CPSA 6(b)(1) CLEARED
NO MFRS/PRVTLBLRS OR PRODUCTS IDENTIFIED 7/6/09
EXCEPTED BY: PETITION
RULEMAKING ADMIN. PRCDG
WITH PORTIONS REMOVED: 5 U.S.C.

EPIDEMIOLOGIC INVESTIGATION REPORT

1. Task Number	2. Investigator's ID	3. Office Code	4. Date of Accident YR MO DAY	5. Date Initiated YR MO DAY
090504CBB1659	9102	810	2009 04 16	2009 05 04

6. Synopsis of Accident or Complaint UPC

The family of three had continuous respiratory problems since moving into the home, which is believed were caused by contaminated Chinese drywall used in the construction of their home. The home had blackened copper water supply lines and the AC coils had been replaced once since the home was built in 2006.

7. Location (Home, School, etc)	8. City	9. State
1 - HOME	FT. LAUDERDALE	FL

10A. First Product	10B. Trade/Brand Name	10C. Model Number
1876 - House Structures, Repair Or	CHINESE DRYWALL	UNKNOWN

10D. Manufacturer Name and Address
UNKNOWN

11A. Second Product	11B. Trade/Brand Name	11C. Model Number
381 - Air Conditioners	NONE	NONE

11D. Manufacturer Name and Address
NONE

12. Age of Victim	13. Sex	14. Disposition	15. Injury Diagnosis
31	1 - Male	1 - Injured, not Hosp.	68 - Poisoning

16. Body Part(s) Involved	17. Respondent	18. Type of Investigation	19. Time Spent (Operational / Travel)
85 - ALL OF BODY	1 - Victim/Complainant	1 - On-Site	11 / 4

20. Attachment(s)	21. Case Source	22. Sample Collection Number
9 - Multiple Attachments	07 - Consumer Complaint	

23. Permission to Disclose Name (Non NEISS Cases Only)

○ Yes ○ No ○ Verbal ● Yes for Manuf. Only

24. Review Date	25. Reviewed By	26. Regional Office Director
05/27/2009	9001	Dennis R. Blasius

27. Distribution	28. Source Document Number
Woodard, Dean; Blasius, Dennis; Rose, Blake	I0940441A

This investigation was initiated by a complaint received by the U.S. Consumer Product Safety Commission.

The information contained in this investigation was supplied by the following sources:

1. An onsite interview with the owner of the home on 5-06-2009.
2. A phone interview with the renters of the home on 5-20-2009.

Family Members (Renters):

Husband – 31 year old male
Wife – 34 year old female
Daughter – 2 year old female

This incident involves health issues and copper and metal corrosion at the home of the victims over an extended period of time as will be detailed later in this report which the owners and renters believe were caused by contaminated Chinese drywall used in the construction of their home. The home was a 3 bedroom, 3.5 bathrooms, 3 story condominium built in December 2006 in Ft. Lauderdale, FL. The owner's contacted the CPSC on 4-16-2009 and that is considered the incident date.

The home was a preconstruction investment by the owners and they never intended to take possession of the home and had intended to "flip" the home once completed. However due to the economic downturn they were unable to sell the home and had rented the home to two families since it was completed in December of 2006. The owners had never lived in the home.

The home was a cinder block and stucco construction which has three levels and the county tax records indicate the home was 2,310 square feet. The home has tile and carpet and the main living room and entry area is tile. The home was believed to have metal studs and is all electric.

The first renters lived in the home from July 27, 2007 until May 1, 2008. They moved out because of a job transfer and did not complain about health issues. They were not contacted for this report.

The second family lived in the home from May16, 2008 until April 30, 2009. Their health symptoms began affecting the family after one month in the home. They were living in the home on a full time basis and were not seasonal renters. They began to notice a "metallic acid" smell after living in the home one to three months.

The second family complained of health issues and A/C problems during the 11 months they lived in the home and once they read a newspaper article about the health issues in Chinese drywall they moved out on 4-30-2009. The owners of the home have not rented the home and have insurance experts expected to examine the home on 5-21-2009. The owner indicated she would forward the results of their examination to the CPSC once completed and it will be included as an addendum.

The owner of the home was not familiar with the health effects of the renters and the latest renter was interviewed by phone for this investigation.

All three family members experienced respiratory problems consisting of shortness of breath, colds, bronchial colds, continual coughs, difficulty in breathing and sleeping through the night without waking up several times, snoring, labored breathing, acid reflux problems with diarrhea every two to three months, nose and throat stopped up constantly etc. They had not had any of these health affects and had been healthy prior to moving into the home. Most of the symptoms would desist after three days away from the home and the husband indicated that he had never slept better than the first night they had moved out of the home. The parents had been purchasing over-the-counter medications for allergies and colds to combat their symptoms without much success. All the family would feel better after being away from the home for two to three days.

Their daughter saw her pediatrician for some sort of respiratory problem or ear aches once a month during their tenure at the home. The physician did not give a reason for the constant illness other than he and the parents believed their daughter was susceptible to viruses and colds from other children at daycare and swimming classes. Later their family physician indicated that their bodies were producing mucus and congestion trying to defend against the toxins in the home. The daughter now sleeps all through the night and seemed to be much better after two days away from the home.

The family began noticing a "metallic acidic" smell after about one month of living in the home. The owner and this investigator both noticed an unusual odor on first entering the home but it was not noticeable shortly thereafter.

On an unspecified date the renter's brother-in-law and his son came for a visit/vacation. The brother-in-law was at the home for one week and felt sick and had a headache during the entire time. They had planned to stay for two weeks but the son was also coughing, wheezing and had a constantly running nose. Because of feeling so bad and not being able to enjoy the beach and the balmy weather on their vacation, they decided to return to their home. The symptoms left after an unspecified "few days."

The renters indicated that the odors were more noticeable after the home was closed up and when returning to the home. It was not as noticeable at night when the AC was on and running full blast during the hot summer months. It was also not as noticeable during the winter time when the AC was not used as much and the windows were opened to allow fresh air into the home. The odors seem to be stronger in the downstairs living room.

The owner indicated the A/C installers had been to the home 6 times to conduct repairs and/or recharge the A/C. The A/C technician recharged the unit three times while the renters where in the home and finally replaced the coils in March of 2009. The blower motor had also been replaced on an unspecified date. The repair technician did not offer a reason for the coils being corroded and leaking Freon. Please see a copy of the repair invoice in the exhibits.

This investigator examined the copper water supply lines underneath all the sinks and all showed blackening and corrosion. The A/C lines around the air conditioner also showed blackening. The A/C unit was not opened and examined by this investigator as the unit had been replaced only two months earlier. Electrical outlets were not opened and examined. The chrome bathroom fixtures did not appear to show corrosion or pitting.

The renter indicated that the lights would often flicker or dim. He had not had an electrician investigate the problem, but they had not had any problems with breaker's "flipping" or unusual electrical odors, buzzing, hot outlets or switches that he could remember. Because of flickering lights the renter believed there was probably some sort of safety problem which was hidden to cursory inspection.

The oven's bake element quit working and was replaced in December of 2008 which was unusual for a new stove which was installed when the home was built. The cable television provider had been to the home 40-50 times to repair their system and replace cable boxes. The technician indicated that the home had good signal but he could not keep the system working properly. Both baby monitor receivers (one analog and one digital) had constant static and would only work when very close to the transmitter.

The renter had a silver cup cleaned and polished outside the home. Within one week of returning it to the home it became very tarnished. Also a silver serving tray was tarnished in the areas which did not have a protective wax coating. The renters did not have any other silver jewelry. No tarnishing was evident on their gold or titanium jewelry.

The only changes to the home after initial construction by the builder was that the home had been flooded by a kitchen sink leak and the downstairs bedroom carpet was replaced and damaged walls were repainted approximately three

months after the family had been moved into the home. No specifics on the paint used and details of the repairs could be provided.

The builder told the home owner that they had only purchased one shipment of imported drywall from the supplier as the drywall was too flexible. The shipment (unspecified quantity) was used on the condominiums closest to the street and not the "back" set of condominiums. The owner knew of one other condominium owner who was having health issues he believed to be caused by Chinese drywall.

The builder told the home owner on two occasions that he would contact his insurance company. The home owner called the unspecified insurance firm for the builder who indicated that he had not opened a case on this problem and appeared to be very hesitant to do so. Contact dates were unspecified dates in April & May 2009.

The home owner's insurance company examined the home on 5-21-2009. According to the home owner, the technician opened electrical outlets and took photographs, took drywall samples from each floor of the home and took chemical wipes from the A/C unit and the copper water supply lines. He also indicated that even though the A/C coils were replaced in March of 2009 they were already beginning to blacken. He expected his results and his report to be ready in six weeks. He told the owners that he seemed to think that the home did have the symptoms of Chinese drywall.

The owner had called the Florida Attorney General and the State of Florida Health Department to notify them of the problem, but had not received any official reports or notices from them.

The owner can't rent the home because of the possible health problems to tenants and will have to remedy the problem before they will install another tenant. The renters did not have any medical records to release. The owner's of the home indicated their permission to release their name with copies of this report only to the manufacturer.

Product Information:

Possible Chinese Drywall
Make and Model: unknown

Builder:
Jade Organization, Inc., Bernie Paine, Owner
2125 N. Commerce Parkway
Weston, FL 33326
954-384-8461
954-384-4053 fax
www.JadeOrganization.com

Drywall subcontractor:
Bygeorge, Inc.
4743 NW 103rd Ave.
Sunrise, FL 33351
954-748-4995
No web site

Drywall Supplier:
Banner Supply
7195 N.W. 30th Street
Miami, FL 33122 U.S.A.
Toll Free: 888-511-4004
Telephone: 305-593-2946
FAX: 305-477-2775
www.bannersupply.com

A/C Installer/Repair firm:
Aspen Air Conditioning, Inc.
3999 N. Dixie Highway
Boca Raton, FL 33432
561-395-1500
561.395.0676 fax
www.AspenAC.com

Attachments:

Exhibit #1	Contacts
Exhibit #2	A/C repair invoices
Exhibit #3	Release of name form
Exhibit #4	Internet Information on the Builder
Exhibit #5	Internet Information on the Drywall Supplier
Exhibit #6	Internet Information on the Drywall Installer
Exhibit #7	Internet Information from the County Tax Records
Exhibit #8	Internet Information on the A/C Installer/Repair Company
Exhibit #9	Photographs of the home (10)

Contacts:

Onsite inspection: 5-06-2009, property owner
(b)(3):CPSA Section 25(c)
, incident propert
Fort Lauderdale, FL 33316
(b)(3):CPSA Section 25(c)
owner's mailing address
Ipswich, MA 01938
(b)(3):CPSA Section 25(c)

Phone interview 5-20-2009, property renter
Charles Hoyt
954-661-6337
247 Divers
828 SW 16th Ct.
Fort Lauderdale FL 33315
www.247Divers.com
Charles@247divers.com

ASPEN AIR CONDITIONING INC.
3999 N. DIXIE HWY.
BOCA RATON, FL 33431
(561) 395-1500
FAX (561) 395-3385
www.aspenac.com
AIR CONDITIONING INC.
LIC. # CMC029207

107104

27352

DATE ORDERED 3/13/09

(b)(3):CPSA Section 25(c)

CHECK LIST	QUANTITY	ITEM OR PART DESCRIPTION	PRICE	AMOUNT
☒ COMPRESSOR	1	Leak Search		
☒ SUCTION 70 PSI				
☒ HEAD 185 PSI				
☐ VOLTS ___ AMPS				
☐ ELECTRICAL CONNECTIONS				
☐ CONTACTS TIGHT & CLEAN	3 lbs	Ref 22		
☐ OIL LEVEL & CONDITION				
☐ CONDENSER COIL				
☐ CLEAN COIL & CHECK FIN COND				
☐ ENT ___ °F LVG ___ °F				
☒ REFRIGERANT				
☒ LEAK ☒ CHARGE				
☐ FAN AND MOTOR				
☐ VOLTS ___ AMPS ___		Replace Evap coil, TXV, &		
☐ ELECTRICAL CONNECTIONS		Drain Pan. Will take (2)		
☐ CONTACTS TIGHT & CLEAN		men (4) hrs to complete		
☐ FAN PULLEYS (ADJUST BELT)		Job.		
☐ CHECK, LUB BEARINGS & MOTOR				
☐ CFM ___				
☒ EVAPORATOR COIL				
☐ CLEAN COIL & CHECK FIN				
☒ ENT DB 75 °F LVG DB 51 °F				
☐ ENT WB ___ °F LVG WB ___ °F				
☐ CONDENSATE AREAS				
☐ INSPECT & CLEAN DRAIN PAN				
☐ INSPECT & CLEAN DRAIN				
☐ AIR FILTERS				
☐ CLEANED ☐ REPLACED				
FILTER SIZE ___				
☐ HEATING ASSY.				
☐ BURNER & HEAT EXCHANGER				
☐ FUEL SUPPLY & PRESSURE				
☐ PILOT ASSEMBLY				
☐ FLAME ADJUSTMENT				
☐ PRIMARY RELAY & FLUE				
☐ FAN & LIMIT SWITCH OPER				
☐ BLOWER ASSEMBLY				
☐ RV VALVE				
☐ STRIP HEAT				
☐ DEFROST CYCLE				
☐ ELECTRICAL COMP'TS.				
☐ RELAYS ☐ CONTACTORS				
☐ OVERLOAD ☐ PRESS. SWITCH				
☐ THERMOSTAT				
☐ O.K. ☐ REPLACE				
☐ RELOCATE				
		TOTAL PARTS		

TRAVEL TIME
TIME ARRIVED 500
TIME DEPARTED 700
TRAVEL TIME

MILEAGE
ENDING
START
TOTAL MILES
X /MI.=
X /MI.=
TRIP CHARGE $

PARTS WARRANTY
All parts as recorded are warranted as per manufacturer specifications.
LABOR GUARANTY
The labor charge as recorded here relative to the equipment serviced as noted, is guaranteed for a period of ~~90 days~~ 1 YEAR
We do not, of course, guaranty other parts than those we supply. If repairs later become necessary due to other defective parts, they will be charged separately.

CHARGES FROM BELOW — WRITE OR CODE — AMOUNT $
NOT A MECHANIC LIEN
TOTAL OTHER CHARGES $

ENVIRONMENT CHECK LIST

REFRIGERANT	CHRG. CODE	TYPE	SYSTEM
	①	REFRIG. ___	QTY. ___
	②	RECOVERED? ☐ YES ☐ NO	QTY. ___
	③	RECYCLED? ☐ YES ☐ NO	QTY. ___
	④	RECLAIMED? ☐ YES ☐ NO	QTY. ___
	⑤	RETURNED TO THIS SYSTEM? ☐ YES ☐ NO	QTY. ___
		DISPOSAL	
		NON USEABLE ☐ YES ☐ NO	QTY. ___
		DISPOSAL	

EQUIPMENT
CHANGED OUT (OR REPLACED)? ☐ YES ☐ NO
DIS-MANTLED? ☐ YES ☐ NO
REFRIGERANT DISPOSAL ⑥ ___

OUR PERSONNEL RECOMMEND:

OWNER'S INITIALS — ACCEPTED — DECLINED

NAME
STREET
CITY Ft. Lauderdale FL 33316

MAKE	MODEL	SERIAL NUMBER
Trane	2TCB3F48A1000AA	6173W3W6V

JOB LOCATION

☒ WARRANTY ☐ CONTRACT ☐ SERVICE CONTRACT ☒ NORMAL ☐ RES. ☐ COMM.

DESCRIPTION OF WORK

Making noise
Upon arrival found unit freezing up. Shut unit off Thermostat fan only. Unit thawed out quickly went to roof. Checked pressures found pressures at 43/150 Added Ref. to bring pressures up to 70/185 Performed leak search. found leak on Right Side of Evap coil. need to

SERVICE

LABOR			
TECH #1 Joe	HRS. 0	REGULAR /HR.=	OVERTIME HRS. 0 /HR.=
TECH #2	HRS. 0	REGULAR /HR.=	OVERTIME HRS. 0 /HR.=

TECHNICIAN SIGNATURE Joe Murphy CERT.# 0042
TOTAL OTHER CHARGES

TERMS: DUE UPON COMPLETION

I HAVE THE AUTHORITY TO ORDER THE ABOVE WORK AND DO SO ORDER AS OUTLINED ABOVE. IT IS AGREED THAT THE SELLER WILL RETAIN TITLE TO ANY EQUIPMENT OR MATERIAL FURNISHED UNTIL FINAL & COMPLETE PAYMENT IS MADE, AND IF SETTLEMENT IS NOT MADE AS AGREED, THE SELLER SHALL HAVE THE RIGHT TO REMOVE SAME AND THE SELLER WILL BE HELD HARMLESS FOR ANY DAMAGES RESULTING FROM THE REMOVAL THEREOF.

FACTORY AUTHORIZED DEALER Carrier

AUTHORIZED SIGNATURE

SUB-TOTAL	
TRIP CHARGE	9 00
TAX	
TOTAL AMOUNT DUE	Warranty

ABOVE ORDERED WORK HAS BEEN COMPLETED AND I ACKNOWLEDGE RECEIPT OF MY COPY. DATE 3/13/09
X

HVAC 4E

CHECK LIST

COMPRESSOR
CONDENSER COIL
REFRIGERANT
FAN AND MOTOR
EVAPORATOR COIL
CONDENSATE AREAS
AIR FILTERS
HEATING ASSY.
ELECTRICAL COMP TS
THERMOSTAT

TRAVEL TIME
1000
115

MILEAGE

			AMOUNT
1	Pump down		
1	Torch use		
1	Evap coil, Thv, Drain Pan		
1	3/16 Drier		

Proper operating charge. Checked operation of unit. Unit is cooling fine at this time.

TOTAL PARTS

TOTAL OTHER CHARGES

ENVIRONMENT CHECK LIST

ASPEN AIR CONDITIONING INC.
3999 N. DIXIE HWY.
BOCA RATON, FL 33431
(561) 395-1500
1 (800) 469-4444
FAX (561) 395-0876

AIR CONDITIONING INC. LIC. & CERTIFIED

109196

3/19/09

(b)(3):CPSA Section 25(c)

Trane

Noise in unit
On 3/13 found unit freezing up
found pressures were low. Added Ref.
Performed leak search, found leak in Evap
coil, on Bottom Right side.
Pumped down unit, Removed old
Evap coil, Installed new Evap coil
Thv & Drain Pan. Added 3/16 Drier.
Pulled vacuum. Recharged system to

TECH

TECH

0092

TRIP CHARGE 9 00

SUB-TOTAL

SEE OUR SPECIAL OFFERS AT WWW.ASPENAC.COM

Warranty

3/19/09

U.S. Consumer Product Safety Commission

AUTHORIZATION FOR RELEASE OF NAME

Thank you for assisting us in collecting information on a potential product safety problem. The Consumer Product Safety Commission depends on concerned people to share product safety information with us. We maintain a record of this information, and use it to assist us in identifying and resolving product safety concerns.

We routinely forward this information to manufacturers and private labelers to inform them of the involvement of their product in an accident situation. We also give the information to others requesting information about specific products. Manufacturers need the individual's name so that they can obtain additional information on the product or accident situation.

Would you please indicate on the bottom of this page whether you will allow us to disclose your name? If you request that your name remain confidential, we will of course, honor that request. After you have indicated your preference, please sign your name and date the document on the lines provided.

- [ ] I request that you do not release my name. My identity is to remain confidential.
- [x] You may release my name to the manufacturer but I request that you do not release it to the general public.
- [ ] You may release my name to the manufacturer and to the public.

(b)(3):CPSA Section 25(c)

5/6/09
(Date)

CPSC Form 322

JADE ORGANIZATION, INC.

GENERAL CONTRACTOR

RESIDENTIAL AND COMMERCIAL

#CGC059876

Home

Contact Us

CONTACT INFORMATION

Jade Organization, Inc.
2125 N. Commerce Parkway
Weston, FL 33326

Office: 954.384.8461

FAX: 954.384.4053

Email: info@jadeorganization.com

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Jade Organization, Inc

Company Name SEARCH

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Corporate Structure

Company Information

2125 N Commerce Pkwy
Weston FL 33326
United States
Phone 1 954 384 8461
Fax 1 954 384 4053

Industry

Overview

The Jade Organization, Inc has been providing high quality residential and commercial building construction for the South Florida market since 1997.

Corporate Structure

TOP EXECUTIVES

BOARD MEMBERS

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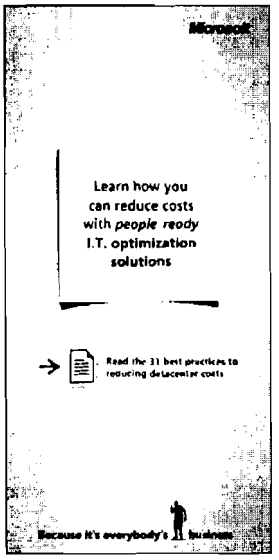

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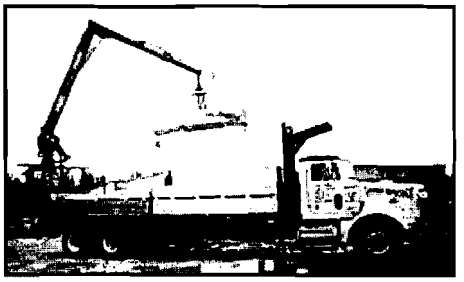

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Small enough to know you.

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Toll Free: 888-511-4004
Telephone: 305-593-2946
FAX: 305-477-2775

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Bygeorge Inc
4743 Northwest 103rd Avenue
Sunrise, FL 33351
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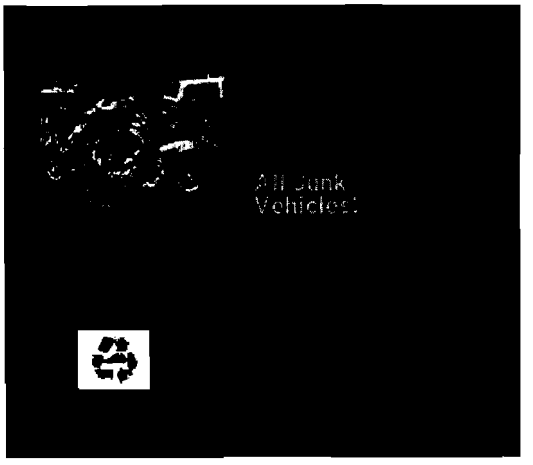
From: Sunrise,FL 33351

To: 4743 Northwest 103rd Avenue,Sunrise,FL 33351

Language: English Get Directions!

Map To Bygeorge Inc



Similar Businesses Near Bygeorge Inc

R & H Painting Contractors- Inc.	(727)209-2330
Economy Gutters	(941)629-0455
Summerlin Roofing Inc	(386)755-3626
Tile Concepts	(407)294-8453
Curtis Terry Painting Inc	(904)262-5752
Decor World Inc	(352)735-4788
Industrial Building Services	(813)623-2869
Hessler Floor Covering	(239)936-6900
DCI Solutions Inc	(813)949-2133
Cervas & Associates	(305)758-2399
Bradford Plastering Inc	(239)567-1398
Atlantic Marcite	(561)883-7946
F & H Contractors	(727)561-9555
Ken Boyd Construction Inc	(850)769-6403
Pugh Painting Inc	(850)243-5200
Frances Eddy AIA Architect	(305)854-4070
Discount Closets	(305)378-1499
Tom Kelly Construction Inc	(904)398-0225
A McKnight Millwork Incorporated	(772)465-3002
Rays Odd Job Service Inc	(850)575-7850

Home Builders in Sunrise

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(b)(3):CPSA Section 25(c)

Site Address	DERDALE	ID #	5042 14 56 0070
Property Owner		Millage	0312
Mailing Address	WICH MA 01938	Use	01

Legal Description	EVERGLADES LAND SALES CO FIRST ADD LAUDERDALE CORR PL 2-15 D PORTION LOT 13 DESC AS COMM SW COR LOT 16,E 157.50 ALG S/L,N 5 TO POB,N 61,E 25.47,S 61,W 25.50 TO POB AKA: UNIT 7 NEW HARBOR LOFTS

Property Assessment Values

Year	Land	Building	Just Value	Assessed / SOH Value	Tax
2009	$46,620	$242,830	$289,450	$289,450	
2008	$125,870	$245,050	$370,920	$370,920	$7,449.84
2007	$125,870	$265,470	$391,340	$391,340	$7,852.16

IMPORTANT: The 2009 values currently shown are rollover values from 2008. The real 2009 assessments and portability values will not be finalized until June 1. Please check back here AFTER June 1, 2009, to see the proposed 2009 assessments and portability values.

2009 Exemptions and Taxable Values by Taxing Authority

	County	School Board	Municipal	Independent
Just Value	$289,450	$289,450	$289,450	$289,450
Portability	0	0	0	0
Assessed/SOH	$289,450	$289,450	$289,450	$289,450
Homestead	0	0	0	0
Add. Homestead	0	0	0	0
Wid/Vet/Dis	0	0	0	0
Senior	0	0	0	0
Exempt Type	0	0	0	0
Taxable	$289,450	$289,450	$289,450	$289,450

Sales History -- Search Subdivision Sales

Date	Type	Price	Book	Page
12/1/2006	SWD	$459,900	43290	1439

Land Calculations

Price	Factor	Type
$30.00	1,554	SF
Adj. Bldg. S.F. (See Sketch)		2310
Eff. Year Built		2007

Special Assessments

Fire	Garbage	Light	Drainage	Improvement	Safe
03					
R					
1					

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Please use this form to contact us at Aspen AC about any questions you may have. We will contact you within 24 hours of receipt of your email.

* *Indicates Required Fields*

Ms.

Mrs.

Mr.

First Name:

*

Last Name:

*

Company Name:

Telephone Number:

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Please provide your e-mail address:

*

Please indicate the nature of your question or request:

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Special offer

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2yr Maintenance Plan for homes for just $220

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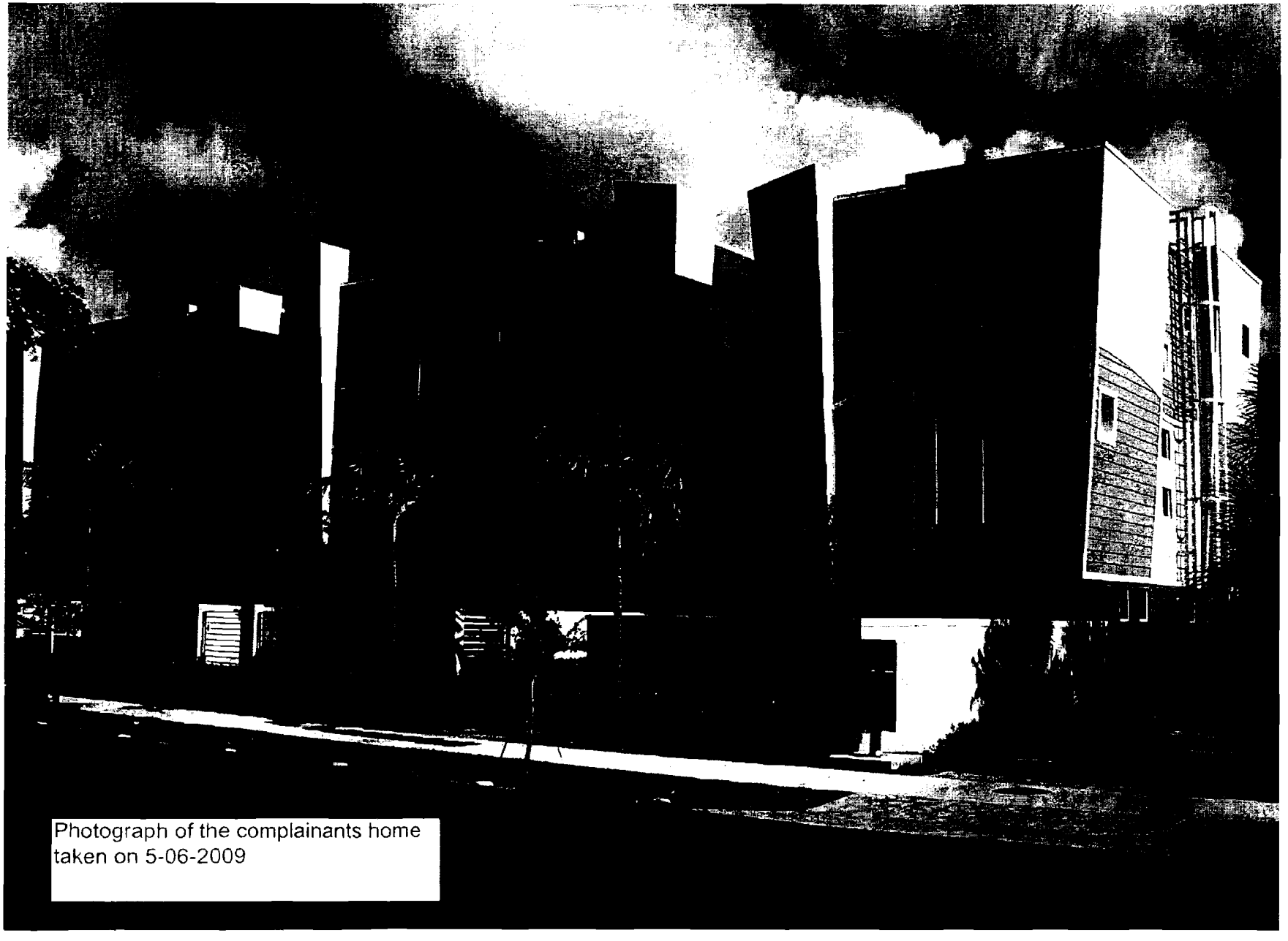
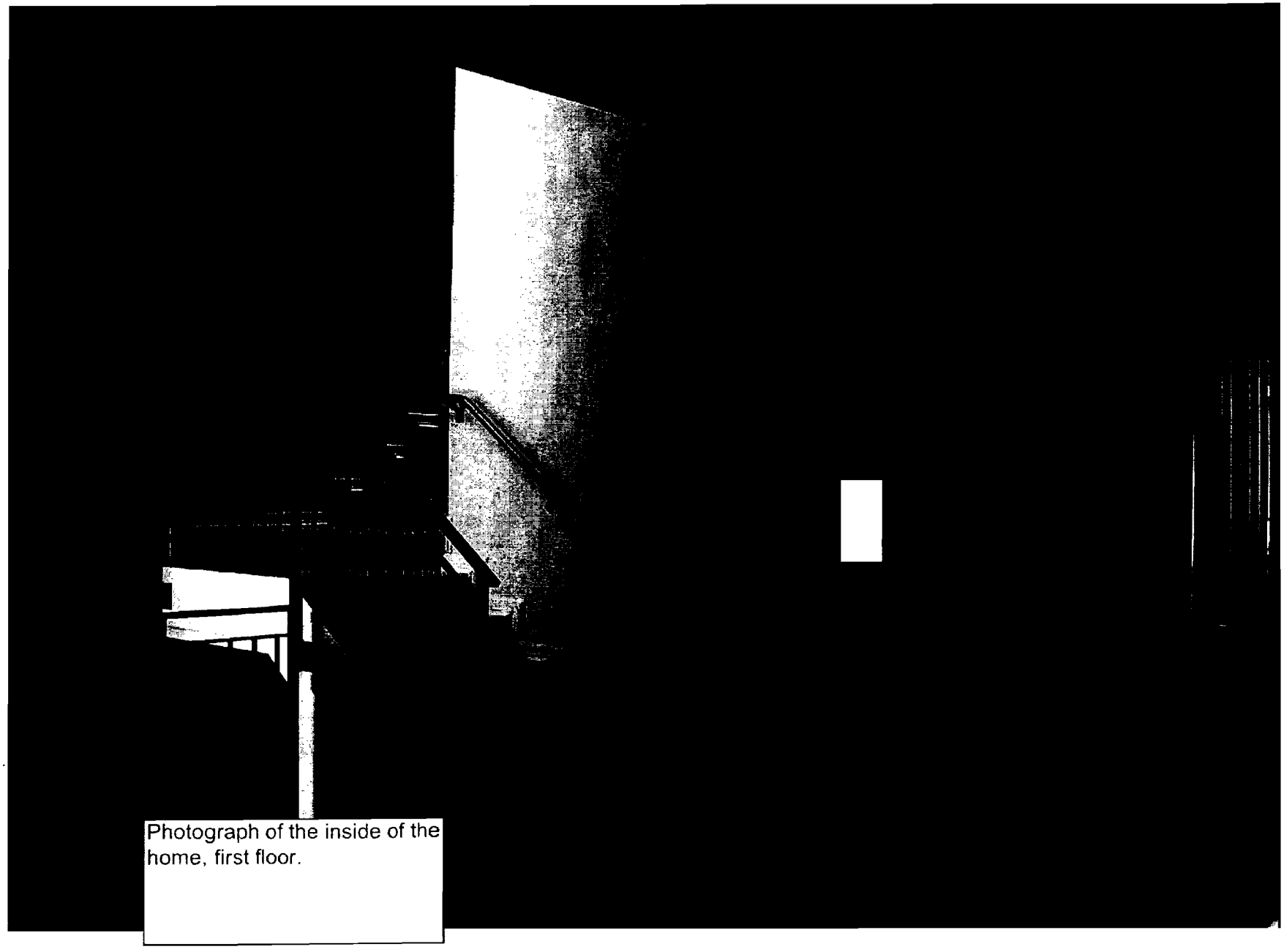
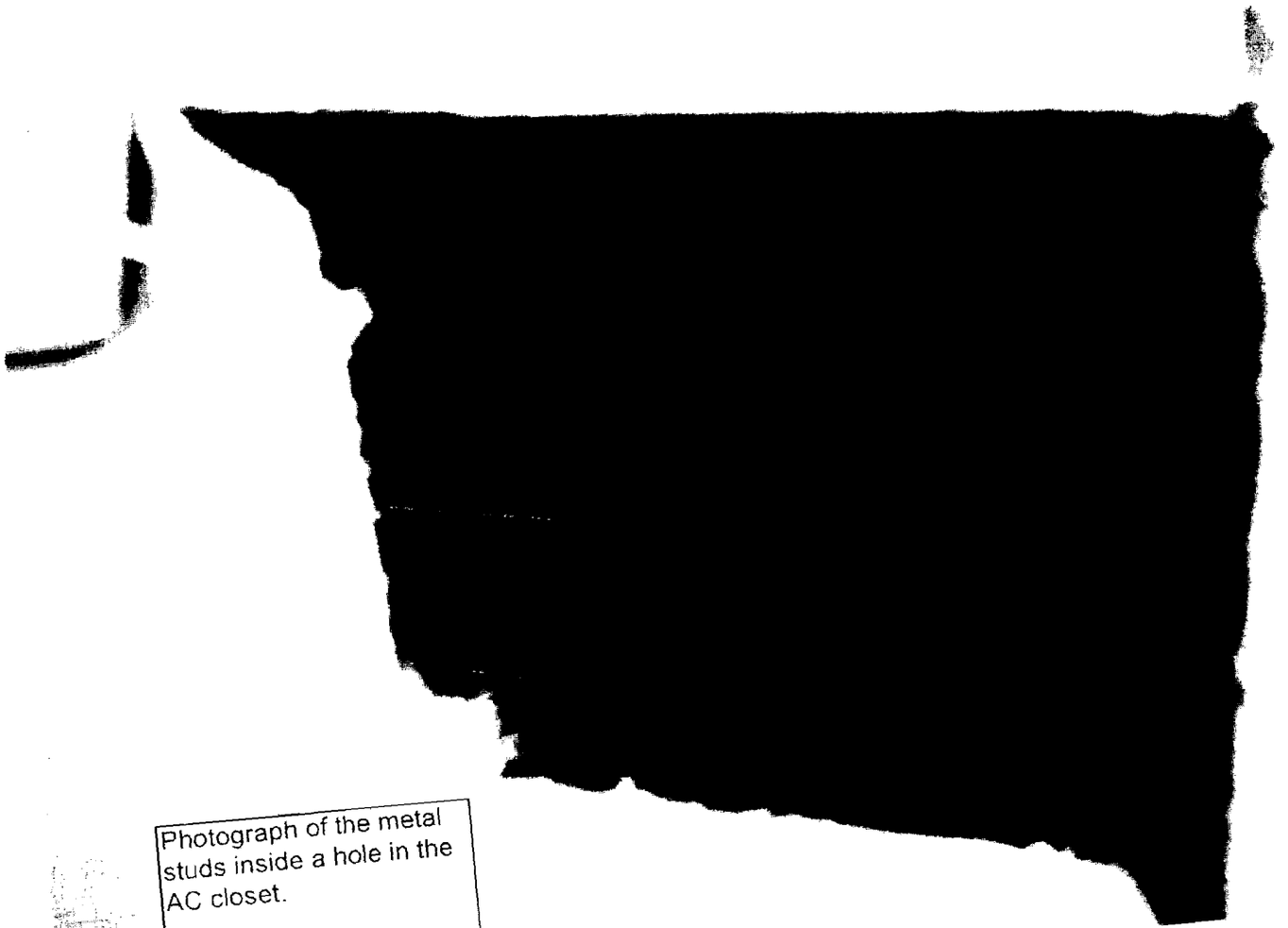


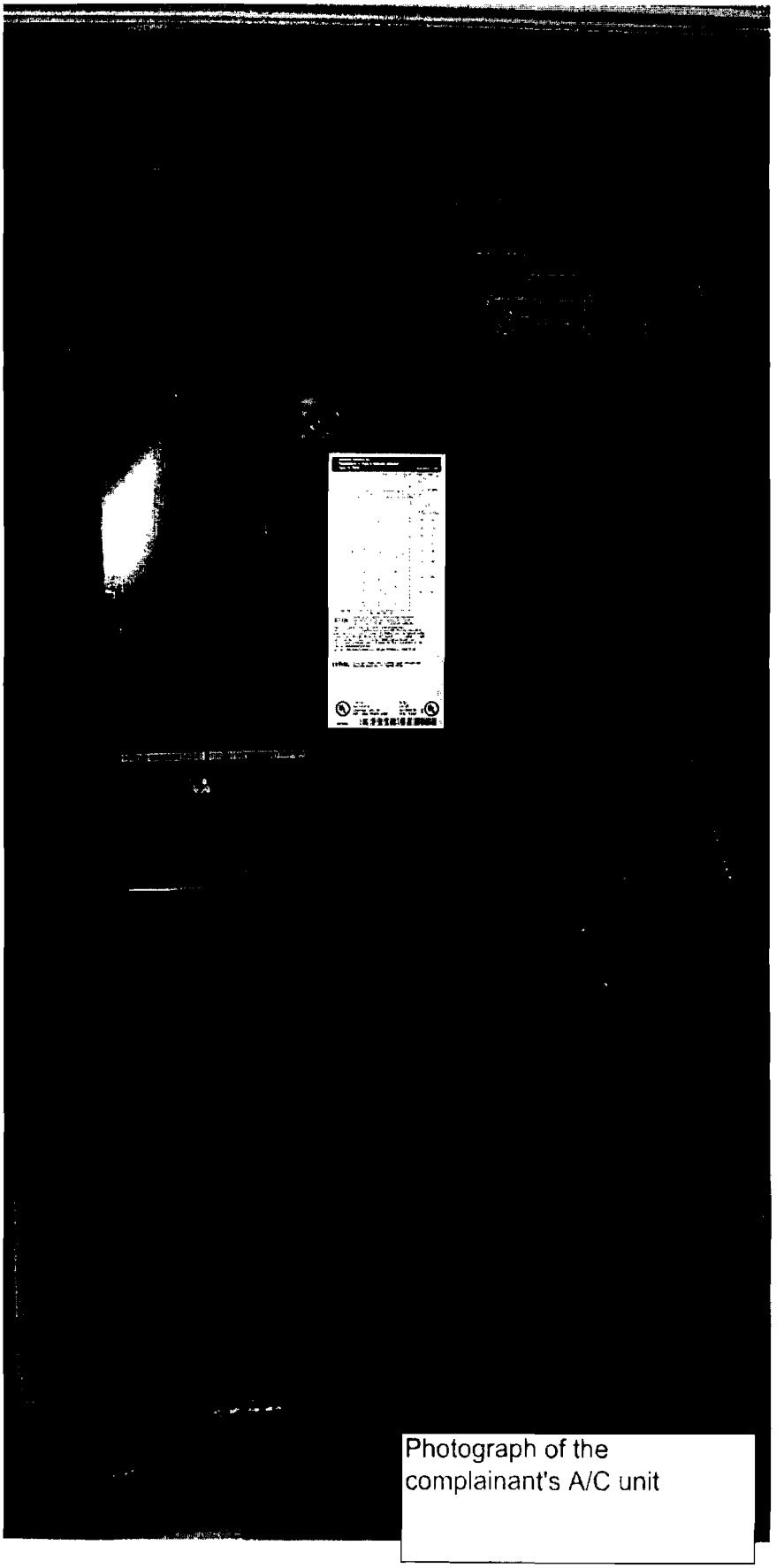
Photograph of the complainants home taken on 5-06-2009



Photograph of the inside of the home, first floor.



Photograph of the metal studs inside a hole in the AC closet.



Photograph of the complainant's A/C unit

Model and Serial numbers

(b)(3):CPSA Section 25(c)

REFRIGERANT 22 OR 410A ONLY DESIGN PRESSURE 480 PSI.
UNLESS INDICATED "NA" ANY ONE OF THE FOLLOWING HEATERS MAY BE INSTALLED IN THIS UNIT. INSTALLER MUST MARK ONE APPROPRIATE BLOCK IN COLUMN A

A	TRANE HEATER MODEL	SUPPLY VOLTS	PHASE	KW	HEATER AMPS	MIN BRANCH CIRCUIT AMPACITY	MAX BRANCH OVERCURRENT DEVICE	[illegible]	[illegible]
	NONE					4.4	15	[illegible]	[illegible]
	BAYHTR1405+++	208 240	1	3.60 4.80	17.3 20	26 29	30 30	LOW	LOW
	BAYHTR1408+++	208 240	1	5.76 7.68	27.7 32	39 44	40 45	LOW	LOW
	BAYHTR1410+++	208 240	1	7.20 9.60	34.6 40	48 54	50 60	LOW	LOW
	BAYHTR3410000	208 240	3	7.20 9.60	30 34.6	37 43	40 45	LOW	LOW
	BAYHTR3415000	208 240	3	11.53 15.36	33.1 38.2	45 51	45 60	LOW	HIGH
	BAYHTR1415+++ CIRCUIT 1	208 240	1	7.20 9.60	34.6 40	48 54	50 60	LOW	HIGH
	BAYHTR1415+++ CIRCUIT 2	208 240	1	4.33 5.76	20.8 24	26 30	30 30		
	BAYHTR1419+++ CIRCUIT 1	208 240	1	5.76 7.68	27.7 32	39 44	40 45	LOW	MED
	BAYHTR1419+++ CIRCUIT 2	208 240	1	8.66 11.52	41.6 48	52 60	60 60		
	BAYHTR1425+++ CIRCUIT 1	208 240	1	7.93 10.56	38.1 44	NA NA	NA NA	NA	NA
	BAYHTR1425+++ CIRCUIT 2	208 240	1	7.20 9.60	34.6 40	NA NA	NA NA		
	BAYHTR1425+++ CIRCUIT 3	208 240	1	3.60 4.80	17.3 20	NA NA	NA NA		

Note: Heater model number may have additional suffix digits "+++" = 000, BRK, RBR, POC, RPD

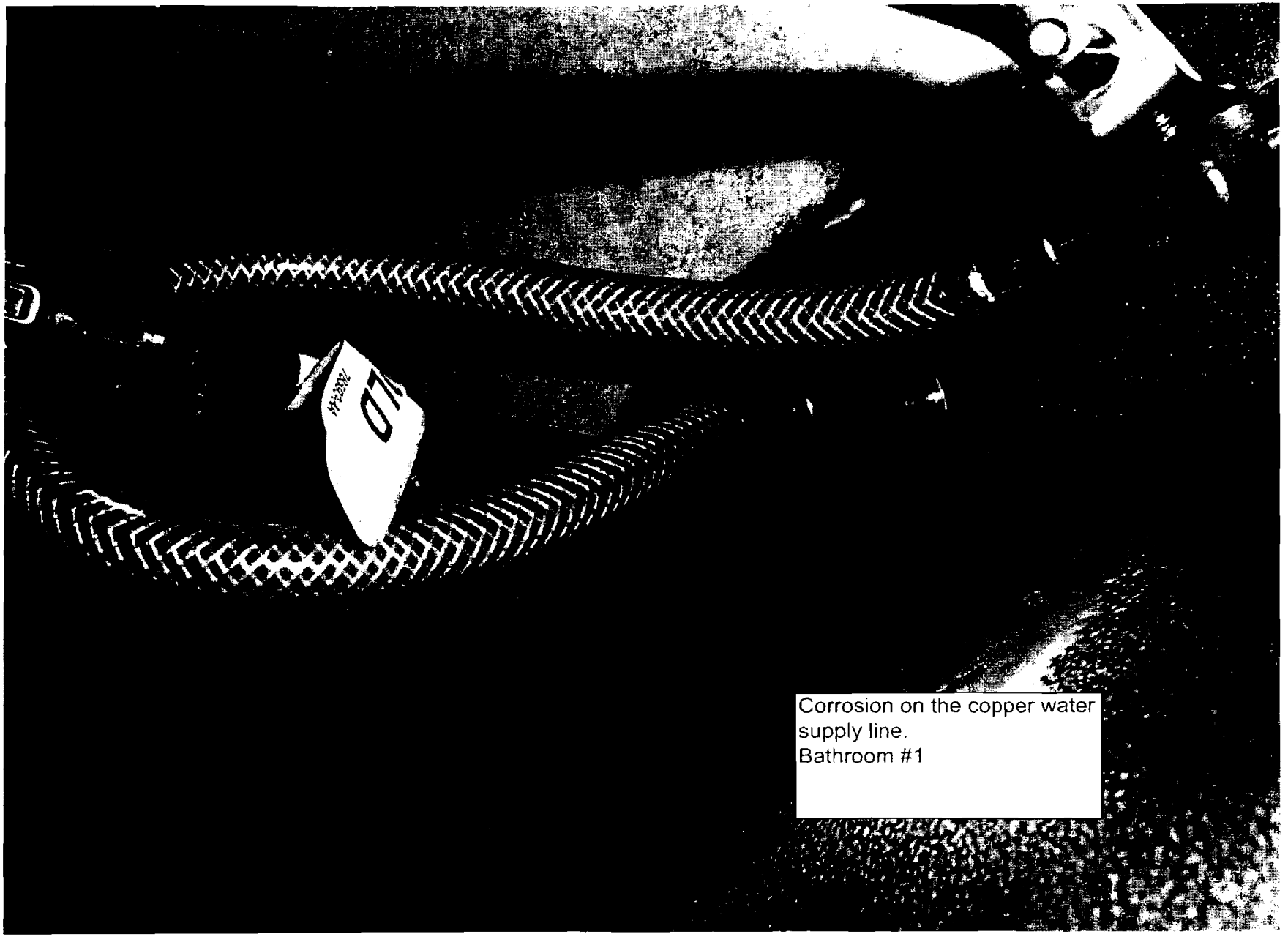
CAUTION: WHEN HEATER MODELS WITH POWER DISCONNECT ARE INSTALLED USE ONLY 240/208 VOLT SUPPLY CIRCUITS WITH 120 VOLTS TO GROUND (NOMINAL).

FOR FIELD CONNECTIONS USE COPPER CONDUCTORS ONLY.
USE ONLY APPROVED COMBINATIONS OF ELECTRIC HEATERS AND UNITS.
MINIMUM INSTALLATION CLEARANCE TO COMBUSTIBLE MATERIALS WHEN ELECTRIC HEATERS ARE INSTALLED: UNIT CABINET – 0", PLENUM – 1", AND FIRST 3' OF OUTLET DUCT – 1" EXCEPT MODELS BAYHTR1405, 1408, AND 1410 ARE APPROVED FOR 0" PLENUM AND DUCT CLEARANCE IN THE UPFLOW CONFIGURATION ONLY.
SUITABLE FOR MOBILE HOME USE. MOTOR INTERNALLY PROTECTED

WARNING: WITH HEAT PUMP INSTALLATIONS, SOME HEATERS ARE POSITION SENSITIVE. SEE "NOTES BELOW"

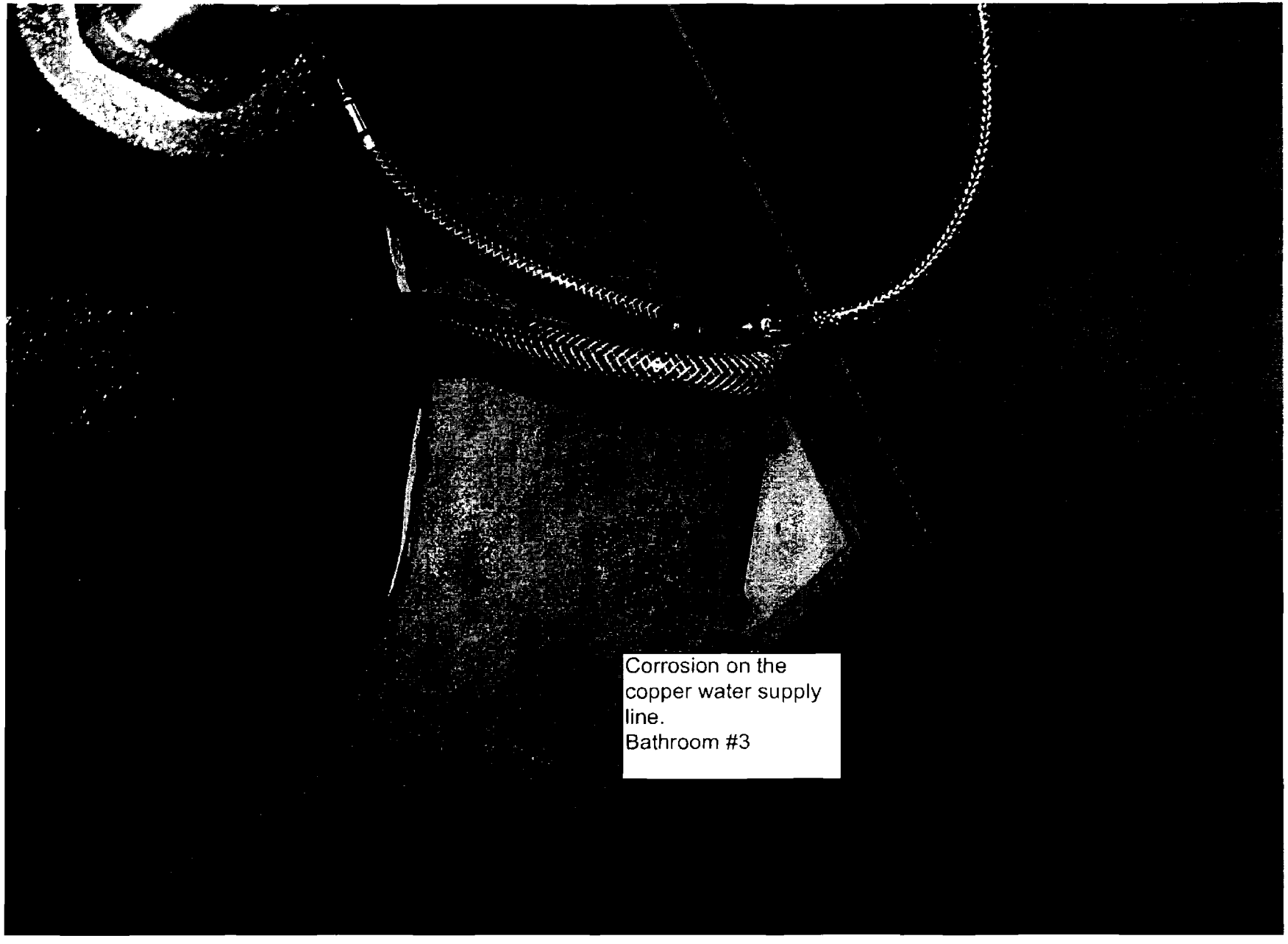
A/C labeling:
Not Responsive

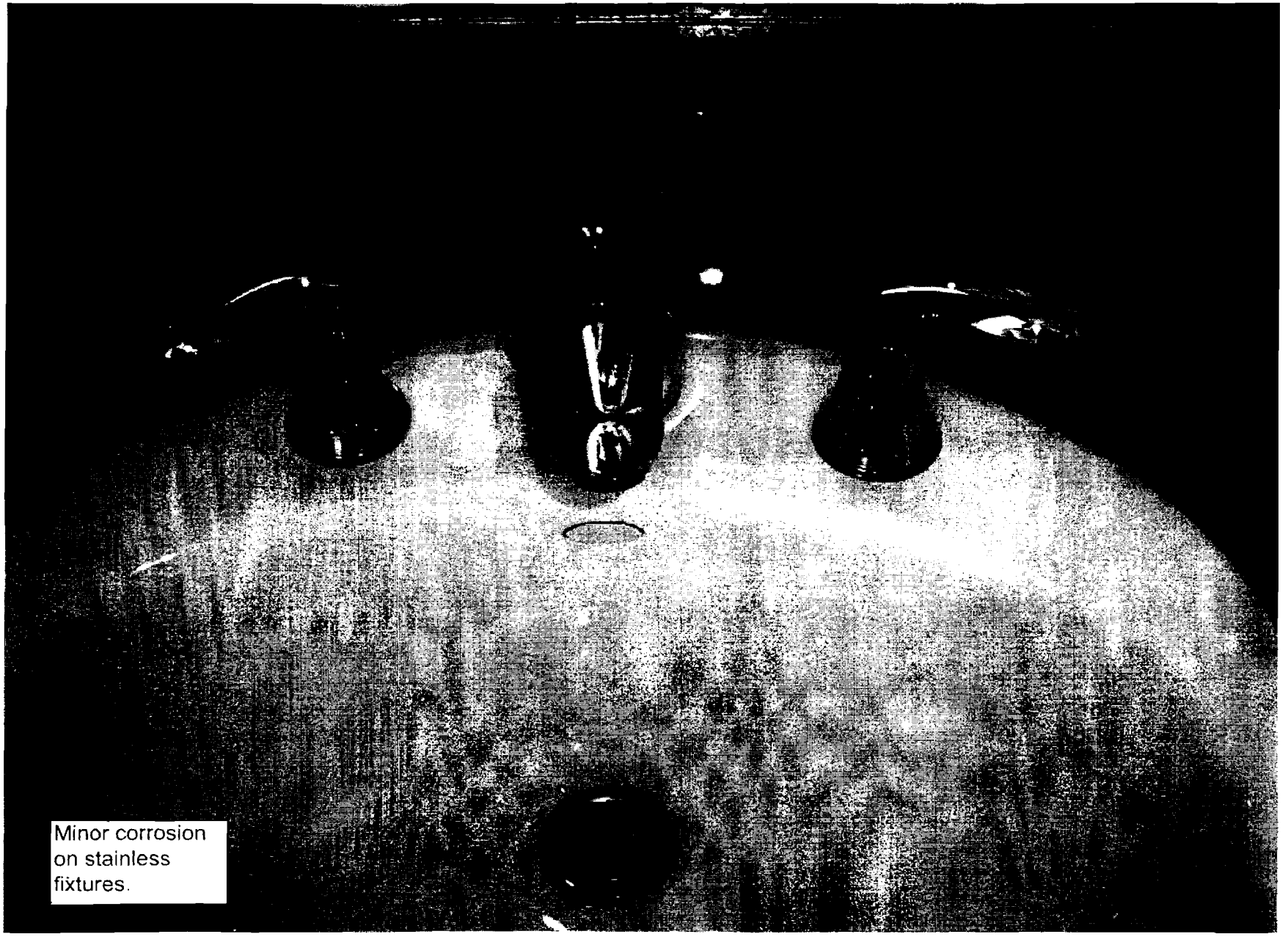
LISTED
SECTION OF
CENTRAL COOLING
AIR CONDITIONERS



Corrosion on the copper water supply line.
Bathroom #1

Corrosion on the copper water supply line.
Bathroom #2


Corrosion on the
copper water supply
line.
Bathroom #3


Minor corrosion
on stainless
fixtures.

Doc No: I0940441A Issue: 30 04/20/2009

04/16/2 (b)(3):CPSA Section 25(c)

Name =
Address
City = F
State =
Zip = 33
Email =
Telepho
Name of victim =
Victim's Address =
Victim's City =
Victim's State =
Victim's Zip =
Victim's Telephone =

Incident Description = We believe that our condo, located a (b)(3):CPSA Section 25(c) in Fort Lauderdale, FL built in 2006 by The Jade Organization, contains the contaminated Chinese drywall. Our tenant of the past 11 months has complained of numerous illnesses for himself and his family since he moved in on May 16, 2008. Last month the repairman replaced the evaporator coil on our A/C unit and last week we observed blackened copper pipes.

Victim's age at time of incident =
Victim's sex =
Date of incident = 4/9/09
Product involved = Chinese drywall
Product brand name/manufacturer = ?
Manufacturer street address = ?
Place where manufactured (City and State or Country) = China
Product model and serial number, manufacture date = ?
Product damaged, repaired or modified = no
If yes, before or after the incident =
Description of damage, repair or modification =
Date product purchased = 2006
Product involved still available = yes
Have you contacted the manufacturer = no
If not, do you plan to contact them = no
Name Release = Do not release name

CPSA 6(b)(1) CLEARED for PUBLIC
NO MFRS/PRVTLBLRS OR PRODUCTS IDENTIFIED 7/16/09
EXCEPTED BY: PETITION RULEMAKING ADMIN. PRCDG
WITH PORTIONS REMOVED: 325c

EPIDEMIOLOGIC INVESTIGATION REPORT

1. Task Number	2. Investigator's ID
090508CBB3570	9094

3. Office Code	4. Date of Accident YR MO DAY	5. Date Initiated YR MO DAY
840	2009 04 08	2009 05 11

6. Synopsis of Accident or Complaint UPC

A sixteen-month-old female victim had been experiencing respiratory problems while living in a house with imported drywall, which was installed in 2007. Her symptoms improved dramatically after moving into another residence. Her parents also report corrosion on electrical wiring, blackening of copper pies, and corrosion on metal objects throughout the house.

