/> Welding/Hot Work 1910.253 |
| <input type="checkbox"/> Defensive Driving 29CFR Part 500 Subpart D | <input type="checkbox"/> Ladder Safety & Stairways 1910.24-27 | <input type="checkbox"/> Walking & Working Slips Trips Falls 1910.22 |
| <input type="checkbox"/> Drug & Alcohol Training <input type="checkbox"/> Supervisor | <input checked="" type="checkbox"/> Lead Safety 1910.1025 | <input type="checkbox"/> Oxy Orientation |
| <input type="checkbox"/> Electrical Safety/GFCI 1910.304 | <input type="checkbox"/> Lockout/Tagout 1910.147 <input type="checkbox"/> Authorized | <input type="checkbox"/> Environmental Awareness |
| <input type="checkbox"/> NFPA-70E <input type="checkbox"/> Arc Flash Training | <input type="checkbox"/> Manual Lifting <input type="checkbox"/> Back <input type="checkbox"/> Hand Safety | <input type="checkbox"/> Disciplinary Policy |
| <input type="checkbox"/> Emergency Response Procedure 1910.38 | <input type="checkbox"/> Noise Exposure 1910.95 | <input type="checkbox"/> Winter Safety |
| <input type="checkbox"/> First Aid 1910.151 CPR | <input type="checkbox"/> N.O.R.M. 1910.7 App A | <input type="checkbox"/> Aerial Lift Certification Expires: _____ |
| <input type="checkbox"/> Fire Safety 1910.150 <input type="checkbox"/> Bullex Hands-On | <input type="checkbox"/> Personal Fall Protection 1910.66 App C | <input type="checkbox"/> Model: _____ Wt. Cap _____ 1926.453 |
| <input type="checkbox"/> Fire Watch Training 1915.504 | <input type="checkbox"/> Personal Protective Equipment 1910.132 | <input type="checkbox"/> Forklift Certification Expires: _____ |
| <input type="checkbox"/> Hand & Power Tools 1926.300 | <input type="checkbox"/> Respiratory Protection 1910.134 | <input type="checkbox"/> Model: _____ Wt. Cap _____ 1910.178 |
| <input type="checkbox"/> HAZCOM Complies GHS 1910.1200 | <input type="checkbox"/> Medical Case Management | <input type="checkbox"/> Respirator Protection 1910.134 App C |
| <input type="checkbox"/> Job Safety Analysis | | <input type="checkbox"/> Fit Test <input type="checkbox"/> Medical Questionnaire |

☒ Other: Spill prevention

Comments: Went over Spill prevention PPT, watched video on Lead & discussed JSE than reviewed tests.

Course Location: Jal, NM Time In: 6:00 AM Time Out: 7:30 AM Page: 1 of 3

Safety Passports: 10 Ticket #: 64514 Bump Test: 5 Instructor: Stirling & Calderon

Got Safety? LLC

www.gotsafetytraining.com

Company Name: Northern Delaware Basin Landfill
City: Jal State: NM Zip: 88252

NM 9015

9015

Monthly Attendance Record Monthly Safety: ☒ Yearly Block: _____ Make Up Meeting: _____ Month: _____
Date: 10/2/20 Expiration Date: 10/2/21 Contact Name: Zach Phone: 4325543072

Name (Must Print)	Signature	ID #	SPP
1. Candi Thomas	Candi Thomas	2220	<input checked="" type="checkbox"/>
2. Jose A Robayo	José Alfredo Robayo	7293	
3. Oscar Martinez	Oscar Martinez	8187	
4. Juanita Rites	Juanita Rites	7915	
5. Bryan Luna	Bryan Luna	6199	
6. Jose Daniel Guesada	José Daniel Guesada		
7. Victoria Lopez	Victoria Lopez	2380	<input checked="" type="checkbox"/>
8. Dorion Rosalez	Dorion Rosalez	5533	
9. Atilano Rosalez	Atilano Rosalez	5067	
10. Reyes Clemente	Reyes Clemente	7798	<input checked="" type="checkbox"/>
11. Andres Castaneda	Andres Castaneda	1269	
12. Reyno Belman	Reyno Belman	2212	
13. Miguel Halguin	Miguel Halguin	4816	
14. Jorge Alvarez	Jorge Alvarez		
15. Armando Quintana	Armando Quintana		

- | | | |
|---|---|--|
| <input type="checkbox"/> Abrasive Sandblasting 1910.94(a) | <input type="checkbox"/> Hazard ID Risk Assessment 1910 Subl App B | <input type="checkbox"/> Rigging Material Handling 1926.251 |
| <input type="checkbox"/> Asbestos Awareness 1910.1001 | <input type="checkbox"/> Gas Hazards Compressed Gas 1910.101 | <input type="checkbox"/> Process Safety Management 1910.119 |
| <input type="checkbox"/> Benzene Awareness 1910.1028 | <input type="checkbox"/> Heat Stress | <input type="checkbox"/> Scaffolds 1910.128 |
| <input type="checkbox"/> Behavior Based Safety Program | <input type="checkbox"/> HAZWOPER On-Line 1910.120 | <input checked="" type="checkbox"/> Short Service Employee |
| <input type="checkbox"/> Blood-borne Pathogens 1910.1030 | <input type="checkbox"/> Awareness <input type="checkbox"/> 8hr <input type="checkbox"/> 24hr <input type="checkbox"/> 40hr | <input type="checkbox"/> Stop Work Authority |
| <input type="checkbox"/> Confined Space Entry Awareness 1910.146 | <input type="checkbox"/> Hydrogen Sulfide Certification ANSI Z390.1-2017 | <input type="checkbox"/> Trenching/Excavation 1926.650 |
| <input type="checkbox"/> Entrant Level <input type="checkbox"/> Attendant Level <input type="checkbox"/> Supervisor | <input type="checkbox"/> Incident Reporting & Investigation 1960.29 | <input type="checkbox"/> Welding/Hot Work 1910.253 |
| <input type="checkbox"/> Defensive Driving 29CFR Part 500 Subpart D | <input type="checkbox"/> Ladder Safety & Stairways 1910.24-27 | <input type="checkbox"/> Walking & Working Slips Trips Falls 1910.22 |
| <input type="checkbox"/> Drug & Alcohol Training <input type="checkbox"/> Supervisor | <input checked="" type="checkbox"/> Lead Safety 1910.1025 | <input type="checkbox"/> Oxy Orientation |
| <input type="checkbox"/> Electrical Safety/GFCI 1910.304 | <input type="checkbox"/> Lockout/Tagout 1910.147 <input type="checkbox"/> Authorized | <input type="checkbox"/> Environmental Awareness |
| <input type="checkbox"/> NFPA-70E <input type="checkbox"/> Arc Flash Training | <input type="checkbox"/> Manual Lifting <input type="checkbox"/> Back <input type="checkbox"/> Hand Safety | <input type="checkbox"/> Disciplinary Policy |
| <input type="checkbox"/> Emergency Response Procedure 1910.38 | <input type="checkbox"/> Noise Exposure 1910.95 | <input type="checkbox"/> Winter Safety |
| <input type="checkbox"/> First Aid 1910.151 CPR | <input type="checkbox"/> N.O.R.M. 1910.7 App A | <input type="checkbox"/> Aerial Lift Certification Expires: _____ |
| <input type="checkbox"/> Fire Safety 1910.150 <input type="checkbox"/> Bullex Hands-On | <input type="checkbox"/> Personal Fall Protection 1910.66 App C | <input type="checkbox"/> Model: _____ Wt. Cap _____ 1926.453 |
| <input type="checkbox"/> Fire Watch Training 1915.504 | <input type="checkbox"/> Personal Protective Equipment 1910.132 | <input type="checkbox"/> Forklift Certification Expires: _____ |
| <input type="checkbox"/> Hand & Power Tools 1926.300 | <input type="checkbox"/> Respiratory Protection 1910.134 | <input type="checkbox"/> Model: _____ Wt. Cap _____ 1910.178 |
| <input type="checkbox"/> HAZCOM Complies GHS 1910.1200 | <input type="checkbox"/> Medical Case Management | <input type="checkbox"/> Respirator Protection 1910.134 App C |
| <input type="checkbox"/> Job Safety Analysis | | <input type="checkbox"/> Fit Test <input type="checkbox"/> Medical Questionnaire |

Other: Spill Prevention

Comments: See page one

Course Location: Jal, NM Time In: 6 AM Time Out: 7:30 AM Page: 2 of 3
Safety Passports: _____ Ticket # 44514 Bump Test: _____ Instructor: Sterling U Calderon

Got Safety? LLC

www.gotsafetytraining.com

NM 9016

Company Name: Northern Delaware Basin Landfill

City: Sal State: NM Zip: 88252

Monthly Attendance Record Monthly Safety: ☒ Yearly Block: _____ Make Up Meeting: _____ Month: _____
Date: 10 / 2 / 20 Expiration Date: 10 / 2 / 21 Contact Name: Zach Phone: 432552307

Name (Must Print)	Signature	ID #	SPP
1. <u>Seth Esbrey</u>	<u>[Signature]</u>	<u>2806</u>	
2. <u>Judy Ronquillo</u>	<u>[Signature]</u>		
3. <u>Kayla Diaz</u>	<u>[Signature]</u>		
4.			
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11.			
12.			
13.			
14.			
15.			