7. Location (Home, School, etc)	8. City	9. State
1 - HOME	MERAUX	LA

10A. First Product	10B. Trade/Brand Name	10C. Model Number
1884 - Ceilings And Walls (interior	MADE IN CHINA	UNKNOWN

10D. Manufacturer Name and Address
UNKNOWN

11A. Second Product	11B. Trade/Brand Name	11C. Model Number
4062 - Electric Wire Or Wiring Syst	UNKNOWN	UNKNOWN

11D. Manufacturer Name and Address
NONE

12. Age of Victim	13. Sex	14. Disposition	15. Injury Diagnosis
216	2 - Female	1 - Injured, not Hosp.	71 - Other

16. Body Part(s) Involved	17. Respondent	18. Type of Investigation	19. Time Spent (Operational / Travel)
84 - 25 - 50% BODY	1 - Victim/Complainant	1 - On-Site	18.5 / 2.5

20. Attachment(s)	21. Case Source	22. Sample Collection Number
9 - Multiple Attachments	07 - Consumer Complaint	

23. Permission to Disclose Name (Non NEISS Cases Only)

● Yes ○ No ○ Verbal ○ Yes for Manuf. Only

24. Review Date	25. Reviewed By	26. Regional Office Director
06/12/2009	8631	Frank J. Nava

27. Distribution	28. Source Document Number
Rose, Blake; Woodard, Dean	I0940292A

This investigation was initiated from a consumer complainant.

Much of the information contained in this report was obtained during an on-site interview conducted with the complainant's husband on May 14, 2009. While at the complainant's home, I photographed evidence of corrosion reportedly caused by the incident product. In addition, I photographed labeling found on the incident product. These photographs are included as Attachment 2.

During the on-site visit, I provided the complainant's husband with copies of the CPSC Authorization for Release of Name Form and Medical Release Form. He returned the signed Authorization for Release of Name during the on-site visit. The complainant provided signed copies of the Medical Release forms for her daughter on May 27, 2009.

I requested copies of the complainant's daughter's medical records from each of the providers listed on the Medical Release forms. Medical records from one facility were received June 10, 2009 (Attachment 4). No other medical records were received.

During the on-site visit, the complainant's husband stated that he had contacted several federal, state and local agencies regarding this incident. I requested that he provide copies of the results of any investigations conducted by agencies other than CPSC. However, no information of this nature was received.

The incident occurred at the complainant's residence, a single-story single-family dwelling. The complainant's husband stated that the size of the house is approximately 2800 square feet. He said that three bedrooms in the house were carpeted at the time of the on-site visit.

The primary product involved in this incident is drywall imported from China. This drywall was installed in the complainant's home in 2006 and 2007 when the home had to be rebuilt following flooding that occurred in August and September 2005.

The complainant's husband stated that wooden studs were used in the construction of the house. He said that the studs were treated after the house flooded in 2005 and that he had received a certificate stating that the studs were mold-free.

The incident location is equipped with natural gas service. The complainant's husband stated that the stove, the water heater, the dryer, and the central heating unit are all gas-powered appliances.

As stated above, the complainant and her husband had to rebuild the entire house following extensive flooding in the area in 2005. They did all the reconstruction work themselves, with the exception of installing granite countertops and sheetrock. The complainant's husband stated that he does not have any name or contact information for the person who sold the sheetrock to the installer.

The complainant's husband stated that his family moved into the house in August 2007. Shortly after they moved into the house, the complainant began having frequent headaches, according to her husband. Their daughter, who was born November 29, 2007, has experienced ongoing respiratory and allergy problems since birth, he stated.

The complainant's husband stated that his daughter received treatment from several providers for symptoms she was experiencing). I requested that CPSC be allowed to obtain a copy of the medical records pertaining to the treatment received by the complainant's daughter. The completed Medical Release Forms were received on May 27, 2009.

The table below contains a summary of information provided by the primary healthcare provider for the complainant's daughter (Attachment 4). For more complete information, please refer to the actual medical records cited in the reference column. No other medical records were received.

Date	Symptoms	Diagnosis	Reference
03/17/09	nasal congestion	URI	Att. 4, P. 2
02/09/09	Rash	diaper rash/ impetigo	Att. 4, P. 3
01/26/09	green nasal congestion	Croup/sinusitis	Att. 4, P. 3
12/29/08	nasal congestion	cold/allergies	Att.4, P. 4
12/23/08	green nasal congestion	Sinusitis	Att. 4, P. 4
12/03/08	rash on belly	dermatitis?	Att. 4, P. 5
11/14/08	rash on arms	atopic dermatitis	Att. 4, P. 5
10/07/08	ringworm on back	Ringworm	Att. 4, P. 6
06/26/08	diaper rash	diaper dermatitis	Att. 4, P. 6
05/29/08	skin issues	no diagnosis	Att. 4, P. 7
04/18/08	nasal congestion	viral symptoms	Att. 4, P. 7
03/28/08	irritable/nasal discharge	atopic dermatitis?	Att. 4, P. 8
03/18/09	developmental/eating concerns	milk intolerance	Att.4 , P. 8

The complainant's husband stated that his family moved out of their house around the beginning of April 2009, due to their ongoing health problems. Within two weeks of leaving the house, his daughter's symptoms had improved dramatically, he said.

The complainant's husband stated that, when they first started living in the house after it was remodeled, he and his wife were unaware of any strange odors in the house. After moving away from the house in 2009, however, he said that they did notice the odor of sulfur whenever they re-entered the house. He said that the odor is worse when the house has been closed up for a while.

The odor inside the house is stronger in the summer, according to the complainant's husband. He also said that it seems to be stronger between 3:00 and 4:00 p.m.

The complainant's husband said that he did not remember problems with any major indoor electrical appliances since the house had been remodeled. He said that the flat screen television in the family room had to be repaired because the rubber pixels went out.

The complainant's husband stated that there have been ongoing problems with the two central air conditioning units at the house. The back unit (2.5 tons) was installed when the house was rebuilt, making it approximately two and a half years old at the time of the on-site visit. The front unit (4.0 tons) was purchased about eight months prior to the on-site visit, as a replacement for a smaller (3.5 ton) unit that was not cooling the front part of the house sufficiently.

The complainant's husband stated that the back AC unit, which cools four bedrooms, has had to be recharged three times in two years. He said that a service technician told him the back unit has a freon leak. However, the complainant's husband did not provide any service records or contact information for the service technician.

The complainant's husband stated that the 4-ton unit in the front of the house has already experienced a problem as well. He said that the gas valve went out on this unit. He did not provide any service records or contact information for the service technician who repaired the unit.

During the on-site visit, photographs were made of the coils on the air conditioning units. On both units, there appears to be evidence of blackening and corrosion (Attachment 2, Photographs 1-4)

Neither the complainant nor her husband have noticed any flickering lights, arcs, sparking, buzzing, or sizzling noises in their house. They have not noticed any circuit breakers tripping more often than normal, or for no apparent reason. The complainant's husband stated that he is unaware of any unusual odors in the area of receptacles, light switches, or fixtures. He also said that there are no switches or outlets that are warm or hot to the touch, as far as he knows.

During the on-site visit, the complainant's husband pointed out wiring behind an electrical outlet in the kitchen area. There appears to be corrosion on several of the wires (Attachment 2, Photographs 5-8). The complaint's husband said that he turned off this and other outlets in the house as a fire prevention measure.

The complainant's husband pointed out several instances of corrosion of water pipes and other metal objects during the on-site visit. One area of concern to the complainant's husband is the utility room, where the water heater is located. He said that he has noticed blackening and corrosion on the copper pipes near the water heater (Attachment 2, Photographs 9-11).

Another area of blackening and corrosion involves the copper water pipe in the kitchen area (Attachment 2, Photographs 12-13).

In addition, the complainant's husband pointed out areas of corrosion on the copper shower curtain in the master bathroom (Attachment 2, Photographs 14-16). He also showed blackening on some of the decorative metal tiles in another bath (Attachment 2, Photographs 17-18).

CONTACT WITH RETAILER AND MANUFACTURER:

At the time of the on-site visit, the complainant's husband stated that they had not contacted the manufacturer or installer of the drywall involved in the incident. He said that the drywall was installed by a family friend and that he does not know the identity of the person who sold the drywall to the installer.

In addition, the complainant's husband stated that he is not certain of the identity of the manufacturer or importer of the drywall. Although labeling observable on the drywall in the home indicates that it is manufactured in China, no specific information regarding the manufacturer of the drywall could be located (Attachment 2, Photographs 19-20).

PRODUCT IDENTIFICATION:

The primary product involved is **drywall, manufactured in China.** During the on-site visit, I was unable to locate or photograph a portion of the drywall on which the manufacturer's name was visible. However, I photographed a portion of the drywall bearing information that it was manufactured in China (Attachment 2, Photograph3 19-20).

No further identifying information is available for the drywall involved in the incident.

SAMPLE:

Per assignment instructions, no sample was collected.

ATTACHMENTS:

Attachment 1 – Contact Sheet
Attachment 2 – Photographs (1 - 20)
Attachment 3 – Authorization for Release of Name
Attachment 4 – Medical records (St. Bernard Health Center, Inc.)
Attachment 5 – Response letter (Children's Hospital of New Orleans)
Attachment 6 – Missing Documents Form

List of Contacts

Name: Jennifer Belsom/Scott Belsom
Title: Complainant/Complainant's husband
Address: 2912 Bradbury Drive
Meraux, LA 70075
Phone: 985-290-7277
Interviewed: On-site visit conducted May 14, 2009

Complainant's husband interviewed during on-site visit.
Information from interview is included in narrative.
Photographs made during on-side visit.
Signed Authorization for Release of Name form provided during on-site visit.
Additional info sent to complainant's husband via e-mail on May 18, 2009.
Signed Medical Release forms requested via e-mail on May 18, 2009.
Signed forms were received May 29, 2009.

Name: Unknown
Title: Records Administrator
Address: Children's Hospital of New Orleans
200 Henry Clay Ave., # 3312
New Orleans, LA 70118
Interviewed: Medical records requested May 29, 2009.

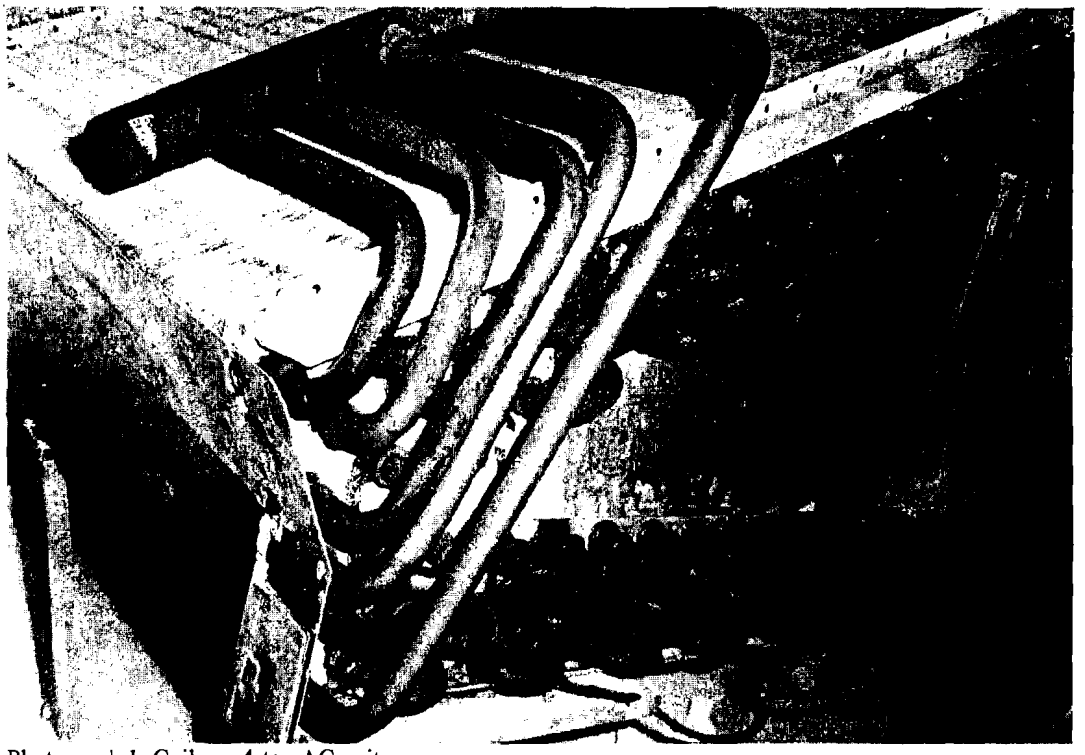
Received letter stating that no such patient was found – June 10, 2009.

Name: Unknown
Title: Records Administrator
Address: St. Bernard Health Center
7718 West Judge Perez Dr.
Arabi, LA 70032
Interviewed: Medical records requested May 29, 2009.

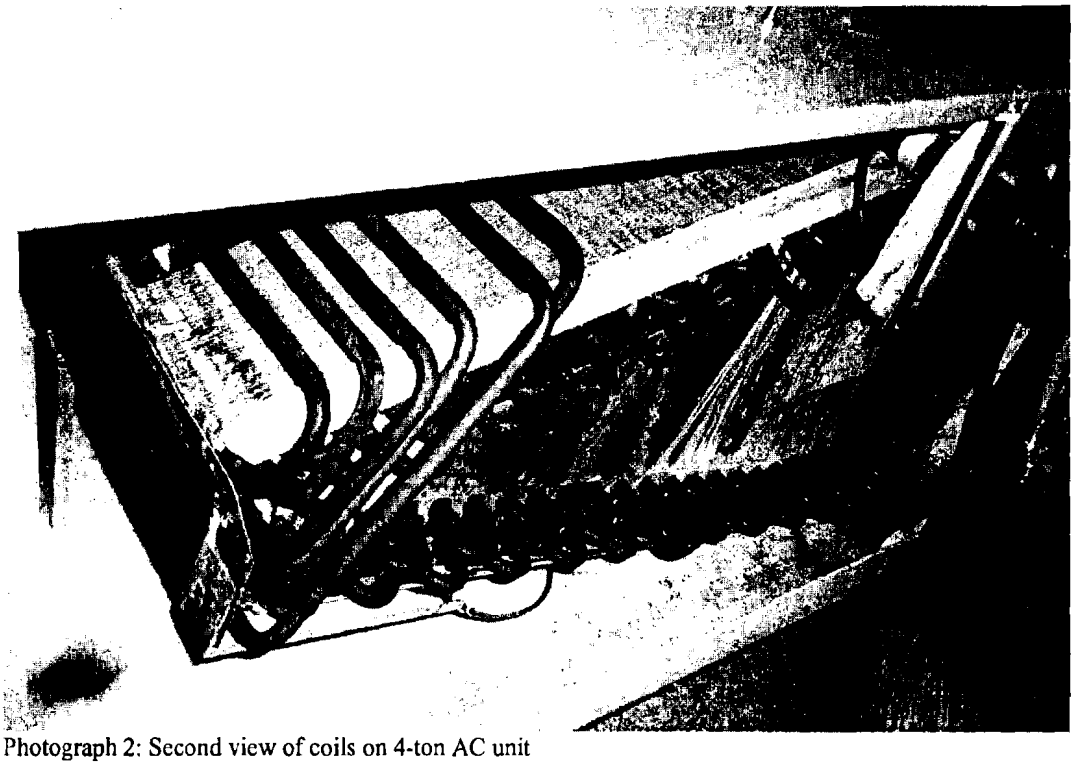
Medical Records were received June 10, 2009.

Name: Unknown
Title: Records Administrator
Address: Dr. Dennis M. Occhipinti
4740 S I-10 Service Road
Metairie, LA 70001
Interviewed: Medical records requested May 29, 2009.

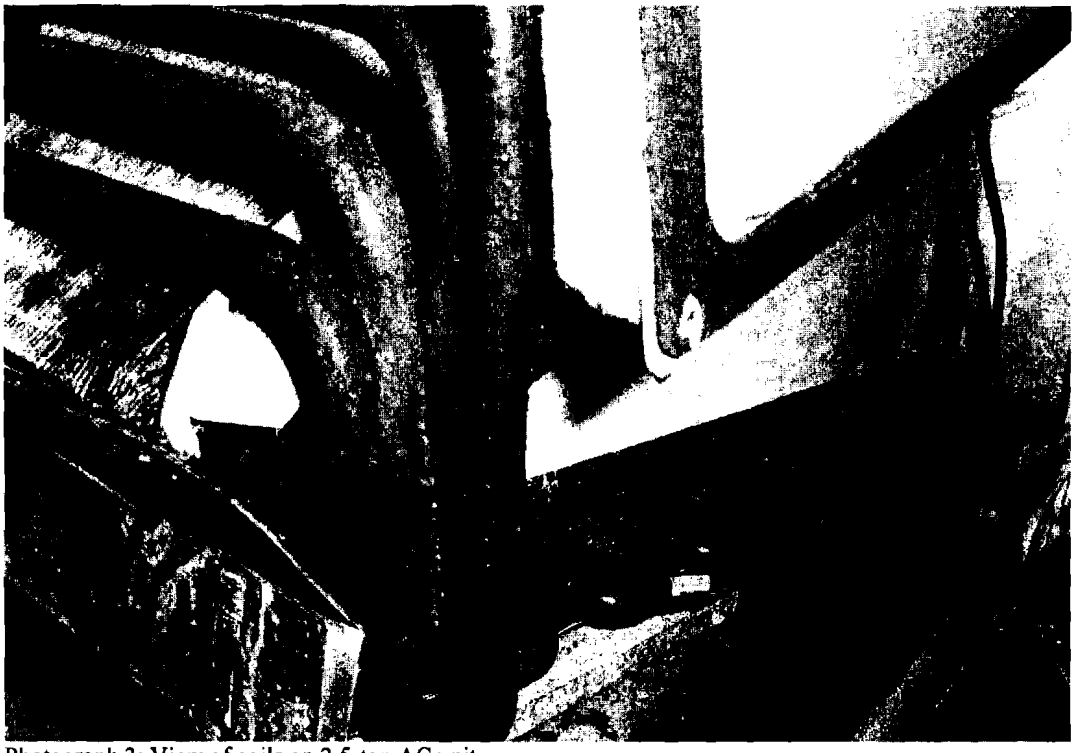
Medical Records were not received.



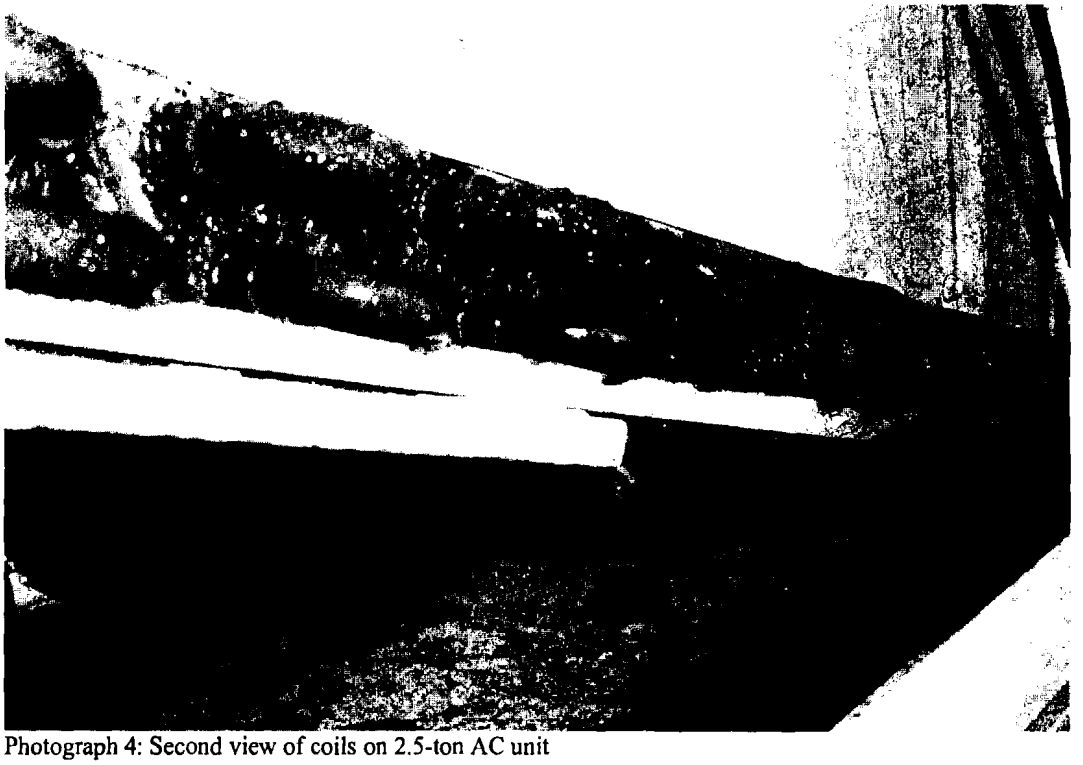
Photograph 1: Coils on 4-ton AC unit



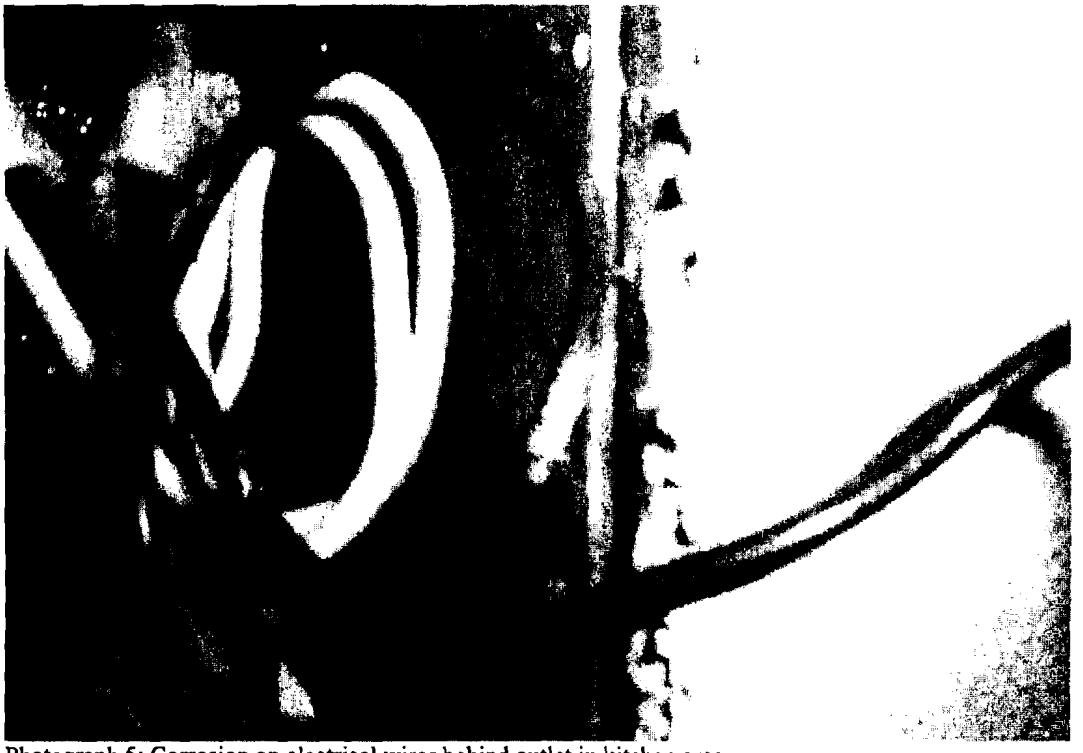
Photograph 2: Second view of coils on 4-ton AC unit



Photograph 3: View of coils on 2.5-ton AC unit

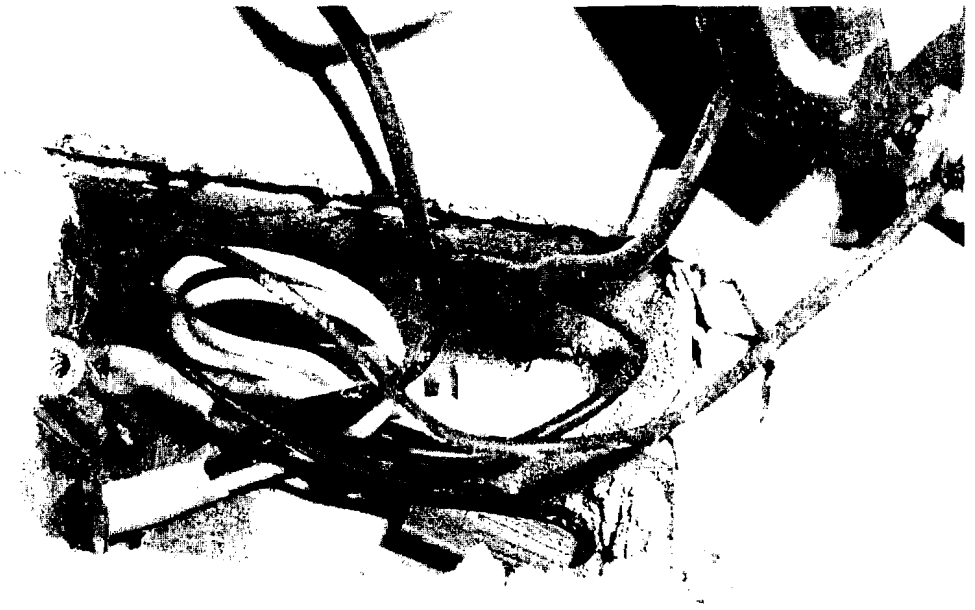


Photograph 4: Second view of coils on 2.5-ton AC unit

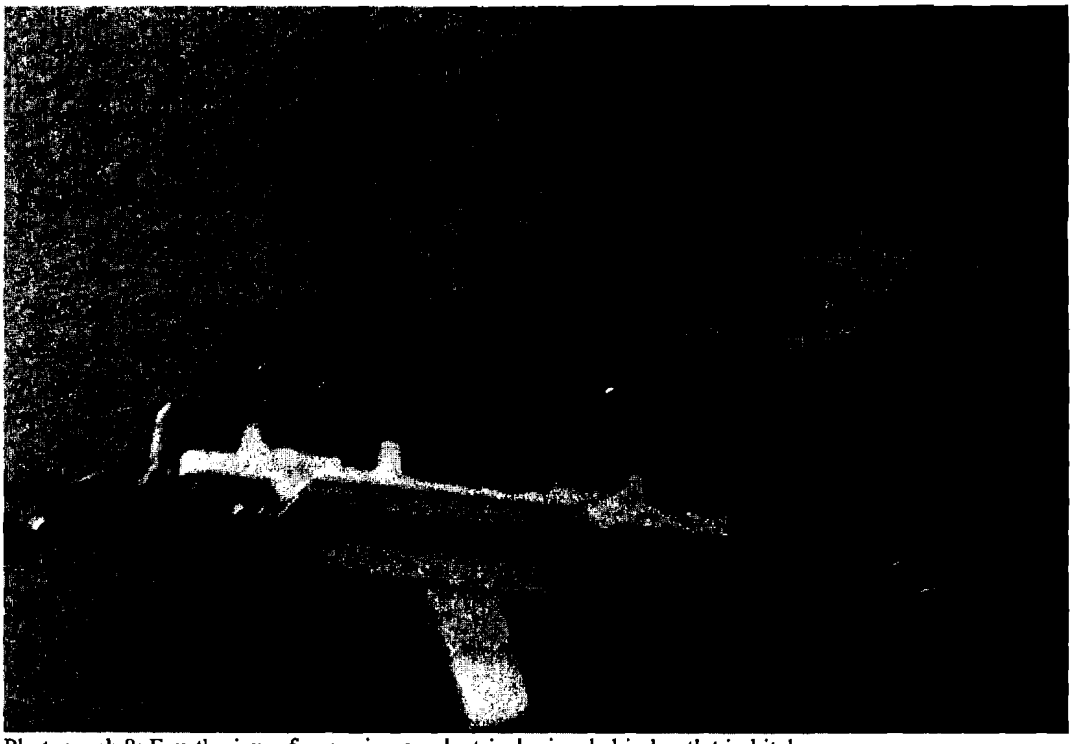


Photograph 5: Corrosion on electrical wires behind outlet in kitchen area

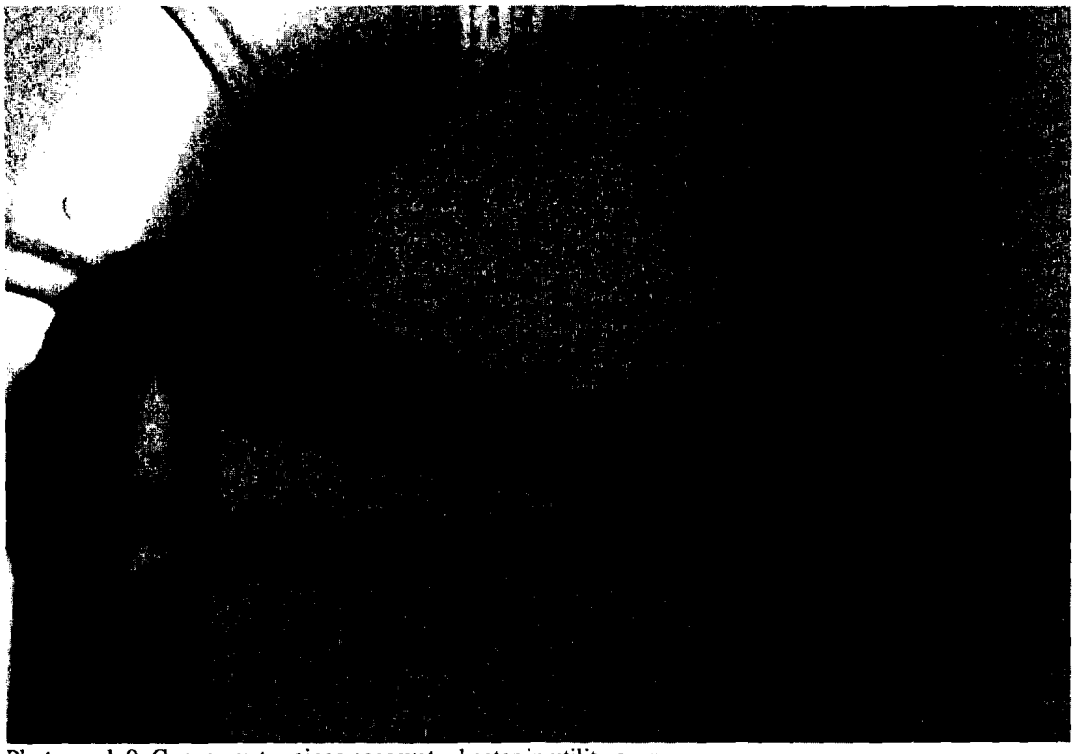
Photograph 6: Second view of corrosion on electrical wires behind outlet in kitchen area



Photograph 7: Third view of corrosion on electrical wires behind outlet in kitchen area



Photograph 8: Fourth view of corrosion on electrical wires behind outlet in kitchen area

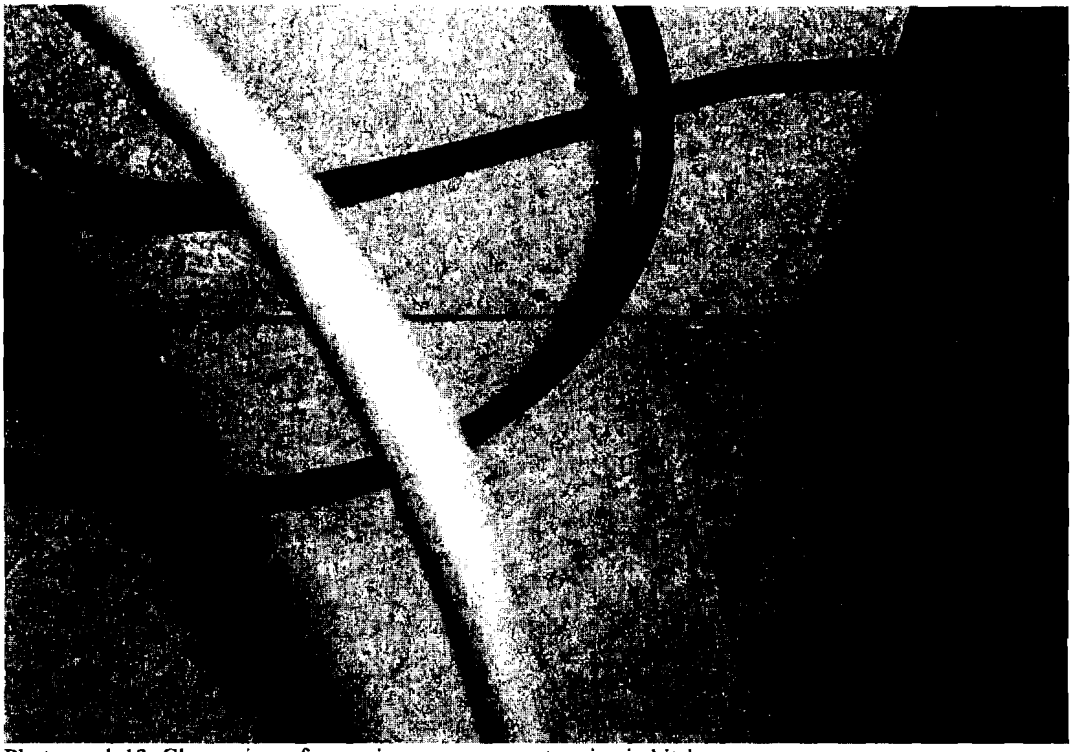


Photograph 9: Copper water pipes near water heater in utility room

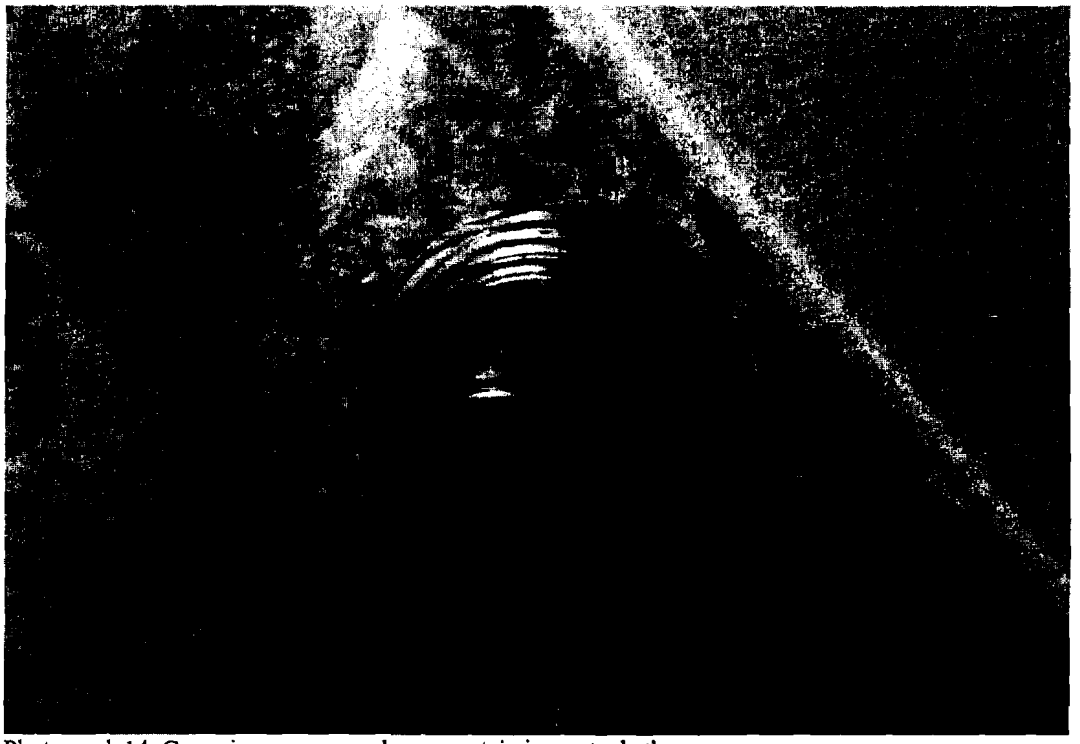
Photograph 10: Second view of copper pipes near water heater in utility room

Photograph 11: View of additional copper pipe in near water heater in utility room

Photograph 12: Copper water pipe in kitchen area

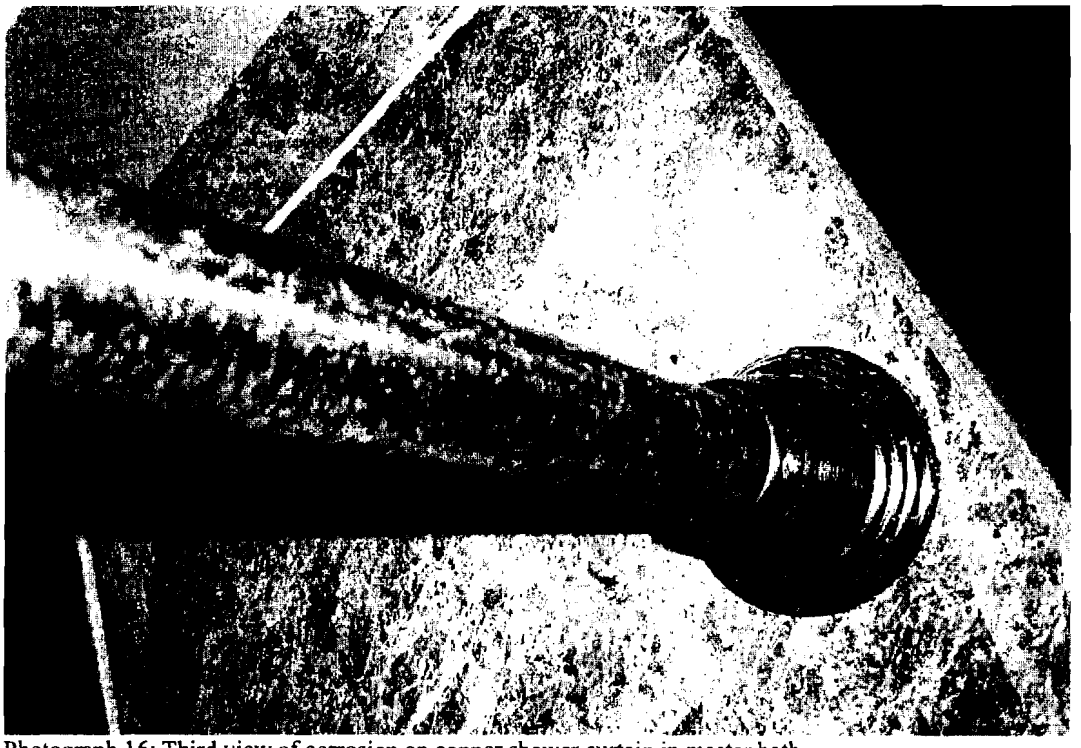


Photograph 13: Closer view of corrosion on copper water pipe in kitchen area

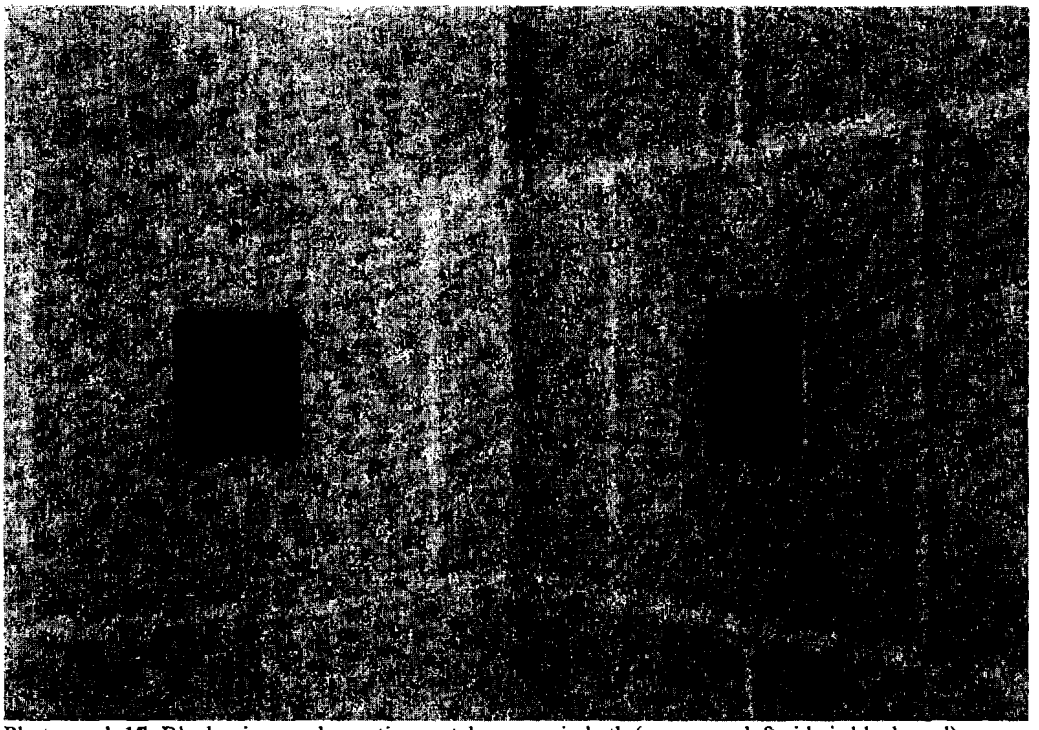


Photograph 14: Corrosion on copper shower curtain in master bath

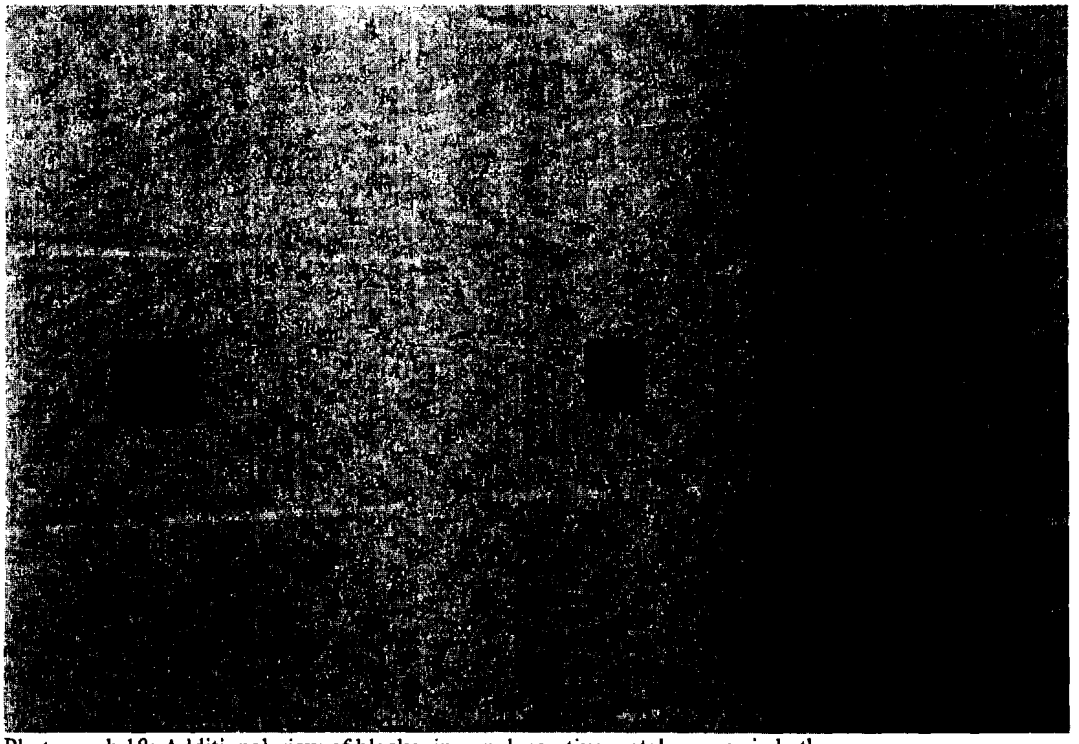
Photograph 15: Second view of corrosion on shower curtain in master bath



Photograph 16: Third view of corrosion on copper shower curtain in master bath



Photograph 17: Blackening on decorative metal squares in bath (square on left side is blackened)



Photograph 18: Additional view of blackening on decorative metal squares in bath

Photograph 19: Labeling on drywall in attice
Text reads in part: "*** CHINA *** MEET OR EXCEED ***

Photograph 20: Second view of labeling on drywall in attic
Text reads in part: "*** ASTM 1396 04 STANDARD ***"

U.S. Consumer Product Safety Commission

AUTHORIZATION FOR RELEASE OF NAME

Thank you for assisting us in collecting information on a potential product safety problem. The Consumer Product Safety Commission depends on concerned people to share product safety information with us. We maintain a record of this information, and use it to assist us in identifying and resolving product safety concerns.

We routinely forward this information to manufacturers and private labelers to inform them of the involvement of their product in an accident situation. We also give the information to others requesting information about specific products. Manufacturers need the individual's name so that they can obtain additional information on the product or accident situation.

Would you please indicate on the bottom of this page whether you will allow us to disclose your name? If you request that your name remain confidential, we will, of course, honor that request. After you have indicated your preference, please sign your name and date the document on the lines provided.

☐ I request that you do not release my name. My identity is to remain confidential.

☐ You may release my name to the manufacturer but I request that you do not release it to the general public.

☒ You may release my name to the manufacturer and to the public.

[illegible] 5-14-09

(Signature) (Date)

CPSC Form 322

St. Bernard Health Center, Inc.

Date: June 3, 2009

Patient: Lyna Belson

Date of Birth: 11-29-07

Medical Record #: MBEL

Date of Service(s): 1-3-08 - 3-17-09

To Whom It May Concern:

This is to certify that these are true and exact copies of medical records described in the request/subpoena for the above named patient.

Should you need additional assistance, please contact Trinette M. Johnson at (504) 281-2800.

Sincerely,

Trinette M. Johnson

Trinette M. Johnson
Medical Records Department

8101 W. Judge Perez Drive • Chalmette, LA 70043 • Phone (504) 281-2800• Fax (504) 278-4692

BHC Pediatric Medical Record

Name: Mia Belsom

Date 3-17-09

DOB 11-29-07 Next Km

Age 1 Y 3 M

Record # Ins MC PP

CC F V D (C) C just started mon.

Treatment got Bicillin fri. night at clinic is better now but cough yst.

Physical: Check if normal

- [ ] General Appearance Alert Active
- [x] Head/Face/Neck
- [x] Eyes
- [ ] ENMT Nasal Congest Nasalmist 1a Q6 h
- [x] Respiratory
- [x] Chest CV
- [ ] CV
- [ ] Abdomen Soft
- [x] Genitalia
- [x] Skin
- [x] Lymph nodes
- [x] Extremities
- [x] Musculoskeletal
- [x] Back
- [x] Neuro

Height 30½"
Weight 27½"
HC 18"

HR RR
Temp 97.4
BP

Hgb
Ua
Rst
Tymp R L
Hearing
Vision

Diagnosis URI

RTC D WK M

Refer to

DTAP IPV HIB HBV MMR DT
PCV7 VARIVAX FLU TD

Date

CC F V D C C

DOB Next Km

Age Y M

Record #
Ins MC PP

Physical: Check if normal

- [ ] General Appearance
- [ ] Head/Face/Neck
- [ ] Eyes
- [ ] ENMT
- [ ] Respiratory
- [ ] Chest
- [ ] CV
- [ ] Abdomen
- [ ] Genitalia
- [ ] Skin
- [ ] Lymph nodes
- [ ] Extremities
- [ ] Musculoskeletal
- [ ] Back
- [ ] Neuro

Height
Weight
HC

HR RR
Temp
BP

Hgb
Ua
Rst
Tymp R L
Hearing
Vision

Diagnosis

RTC D WK M

Refer to

DTAP IPV HIB HBV MMR DT
PCV7 VARIVAX FLU TD

CBHC Pediatric Medical Record

Name: Belsom, Mia
Date 1-26-09
DOB 11-29-07 Next Km
Age 1 Y 1 M
Record # Ins MC PP

CC F V D C C hoarse Barky cough
Treatment

Physical: Check if normal
- [ ] General Appearance Alert Active — Zithromax 100 g start 5 g daily x 4
- [x] Head/Face/Neck
- [x] Eyes — Acetaminophen 1 cc Q6 h
- [ ] ENMT Green nasal DC
- [ ] Respiratory CV — Laterizone cm BID
- [ ] Chest CV
- [ ] CV NY
- [ ] Abdomen Soft
- [ ] Genitalia ~~[illegible]~~ diag rm
- [x] Skin
- [x] Lymph nodes
- [x] Extremities
- [x] Musculoskeletal
- [x] Back
- [x] Neuro

Height 30"
Weight 27.3
HC 18.2

HR RR
Temp 97.2
BP

Hgb
Ua
Rst
Tymp R L
Hearing
Vision

Diagnosis Croup Sinusitis Diagr rm

RTC D WK M
Refer to
DTAP IPV HIB HBV MMR DT PCV7 VARIVAX FLU TD

Date 2-9-09
CC ~~F V D C C~~
Rash
DOB 11-29-07 Next Km
Age 1 Y 2 M
Record # Ins MC PP

Physical: Check if normal
- [ ] General Appearance Alert Active
- [x] Head/Face/Neck
- [x] Eyes — Alternate Alt atmosphere + Nystatin
- [ ] ENMT CV
- [ ] Respiratory CV — Zinc Oxide
- [ ] Chest CV
- [ ] CV NY
- [ ] Abdomen Soft
- [ ] Genitalia diagr dermatitis + Sinus
- [x] Skin
- [x] Lymph nodes
- [x] Extremities
- [x] Musculoskeletal
- [x] Back
- [x] Neuro

Height 30"
Weight 26 LBS
HC

HR 132 RR 22
Temp 98.3
BP

Hgb
Ua
Rst
Tymp R L
Hearing
Vision

Diagnosis Diagr dermatitis Impetigo

SBHC Pediatric Medical Record

Name: Mia Belsom

Date 12-23-08

DOB 11-29-07 Next Km

Age 1 Y 1 M

Record # Ins MC PP

CC F V D C C

Treatment

Physical: Check if normal

- ☐ General Appearance Alert Active
- ☑ Head/Face/Neck
- ☑ Eyes
- ☐ ENMT green nasal DC — Zyrtemol 1mg stat 5 g daily x 4
- ☑ Respiratory
- ☑ Chest Clear
- ☑ CV Reg — Accubrist 1 cc Q6 h
- ☑ Abdomen Soft
- ☑ Genitalia
- ☑ Skin
- ☑ Lymph nodes
- ☑ Extremities
- ☑ Musculoskeletal
- ☑ Back
- ☑ Neuro

Diagnosis Sinusitis

Height 30½"
Weight 25.3
HC 18

HR RR
Temp 96.8 AX
BP

Hgb
Ua
Rst
Tymp R L
Hearing
Vision

RTC D WK M

Refer to

DTAP IPV HIB HBV MMR DT
PCV7 VARIVAX FLU TD

CC 12-29-08 F V D C C

DOB 11-29-07 Next Km

Age 1 Y M

Record # Ins MC PP

Physical: Check if normal

- ☐ General Appearance Alert Active
- ☑ Head/Face/Neck
- ☑ Eyes
- ☐ ENMT slight nasal congestion
- ☑ Respiratory
- ☑ Chest Clear — Continue Nasal Saline
- ☐ CV Reg
- ☐ Abdomen Soft — Continue Accubrist
- ☑ Genitalia
- ☑ Skin
- ☑ Lymph nodes
- ☑ Extremities
- ☑ Musculoskeletal
- ☑ Back
- ☑ Neuro

Diagnosis Cold Allergies

Record # Ins MC PP

Height 30½"
Weight 25.3
HC 18

HR RR
Temp 97.3
BP

Hgb
Ua
Rst
Tymp R L
Hearing
Vision

RTC D WK M

Refer to

DTAP IPV HIB HBV MMR DT
PCV7 VARIVAX FLU TD

Attachment 4
090508CBB3570

SBHC Pediatric Medical Record

Name: NiaBelsom

DOB 11-29-07 Next Km

Age Y 11 M

Record #
Ins MC PP

Date 11-14-08

CC F V D C C Rash on arms

Treatment

Physical: Check if normal

- ☐ General Appearance Alert Active
- ☑ Head/Face/Neck
- ☑ Eyes Lacrimal Lipocrem [illegible]
- ☑ ENMT Ur
- ☑ Respiratory Ur
- ☑ Chest Ur
- ☐ CV Ur
- ☐ Abdomen Soft
- ☐ Genitalia [illegible]
- ☐ Skin Atopic rash on arm & side
- ☑ Lymph nodes
- ☑ Extremities
- ☑ Musculoskeletal
- ☑ Back
- ☑ Neuro

Diagnosis atopic dermatitis

Height 29"
Weight 24 # 10 oz
HC 19"

HR RR
Temp 98.8
BP

Hgb
Ua
Rst
Tymp R L
Hearing
Vision

RTC D WK M

Refer to

DTAP IPV HIB HBV MMR DT
PCV7 VARIVAX FLU TD

CC 12-3-08 F V D C C Shots / Rash on belly Humana 11-29-07

AGE 1 Y M NEXT KM

Physical: Check if normal

- ☑ General Appearance
- ☑ Head/Face/Neck
- ☑ Eyes
- ☑ ENMT Ur
- ☐ Respiratory Ur
- ☐ Chest
- ☐ CV
- ☐ Abdomen
- ☐ Genitalia
- ☐ Skin erythematic rash on [illegible] & side of chest
- ☑ Lymph nodes
- ☑ Extremities
- ☑ Musculoskeletal
- ☑ Back
- ☑ Neuro

Diagnosis dermatitis ? Etiology

Height 31 inch
Weight 24.9 lbs
HC 45 cm

HR RR
Temp 97.4
BP

Hgb
Ua
Rst
Tymp R L
Hearing
Vision

(b)(3):CPSA Section 25(c)

Refer to [illegible]

DTAP [illegible]

Attachment 4
090508CBB3570

11/29/07

Name: Mia Belsom

DOB Next Km

Age Y 6 M

Record #
Ins MC PP

Date 6-26-08

CC ~~F V D C C~~ Diaper Rash

Treatment

Physical: Check (☑) if normal.

- General Appearance — Mycolog cream QID
- Head/Face/Neck
- Eyes
- ENMT
- Respiratory
- Chest
- CV
- Abdomen
- Genitalia — diaper rash
- Skin
- Lymph nodes
- Extremities
- Musculoskeletal
- Back
- Neuro

Diagnosis Diaper Dermatitis

Height 26 1/2 inch
Weight 19.13 lbs
HC 43 cm

HR RR
Temp 97.1
BP

Hgb
Ua
Rst
Tymp R L
Hearing
Vision

Refer to

DTAP IPV HIB HBV MMR DT
PCV7 VARIVAX FLU TD HPV

TC D WK M

Date: 10/7/08 11/29/07 Unisys

CC F V D C C lump L breast

AGE Y 9 M NEXT KM

Ringworm on back

Physical: Check (☑) if normal.

- General Appearance — Alert Active — Lotrisone cream BID x 10 days
- Head/Face/Neck
- Eyes
- ENMT — nasal congestion — Nasonet 1 u Q6 L
- Respiratory
- Chest — Slight adipose tissue [illegible]
- Abdomen — [illegible]
- Genitalia
- Skin — Ringworm on back
- Lymph nodes
- Extremities
- Musculoskeletal
- Back
- Neuro

Diagnosis Ringworm Viral URI

Height 28"
Weight 23#8oz
HC 19"

BR RR
Temp 98.6
BP

Hgb
UA
Rst
Tymp R L
Hearing
Vision

D WK M

Refer to:

DTAP IPV HIB HBV MMR DT
PCV7 VARIVAX FLU TD HPV

Attachment 4
090508CBB3570

11/29/07

ame: Mia Belsom
ate 4-18-08

DOB Next Km
Age Y 4 M

Record #
Ins MC PP

C F V D C C green nasal discharge

Treatment

ysical: Check (☑) if normal.
General Appearance
Head/Face/Neck
Eyes
ENMT nasal congest
Respiratory
Chest
CV
Abdomen
Genitalia
Skin
Lymph nodes
Extremities
Musculoskeletal
Back
Neuro

Nasalmt 1/2 cc Q6h

Height 24"
Weight 7 lbs 30
HC 41 cm

HR RR
Temp 97.4
BP

Hgb
Ua
Rst
Tymp R L
Hearing
Vision

iagnosis Viral Syndrome

TC D WK M

Refer to

DTAP IPV HIB HBV MMR DT
PCV7 VARIVAX FLU TD HPV

ate: 5/29/08

C F V D C C "all kinds of skin issues"
dry face, spots on arms

AGE Y 6 M NEXT KM

ical: Check (☑) if normal.
eneral Appearance
ead/Face/Neck
es
NMT
espiratory
hest
V
odomen
enitalia
in
mph nodes
tremities
usculoskeletal
ck
euro

pt decided not to wait

Height 25"
Weight 19 lbs 2oz
HC 43 cm

BR RR
Temp 97.8
BP

Hgb
UA
Rst
Tymp R L
Hearing
Vision

agnosis

RT D WK M

Refer to:

DTAP IPV HIB HBV MMR DT
PCV7 VARIVAX FLU TD HPV

ame: Belsom, Mia
ate 3-18-08

DOB 11-29-07 Next Km
Age Y 3 M

Record #
Ins MC PP

C F V D C C developmental + eating concerns

Treatment

ysical: Check (☑) if normal.
General Appearance
Head/Face/Neck
Eyes
ENMT
Respiratory
Chest
CV
Abdomen
Genitalia
Skin erythematous c neck fold
Lymph nodes
Extremities
Musculoskeletal
Back
Neuro

Continue Pro Sorbitol
Mycol of Cyclan 30gm
QID to neck

Height 24"
Weight 15 lbs 8oz
HC 41cm

HR RR
Temp 97.9
BP

Hgb
Ua
Rst
Tymp R L
Hearing
Vision

iagnosis Milk intolerance, Candidiasis

TC D WK M

Refer to

DTAP IPV HIB HBV MMR DT
PCV7 VARIVAX FLU TD HPV

ate: 3-28-08 "clear to white" nasal discharge, irritable

C F V D C C

AGE Y 4 M NEXT KM

cal: Check (☑) if normal.
neral Appearance
ad/Face/Neck atopic rash chest
es
MT nasal congestion
spiratory
est
domen
nitalia
ph nodes
emities
culoskeletal
o

Nasohist 1/4cc q6°
Bto Dove Soap

25"
Height
Weight 15lbs 10oz
HC 41cm

HR RR
Temp 97.6
BP

Hgb
UA
Rst
Tymp R L
Hearing
Vision

nosis Atopic dermatitis

D WK M

Refer to:

DTAP IPV HIB HBV MMR DT
PCV7 VARIVAX FLU TD HPV

Attachment 4
090508CBB3570

First Visit

Allergic to: NKDA

Name: Belsom, Mia

Date: 1-3-08

D.O.B. 11-29-07 Next K.M.