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|---|---|--|
| <input type="checkbox"/> Abrasive Sandblasting 1910.94(a) | <input type="checkbox"/> Hazard ID Risk Assessment 1910 Subl App B | <input type="checkbox"/> Rigging Material Handling 1926.251 |
| <input type="checkbox"/> Asbestos Awareness 1910.1001 | <input type="checkbox"/> Gas Hazards Compressed Gas 1910.101 | <input type="checkbox"/> Process Safety Management 1910.119 |
| <input type="checkbox"/> Benzene Awareness 1910.1028 | <input type="checkbox"/> Heat Stress | <input type="checkbox"/> Scaffolds 1910.128 |
| <input type="checkbox"/> Behavior Based Safety Program | <input type="checkbox"/> HAZWOPER On-Line 1910.120 | <input checked="" type="checkbox"/> Short Service Employee |
| <input type="checkbox"/> Blood-borne Pathogens 1910.1030 | <input type="checkbox"/> Awareness <input type="checkbox"/> 8hr <input type="checkbox"/> 24hr <input type="checkbox"/> 40hr | <input type="checkbox"/> Stop Work Authority |
| <input type="checkbox"/> Confined Space Entry Awareness 1910.146 | <input type="checkbox"/> Hydrogen Sulfide Certification ANSI Z390.1-2017 | <input type="checkbox"/> Trenching/Excavation 1926.650 |
| <input type="checkbox"/> Entrant Level <input type="checkbox"/> Attendant Level <input type="checkbox"/> Supervisor | <input type="checkbox"/> Incident Reporting & Investigation 1960.29 | <input type="checkbox"/> Welding/Hot Work 1910.253 |
| <input type="checkbox"/> Defensive Driving 29CFR Part 500 Subpart D | <input type="checkbox"/> Ladder Safety & Stairways 1910.24-27 | <input type="checkbox"/> Walking & Working Slips Trips Falls 1910.22 |
| <input type="checkbox"/> Drug & Alcohol Training <input type="checkbox"/> Supervisor | <input checked="" type="checkbox"/> Lead Safety 1910.1025 | <input type="checkbox"/> Oxy Orientation |
| <input type="checkbox"/> Electrical Safety/GFCI 1910.304 | <input type="checkbox"/> Lockout/Tagout 1910.147 <input type="checkbox"/> Authorized | <input type="checkbox"/> Environmental Awareness |
| <input type="checkbox"/> NFPA-70E <input type="checkbox"/> Arc Flash Training | <input type="checkbox"/> Manual Lifting <input type="checkbox"/> Back <input type="checkbox"/> Hand Safety | <input type="checkbox"/> Disciplinary Policy |
| <input type="checkbox"/> Emergency Response Procedure 1910.38 | <input type="checkbox"/> Noise Exposure 1910.95 | <input type="checkbox"/> Winter Safety |
| <input type="checkbox"/> First Aid 1910.151 CPR | <input type="checkbox"/> N.O.R.M. 1910.7 App A | <input type="checkbox"/> Aerial Lift Certification Expires: _____ |
| <input type="checkbox"/> Fire Safety 1910.150 <input type="checkbox"/> Bullex Hands-On | <input type="checkbox"/> Personal Fall Protection 1910.66 App C | <input type="checkbox"/> Model: _____ Wt. Cap _____ 1926.453 |
| <input type="checkbox"/> Fire Watch Training 1915.504 | <input type="checkbox"/> Personal Protective Equipment 1910.132 | <input type="checkbox"/> Forklift Certification Expires: _____ |
| <input type="checkbox"/> Hand & Power Tools 1926.300 | <input type="checkbox"/> Respiratory Protection 1910.134 | <input type="checkbox"/> Model: _____ Wt. Cap _____ 1910.178 |
| <input type="checkbox"/> HAZCOM Complies GHS 1910.1200 | <input type="checkbox"/> Medical Case Management | <input type="checkbox"/> Respirator Protection 1910.134 App C |
| <input type="checkbox"/> Job Safety Analysis | | <input type="checkbox"/> Fit Test <input type="checkbox"/> Medical Questionnaire |

☒ Other: Spill Prevention

Comments: See page One.

Course Location: Sal NM Time In: 6 AM Time Out: 7:30 AM Page: 3 of 3
Safety Passports: 1 Ticket #: 44514 Bump Test: — Instructor: Stefano & Calleen

Got Safety? LLC

www.gotsafetytraining.com

TX 2054

Company Name: Northern Delaware Basin
City: Val State: NM Zip: 88252

Monthly Attendance Record Monthly Safety: X Yearly Block: _____ Make Up Meeting: _____ Month: November
Date: 11/06/2020 Expiration Date: 11/06/2021 Contact Name: _____ Phone: (505) 231-1071

Name (Must Print)	Signature	ID #	SPP
1. <u>Michael Montaner</u>	<u>Michael Montaner</u>	<u>7132</u>	
2. <u>Edgar Cruz</u>	<u>Edgar Cruz</u>	<u>2786</u>	
3. <u>Luis Cruz</u>	<u>Luis Cruz</u>	<u>2987</u>	
4. <u>Ricardo Martinez</u>	<u>Ricardo Martinez</u>	<u>2151</u>	
5. <u>Ernesto Romero</u>	<u>Ernesto Romero</u>	<u>1248</u>	
6. <u>Fabian Ornelas</u>	<u>Fabian Ornelas</u>	<u>1237</u>	
7. <u>Jazmine Lujan</u>	<u>Jazmine Lujan</u>	<u>4547</u>	
8. <u>Milagros</u>	<u>Milagros</u>	<u>6177</u>	
9. <u>Geraldine Cabellos</u>	<u>Geraldine Cabellos</u>		
10. <u>Sandra Alvarez</u>	<u>Sandra Alvarez</u>		
11. <u>Atikano Rosalez</u>	<u>Atikano Rosalez</u>	<u>1234</u>	
12. <u>Andres Castaneda</u>	<u>Andres Castaneda</u>	<u>1269</u>	
13. <u>Jonathan Frias</u>	<u>Jonathan Frias</u>	<u>1241</u>	
14. <u>Bryan Villa</u>	<u>Bryan Villa</u>	<u>1261</u>	
15. <u>Michael Bustamante</u>	<u>Michael Bustamante</u>	<u>1270</u>	

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|---|---|--|
| <input type="checkbox"/> Abrasive Sandblasting 1910.94(a) | <input type="checkbox"/> Hazard ID Risk Assessment 1910 Subl App B | <input type="checkbox"/> Rigging Material Handling 1926.251 |
| <input checked="" type="checkbox"/> Asbestos Awareness 1910.1001 | <input type="checkbox"/> Gas Hazards Compressed Gas 1910.101 | <input type="checkbox"/> Process Safety Management 1910.119 |
| <input checked="" type="checkbox"/> Benzene Awareness 1910.1028 | <input type="checkbox"/> Heat Stress | <input type="checkbox"/> Scaffolds 1910.128 |
| <input type="checkbox"/> Behavior Based Safety Program | <input type="checkbox"/> HAZWOPER On-Line 1910.120 | <input type="checkbox"/> Short Service Employee |
| <input type="checkbox"/> Blood-borne Pathogens 1910.1030 | <input type="checkbox"/> Awareness <input type="checkbox"/> 8hr <input type="checkbox"/> 24hr <input type="checkbox"/> 40hr | <input type="checkbox"/> Stop Work Authority |
| <input type="checkbox"/> Confined Space Entry Awareness 1910.146 | <input type="checkbox"/> Hydrogen Sulfide Certification ANSI Z390.1-2017 | <input type="checkbox"/> Trenching/Excavation 1926.650 |
| <input type="checkbox"/> Entrant Level <input type="checkbox"/> Attendant Level <input type="checkbox"/> Supervisor | <input type="checkbox"/> Incident Reporting & Investigation 1960.29 | <input type="checkbox"/> Welding/Hot Work 1910.253 |
| <input type="checkbox"/> Defensive Driving 29CFR Part 500 Subpart D | <input type="checkbox"/> Ladder Safety & Stairways 1910.24-27 | <input type="checkbox"/> Walking & Working Slips Trips Falls 1910.22 |
| <input type="checkbox"/> Drug & Alcohol Training <input type="checkbox"/> Supervisor | <input type="checkbox"/> Lead Safety 1910.1025 | <input type="checkbox"/> Oxy Orientation |
| <input type="checkbox"/> Electrical Safety/GFCI 1910.304 | <input type="checkbox"/> Lockout/Tagout 1910.147 <input type="checkbox"/> Authorized | <input type="checkbox"/> Environmental Awareness |
| <input type="checkbox"/> NFPA-70E <input type="checkbox"/> Arc Flash Training | <input type="checkbox"/> Manual Lifting <input type="checkbox"/> Back <input type="checkbox"/> Hand Safety | <input type="checkbox"/> Disciplinary Policy |
| <input type="checkbox"/> Emergency Response Procedure 1910.38 | <input type="checkbox"/> Noise Exposure 1910.95 | <input type="checkbox"/> Winter Safety |
| <input type="checkbox"/> First Aid 1910.151 CPR | <input type="checkbox"/> N.O.R.M. 1910.7 App A | <input type="checkbox"/> Aerial Lift Certification Expires: _____ |
| <input type="checkbox"/> Fire Safety 1910.150 <input type="checkbox"/> Bullex Hands-On | <input type="checkbox"/> Personal Fall Protection 1910.66 App C | <input type="checkbox"/> Model: _____ Wt. Cap _____ 1926.453 |
| <input type="checkbox"/> Fire Watch Training 1915.504 | <input type="checkbox"/> Personal Protective Equipment 1910.132 | <input type="checkbox"/> Forklift Certification Expires: _____ |
| <input type="checkbox"/> Hand & Power Tools 1926.300 | <input type="checkbox"/> Respiratory Protection 1910.134 | <input type="checkbox"/> Model: _____ Wt. Cap _____ 1910.178 |
| <input type="checkbox"/> HAZCOM Complies GHS 1910.1200 | <input type="checkbox"/> Medical Case Management | <input type="checkbox"/> Respirator Protection 1910.134 App C |
| <input type="checkbox"/> Job Safety Analysis | | <input type="checkbox"/> Fit Test <input type="checkbox"/> Medical Questionnaire |

☒ Other: General waste management

Comments: Went over Benzene/waste ppt w/Benzene test. Watched Asbestos video w/Asbestos test. Had employees do Asbestos demo water/glitter. Good meeting!

Course Location: Val, NM Time In: 9:00am Time Out: 7:15am Page: 1 of 3

Safety Passports: 2 Ticket #: 46401 Bump Test: 2 Instructor: Helle Force

Got Safety? LLC

www.gotsafetytraining.com

TX 2055

Company Name: Northern Delaware Basin

City: Jal State: NM Zip: 88252

Monthly Attendance Record Monthly Safety: X Yearly Block: _____ Make Up Meeting: _____ Month: November

Date: 11 / 06 / 2020 Expiration Date: 11 / 06 / 2021 Contact Name: _____ Phone: (505) 231-1071

Name (Must Print)	Signature	ID #	SPP
1. <u>Jorge Alvarez</u>	<u>[Signature]</u>	<u>1291</u>	
2. <u>[Signature]</u>	<u>Alonso B y Goytia</u>	<u>0450</u>	
3. <u>Miguel Holguin</u>	<u>miguel p...</u>	<u>9816</u>	
4. <u>Reyesdamente</u>	<u>Reyes</u>	<u>7798</u>	
5. <u>[Signature]</u>	<u>[Signature]</u>		
6. <u>Amy Montano</u>	<u>[Signature]</u>	<u>8323</u>	
7. <u>Pillonpierce</u>	<u>[Signature]</u>	<u>265</u>	
8. <u>Jose Carlos Flores</u>	<u>[Signature]</u>	<u>1869</u>	
9. <u>Roman Montijo Madero</u>	<u>Roman Montijo</u>	<u>10015</u>	
10. <u>Natalie Franco</u>	<u>[Signature]</u>	<u>1211</u>	
11. <u>Raul Ibarra</u>	<u>[Signature]</u>	<u>7624</u>	
12. <u>Esteban P Lopez</u>	<u>[Signature]</u>	<u>117628</u>	
13. <u>Jose Manuel Hernandez</u>	<u>[Signature]</u>		
14. <u>David Dequellilla</u>	<u>[Signature]</u>		
15. <u>Frika Zamora</u>	<u>[Signature]</u>		