Age: Y 1 M

Record #

INS (MC) PP

C.C ~~F V D C C~~ initial doctor visit

Birth full term (vaginal)
Previous M.D. Dr. Burns
PMH ∅
FH ∅
SH ∅
Current Medications ∅

	WNL	Abnormalities
PE	✓	
GA	✓	
S & H	✓	
EYES	✓	
EAR	✓	
NOSE	✓	
THROAT	✓	
NECK	✓	
LUNGS	✓	
HEART	✓	
ABDOMEN	✓	
BACK & SPINE	✓	
GENITALIA	✓	
EXTREMITIES	✓	
CNS	✓	
SKIN	✓	atopic rash on face

Height 20 1/2"
Weight 9# 8oz
HC 14 1/2"

H.R. R.R.
Temp. 98.1
B/P

Hgb
Hct
U/A
Rst
Tymp R
L
Hearing
Vision

IMPRESSION: Well 1 mo red Milk allergy atopic dermatitis

PLAN: Δ to Pro Sage Bu
Chart cren BID

Rtn: D Wk M Prn

Refer to:

DTAP IPV HIB HBV MMR TD
PCV7 Varivax Flu Roto HPV

State of Louisiana Universal Certificate of Immunizations

Expiration Date: 03/29/2008 **Vaccine:** DTaP/DT/Td/Tdap*
This record is invalid without a proper expiration date

Childs Name: MIA BELSOM **Date of Birth:** 11/29/2007 **Parent or Guardian:** JENNIFER
SIIS Patient ID: 3749007

Vaccine	MONTH,DAY AND YEAR EACH DOSE WAS GIVEN						
	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5	Dose 6	Dose 7
DTaP/DTP/Td	01/22/2008						
OPV/IPV	01/22/2008						
Hib	01/22/2008						
Hep B - 3 Dose	12/06/2007	01/22/2008					
Rotavirus	01/22/2008						
Pneumo (PCV7)	01/22/2008						

* **School Entry Complete-Minimun**: 4-DTP, 3-Polio,(last DTP and Polio after 4th birthday), 2-MMR after 1st birthday and, 3-Hep B
** **Daycare Center**: Hib also required
*** Beginning Aug 2003, Varicella vaccine or history of the disease will be required for school and daycare entry.
**** As a result of Hurricanes Katrina and Rita in 2005, many immunization records were destroyed or lost. Impacted children should be considered up-to-date for enrollment as long as they show proof of having received age-appropriate immunizations.
Varicella History:

I certify that this child has received the above noted immunizations and is in compliance with rules set forth by the State of Louisiana. Department of Health and Hospitals, Office of Public Health until the expiration date above.

(b)(3):CPSA Section 25(c)

January 22, 2008 ST. BERNARD HEALTH CENTER

Authorized Signature Date Clinic of Issue

Falsification of this record could result in imprisonment for not more than five years or by a fine of not more than five thousand dollars,or both, pursuant to R.S. 14:132 or R.S. 14:133.

VACCINE ADMINISTRATION RECORD

Patient Name: Belsom, Mia Date of Birth: 11-29-07

I have read or have had explained to me information about the diseases and the vaccines listed below. I believe I understand the benefits and the risks of the vaccines cited and asked that the vaccine(s) listed below be given to me or the person named above for whom I am authorized to make this request.

Vaccine	Date Given	RT	Site	Dose	Manufacturer	Lot	Exp.	Parents Signature	Initials
DTAP 2mo									
DTAP 4mo									
DTAP 6mo									
DTAP 18mo									
DTAP 4-6 yrs									
IPV 2mo									
IPV 4mo									
IPV 6-18mo									
IPV 4-6 yrs									
HIB 2mo									
HIB 4mo									
HIB 6mo									
HIB 12-15 mos									
HBV Birth	Birth								
HBV 1 mo									
HBV 6mo									
PCV7 2mo									
PCV7 4mo									
PCV7 6mo									
PCV7 1 yr									
Varivax 1 yr									
MMR I 1yr									
MMR II 4-6 yrs									
TD booster									
Flu vaccine									

VACCINE ADMINISTRATION RECORD, VACCINE FOR CHILDREN (VFC) PATIENT ELIGIBILITY SCREENING, AND REGISTRY AUTHORIZATION

Information About Person Receiving Vaccine:				
Last Name: BELSOM	First: MIA	Middle:	DOB: 11/29/2007	Age: 0
Name (Parent or Guardian, if applicable): JENNIFER			Phone Number:	
Address:	City:		State:	Zip:

I agree to allow information about all vaccinations given to me or to the person for whom I am authorized to consent to be released to other medical care providers, schools, child care, or head start centers to avoid the administration of unnecessary vaccinations and to determine immunization status. I understand that this will remain in effect until canceled by me in writing.

Signature of Parent/Guardian or adult vaccine recipient: X

FOR CLINIC USE ONLY

This child qualifies for vaccination through the VFC program because he/she (check only one box); or .....is not qualified ☑

(a) is enrolled in Medicaid ☐	(b) does not have health insurance ☐	(c) is American Indian or Alaskan Native ☐

I certify that the Important Information Statement(s)for the vaccines(s) indicated as administered below were presented to the person or parent/guardian named above at this clinic and on the date shown here.

Clinic:	Date Vaccinated:	Signature and title of the Vaccine Administrator
ST. BERNARD HEALTH CENTER	03/28/2008	(b)(3):CPSA Section 25(c) RN

☑ DTaP DT Td DTaP-Hib	☑ IPV	☐ MMR	☑ HIB
Manufacturer and Lot#: SANOFI PASTEUR C2800AA	Manufacturer and Lot#: SANOFI PASTEUR A0301-2	Manufacturer and Lot#:	Manufacturer and Lot#: MERCK 1275F
Expiration Date: 12/18/2009 Site of Injection: Intramuscular/Right Thigh	Expiration Date: 03/31/2009 Site of Injection: Intramuscular/Left Thigh	Expiration Date: Site of Injection:	Expiration Date: 05/31/2009 Site of Injection: Intramuscular/Left Thigh
VIS Pub Date: 05/17/2007	VIS Pub Date: 01/01/2000	VIS Pub Date:	VIS Pub Date: 12/16/1998
Dose ☐1 ☑2 ☐3 ☐4 ☐5	Dose ☐1 ☑2 ☐3 ☐4 ☐5	Dose ☐1 ☐2 ☐3	Dose ☐1 ☑2 ☐3 ☐4

☐ HBV	☐ HAV	☐ VARICELLA	☐ FLU
Manufacturer and Lot#:	Manufacturer and Lot#:	Manufacturer and Lot#:	Manufacturer and Lot#:
Expiration Date: Site of Injection:	Expiration Date: Site of Injection:	Expiration Date: Site of Injection:	Expiration Date: Site of Injection:
VIS Pub Date:	VIS Pub Date:	VIS Pub Date:	VIS Pub Date:
Dose ☐1 ☐2 ☐3 ☐4	Dose ☐1 ☐2 ☐3	Dose ☐1 ☐2 ☐3	Dose ☐1 ☐2 ☐3 ☐4

☐ PPV	☑ PCV-7	☑ OTHER Rotavirus, pentavalent	☐ OTHER
Manufacturer and Lot#:	Manufacturer and Lot#: WYETH-AYERST B45016F	Manufacturer and Lot#: MERCK 1244U	Manufacturer and Lot#:
Expiration Date: Site of Injection:	Expiration Date: 04/30/2009 Site of Injection: Intramuscular/Right Thigh	Expiration Date: 03/26/2009 Site of Injection: Oral/Mouth	Expiration Date: Site of Injection:
VIS Pub Date:	VIS Pub Date: 09/30/2002	VIS Pub Date: 04/12/2006	VIS Pub Date:
Dose ☐1 ☐2 ☐3 ☐4 ☐5	Dose ☐1 ☑2 ☐3 ☐4 ☐5	Dose ☐1 ☑2 ☐3 ☐4	Dose ☐1 ☐2 ☐3 ☐4

State of Louisiana Universal Certificate of Immunizations

Expiration Date: 11/29/2008 **Vaccine:** DTaP/DT/Td/Tdap*
This record is invalid without a proper expiration date

Childs Name: MIA BELSOM **Date of Birth:** 11/29/2007 **Parent or Guardian:** JENNIFER
SIIS Patient ID: 3749007

Vaccine	MONTH,DAY AND YEAR EACH DOSE WAS GIVEN						
	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5	Dose 6	Dose 7
DTaP/DTP/Td	01/22/2008	03/28/2008	05/29/2008				
OPV/IPV	01/22/2008	03/28/2008	05/29/2008				
Hib	01/22/2008	03/28/2008					
Hep B - 3 Dose	12/06/2007	01/22/2008	05/29/2008				
Rotavirus	01/22/2008	03/28/2008	05/29/2008				
Pneumo (PCV7)	01/22/2008	03/28/2008	05/29/2008				

* **School Entry Complete-Minimun:** 4-DTP, 3-Polio,(last DTP and Polio after 4th birthday), 2-MMR after 1st birthday and, 3-Hep B
** **Daycare Center:** Hib also required
*** Beginning Aug 2003, Varicella vaccine or history of the disease will be required for school and daycare entry.
**** As a result of Hurricanes Katrina and Rita in 2005, many immunization records were destroyed or lost. Impacted children should be considered up-to-date for enrollment as long as they show proof of having received age-appropriate immunizations.
Varicella History:

I certify that this child has received the above noted immunizations and is in compliance with rules set forth by the State of Louisiana. Department of Health and Hospitals, Office of Public Health until the expiration date above.

(b)(3):CPSA Section 25(c)

May 29, 2008 ST. BERNARD HEALTH CENTER
Date Clinic of Issue

Falsification of this record could result in imprisonment for not more than five years or by a fine of not more than five thousand dollars,or both, pursuant to R.S. 14:132 or R.S. 14:133.

State of Louisiana Universal Certificate of Immunizations

Expiration Date: 11/29/2011 **Vaccine:** DTaP/DT/Td/Tdap*
This record is invalid without a proper expiration date

Childs Name: MIA BELSOM **Date of Birth:** 11/29/2007 **Parent or Guardian:** JENNIFER
SIIS Patient ID: 3749007

Vaccine	MONTH,DAY AND YEAR EACH DOSE WAS GIVEN						
	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5	Dose 6	Dose 7
DTaP/DTP/Td	01/22/2008	03/28/2008	05/29/2008	12/03/2008			
OPV/IPV	01/22/2008	03/28/2008	05/29/2008				
MMR	12/03/2008						
Hib	01/22/2008	03/28/2008					
Hep A	12/03/2008						
Hep B - 3 Dose	12/06/2007	01/22/2008	05/29/2008				
Varicella	12/03/2008						
Rotavirus	01/22/2008	03/28/2008	05/29/2008				
Pneumo (PCV7)	01/22/2008	03/28/2008	05/29/2008	12/03/2008			

* **School Entry Complete-Minimum:** 4-DTP, 3-Polio,(last DTP and Polio after 4th birthday), 2-MMR after 1st birthday and, 3-Hep B
** **Daycare Center:** Hib also required
*** Beginning Aug 2003, Varicella vaccine or history of the disease will be required for school and daycare entry.
**** As a result of Hurricanes Katrina and Rita in 2005, many immunization records were destroyed or lost. Impacted children should be considered up-to-date for enrollment as long as they show proof of having received age-appropriate immunizations.
Varicella History:

I certify that this child has received the above noted immunizations and is in compliance with rules set forth by the State of Louisiana, Department of Health and Hospitals, Office of Public Health until the expiration date above.

(b)(3):CPSA Section 25(c)

December 3, 2008 ST. BERNARD HEALTH CENTER

Date Clinic of Issue

Falsification of this record could result in imprisonment for not more than five years or by a fine of not more than five thousand dollars,or both, pursuant to R.S. 14:132 or R.S. 14:133.

VACCINE ADMINISTRATION RECORD, VACCINE FOR CHILDREN (VFC) PATIENT ELIGIBILITY SCREENING, AND REGISTRY AUTHORIZATION

Information About Person Receiving Vaccine:				
Last Name: BELSOM	First: MIA	Middle:	DOB: 11/29/2007	Age: 1
Name (Parent or Guardian, if applicable): JENNIFER			Phone Number:	
Address:	City:		State:	Zip:

I agree to allow information about all vaccinations given to me or to the person for whom I am authorized to consent to be released to other medical care providers, schools, child care, or head start centers to avoid the administration of unnecessary vaccinations and to determine immunization status. I understand that this will remain in effect until canceled by me in writing.

Signature of Parent/Guardian or adult vaccine recipient: X Jennifer Belsom

FOR CLINIC USE ONLY

This child qualifies for vaccination through the VFC program because he/she (check only one box); or ..... is not qualified ☑

(a) is enrolled in Medicaid ☐	(b) does not have health insurance ☐	(c) is American Indian or Alaskan Native ☐

I certify that the Important Information Statement(s)for the vaccines(s) indicated as administered below were presented to the person or parent/guardian named above at this clinic and on the date shown here.

Clinic:	Date Vaccinated:	Signature and title of the Vaccine
ST. BERNARD HEALTH CENTER	12/03/2008	(b)(3):CPSA Section 25(c)

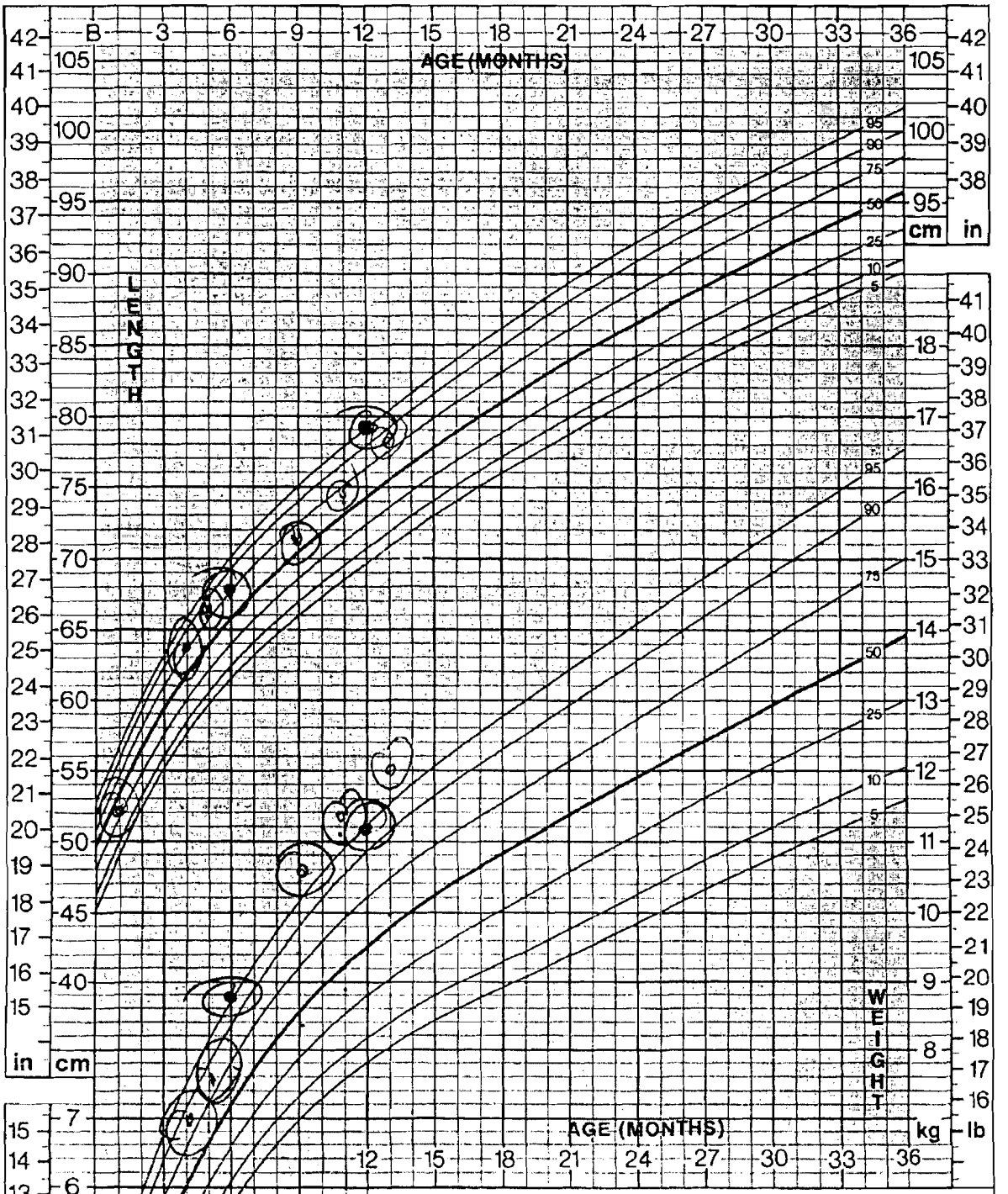
☑ DTaP DT Td DTaP-Hib	☐ IPV	☑ MMR	☐ HIB
Manufacturer and Lot#: SANOFI PASTEUR C2956AA	Manufacturer and Lot#:	Manufacturer and Lot#: MERCK 1011X	Manufacturer and Lot#:
Expiration Date: 05/05/2010 Site of Injection: Intramuscular/Right Thigh	Expiration Date: Site of Injection:	Expiration Date: 07/15/2010 Site of Injection: Subcutaneous/Right Thigh	Expiration Date: Site of Injection:
VIS Pub Date: 05/17/2007	VIS Pub Date:	VIS Pub Date: 03/13/2008	VIS Pub Date:
Dose ☐1 ☐2 ☐3 ☑4 ☐5	Dose ☐1 ☐2 ☐3 ☐4 ☐5	Dose ☑1 ☐2 ☐3	Dose ☐1 ☐2 ☐3 ☐4

☐ HBV	☑ HAV	☑ VARICELLA	☐ FLU
Manufacturer and Lot#:	Manufacturer and Lot#: GLAXOSMITHKLINE AHAVB297CA	Manufacturer and Lot#: MERCK 1192X	Manufacturer and Lot#:
Expiration Date: Site of Injection:	Expiration Date: 06/04/2011 Site of Injection: Intramuscular/Left Thigh	Expiration Date: 08/20/2010 Site of Injection: Subcutaneous/Left Thigh	Expiration Date: Site of Injection:
VIS Pub Date:	VIS Pub Date: 03/21/2006	VIS Pub Date: 03/13/2008	VIS Pub Date:
Dose ☐1 ☐2 ☐3 ☐4	Dose ☑1 ☐2 ☐3	Dose ☑1 ☐2 ☐3	Dose ☐1 ☐2 ☐3 ☐4

☐ PPV	☑ PCV-7	☐ OTHER	☐ OTHER
Manufacturer and Lot#:	Manufacturer and Lot#: WYETH-AYERST C62205B	Manufacturer and Lot#:	Manufacturer and Lot#:
Expiration Date: Site of Injection:	Expiration Date: 03/30/2010 Site of Injection: Intramuscular/Right Thigh	Expiration Date: Site of Injection:	Expiration Date: Site of Injection:
VIS Pub Date:	VIS Pub Date: 09/30/2002	VIS Pub Date:	VIS Pub Date:
Dose ☐1 ☐2 ☐3 ☐4 ☐5	Dose ☐1 ☐2 ☐3 ☑4 ☐5	Dose ☐1 ☐2 ☐3 ☐4	Dose ☐1 ☐2 ☐3 ☐4

GIRLS: BIRTH TO 36 MONTHS
PHYSICAL GROWT
NCHS PERCENTILES*

Name Belsom, Mia Record #



MOTHER'S STATURE _____ GESTATIONAL

FATHER'S STATURE _____ AGE _____ WEEKS

DATE	AGE	LENGTH	WEIGHT	HEAD CIRC	COMMENT
	BIRTH				

ROSS PEDIATRICS

Similac® With Iron
INFANT FORMULA
Excellent nutrition for babies 0-12 months. First Choice of doctors. Milk-based.

Isomil®
SOY FORMULA WITH IRON
Switch first to Isomil Soy Formula With Iron for fussiness, gas, spit-up

Isomil® DF
SOY FORMULA FOR DIARRHEA
The first and only formula for the dietary management of loose, watery stools associated with diarrhea

Alimentum®
PROTEIN HYDROLYSATE FORMULA WITH IRON
The Superior Hydrolysate for food allergies, colic due to protein sensitivity, and fat malabsorption

Similac NeoCare®
INFANT FORMULA WITH IRON
Provides more calories, protein, vitamins, and minerals than standard formulas for babies with special conditions such as prematurity

Pedialyte®
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Quickly helps restore fluid and minerals lost in diarrhea and vomiting

PediaSure®
COMPLETE LIQUID NUTRITION
A complete nutritional formula designed for children 1 to 10 years old

Adapted from: Hamill PVV, Drizd TA, Johnson CL, Reed RB, Roche AF, Moore WM: Physical growth: National Center for Health Statistics percentiles. AM J CLIN NUTR 32:607-629, 1979. Data from the Fels Longitudinal Study, Wright State University School of Medicine, Yellow Springs, Ohio.

© 1982 Ross Products Division, Abbott Laboratories

5 pgs 000627
**********AUTO**MIXED ADC 300
000000627 02 MB 0.895
ATTN: KIM PIGOTT
US CONSUMER PRODUCT
PO BOX 167
CLINTON MS 39060-0167

ATTENTION

Confidential information enclosed.
To be viewed by authorized persons only.

If you have questions regarding any information you have requested,
Please call the phone number on the enclosed invoice

Health information is reproduced by HealthPort, a health information outsourcing service. Your healthcare facility contracts with HealthPort to process authorized copies of medical records.

Reproductions are made from the medical facility's original records. The confidentiality of these records is protected by federal and state laws and regulations, including the Health Insurance Portability and Accountability Act (HIPAA).

If you requested items that are not maintained in the medical record, your request for those items was forwarded to the appropriate department and will be sent under separate cover. Likewise, information that you asked to have delivered to another address is sent separately.

This package may or may not contain medical records, depending on what was requested and how it was processed.

HealthPort
P.O. Box 409822
Atlanta, GA 30384-9822
Fed Tax ID 58 - 2659941
(770) 754 - 6000

Date
6/3/2009
Request ID #
0057353490

Ship to:

KIM PIGOTT
US CONSUMER PRODUCT
PO BOX 167
CLINTON, MS 39060

Requested By: US CONSUMER PRODUCT
Patient Name: BELSOM MIA ROSE
SSN: 663161366

Records from:

CHILDRENS HOSPITAL
200 HENRY CLAY AVE
NEW ORLEANS, LA 70118

This is **NOT** a bill !

HealthPort
P.O Box 1813
Alpharetta, GA 30023-1812
Attn: Marketing

HealthPort processes thousands of requests for health information at over 6,500 health care facilities nationwide. If you would like to learn more about HealthPort, or how our suite of services can benefit your facility, please visit our website at: www.HealthPort.com or email us at: marketing@HealthPort.com

Your Name _____

Title _____

Facility Name _____

Phone Number (____) _____

Address _____

_____

City _____ State ____ Zip _____

# of Physicians _____ Specialty _____

# of Beds _____ # of Admits _____

Mary Kimberly Pigott
Product Safety Investigator
Post Office Box 167
Clinton, Mississippi 39060

Telephone: 601-924-8370
Fax 866-922-9730
E-mail: mpigott@cpsc.gov

JUN 0 2 2009

Patient not found

U.S. CONSUMER PRODUCT SAFETY COMMISSION
Jackson, MS Field Office

May 29, 2009

Children's Hospital of New Orleans
Records Department
200 Henry Clay Ave # 3312
New Orleans, LA 70118

Dear Records Administrator:

I am a Product Safety Investigator with the United States Consumer Product Safety Commission (CPSC). As you are probably aware, CPSC is a consumer protection agency of the U. S. federal government involved with the safety of various consumer products, including drywall. We are investigating an incident reported to us by Jennifer Belsom, 2912 Bradbury St., Meraux, LA.

According to our information, a 16-month-old female (Mia Rose Belsom) has experienced ongoing health problems that are believed to be related to chemicals reportedly present in imported drywall installed in her residence when it was rebuilt following Hurricane Katrina.

As part of the CPSC investigation, I would like to obtain a copy of the victim's medical records pertaining to treatment by Children's Hospital of New Orleans from 2007 until the May 29, 2009.

I am enclosing a signed Medical Release form, in which the victim's mother authorizes Children's Hospital of New Orleans to provide CPSC with copies of all medical records for the victim from 2007 until May 29, 2009. Please forward a copy of the records I have requested to the following address:

Kim Pigott
U.S. Consumer Product Safety Commission
P. O. Box 167
Clinton, MS 39060

Thank you for your assistance in this matter. If you have any questions regarding this request, please call me at 601-924-8370.

Sincerely,

Mary Kim Pigott

Mary Kim Pigott
Product Safety Investigator
U.S. Consumer Product Safety Commission

APPENDIX VII-D-7 MEDICAL RECORDS DISCLOSURE FORM

U.S. CONSUMER PRODUCT SAFETY COMMISSION

AUTHORIZATION FOR MEDICAL RECORDS DISCLOSURE

This form authorizes release of information in accordance with the Health Insurance Portability and Accountability Act, 45 C.F.R. Parts 160 and 164, 5 U.S.C. 552a, and 38 U.S.C. 5701 and 7332. I understand that my disclosure of the information requested on this form is voluntary. I further understand that the Social Security Number will be used to locate records for release and if not voluntarily furnished completely and accurately, the health or medical facility will be unable to comply with the request.

TO WHOM IT MAY CONCERN:
I request and authorize Children's Hospital of N.O. *(name of health or medical facility)* to furnish the United States Consumer Product Safety Commission all information and copies of any and all records you may have pertaining to (my case)(the case of)

Patient Name Mia Rose Belsom

Relationship to you Daughter

Patient Social Security Number 663-16-1366

including, but not limited to, medical history, physical reports, laboratory reports and pathological slides, and X-ray reports and films.

AUTHORIZATION: I certify that this request has been made freely, voluntarily and without coercion and that the information given above is accurate and complete to the best of my knowledge. I understand that I will receive a copy of this form after I sign it. I may revoke this authorization, in writing, at any time except to the extent that action has already been taken to comply with it. Written revocation is effective upon receipt by the unit or office at the facility housing the records. Redisclosure of my medical records by those receiving the above authorized information may be accomplished without my further written authorization and my records may no longer be protected. Without my express revocation, the authorization will automatically expire: (1) upon satisfaction of the need for disclosure; (2) on _____ *(date supplied by patient)*; or (3) under the following conditions:

5/19/09
(DATE)

Jennifer Belsom
(SIGNATURE OF PATIENT OR PERSON AUTHORIZED TO SIGN FOR PATIENT)

Scott Belsom
(WITNESS)

CPSC FORM NO 170

Date: 6/2/2009

To: Kim Pigott Cosumer Product Commission
Pobox 167,
Clinton, MS 39060

From: Health Information Management Department
Children'S Hospital
200 Henry Clay Ave
New Orleans, LA 70118

Re: Unable to Locate Patient information in our System
Medical Records Request for Mia Belson

Ref #:

We are unable to comply with your request at this time for the following reason(s):

We have been unable to locate a record for the above-named patient. We will gladly recheck our records if you can provide additional information, such as treatment types and dates, attending physicians, the specific outpatient department in which the patient was seen, or other names under which the patient might have been admitted.

Please re-submit your request with the necessary information.

Thank you,

Health Information Management Department

Print Form

Task No. 090508CBB3570

Date: 06-11-2009

STATUS OF MISSING DOCUMENT(S)

The official records were requested for this investigation report but could not be obtained.

1. Medical records - requested from specialist and hospital
2. Service records for AC units - requested from complainant's husband
3.
4.
5.

Date: 06-11-2009 **Investigator No:** 9094

Regional office: CFIW **Supervisor No:** 8631

Doc No: I0940292A **Issue: 29** **04/14/2009**

04/12/2009 18:02:06

Name = Jennifer Belsom
Address = 2912 Bradbury Drive
City = Meraux
State = Louisiana
Zip = 70075
Email = jennylt1976@gmail.com
Telephone = 985-290-7277
Name of Victim = Belsom Family
Victim's Address = 2912 Bradbury Drive
Victim's City = Meraux
Victim's State = Louisiana
Victim's Zip = 70075
Victim's Telephone = 985-290-7277

Incident Description = My husband and I have just learned that the house we rebuilt with our own hands from 2x4's after Hurricane Katrina in St. Bernard Parish, Louisiana contains contaminated Chinese drywall. Our entire house is contaminated with this poison and we will once again have to start over.

Virtually brand new Air Conditioning units have coils that are rusting and corroding. Same thing in the electrical system and any copper pipes in the house. We got up in the attic and low and behold "Made In China" is imprinted on the drywall.

You should also know that my daughter of 16 months has been living in this home her entire life, and has suffered because of it. It was once a mystery why my child would get upper respiratory infections time and time again, but that question has been answered. It was once a mystery why my husband would lay up all night coughing with "asthma" he had never had before in his life, but that question too has been answered. It was once a mystery why I would experience severe skin rashes and itchy eyes and other "allergy" symptoms, but this too has been answered.

Everything we have worked to rebuild, gone. And it's not just the house, we've worked so hard to rebuild our community, our dignity, our pride. What are we to do now? Where are we to go? Who will take responsibility for this? Who will make this better? How will we be able to replace what we have worked so hard to rebuild?

We are being told that insurance will not cover this. What are we to do?

What about my daughter, Mia Rose? She is a very special little baby, and I hope she doesn't have to suffer any more. But I am left with a sinking feeling in my gut that this will effect us all physically for some time to come. Who will cover the doctors bills?

What are you going to do about this?

Victim's age at time of incident = n/a
Victim's sex =
Date of incident = 4/8/09
Product involved = Contaminated Chinese Drywall
Product brand name/manufacturer = ?
Manufacturer street address = ?
Place where manufactured (City and State or Country) = China
Product model and serial number, manufacture date = C1396 04
Product damaged, repaired or modified = no
If yes, before or after the incident =
Description of damage, repair or modification =
Date product purchased = Spring of 2007
Product involved still available = yes
Have you contacted the manufacturer = no
If not, do you plan to contact them = yes
Name Release = Do not release name

I0940292A

If you have any changes, additions, or comments you wish to make concerning your attached report, please make them in the space below.

I confirm that the information in the attached report (including any changes, additions, or comments I have made) is accurate to the best of my knowledge and belief.

Signature _____ Date 4/25/09

☐ I request that you do not release my name.

☐ You may release my name to the manufacturer but I request that you not release it to the general public.

☑ You may release my name to the manufacturer and to the public.

1. Task Number	2. Investigator's ID	EPIDEMIOLOGIC INVESTIGATION REPORT
090504CBB1665	8919	

3. Office Code	4. Date of Accident YR MO DAY	5. Date Initiated YR MO DAY
810	2009 04 10	2009 05 05

6. Synopsis of Accident or Complaint UPC

A 44 year old male, his 49 year old wife and their 12 year old son have experienced shortness of breath, nose bleeds, migraine headaches and sinus problems after moving into a new home in August 2008. The house was built in 2006 but the consumers were the first occupants. Since moving into the house the air conditioners' evaporator coils have been replaced, the refrigerator coils have turned black and the electrical wiring has corroded. The consumers believe Chinese drywall was used to build the house and was the cause of the family's health problems.

CPSA 6(b)(1) CLEARED for PUBLIC
NO MFRS/PRVTLBLRS OR PRODUCTS IDENTIFIED 7/7/09
EXCEPTED BY: PETITION RULEMAKING ADMIN. PRCDG
WITH PORTIONS REMOVED 8 25 C

7. Location (Home, School, etc)	8. City	9. State
1 - HOME	FORT MYERS	FL

10A. First Product	10B. Trade/Brand Name	10C. Model Number
1876 - House Structures, Repair Or	CHINESE DRYWALL	UNKNOWN

10D. Manufacturer Name and Address
UNKNOWN

11A. Second Product	11B. Trade/Brand Name	11C. Model Number
381 - Air Conditioners	N/A	UNKNOWN

11D. Manufacturer Name and Address
NONE

12. Age of Victim	13. Sex	14. Disposition	15. Injury Diagnosis
44	1 - Male	1 - Injured, not Hosp.	68 - Poisoning

16. Body Part(s) Involved	17. Respondent	18. Type of Investigation	19. Time Spent (Operational / Travel)
85 - ALL OF BODY	1 - Victim/Complainant	1 - On-Site	16 / 1

20. Attachment(s)	21. Case Source	22. Sample Collection Number
9 - Multiple Attachments	07 - Consumer Complaint	

23. Permission to Disclose Name (Non NEISS Cases Only)

● Yes ○ No ○ Verbal ○ Yes for Manuf. Only

24. Review Date	25. Reviewed By	26. Regional Office Director
05/29/2009	9001	Dennis R. Blasius

27. Distribution	28. Source Document Number
Blasius, Dennis; Woodard, Dean; Rose, Blake	I0940378A

All of the information contained in this report was obtained during an on-site interview with the consumers on 5/11/2009. The female consumer (complainant) reported this incident to CPSC via the Internet on 4/14/2009.

The consumers are the 49 year old female complainant, her 44 year old husband and their 12 year old son. The 49 year old female complainant stated that she, her husband and her son are in good health overall; however she stated that her husband was diagnosed with asthma on 4/10/2009. The complainant stated that she, her husband and their son have had difficulty breathing since they moved into their current home in August 2008.

The consumers live in a split level house in Fort Myers, FL. The house measures 2,500 square feet, has 4 bedrooms, and 2 1/2 bathrooms. The complainant's husband stated the upstairs bedrooms and hallway is carpeted. There is electrical service to all appliances. The complainant's husband said that both metal and wood studs were used in the house.

The consumers moved into the house in August 2008 and were the first occupants of the home. The complainant's husband stated that the homeowner was going to use the house as a retirement home but his situation changed and he decided to rent the house out instead. The male consumer stated that the house had been vacant since it was built in 2006.

The complainant's husband stated that when they moved into the house it was extremely hot and humid upstairs where the bedrooms are located. He said the temperature inside the house exceeded 90 degrees. The consumer also said that there was a smell to the house. The consumer said he thought it was normal that the house smelled because it was new and had been closed up for 2 1/2 years. The complainant's husband described the odor as a mold or mildew smell. He said the odor was most noticeable when they first entered the house. He said the odor was stronger on the second floor where the bedrooms are located. He said specifically the master bedroom, his son's bedroom and bathroom, and the first spare bedroom, all have the odor. He said the second spare bedroom does not have an odor. He stated that the odor is strongest when the humidity is high.

The complainant's husband said that he and his wife put up window coverings shortly after moving in to reduce the temperature inside the house. The male consumer said they thought the house could not cool down because there were no shades over the windows. The consumers stated that the carpet in the third bedroom had to be stretched because it had pulled away from the walls and they installed window coverings to combat heat, but these changes did not correct the problems with odor and humidity. The male consumer said they did this before they realized there was a problem with the home's central air conditioning system.

On 9/12/2008, heating and cooling technician came to the consumers' home and performed a diagnostic of their two air conditioning units. The technician found a bad air compressor which was replaced on 9/17/2008. On 11/18/2008 the technician returned to the home and recharged both central air conditioners with 4.5 pounds of Freon. The technician also searched for the source of the leak in the A/C system but found none. He recommended checking for a leak in the wall before taking further steps. On 12/1/2008 technician returned to the consumers' home and ordered two evaporator coils for both units. The evaporator coils were replaced on 12/4/2008 and the compressor was replaced on 12/8/2008. (Refer to invoices and maintenance records in Exhibit).

The complainant stated that her husband began having sinus problems a few weeks after they moved into the house. The complainant said her husband had hay fever and allergies prior to moving into the house. The complainant stated that in December 2008 her husband developed congestion and a persistent cough. The complainant said her husband thought he had a cold so he began taking over-the-counter cold medicine. The complainant said her husband's health condition did not improve with the OTC medicine. The complainant said her husband also experienced shortness of breath when climbing the stairs and said he felt as if there was, "a brick on his chest."

On 4/10/2009 the complainant's husband went to the doctor because he was experiencing severe chest pains and he thought he might be having a heart attack. The complainant's husband was diagnosed as possibly having asthma. The complainant's husband underwent a Pulmonary Function Analysis on 4/15/2009 and had chest X-rays taken on 4/16/2009. The complainant's husband was prescribed an inhaler on 4/22/09 and Biaxin for bacterial infections and Tussicaps for upper respiratory allergies on 5/3/2009. Refer to copies of the complainant's medical records in Exhibits. The complainant's husband said he feels slightly better when he leaves the house but he still has difficulty breathing away from the home.

The complainant stated that she has experienced shortness of breath, skin irritation, and dry mouth or "cotton mouth" since moving into the house. She said that she uses her husband's inhaler at night and wakes up with a scratchy throat, a bloody nose or post nasal drip. The complainant said she sometimes feels short of breath and has difficulty climbing the stairs when she is doing laundry. The complainant stated that she occasionally feels short of breath at work. The complainant stated that their 12 year old son has migraine headaches, nosebleeds, and a persistent cough and is always fatigued. She said her son is fine when he is at school but when comes home from school he lies down and sleeps the rest of the day. She said her son is a normal, active, healthy boy who plays little league but over the last few months he has lost energy and can barely get his head off the pillow once he lays down.

The complainant's husband stated that their 14 year old Cockatiel died in January 2009. He said the average lifespan of a Cockatiel is 20 years. He said when they moved into the house the bird started sneezing and throwing up. He said they took her to the vet where she was given antibiotics. They brought her home and thought she was fine. A few days later they went out, came back and found her dead inside her cage.

The complainant's husband said he first realized that there may be Chinese drywall in the house in April 2009 after he visited a neighbor who had a Chinese drywall problem. The complainant said after speaking to his neighbor he came home and researched the topic on the Internet. The complainant said he then looked at the A/C coils (Exhibits) and the refrigerator coils (Exhibit) and noticed they were turning black.

The consumers' contacted the builder on 4/22/2009 and reported their belief that Chinese drywall was in the home. A representative from the builder came out and visually examined the copper wiring in the home's outlets. He remarked that it looked as if someone had painted the wires black and said that they didn't have any confirmed cases of Chinese drywall at the time. Refer to a 4/22/2009 letter from the builder to homeowners in the consumers' development in Exhibit .

The consumers hired an attorney on 4/23/2009. On 4/25/2009, an inspector hired by the attorney's office took air quality tests in the consumers' home. The complainant stated that the tests revealed 2% sulfide in the air. The complainant did not have a copy of the test. A copy of the report was requested from the consumer and will be submitted if received. The consumers' attorney visited the home two or three days later, at which time the complainant's husband cut a hole in the wall of one of the spare bedroom's (bedroom #3) in an attempt to identify the drywall manufacturer. The only labeling visible on the drywall were letters "wall" (see Exhibit 1 below).

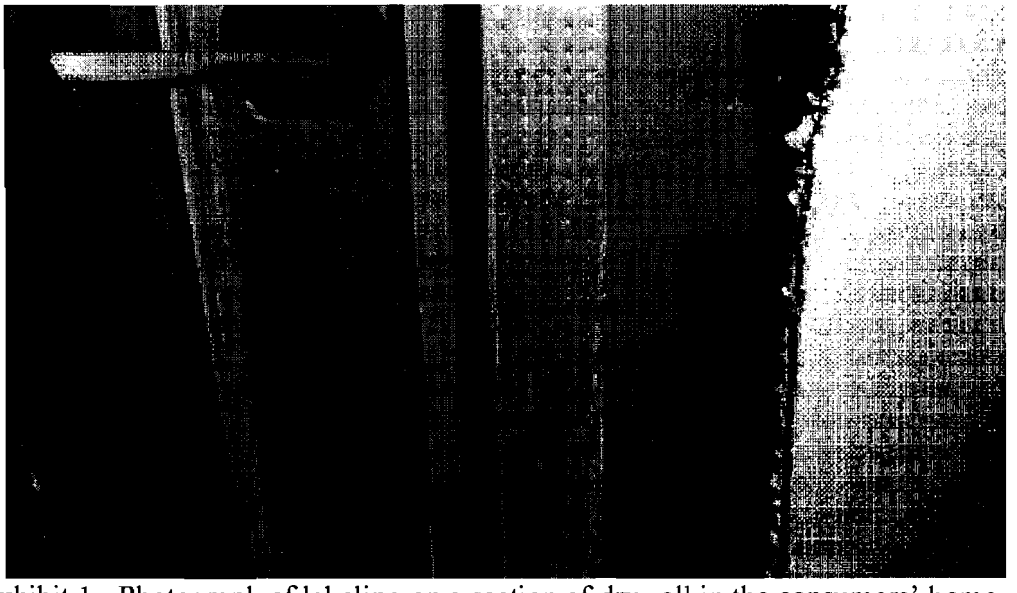


Exhibit 1 - Photograph of labeling on a section of drywall in the consumers' home.

On 4/27/2009 the consumers went to a homeowner's meeting and brought up the subject of Chinese drywall. The complainant said most of the homeowners had no clue about the Chinese drywall problem. The complainant stated that when they mentioned the Chinese drywall problem, the president of the association adjourned the meeting. She said the discussion about Chinese drywall was not registered on the minutes because the committee said they feared a lawsuit.

On 5/14/2009 a homeowner held a meeting in her home about Chinese drywall in the development. She passed out flyers (Exhibit) to neighbors to discuss problem with Chinese drywall.

On 5/18/2009 the president of the homebuilder came to the consumers' house with two independent contractors from Environ who took samples from the outlets in each room. The inspectors told the consumers that they should have results in 4 weeks.

The complainant's husband stated that in the spring of 2009 he turned on the switch in bedroom #3 and sparks came from the switch plate and the circuit breaker tripped. The complainant's husband said he was startled by the incident and did not re-set the circuit breaker. The complainant's husband reported the incident with the light switch to the homebuilder but received no response. He told the owner about the incident and he instructed him to call the fire marshal. The fire marshal told him to report the incident to CPSC. The complainant's husband called FOX News and reported the problems he was having in the home. The reporter he spoke with told him that unless she knew with 100% certainty that Chinese drywall was in the home she could not do a story.

The consumers are sleeping on the first floor of the home where the odor is less noticeable to handle the problem short term. The consumers stated that they are trying to get a mortgage so they can move to another house.

During my 5/11/09 on-site, I observed and photographed the following: blackened refrigerator coils in the kitchen (exhibit 2), blackened copper wiring in the bedroom electrical outlets (exhibits 3-4), evaporator coils on the home's two air conditioning units (exhibits 5-7) and corroded metal outlet in the laundry room (exhibit 10).

PRODUCT IDENFICATION:

The drywall in the spare bedroom in the consumer's home is labeled: "WALL". No other product product information is available. No additional search for labeling on the drywall in the consumer's home was conducted.

PRODUCT IDENTIFICATION CONT.:

House Structures:	(Product Code 1876)
Brand:	Unknown
Model:	Unknown
Manufacturer:	Unknown
Builder:	Beazer Homes U.S.A., Inc. 1000 Abernathy Rd. Suite 1200 Atlanta, GA 30328 (770) 829-3700
Local Builder Rep	Jerry Smith Beazer Homes 19601 Cypress View Dr. Fort Myers, FL 33912 (239) 561-2400
Development:	Magnolia Lakes Fort Myers, FL

EXHIBITS:

Exhibits 1–10 Photographs

Exhibit 11 Copies of air conditioner invoices and maintenance records.

Exhibit 12 Copies of medical records and receipts for complainant's husband.

Exhibit 13 4/22/2009 letter from the builder to homeowners in Magnolia Lakes development

Exhibit 14 Copy of flyer for meeting regarding drywall at home in development.

Exhibit 15 Authorization for Release of Name Form

Exhibit 16 Status of Missing Document

Exhibit 17 Respondent List

Exhibit 18 Consumer Contact List

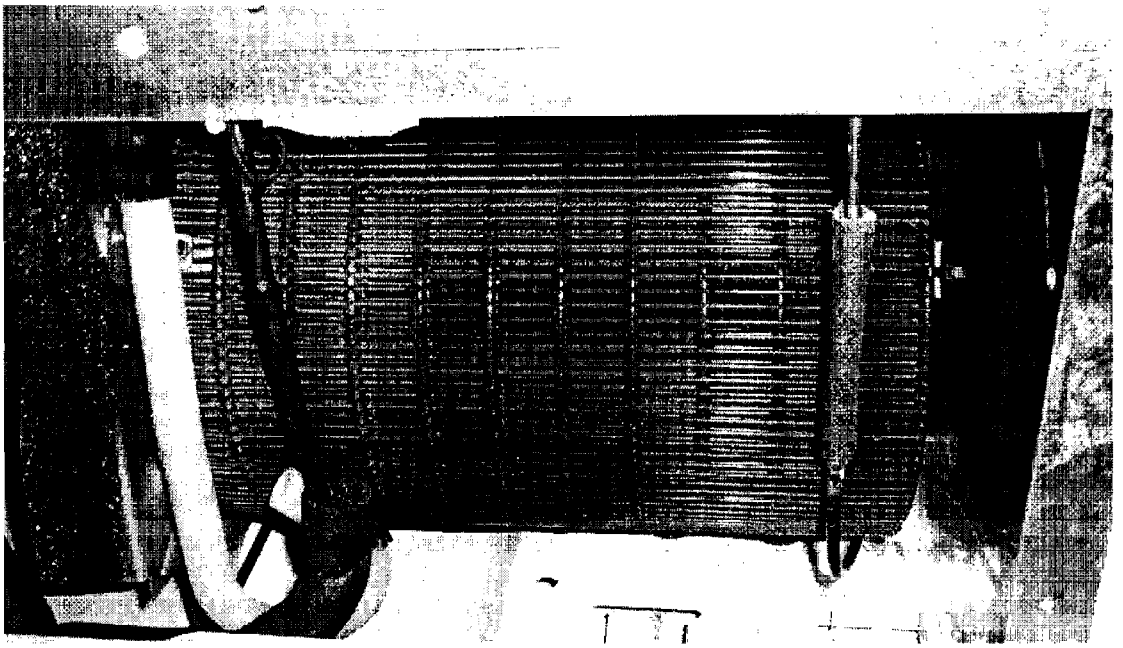


Exhibit 2 – Photograph of corroded refrigerator coils.

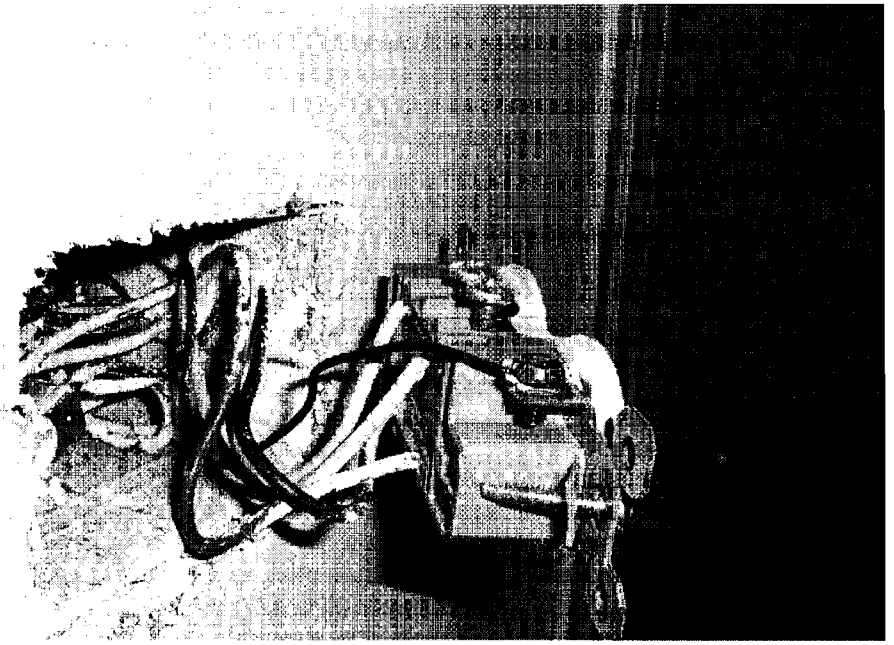


Exhibit 3 – Photograph of blackened copper wire in bedroom #3 outlet.

Exhibit 4 – Photograph of corroded outlet in second bedroom.

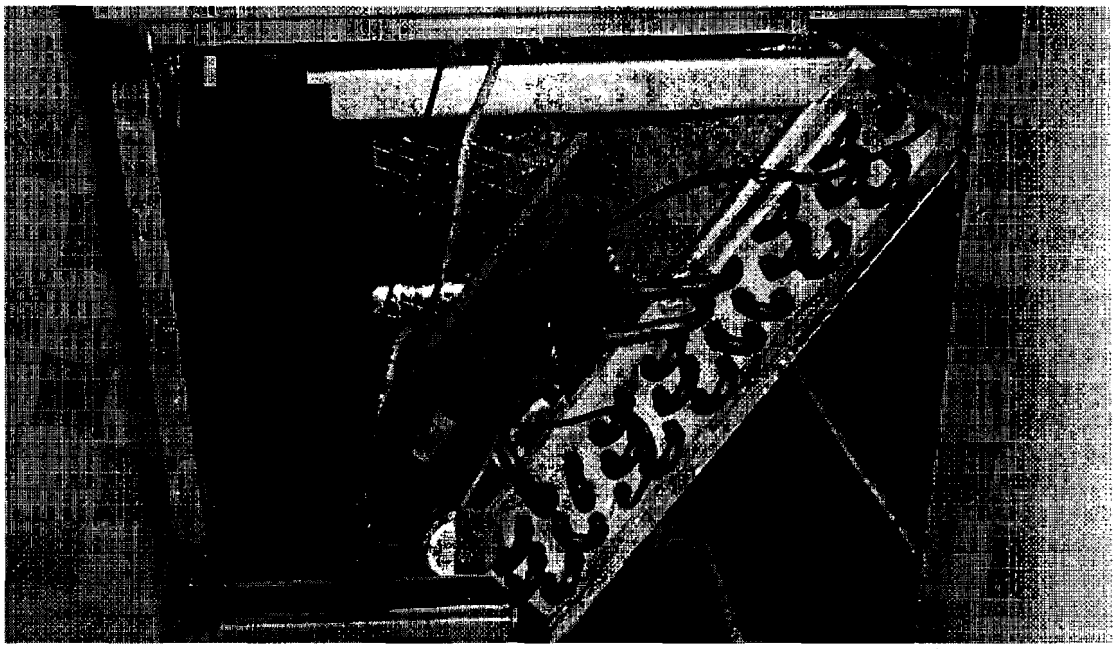


Exhibit 5 – Photograph of the evaporator coils for air conditioner for second floor.

Exhibit 6 - Closer view of evaporator coils for upstairs air conditioner. The coils were replaced on 12/4/2008.

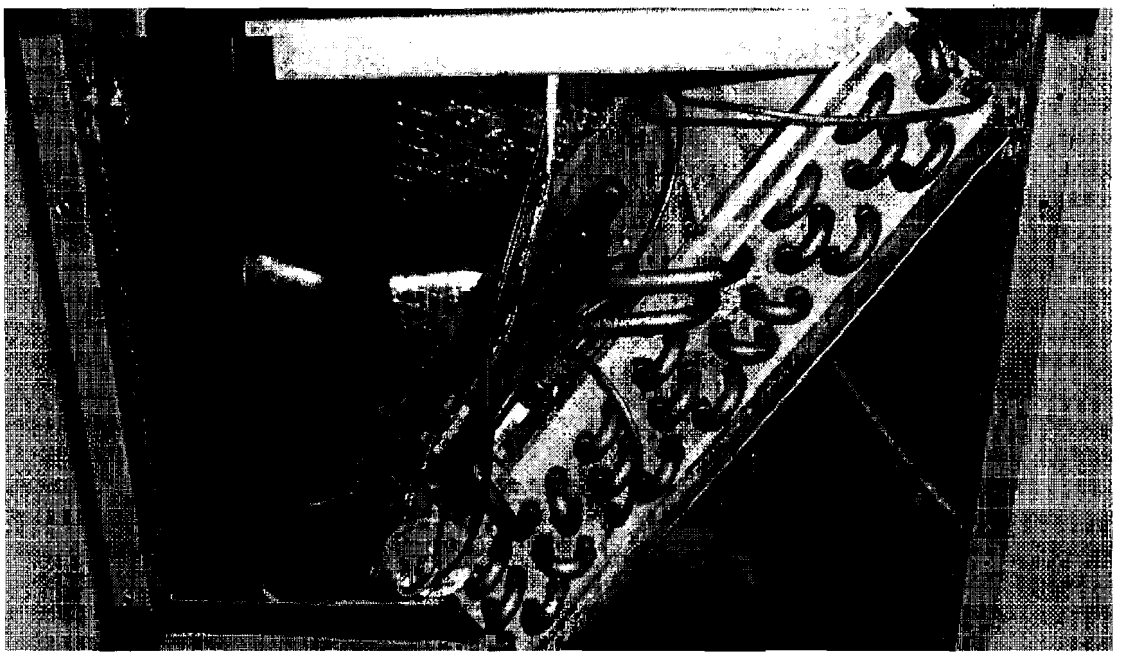


Exhibit 7 – Photograph of the evaporator coils for the first floor air conditioner. The air conditioner coils for the first floor were also replaced on 12/4/2008.

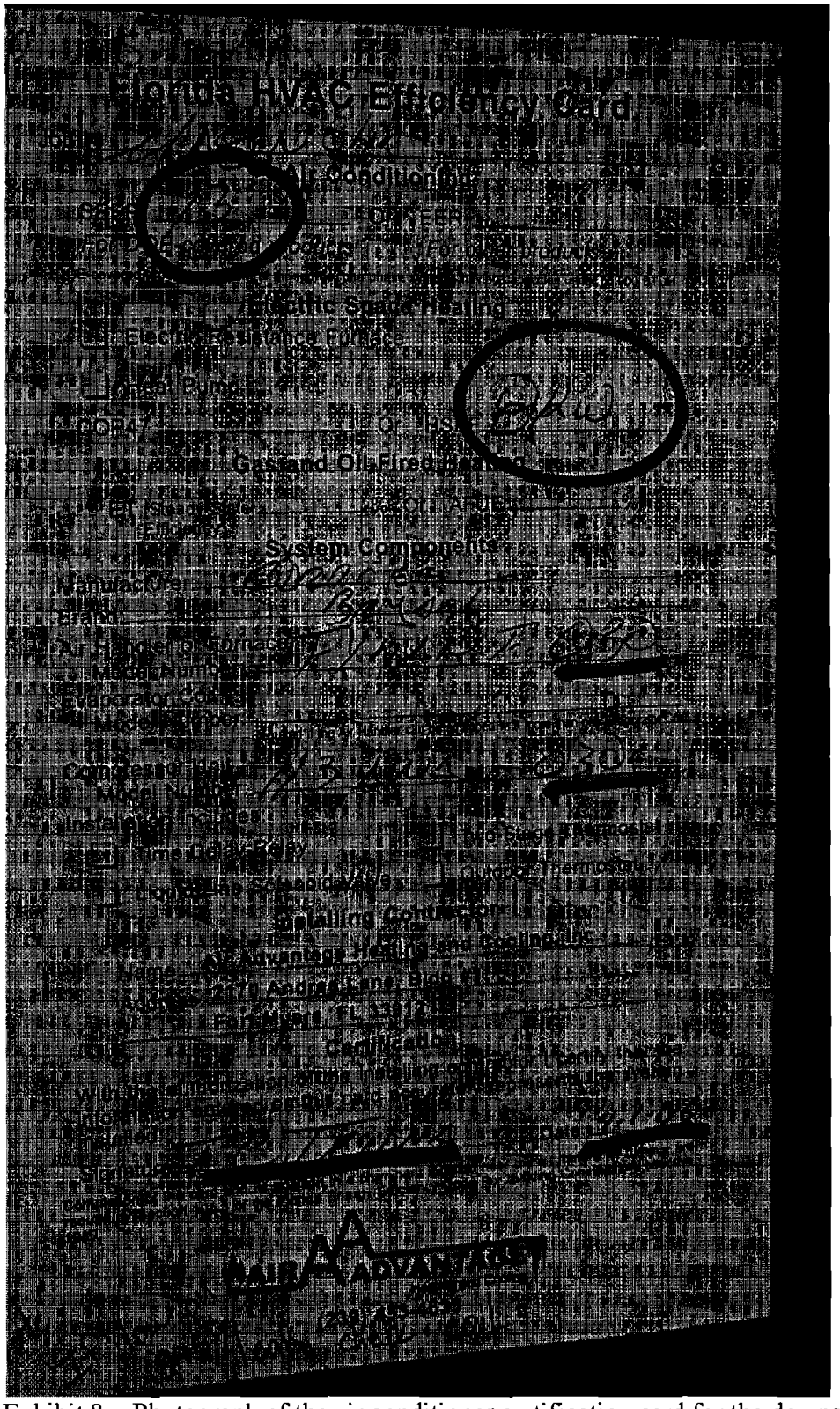


Exhibit 8 - Photograph of the air conditioner certification card for the downstairs unit.