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|---|---|--|
| <input type="checkbox"/> Abrasive Sandblasting 1910.94(a) | <input type="checkbox"/> Hazard ID Risk Assessment 1910 Subl App B | <input type="checkbox"/> Rigging Material Handling 1926.251 |
| <input checked="" type="checkbox"/> Asbestos Awareness 1910.1001 | <input type="checkbox"/> Gas Hazards Compressed Gas 1910.101 | <input type="checkbox"/> Process Safety Management 1910.119 |
| <input checked="" type="checkbox"/> Benzene Awareness 1910.1028 | <input type="checkbox"/> Heat Stress | <input type="checkbox"/> Scaffolds 1910.128 |
| <input type="checkbox"/> Behavior Based Safety Program | <input type="checkbox"/> HAZWOPER On-Line 1910.120 | <input type="checkbox"/> Short Service Employee |
| <input type="checkbox"/> Blood-borne Pathogens 1910.1030 | <input type="checkbox"/> Awareness <input type="checkbox"/> 8hr <input type="checkbox"/> 24hr <input type="checkbox"/> 40hr | <input type="checkbox"/> Stop Work Authority |
| <input type="checkbox"/> Confined Space Entry Awareness 1910.146 | <input type="checkbox"/> Hydrogen Sulfide Certification ANSI Z390.1-2017 | <input type="checkbox"/> Trenching/Excavation 1926.650 |
| <input type="checkbox"/> Entrant Level <input type="checkbox"/> Attendant Level <input type="checkbox"/> Supervisor | <input type="checkbox"/> Incident Reporting & Investigation 1960.29 | <input type="checkbox"/> Welding/Hot Work 1910.253 |
| <input type="checkbox"/> Defensive Driving 29CFR Part 500 Subpart D | <input type="checkbox"/> Ladder Safety & Stairways 1910.24-27 | <input type="checkbox"/> Walking & Working Slips Trips Falls 1910.22 |
| <input type="checkbox"/> Drug & Alcohol Training <input type="checkbox"/> Supervisor | <input type="checkbox"/> Lead Safety 1910.1025 | <input type="checkbox"/> Oxy Orientation |
| <input type="checkbox"/> Electrical Safety/GFCI 1910.304 | <input type="checkbox"/> Lockout/Tagout 1910.147 <input type="checkbox"/> Authorized | <input type="checkbox"/> Environmental Awareness |
| <input type="checkbox"/> NFPA-70E <input type="checkbox"/> Arc Flash Training | <input type="checkbox"/> Manual Lifting <input type="checkbox"/> Back <input type="checkbox"/> Hand Safety | <input type="checkbox"/> Disciplinary Policy |
| <input type="checkbox"/> Emergency Response Procedure 1910.38 | <input type="checkbox"/> Noise Exposure 1910.95 | <input type="checkbox"/> Winter Safety |
| <input type="checkbox"/> First Aid 1910.151 CPR | <input type="checkbox"/> N.O.R.M. 1910.7 App A | <input type="checkbox"/> Aerial Lift Certification Expires: _____ |
| <input type="checkbox"/> Fire Safety 1910.150 <input type="checkbox"/> Bullex Hands-On | <input type="checkbox"/> Personal Fall Protection 1910.66 App C | <input type="checkbox"/> Model: _____ Wt. Cap _____ 1926.453 |
| <input type="checkbox"/> Fire Watch Training 1915.504 | <input type="checkbox"/> Personal Protective Equipment 1910.132 | <input type="checkbox"/> Forklift Certification Expires: _____ |
| <input type="checkbox"/> Hand & Power Tools 1926.300 | <input type="checkbox"/> Respiratory Protection 1910.134 | <input type="checkbox"/> Model: _____ Wt. Cap _____ 1910.178 |
| <input type="checkbox"/> HAZCOM Complies GHS 1910.1200 | <input type="checkbox"/> Medical Case Management | <input type="checkbox"/> Respirator Protection 1910.134 App C |
| <input type="checkbox"/> Job Safety Analysis | | <input type="checkbox"/> Fit Test <input type="checkbox"/> Medical Questionnaire |

Other: General waste management

Comments: See roster #2054

Course Location: Jal, NM Time In: 6:00 AM Time Out: 7:15 PM Page: 2 of 3
Safety Passports: Q Ticket #: 46407 Bump Test: Q Instructor: Yvette Ponce

Got Safety? LLC

www.gotsafetytraining.com

TX 2056

Company Name: Northern Delaware Basin

City: Jal State: NM Zip: 88252

Monthly Attendance Record Monthly Safety: X Yearly Block: _____ Make Up Meeting: _____ Month: November

Date: 11 / 06 / 2020 Expiration Date: 11 / 06 / 2021 Contact Name: _____ Phone: (505) 231-0711

Name (Must Print)	Signature	ID #	SPP
1. <u>Judy Ronguillo</u>			
2.			
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|---|---|--|
| <input type="checkbox"/> Abrasive Sandblasting 1910.94(a) | <input type="checkbox"/> Hazard ID Risk Assessment 1910 Subl App B | <input type="checkbox"/> Rigging Material Handling 1926.251 |
| <input checked="" type="checkbox"/> Asbestos Awareness 1910.1001 | <input type="checkbox"/> Gas Hazards Compressed Gas 1910.101 | <input type="checkbox"/> Process Safety Management 1910.119 |
| <input checked="" type="checkbox"/> Benzene Awareness 1910.1028 | <input type="checkbox"/> Heat Stress | <input type="checkbox"/> Scaffolds 1910.128 |
| <input type="checkbox"/> Behavior Based Safety Program | <input type="checkbox"/> HAZWOPER On-Line 1910.120 | <input type="checkbox"/> Short Service Employee |
| <input type="checkbox"/> Blood-borne Pathogens 1910.1030 | <input type="checkbox"/> Awareness <input type="checkbox"/> 8hr <input type="checkbox"/> 24hr <input type="checkbox"/> 40hr | <input type="checkbox"/> Stop Work Authority |
| <input type="checkbox"/> Confined Space Entry Awareness 1910.146 | <input type="checkbox"/> Hydrogen Sulfide Certification ANSI Z390.1-2017 | <input type="checkbox"/> Trenching/Excavation 1926.650 |
| <input type="checkbox"/> Entrant Level <input type="checkbox"/> Attendant Level <input type="checkbox"/> Supervisor | <input type="checkbox"/> Incident Reporting & Investigation 1960.29 | <input type="checkbox"/> Welding/Hot Work 1910.253 |
| <input type="checkbox"/> Defensive Driving 29CFR Part 500 Subpart D | <input type="checkbox"/> Ladder Safety & Stairways 1910.24-27 | <input type="checkbox"/> Walking & Working Slips Trips Falls 1910.22 |
| <input type="checkbox"/> Drug & Alcohol Training <input type="checkbox"/> Supervisor | <input type="checkbox"/> Lead Safety 1910.1025 | <input type="checkbox"/> Oxy Orientation |
| <input type="checkbox"/> Electrical Safety/GFCI 1910.304 | <input type="checkbox"/> Lockout/Tagout 1910.147 <input type="checkbox"/> Authorized | <input type="checkbox"/> Environmental Awareness |
| <input type="checkbox"/> NFPA-70E <input type="checkbox"/> Arc Flash Training | <input type="checkbox"/> Manual Lifting <input type="checkbox"/> Back <input type="checkbox"/> Hand Safety | <input type="checkbox"/> Disciplinary Policy |
| <input type="checkbox"/> Emergency Response Procedure 1910.38 | <input type="checkbox"/> Noise Exposure 1910.95 | <input type="checkbox"/> Winter Safety |
| <input type="checkbox"/> First Aid 1910.151 CPR | <input type="checkbox"/> N.O.R.M. 1910.7 App A | <input type="checkbox"/> Aerial Lift Certification Expires: _____ |
| <input type="checkbox"/> Fire Safety 1910.150 <input type="checkbox"/> Bullex Hands-On | <input type="checkbox"/> Personal Fall Protection 1910.66 App C | <input type="checkbox"/> Model: _____ Wt. Cap _____ 1926.453 |
| <input type="checkbox"/> Fire Watch Training 1915.504 | <input type="checkbox"/> Personal Protective Equipment 1910.132 | <input type="checkbox"/> Forklift Certification Expires: _____ |
| <input type="checkbox"/> Hand & Power Tools 1926.300 | <input type="checkbox"/> Respiratory Protection 1910.134 | <input type="checkbox"/> Model: _____ Wt. Cap _____ 1910.178 |
| <input type="checkbox"/> HAZCOM Complies GHS 1910.1200 | <input type="checkbox"/> Medical Case Management | <input type="checkbox"/> Respirator Protection 1910.134 App C |
| <input type="checkbox"/> Job Safety Analysis | | <input type="checkbox"/> Fit Test <input type="checkbox"/> Medical Questionnaire |

☒ Other: General waste management

Comments: See roster #2054

Course Location: Jal, NM Time In: 6:00am Time Out: 7:15am Page: 3 of 3
Safety Passports: 2 Ticket #: 46407 Bump Test: 6 Instructor: Yvette Ponce

Got Safety? LLC

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Course Attendance Record

TX 841

Company Name: Northern Delaware Basin Landfill

Contact Name: _____ Phone #: (505) 231-1071

City: Val State: NM Zip: 88252

Date: 11/06/2020 Expiration Date: 11/06/2021 New Employee Safety: ☒ Yearly Block: _____ Make Up Meeting: _____ Month: November

Name (Print)	Signature	ID #	Passport	Card
1. <u>Jose Manuel Hernandez</u>	<u>[Signature]</u>	<u>8001</u>	<u>JH</u>	<u>JH</u>
2. <u>David Deigadillo Valenzuela</u>	<u>[Signature]</u>	<u>5209</u>	<u>DD</u>	<u>DD</u>
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

☒ New Employee Orientation

- ☐ Bloodborne Pathogens 1910.1030
- ☐ Back Safety
- ☐ Electrical Safety/GFCI 1910.304
- ☐ Emergency Response Procedure 1910.38
- ☐ Fire Safety Awareness 1910.150
- ☐ HAZCOM-Globally Harmonized System 1910.1200
- ☐ Lockout/Tagout Training 1910.147
- ☐ Noise Exposure 1910.95
- ☐ Personal Protective Equipment 1910.132
- ☐ Respiratory Protection 1910.134
- ☐ Walking & Working Surfaces Slips Trips Falls 1910.22
- ☒ Confined Space Awareness 1910.146
- ☒ Hydrogen Sulfide Certification ANSI Z390.1-2017

Additional Topics

- ☐ Alcohol & Drug Supervisor Training
- ☐ Behavior Based Safety Program
- ☐ Defensive Driving 29CFR Part 500 Subpart D
- ☐ Hand & Power Tools 1926.300
- ☐ Incident Reporting & Investigation 1960.29
- ☐ Ladder Safety 1910.24-27
- ☐ First Aid 1910.151 CPR
- ☐ Personal Fall Protection 1910.66 App C
- ☐ Short Service Employee
- ☐ Stop Work Authority
- ☐ Fire Watch Training 1915.504
- ☐ Bulflex-Fire Extinguisher Training Hands on 1910.157(g)(1)
- ☐ Other: _____

Contractor Orientation

- ☐ Other: _____
- ☐ Oxy Orientation
- ☐ Marathon Orientation

Specialty Training

- ☒ Confined Space 1910.146
- ☐ Entrant Level
- ☐ Attendant
- ☐ Fit Test 1910.134 App A
- ☐ QLFT
- ☐ QNFT
- Respirator Brand: _____
- Respirator Brand: _____
- ☐ Medical Questionnaire 1910.134 App C
- ☐ Aerial Lift 1910.68 Model: _____ Wt.Cap: _____
- ☐ Forklift 1910.178 Model: _____ Wt.Cap: _____
- ☐ Other: _____

Comments: Went over "On alert" w/ test & examples. Watched CS video went over test w/ examples. Has training & went over test w/ examples.