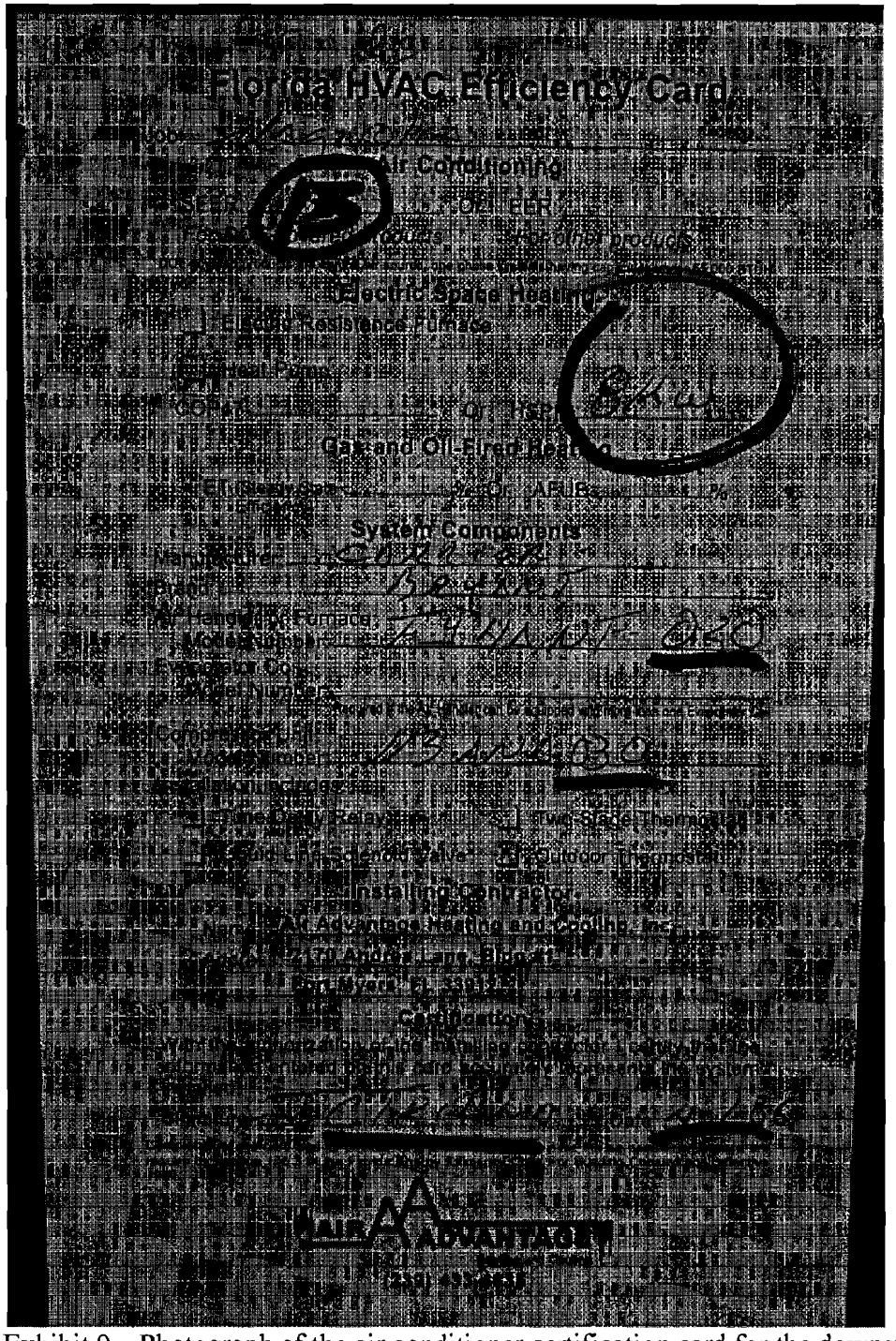


Exhibit 9 – Photograph of the air conditioner certification card for the downstairs unit.

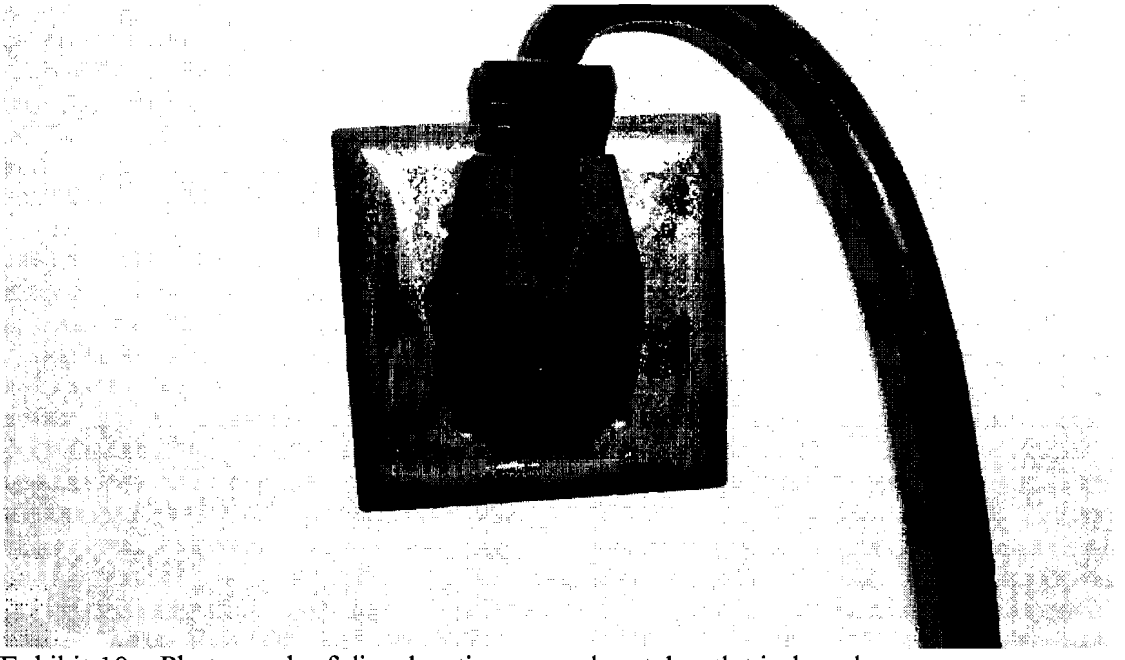


Exhibit 10 – Photograph of discoloration around metal outlet in laundry room.

facsimile transmittal

Fred S. Campo
22 Hilltop Ave
Sayreville/ So. Amboy, NJ 08879

Phone/ Fax (732) 525-1170
E-Mail: Fredcampo1@yahoo.com

To: Lynn Schiller — Fax: (239) 533-8025

CC: — Date: 5/8/09

Re: FRED Campo — Pages: 7

ATTACHED are the invoices for the replacement, freon charges, inspections, etc related to the two air conditioning units that had to be replaced because of erosion attributable to the Chinese Drywall.

9/16/08	$602.00
11/20/08	436.00
12/4/08	1179.00 (*)
12/1/08	65.00
	$2282.00
(*) Less	(589.00) - NEGOTIATED ADJUSTMENT of 50% of AMOUNT DUE
	$1693.00

LYNN: Please keep in mind that the MAINTENANCE PLAN would not have been an expenditure except for the fact that the A/C units had to be replaced (which, in turn, were caused by the Drywall.)

Thanks

Fred Campo

(1)

AIR ADVANTAGE
Heating and Cooling

5611 2nd St W
Lehigh Acres, FL 33971

Invoice

Date	Invoice #
09/16/2008	11555

PAID

Bill To
Fred Campo 13327 Little Gem Cir Fort Myers, FL 33913

Terms
Due on receipt

Quantity	Description	Rate	Amount
	DIAGNOSTIC FOR RESIDENTIAL CUSTOMER. Found bad compressor. (09/12/08)	64.00	64.00
	COMPRESSOR 1.5 - 3.5 TON CHARGE FOR REPLACEMENT UNDER MANUFACTURE WARRANTY. (09/17/08)	383.00	383.00
	PCM MAINTENANCE PLAN TWO SYSTEMS ONCE PER YEAR	155.00	155.00
	Items covered on PCM (Preferred Customer Maintenance) 1.Check operating pressures 2.Clean condenser coil 3.Tighten and check electrical connections 4.Treat evaporator coil 5.Clean or replace air filter (*) 6.Add algae tabs to drain pan 7.Flush or vacuum drain line 8.Overall inspection of system *Some odd replaceable filter sizes are not stocked by technician.		

Thank you for your business.

Phone #	Fax #
433-4635	433-4950

PD AMEX

Total	$602.00
Payments/Credits	$-602.00
Balance Due	**$0.00**

MY AIR ADVANTAGE.COM

11/18/08 — Jennie

Scott Bramhall [illegible]

(2)

FROM : FRED CAMPO (908) 727-0748 PHONE NO. : 732 5251170 May. 08 2009 09:02AM P2

AIR ADVANTAGE
Heating and Cooling

5611 2nd St W
Lehigh Acres, FL 33971

Invoice

Date	Invoice #
11/20/2008	10704

PAID

Bill To
Fred Campo 13327 Little Gem Cir Fort Myers, FL 33913

Terms
Due on receipt

Quantity	Description	Rate	Amount
	DIAGNOSTIC FOR RESIDENTIAL CUSTOMER	64.00	64.00
9	R-410 A REFRIGERANT BILLABLE PER LB (4.5 lbs x 2)	29.00	261.00
	LEAK SEARCH COMPLETE SYSTEM AH AND CONDENSER	111.00	111.00

Thank-You

Phone #	Fax #
433-4635	433-4950

Total	$436.00
Payments/Credits	$-436.00
Balance Due	$0.00

3

May. 08 2009 09:08AM P6 PHONE NO. : 732 5251170 FROM : FRED CAMPO (908) 727-0748

AIR ADVANTAGE Heating and Cooling

PREFERRED CUSTOMER MAINTENANCE CHECKLIST

A 1193

ENTERED 12/2/08

AIR ADVANTAGE HEA AND COOLING, INC.
5611 2nd St West
Lehigh Acres, FL 33971
www.myairadvantage.com

Date: Time: 12/1/08	PCM Code:	Technician Name:	Customer: Lynn Schiller	Customer: Fred Campo
Overall Existing Condition: Excellent ____ Good ____ Fair ___			Address: 13327 Little Gem Cir	Address:
Anticipated Life: C/U ____			City: Fort Myers	City:
			State: Fl Zip Code: 33913	State: Zip Code:

EQUIPMENT INFORMATION

Type:	Make:	Model#:	Serial#:	Age:	Volts/Phase
Type:	Make:	Model#:	Serial#:	Age:	Volts/Phase

Customers Concerns and Complaints	Stat and General	Air Handler	Condensing Unit	Heat Pump
☐ Poor Airflow	☐ Outdoor Temp ____	☐ Primary Drain Pan Cleaned	☐ Cleaned Pad Area	☐ Air Intake No obstructions
☐ High Humidity	☐ Indoor Temp ____	☐ Cleaned Cabinet	☐ Refrigerant R410A____ R22____	☐ Air Discharge Pattern
☐ Excessive Odors	☐ Stat Operation	☐ Added Algaecide Tabs	☐ Capacitor Condition	☐ Reversing Valve Ok
☐ Excessive Electric Bills	☐ Stat Condition	☐ Vac. Main Drain	☐ Start Assist Condition	☐ Low Voltage Wiring
☐ Excessive Noise	☐ Poor ☐ Avg ☐ Good	☐ Check Main Electrical Connections	☐ Suction Press.____	☐ Other
☐ Excessive Dust	**Tech Q & A**	☐ Check and Clean Evaporator Coil	☐ Liquid Press.____	**Heat Strip**
☐ Excessive Cycle Times	☐ Quality Stat	☐ Check Fan Amps	☐ Check Outdoor Coil	☐ Full Amperage ____
☐ Excessive Repairs	☐ Quality Filtration	☐ Check Wire Condition	☐ Water Rinse	☐ Check Sequencers
☐ Excessive Water Leaks	☐ Storm Protection	☐ Check Blower Condition	☐ Chemical Wash	☐ Check Element Condition
☐ Continuous Sickness	☐ U.V. Light	☐ Check Secondary Drain Pan	☐ Check Contactor	☐ Check Safety Switch
☐ Other: ____	☐ Humidistat	☐ Other: ____	☐ Check Safety Controls	☐ Check Relays
☐ Other: ____	☐ Add Return		☐ Lubricate Fan Motor	☐ Check Wire Condition
	☐ Higher Efficiency System		☐ Record Compressor Amps ____	☐ Other: ____
			☐ Other: ____	

PERFORMANCE RECOMMENDATIONS	ACTION TAKEN / ITEMS USED	TASK CODE	
	PCM Plan Chosen	Silver SRCB	$65.00
ORDER 2 E. Coils	FY4ANF030000AAA	leak check	Ø
	0706A71099		
Same M#	0706A71089		Per Scott
Ordered on 12-2-08	PCM Savings on Total Invoice	-15%	
		Total	

The above tune-up has been performed in a professional manner as set forth by Air Advantage Heating and Cooling, Inc. I recommend the above procedures as stated in the performance recommendation section.

Technician Signature: ____

I agree to take no further action on the technician's recommendations on my A/C system.

____

PAYMENT METHOD:
Credit Card: ■ ■ ■ ■
Card#: ____
Exp.Date: ____ Check#: ____
Credit Card Zip Code: ____

STOP

NEXT SCHEDULED TUNE-UP IS:

STATE LICENSE#1813217

May. 08 2009 09:04AM P4
PHONE NO. : 732 5251170
FROM : FRED CAMPO (908) 727-0748

PAID DEC 16 2008

AIR ADVANTAGE HEATING AND COOLING, INC.

5611 2nd St West
Lehigh Acres, FL 33971
239-433-4635
www.myairadvantage.com

Want An Efficient System?
Ask About Our
PCM Plans!
STATE LICENSE # CAC1813217

AIR ADVANTAGE Heating and Cooling

PAID DEC 16 2008 300.00

Date: 12/4/08 Technician: [illegible]
Reason For Today's Call: replace coil
Time Dispatched: _____ Arrival Time: _____ Time Completed: _____

Type:	Age:	Type:	Age:
Brand:		Brand:	
Model:		Model: 113NAA30000BAA	
Serial No.		Serial No. 0906E25454	

№ 11742 Ticket# _____

Name: Fred Campo
Address: 13327 Little Gem Cir
City: Ft Myers
State/Zip: Fl 33913
H. Phone: 533-8002

Bill To: _____
Address: _____
City: _____
State/Zip: _____
H. Phone: _____

Qty	Repair Code	Description	Req	PCM
	SRWEVCI	Replace E Coil		398
	SRWEVCI	Replace E Coil		398
	SXWCOM1	replace compressor 12/8/08		$383.00
				$796.00

Work Performed: Filter Size ___x___x___ Filter Type _____

- ☐ Cleaned O.D. Coil
- ☐ Checked Evap Coil
- ☐ Checked Motors
- ☐ Amp Check
- ☐ Volt Check
- ☐ Checked Thermostat
- ☐ Adjusted Ref. Chg.
- ☐ Vacuum Drain Line
- ☐ Nitro Blow
- ☐ Checked Air Filter
- ☐ Changed Air Filter
- ☐ Cleaned I.D. Coil
- ☐ Checked for Ref. Leaks
- ☐ Checked Safety Controls
- ☐ Checked Electrical
- ☐ Checked Heat Amps
- ☐ Vacuum Drain Pan
- ☐ FA _____
- ☐ SA _____
- ☐ Split _____
- ☐ Head PSI _____
- ☐ SuctionPSI _____
- ☐ C.D. _____
- ☐ I.D. _____
- ☐ Subcool _____
- ☐ Superheat _____

Description of Work Performed:

Replace Evap. Coil under warranty in 2 different units

Bill Cox – C ½ price Compressor

Technician Recommendations:

Get w/ Scott or Steve about this Bill

Part Ordered: Heat Wave Comp.

Payment Due on Completion

PAID BY: ☐ Cash ☐ Check# _____
☐ Visa ☐ Mastercard ☐ American Express
Card No. 3946 3034 9312 837
Card Zip Code _____
Exp. Date 02/10
Confirmation # _____

Sub Total $ 796.00
Credits $ _____
Amount Due $ 1179.00

Next Maintenance

_____ Due Date

STOP

WANT TO PAY LESS?

If you are a member of our Preferred Customer Maintenance Program you receive a 15% discount off repair services.

PCM Savings On This Invoice $ _____

The PCM Program has been explained to me and I decline to participate.
Initials _____

Thank You!

All of us at AIR ADVANTAGE Value This

Signature _____

I hereby acknowledge the satisfactory completion of the above Maintenance work.

#300 - Amex 12/17/08
#289 - Amex

090504CBB1665

AIR ADVANTAGE Heating and Cooling

PREFERRED CUSTOMER MAINTENANCE CHECKLIST

A 1193

ENTERED 12/2/08

AIR ADVANTAGE HEATING AND COOLING, INC.
5611 2nd St West
Lehigh Acres, FL 33971
www.myairadvantage.com

Date: Time: 12/1/08	PCM Code:	Technician Name: [illegible]	
Overall Existing Condition: Excellent ____ Good ____ Fair ____	Customer: Lynn Schiller	Customer: Fred Campo	
Anticipated Life: C/U ____	Address: 13327 Little Gem Cir	Address:	
	City: Fort Myers	City:	
	State: Fl Zip Code: 33913	State: ____ Zip Code: ____	

EQUIPMENT INFORMATION

Type:	Make:	Model#:	Serial#:	Age:	Volts/Phase
Type:	Make:	Model#:	Serial#:	Age:	Volts/Phase

Customers Concerns and Complaints	Stat and General	Air Handler	Condensing Unit	Heat Pump
☐ Poor Airflow	☐ Outdoor Temp ____	☐ Primary Drain Pan Cleaned	☐ Cleaned Pad Area	☐ Air Intake No obstructions
☐ High Humidity	☐ Indoor Temp ____	☐ Cleaned Cabinet	☐ Refrigerant R410A ____ R22 ____	☐ Air Discharge Pattern
☐ Excessive Odors	☐ Stat Operation	☐ Added Algaecide Tabs	☐ Capacitor Condition	☐ Reversing Valve Ok
☐ Excessive Electric Bills	☐ Stat Condition	☐ Vac, Main Drain	☐ Start Assist Condition	☐ Low Voltage Wiring
☐ Excessive Noise	☐ Poor ☐ Avg ☐ Good	☐ Check Main Electrical Connections	☐ Suction Press. ____	☐ Other
☐ Excessive Dust	**Tech Q & A**	☐ Check and Clean Evaporator Coil	☐ Liquid Press. ____	**Heat Strip**
☐ Excessive Cycle Times	☐ Quality Stat	☐ Check Fan Amps	☐ Check Outdoor Coil	☐ Full Amperage ____
☐ Excessive Repairs	☐ Quality Filtration	☐ Check Wire Condition	☐ Water Rinse	☐ Check Sequencers
☐ Excessive Water Leaks	☐ Storm Protection	☐ Check Blower Condition	☐ Chemical Wash	☐ Check Element Condition
☐ Continuous Sickness	☐ U.V. Light	☐ Check Secondary Drain Pan	☐ Check Contactor	☐ Check Safety Switch
☐ Other: ____	☐ Humidistat	☐ Other: ____	☐ Check Safety Controls	☐ Check Relays
☐ Other: ____	☐ Add Return		☐ Lubricate Fan Motor	☐ Check Wire Condition
	☐ Higher Efficiency System		☐ Record Compressor Amps ____	☐ Other: ____
			☐ Other: ____	

PERFORMANCE RECOMMENDATIONS	ACTION TAKEN / ITEMS USED	TASK CODE	
	PCM Plan Chosen	SWarSRCB	$65.00
ORDER 2 E.Coils	FY4ANF030000AAAA	leadcheck	Ø
	0706A71099		
Same M#	0706A71089		Per Scott
Ordered on 12-2-08	PCM Savings on Total Invoice	-15%	
		Total	

The above tune-up has been performed in a professional manner as set forth by Air Advantage Heating and Cooling, Inc. I recommend the above procedures as stated in the performance recommendation section.

Technician Signature: ____

I agree to take no further action on the technician's recommendations on my A/C system.

PAYMENT METHOD:
Credit Card: ■ ■ ■ ■
Card#: ____
Exp Date: ____ Check#: ____
Credit Card Zip Code: ____

Customer Authorization

STOP

NEXT SCHEDULED TUNE-UP IS:

STATE LICENSE#1812217

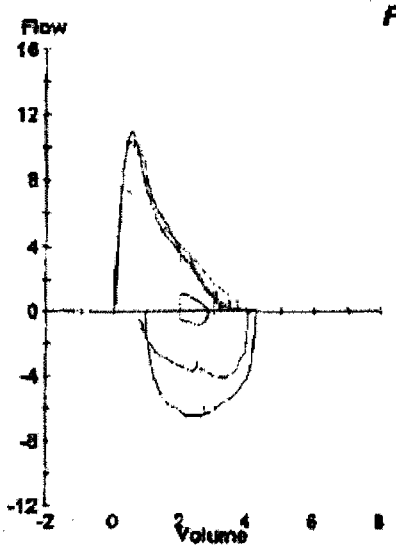
9

Lee Memorial Hospital
Ft. Myers, Fl. 33901
2776 Cleveland Ave.
(239) 334-5416

Name: SCHILLER, JOHN
Date: 04/15/09
Room: Out-Pt
Id: LMH7373940/234113
Physician: (b)(3):CPSA Section 25(c)
Technician:
Temp: 17 **PBar: 771**

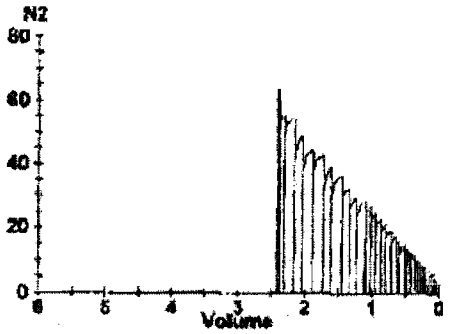
Age: 44 Height(in): 64.0 Weight(lb): 150 Gender: Male Race: Caucasian
Birth Date: 05/16/64 Diagnosis: R/O ASTHMA
Smoker: No Quit: No Any Info:

PULMONARY FUNCTION ANALYSIS



Spirometry

		Ref	Pre Meas	Pre % Ref	Post Meas	Post % Ref	Post % Chg
FVC	Liters	4.13	4.26	103	4.05	98	-5
FEV1	Liters	3.22	3.00	93	3.08	96	3
FEV1/FVC	%	77	70		76		
FEF25-75%	L/sec	3.54	(1.59)	(45)	2.45	69	54
FEF75-85%	L/sec	1.03	(0.17)	(16)	0.46	44	174
FEF50%	L/sec	4.00	3.07	77	3.60	90	17
PEF	L/sec	7.74	10.98	142	10.41	134	-5
FET100%	Sec		13.27		10.19		-23
FIVC	Liters	4.13	3.35	81	3.28	79	-2
FIF50%	L/sec		6.38		3.54		-45
PIF	L/sec		6.44		4.13		-36
FEF/FIF50		<1.00	0.48		1.02		112
MVV	L/min	140	112	80	121	86	8
f	BPM		85		85		0



Lung Volumes

		Ref	Pre Meas	Pre % Ref
TLC	Liters	5.47	5.36	98
VC	Liters	4.13	4.26	103
IC	Liters	2.76	3.22	116
FRC N2	Liters	2.97	2.30	78
ERV	Liters	1.38	1.20	87
RV	Liters	1.99	1.10	55
RV/TLC	%	32	21	

Diffusion

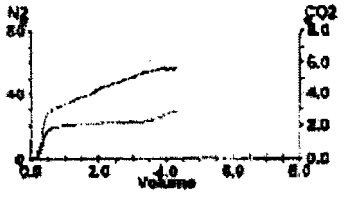
Hb:

		Ref	Pre Meas	Pre % Ref
DLCO	mL/mmHg/min	23.2	21.7	94
DL Adj	mL/mmHg/min	23.2	21.7	94
VA	Liters	5.94	5.43	91
DLCO/VA	mL/mHg/min/L	4.34	4.00	92
DL/VA Adj	mL/mHg/min/L		4.00	
IVC	Liters		4.31	

05/12/2009 07:08 239-332-6492 LMH RESPIRATORY PAGE 01/03
May 27 2009 1:23PM HP LASERJET FAX 239-225-6303 p.3

Lee Memorial Hospital
2776 Cleveland Ave.

Single Breath Oxygen



	Ref	Pre Meas	Pre % Ref
VC (SBO2) Liters	4.13	4.32	105
N2 Delta/L %	1.1	2.0	177
CV/VC %	16	23	

Arterial Blood Gases

	pH	PCO2	PO2	HCO3	BE	SaO2	P(A-a)O2	FIO2
LVI 1								

Hb gm/dL	%HbO2 %	%HbCO %	%HbMeth %

Comments

PATIENT EFFORT AND COOPERATION WERE OPTIMAL. INSTRUCTED IN THE USE OF NEBULIZER. UNDERSTOOD INSTRUCTIONS. BRONCHODILATOR ADMINISTERED PER NEBULIZER, WITH ALBUTEROL 2.5 MG/ 3 ML NSS. TOLERATED TESTING AND NEBULIZER RX. WELL. PULSE -80-88.

Interpretation

(b)(3):CPSA Section 25(c)

ABG Reference Ranges - Adult and Pediatric Arterial

PH - 7.350 - 7.450, PC02 35-45 mm Hg, P02 - 80-100 mm Hg, HC03 - 22-27 mEqL, BE - (-2.0) - (+2.0), O2Sat - > or = 95%, THb - men - 14-18 g/dl, Women, 12-16 g/dl, O2Hb - 85-98%, %CoHbNon-smoker - 0-3%, Smoker - 0-10% %Met Hb - 0-3%

LEE MEMORIAL HEALTH SYSTEM

Lee Memorial Hospital
Fort Myers, FL 33901

NAME:	**Schiller, John C**	**MR#:**	**00-23-41-13**	**ACCT#:**	**07373940**
DOB:	05/16/1964	**PT CLASS:**	O		
SEX:	M	**CLINIC CODE:**	IM		
AGE:	44	**ADMIT DATE:**	04/15/2009		
ROOM #:		**DISCH DATE:**	04/15/2009	**RPT:MT15**	

ATTENDING PHYSICIAN: (b)(3):CPSA Section 25(c) MD
ADMITTING PHYSICIAN: MD
PRIMARY CARE PHYSICIAN: PCP No/Unknown, MD

DATE OF STUDY: April 15, 2009

INTERPRETING PHYSICIAN: (b)(3):CPSA Section 25(c) MD

REQUESTING PHYSICIAN: MD

DEMOGRAPHICS: This is a 44-year-old Caucasian male who weighs 150 pounds with the history of possible asthma, non-smoker.

The patient's FEV1/FVC ratio was 70% predicted with the FEV1 of 3 liters or 93% predicted. Post bronchodilator FEV1 was at 3.08 liters of change of 3%. The patient's FEF 25/75 was 1.59 liters or 45% predicted. Post bronchodilator change was up to 2.45 liters or change of 54%.

LUNG VOLUMES: The patient's total lung capacity was 5.36 liters or 96% predicted with the residual volume of 1.10 liters or 65% predicted.

The patient's single breath diffusion capacity was at 94% predicted

CONCLUSION:
1. There is no evidence of obstructive disease.
2. There is evidence of small airways disease as reflected in his FEF 25/75 with significant response to bronchodilators.
3. No evidence of restrictive disease.
4. No evidence of single breath diffusion capacity pathology.

I have suggested possible methacholine challenge in order to confirm asthma is seen.

Electronically Signed by
Raymond D Santucci, MD 04/24/2009 12:04 P

Raymond D Santucci, MD

Distribution: PCP No/Unknown, MD

Dictating Physician: (b)(3):CPSA Section 25(c) 2922
Dictated: J
Transcribed: D 8 A
Printed: 4

5/18/09

Pulmonary Function Test
Page 1 of 1
DEPARTMENT COPY

To: DSOUZA M.D., RAYNITA m: Advanced Radiology Imaging Associates, LLC

ADVANCED RADIOLOGY IMAGING ASSOCIATES

ARIA
13731 METROPOLIS AVE
FORT MYERS, FL. 33912
Tel: 239-333-ARIA (2742) • Fax: 239-333-4FAX (4329)

Patient Name JOHN SCHILLER

MR#	Date of Birth	Age	Sex	Date
075405105	5/16/1964	44	M	4/10/2009

Referring Physician (b)(3):CPSA Section 25(c) D.

PROCEDURE: CHEST RADIOGRAPHS, 2 VIEWS

INDICATIONS: Asthma

TECHNIQUE: Two views

COMPARISON: None.

FINDINGS: The lungs are clear. The cardiac silhouette and pulmonary vascularity are unremarkable. Osseous structures are intact.

IMPRESSION:
1. No evidence of acute cardiopulmonary disease.

(b)(3):CPSA Section 25 (c)

ADVANCED RADIOLOGY IMAGING ASSOCIATES

hah, M.D. on 4/10/2009 at 16:34
Shah, M.D. on 4/10/2009 at 16:34

QUEST DIAGNOSTICS INCORPORATED
CLIENT SERVICE 877.972.7100

SPECIMEN INFORMATION
SPECIMEN: TM688695N
REQUISITION: 0900138
LAB REF NO:

COLLECTED: 04/11/2009 11:05
RECEIVED: 04/11/2009 11:06
REPORTED: 04/12/2009 14:18

PATIENT INFORMATION
SCHILLER, JOHN

DOB: 05/16/1964 Age: 44
GENDER: M

ID: 608891
PHONE: 2392458837

REPORT STATUS **Final**

ORDERING PHYSICIAN
(b)(3):CPSA Section 25(c)

14090 METROPOLIS AVE STE 102
FORT MYERS, FL 33912-4451

COMMENTS: FASTING

Test Name	In Range	Out of Range	Reference Range	Lab
LIPID PANEL				
TRIGLYCERIDES		**429 H**	<150 mg/dL	TP
CHOLESTEROL, TOTAL		**213 H**	125-200 mg/dL	TP
HDL CHOLESTEROL		**39 L**	> OR = 40 mg/dL	TP
LDL-CHOLESTEROL			<130 mg/dL (calc)	TP

LDL CHOLESTEROL NOT CALCULATED. TRIGLYCERIDE LEVELS GREATER THAN 400 MG/DL INVALIDATE CALCULATED LDL RESULTS.

DESIRABLE RANGE <100 MG/DL FOR PATIENTS WITH CHD OR DIABETES AND <70 MG/DL FOR DIABETIC PATIENTS WITH KNOWN HEART DISEASE.

CHOL/HDLC RATIO		**5.5 H**	< OR = 5.0 (calc)	TP
PLEASE NOTE:				TP

WE RECEIVED YOUR HANDWRITTEN TEST ORDER AND PERFORMED THE AMA DEFINED LIPID PANEL. IF THIS IS NOT WHAT YOU INTENDED TO ORDER, PLEASE CONTACT YOUR LOCAL CLIENT SERVICE REPRESENTATIVE IMMEDIATELY SO THAT WE MAY ADJUST OUR BILLING APPROPRIATELY. YOU MAY ALSO INQUIRE ABOUT ALTERNATIVE OR ADDITIONAL TESTING.

COMPREHENSIVE METABOLIC PANEL W/EGFR				TP
GLUCOSE		**108 H**	65-99 mg/dL	
		FASTING REFERENCE INTERVAL		
UREA NITROGEN (BUN)	15		7-25 mg/dl	
CREATININE	1.08		0.78-1.34 mg/dL	
eGFR NON-AFR. AMERICAN	>60		> OR = 60 mL/min/1.73m2	
eGFR AFRICAN AMERICAN	>60		> OR = 60 mL/min/1.73m2	
BUN/CREATININE RATIO	NOT APPLICABLE		6-22 (calc)	
	BUN/CREATININE RATIO IS NOT REPORTED WHEN THE BUN AND CREATININE VALUES ARE WITHIN NORMAL LIMITS.			
SODIUM	138		135-146 mmol/L	
POTASSIUM	4.4		3.5-5.3 mmol/L	
CHLORIDE	102		98-110 mmol/L	

Printed by Care360 AutoReceive on 04/13/09 at 08:37am.

MAY 27 2009 1:23PM HP LASERJET FAX 239-225-6303 p.7

QUEST DIAGNOSTICS INCORPORATED

REPORTED: 04/12/2009 14:18
COLLECTED: 04/11/2009 11:05

PATIENT INFORMATION
SCHILLER, JOHN

DOB: 05/16/1964 Age: 44
GENDER: M
ID: 608091

REPORT STATUS **Final**

(b)(3):CPSA Section 25(c)

Test Name	In Range	Out of Range	Reference Range	Lab
COMPREHENSIVE METABOLIC PANEL W/EGFR (Continued)				
CARBON DIOXIDE	22		21-33 mmol/L	
CALCIUM	9.7		8.6-10.2 mg/dL	
PROTEIN, TOTAL	7.7		6.2-8.3 g/dL	
ALBUMIN	4.9		3.6-5.1 g/dL	
GLOBULIN	2.8		2.1-3.7 g/dL (calc)	
ALBUMIN/GLOBULIN RATIO	1.8		1.0-2.1 (calc)	
BILIRUBIN, TOTAL	0.4		0.2-1.2 mg/dL	
ALKALINE PHOSPHATASE	81		40-115 U/L	
AST	18		10-40 U/L	
ALT	21		9-60 U/L	
CBC (INCLUDES DIFF/PLT)				TP
WHITE BLOOD CELL COUNT	8.2		3.8-10.8 Thousand/uL	
RED BLOOD CELL COUNT	5.04		4.20-5.80 Million/uL	
HEMOGLOBIN	15.5		13.2-17.1 g/dL	
HEMATOCRIT	46.5		38.5-50.0 %	
MCV	92.2		80.0-100.0 fL	
MCH	30.8		27.0-33.0 pg	
MCHC	33.4		32.0-36.0 g/dL	
RDW	13.7		11.0-15.0 %	
PLATELET COUNT	329		140-400 Thousand/uL	
ABSOLUTE NEUTROPHILS	3485		1500-7800 cells/uL	
ABSOLUTE LYMPHOCYTES	2886		850-3900 cells/uL	
ABSOLUTE MONOCYTES	558		200-950 cells/uL	
ABSOLUTE EOSINOPHILS		**1263 H**	15-500 cells/uL	
ABSOLUTE BASOPHILS	8		0-200 cells/uL	
NEUTROPHILS	42.5		%	
LYMPHOCYTES	35.2		%	
MONOCYTES	6.8		%	
EOSINOPHILS	15.4		%	
BASOPHILS	0.1		%	
TSH, 3RD GENERATION		**4.77 H**	2.40-4.50 mIU/L	TP
URINALYSIS, REFLEX				TP
COLOR	YELLOW		YELLOW	
APPEARANCE	CLEAR		CLEAR	
SPECIFIC GRAVITY	1.025		1.001-1.035	
PH	5.5		5.0-8.0	
GLUCOSE	NEGATIVE		NEGATIVE	
BILIRUBIN	NEGATIVE		NEGATIVE	
KETONES	NEGATIVE		NEGATIVE	
OCCULT BLOOD	NEGATIVE		NEGATIVE	
PROTEIN	NEGATIVE		NEGATIVE	
NITRITE	NEGATIVE		NEGATIVE	
LEUKOCYTE ESTERASE	NEGATIVE		NEGATIVE	

Performing Laboratory Information:

TP Quest Diagnostics-Tampa 4225 E Fowler Ave Tampa FL 33617 Laboratory Director: Lula A. Diaz-Rosario M.D.

Printed by Cerner360 AutoReceive on 04/13/09 at 08:37am.

May 27 2009 1:23PM HP LASERJET FAX 239-225-6303 p.8

LEE MEMORIAL HEALTH SYSTEM

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Physician Listing

(b)(3):CPSA Section 25 (c)

M.D.

al Medicine,

Specialty(s): Pulmonary Medicine
Group Name: Gulf Coast Pulmonary

Location(s): 8931 Colonial Center Drive, #302
Fort Myers, FL 33905
Office Phone: (239) 343-9480

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200 Metered Inhalations

NDC 0173-0682-20

GlaxoSmithKline

Ventolin® HFA

(albuterol sulfate)
Inhalation Aerosol

90 mcg per actuation

VENTOLIN
52F48
1 E1809
1826700
94860010

FOR ORAL INHALATION ONLY

For use with Ventolin® HFA actuator.

Contents: Each canister contains a microcrystalline sus-

P U B L I X

P H A R M A C Y

Pharmacy #0162
(239) 226-9707

6095458

(b)(3):CPSA
Section 25(c)

SCHILLER, JOHN

Filled 05/22/2008

INHALE 2 PUFFS EVERY SIX HOURS.

VENTOLIN HFA W/CNTR AER

Qty 18.00 GM Mfg GLAXO SMI Disp By HRP
5 REFILLS BY 04/21/2010

Net Wt. 18 g

GlaxoSmithKline

NDC 0173-0696-00

ADVAIR DISKUS® 250/50

(fluticasone propionate 250 mcg and salmeterol* 50 mcg inhalation powder)

PHARMACY

Pharmacy #0162
(239) 226-9707

GO TO WWW.CVS COM/REFILLS TO ORDER YOUR REFILLS ONLINE

Rx 6098068

(b)(3):CPSA Section 25(c)

SCHILLER, JOHN

Filed 05/22/2009

BREATHE IN 1 INHALATION BY MOUTH EVERY TWELVE HOURS DAILY.

ADVAIR DISKU 250/50 MIS

60.00 DSK GLAXO SMI HRP
1 REFILL BY 05/22/2010

Discard after 05/22/2010

PLEASE READ
ENCLOSED PATIENT INFORMATION

Rinse mouth thoroughly after each use.

Warning: This medicine Will not stop an asthma attack once one has started

1 DISKUS® Inhalation Device
Containing 1 Foil Strip of 60 Blisters

GULFCOAST MD, PA

(b)(3):CPSA Section 25(c)

MD

DEA BD 8746301 FAX: (239) 225-6303 DEA BD 8746313

NAME John Schiller

ADDRESS DATE May 23 04

℞ (PLEASE PRINT)

Nebulizer.

Rig #1

☐ LAB (b)(3):CPSA Section 25(c)

REFILL

M.D.

TO INSURE TE MEDICALLY NECESSARY

GULFCOAST MD PA

(b)(3):CPSA Section 25(c)

NAME John Schiller

ADDRESS _____ DATE May 22, 09

℞ (PLEASE PRINT)

Albuterol nebul sig

1 UD q 4H

Mjr #120

☐ (b)(3):CPSA Section 25(c)

REFILL

_____ M.D.

TO INSUR ... TE MEDICALLY NECESSARY

SCHILLER, JOHN
12894 IVORY STONE LO FT MYERS, FL 33913
(239) 561-5673 DOB: 05/16/1964

P U B L I X

PHARMACY

Feeling well. Living better.

#0162 • 5781 LEE BLVD • FT. MYERS, FL 33905
NCPDP# 1003615 • (239) 226-9707 • Dispensed by: JD6

YOUR PRESCRIPTION

AMOUNT DUE: $35.00

Ins AET
REF # 30000896228648

Your plan has saved you $3.95

6095458 New
04/22/2009
VENTOLIN HFA W/CNTR AER
00173-0682-20 GLAXO SMIT
18.00 25
6 REFILLS BY 04/21/2010
(b)(3):CPSA Section 25(c)

YOUR SAFETY CHECK

NDC # 00173-0682-20
Side 1
Side 2
Form AEROSOL
Shape
Color WHITE

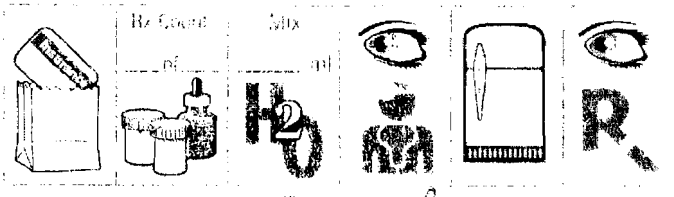
1. PENICILLINS

YOUR MEDICATION

1-Do not exceed recommended dosage
2-Follow dosing directions very carefully.
3-Consult patient-package information
4-Shake well before using
5-Always check the mouth-piece prior to use.
6-Check with Dr. before taking any other medicine
7-Promptly report unusual symptoms/effects to Dr
8-If condition persists or worsens notify Dr

YOUR MESSAGES

- ASK YOUR PHARMACIST ABOUT AUTO-REFILLS.
- WE FILL WORKERS' COMPENSATION AND CALL YOUR DOCTOR FOR MEDICAL ADVICE
- ABOUT SIDE EFFECTS. YOU MAY REPORT SIDE EFFECTS TO THE FDA
- AT 1-800 FDA-1088.



90 day supply
with 3 refills
$70.00

Publix

Crossroads Publix 239-226-9701
Store Manager: Scott Tessier

Ventolin

PHARMACY DEPT	35.00	P
PHARMACY DEPT	20.00	P
SKIN COW PNUT BUT	4.99 T	F
PUB POTATO BREAD	1.99	F

Order Total	61.98
Sales Tax	0.30
Grand Total	62.28
Manufacturer Chk	15.00
Debit Payment	47.28

PRESTO!
Reference #: 616793-003
Trace #: 0010013501
Acct #: XXXXXXXXXXXX9095
Debit Purchase FROM CHECKING
Amount: $47.28

Change	0.00

The following information is provided to assist our customers in tracking health care related purchases. These purchases may be eligible for reimbursement from your FSA/HRS/HSA plan. Please consult your plan benefits information or contact your plan administrator.

FSA Purchase Summary:	
Prescription (P):	$55.00
Non-Prescription (H):	$0.00
FSA Total:	$55.00

Your cashier was Henry Pigeon Pharmac

P.O. Box 407
Lakeland, FL 33802-0407

04/22/2009 16:02 S0162 R161 4103 C0290

Where Saving Is
Part of the Pleasure

Publix Super Markets, Inc.

Appointment

For:

Date: 4/21 Time: 4:00

Location: TUE

If you are unable to keep your appointment, contact the receptionist as soon as possible.

f you have any questions about your bill, please all Customer Service at (239) 424-1400

LEE MEMORIAL HEALTH SYSTEM

Convenient Care

TAX I.D.: 59-0714812

OFFICE VISIT	NEW	ESTAB	FEE
Level 1 – PF / PF / SF	99201	99211	
Level 2 – EPF / EPF / SF	99202	99212	
Level 3 – D / D / LC	99203	[illegible]	
Level 4 – C / C / MC	99204	99214	
Level 5 – C / C / HC	99205	99215	
F/U visit during global period		99024	
MMI	99455		

		NEW	ESTAB	FEE
Child, 1-4 yrs.	V20.2	99382	99392	
Child, 5-11 yrs.	V20.2	99383	99393	
Adolescent, 12-17 yrs	V20.2	99384	99394	
Adult, 18-39 yrs.	V70.0	99385	99395	
Adult, 40-64 yrs.	V70.0	99386	99396	
Adult 65+ yrs.	V70.0	99387	99397	
Breast/Pelvic Exam (MC)	V72.31	G0101	G0101	
Pap smear screen		Q0091	Q0091	
Digital Rectal Exam (MC)		G0102	G0102	
Counseling, 15 min.		99401	99401	
Counseling, 30 min.		99402	99402	

PROCEDURES	CPT	FEE
Ganglion (g/0/0 cm [illegible])	20612	
Burn Care, Dressing or Debride, small	16020*	
Foreign body removal, cornea	65220*	
Foreign body removal, eye conjunctival	65205*	
Foreign body removal, skin	10120*	
Hearing screening	92551	
Nebulizer treatment	[illegible]	
Subungual hematoma evaluation	11740	
Skin biopsy, one lesion 709.9	11100	
Ea. sep./add'l lesions (# lesions)	11101	
Skin tag removal, 1-15 lesions	11200*	
Destroy, pre-malig, any method, one lesion	17000*	
2-14 pre-malig lesions each (# lesions)	17003	
Destroy, pre-malig, any method 15+	17004	
Destroy, any method, benign lesion up to 14	17110	
Destroy, any method, benign lesion 15 or more	17111	

Method: ☐ Shave ☐ Excise ☐ Destroy, any method
Type: ☐ Benign ☐ Malignant ☐ Unknown-send to path
Site #1: Site in cm:
Site #2: Site in cm:

Scalp, neck, axilla, external genitalia, trunk, extremities		
2.5 cm or less	12001*	
2.6 cm to 7.5 cm	12002*	
Face, ears, eyelids, nose, lips, mucous membranes		
2.5 cm or less	12011*	

MISCELLANEOUS	CPT	FEE
Scalp, axilla, trunk, extremities		
2.5 cm or less	12031*	
2.6 cm to 7.5 cm	12032*	
Neck, hands, feet genitalia		
2.5 cm or less	12041*	
2.6 cm to 7.5 cm	12042	
Face, ears, eyelids, nose, lips, mucous membranes		
2.5 cm or less	12051*	
2.6 cm to 5.0 cm	12052	

IMMUNIZATIONS		CPT	FEE
Flu, 3+ yrs.	V04.81	90658	
Administration of Flu (MC)	V04.81	G0008	
Hepatitis B, Ped or Ped/Adol.	V05.3	90744	
Hepatitis B, Adult	V05.3	90746	
Admin. of Hepatitis B (MC)	V05.3	G0010	
MMR	V06.4	90707	
Pneumovax	V03.82	90732	
Admin. of Pneumovax (MC)	V03.82	G0009	
Td (age 7-adult)	V06.5	90718	
Tetanus toxoid	V03.7	90703	
Administer immunization 1st vaccine		90471	
Administer immunization ea. add'l vaccine		90472	

INJECTIONS		CPT	FEE
Therapeutic Inj, SQ or IM		90772	
Adrenalin	1 ml	J0170	
Ancef	500 mg	J0690	
Benadryl	50 mg	J1200	
Bicillin C-R	up to 1.2 mil units	J0540	
Compazine	up to 10 mg	J0780	
Decadron	4 mg	J1100	
Decadron LA	8 mg	J1095	
Depo-Medrol	40 mg	J1030	
Depo-Medrol	80 mg	J1040	
Lincocin	up to 300 mg	J2010	
Norflex	up to 60 mg	J2360	
Nubain	10 mg	J2300	
Rocephin	250 mg	J0696	
Phenergan	up to 50 mg	J2550	
PPD	V74.1	86580	
Solu-Medrol	up to 125 mg	J2930	
Tigan	up to 200 mg	J3250	
Testosterone Cypionate	200 mg	J1080	
Toradol	15 mg	J1885	
Unclassified Drug (Specify name of drug & dosage)		J3490	

IN-HOUSE LAB	CPT	FEE
Venipuncture, Venous Blood	36415	
Venipuncture Capillary Blood	36416	
Breath Alcohol Testing	82075	
Blood Alcohol Testing	820550	
Drug screen, 5 panel	801005	
Drug screen, 10 panel	801010	
Drug screen, 8 panel	801008	
Drug screen, NIDA	080100x15	
Drug screen collection hair	A80103	
Drug Screen Collection	99000	
Hemoccult, DRE, Diagnostic	82272	
Hemoglobin (CI & MCD)	85018	
KOH	87220	
KOH (MC)	G0112	
Pregnancy, urine	81025	
Protime (CI & MCD)	85610	
Strep Screen (CI & MCD)	87880	
Strep Screen (MC, newly waived)	87880qw	
Wet mount (MC)	G0111	
Wet mount/KOH (CI & MCD)	87210	

RADIOLOGY	CPT	FEE
Abdomen, 1 view (KUB)	74000	
Ankle – 3 views	73610	
C Spine Series	72050	
Cervical, Complete	72052	
Chest, Single	71010	
Chest – 2 views	71020	
Clavicle	73000	
Elbow, complete	73080	
Femur – AP & Lat	73550	
Finger/Thumb – 2 views, Minimum	73140	
Foot, 3 views, Minimum	73630	
Forearm, Complete	73090	
Hand – 3 views	73130	
Heel – 2 views	73650	
Hip, Complete	73510	
Humerus – 2 views	73060	
Knee, 3 views	73562	
Knee, complete, 4 views	73564	
LS Spine, Complete	72110	
Lumbosacral spine, AP & Lat	72100	
Nasal Bones – 3 views	70160	
Pelvis – 1 or 2 views	72170	
Rib Series, AP, 3 views	71101	
Sacrum & coccyx, 2 views	72220	
Shoulder – 2 views, Minimum	73030	
Sinuses – 3 views, Minimum	70220	
Skull, less than 4 views	70250	
Thoracic Spine Series	72072	
Tibia/Fibula – AP & Lat	73590	
Toe – 2 views, Minimum	73660	
Wrist – 3 views, Minimum	73110	

SPLINT APPLIED ON	CPT	FEE
Short Arm + Cast Supplies	29125	
Short Leg + Cast Supplies	29515	
Short Arm Fiberglass splint (11+ years old)	Q4022	
Short Arm Fiberglass splint (0-10 years old)	Q4024	
Short Leg Fiberglass splint (11+ years old)	Q4046	
Short Leg Fiberglass splint (0-10 years old)	Q4048	

Check appropriate code for both Antibiotic and Group A Strep Testing		
Antibiotic prescribed or dispensed	4120F	
Antibiotic neither prescribed nor dispensed	4124F	
Group A Strep Test Performed	3210F	
Group A Test Not Performed – Medical Reasons Documented	3210F-1P	
Group A Test Not Performed – Reason not Specified	3210F-8P	

SUPPLIES		

*Surgical Procedure Only.
Associated pre- and post-op services may be billed, except MC.

☐ **Waiver Signed** ☐ **Obtain Medical Records**

Date	Time	Patient	Reason	Prior Balance
05/03/09	9:15 AM	SCHILLER, JOHN C	UPPER RESPIRATO	0.00

Ticket No. 605785 | Dr. # | Doctor: LEE UC PROVIDER PAGE FIELD | Location | D.O.B. 05/16/64 | Today's Charge

Acct. No. 74290 | Responsible Party: SCHILLER, JOHN C | Phone # | Referring Dr. 239-245-8837

SEX: M ☐ F ☒ | Address: 13327 LITTLE GEM CIR | City/State: FORT MYERS / FL | Zip Code: 33913 | Adjustments

RECAP	Over 90	Over 60	Over 30	Current	Total Due	PT	BC	CS	Pay Choice	Today's Payment
	0.00	0.00	0.00	0.00	10.00					25/15

Insurance Company: AETNA | BA | SCT | Policy I.D.: W147885133 | Relationship to Insured: SELF ☐ SPOUSE ☐ CHILD ☐ OTHER ☒ | CA | CK | CC

No second coverage

DIAGNOSIS:
1. 461.9
2. 466.0
3.
4.
5.

Use ARNP Billing # _____ for this claim
Provider's Signature:

RETURN: ____ Days ____ Weeks ____ Months
YD ____ PRN ____ Admit

I hereby authorize my insurance benefits to be paid directly to the above provider, realizing I am resp
of pertinent medi
I authorize Lee Pr
exceed the amou
myself or immedi
Patient Signatu

(b)(3):CPSA Section 25(c)

$15 Paid Bad Debt Credit (A.C.)

White – Office Yellow – Billing Pink – Patient MC = Medicare MCD = Medicaid CI = Commercial Insurance

SECURITY FEATURES: Original has green background • Photocopies will show "void" • Microline printing • Erasure resistant ink

(b)(3):CPSA Section 25(c)

LEE Convenient Care

Lic. ME86544 / NPI 1851389407
Lic. ME68293 / NPI 1154323178
Lic. ME36788 / NPI 1043208002
MD Lic. ME12830 / NPI 1548762421
Lic. ME100166 / NPI 1558403006

4771 S. Cleveland Avenue, Fo... ...eland Avenue, N. Fort Myers, FL 33903

(239) 343-9800 • Fax: (239) 343-9848 (239) 424-1655 • Fax: (239) 424-1649 (239) 997-9733 • Fax: (239) 997-2859

Name: John Schiller Date: 5/3/09

Address: Age:

Rx

CANCEL UNUSED LINES	STRENGTH	NUMBER	REFILL
1. Biaxin X L Pak		—	—
SIG: Use as Directed			
2. Tussi Cap			
SIG: T Cap q 12° - 6.0	BRD	20	—
3.		—	
SIG:			

Refill _____ times

SIGNATURE

D.E.A. NO.

NAME PRINTED

To request brand name dispensing, the prescriber must write "Medically Necessary" on the prescription

FM# 0547-A 09/08

or within several months after you stop using it. Contact your doctor right away if stomach pain or cramps, severe diarrhea, or bloody stools occur. Do not treat diarrhea without first checking with your doctor. DO NOT TAKE SELDANE (terfenadine), HISMANAL (astemizole), or cisapride while you are taking this medicine without first discussing it with your doctor. USE OF THIS MEDICINE DURING PREGNANCY may result in fetal harm. This medicine is not recommended for use during pregnancy except when no

KEEP OUT OF REACH OF CHILDREN; STORE IN SAFETY CONTAINER OR SECURE AREA

JOHN SCHILLER
13327 Little Gem Circle, Fort Myers, FL 33913
(239) 247-6028
RX # 2325153-04004 DATE: 05/03/09

BIAXIN XL 500MG 7-DAY PAC 14'S
QTY: 14 NO REFILLS - DR. AUTH REQUIRED
New NDC:00074-3165-41
Retail Price: $99.99 Your Insurance Saved You: $64.99

$ 35.00

(b)(3):CPSA Section 25(c)

001
70433

PH: (239)939-2142

Customer Receipt

JOHN SCHILLER
13327 Little Gem Circle, Fort Myers, FL 33913
(239) 247-6028
RX # 2325153-04004 DATE: 05/03/09

BIAXIN XL 500MG 7-DAY PAC 14'S
QTY: 14 NO REFILLS - DR. AUTH REQUIRED
New NDC:00074-3165-41
Retail Price: $99.99 Your Insurance Saved You: $64.99

$ 35.00

(b)(3):CPSA Section 25(c)

500001
02370433

PH: (239)939-2142

Duplicate Receipt

Pharmacy use only

YELLOW
FRONT: A KJ

BIAXIN XL 500MG 7 DAY PAC 14'S QTY 14

SUN 10:15AM 00074-3165-41

New UNIT OF USE

[redacted]

Exceeding the recommended dose or taking this medicine for longer than prescribed may be habit-forming. This medicine may alter certain lab test results. Make sure that all of your doctors and laboratory personnel know that you are taking this medicine. CHECK WITH YOUR DOCTOR BEFORE DRINKING ALCOHOL while you are using this medicine. THIS MEDICINE WILL ADD TO THE EFFECTS of alcohol and other depressants. Ask your pharmacist if you have questions about which medicines are depressants. This

KEEP OUT OF REACH OF CHILDREN. STORE IN CAPSULE CONTAINER OR CHILDREN'S ...

JOHN SCHILLER
13327 Little Gem Circle, Fort Myers, FL 33913
(239)243-6028
RX # 2325154-04004 DATE: 05/03/09

TUSSICAPS 10-8MG CAPSULES
QTY: 20 NO REFILLS - DR. AUTH REQUIRED
New NDC: 23635-0108-20
Retail Price: $93.99 Your Insurance Saved You: $58.99 $ 35.00
S. SCALE MD PLAN: AETNA

(b)(3):CPSA Section 25(c)

PH: (239)939-2142 Customer Receipt

JOHN SCHILLER
13327 Little Gem Circle, Fort Myers, FL 33913
(239)243-6028
RX # 2325154-04004 DATE: 05/03/09

TUSSICAPS 10-8MG CAPSULES
QTY: 20 NO REFILLS - DR. AUTH REQUIRED
New NDC: 23635-0108-20
Retail Price: $93.99 Your Insurance Saved You: $58.99 $ 35.00
S. SCALE MD PLAN: AETNA

PH: (239)939-2142 Duplicate Receipt

Pharmacy use only

TUSSICAPS 10-8MG CAPSULES QTY 20

SUN 10:15AM 23635-0108-20

New ALPHA

WHITE
FRONT: HP CP 10 8

(b)(3):CPSA Section 25(c)
MD
MD
Internal Medicine · Board Certified

14090 Metropolis Ave. Suite 102
Fort Myers , FL 33912
Tel: 239-225-6304
Fax: 239-225-6303
Email: gulfcoastmd@gmail.com
www.gulfcoastmd.com

Aetna Life Insurance Company
P.O. BOX 14100
LEXINGTON, KY 40512-4100

EXPLANATION OF BENEFITS

THIS IS NOT A BILL

Please Retain for Future Reference

Date Printed: 05/04/09

LYNN SCHILLER
13327 LITTLE GEM CIRCLE
FORT MYERS FL 33913-7914

QUESTIONS? *Contact us at* **aetnanavigator.com**
1-888-266-5519
Or write to the address shown above

Notes:

Member: LYNN SCHILLER
Group Name: LEE COUNTY BOARD OF COUNTY COMMISSIONERS

Member ID (b)(3):CPSA Section 25(c)
Group Number: 08816

All Remarks Appear After Final Claim

Claim Activity for LYNN SCHILLER (Self)

DATE AND TYPE OF SERVICE	SUBMITTED CHARGES	NEGOTIATED OR ALLOWED	PENDING OR NOT PAYABLE	SEE REMARKS	YOUR COPAY	YOUR DEDUCTIBLE	AMOUNT REMAINING	PAID AT	PLAN PAYS	YOUR SHARE OF AMOUNT REMAINING	Total Patient Responsibility
	A	B	C		D	E	F		G	H	I
This is the claim detail for the bills received on 05/01/09					Claim ID: EGAAG62MK00						
(b)(3):CPSA Section 25(c) 04/24/09 *Office Visit*	360.00	178.63			10.00		168.63	100%	168.63		10.00
Column Totals	360.00	178.63			10.00		168.63		168.63		10.00

(b)(3):CPSA Section 25 (c)

May Bill You: **$10.00**
D + E + H = *I*

Claim Activity for JOHN C SCHILLER III (Spouse)

DATE AND TYPE OF SERVICE	SUBMITTED CHARGES	NEGOTIATED OR ALLOWED	PENDING OR NOT PAYABLE	SEE REMARKS	YOUR COPAY	YOUR DEDUCTIBLE	AMOUNT REMAINING	PAID AT	PLAN PAYS	YOUR SHARE OF AMOUNT REMAINING	Total Patient Responsibility
	A	B	C		D	E	F		G	H	I
This is the claim detail for the bills received on 05/02/09					Claim ID: EPAAG7CBW00						
(b)(3):CPSA Section 25(c) 04/21/09 *Office Visit*	249.00	123.57			10.00		113.57	100%	113.57		10.00
Column Totals	249.00	123.57			10.00		113.57		113.57		10.00

(b)(3):CPSA Section 25 (c)

May Bill You: **$10.00**
C + D + E + H = *I*

***Plan Summary for** 01/01/09 - 12/31/09*

Description Individual Limits	Annual Limit	Year To Date	Remainder
LYNN (Self)			
Medical In Network Share of Amt Remaining(Coinsurance)	$1,500.00	$10.00	$1,490.00
JOHN C (Spouse)			
Medical In Network Share of Amt Remaining(Coinsurance)	$1,500.00	$30.00	$1,470.00
Family Limits	**Annual Limit**	**Year To Date**	**Remainder**
Medical In Network Share of Amt Remaining(Coinsurance)	$3,000.00	$135.00	$2,865.00

Continued on Next Page

Aetna Life Insurance Company
P.O. BOX 14100
LEXINGTON, KY 40512-4100

EXPLANATION OF BENEFITS

THIS IS NOT A BILL

Please Retain for Future Reference

Continued from Previous Page

Payment Summary:

	Date Sent	Amount
(b)(3):CPSA Section 25(c)	05/16/2009	$168.63
	05/18/2009	$113.57

If you would like to appeal, please check this box ☐

Appeals

Please send your written appeal along with a copy of the entire EOB to this address:

Appeals Resolution Team
PO Box 14464
Lexington, KY 40512

You are entitled to a review (appeal) of this benefit determination if you have questions or do not agree.