Instructor: Walter Ponce Job Ticket #: 406407 Passports: 2 Bump Test: 0

Course Location: Val NM - Northern Delaware Basin Landfill Time In: 7:30AM Time Out: 10:15AM Page: 1 of 1

Got Safety? LLC

www.gotsafetytraining.com

Company Name: Northern Delaware Basin Landfill NM 9045
City: dal State: NM Zip: 88

Monthly Attendance Record Monthly Safety: ☒ Yearly Block: _____ Make Up Meeting: _____ Month: _____
Date: 12 / 10 / 20 Expiration Date: 12 / 11 / 21 Contact Name: ZACH Phone: 432-550-307

Name (Must Print)	Signature	ID #	SPP
1. Victoria Lopez	<i>Victoria</i>		
2. Adan Chacon	<i>Adan Chacon</i>	1173	
3. Gina Fabela	<i>Gina Fabela</i>	7617	
4. Luis Cruz	<i>Luis Cruz</i>	2987	
5. Edgar Cruz	<i>Edgar Cruz</i>	2786	
6. Elnetto Romero	<i>HA</i>	1245 113	
7. Andres Munoz	<i>Andres</i>	8748	
8. Fabian Ocelar	<i>Fabian</i>	7767	
9. MICHAEL Montañez	<i>Michael</i>	7132	
10. Mike Denniston	<i>Mike</i>	1193	
11. Christian Espinoza	<i>Christian Espinoza</i>	7363	
12. Esteban P Lopez	<i>Esteban</i>	0852	
13. Jose Carlos Flores Diaz	<i>José</i>	1869	
14. Edgar Fabela	<i>Edgar</i>		
15. Roman Montip	<i>Roman</i>	10015	

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|---|---|--|
| <input type="checkbox"/> Abrasive Sandblasting 1910.94(a) | <input type="checkbox"/> Hazard ID Risk Assessment 1910 Subl App B | <input type="checkbox"/> Rigging Material Handling 1926.251 |
| <input type="checkbox"/> Asbestos Awareness 1910.1001 | <input type="checkbox"/> Gas Hazards Compressed Gas 1910.101 | <input type="checkbox"/> Process Safety Management 1910.119 |
| <input type="checkbox"/> Benzene Awareness 1910.1028 | <input type="checkbox"/> Heat Stress | <input type="checkbox"/> Scaffolds 1910.128 |
| <input type="checkbox"/> Behavior Based Safety Program | <input type="checkbox"/> HAZWOPER On-Line 1910.120 | <input type="checkbox"/> Short Service Employee |
| <input type="checkbox"/> Blood-borne Pathogens 1910.1030 | <input type="checkbox"/> Awareness <input type="checkbox"/> 8hr <input type="checkbox"/> 24hr <input type="checkbox"/> 40hr | <input type="checkbox"/> Stop Work Authority |
| <input type="checkbox"/> Confined Space Entry Awareness 1910.146 | <input type="checkbox"/> Hydrogen Sulfide Certification ANSI Z390.1-2017 | <input type="checkbox"/> Trenching/Excavation 1926.650 |
| <input type="checkbox"/> Entrant Level <input type="checkbox"/> Attendant Level <input type="checkbox"/> Supervisor | <input type="checkbox"/> Incident Reporting & Investigation 1960.29 | <input type="checkbox"/> Welding/Hot Work 1910.253 |
| <input checked="" type="checkbox"/> Defensive Driving 29CFR Part 500 Subpart D | <input type="checkbox"/> Ladder Safety & Stairways 1910.24-27 | <input type="checkbox"/> Walking & Working Slips Trips Falls 1910.22 |
| <input type="checkbox"/> Drug & Alcohol Training <input type="checkbox"/> Supervisor | <input type="checkbox"/> Lead Safety 1910.1025 | <input type="checkbox"/> Oxy Orientation |
| <input type="checkbox"/> Electrical Safety/GFCI 1910.304 | <input type="checkbox"/> Lockout/Tagout 1910.147 <input type="checkbox"/> Authorized | <input type="checkbox"/> Environmental Awareness |
| <input type="checkbox"/> NFPA-70E <input type="checkbox"/> Arc Flash Training | <input type="checkbox"/> Manual Lifting <input type="checkbox"/> Back <input type="checkbox"/> Hand Safety | <input type="checkbox"/> Disciplinary Policy |
| <input type="checkbox"/> Emergency Response Procedure 1910.38 | <input type="checkbox"/> Noise Exposure 1910.95 | <input checked="" type="checkbox"/> Winter Safety |
| <input type="checkbox"/> First Aid 1910.151 CPR | <input type="checkbox"/> N.O.R.M. 1910.7 App A | <input type="checkbox"/> Aerial Lift Certification Expires: _____ |
| <input type="checkbox"/> Fire Safety 1910.150 <input type="checkbox"/> Bullex Hands-On | <input type="checkbox"/> Personal Fall Protection 1910.66 App C | <input type="checkbox"/> Model: _____ Wt. Cap _____ 1926.453 |
| <input type="checkbox"/> Fire Watch Training 1915.504 | <input type="checkbox"/> Personal Protective Equipment 1910.132 | <input type="checkbox"/> Forklift Certification Expires: _____ |
| <input type="checkbox"/> Hand & Power Tools 1926.300 | <input type="checkbox"/> Respiratory Protection 1910.134 | <input type="checkbox"/> Model: _____ Wt. Cap _____ 1910.178 |
| <input type="checkbox"/> HAZCOM Complies GHS 1910.1200 | <input type="checkbox"/> Medical Case Management | <input type="checkbox"/> Respirator Protection 1910.134 App C |
| <input type="checkbox"/> Job Safety Analysis | | <input type="checkbox"/> Fit Test <input type="checkbox"/> Medical Questionnaire |
| <input type="checkbox"/> Other: _____ | | |