To obtain a review, you or your authorized representative should call our Member Services Department using the telephone number displayed on the member ID card or submit a request in writing to the Appeals Resolution Team address shown above. Your request should include the group name (e.g., your employer), your name, member ID, address and date of birth and other identifying information shown on this notice, and any comments, documents, records and other information you would like to have considered, whether or not submitted in connection with the initial claim. You may also review documents relevant to your claim. Verbal or written requests for review of the adverse determination must be communicated, mailed or delivered within 180 days following receipt of this explanation or such longer period as may be specified in your plan brochure or Summary Plan Description.

If your plan provides for a single appeal, notice of the final determination will be sent within 60 days following receipt of your request unless otherwise required by state law.

If your plan provides for two appeals, notice of a determination will be sent within 30 days following receipt of your request unless otherwise required by state law. If you do not agree with such determination, you have the right to file a second request for review.

Please review your plan documents or contact your plan administrator to determine the appeals process available to you.

If you do not agree with the final determination on review, you have the right to bring a civil action under Section 502(a) of ERISA, if applicable.

A copy of the specific rule, guideline or protocol relied upon in the adverse benefit determination will be provided free of charge upon request by you or your authorized representative.

Privacy

Protecting the privacy of member health information is a top priority at Aetna. When contacting us about this notice or for help with other questions, please be prepared to provide the member's name, member ID, address and date of birth.

Fraud

If you suspect fraud or abuse involving the services described in this Explanation of Benefits or would like to report other healthcare fraud related issues, please call the toll-free Hotline at 1-800-338-6361 or contact us by E-Mail at AETNASIU@AETNA.COM.

Beazer Homes

April 22, 2009

Dear Beazer Homeowner,

A few homeowners in the Magnolia Lakes community have contacted Beazer with concerns that Chinese drywall may have been installed in their homes. As you may already be aware, certain drywall imported from China has been alleged to cause corrosion to copper materials and possibly create an odor in the affected home. This issue has received significant attention in the south Florida region over the past few months. Since first receiving complaints, Beazer has been working with professionals retained by the Company and, through them, state agencies to determine the exact nature of the issue. At this point, Beazer is investigating whether problematic drywall is present in homes at Magnolia Lakes.

Beazer stands behind its homes and its homeowners, and customer service remains our top priority. We remain committed to addressing construction-related issues and we pledge to take the steps necessary to properly investigate and if the matter is determined to be Beazer's responsibility, to resolve the problem. If you have any particular concerns with your home, please contact me at (239) 561-5042. At this point, we cannot say with certainty what that resolution will be but we are diligently pursuing the matter and will be in frequent communication.

Sincerely,

Jerry Smith
Builder
Beazer Home Corp. – Florida Division

Beazer Homes
Ft. Myers Division

19601 Cypress View Drive
Ft. Myers, FL 33912

O: 239.561.2400
F: 239.561.2440

www.beazer.com

CHINESE DRYWALL

Does your home have Chinese Drywall? Come to an informative meeting at our home at 13269 Little Gem Circle this Thursday Evening at 7:00pm.

Together we can fight for our homes to be repaired. Homes that Beazer homes deny have Chinese Drywall.

We believe that we have someone who can help you accomplish that. Come and listen to what they can do for you. **There is no obligation and no cost** to listen to our team of Attorneys who will fight for you.

Rsvp : 239-826-7247 –Kathy Ciaffone

U.S. Consumer Product Safety Commission

AUTHORIZATION FOR RELEASE OF NAME

Thank you for assisting us in collecting information on a potential product safety problem. The Consumer Product Safety Commission depends on concerned people to share product safety information with us. We maintain a record of this information, and use it to assist us in identifying and resolving product safety concerns.

We routinely forward this information to manufacturers and private labelers to inform them of the involvement of their product in an accident situation. We also give the information to others requesting information about specific products. Manufacturers need the individual's name so that they can obtain additional information on the product or accident situation.

Would you please indicate on the bottom of this page whether you will allow us to disclose your name? If you request that your name remain confidential, we will of course, honor that request. After you have indicated your preference, please sign your name and date the document on the lines provided.

☐ I request that you do not release my name. My identity is to remain confidential.

☐ You may release my name to the manufacturer but I request that you do not release it to the general public.

☒ You may release my name to the manufacturer and to the public.

(Signature) (Date) 5/11/09

CPSC Form 322

Print Form

090504CBB1665
Exhibit 16

Task No. 090405CBB1665

Date:____5/29/2009_____

STATUS OF MISSING DOCUMENT(S)

The official records were requested for this investigation report but could not be obtained.

1. **Air Quality Test Report**
2. _____
3. _____
4. _____
5. _____

Date: __5/29/2009_____ Investigator No:_8919_____

Regional office: ___CFIE_____ Supervisor No:_9001_____

IDI # 090504CBB1665
Exhibit 17

RESPONDENT LIST:

1. John and Lynn Schiller
   13327 Little Gem Circle
   Fort Myers, FL 33913
   (239) 245-8837

The consumers were initially contacted on 5/5/2009.

IDI # 090504CBB1665
Exhibit 18

CONSUMER CONTACT LIST:

The consumers reported the incidents in April 2009 to:

1. Beazer Homes U.S.A., Inc.
   Local Builder Rep
   Jerry Smith
   19601 Cypress View Dr.
   Fort Myers, FL 33912
   (239) 561-2400

2. Fred S. Campo
   22 Hilltop Ave
   Sayresville/So. Amboy, NJ 08879
   (732) 525-1170

3. Vincent Provato
   Wolf & Provato
   2222 2nd St.
   Fort Myers, FL 33901
   (239) 337-4357

4. Fort Myers Fire Marshal
   4700 Terminal Dr., #4
   Fort Myers, FL 33907
   (239) 278-7525

5. Fox News
   621 S.W. Pine Island
   Cape Coral, FL 33991
   (239) 574-3636

Doc No: I0940378A **Issue: 29** **04/16/2009**

04/14/2009 13:18:21

Name = John & Lynn Schiller
Address = 13327 Little Gem Circle
City = Fort Myers
State = Florida
Zip = 33913
Email = lschiller@leegov.com
Telephone = 239-245-8837
Name of Victim = John Schiller
Victim's Address = 13327 Little Gem Circle
Victim's City = Fort Myers
Victim's State = Florida
Victim's Zip = 33913
Victim's Telephone = 239-321-9230

Incident Description = My husband has been sick since December 2008 off and on since we moved into this home. We are currently renting the home and have been in contact with our landlord from day one. Just recently, on April 10, 2009 my husband was diagnosed as having asthma. He has never showed signs or symptons of this before and now since we moved into this home with Chinese Drywall, he has asthma. I, myself, Lynn have been showing signs of it to. My son, Jesse, has been having migraine headaches since that time as well and never had them before. We have a pet border collie and she has been coughing off and on and never had these symptons.

Victim's age at time of incident = 44
Victim's sex = male
Date of incident = 04/10/2009
Product involved = Chinese Drywall
Product brand name/manufacturer = unable to locate. We are not the owners of this home.
Manufacturer street address =
Place where manufactured (City and State or Country) =
Product model and serial number, manufacture date =
Product damaged, repaired or modified = no
If yes, before or after the incident =
Description of damage, repair or modification = Chinese Drywall
Date product purchased = 2006
Product involved still available = yes
Have you contacted the manufacturer = no
If not, do you plan to contact them = no
Name Release = Do not release name

I0940378A

If you have any changes, additions, or comments you wish to make concerning your attached report, please make them in the space below.

Both myself and my wife (Lynn Schiller) have been diagnosed for Asthma. And now on medication for it.

I confirm that the information in the attached report (including any changes, additions, or comments I have made) is accurate to the best of my knowledge and belief.

Signature: [signature] Date: 4/23/09

Lynn Schiller 4/23/09

☐ I request that you do not release my name.

☐ You may release my name to the manufacturer but I request that you not release it to the general public.

☐ You may release my name to the manufacturer and to the public.

325

1. Task Number	2. Investigator's ID	EPIDEMIOLOGIC INVESTIGATION REPORT
090504CBB1666	2391	

3. Office Code	4. Date of Accident YR MO DAY	5. Date Initiated YR MO DAY
810	2006 12 01	2009 05 04

6. Synopsis of Accident or Complaint UPC

The 30 year old female complainant, her husband, and four children have all experienced numerous health issues involving sinus and respiratory ailments, due to imported drywall from China used in building their home. The complainant has experienced issues with appliances and observed blackening, pitting, and corrosion on metal fixtures in the house. On a consistent basis she has experienced flickering lights, circuit breakers tripping for no apparent reason, arcs or sparks in electrical system, and sizzling or buzzing. She is concerned with the health of her family due to this problem.

CPSA 6(b)(1) CLEARED for PUBLIC
X NO MFRS/PRVTLBLRS OR PRODUCTS IDENTIFIED 7/9/09
— EXCEPTED BY: PETITION RULEMAKING ADMIN. PRCDG
— WITH PORTIONS REMOVED: 325

7. Location (Home, School, etc)	8. City	9. State
1 - HOME	LAKE CITY	FL

10A. First Product	10B. Trade/Brand Name	10C. Model Number
1876 - House Structures, Repair Or	UNKNOWN	UNKNOWN

10D. Manufacturer Name and Address
UNKNOWN

11A. Second Product	11B. Trade/Brand Name	11C. Model Number
4061 - Electric Outlets Or Receptac	UNKNOWN	UNKNOWN

11D. Manufacturer Name and Address
NONE

12. Age of Victim	13. Sex	14. Disposition	15. Injury Diagnosis
30	2 - Female	1 - Injured, not Hosp.	68 - Poisoning

16. Body Part(s) Involved	17. Respondent	18. Type of Investigation	19. Time Spent (Operational / Travel)
85 - ALL OF BODY	1 - Victim/Complainant	1 - On-Site	10 / 2.5

20. Attachment(s)	21. Case Source	22. Sample Collection Number
9 - Multiple Attachments	07 - Consumer Complaint	

23. Permission to Disclose Name (Non NEISS Cases Only)

○ Yes ● No ○ Verbal ○ Yes for Manuf. Only

24. Review Date	25. Reviewed By	26. Regional Office Director
05/21/2009	9093	Dennis R. Blasius

27. Distribution	28. Source Document Number
Rose, Blake; Woodard, Dean	H0940332A

090504CBB1666

This investigation was initiated through the receipt of a Consumer Product Incident Report submitted by a 30 year old female complainant, involving imported drywall used in the construction of her home. Information for this report was gathered by an on-site interview with the complainant in her home.

The complainant, her 30 year old husband, 10 year old and eight year old daughters and six year old and four year old sons have been living in the house for approximately three years. The home was in construction during 2005/2006 and the family moved in September 2007. The home is 3,650 square feet, two-story, constructed with wood studs. The drywall used to build the home was purchased by the complainant at a local retail store. A receipt was provided and included as Exhibit 2. There is carpet on two stair cases and two bedrooms. The stove and fire place use propane gas and all other appliances are electric. After moving into the home the family installed floor trimming in the family room and painted the salon room. Since moving into the home they have not replaced any of the drywall.

The complainant first noticed a problem in the home when the air conditioning unit on the second floor stopped working two weeks prior to moving into the home. The unit was leaking Freon and the evaporator coils were patched. Two months later the same problem occurred with the unit. No one in the family has noticed an unusual odor in the home. The family built the home and developed health issues while in construction that have not allowed them to detect any unusual odor. The complainant reported that guests have mentioned that her home smells chalky. She has noticed that the drywall is beginning to crumble in certain areas of the home. She is not aware if this has caused an increase in the odor.

She has experienced unusual problems with appliances within the last year and a half. She reported that she has had to replace the following: two printers, television speakers, two dvd players, one vcr, one camera, two computers, two portable radios, three alarm clocks, two cell phones, an electronic toy, and an air purifier. All of these items have stopped working unexpectedly. In December 2008, she had to replace a light switch in the kitchen because it started to make a cracking noise when the light was turned on. She has noticed that the light switches in the family and salon rooms are also making the same cracking noise when they are first turned on after being off all night. She has experienced problems with both air conditioning units in the home. The unit on the second floor has had refrigerant added and evaporator coils repaired on two occasions. She was unable to provide service invoices and/or specific dates of service. The unit on the first floor has started leaking recently but has not been repaired. She has not had any technicians in her home to service other components. On a consistent basis she has experienced the following: flickering lights, circuit breakers tripping for no apparent reason, arcs or sparks in electrical system, and sizzling or buzzing. The complainant suffers from sinus and respiratory ailments which affect her ability to discern odors. As such, she was unable to report any unusual odors in the home including the vicinity of receptacles, switches, or light fixtures. She has not noticed light switches or outlets that are warm or hot to the touch. The complainant has noticed blackening, pitting, and corrosion on metal surfaces in the bathroom fixtures and drains, pipes, and air

conditioning evaporator coils. She has looked for corrosion or blackening of the ground wires in several receptacles and has not seen any. However, the problems that she is experiencing with the receptacles give her concerns of a possible fire hazard. She has also noticed blackening of her silverware. She polished the silverware and placed the individual pieces in plastic bags days prior to the on-site visit. During the interview she showed this investigator the silverware that is now blackening again, but only on the areas not covered in plastic. Photographs of the affected areas of the home are included as Exhibit 3. The complainant has noticed a change in the water. The water tastes like sulfur and she has been told that it has a foul odor. The family is not drinking the water and gets water from her mother's house next door and buys ice when needed.

The complainant and her family built the home. As a result they started to experience health issue prior to moving in. During the construction she and her daughters were in the home working on various parts of the house. In December 2006 the three of them developed a persistent cough. Soon after they developed asthma and would constantly wheeze and have difficulty breathing. They also developed sinus infections. The complainant took both girls to the pediatrician and was told that they both had allergies. All three developed the symptoms at the same time and were treated. These health issues have not been alleviated although they received treatment. In September 2008 the complainant's son began experiencing the same symptoms as her daughters. He was prescribed antibiotics and is currently still taking the medication. Her husband has had issues with sinus infections, sinusitis, and frequent nose bleeds. Her four year old son has not experienced any health issues. The complainant reported that these health issues started during the construction of the home. The family's symptoms do not subside while outside of the home during work and school hours. She is unsure if the symptoms would eventually go away if they stayed out of the home for a longer period of time. The three oldest children are currently being treated by a pediatrician. They have all been referred to a specialist at some point. The complainant did not have any medical documentation at the time of the interview. The family does not own any indoor pets.

She has contacted the retail company that the drywall was purchased from to determine the manufacturer. She reported that the company was unable to give her that information. She has looked in the attic of the home and found three pieces of drywall that are labeled "Palatka Florida". She has not seen any other labeling. She has not had experts and/or professionals in her home. She has contacted the Environmental Protection Agency to report her problem and was directed to CPSC. She has also reported her problem to the Florida Department of Health, the local Red Cross and FEMA. FEMA informed her that without a "disaster order" they could not provide her with any assistance. She plans to stay in the home until she is ordered out due to health issues. She added that this home is where she planned on growing old and never had plans of leaving. The complainant would like to be contacted in the event that the Commission would like to obtain samples from her home.

Product Description

The product involved is imported drywall from China. During the on-site interview this investigator did not see any visible labeling on the drywall and did not have access to the

attic for identification. The complainant reported that three pieces of drywall in the attic are labeled "Palatka Florida." No additional identifying information is available.

Exhibits

Exhibit 1 Contact Information

Exhibit 2 Drywall Receipt

Exhibit 3 Photographs (25)

Exhibit 4 Authorization for Release of Name

Contact Information

(b)(3):CPSA Section 25(c)

May 4, 2009

Consumer Contacted Retail Store

84 Lumber Company
1824 W US Hwy 90
Lake City, FL 32055
Tel. 386-752-7184

OFFICE COPY

HOURS: 7AM 6PM MON-FRI
8 AM-3PM SAT

<< DUPLICATE COPY / REPRINT >>

ASSOCIATE: J W / ROBBIE 12/22/06 14:53 1314-841806

	P.O.S.#	QTY	DESCRIPTION	PRICE	EXTENDED
			** DELIVERED		
	41200	225	1/2X4X12 DRYWALL	15.67	3,503.25
	53200	95	1/2X4X12 CEILING DRYWALL	16.51	1,568.45
	6967400	40	JOINT COMPOUND 50LB	8.36	334.40
	45500	15	DRYWALL TAPE 500'	5.49	82.35
	835133	2	1-1/4 COARSE DRYWALL CTN	38.95	77.90
N	37000	1	LABOR DRYWALL	0.00	NO CHARGE

CODE 5919131400-000-000
JOB: NEW HOME
ANGELA NEITZKE
OAKWOOD
LAKE CITY, FL 32055
(386) 755-0841

	SUBTOTAL	5,566.35
TC PLS 671	TAX	389.65
	TOTAL	$5,956.00
C.O.D.	5,956.00	

Customer Signature: _____ Name (Print): _____

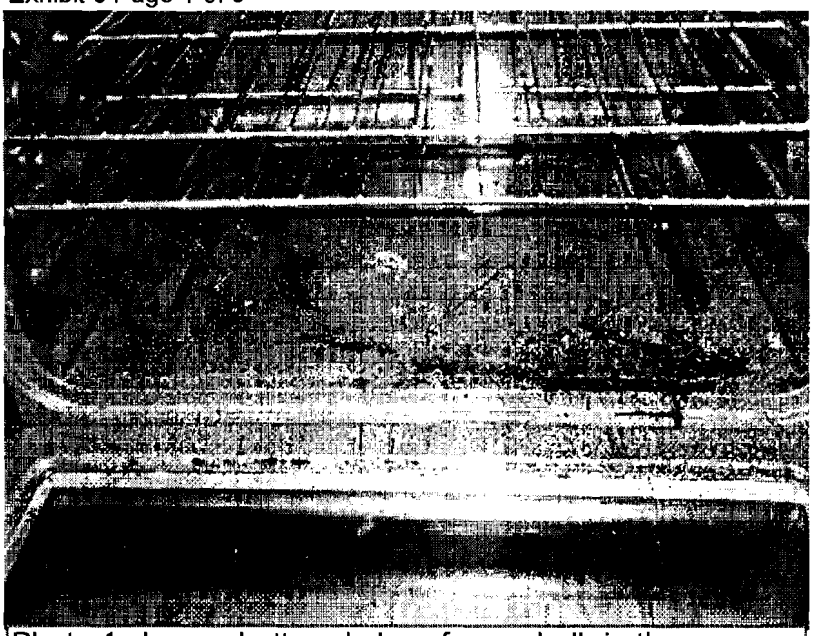


Photo 1 shows shattered glass from a bulb in the oven.

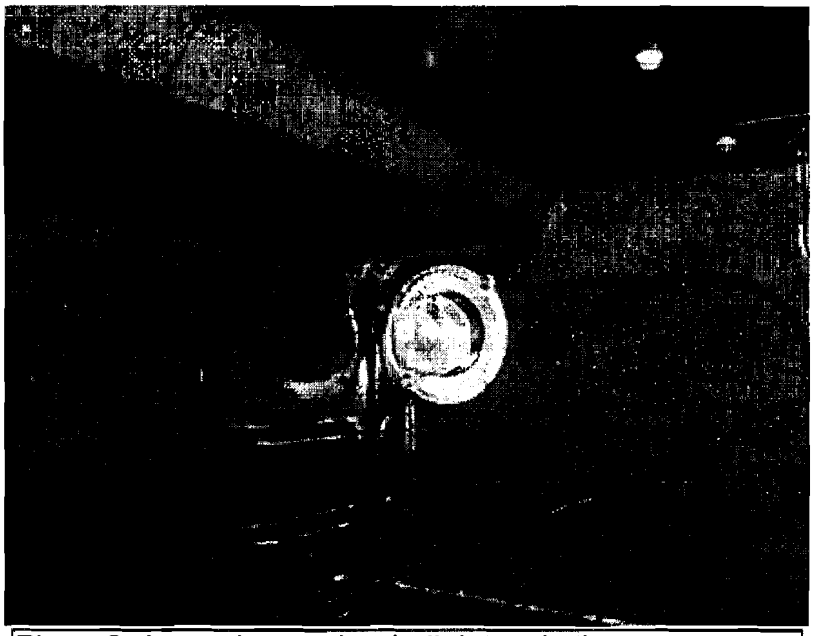


Photo 2 shows the another bulb intact in the oven.

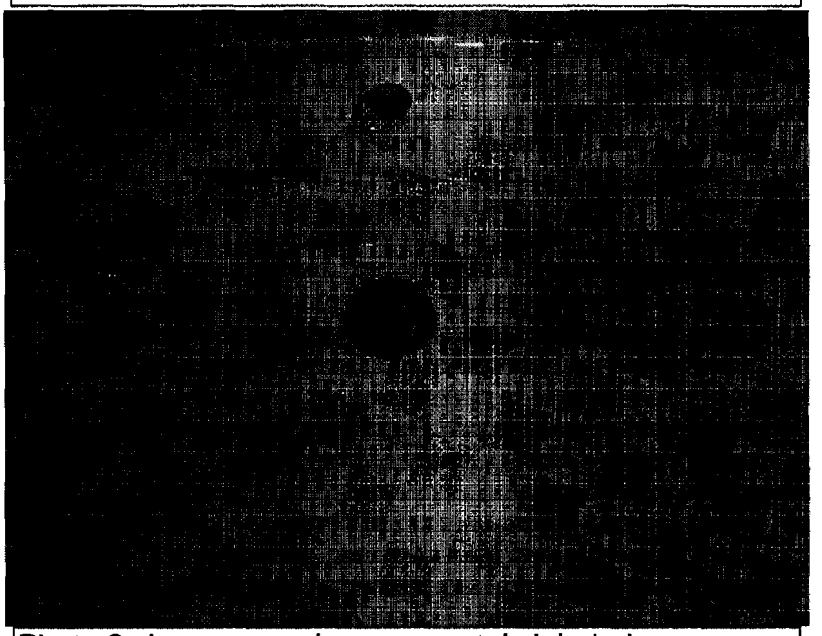


Photo 3 shows corrosion on a metal sink drain.

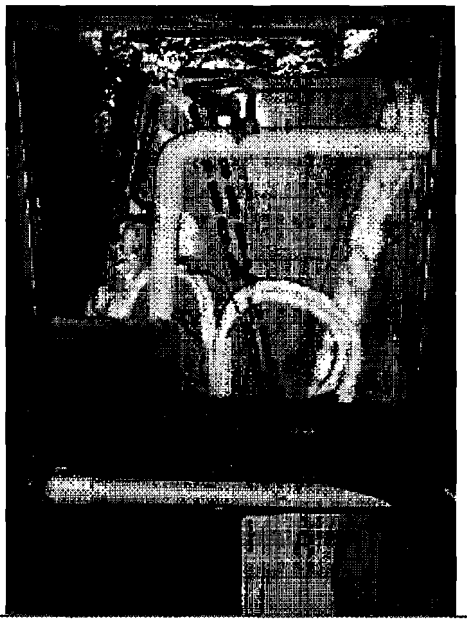


Photo 4 show the a/c unit on the first second floor.

Photo 5 shows the copper coils in the unit.

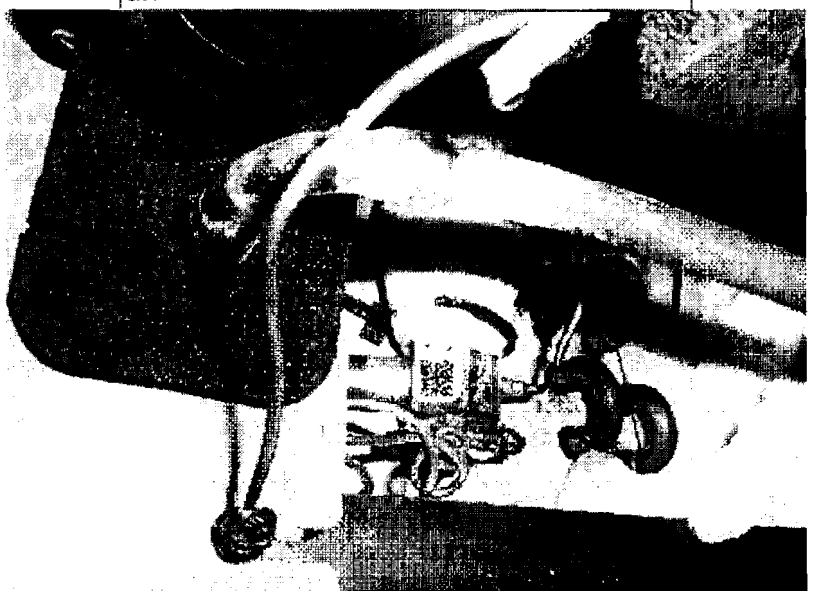


Photo 6 shows corrosion of the copper pipes in the a/c unit.

Photo 7 shows a section of drywall burned by the a/c component.

Photo 8 shows corrosion on a copper pipe in the a/c unit.

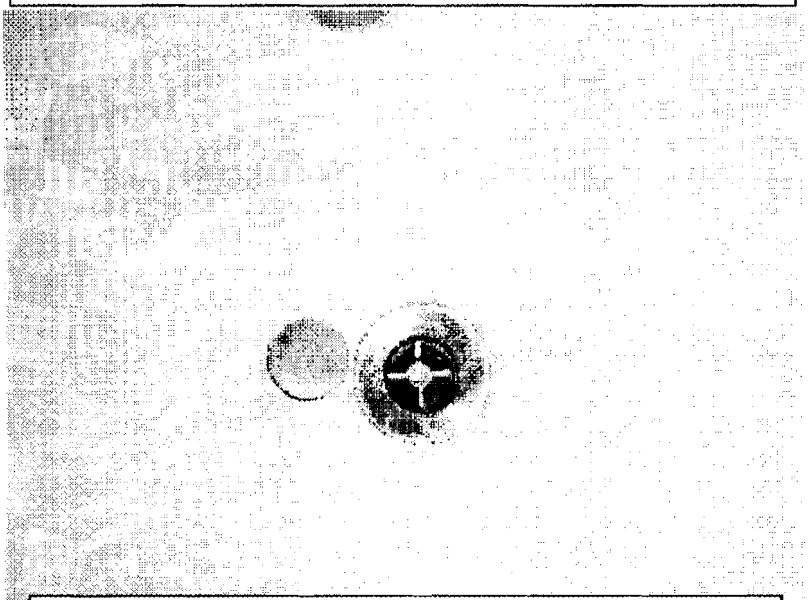


Photo 9 shows some pitting and fading of a metal sink drain

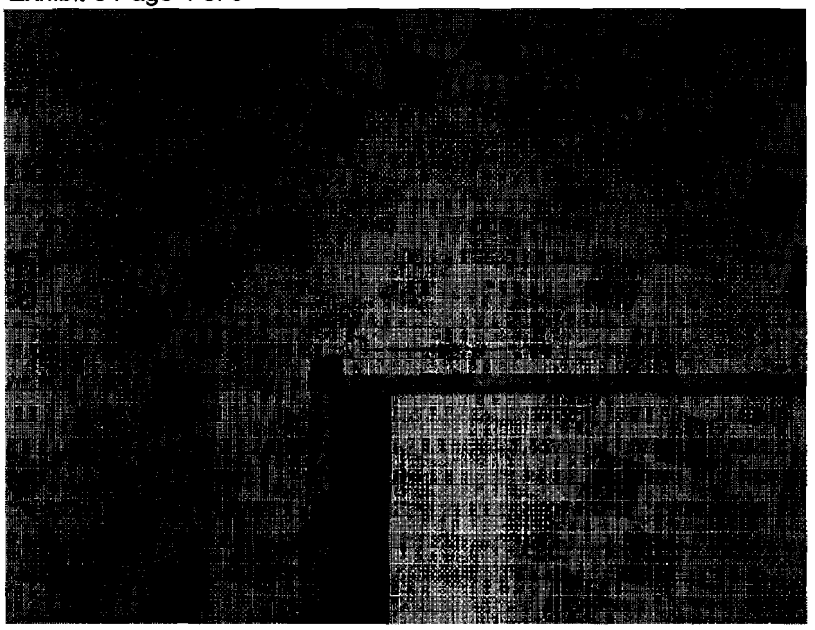


Photo 10 shows drywall falling apart near a door frame.

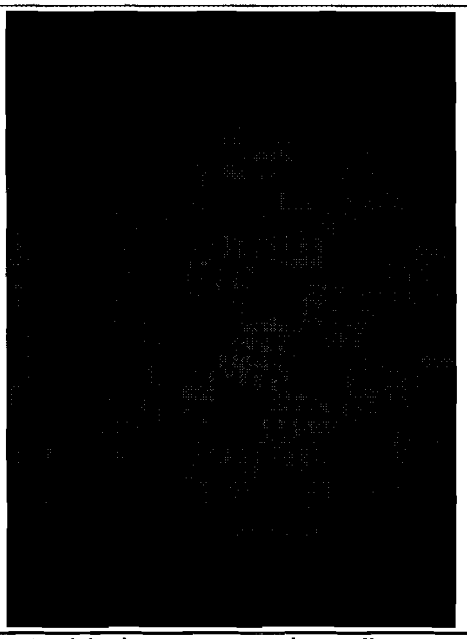


Photo 11 shows more drywall crumbling near a door frame.

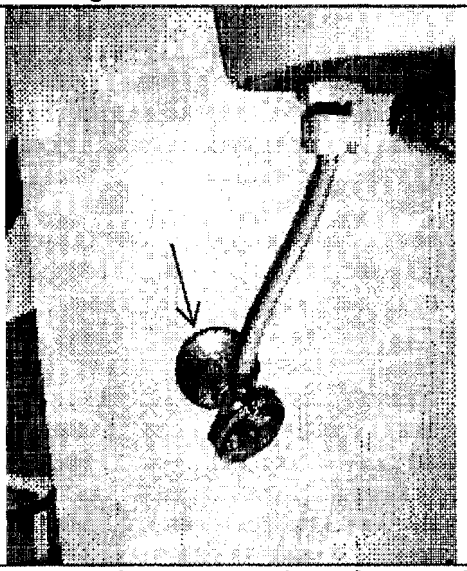


Photo 12 shows corrosion of a metal valve fixture.

Photo 13 shows blackening on silver tea pots.

Photo 14 shows another piece of drywall crumbling by the staircase.

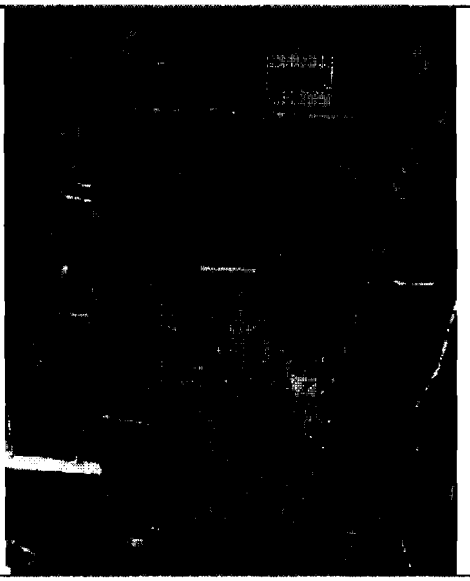


Photo 15 shows the a/c unit on the first floor.

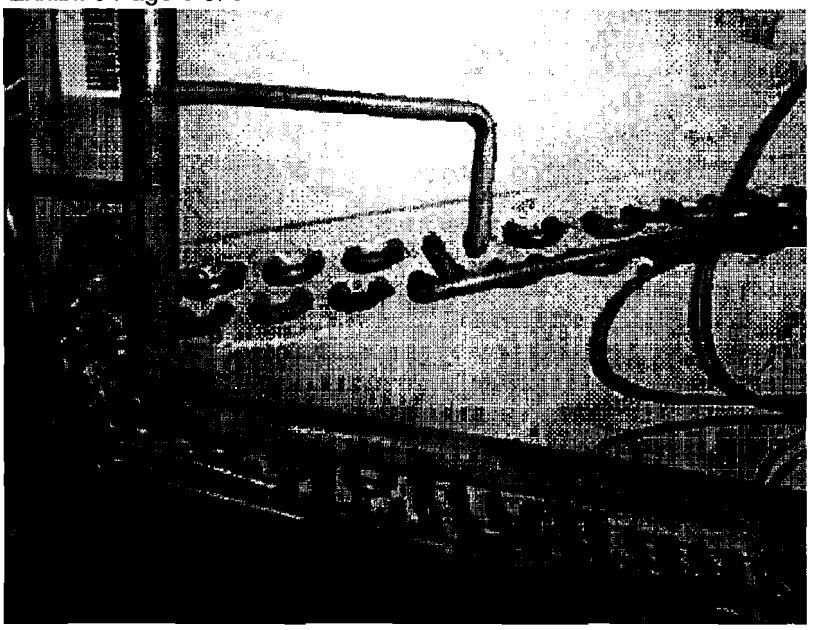


Photo 16 shows corrosion on the copper a/c coils.

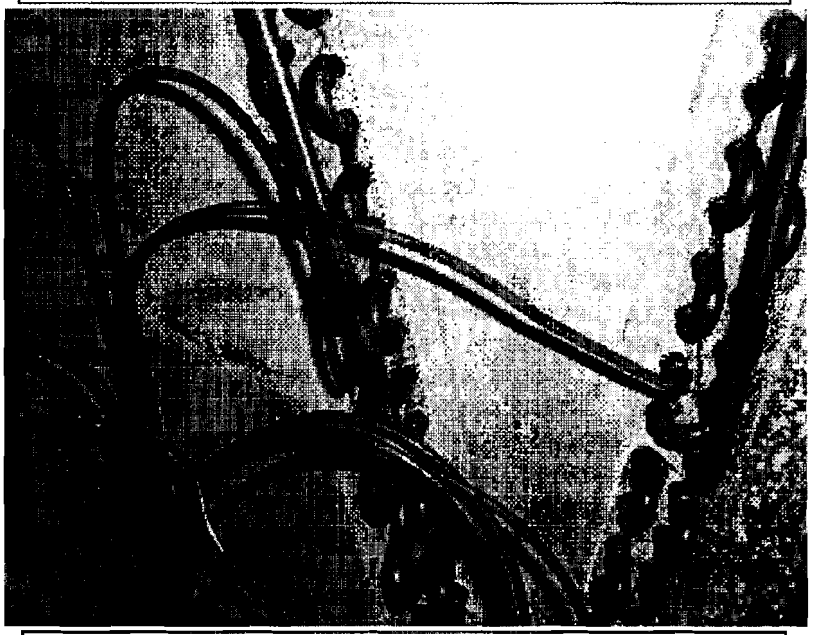


Photo 17 shows another view of the evaporator coils.

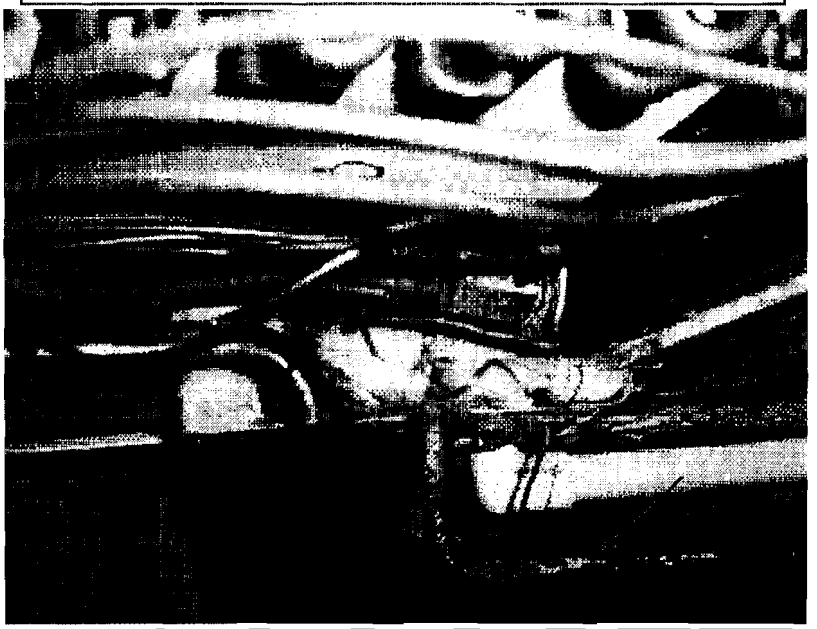


Photo 18 shows corrosion on the copper pipe.

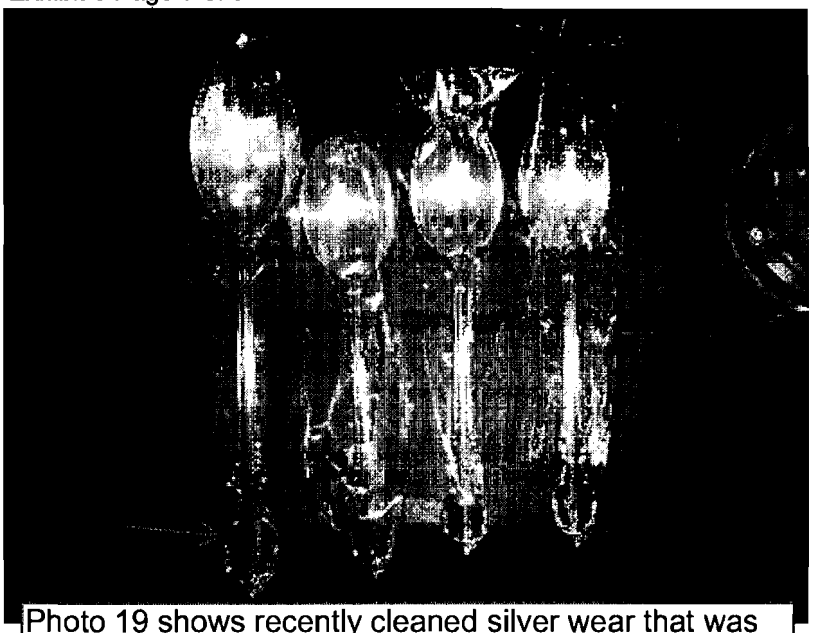


Photo 19 shows recently cleaned silver wear that was blackening.

Photo 20 shows blackening on the areas not covered in plastic.

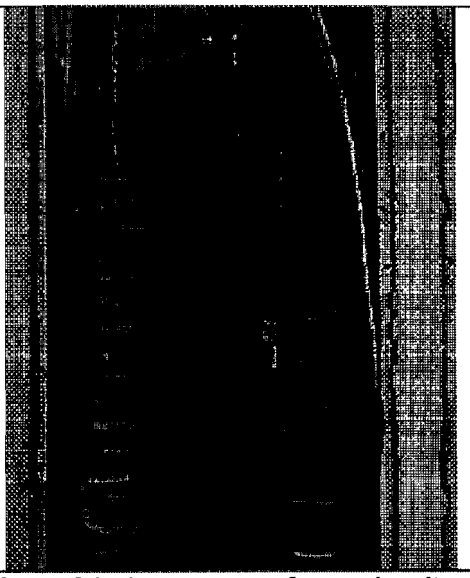


Photo 21 shows one of two circuit breaker panels.

Photo 22 shows the second breaker panel.

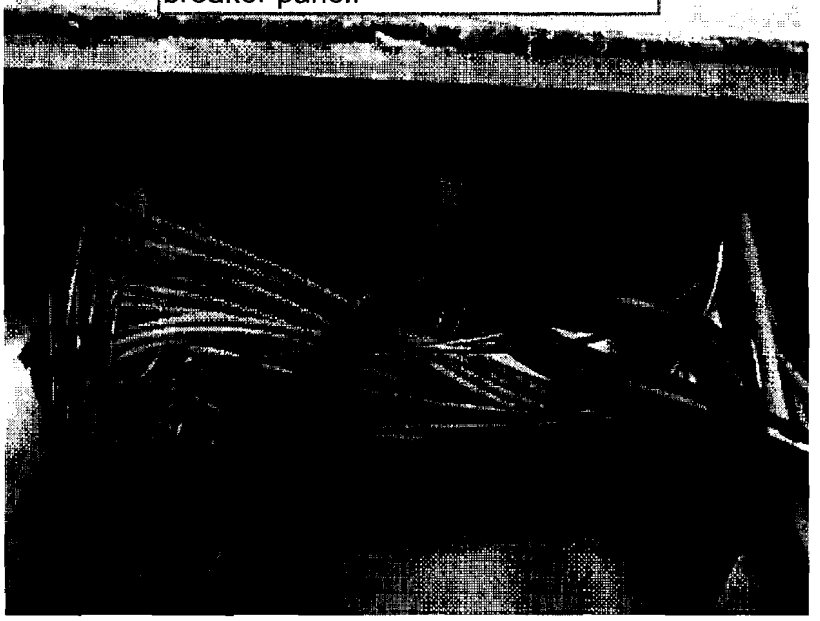


Photo 23 shows copper wiring in the breaker panel.

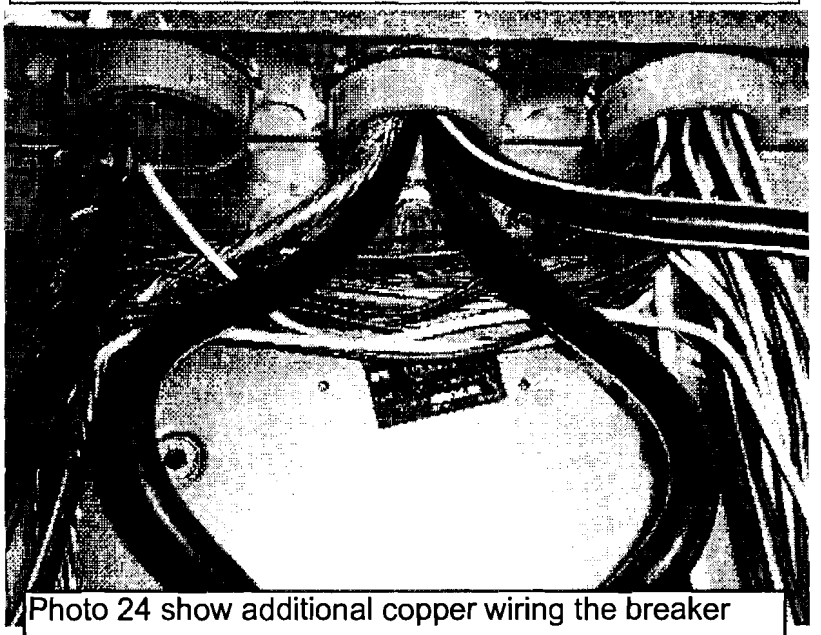


Photo 24 show additional copper wiring the breaker panel.

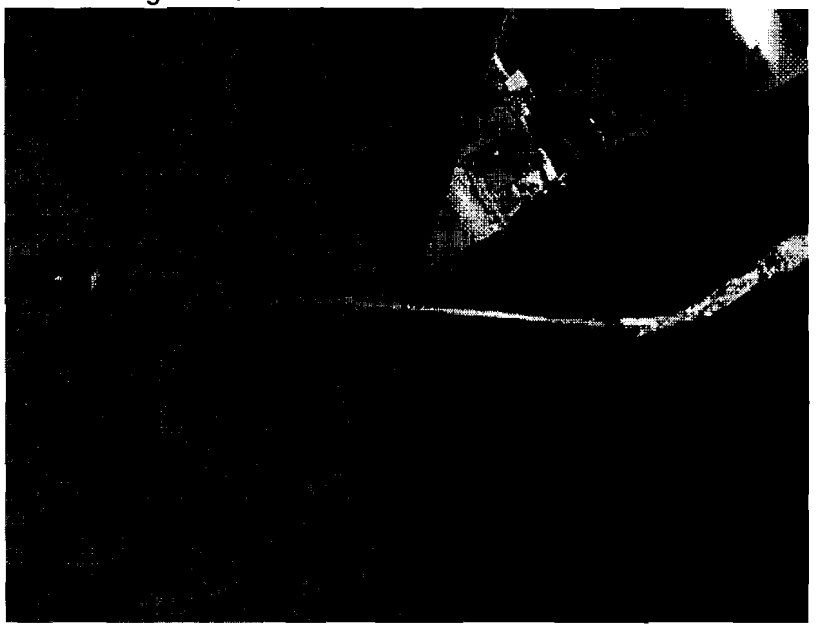


Photo 25 shows corrosion on a power spray nozzel.

U.S. Consumer Product Safety Commission

AUTHORIZATION FOR RELEASE OF NAME

Thank you for assisting us in collecting information on a potential product safety problem. The Consumer Product Safety Commission depends on concerned people to share product safety information with us. We maintain a record of this information, and use it to assist us in identifying and resolving product safety concerns.

We routinely forward this information to manufacturers and private labelers to inform them of the involvement of their product in an accident situation. We also give the information to others requesting information about specific products. Manufacturers need the individual's name so that they can obtain additional information on the product or accident situation.

Would you please indicate on the bottom of this page whether you will allow us to disclose your name? If you request that your name remain confidential, we will of course, honor that request. After you have indicated your preference, please sign your name and date the document on the lines provided.

- [x] I request that you do not release my name. My identity is to remain confidential.
- [ ] You may release my name to the manufacturer but I request that you do not release it to the general public.
- [ ] You may release my name to the manufacturer and to the public.

(b)(3):CPSA Section 25(c)

5-15-09
(Date)

CPSC Form 322

CONSUMER PRODUCT INCIDENT REPORT

Region: EASTERN

1. (b)(3):CPSA Section 25(c)	2. PHONE NO. (HOME) (b)(3):CPSA Section 25(c)	(WORK) unknown	
3.	4. CITY Lake City	ST FL	ZIPCODE 32024
4a. EMAIL ADDRESS	4b. INCIDENT CITY Lake City	ST FL	ZIPCODE 32024

5. DESCRIBE INCIDENT OR HAZARD, INCLUDING DATA ON INJURIES

The consumer was experiencing difficulty breathing while attempting to file this report.
- cont -

6. DATE OF INCIDENT(S) 10/15/2007	7. IF INJURY OR NEAR MISS, OBTAIN AGE/SEX 30 Y/F AND DESCRIBE INJURY sinus infections, respiratory problems	8. IF VICTIM DIFFERENT FROM RESPONDENT, PROVIDE NAME self RELATIONSHIP self
9. DESCRIPTION OF PRODUCT Chinese drywall		10. BRAND NAME unknown

11. MFR/DISTRIBUTOR NAME, ADDR. & PHONE
Made in China
unknown
unknown
unknown
unknown

ISSUE 31

05/01/2009

12. MODEL, SERIAL #'s, DATE OF MFR
unknown

13. DEALER'S NAME, ADDRESS & PHONE
84 Lumber
unknown
Lake City, FL
unavailable`

14. WAS THE PRODUCT DAMAGED, REPAIRED OR MODIFIED? YES
IF YES, BEFORE OR AFTER THE INCIDENT? AFTER
DESCRIBE:
See Narrative.

15. PRODUCT PURCHASED NEW
DATE PURCHASED 04/15/2006 **AGE** 3 Y

16. DOES PRODUCT HAVE WARNING LABELS? IF SO, NOTE:
None pertaining to the problem.

17. HAVE YOU CONTACTED THE MANUFACTURER? NO IF NOT, DO YOU PLAN TO CONTACT THEM? not sure	18. IS THE PRODUCT STILL AVAILABLE? YES IF NOT, ITS DISPOSITION	19. MAY WE USE YOUR NAME WITH THIS REPORT? NO

FOR ADMINISTRATION USE

20. DATE RECEIVED 04/30/2009	21. RECEIVED BY (NAME & OFFICE) mlj/HL	22. DOCUMENT NO. H0940332A
23. FOLLOW-UP ACTION		24. PRODUCT CODE(S) 1876
25. DISTRIBUTION	26. ENDORSER'S NAME & TITLE mlj 04/30/2009	

Narrative Continued

While the consumers were building the house themselves, her girls (8-1/2 yr) & (6-1/2 yr) got colds. Two weeks later, the consumer got a cold. Her girls would come and help with the building of the house. The consumer noted that she had never had a cold as an adult.

What they thought was a cold settled into their lungs and never went away. The consumer took her daughters to a specialist and they received treatment, but could never cure the problem. The girls were diagnosed with asthma, but the doctor thought it was allergy induced asthma. Scratched tests were performed on the girls and the older daughter was tested for 60+ items and the younger daughter was tested for 45 items, but both tests came back negative. That's when the doctor said that this was some type of allergy induced asthma, but the doctor did not know why or what caused it. None of the treatments worked and the girls could not be cured. They received antibiotics for sinus infections and they would work for a little while, but their symptoms would come right back.

(4/29/09) Both girls had scratch tests and they came back negative. The girls have also had x-rays and they came back crystal clear.

The consumer had numerous sinus infections and on 2 accounts, she quit breathing and had to be rushed to the hospital and received steroids.

The consumer's 6 year old son developed a sinus infection in 2008. His infection keeps backing up into his ears and he has ear infections that have been occurring since September 2008. He will get treatment and the problem will start all over again.

The husband's symptoms developed in 2/2009 and now he has the same problems as everyone in the home. He keeps going to the doctor and receiving treatment, but the problem will not go away.

The middle daughter is currently repeating 2nd grade. The consumer noted that this daughter was reading on a 2nd grade level in Kindergarten. This daughter's doctor said that she is probably not getting enough rest, because she up all night getting breathing treatments and going to the bathroom.

They have experienced problems with all of the copper in their home. The part that goes into the A/C keeps corroding, developing holes and all the Freon leaks out. They have a repair tech. come out every 6 months, he charges the system and the exact same thing happens again.

They have had a couple outlets and light switches that start crackling and about a week later, they quit working. When they are removed they are filled with smoke and blackened inside. Their house smells like sulphur and their water taste and smells like sulphur and fumes. The consumer noted that they have a double filter on the water system in their home, but that does not address the problem.

The consumer said that she has contact FEMA requesting paperwork that might assist them with living somewhere else, but they need documentation from another agency or an authority before they can assist with relocating. The consumer can not move with anyone, because it's too many of them.

NOTE: The consumer and her family have to sleep in tents in their backyard to get out of the house sometime, but this not safe for them.

They have not been on a vacation since moving into the home, but the consumer said that if they go out with their kids on a field trip, they will feel fine that day.

Distributor Phone #:

CONSUMER PRODUCT INCIDENT REPORT

Region: EASTERN

CPSC Source: FED

H0940332A

If you have any changes, additions, or comments you wish to make concerning your attached report, please make them in the space below.

I confirm that the information in the attached report (including any changes, additions, or comments I have made) is accurate to the best of my knowledge and belief.

(b)(3):CPSA Section 25(c)

S

5-16-09

Date

X I request that you do not release my name.

☐ You may release my name to the manufacturer but I request that you not release it to the general public.

☐ You may release my name to the manufacturer and to the public.

3 25C
Rayon

1. Task Number		2. Investigator's ID	EPIDEMIOLOGIC INVESTIGATION REPORT
090504CBB1672		9102	
3. Office Code	4. Date of Accident YR MO DAY	5. Date Initiated YR MO DAY	
810	2009 04 12	2009 05 04	

6. Synopsis of Accident or Complaint UPC

The family of 4 had been experiencing health effects they believe are caused by Chinese drywall including mainly respiratory and skin itching problems. The had experienced some electrical problems, appliance failure and light fixture problems. Their A/C had not been replaced but showed a great deal of rust/corrosion when examined.

CPSC 4(a)(1) CLEARED for PUBLIC
NO MFRS/PRVTLBLRS OR PRODUCTS IDENTIFIED
EXCEPTED BY PETITION RULEMAKING ADMIN. PRCDG
WITH PORTIONS REMOVED
7/17/09
5 25C NOT Rayon

7. Location (Home, School, etc)	8. City	9. State
1 - HOME	HOMESTEAD	FL

10A. First Product	10B. Trade/Brand Name	10C. Model Number
1876 - House Structures, Repair Or	CHINESE DRYWALL	UNKNOWN

10D. Manufacturer Name and Address
UNKNOWN

11A. Second Product	11B. Trade/Brand Name	11C. Model Number
381 - Air Conditioners	NONE	NONE

11D. Manufacturer Name and Address
NONE

12. Age of Victim	13. Sex	14. Disposition	15. Injury Diagnosis
31	1 - Male	1 - Injured, not Hosp.	68 - Poisoning
16. Body Part(s) Involved	**17. Respondent**	**18. Type of Investigation**	**19. Time Spent (Operational / Travel)**
85 - ALL OF BODY	1 - Victim/Complainant	1 - On-Site	11 / 3

20. Attachment(s)	21. Case Source	22. Sample Collection Number
9 - Multiple Attachments	07 - Consumer Complaint	

23. Permission to Disclose Name (Non NEISS Cases Only)

○ Yes ○ No ○ Verbal ● Yes for Manuf. Only

24. Review Date	25. Reviewed By	26. Regional Office Director
06/02/2009	9001	Dennis R. Blasius

27. Distribution	28. Source Document Number
Blasius, Dennis; Woodard, Dean; Rose, Blake	I0940291A

This investigation was initiated by a complaint received by the U.S. Consumer Product Safety Commission.

The information contained in this investigation was supplied by the following sources:

1. An onsite interview with the male owner of the home on 5-08-2009.

Family Members:

Husband – 31 year old male
Wife – 23 year old female
Son – 8 year old male
Son –4 year old female

This incident involves health issues and copper and metal corrosion at the non-seasonal home of the victims over an extended period of time as will be detailed later in this report which the owners believe were caused by contaminated Chinese drywall used in the construction of their home. The home was 3 bedrooms, 2.5 bathrooms new construction, 1100 square foot townhome in Homestead, FL. The owner contacted the CPSC on 4-12-2009 and is the incident date.

Photograph of the front of the home taken on 5-08-2009.

The family moved into their home in November of 2005 and began experiencing health issues after about 12 months of living in the home and electrical problems after about 6 months.

The family had been in good health and was not having the following symptoms until after moving into the home. The husband and wife were experiencing itchy skin, watery eyes and sneezing attacks. They both had difficulty sleeping at night because of waking up due to scratching from all over body skin irritation. The husband indicated that his symptoms would go away after being away from the home for 30 to 45 minutes.

His 8 year old son was only at the home on weekends and his normal allergies were more severe when at the father's home than at the mother's home. The daughter was having periodic breathing problems and congestion. The physician could not find any problems/diagnoses with the daughter to justify the symptoms. On two occasions she had to be placed on a nebulizer for two weeks and on another occasion for one month during unspecified periods in 2007 and 2008.

The father went to his physician for his allergies. He took an unspecified medication for one month but the product was expensive and did not seem to help with the symptoms and so it was discontinued.

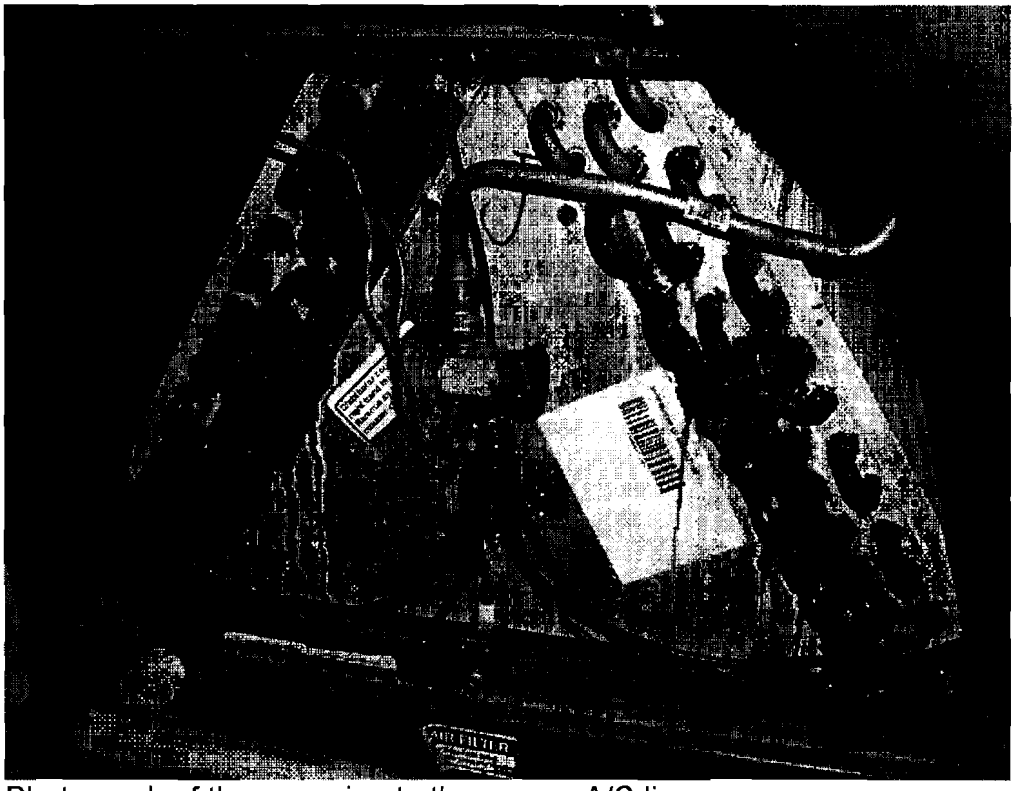
The symptoms that the husband and wife were experiencing would go away after being away from the home for 30 to 45 minutes. He was uncertain about the children's symptoms and how fast they would dissipate.

The family has a hamster and a small dog. No known ill health affects had been noticed in the animals.

The owners rented the home for 7 months and then purchased the home (May 2006) from an employee with the builder. The project was called Villas at Carmel which included 315 units. The father was a board member for the community and he knew that other homes in the development were having problems with corrosion and health issues.

The home was an all electric, cinder block and stucco construction and he indicated it had wood and metal studs. The complainant painted some of the walls with paint provided by the builder which was the same as that used on the exterior of the home and was a *Sherwood Williams* product. The complainant removed the stairway and bedroom carpeting and replaced it with Pergo laminate floors. No drywall had been replaced or renovated.

The complainant had not had any problems with his Air Conditioner up to the date of this investigation. However when the access panel to the evaporator copper coils was opened by this investigator, he was shocked to see a great deal of copper corrosion on the lines around the aluminum A-frame to the evaporator.



Photograph of the corrosion to the copper A/C lines.

The father indicated that their new dishwasher broke after about one year in the home. It would make sounds but would not run. The dishwasher had not been fixed and he did not know the cause of the failure.

One outlet in the kitchen works occasionally. The family would normally use a blender, toaster, can opener or sandwich maker and some of the time the outlet would not work. The owner would sometimes press the reset switch on a GFI outlet located about 16 inches away. He did not realize that the two outlets were interconnected. This investigator showed the complainant that the two outlets were linked together and when the GFI outlet was turned off, both outlets would cease to function. He stated that it was annoying that the outlet and GFI outlet would trip approximately two to three times per week. The GFI Outlet could not be specifically identified. The non GFI outlet was removed out of the wall and examined. It had minimal blackening of the wiring to the outlet. He indicated other outlets in the home had problems but he could not be specific.

The husband indicated that the upstairs restroom shower drain and bathroom area has the most noticeable and strongest area of the home with an odd sulphur/rotten egg smell that comes and goes periodically. The unusual odor was first noticed after living in the home for approximately 6 months. The frequency of the odor is irregular but seems to be more noticeable at night. This

investigator did not notice an unusual odor in the home at the time of this inspection.

The husband indicated that a light fixture in the living room and in the dining room would not work properly and was fixed in any unknown manner by the maintenance staff for the condominiums within the first year that they were in the home. The living room light continues to burn out light bulbs frequently. The master bedroom fan light dims and sometimes does not work. The washing machine stopped working and some unknown electrical part was replaced by the repair technician. He could not remember the date and did not have a copy of the repair ticket. The refrigerator ice maker quit working but appeared to be a plumbing problem and had been fixed by the maintenance staff. He did not have a copy of the repair ticket.

The home had some pitting and corrosion on chrome bathroom fixtures. There was also mild darkening of copper water supply lines. The owners had not had any problems with their smoke detector and he was not certain if the flickering lights were an electrical or safety concern. The homeowner indicated he would obtain information about the drywall subcontractor and drywall supplier but it had not been received by the time this report was due. If the information is received it will be added as an addendum to this report. The homeowner indicated his permission to release his name with copies of this report only to the manufacturer. No medical records were provided.

The owner did not know that his home had Chinese drywall until he had saw a news article on television about the symptoms and electrical problems some homeowners were experiencing. Further attempts to obtain information about the complainants contact with the builder/developer were not returned. The complainant only had limited information on the builder which is included in the exhibits. Information on the builder from the Internet is included in the exhibits.

Product Information:

Product: Possible Chinese Drywall
Manufacturer: Unknown

Builder:
Lennar Homes
Lennar Homes Inc (Lennar)
730 NW 107th Ave Ste 400, Miami, FL 33172-3104
Contact Phone: (305) 559-4000
URL (web address): www.interinvestments.com
Also know as:
Interinvestments Realty - Headquarters
730 NW 107th Ave. Suite 120

Miami, FL 33172
Tel. 305-220-1101
Fax 305-220-1195
Toll Free 1-888-213-4450
sales@interinvestments.com

Drywall Subcontractor:
Unknown

Drywall Supplier:
Unknown

Attachments:

Exhibit #1	Contacts
Exhibit #2	Release of name form
Exhibit #3	Photographs of the home (19)
Exhibit #4	Documents regarding the builder
Exhibit #5	Internet information on the builder

Contacts:

On-site investigation 5-08-2009

(b)(3):CPSA Section 25(c)

Homestead, FL 33033

(b)(3):CPSA Section 25 (c)

U.S. Consumer Product Safety Commission

AUTHORIZATION FOR RELEASE OF NAME

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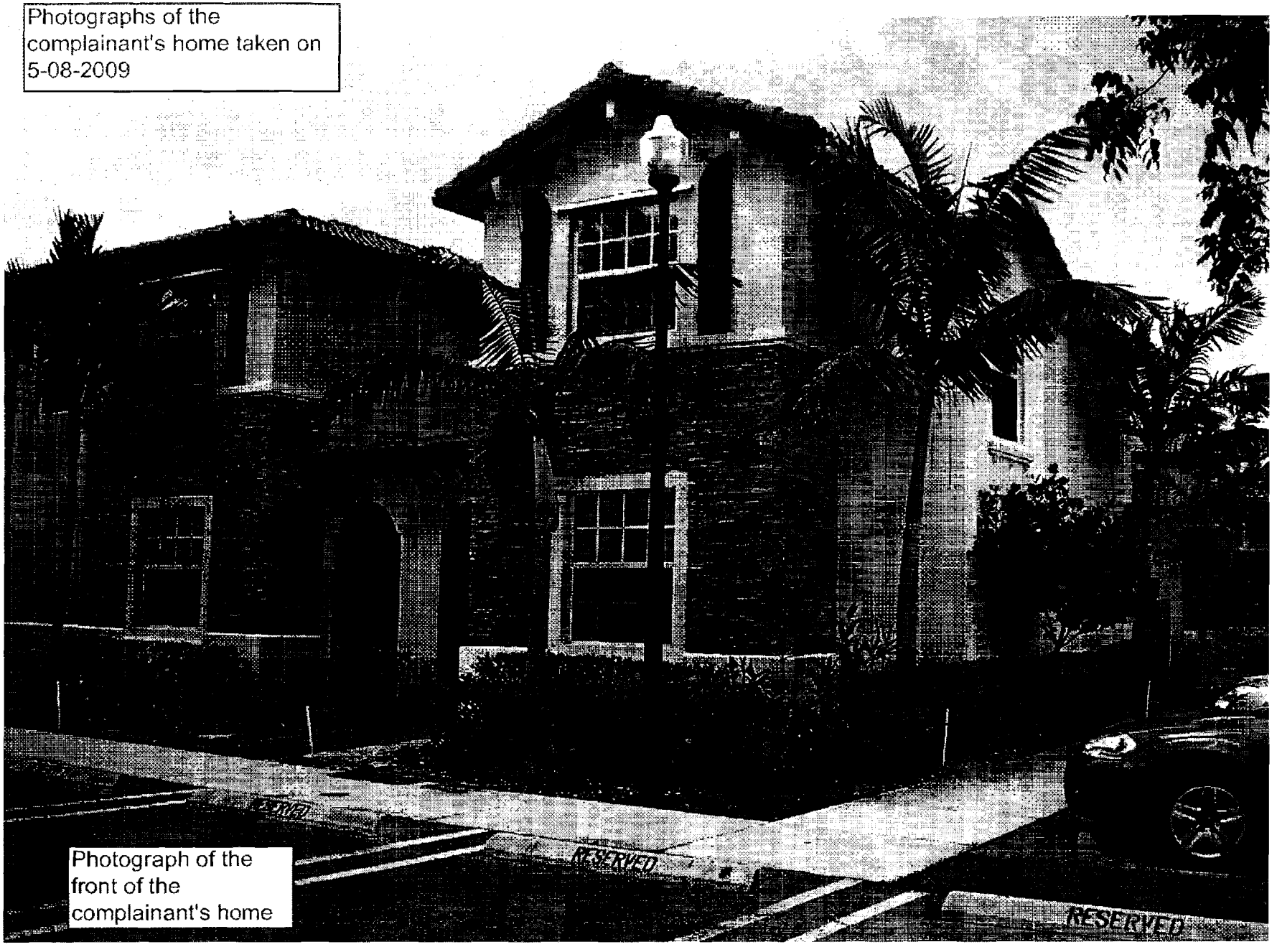
☐ You may release my name to the manufacturer and to the public.

(b)(3):CPSA Section 25(c)

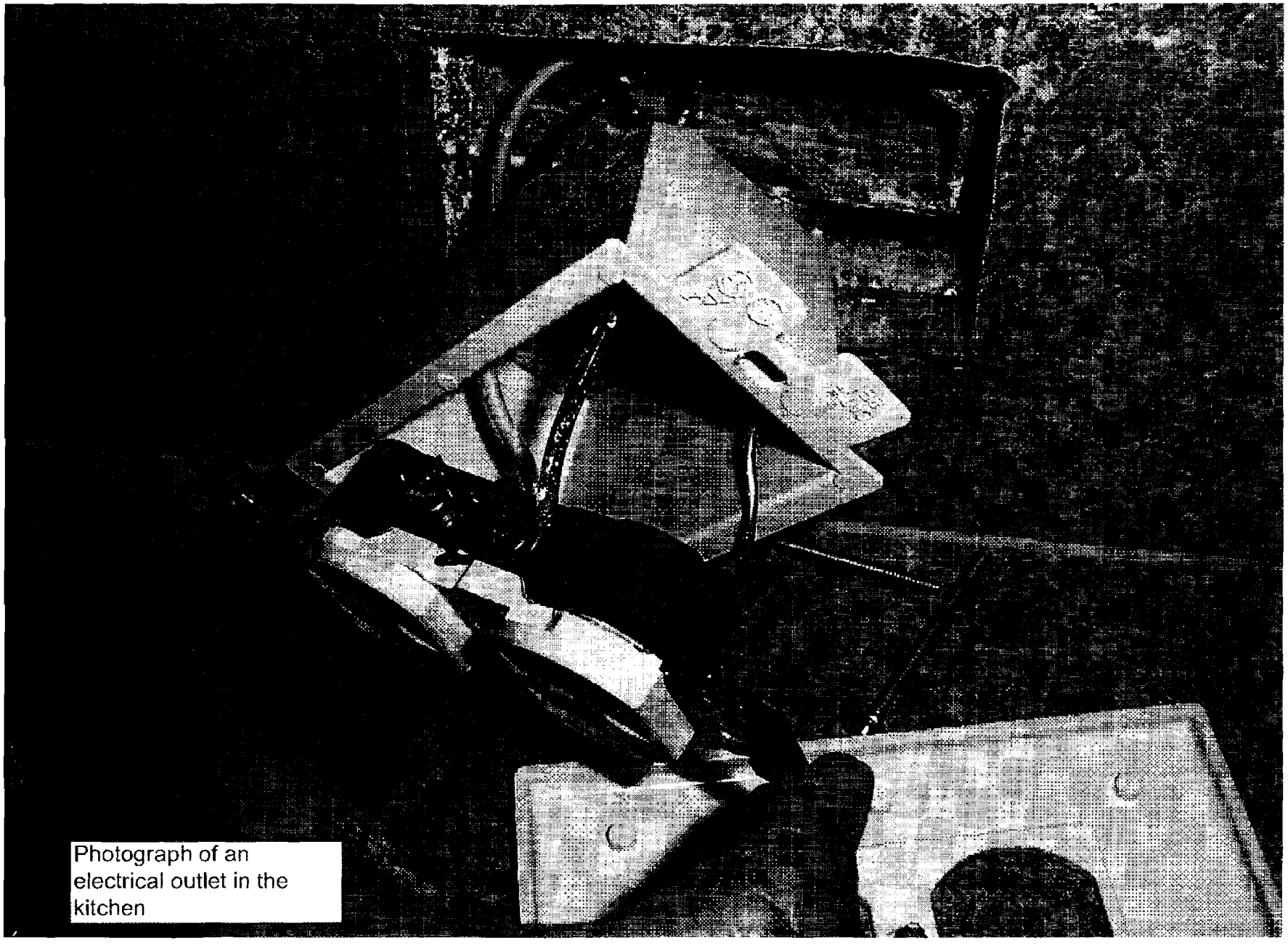
5/8/2009
(Date)

CPSC Form 322

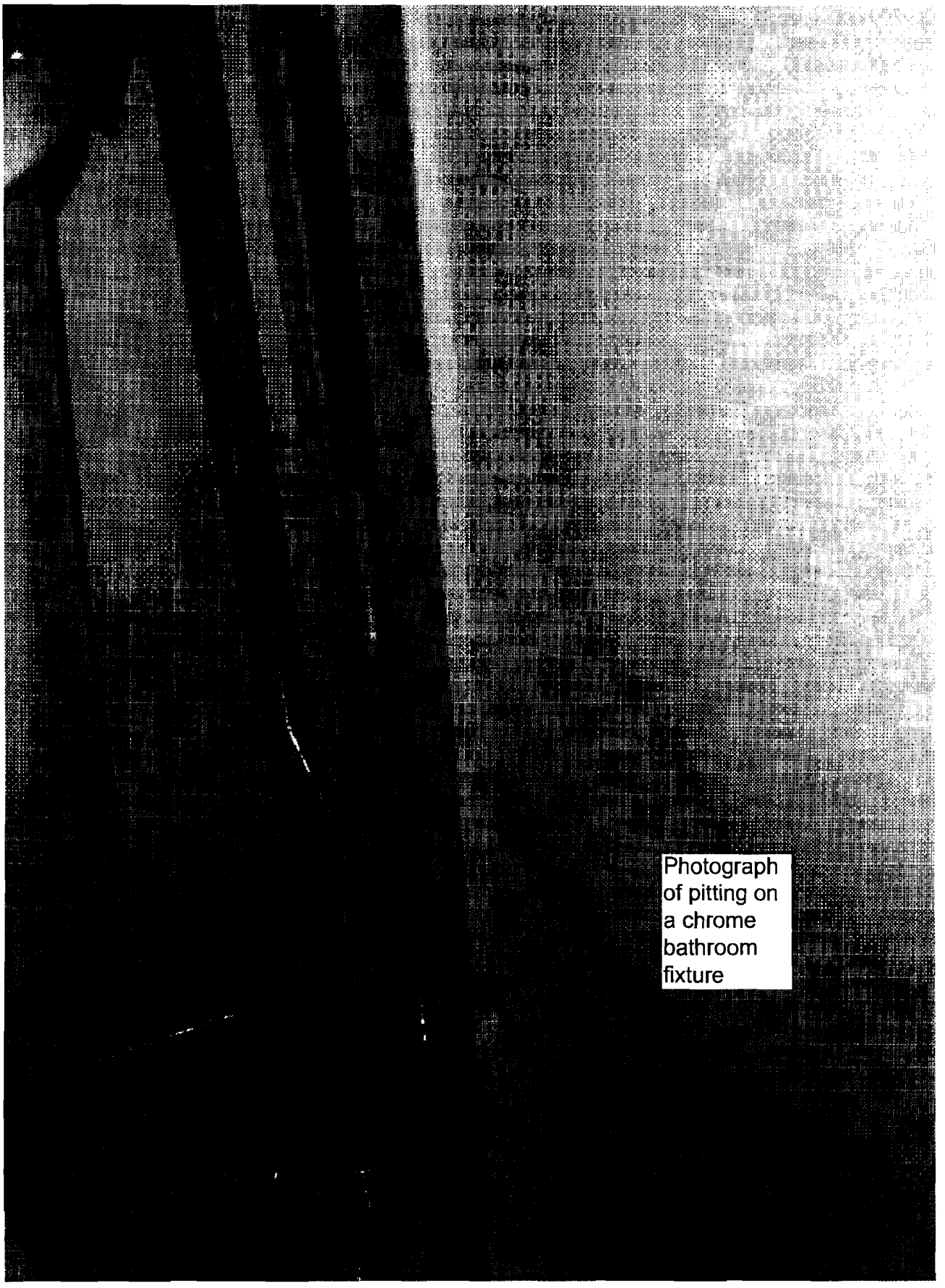
Photographs of the complainant's home taken on 5-08-2009



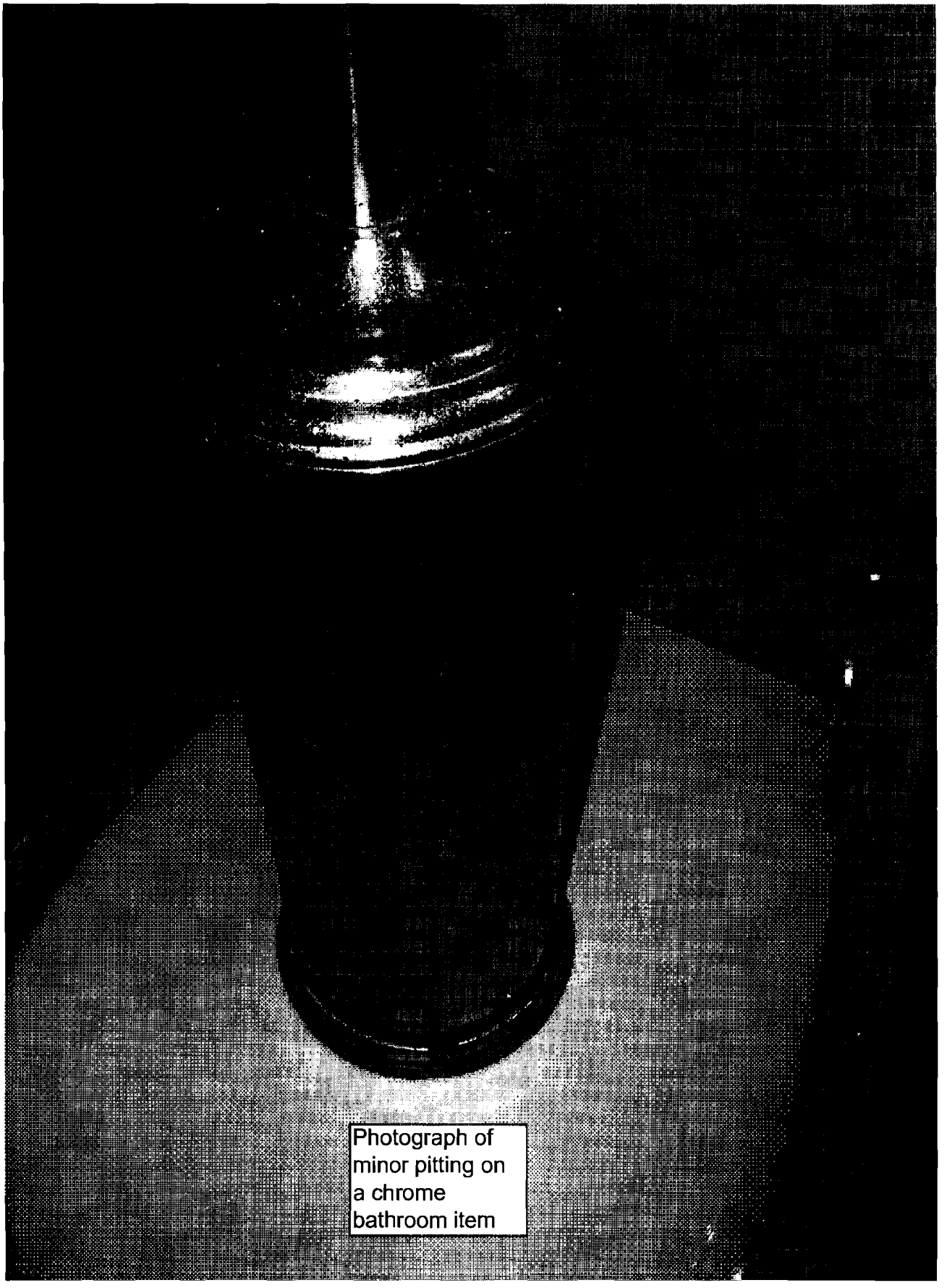
Photograph of the front of the complainant's home



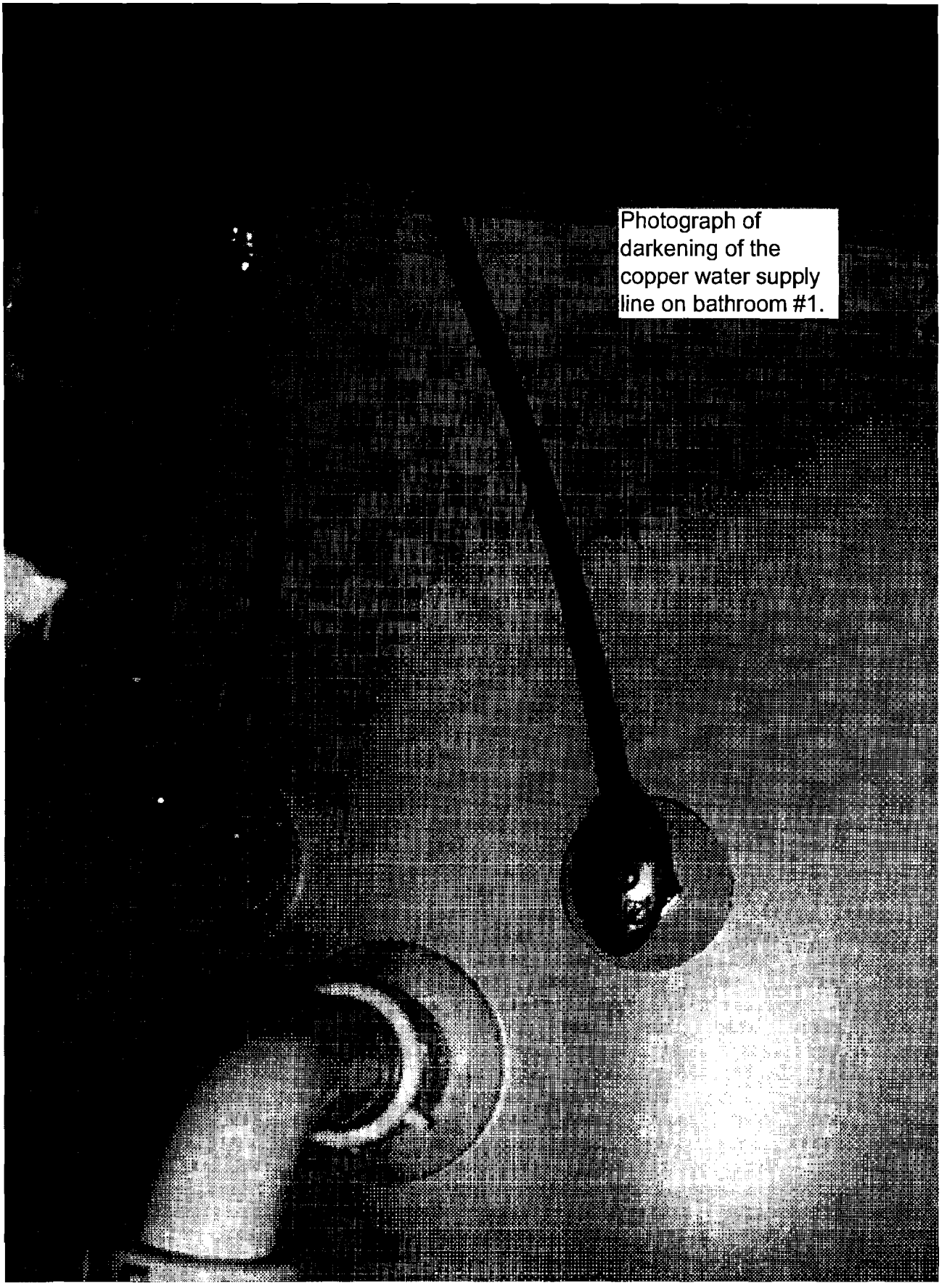
Photograph of an electrical outlet in the kitchen



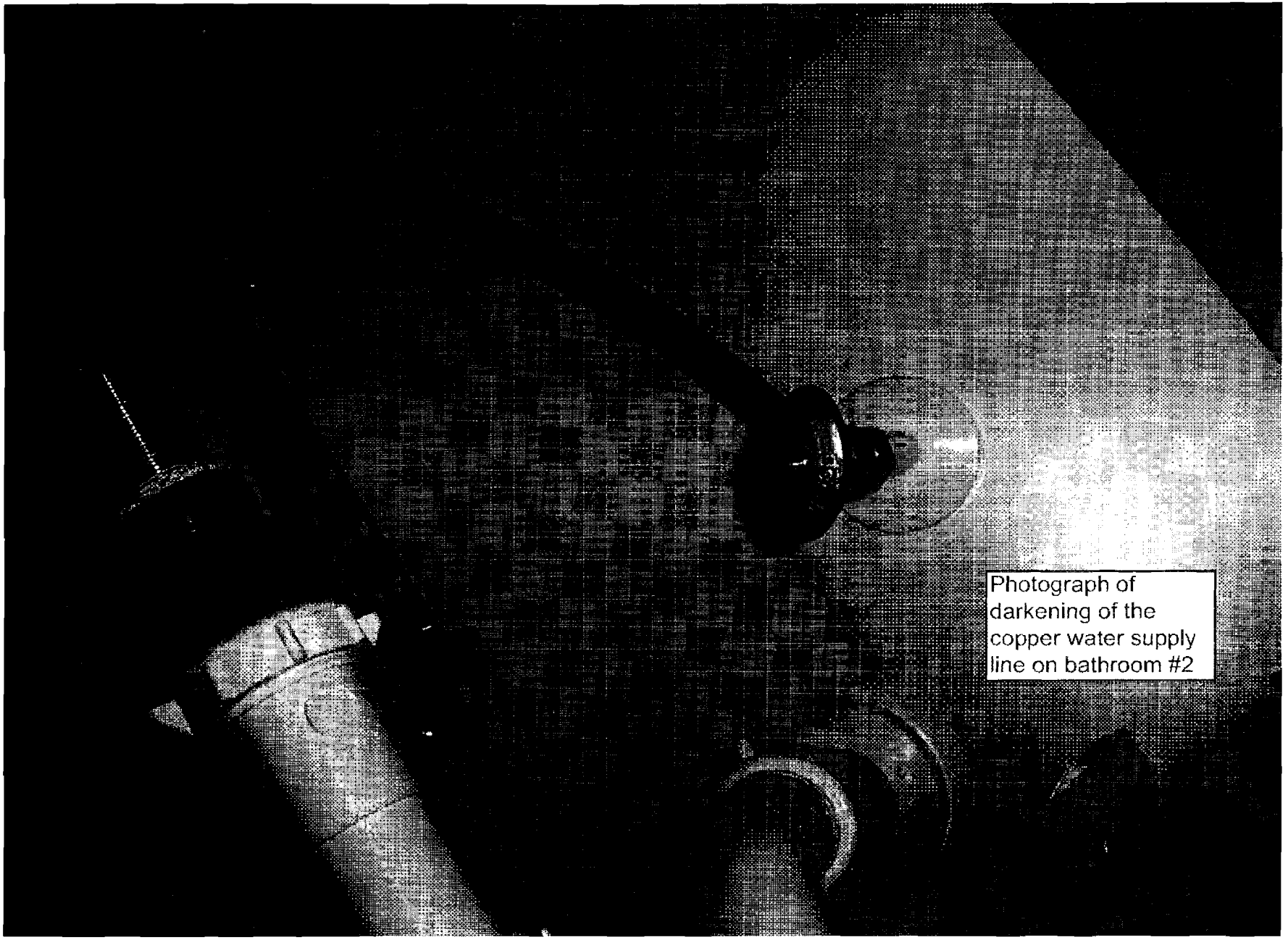
Photograph of pitting on a chrome bathroom fixture



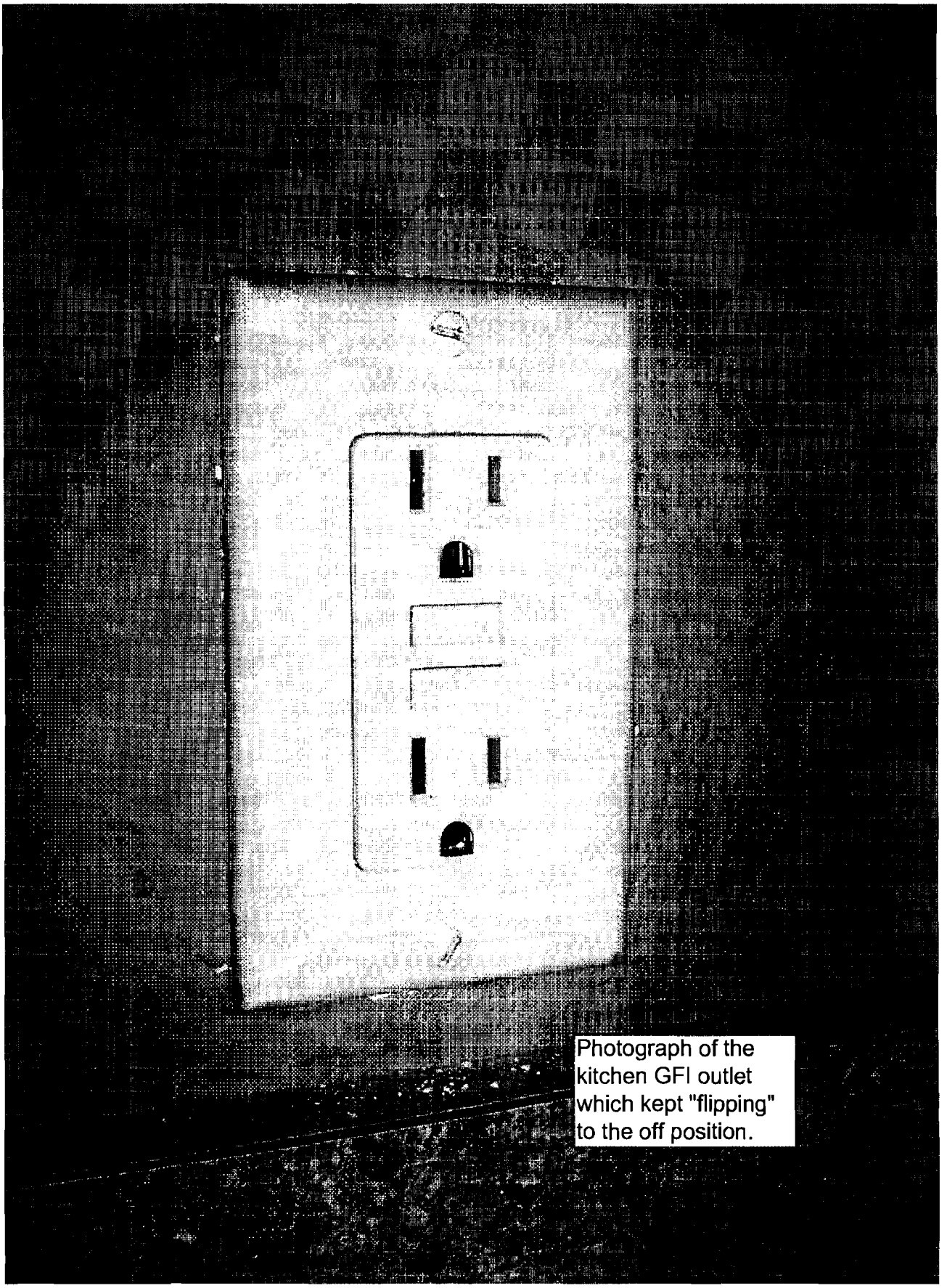
Photograph of minor pitting on a chrome bathroom item



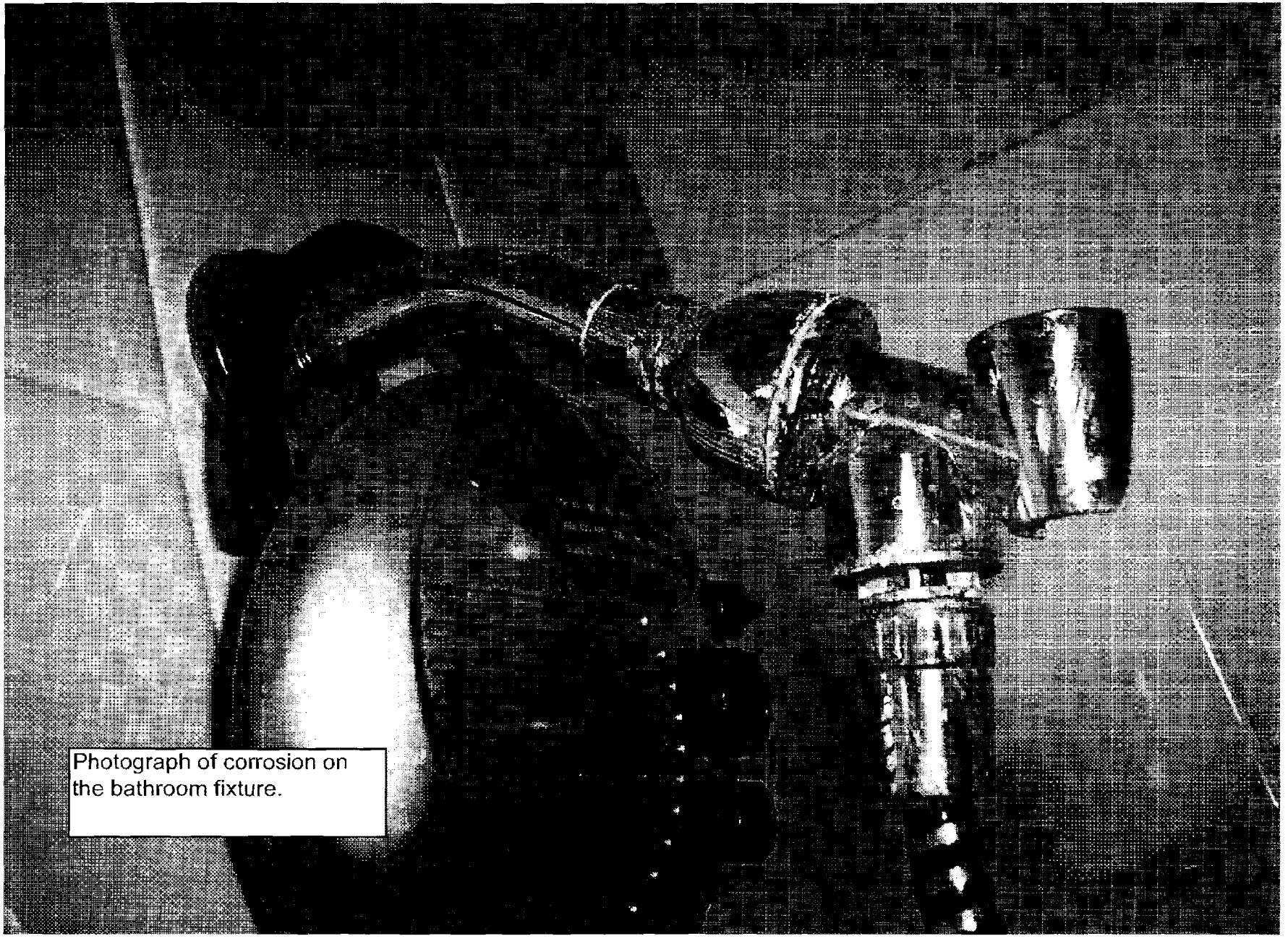
Photograph of darkening of the copper water supply line on bathroom #1.



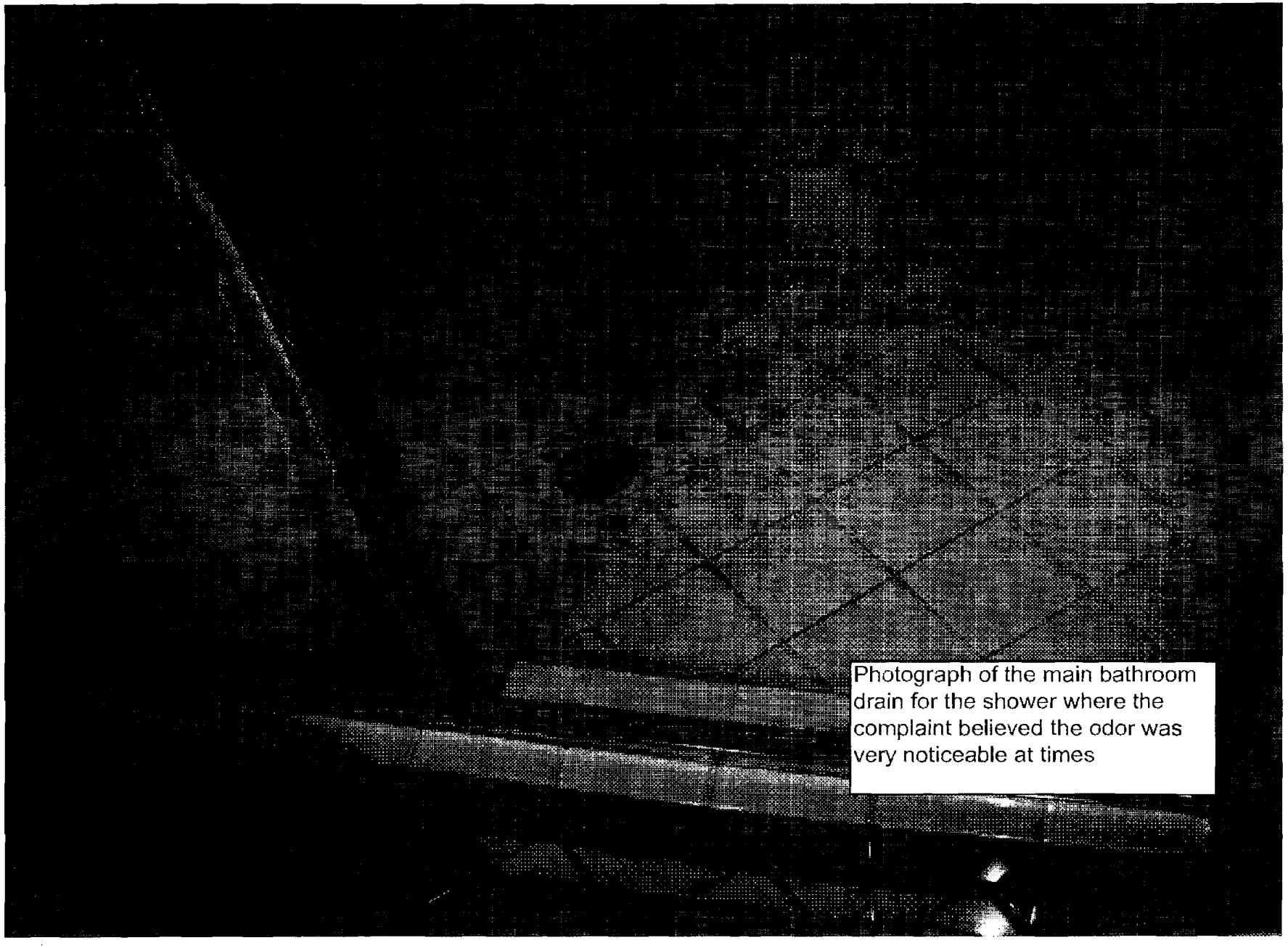
Photograph of darkening of the copper water supply line on bathroom #2



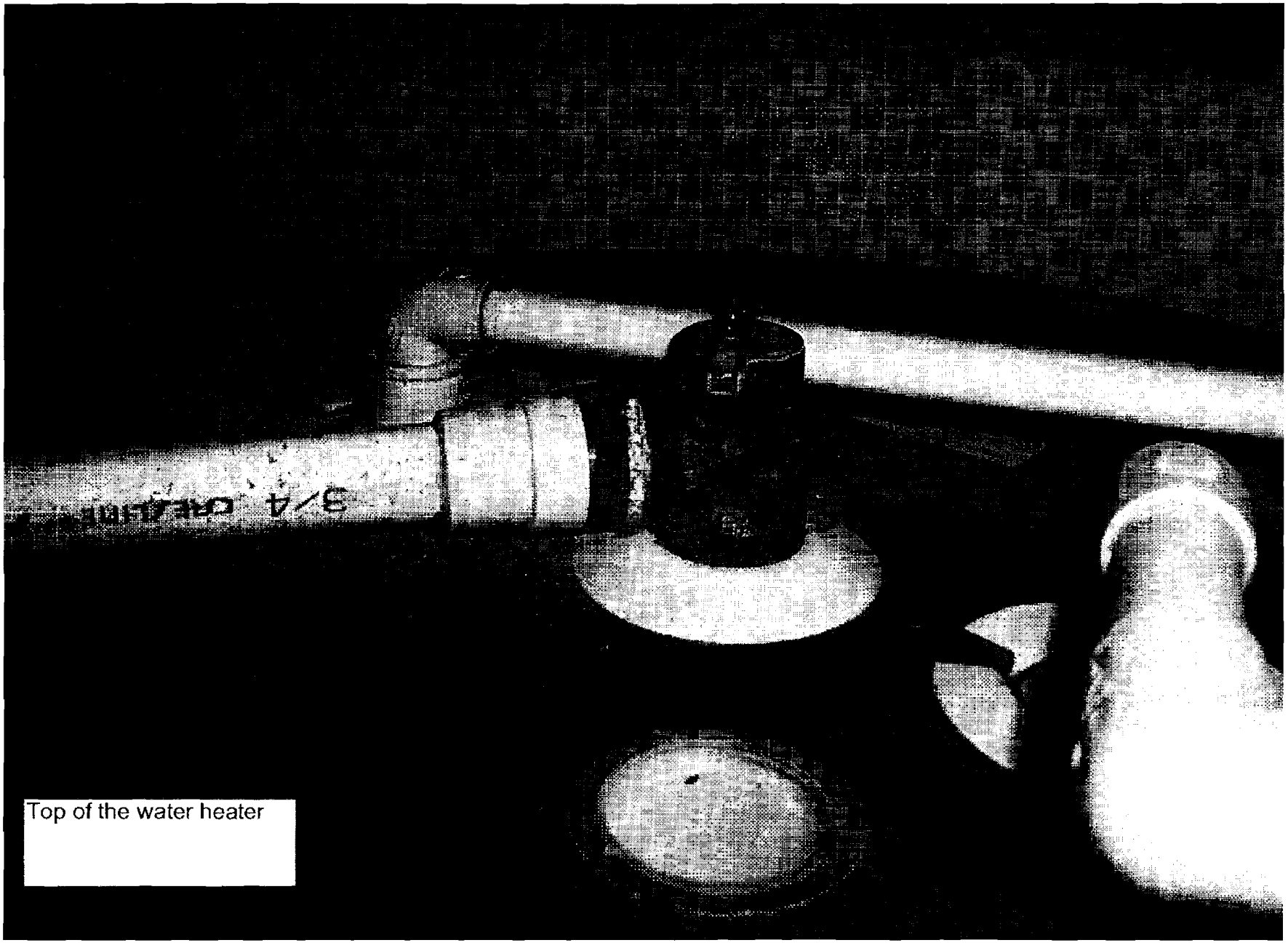
Photograph of the kitchen GFI outlet which kept "flipping" to the off position.



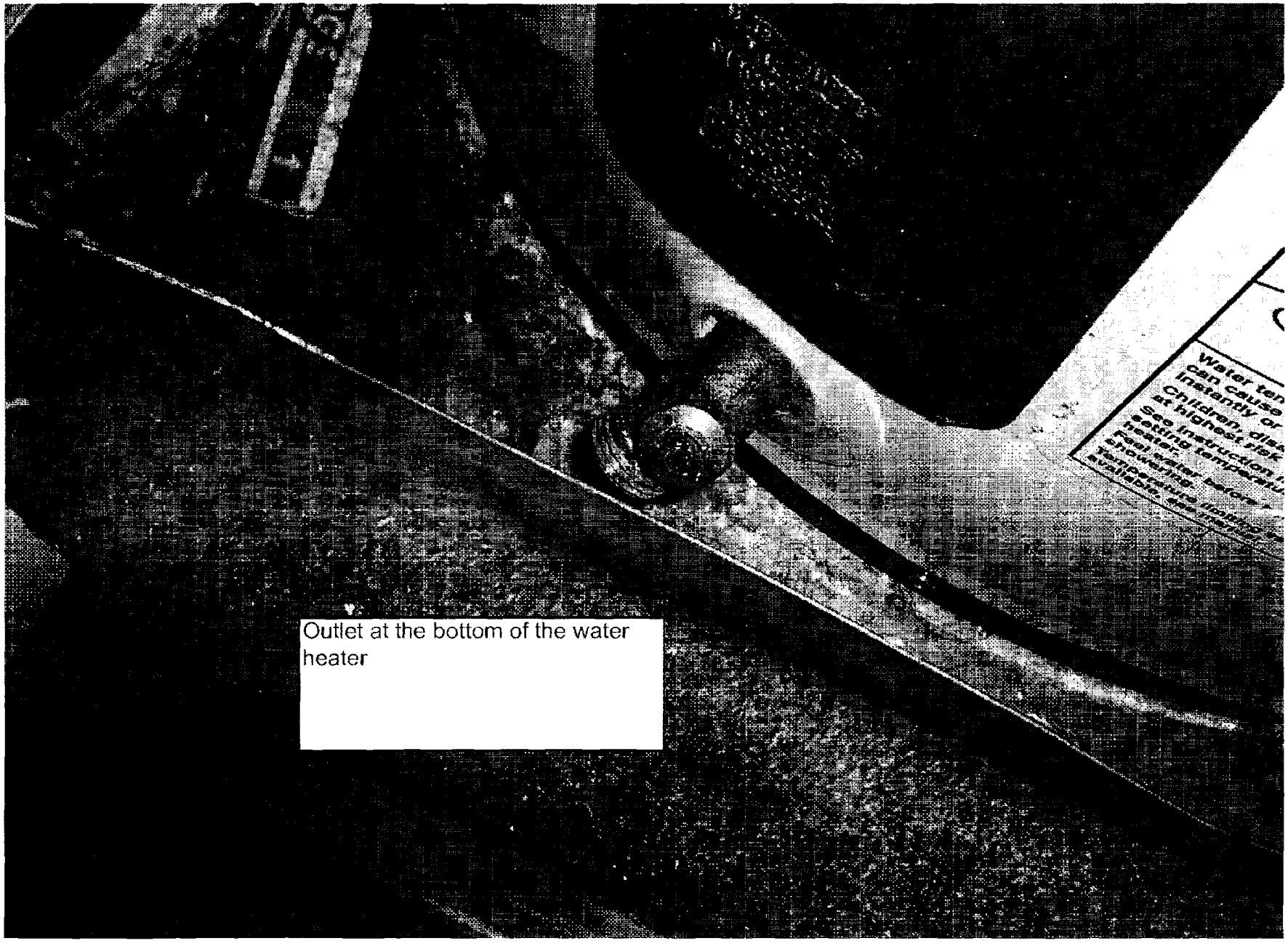
Photograph of corrosion on the bathroom fixture.

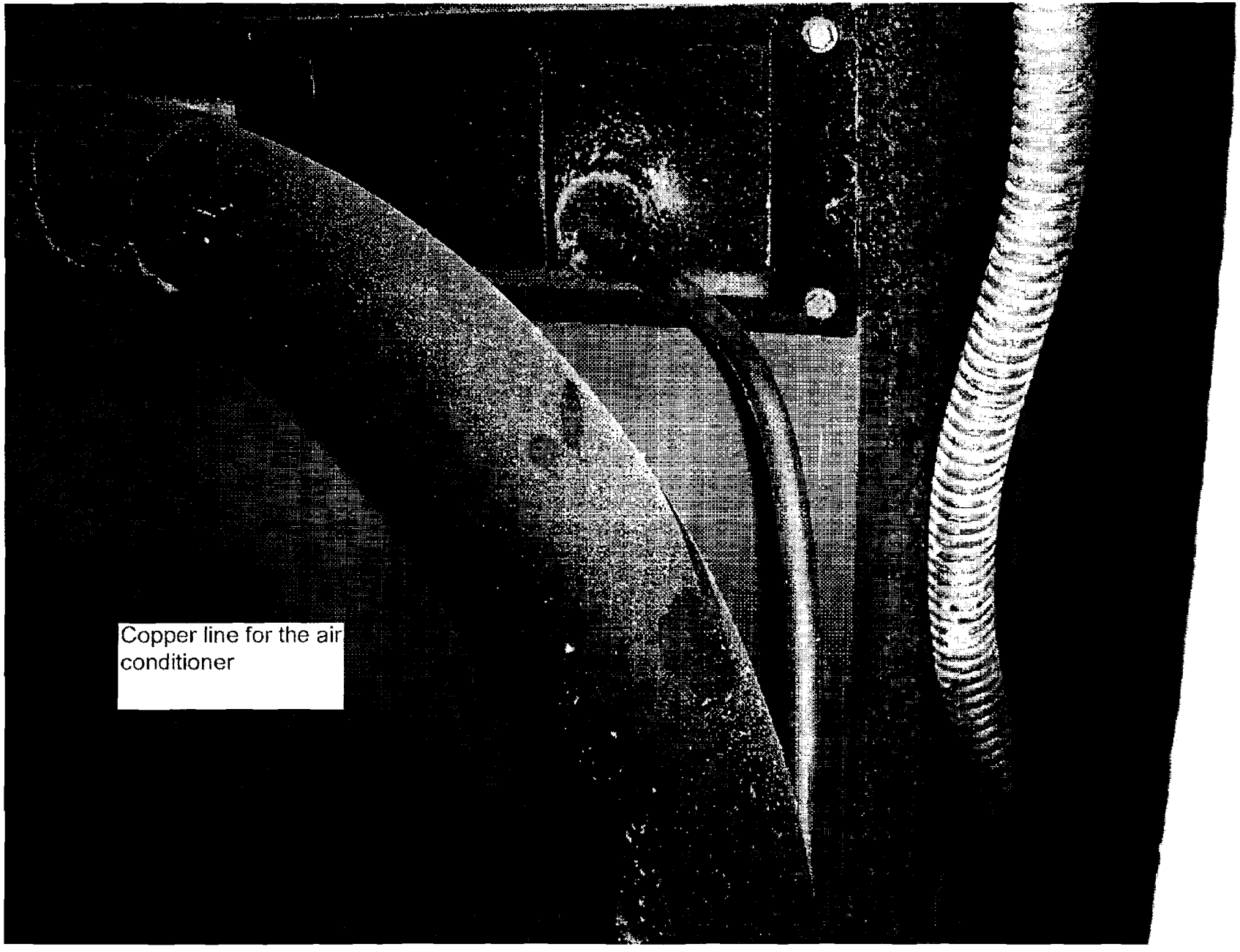


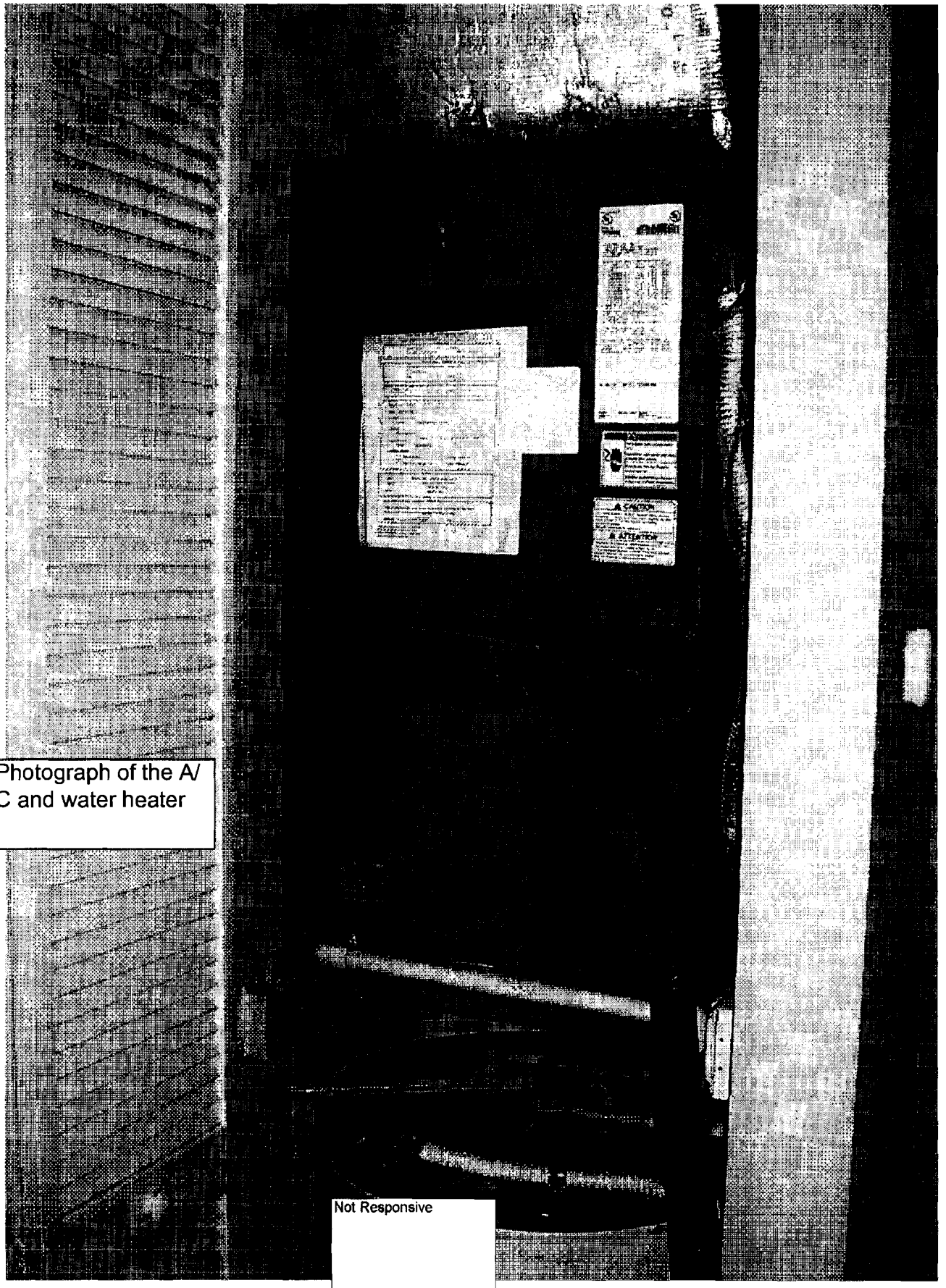
Photograph of the main bathroom drain for the shower where the complaint believed the odor was very noticeable at times



Top of the water heater

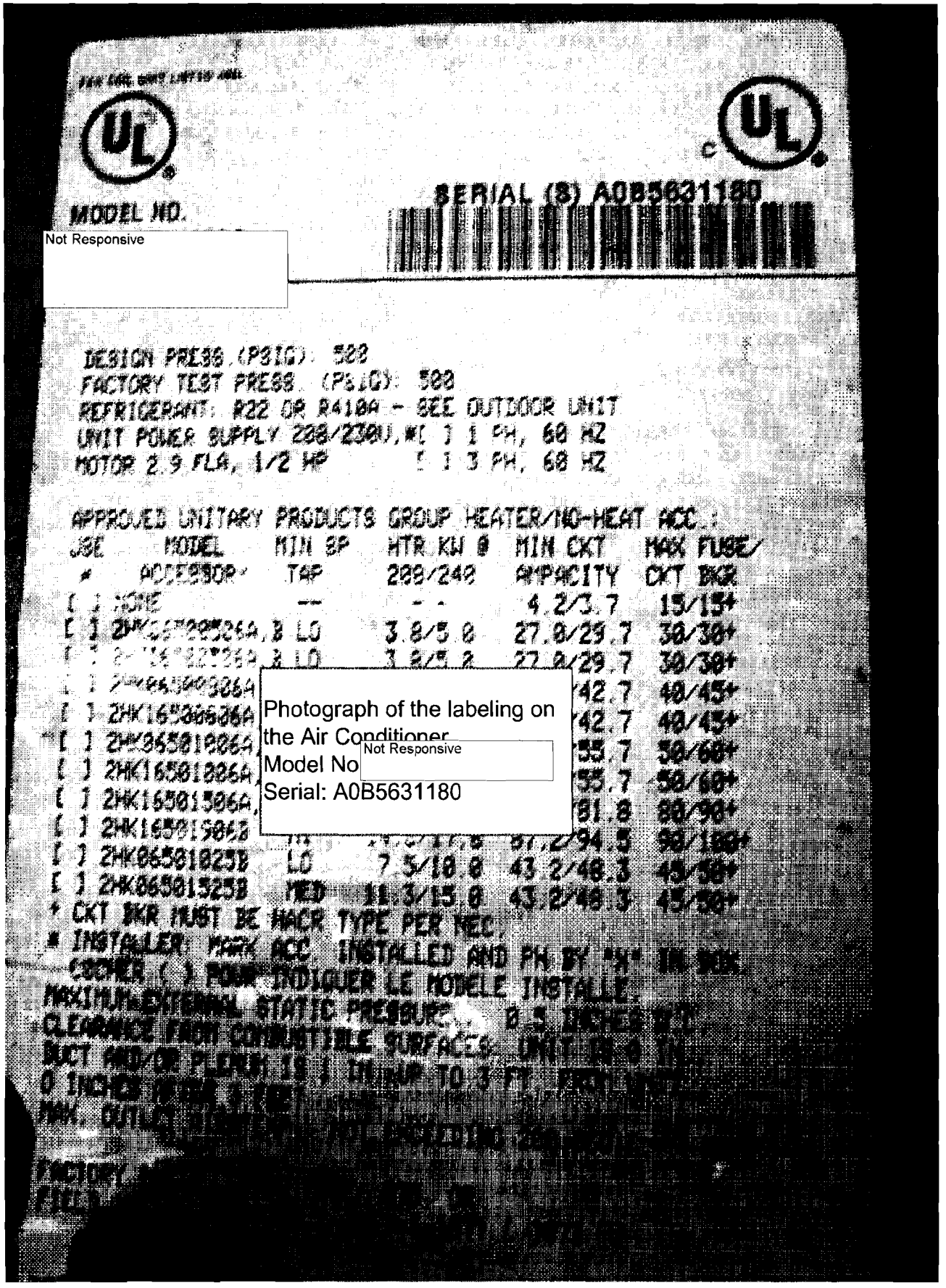

Outlet at the bottom of the water heater


Copper line for the air conditioner



Photograph of the A/C and water heater

Not Responsive



MODEL NO.