Comments: PPT ON Defensive Driving / Video over Winter Safety
Reviewed Test

Course Location: Got Safety Time In: 6AM Time Out: 7AM Page: 1 of 2
Safety Passports: 1 Ticket #: _____ Bump Test: 7 Instructor: Zterling Calderon

Got Safety? LLC

www.gotsafetytraining.com

Company Name: Northern Delaware Basin Landfill NM 9046

City: Jal State: NM Zip: _____

Monthly Attendance Record Monthly Safety: ☒ Yearly Block: _____ Make Up Meeting: _____ Month: _____

Date: 12/10/20 Expiration Date: 12/11/21 Contact Name: Zach Phone: 432-550-307

Name (Must Print)	Signature	ID #	SPP
1. <u>Candi Thomas</u>	<u>Candi Thomas</u>	<u>2220</u>	
2.			
3.			
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|---|---|--|
| <input type="checkbox"/> Abrasive Sandblasting 1910.94(a) | <input type="checkbox"/> Hazard ID Risk Assessment 1910 Subl App B | <input type="checkbox"/> Rigging Material Handling 1926.251 |
| <input type="checkbox"/> Asbestos Awareness 1910.1001 | <input type="checkbox"/> Gas Hazards Compressed Gas 1910.101 | <input type="checkbox"/> Process Safety Management 1910.119 |
| <input type="checkbox"/> Benzene Awareness 1910.1028 | <input type="checkbox"/> Heat Stress | <input type="checkbox"/> Scaffolds 1910.128 |
| <input type="checkbox"/> Behavior Based Safety Program | <input type="checkbox"/> HAZWOPER On-Line 1910.120 | <input type="checkbox"/> Short Service Employee |
| <input type="checkbox"/> Blood-borne Pathogens 1910.1030 | <input type="checkbox"/> Awareness <input type="checkbox"/> 8hr <input type="checkbox"/> 24hr <input type="checkbox"/> 40hr | <input type="checkbox"/> Stop Work Authority |
| <input type="checkbox"/> Confined Space Entry Awareness 1910.146 | <input type="checkbox"/> Hydrogen Sulfide Certification ANSI Z390.1-2017 | <input type="checkbox"/> Trenching/Excavation 1926.650 |
| <input type="checkbox"/> Entrant Level <input type="checkbox"/> Attendant Level <input type="checkbox"/> Supervisor | <input type="checkbox"/> Incident Reporting & Investigation 1960.29 | <input type="checkbox"/> Welding/Hot Work 1910.253 |
| <input checked="" type="checkbox"/> Defensive Driving 29CFR Part 500 Subpart D | <input type="checkbox"/> Ladder Safety & Stairways 1910.24-27 | <input type="checkbox"/> Walking & Working Slips Trips Falls 1910.22 |
| <input type="checkbox"/> Drug & Alcohol Training <input type="checkbox"/> Supervisor | <input type="checkbox"/> Lead Safety 1910.1025 | <input type="checkbox"/> Oxy Orientation |
| <input type="checkbox"/> Electrical Safety/GFCI 1910.304 | <input type="checkbox"/> Lockout/Tagout 1910.147 <input type="checkbox"/> Authorized | <input type="checkbox"/> Environmental Awareness |
| <input type="checkbox"/> NFPA-70E <input type="checkbox"/> Arc Flash Training | <input type="checkbox"/> Manual Lifting <input type="checkbox"/> Back <input type="checkbox"/> Hand Safety | <input type="checkbox"/> Disciplinary Policy |
| <input type="checkbox"/> Emergency Response Procedure 1910.38 | <input type="checkbox"/> Noise Exposure 1910.95 | <input checked="" type="checkbox"/> Winter Safety |
| <input type="checkbox"/> First Aid 1910.151 CPR | <input type="checkbox"/> N.O.R.M. 1910.7 App A | <input type="checkbox"/> Aerial Lift Certification Expires: _____ |
| <input type="checkbox"/> Fire Safety 1910.150 <input type="checkbox"/> Bullex Hands-On | <input type="checkbox"/> Personal Fall Protection 1910.66 App C | <input type="checkbox"/> Model: _____ Wt. Cap _____ 1926.453 |
| <input type="checkbox"/> Fire Watch Training 1915.504 | <input type="checkbox"/> Personal Protective Equipment 1910.132 | <input type="checkbox"/> Forklift Certification Expires: _____ |
| <input type="checkbox"/> Hand & Power Tools 1926.300 | <input type="checkbox"/> Respiratory Protection 1910.134 | <input type="checkbox"/> Model: _____ Wt. Cap _____ 1910.178 |
| <input type="checkbox"/> HAZCOM Complies GHS 1910.1200 | <input type="checkbox"/> Medical Case Management | <input type="checkbox"/> Respirator Protection 1910.134 App C |
| <input type="checkbox"/> Job Safety Analysis | | <input type="checkbox"/> Fit Test <input type="checkbox"/> Medical Questionnaire |
| <input type="checkbox"/> Other: _____ | | |

Comments: See page one

Course Location: Jal, NM Time In: 4 AM Time Out: 2 AM Page: 2 of 2
Safety Passports: 1 Ticket #: _____ Bump Test: _____ Instructor: Zachary C. Calderin

Got Safety? LLC • 529 West Spears • Hobbs, NM 88240 • 575.738.1140 324 East Harris • San Angelo, TX 76903 • 325.227.8834

Revised: 10/2019