SERIAL (S) A0B5631180

Not Responsive

DESIGN PRESS.(PSIG): 500
FACTORY TEST PRESS. (PSIG): 500
REFRIGERANT: R22 OR R410A - SEE OUTDOOR UNIT
UNIT POWER SUPPLY 208/230V,#[ ] 1 PH, 60 HZ
MOTOR 2.9 FLA, 1/2 HP [ ] 3 PH, 60 HZ

APPROVED UNITARY PRODUCTS GROUP HEATER/NO-HEAT ACC.:

USE #	MODEL ACCESSORY	MIN SP TAP	HTR KW @ 208/240	MIN CKT AMPACITY	MAX FUSE/ CKT BKR
[ ]	NONE	--	- -	4.2/3.7	15/15+
[ ]	2HK[illegible]0526A,B	LO	3.8/5.0	27.0/29.7	30/30+
[ ]	2[illegible]526A,B	LO	3.8/5.0	27.0/29.7	30/30+
[ ]	2HK[illegible]0806A			[illegible]/42.7	40/45+
[ ]	2HK165[illegible]806A			[illegible]/42.7	40/45+
[ ]	2HK065010806A,			[illegible]55.7	50/60+
[ ]	2HK165010806A,			[illegible]55.7	50/60+
[ ]	2HK165015806A,			[illegible]81.8	80/90+
[ ]	2HK165015806B	[illegible]	[illegible]	[illegible]/94.5	90/100+
[ ]	2HK065010250B	LO	7.5/10.0	43.2/48.3	45/50+
[ ]	2HK065015250B	MED	11.3/15.0	43.2/48.3	45/50+

+ CKT BKR MUST BE HACR TYPE PER NEC.
# INSTALLER: MARK ACC. INSTALLED AND PH BY "X" IN BOX.
CSCHER ( ) POUR INDIQUER LE MODELE INSTALLE.
MAXIMUM EXTERNAL STATIC PRESSURE: 0.5 INCHES W.C.
CLEARANCE FROM COMBUSTIBLE SURFACES: UNIT IS 0 IN.
DUCT AND/OR PLENUM IS 1 IN. UP TO 3 FT. FROM UNIT
0 INCHES AFTER 3 FEET
MAX. OUTLET [illegible] NOT EXCEEDING [illegible]

FACTORY [illegible]
FIELD [illegible]

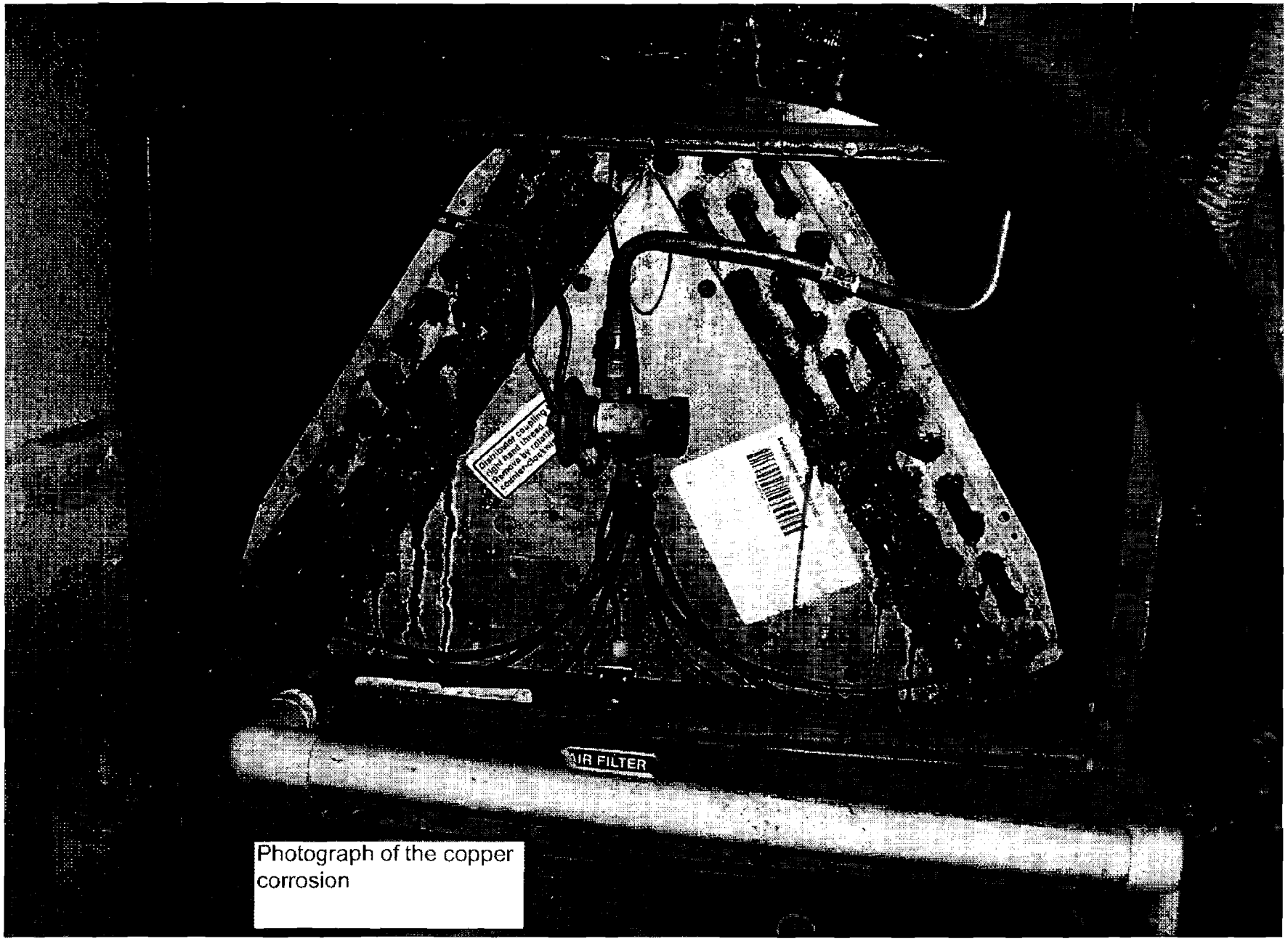
Photograph of the labeling on the Air Conditioner
Model No Not Responsive
Serial: A0B5631180

073-19641-019 REV. B LOT# 005001985720

Not Responsive

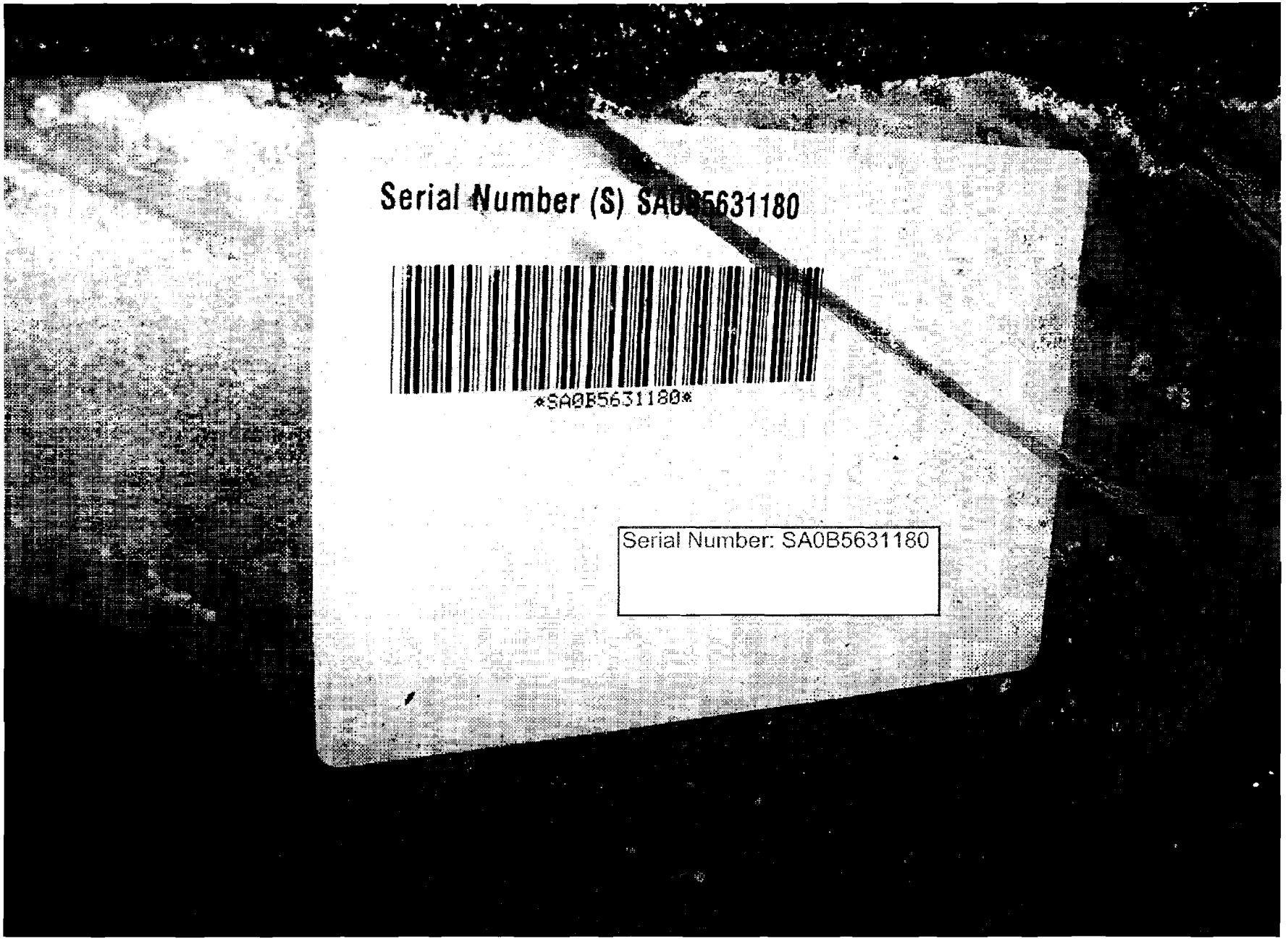
Made in Mexico

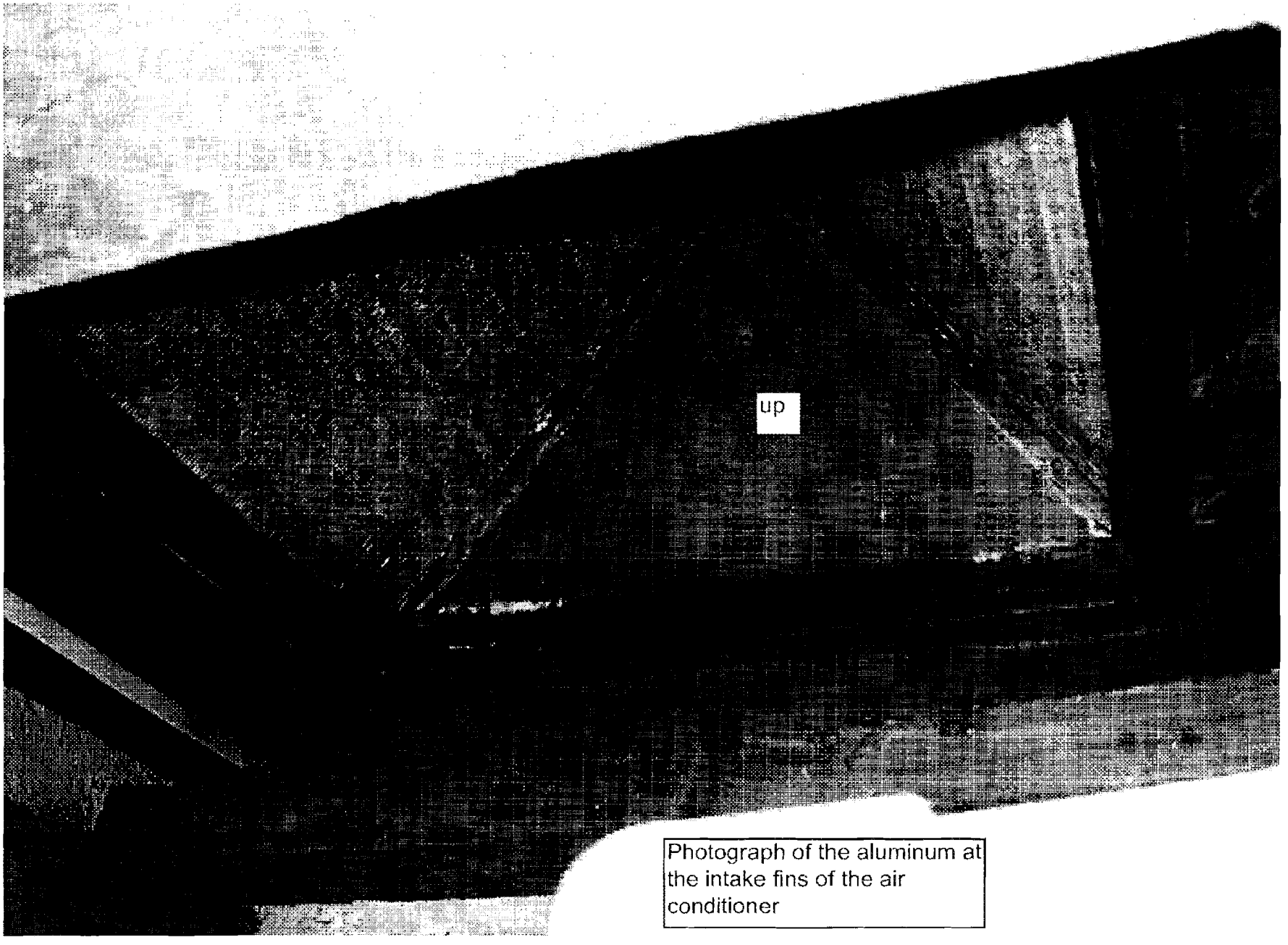
Unitary Products Group
5005 York Drive
Norman, OK 73069



Photograph of the copper corrosion

Close up photograph of the copper corrosion.


Serial Number (S) SA0B5631180
SA0B5631180
Serial Number: SA0B5631180



Photograph of the aluminum at the intake fins of the air conditioner

Lennar Homes, since 1954

BUYERS COMPLETION ACCEPTANCE

I/We hereby acknowledge that the home located at Lot/Block 111/20 of the Villas @ Carmel community has been completed in a manner that is 100% complete, satisfactory, and acceptable to us. I/We further acknowledge the following:

1. That I/We have made a thorough inspection of both the inside and outside of the home. I/We have given special attention to cosmetic items which are not covered under the Limited Warranty such as; painting, tile, carpet, cabinets, windows, mirrors, plumbing and electrical fixtures, landscaping, irrigation system, tubs and vanities.

2. I/We have read and understand the Limited Warranty and agree that only those items covered under the Limited Warranty will be addressed after my closing and that request can be made through our Customer Care Department at (305) 229-6447.

3. I/We have reviewed every item on my Homeowner's Orientation Check List (5 pages) with the Lennar Representative.

4. I/We further agree that there are no verbal agreements regarding this inspection.

5. The installation of my hurricane shutters has been explained to me including the use of gloves during installation. I/We have received photographs showing that shutters have been completely installed on all openings, and I/We have a copy of the plans and specifications for my home including a map of the windows and a chart showing where to install the shutters. I/We have reviewed an inventory of the shutters and all applicable hardware, and agree that all such items are present and have been delivered to me.

FPL 448 8220

I/We understand that signing this statement in no way relieves Lennar Homes Inc. of its obligation under any warranties concerning functioning of equipment.

City 305 247-1801

(b)(3):CPSA Section 25(c)

7-22-05

7/22/5
Date

Purchaser Date

Lennar Homes Representative

HOMESTEAD 224 4801

TO: Purchaser: _____

Home Address: _____ Lot / Block: _____

LENNAR HOMES, INC. ("**Seller**") hope you will be happy in your new home, and we are pleased to present you with this Limited warranty.

Your home has been constructed in accordance with accepted home building practices. It has been inspected by our trained personnel and, where required, by the building department of the area in which it is situated.

1. The provisions of this Limited Warranty becomes effective on the earlier of the dates on which your title to your home is conveyed to you ("the **closing date**") or the date on which you take occupancy of the home.

2. For a period of (1) year from the date of occupancy or closing, whichever shall first occur, seller shall repair or replace, whichever Seller determines is appropriate in its sole discretion, defects in workmanship or materials in the following items in your home.

   a. The plumbing system (excluding stoppages) (to the point of connection with the sewer company lines)
   b. The heating system (and central air conditioning system, if installed by us)
   c. The roof against leaks
   d. The electric wiring system (excluding electrical fixtures);

3. For a period of 60 days from date of closing we agree to inspect and adjust the following items when needed:

   a. Doors, including hardware;
   b. Windows;
   c. Electric switches, receptacles and fixtures;
   d. Caulk around exterior openings;
   e. Plumbing fixtures;
   f. Cabinet work

4. Seller hereby assigns and passes through to the Purchasers the manufacturer's warranties for all appliances and equipment, where applicable, such as refrigerators, range water heater, dishwasher, garbage disposal, ventilation fans, air conditioner, and smaller items included in the purchase of your home ("the **Appliances and Equipment**"). The appliances and Equipment are excluded from this Limited Warranty, and are covered by the manufacturers' warranties to the extent provided in those warranties.

5. Seller does not assume responsibility for and Seller excludes from this Limited Warranty, any and all items not specifically included in this Limited Warranty, including but not limited to:

   a. Damage due to ordinary wear and tear, and or abusive use
   b. Conditions or defects, which are the result of characteristics common to the materials, used, such as , but not limited to: 1. Warping and deflection of wood; 2. Fading, chalking of paint due to sunlight or water; 3. cracks due to drying or curing of concrete, stucco, plaster, bricks, and masonry; and 4. drying, shrinkage and cracking of caulking and weather stripping. 5. (In case of a warrantable repair causing tile damages, the seller is not responsible for slight color or pattern variation or discontinued patterns of the manufacturer. It shall not be required to replace the entire finished area when the new material consists of less than 25% of the total finished area.)
   c. Loss or injury caused in any way by the elements
   d. Conditions resulting from condensation, or expansion and contraction of, materials
   e. Cosmetic damages including but not limited to: paint surfaces, scratched windows, mirrors, sliding glass doors, cabinets, vanities, countertops, front doors are non-warrantable items;
   f. Damage due to failure to perform routine maintenance;
   g. Incidental or consequential damage;
   h. The possibility of radon at or in the vicinity of the subject property

6. Any request for service under this Limited Warranty must be in writing during the applicable warranty period set forth above to seller's office at _____, or to such addresses as Sellers may give to you in writing. The request for service must set forth the nature of your warranty claim. The request for service should also indicate reasonable times during which you will be available in you home so that the Seller can schedule the appropriate warranty work. All repairs and adjustments will be confined to the limits set forth in this Limited Warranty and will be made only by the undersigned warrantor or by the subcontractor provided by the undersigned warrantor , Monday through Friday 8:30 a.m. to 4:30 p.m. Seller will perform its obligations, if any, under this Limited Warranty. Within 30 days after receipt of your request for service.

7. This Limited Warranty runs in favor of only the original purchaser(s) of the home and is nontransferable. Any obligation under this Limited Warranty terminates if the home is resold or shall cease to be occupied by the purchaser(s) to whom it is originally issued.

8. Our maximum liability under this Limited Warranty shall be the replacement cost of the defective item(s) in your Home covered by this Limited Warranty.

9. PURCHASER, BY SIGNING THIS LIMITED WARRANTY, ACKNOWLEDGES THE RECEIPT OF THIS LIMITED WARRANTY AND ACCEPTS THE TERMS HEREOF. PURCHASER ACKNOWLEDGES THAT PURCHASER HAS INSPECTED THE HOME AND THAT ALL CONDITIONS OF CONSTRUCTION AND REPRESENTS IN THE PURCHASE AND SALES AGREEMENT HAVE BEEN SATISFIED.

10. THE LIMITED WARRANTY IS THE ONLY EXPRESSED WARRANTY GIVEN BY THE SELLER. SOME STATES DO NOT ALLOW LIMITATIONS ON HOW LONG AN IMPLIED WARRANTY LASTS, SO THE ABOVE LIMITATION MAY NOT APPLY TO YOU. SELLER DISCLAIMS ANY LIABILITY FOR INCIDENTAL OR CONSEQUENTIAL DAMAGES. SOME STATES DO NOT ALLOW THE EXCLUSION OF LIMITATION OF INCIDENTAL AND CONSEQUENTIAL DAMAGES, SO THE ABOVE , SO THE ABOVE LIMITATION MAY NOT APPLY TO YOU. THIS LIMITED WARRANTY GIVES YOU SPECIFIC LEGAL RIGHTS, AND YOU MAY ALSO HAVE OTHER RIGHTS, WHICH VARY, FROM STATE TO STATE.

11. SELLER GIVES THIS LIMITED WARRANTY EXPRESSLY IN LIEU OF ANY OTHER WARRANTIES, EXPRESSED OR IMPLIED. TO THE MAXIMUM EXTENT LAWFUL, AND EXCEPT FOR THIS LIMITED WARRANTY, SELLER DISCLAIMS ANY AND ALL IMPLIED WARRANTIES OF MERCHANTABILITY AND FITNESS, FITNESS FOR A PARTICULAR PURPOSE, HABITABILITY, INTENDED USE, WORKMANSHIP, OR CONSTRUCTION RESPECTING THE HOME, COMMON PROPERTIES OF THE COMMUNITY, IF ANY, AND ALL FIXTURES OR ITEMS OF PERSONAL PROPERTY WHATSOEVER CONVEYED IN CONNECTION WITH THE SALE OF THE HOME, OR LOCATED WITHIN THE COMMUNITY WHETHER ARISING FROM THIS AGREEMENT, USAGE, TRADE, IMPOSED BY STATUE, COURSE OF DEALING, CASE LAW OR OTHERWISE.

Seller/Warrantor

LENNAR HOMES, INC., a Florida Corporation

Purchase(s): _____

Date: _____

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Lennar Homes Inc (Lennar)

730 Nw 107th Ave Ste 400, Miami, FL 33172-3104

Contact Phone: (305) 559-4000
URL (web address): www.interinvestments.com
Business Category: Operative Builders in Miami, FL
Industry (SIC): Operative Builders

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Business Information

This company profile is for the private company Lennar Homes Inc headquarters, located in Miami, FL. Lennar's line of business is operative builders.

Company Name: **Lennar Homes Inc** Is This Your Company?
Address: 730 Nw 107th Ave Ste 400, Miami, FL 33172-3104 (Map)
Alt Business Name: Lennar
Location Type: Headquarters
Est. Annual Sales: $188,600,000
Est. # of Employees: 600
Est. Empl. at Loc.: 137
Year Started: 1969
State of Incorp:
SIC #Code: 1531
Contact's Name: Stuart Miller
Contact's Title: President
Parent Company: Lennar Corporation
NAICS: New Housing Operative Builders

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The Parc at Aventura
Aventura Marina

BAL HARBOUR
Bellini
Tiffany
One Bal Harbour

BRICKELL
Four Seasons Residences
Jade at Brickell Bay
One Tequesta
Three Tequesta
The Emerald at Brickell
The Courvoisier Courts at Brickell Key
Santa Maria at Brickell
Two Tequesta
Carbonell at Brickell Key
Skyline on Brickell

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The Mutiny Park
Lofts at Mayfair
Grove Hill
Grove Isle
Cloisters on the Bay
Grovenor House
L'Hermitage
Ritz Carlton at Coconut Grove

CORAL GABLES
Gables on the Green
The Gables
Segovia Towers
Deering Bay
Puerta de Palmas

FISHER ISLAND
Fisher Island

KEY BISCAYNE
Ocean Club at Key Biscayne
Commodore at Key Biscayne
Key Colony at Key Biscayne
The Sands at Key Biscayne
Grand Bay at Key Biscayne

MIAMI BEACH

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Hillsboro
Hollywood
Lauderhill
Lauderdale by the Sea
Lazy Lake
Lighthouse Point
Margate
Miramar
North Lauderdale
Parkland
Pompano Beach
Pembroke Pines
Tamarac
Sea Ranch Lakes
Sunrise
Weston
Wilton Manors

PALM BEACH

Atlantis
Belle Glade
Boca Raton
Boynton Beach
Briny Breezes
Delray Beach
Golf
Greenacres
Gulf Stream
Haverhill
Highland Beach
Hypoluxo
Juno Beach
Jupiter
Jupiter Inlet
Lantana
Lake Clarke Shores
Lake Park
Lake Worth
Loxahatchee
Manalapan
North Palm Beach
Palm Beach Gardens
Palm Beach Shores
Palm City
Palm Springs
Ocean Ridge
Riviera Beach
Royal Palm Beach
Singer Island
South Bay
South Palm Beach
Tequesta
Wellington

Aqua

Fountainebleau
The Bath Club

Capobella

Continuum on South Beach
Il Villaggio
Murano at Portofino
Bentley Beach

SUNNY ISLES BEACH
Acqualina
Ocean One
Ocean Three
Sands Point
Ocean Point

Akoya at Miami Beach
L'Excellence

Villa di Mare
Mosaic

SOUTH BEACH
The Setai at South Beach
1500 Ocean Drive
Portofino Tower

La Perla
Ocean Two
Ocean Four
Trump Grande
Oceania

FIND DEVELOPMENTS BY AREA

Miami Dade Real Estate

Aventura Real Estate
Bella Mare at Williams Island
The Peninsula
Atrium at Aventura
Porto Vita
The Parc at Turnberry Isle
Terzetto
The Point of Aventura
Aventura Marina
Villa Flora

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One Bal Harbour
The New Harbour House

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Infinity at Brickell
Latitude
500 Brickell
Skyline at Mary Brickell Village
Courts Brickell Key
Brickell on the River
Solaris
Isola
Icon Brickell
One Plaza West Brickell
Skyline on Brickell
Emerald
Plaza on Brickell
Axis
Capital at Brickell

Coconut Grove Real Estate
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The Breakstone
Lofts at Mayfair
Cloisters

Coral Gables Real Estate
Deering Bay Yacht & Country Club
The Ponce de Leon
Valencia Grande
The Breakstone
The Blue of Coral Way
Villa Zamora
Ponce Tower
Gables Marquis
Puerta de Palmas
Villa Alhambra

Cutler Ridge Real Estate
Isles at Bayshore

Dadeland Real Estate
Colonnade

Doral Real Estate
Reserve at Doral
The Promenade
Palm Isle
Valencia at Doral
Park Square at Doral
The Enclave at Doral
Las Vistas
Palm Gardens
Coronado at Doral
Century Grand
The Blue at Doral
Landmark
Doral Gardens II
Downtown Doral

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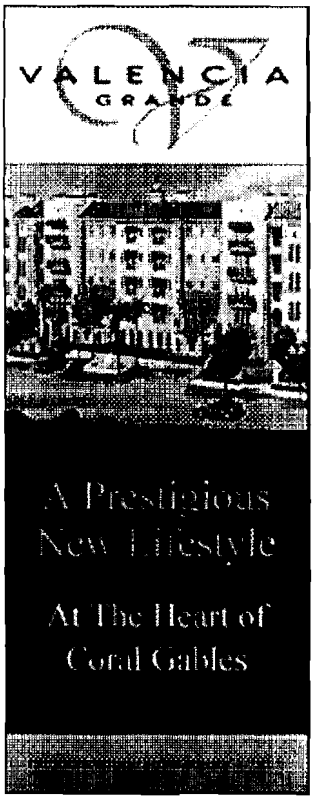
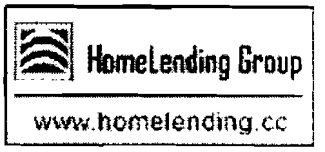
Everglades on the Bay
Ten Museum Park
Onyx
One-Miami
Biscayne 900 Bay
Cite
Wind
Metropolitan Miami
Marina Blue
50 Biscayne

Fisher Island Real Estate
Fisher Island

Homestead Real Estate
Malibu Bay
The Isles at Oasis
Waterstone
Silver Palms

Key Biscayne Real Estate
Ocean Club
Grand Bay Towers





West Palm Beach

MONROE

Big Pine
Islamorada
Key Colony Beach
Key Largo
Key West
Marathon
Sugarloaf
Tavernier

MARTIN COUNTY

Hobe Sound
Jensen Beach

TREASURE COAST

Port St. Lucie
Indian River-Vero Beach
Melbourne
Stuart

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Blue
Midtown
Midblock

North Bay Village Real Estate
360 Condos
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Ocean III
Regalia
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Turnberry Ocean Colony
Trump Towers

Surfside Real Estate
Azure

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Vitri

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The Palms Point

Davie Real Estate
Courtyards at Davie

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Water Garden
Aquazul
Las Olas Grand
The Symphony
Oceanside
The Continuum at Lake Ridge
Beach Colony South
L'ambiance Beach
Riverhouse
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Icon las Olas
Le CLub
The Ellington
La Rive
The Atlantic
NuRiver
Sole

Hallendale Real Estate
Ocean Palms
The Beach Club

Hollywood Real Estate
Harbor Islands
Hollywood Station

Lauderdale by the Sea Real Estate
Villas by the Sea

Lighthouse Point Real Estate
Lighthouse Point

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Palm Beach Gardens Real Estate
Old Palm Cielo

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2700 North Ocean One Singer Island The Resort - Singer Island
Amrit Mirasol

West Palm Beach Real Estate
City Plaza City Side One Watermark Place
610 Clematis The Whitney The Edge
Paradise Cove Tres Belle Palm Beach Grande
Brazilian Court Links at Emerald Dunes Windjammer

Monroe Real Estate

Key Largo Real Estate
Mariner's Club Playa Crystal

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Propriete Immobilier Eigenschaft
Eigentum Proprieta Immobiliare
Propiedade Imobiliaria

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Doc No: I0940291A **Issue: 29** **04/14/2009**

04/12/2009 16:57:46

Name = (b)(3):CPSA Section 25(c)
Address
City = Homestead
State = Florida
Zip = 33033
Email = (b)(3):CPSA Section 25(c)
Telepho
Name o
Victim's
Victim's City = Homestead
Victim's State = Florida
Victim's Zip = 33033
Victim's Telephone = (b)(3):CPSA Section 25 (c)

Incident Description = My family and I have been suffering from strange allergic reactions such as sore throat, coughing, sneezing, and itchy skin and eyes. There is corrosion on metal pipes and appliances in our home, we have many electrical outlets that do not work, and our plumbing does not work properly. Our home was built in 2005 and should not have all of these problems. As a board member of my community, I have also witnessed corrosion on busted water lines and have heard many complaints in other homes. These problems have been linked to high levels of sulfur found in Chinese drywall used by the developer Lennar.

Victim's age at time of incident = 31
Victim's sex = male
Date of incident = 04/09/2009
Product involved = Chinese Drywall
Product brand name/manufacturer = Lennar Homes
Manufacturer street address =
Place where manufactured (City and State or Country) =
Product model and serial number, manufacture date =
Product damaged, repaired or modified = no
If yes, before or after the incident =
Description of damage, repair or modification =
Date product purchased = 2005
Product involved still available = yes
Have you contacted the manufacturer = no
If not, do you plan to contact them = yes
Name Release = Release name to manufacturer only

1. Task Number	2. Investigator's ID	EPIDEMIOLOGIC INVESTIGATION REPORT
090504CBB1664	2391	

3. Office Code	4. Date of Accident YR MO DAY	5. Date Initiated YR MO DAY
810	2006 11 02	2009 05 04

6. Synopsis of Accident or Complaint **UPC**

The 34 year old complainant, his wife, and four month old daughter have experienced health issues as a result of the imported drywall from China used in the construction of their home. He has noticed a very strong odor that he describes as a choking and suffocating sulfur smell. They have experienced coughing, itching, burning and watery eyes, and increased asthma symptoms. The complainant has had to replace appliances because they stop working unexpectedly. He has had repeated issues with the air conditioning units in the home. He is concerned about the long term health affects of this problem.

CPSA 6(b)(1) CLEARED for PUBLIC 7/2/09

__NO MFRS/PRVTLBLRS OR PRODUCTS IDENTIFIED

__EXCEPTED BY: PETITION RULEMAKING ADMIN. PRCDG 3/25/6 DRNAME

__WITH PORTIONS REMOVED: _____

7. Location (Home, School, etc)	8. City	9. State
1 - HOME	BOYNTON BEACH	FL

10A. First Product	10B. Trade/Brand Name	10C. Model Number
1876 - House Structures, Repair Or	UNKNOWN	UNKNOWN

10D. Manufacturer Name and Address
UNKNOWN

11A. Second Product	11B. Trade/Brand Name	11C. Model Number
381 - Air Conditioners	UNKNOWN	UNKNOWN

11D. Manufacturer Name and Address
NONE

12. Age of Victim	13. Sex	14. Disposition	15. Injury Diagnosis
34	1 - Male	1 - Injured, not Hosp.	68 - Poisoning
16. Body Part(s) Involved	**17. Respondent**	**18. Type of Investigation**	**19. Time Spent (Operational / Travel)**
85 - ALL OF BODY	1 - Victim/Complainant	1 - On-Site	11 / 0.5

20. Attachment(s)	21. Case Source	22. Sample Collection Number
9 - Multiple Attachments	07 - Consumer Complaint	

23. Permission to Disclose Name (Non NEISS Cases Only)

● Yes ○ No ○ Verbal ○ Yes for Manuf. Only

24. Review Date	25. Reviewed By	26. Regional Office Director
05/21/2009	9093	Dennis R. Blasius

27. Distribution	28. Source Document Number
Rose, Blake; Woodard, Dean	H0930251A

090504CBB1664

This investigation was initiated through the receipt of Consumer Product Incident Report submitted by a 34 year old male complainant, involving imported drywall material used to build his home. Information for this report was gathered during an on-site interview with the complainant in the home.

The complainant, his 32 year old wife, and four month old daughter have been living in the affected house since November 2006. The house was built in November 2006; it is two-story, with 3,900 square feet and five carpeted bedrooms. The house was constructed using metal studs and does not operate any appliances using gas or natural gas service. All appliances are electric. The complainant reported that he has not made any changes to the house since moving in. Drywall in the garage ceiling was replaced in May 2007 by the builder due to a leak, but the complainant considered this unrelated to the drywall issues he is experiencing.

After moving in, the complainant noticed that he frequently had to replace appliances because they would stop working unexpectedly. He has noticed a very strong odor that he describes as a choking and suffocating sulfur smell. He has been aware of this odor since moving in, but he attributed the smell to a "new house smell," subsequently dismissing it. He has noticed that the odor is stronger in the summer months and is very noticeable when walking into the house. The odor never goes away and is strong on the second floor of the house. There has not been any change in the house such as new flooring that could determine if the odor has increased or decreased.

Within the first year of living in the house, the complainant experienced several appliances malfunctioning and having to be replaced. He has had the circuit boards on a television and laptop stop working. He has had the security company replace the alarm panel twice because it stopped working. The company technician could not explain why he was experiencing problems. The electrical panel in the refrigerator was replaced in the first 10 months of living in the home. Also in the first 10 months, he has had to replace the top portion of the oven that shows the temperature and other controls, twice. Each time because the top portion of the oven would overheat and cause the wood cabinet above it to start cracking. The erratic behavior of the oven caused concern to the complainant and his wife and they stopped using the oven. The air conditioning units on the first and second floor have been recharged with refrigerant on November 11, 2007, August 29, 2008, and the last time on March 14, 2009. Service invoices were provided and included as Exhibit 2. Each time at least three pounds of refrigerant was added and leaks in the evaporator coils were patched. The evaporator coils were never replaced during these service visits. The technician could not give an explanation for the problems the complainant was experiencing with the air conditioning units. An electrical receptacle in a guest bedroom started to arc and smoke and the builders had a service technician visit the home and replace the receptacle. On a consistent basis the complainant experienced the following issues: circuit breakers tripping for no apparent reason and an unusual odor in the vicinity of a receptacle. He is not experiencing issues with flickering lights, sizzling and buzzing, and light switches or outlets that are warm or hot to the touch. The complainant has noticed blackening, corrosion and pitting on metal surfaces throughout the house. Within 10 months of living in the house the complainant

informed the builder that there was blackening and pitting on metal fixtures such as the drains in the showers and sinks, shower heads, faucets, lighting fixtures, bathtub fixtures, and metal fixtures on shower doors. The builder replaced all of the metal fixtures and the blackening and pitting began to appear again. The issues with the smoking receptacle and the oven panel caused concern to the complainant of a possible fire hazard. He has also noticed corrosion on his wife's jewelry, mirrors, and metal knobs on a table. Photographs of the affected metal surfaces and fixtures are included as Exhibit 3.

The complainant and his wife lived in the house for six months when they started to notice health issues arising. The complainant began developing an acute cough that lasted at least a month. He was prescribed antibiotics by his physician. In the summer months when the house is hotter, he has trouble breathing. He has also experienced itching, burning, and watery eyes, but does not take any medications for that symptom. The complainant's wife has pre-existing asthma, but has had to use her inhaler on a more frequent basis. During the summer her use of the inhaler increases even more, as she begins to experience "flare-ups" in her asthma symptoms. The complainants four month old daughter has experienced coughing, watery and red eyes at all times, and blood in her stool. She has been seen by a pediatrician for her symptoms. The pediatrician has advised the complainant and his wife to remove her from the home. His wife and daughter moved out of the house on May 3, 2009 as advised by the pediatrician. The complainant is still living in the house. He has noticed that the symptoms lessen when the family is not in the home. His symptom of itching and burning eyes occurs while he is in the house. His wife returned to the home on May 11, 2009 and after being away for eight days, the smell of the house was too strong for her to withstand. His wife and daughter have seen an improvement in their health as a result of leaving the house. The complainant does not own any pets. Documentation of the pediatrician's advice to remove the complainant's daughter from the house is included as Exhibit 4.

The complainant has contacted the builder to report issues he is experiencing with corrosion, unusual odors, and health problems. The builder came into the home for an inspection. The complainant did not provide this investigator with any documentation and/or report of the builder's inspection. The complainant has also had his insurance company visit the home for a survey. Most recently he has had the Rinker school of construction from the University of Florida visit the home and collected a piece of drywall from a closet on the first floor. The complainant has contact several entities. He has contacted the office of Congressman Robert Wexler and on April 7, 2009 the Congressman visited the complainant's house. He has contacted the office of Senator Bill Nelson, Florida Department of Health, Environmental Protection Agency, White House, Governor Charlie Crist, State House Representative Kevin Rader, State House Representative Joseph Abruzz, and Congressman Ron Klein. His community has organized a committee of homeowners that meets to discuss drywall issues. He is on the board of this committee. He contacted the offices of Senator Ted Deutch and Commissioner Burt Aaronson, and both attended a community meeting in April 2009. His plans for dealing with this problem are to await a recall of the drywall product by the U.S. CPSC. The complainant added and requested to be quoted, "I am looking to the CPSC for an immediate recall of drywall without any conditions, based on one fact, there

is highly corrosive activity occurring in these homes. It may take years to determine health effects, but must be immediately recalled based on the corrosion in homes. Secondly, there is real evidence of immediate fire danger through the breakdown of copper wiring. There is real evidence of corrosion in water pipes that could cause flood and/or mold. Recall immediately." He would like to provide drywall samples in the event that the Commission would like to revisit his home.

Product Description

The product involved is imported drywall from China. During the on-site interview, this investigator did not locate any visible labeling of the drywall in the home. Access to the attic for identification was not available.

Exhibits

Exhibit 1 Contact Information

Exhibit 2 Air Conditioning Service Invoices (4)

Exhibit 3 Photographs (18)

Exhibit 4 Medical Documentation

Exhibit 5 Authorization for Release of Name

Contact Information

Frank and Romy LaLama, Complainants
9924 Cobblestone Creek Dr.
Boynton Beach, FL 33472
Tel. 561-364-8503
May 5, 2009

Complainant Contacted Builder

Northstar Homes of Florida
14901 Military Trail
Delray Beach, FL 33484
Tel. 561-638-6270

"We Deliver Cool"

Sansone CORPORATION

AIR CONDITIONING - APPLIANCES - PLUMBING
SERVICE AND MAINTENANCE AGREEMENTS

590 GOOLSBY BLVD., DEERFIELD BEACH, FL 33442 • LICS. CAC 045862
665 N.W. ENTERPRISE DRIVE, PORT ST. LUCIE, FL 34986 • LICS. CAC 051473
(954) 428-8919 • (561) 655-3688 • (772) 398-6668
(800) 780-5188 • Fax (954) 428-6503 • www.sansone-ac.com
CFC 1426106 • ER 001787

EMC

Date [illegible]

- ☐ Service Contract
- ☐ Warranty
- ☐ Call Back
- ☐ Maintenance
- ☐ Complimentary
- ☑ COD
- ☐ Bill to
- ☐ Ext Warranty
- ☐ Construction
- ☐ Lost Time

CUSTOMER NAME	CUST #	PHONE #	JOB #	DISPATCH #	TIME IN	TIME OUT	COMPLETE	INCOMPLETE
[illegible]	[illegible]			[illegible]	[illegible]			

ADDRESS	APT #	CITY	ZIP	CREDIT CARD	EXP.	APPR. NO.
[illegible]		[illegible]	[illegible]			

SERVICE COMPLAINT [illegible]

Model No. [illegible] Serial No. [illegible]

Model No. [illegible] Serial No. [illegible]

PARTS & MATERIALS	COST
Total Materials	
Misc. Service Materials	$ 5.00
Total Labor	
Flat Rate Pricing	
Discount	
Tax	
Total	94

Description of Work Performed:

[illegible]

Technician Recommends	Est Price

Comp	Inc	
[illegible]		Compressor
	67	Suct Press
	227	Head Press
		Volts Amps
	90	Cond Coil
	107	Entr Air Temp
		Leav Air Temp
		Refrigerant
		Adequate Charge
		Check for Leaks
	15	Cond Motor
		Volts Amps
	77	Evap Sect
	53	Entr Air Temp
		Leav Air Temp
		Volts Amps
		Pulleys (Adj belt)
		Lubricate
		Clean Drain Pans
		Clean Drain
		Check Filter
		Thermostat
[illegible]		Heating

FACTORY AUTHORIZED DEALER Carrier

Turn to the Experts

PLEASE READ

We appreciate having the opportunity to serve you. Please be sure to carefully examine this statement before our service man leaves your premises. Please let him know immediately or note on this invoice if anything is not clearly understood.

AUTHORIZATION TO PERFORM WORK

I hereby order the above work to be done and agree to pay in full this invoice upon signing of the "Acknowledgement of Satisfactory Completion." I further agree that any amounts due and unpaid 30 days from the date of the signing of the "Acknowledgement of Satisfactory Completion" the date in which the guarantee embodied herein expires, then from the 30th day forward interest shall accrue at 1.5% per month upon the entire unpaid balance until all amounts are fully paid. I further agree that if any action of law is necessary because of failure of the purchaser to pay this contract in full then the purchaser agrees to pay all interests due plus reasonable attorney's fees, court costs, and/or collection fees pursuant to such action of law.

Signature _____ Date _____

LIMITED WARRANTY

Sansone will use normal care performing the service shown but shall not be liable for failure to discover conditions necessitating repairs or replacements, nor shall any inspection be constructed as an approval or guarantee of the equipment. Sansone warrants all parts and materials listed above and the labor performed as shown on this invoice for a period of 30 days unless otherwise stated on this invoice. This warranty does not cover any other parts in your unit(s). Any new repairs required in the future by failure of parts not under our warranty or by conditions not under our control such as but not limited to normal wear and tear, parts damaged by unauthorized personnel, acts of God, or improper operation or use of the equipment, will be charged to the customer. Sansone makes no other warranties expressed or limited and its service persons are not authorized to make any such warranties for Sansone. Warranty work shall be performed during regular working hours: 8AM-5PM Mon-Fri. 8AM-3PM Sat. UNDER NO CIRCUMSTANCES SHALL SANSONE BE LIABLE FOR SPECIAL, SUBSEQUENT OR CONSEQUENTIAL DAMAGES.

MOLD AND MILDEW

It is understood and agreed that Sansone Corporation will be held harmless for alleged or actual damages/claims as a result of mold, algae, or fungus. It is understood that Sansone will not be responsible for damages related to bodily injury, property damage, and clean up expenses caused directly or indirectly in whole for any reason as a result of mold, including fungus and mildew regardless of the cost, event material, product or workmanship that may have contributed concurrently or in any sequence to the injury or damage that occurs.

Acknowledgement of Work Performed, Limited Warranty and Mold and Mildew Exclusion.

Signature [illegible]

Date [illegible]

Technician [illegible]

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EMC

- ☐ Service Contract
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- ☐ Bill to
- ☐ Ext Warranty
- ☐ Construction
- ☐ Lost Time

CUSTOMER NAME	CUST #	PHONE #	JOB #	DISPATCH #	TIME IN	TIME OUT	COMPLETE	INCOMPLETE
Lee Gaitner	42762			101024	9:38			✓

ADDRESS	APT #	CITY	ZIP	CREDIT CARD	EXP.	APPR. NO.
1830 Cobblestone Creek		Boynton Beach	33437			

SERVICE COMPLAINT	UR	Model No. FA4BNC048010	Serial No. 1305A22716
PARTS & MATERIALS	COST	Model No.	Serial No.
Diagnostic fee	94.00		
Leak test	144.00		
Paid by Check # 101			

Description of Work Performed:

2nd floor A/C not cooling due to low on Freon 15 psi. Performed leak test. Found leaks in evaporator coil. Also UV lights not working (need to replace 2 bulb

Total Materials	
Misc. Service Materials	$ 5.00
Total Labor	
Flat Rate Pricing	
Discount	
Tax	
Total	$ 238.00

Technician Recommends	Est Price
Evaporator Coil Replacement	425.85 + Tax
UVLCC2LP1020-A01 (Carrier)	
4805V7926	
(Need price to replace bulb)	

Comp	Inc	
		Compressor
		Suct Press
		Head Press
		Volts Amps
		Cond Coil
		Entr Air Temp
		Leav Air Temp
		Refrigerant
		Adequate Charge
		Check for Leaks
		Cond Motor
		Volts Amps
		Evap Sect
		Entr Air Temp
		Leav Air Temp
		Volts Amps
		Pulleys (Adj belt)
		Lubricate
		Clean Drain Pans
		Clean Drain
		Check Filter
		Thermostat
		Heating

FACTORY AUTHORIZED DEALER Carrier Turn to the Experts

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Signature Lee Gaitner Date

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Acknowledgement of Work Performed Limited Warranty and Mold and Mildew Exclusion. INDISPUTE

Signature Lee Gaitner

Date

Technician [illegible]

CUSTOMER COPY

BLANTON HEATING
& AIR CONDITIONING, INC.
2515 Harding Street
HOLLYWOOD, FLORIDA 33020
Phone (954) 921-7[illegible]

HVAC SERVICE ORDER INVOICE

21367

BILL TO

THIS WORK IS TO BE: C.O.D. | CHARGE | NO CHARGE

MAKE	MAKE
MODEL	MODEL
SERIAL NUMBER	SERIAL NUMBER

NAME: Quittner
7830 Cobblestone Creek DR 1-2-07
Boyton Bch
561-699-7912
Store
No Cool

PROMISED

CALL BEFORE: A.M. P.M.

AUTHORIZED

ENVIRONMENTAL CHECK LIST

MODEL NUMBER	QTY	TYPE DISPOSITION
REFRIGERANT RECOVERED		
REFRIGERANT RECYCLED		
REFRIGERANT RECLAIMED		
REFRIGERANT DESTROYED		
OIL		
DISPOSAL OF REFRIGERANT CONTAINER		TOTAL $

WORK PERFORMED

CONDENSING UNIT	CONDENSATE DRAIN
FEEDER	CLEANED DRAIN
CLEANED COIL	REPAIRED DRAIN
CHECKED CHARGE	CHECKED DRAIN
REPAIRED LEAK	REPAIRED DRAIN
REPAIRED LEAK/RECOVERED	FORM OR FILE
OIL	REPLACED DRAIN
CHECKED MOTOR	
CLEANED MOTOR	
REPLACED FUSE	ADJUSTED FUSE
ADJUSTED BELT	
REPLACED BELT	REPAIRED REWIRED
CHECKED THERMOSTAT	
REPL. START RELAY	REPL. MOTOR
REPL. START CAPACITOR	REPL. BLOWER
REPLACED RUN CAPACITOR	REPAIRED HEATER
CLEANED OR ADJUSTED TOUCH	REPAIRED HEATER
REPAIRED WIRING	CLEANED ON ADJUSTED
REPLACED FAN	REPLACED THERMOCOUPLE
REPLACED COMPRESSOR	REPAIRED WIRING
EVAPORATOR COIL	REPLACED VALVE
REPLACED EXPANSION VALVE	REPAIRED BLOWER
ADJUSTED EXPANSION VALVE	
REPLACED CAP TUBE	
REPAIRED CAP TUBE	
REPAIRED OIL LEAK	
REPAIRED COPPER LINE	
CLEANED COIL	
COILED UNIT	
ELECTRICAL	
REPLACED FUSE	
REPLACED BOX	
REPAIRED WIRE	
REPLACED CONT.	
FILTERS	

	LBS
REFRIGERANT	

FILTERS

FILTERS

BELT

PO CK#106

TOTAL MATERIALS

	RATE	AMOUNT

TOTAL LABOR

Upstairs unit low Freon Running pressure 25/190 Unit holds 6.75 lbs of Freon Approx. low 3-4 lbs of Freon Freon leak

RECOMMENDATIONS

Look of Freon leak time + material

LIMITED WARRANTY: All materials, parts and equipment are warranted by the manufacturers' or suppliers written warranty only. All labor performed by the above named company is warranted for 30 days or as otherwise indicated in writing. The above named company makes no other warranties, express or implied, and its agents or technicians are not authorized to make any such warranties on behalf of above named company.

REGULAR | WARRANTY

SERVICE CONTRACT

TOTAL MATERIALS	
TOTAL LABOR	
TRAVEL CHARGE	
TAX	

11/2/07

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CFC 1426106 • ER 001787

Date

☐ Service Contract ☐ Warranty ☐ Call Back ☐ Maintenance ☐ Complimentary

☐ COD ☑ Bill to ☐ Ext Warranty ☐ Construction ☐ Lost Time

CUSTOMER NAME	CUST #	PHONE #	JOB #	DISPATCH #	TIME IN	TIME OUT	COMPLETE	INCOMPLETE
[illegible]	[illegible]			[illegible]	9:[illegible]	10:[illegible]		

ADDRESS	APT #	CITY	ZIP	CREDIT CARD	EXP.	APPR. NO.
7830 Coburn [illegible] Court		Boynton				

SERVICE COMPLAINT: Leak Test

Model No. [illegible] Serial No. [illegible]

Model No. 38AKC042 311 Serial No. 1305E42681

PARTS & MATERIALS	COST
Nitrogen leak Check	
R-22 3 lbs	

Description of Work Performed:

Nitrogen leak checked rows and held connections. Found leak at Suction Valve. Purged dryer system checked with Micron gauge held no further leaks. Charged to specs

	Total Materials	
	Misc. Service Materials	$ 5.00
	Total Labor	
	Flat Rate Pricing	
	Discount	
	Tax	
	Total	

Technician Recommends	Est Price

Comp	Inc	
		Compressor
		Suct Press
		Head Press
		Volts Amps
		Cond Coil
		Entr Air Temp
		Leav Air Temp
		Refrigerant
		Adequate Charge
		Check for Leaks
		Cond Motor
		Volts Amps
		Evap Sect
		Entr Air Temp
		Leav Air Temp
		Volts Amps
		Pulleys (Adj belt)
		Lubricate
		Clean Drain Pans
		Clean Drain
		Check Filter
		Thermostat
		Heating

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[illegible]

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Acknowledgement of Work Performed, Limited Warranty and Mold and Mildew Exclusion.

Signature [illegible]

Date

Technician [illegible]

Photo 1 shows the section of drywall sampled by the Rinker School of Construction.

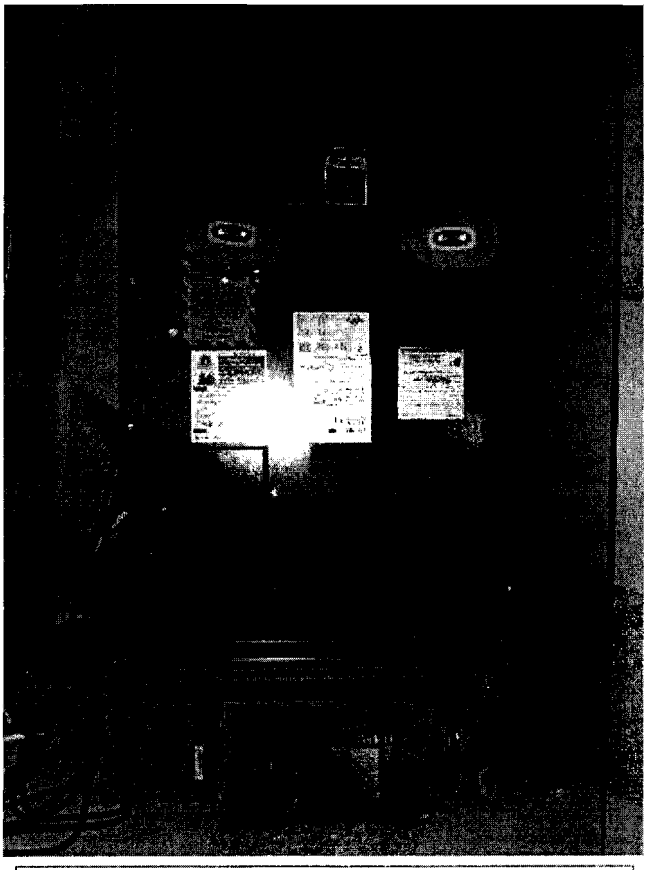


Photo 2 shows the second floor air conditioning unit.

Photo 3 shows blackening on of a copper pipe connected to the second floor air conditioning unit.

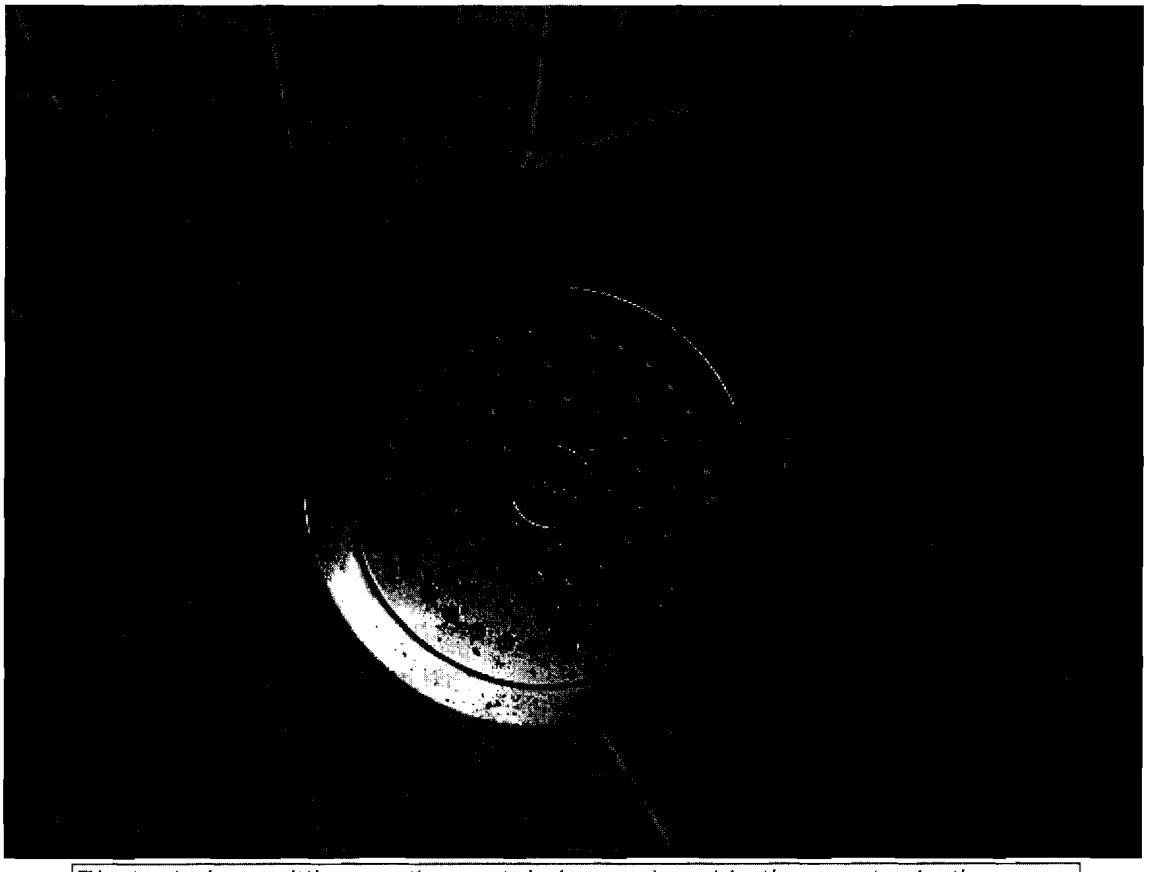


Photo 4 show pitting on the metal shower head in the master bathroom.

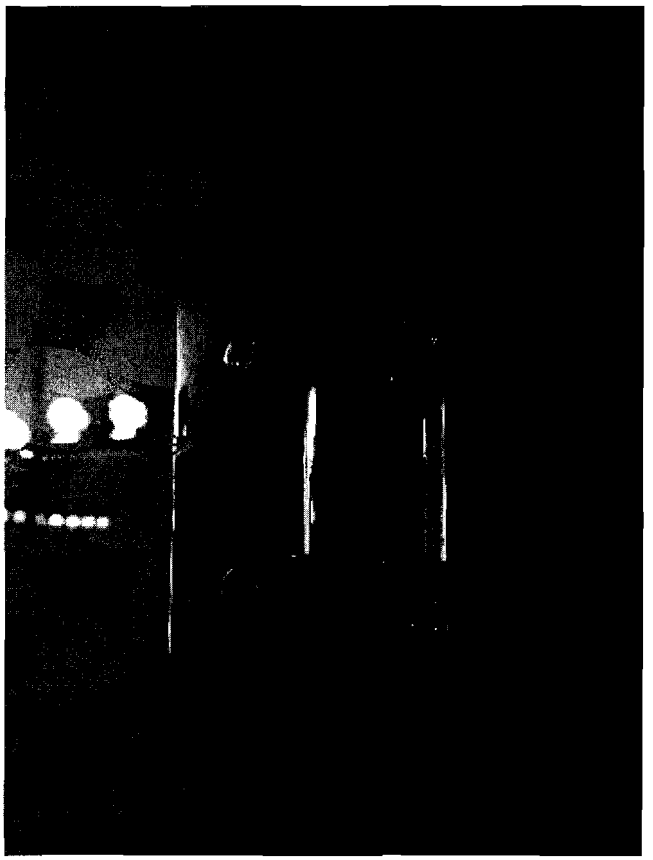


Photo 5 shows pitting of metal fixture on the shower door in the master bathroom.

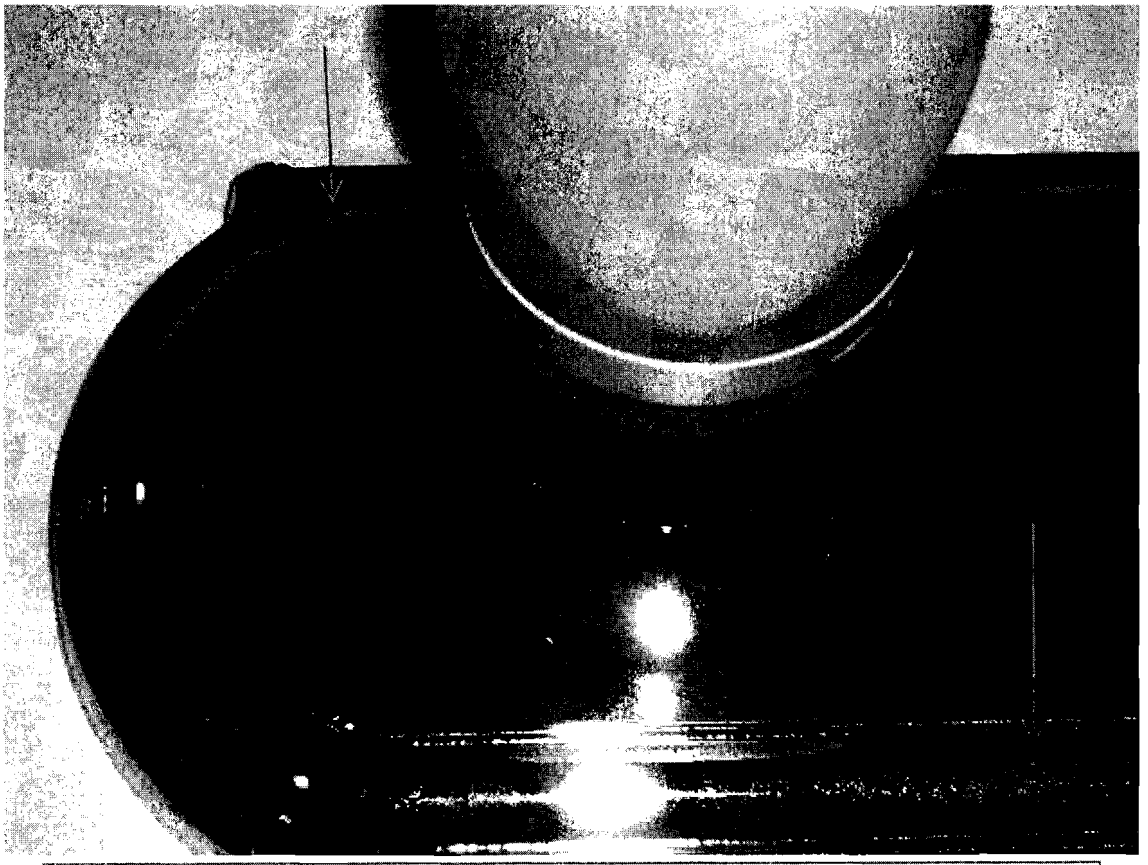


Photo 6 shows pitting on the mirrored light fixture in the master bathroom.

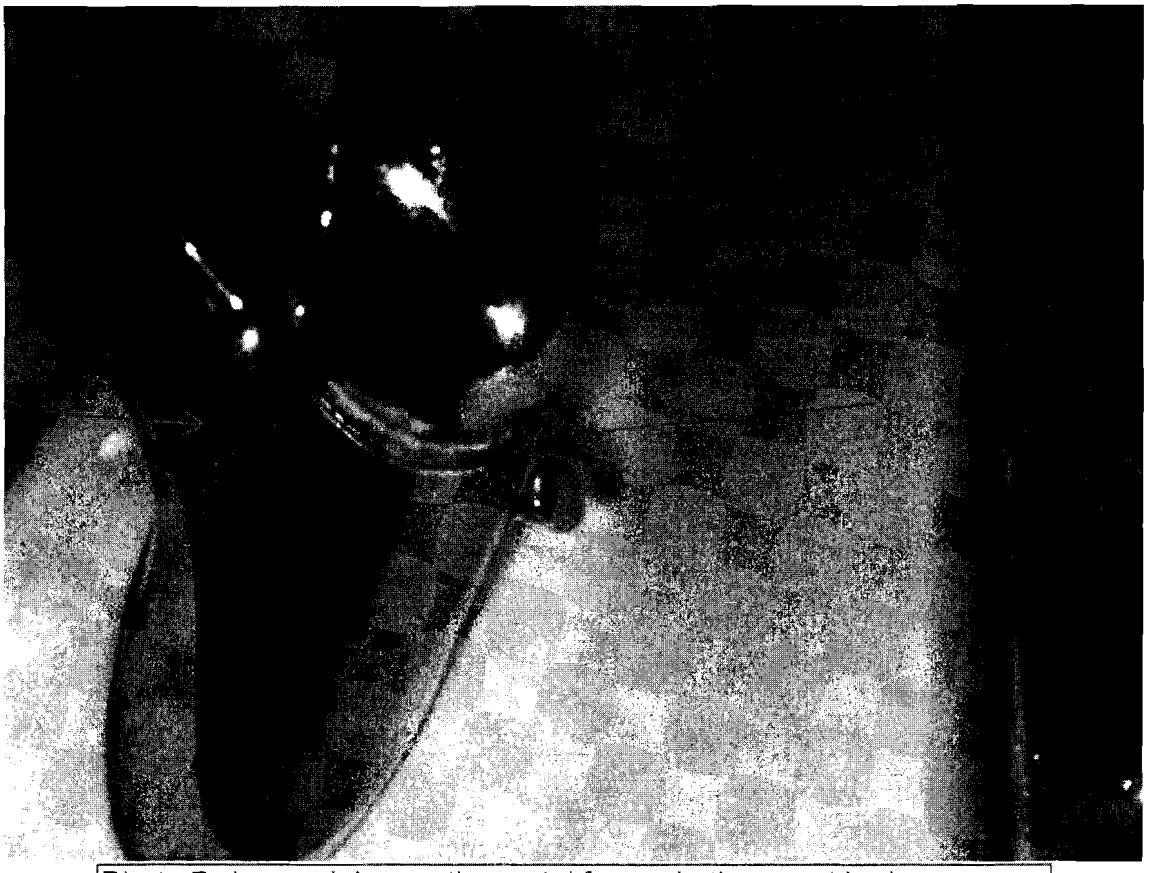


Photo 7 shows pitting on the metal faucet in the guest bathroom.

Photo 8 shows blackening beginning on the edge of the mirror in the guest bathroom

Photo 9 shows pitting underneath the faucet in the laundry room.

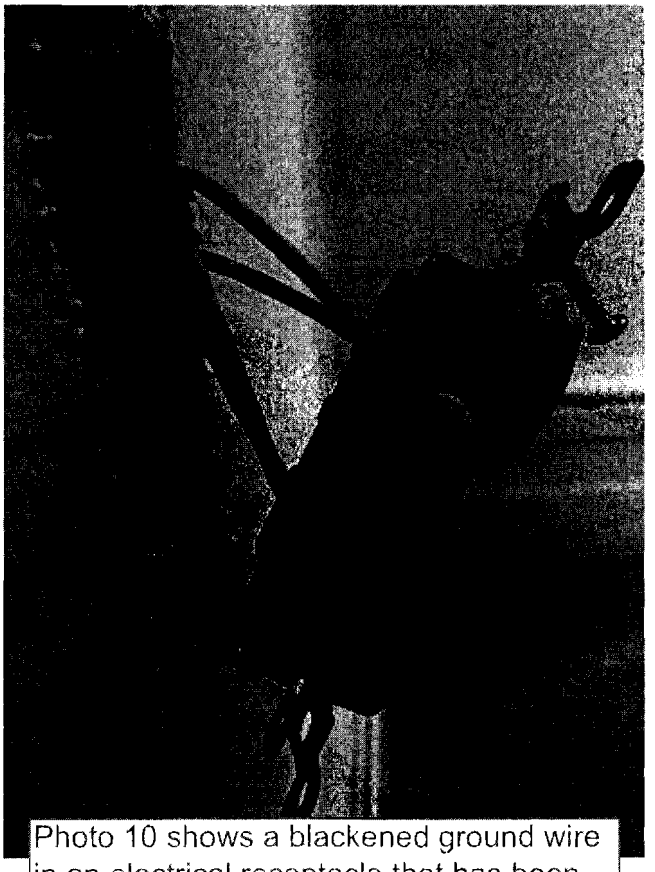


Photo 10 shows a blackened ground wire in an electrical receptacle that has been replaced due to smoking in the past.

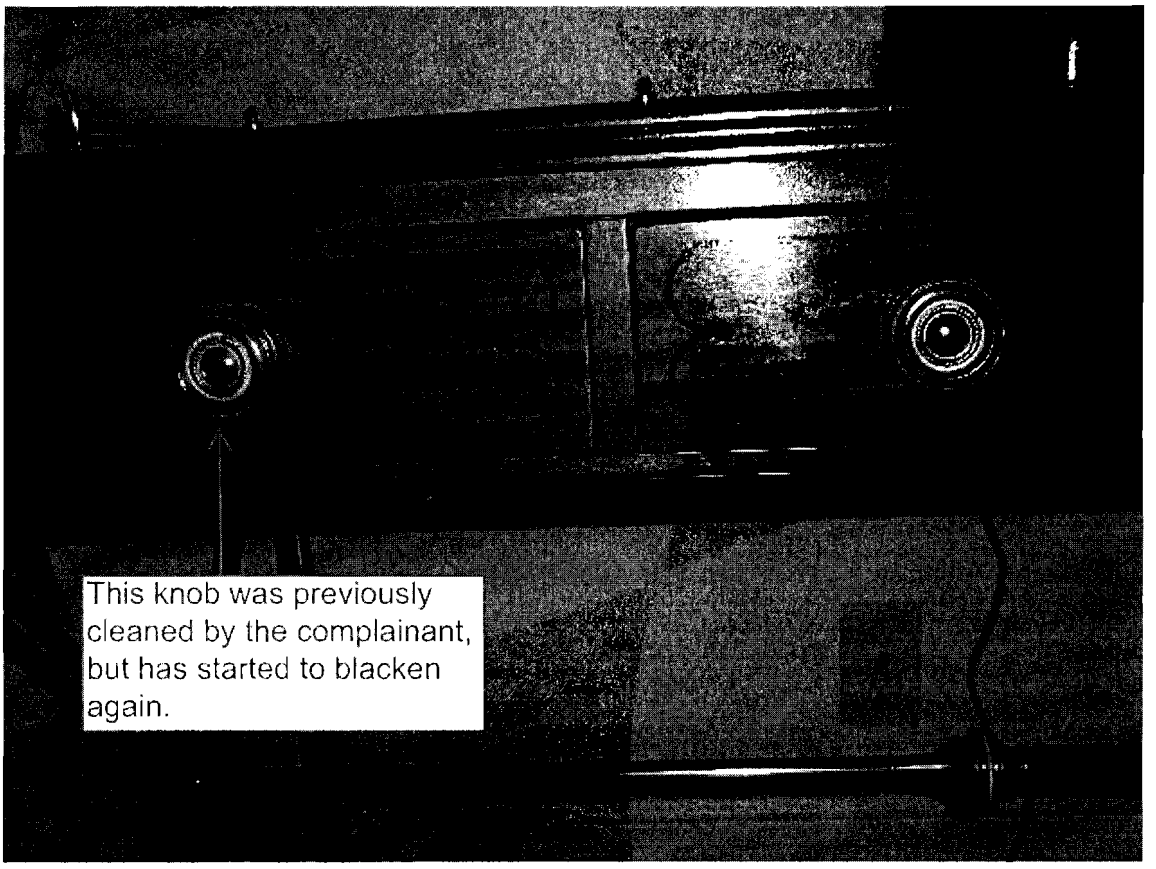


Photo 11 shows metal knobs on a table with blackening beginning to occur.

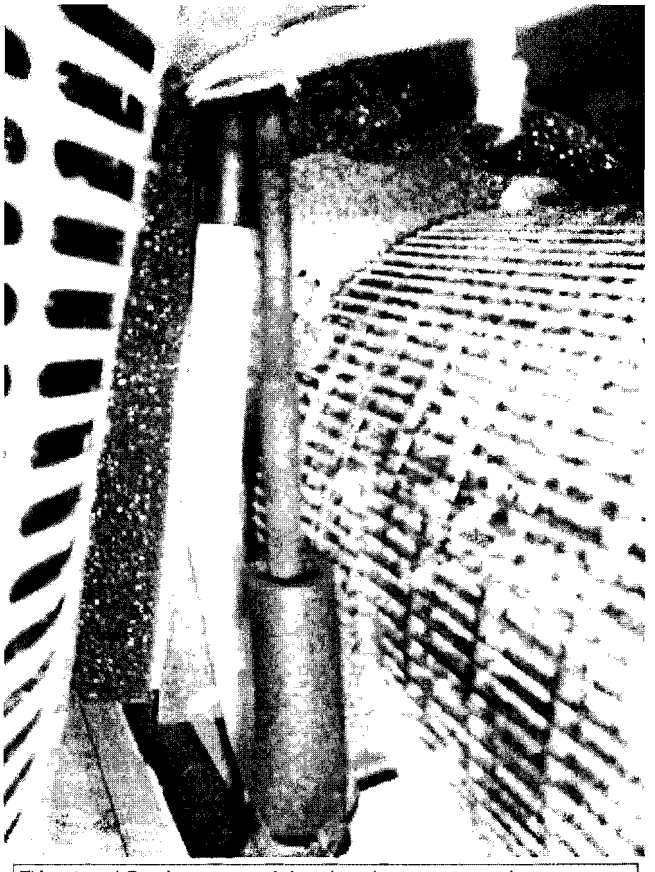


Photo 12 shows a blacked copper pipe located behind the refrigerator.

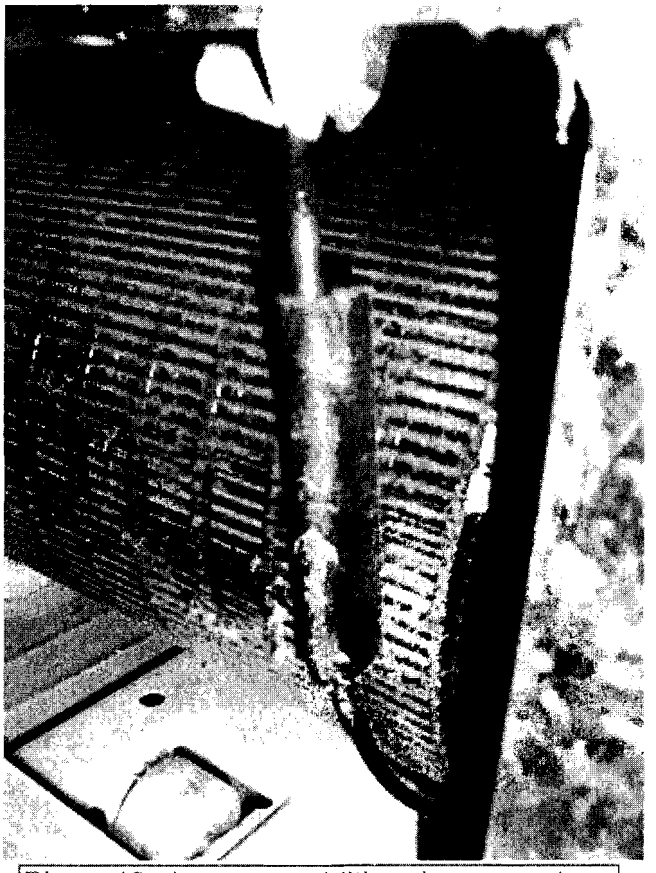


Photo 13 shows an additional copper pipe located behind the refrigerator.

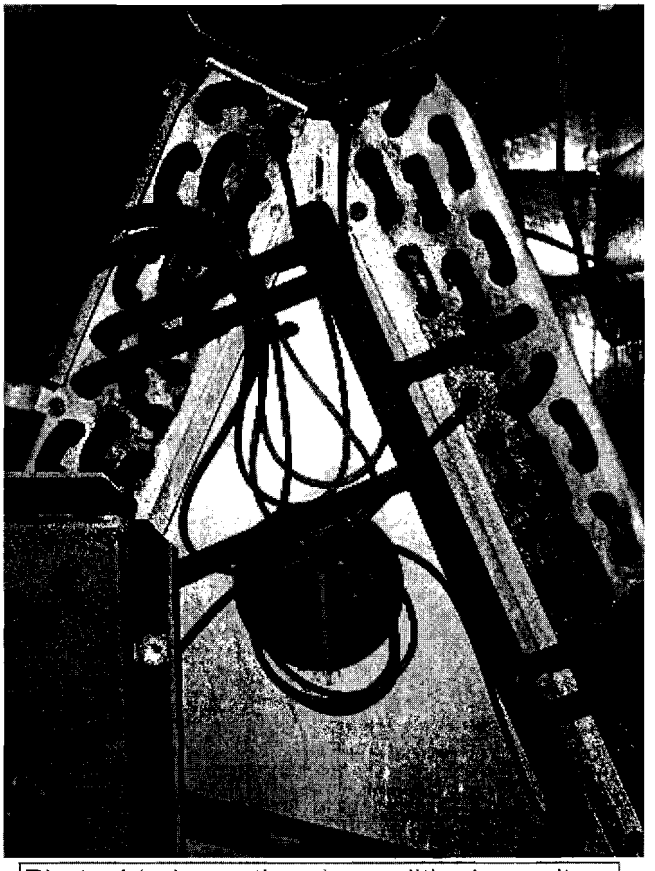


Photo 14 shows the air conditioning unit on the first floor.

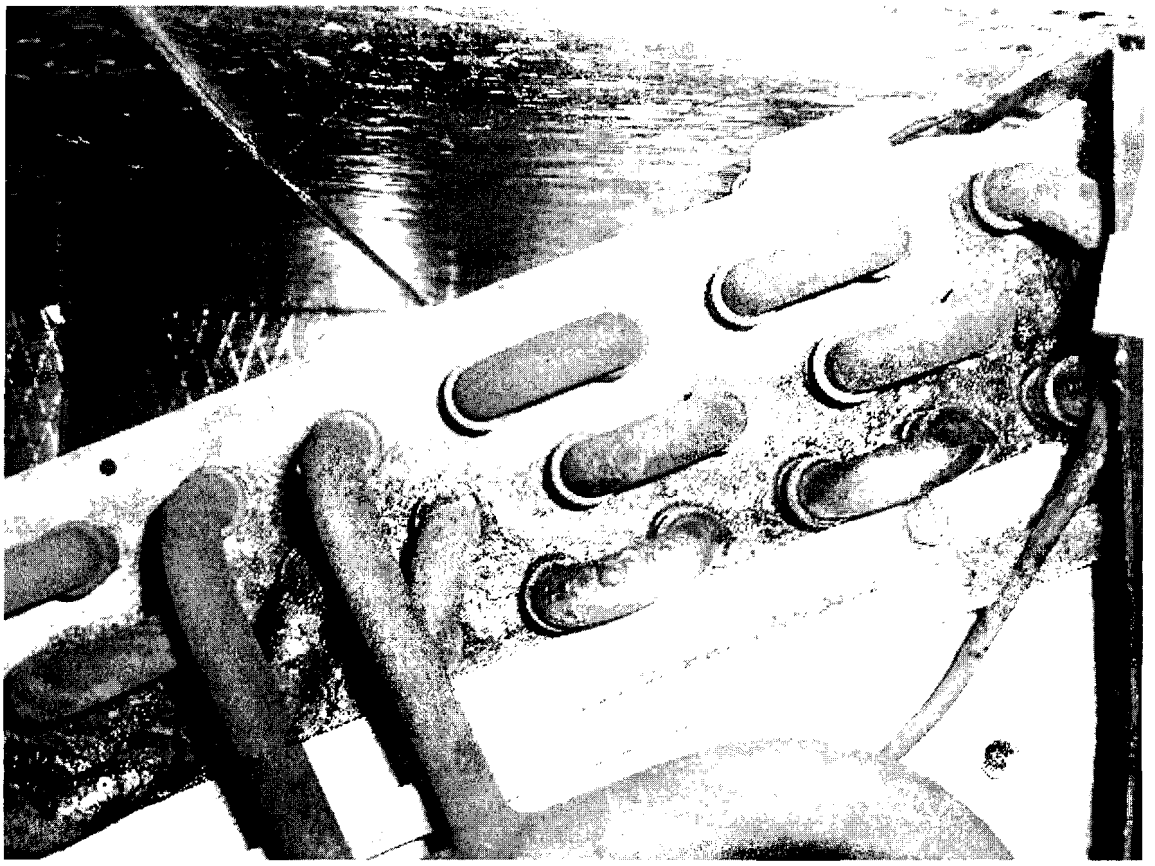


Photo 15 shows a closer view of the evaporator coils in the a/c unit.

Photo 16 shows another view of the corroded evaporator coils.

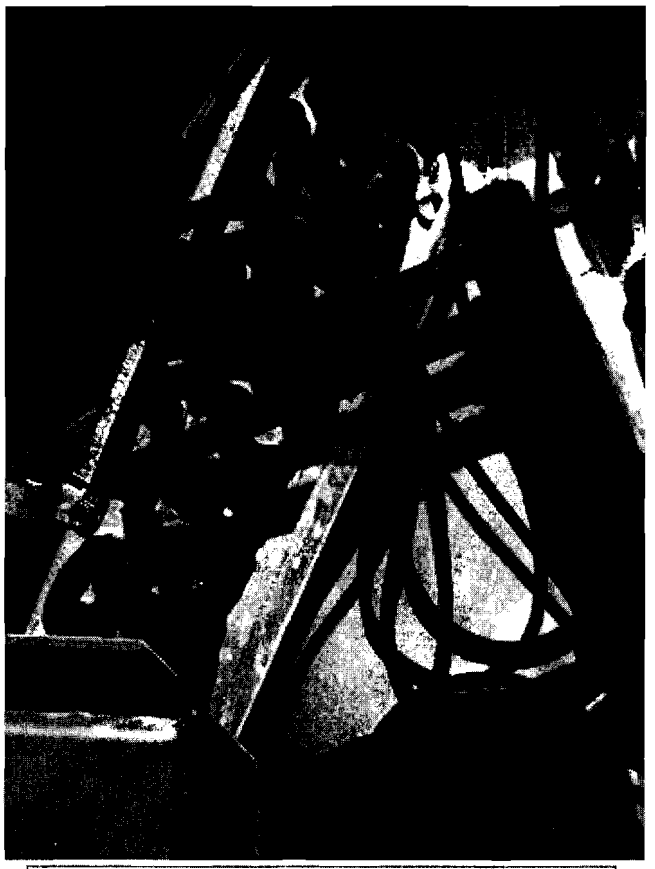


Photo 17 shows another view of the corroded evaporator coils and wiring.

Photo 18 shows more corroded coils and rust on the evaporator coils.

SHORE PEDIATRICS

April 27, 2009

Re: Sydni Quittner DOB 12/23/08

To Whom It May Concern:

Sydni Quittner is currently under my care. I have evaluated this infant on several visits for respiratory symptoms including cough, runny nose, and eye-rubbing. Her parents have reported that their house contains Chinese drywall. As the health effects of this sulfur- containing compound are not fully known, and there is a known association between exposure to Chinese drywall and respiratory symptoms, it is my recommendation to Sydni's parents that she not reside in their home until this potentially toxic substance has been removed from the home environment.

Sincerely,

(b)(3):CPSA Section 25(c)

(b)(3):CPSA Section 25(c)

MD, FAAP

www.shorepediatrics.com

Tel: (561) 638-7668 • Fax: (561) 638-7603 • The Addison 6274 Linton Blvd. Suite 104 • Delray Beach, Florida 33484

U.S. Consumer Product Safety Commission

AUTHORIZATION FOR RELEASE OF NAME

Thank you for assisting us in collecting information on a potential product safety problem. The Consumer Product Safety Commission depends on concerned people to share product safety information with us. We maintain a record of this information, and use it to assist us in identifying and resolving product safety concerns.

We routinely forward this information to manufacturers and private labelers to inform them of the involvement of their product in an accident situation. We also give the information to others requesting information about specific products. Manufacturers need the individual's name so that they can obtain additional information on the product or accident situation.

Would you please indicate on the bottom of this page whether you will allow us to disclose your name? If you request that your name remain confidential, we will of course, honor that request. After you have indicated your preference, please sign your name and date the document on the lines provided.

☐ I request that you do not release my name. My identity is to remain confidential.

☐ You may release my name to the manufacturer but I request that you do not release it to the general public.

☐ You may release my name to the manufacturer and to the public.

Lee Luttrell 5/13/09

(Signature) (Date)

CPSC Form 322

CONSUMER PRODUCT INCIDENT REPORT

Region: EASTERN

1.NAME OF RESPONDENT	2.PHONE NO. (HOME)	(WORK)
Lee Quittner	561-699-7913	unknown

3.STREET ADDRESS	4.CITY	ST	ZIPCODE
9830 Cobblestone Creek Dr.	Boynton Beach	FL	33472

4a.EMAIL ADDRESS	4b.INCIDENT CITY	ST	ZIPCODE
	Boynton Beach	FL	33472

5.DESCRIBE INCIDENT OR HAZARD, INCLUDING DATA ON INJURIES

The A/C has been affected 3 times, it has also been serviced 3 times and it is currently not working. The A/C coils are
- cont -

6. DATE OF INCIDENT(S)	7.IF INJURY OR NEAR MISS, OBTAIN AGE/SEX 34 Y/M AND DESCRIBE INJURY	8.IF VICTIM DIFFERENT FROM RESPONDENT, PROVIDE NAME RELATIONSHIP
03/26/2008	severe respiratory issues, whooping cough	self self

9.DESCRIPTION OF PRODUCT	10.BRAND NAME
Chinese drywall	Knauf Tijan

11.MFR/DISTRIBUTOR NAME, ADDR. & PHONE

unknown

Blake
unknown
unknown
unknown

ISSUE 27

03/30/2009

12.MODEL, SERIAL #'s, DATE OF MFR

unknown

13.DEALER'S NAME, ADDRESS & PHONE

unknown

14.WAS THE PRODUCT DAMAGED, REPAIRED OR MODIFIED? YES

IF YES, BEFORE OR AFTER THE INCIDENT? AFTER

DESCRIBE:

See narrative for various problems.

15.PRODUCT PURCHASED NEW

DATE PURCHASED 10/15/2006 AGE 2 Y

16.DOES PRODUCT HAVE WARNING LABELS?

IF SO, NOTE:

None pertaining to the problem.

17.HAVE YOU CONTACTED THE MANUFACTURER? NO IF NOT, DO YOU PLAN TO CONTACT THEM?	18.IS THE PRODUCT STILL AVAILABLE? YES IF NOT, ITS DISPOSITION	19.MAY WE USE YOUR NAME WITH THIS REPORT?
not sure		YES

FOR ADMINISTRATION USE

20.DATE RECEIVED	21.RECEIVED BY (NAME & OFFICE)	22.DOCUMENT NO.
03/27/2009	mlj/HL	H0930251A

23.FOLLOW-UP ACTION	24.PRODUCT CODE(S)
	1876

25.DISTRIBUTION	26.ENDORSER'S NAME & TITLE
	mlj 03/27/2009

Narrative Continued

completely blackened.

All of the electrical wires in the home are corroded. The alarm system panel has been replaced twice. The consumer's 36" television has stopped working. All of the hardware (shower heads, lighting fixtures) have been replaced during the warranty period by the builder, but they are turning black in color and becoming pitted again.

The consumer believes that he has a severe, urgent, immediate electrical issue within the home. The consumer is in a community where most if not all of the homes were built around the same time. Therefore, the problem would definitely be widespread throughout this community. The consumer understands that federal and state government agencies are looking into this matter, but he believes that the CPSC should coordinate with FEMA and address this matter immediately. Based on problems that have been identified with this drywall, people can not live in these homes without being negatively affected by this problem. The consumer said based on his research, there has been enough drywall imported into the U.S., to where it could affect 60,000+ homes.

This problem needs to be brought to the national public's attention, because there may be an unidentified amount of people who have experienced similar problems as the ones caused by this drywall, but who may not have had any idea what was causing their problems.

The consumer can not emphasize strongly enough how severe this problem is. His 3 month old daughter has a constant runny nose and irritated/watery eyes. The consumer has experienced severe respiratory issues along with a whooping cough. He is extremely concerned about the types of health symptoms his wife experienced during her pregnancy and what his entire family may develop down the line as a result of the exposure to this drywall.

The consumer has also volunteered his home for inspection/investigation if the CPSC decides to look at it.

Vict #	Sex	Age	Name	Relationship
2	F	3 M	not given	daughter

Vict #	Victim Injury Description
2	constant runny nose and irritated/watery eyes

Distributor Phone #: unknown

CPSC Source: CPSC

1. Task Number	2. Investigator's ID	EPIDEMIOLOGIC INVESTIGATION REPORT
090507CBB3568	9094	

3. Office Code	4. Date of Accident YR MO DAY	5. Date Initiated YR MO DAY
840	2007 01 01	2009 05 11

6. Synopsis of Accident or Complaint UPC

A 54-year-old female complainant,whose house was rebuilt in 2007, has been suffering from watery eyes and sinus symptoms since she began spending time daily in the house. When her house was rebuilt, new drywall was installed. The complainant also reports blackening and corrosion on new copper pipes in her home. The complainant sought medical treatment for sinus problems related to this. She did not sign an Authorization for Release of Name form during the on-site visit. Nor did she return the signed form to the investigator later. That is why NO is indicated for Permission for Release of Name on the 182.

CPSA 6(b)(1) CLEARED for PUBLIC
X NO MFRS/PRVTLBLRS OR PRODUCTS IDENTIFIED 7/17/09
__ EXCEPTED BY: PETITION RULEMAKING ADMIN. PRCDG
X WITH PORTIONS REMOVED: 322

7. Location (Home, School, etc)	8. City	9. State
1 - HOME	NEW ORLEANS	LA

10A. First Product	10B. Trade/Brand Name	10C. Model Number
1884 - Ceilings And Walls (interior	UNKNOWN	UNKNOWN

10D. Manufacturer Name and Address
Made in China

11A. Second Product	11B. Trade/Brand Name	11C. Model Number
374 - Pipes (excluding Smoking Pipe	UNKNOWN	UNKNOWN

11D. Manufacturer Name and Address
NONE

12. Age of Victim	13. Sex	14. Disposition	15. Injury Diagnosis
54	2 - Female	1 - Injured, not Hosp.	71 - Other

16. Body Part(s) Involved	17. Respondent	18. Type of Investigation	19. Time Spent (Operational / Travel)
75 - HEAD	1 - Victim/Complainant	1 - On-Site	15 / 2

20. Attachment(s)	21. Case Source	22. Sample Collection Number
9 - Multiple Attachments	07 - Consumer Complaint	

23. Permission to Disclose Name (Non NEISS Cases Only)

○ Yes ● No ○ Verbal ○ Yes for Manuf. Only

24. Review Date	25. Reviewed By	26. Regional Office Director
06/10/2009	8631	Frank J. Nava

27. Distribution	28. Source Document Number
Rose, Blake; Woodard, Dean	I0940826A

This investigation was initiated from a consumer complainant.

Much of the information contained in this report was obtained during an on-site interview conducted with the complainant on May 13, 2009. While at the complainant's home, I photographed evidence of corrosion reportedly caused by the incident product. In addition, I photographed labeling found on the incident product. These photographs are included as Attachment 2.

I provided the complainant with copies of the CPSC Authorization for Release of Name Form and Medical Release Form. The complainant stated that she wished to review these items before signing them. On May 18, 2009, I requested signed copies of the above-mentioned forms from the complainant (Attachment 3, Page 1) I made a second request for the signed forms via telephone on June 2, 2009. However, these items were not received.

During the on-site visit, the complainant stated that she had called her local Better Business Bureau, the district attorney, and the state government regarding this issue. She said that she has not received any help from any of these groups and that no local or state agency had sent anyone to her residence to examine the issue. The complainant stated that she had contacted a private attorney to explore her options regarding the issue. She did not provide any additional information about her contact with the private attorney.

The complainant in this incident is a 54-year-old female.

The incident occurred at the complainant's residence, a detached two-story single-family dwelling. The complainant stated that the size of the house is approximately 2900 square feet. No rooms in the house were carpeted at the time of the on-site visit.

The primary product involved in this incident is drywall imported from China. This drywall was installed in the complainant's home in 2007 when the home was rebuilt following area-wide flooding that occurred in August and September 2005.

The complainant stated that she did not know whether wood or metal studs were used in the construction of her house.

The incident location is equipped with natural gas service. The complainant stated that she has a gas stove, but that it has not been installed in the house yet, due to problems with the drywall.

As stated above, the complainant had to rebuild the entire house following extensive flooding in the area in 2005. The complainant stated that she did not have contact information for the contractor who installed the drywall when the house was remodeled.

The complainant stated that she did not know where the contractor had purchased the drywall installed in her house when it was rebuilt.

The complainant stated that she moved into the house in March or April of 2009, although the rebuilding was not yet completed. However, she said that she had been inside the house for several hours almost every day since May or June of 2007.

When the complainant first began spending time in the house on a daily basis (2007), she noticed an unpleasant odor but was not able to identify it. She said that she thought the odor was coming from a nearby sewer line initially.

The complainant stated that, after some time, she realized that the odor was emanating from inside her house. She said that she notices a gassy smell when entering the house each time, like someone is lighting a match. The odor is strongest in the utility room, according to the complainant, although she said that she notices it throughout the house.

The complainant said that the odor seems to be getting stronger now than it has been in the past. She attributes some of the increased odor to increasing temperatures outside.

When the complainant began visiting her house on a daily basis in May or June of 2007, she noticed that her eyes "teared up" every time she entered the house. She said that she also began having sinus problems at this time.

The complainant stated that her 20-year-old son, who is away at college in another state, has experienced sinus problems whenever he comes home for the weekend and spends time inside her house.

The complainant said that, at first, she noticed an improvement in her symptoms when she left the house to go to work. She said that she no longer sees any improvement in her symptoms when she leaves the house to go to work.

The complainant stated that she sought medical treatment for the symptoms she was experiencing. She said that she reported these problems to her healthcare providers as "sinus problems." I requested that CPSC be allowed to obtain a copy of the medical records pertaining to the treatment received by the complainant. However, the completed Medical Release Form was not returned to CPSC.

The complainant said that she has noticed several instances of corrosion that she believes to be caused by fumes emanating from the drywall inside her house. She said that the new copper pipes in her kitchen and utility room are already turning black (Attachment 2, Photographs 1-2. She said that these pipes were installed in her house about a year prior to the on-site visit.

The complainant said that she has not replaced the central air conditioning unit in her house following the flooding in 2005. She said that she doesn't want to replace the central air unit until the drywall problem is resolved.

The complainant stated that she has not noticed flickering lights, arcs or sparking, sizzling, or buzzing in her electrical system. She has not noticed any circuit breakers tripping abnormally often or for no apparent reason. She said that she has not noticed any unusual odors in the vicinity of light receptacles, light switches, or fixtures. Nor has she noticed any light switches or outlets that are warm or hot to the touch.

CONTACT WITH RETAILER AND MANUFACTURER:

At the time of the on-site visit, the complainant had not contacted the manufacturer or installer of the drywall involved in the incident. She said she had been unsuccessful in her attempts to track down the installer of the drywall. In addition, she is not certain of the identity of the manufacturer/importer of the drywall. Although labeling observable on the drywall in her home indicates that it is manufactured in China, no specific information regarding the manufacturer of the drywall could be located (Attachment 2, Photographs 3-6).

PRODUCT IDENTIFICATION:

The primary product involved is **drywall, manufactured in China.** During the on-site visit, I was unable to locate or photograph a portion of the drywall on which the manufacturer's name was visible. However, I photographed a portion of the drywall bearing information that it was manufactured in China (Attachment 2, Photographs 3-6).

Labeling observed on the drywall installed in the complainant's house reads in part as follows: "*** MADE IN CHINA *** MEET OR EXCEEDS ASTM 1396 *** 04 STANDARD ***" (Attachment 2, Photographs 4-6).

SAMPLE:

Per assignment instructions, no sample was collected.

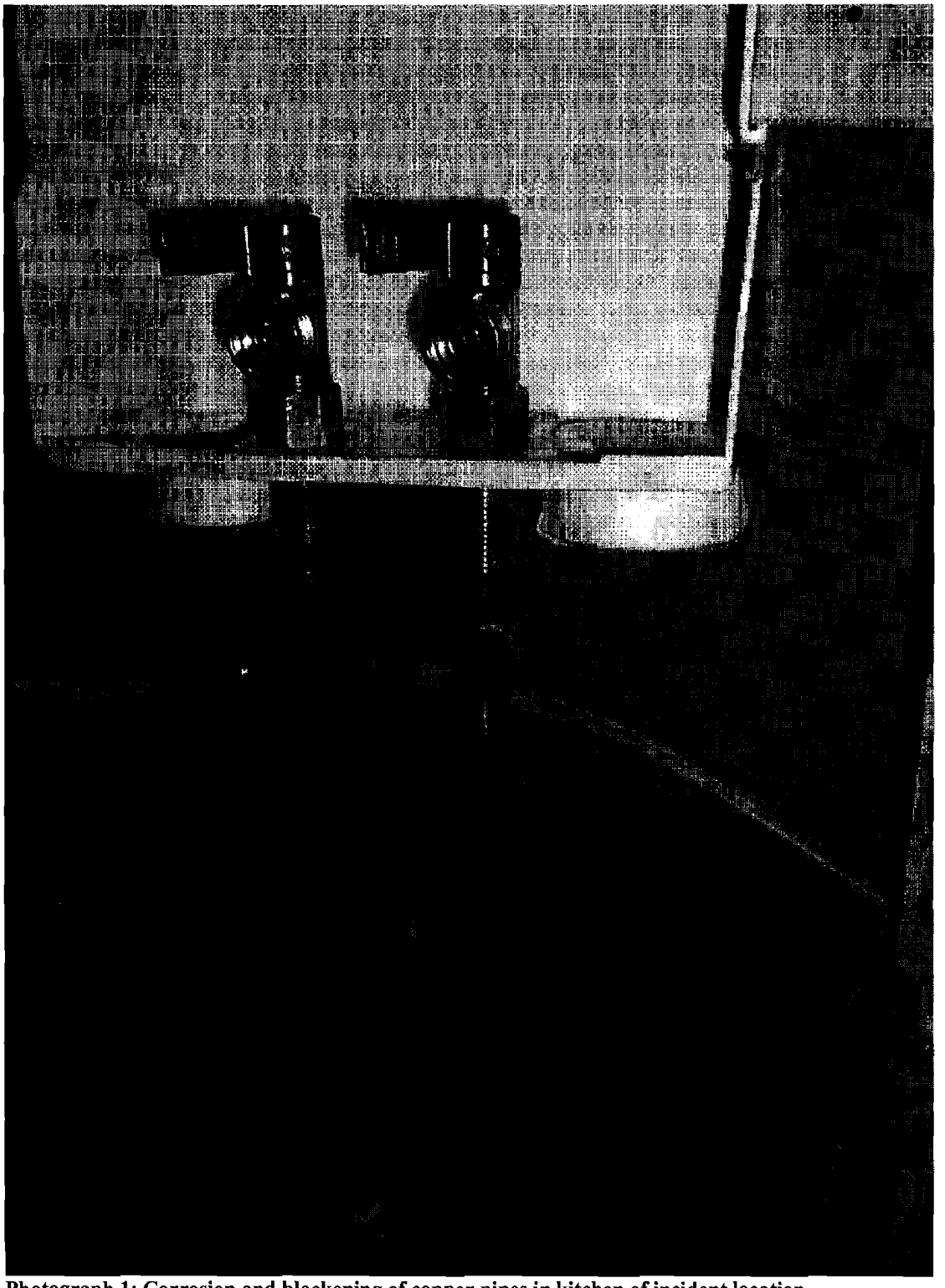
ATTACHMENTS:

Attachment 1 – Contact Sheet
Attachment 2 – Photographs (1 - 6)
Attachment 3 – Memo to Complainant
Attachment 4 – Missing Documents Form

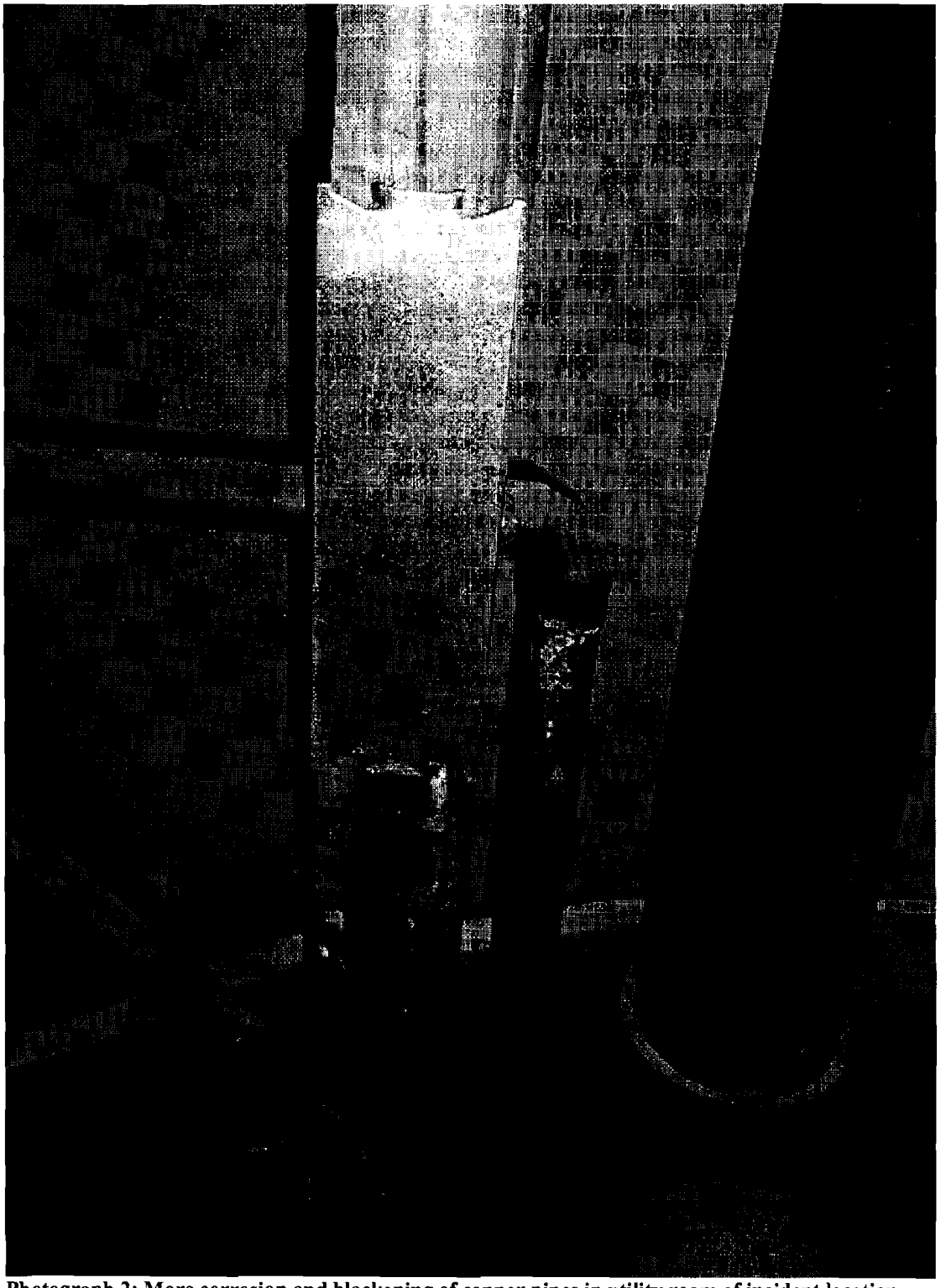
List of Contacts

Name: (b)(3):CPSA Section 25 (c)
Title: Complainant
Address: (b)(3):CPSA Section 25(c)
New Orleans, LA 70128
Phone: (b)(3):CPSA Section 25 (c)
Interviewed: On-site visit conducted May 13, 2009

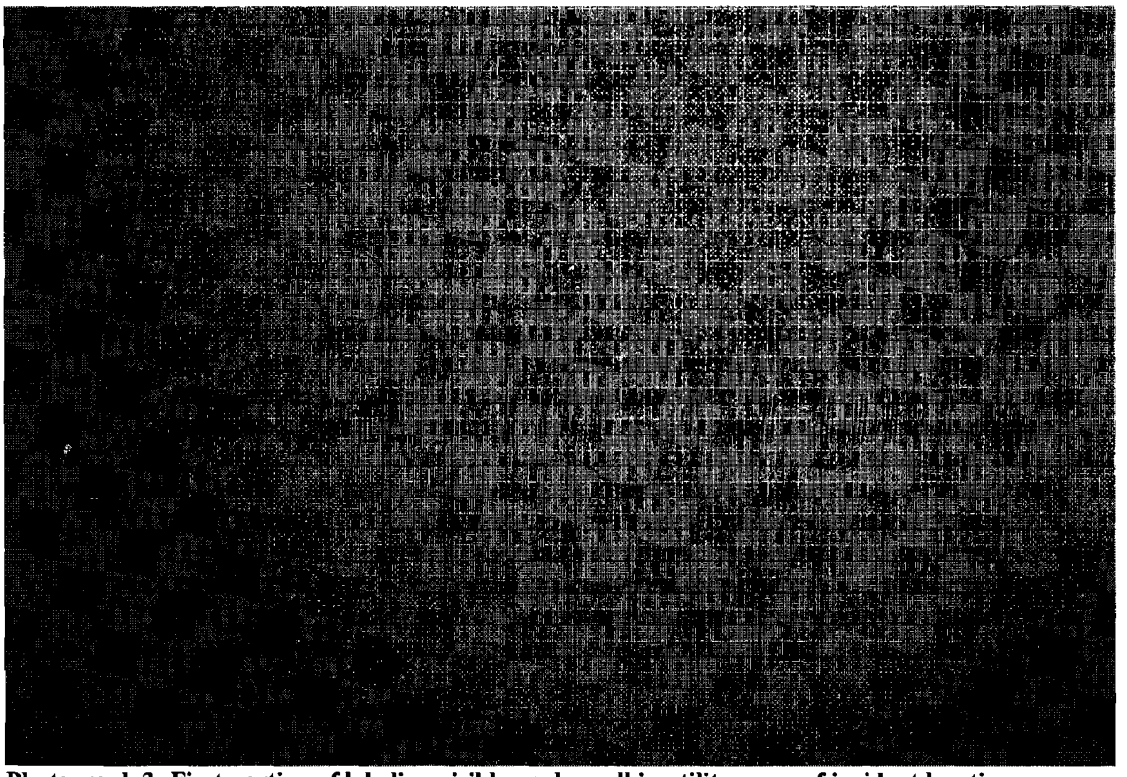
Information from interview is included in narrative.
Photographs made during on-side visit.
Complainant wanted to review Authorization and Medical Release forms before signing.
Additional information sent to complainant via e-mail and mail on May 18, 2009.
Called complainant June 2, 2009, to follow up on signed forms.
Signed forms were not received.



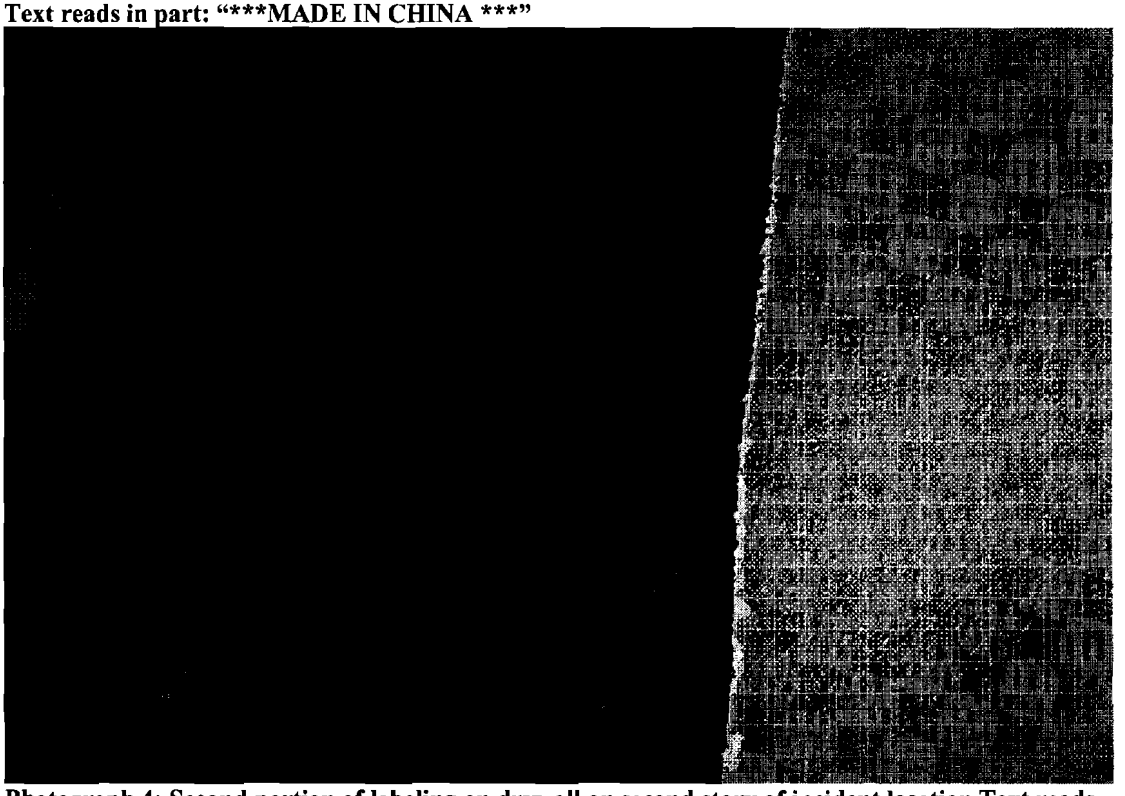
Photograph 1: Corrosion and blackening of copper pipes in kitchen of incident location



Photograph 2: More corrosion and blackening of copper pipes in utility room of incident location

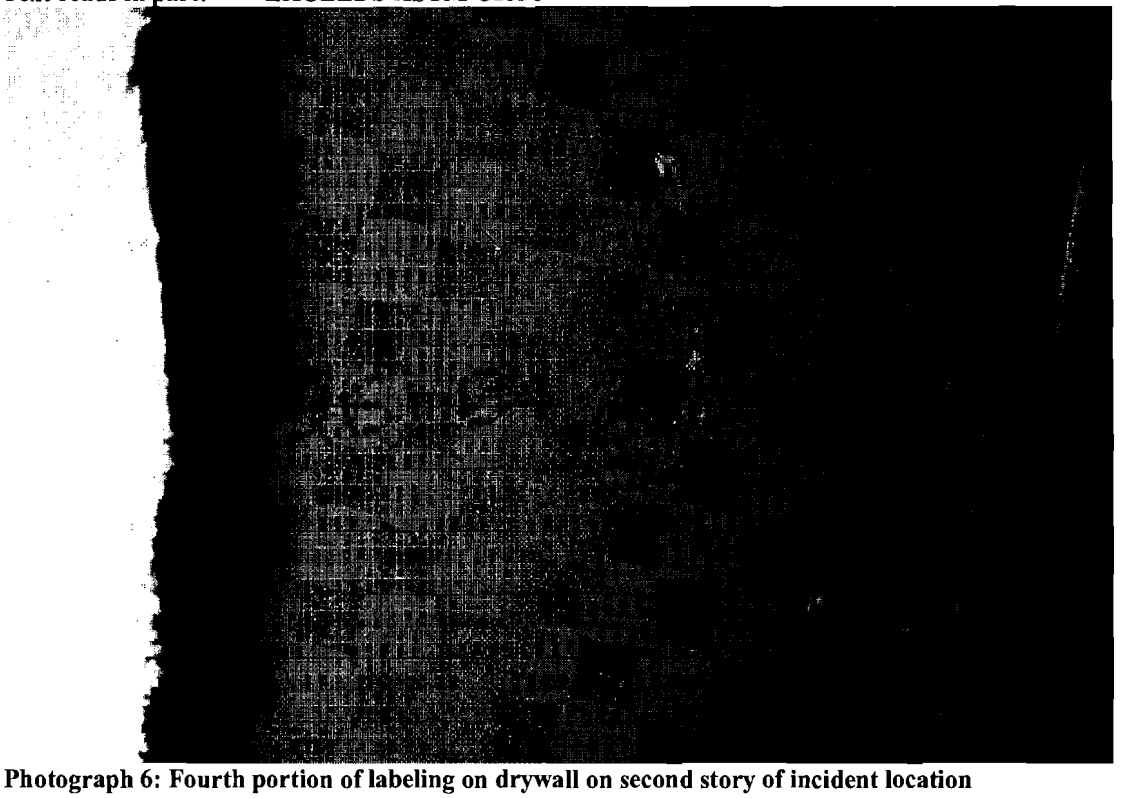


Photograph 3: First portion of labeling visible on drywall in utility room of incident location Text reads in part: "*MADE IN CHINA ***"**



Photograph 4: Second portion of labeling on drywall on second story of incident location Text reads in part: "*CHINA MEET OR ***"**

Photograph 5: Third portion of labeling on drywall in utility room
Text reads in part: "*EXCEEDS ASTM C1396 ***"**



Photograph 6: Fourth portion of labeling on drywall on second story of incident location
Text reads in part: "*96 04 STANDARD ***"**

Pigott, Mary

From: Pigott, Mary
Sent: Monday, May 18, 2009 1:38 PM
To: (b)(3):CPSA Section 25(c)
Subject: Complaint to CPSC regarding Chinese drywall
Attachments: foia08.pdf; AuthorizationForm.doc; HIPAA - Medical Release Form.doc; drywall.pdf

Ms (b)(3):CPSA Section 25(c)

Thank you for taking the time to meet with me last week regarding your complaint about the Chinese drywall. As we discussed, I am forwarding you information about making a request through the Freedom of Information Act (FOIA). Your case number is 090507CBB3568. However, you might also like to request information regarding all incidents related to Chinese drywall.

I am attaching copies of the Authorization for Release of Name form and the Medical Release form, also per our conversation on 5/13/09. Please complete the Authorization for Release of Name form and return it to me at the address listed below:

Kim Pigott
US CPSC
P.O. Box 167
Clinton, MS 39060

If you will allow CPSC to request your medical records pertaining to treatment received for symptoms relating to the exposure to the Chinese drywall, please complete the Medical Release form and return it to me with the Authorization for Release of Name form.

In addition, I am attaching information regarding the ongoing CPSC investigation into complaints about Chinese drywall. Hopefully, this document will address most of your questions.

For your convenience, I am also mailing hard copies of the attached documents.

I am still researching the issue of determining a manufacturer from the information we were able to locate on the drywall in your home. I will contact you later this week via telephone to update you on that issue.

Mary Kim Pigott
Product Safety Investigator - Jackson, MS
US Consumer Product Safety Commission
601-924-8370

Print Form

Task No. 090507CBB3568

Date: 06-10-2009

STATUS OF MISSING DOCUMENT (S)

The official records were requested for this investigation report but could not be obtained.

1. Authorization for Release of Name - complainant did not return signed form
2. Medical release form - unable to request medical records because signed release form was not received from complainant
3.
4.
5.

Date: 06-10-2009 **Investigator No:** 9094

Regional office: CFIW **Supervisor No:** 8631

Doc No: I0940826A **Issue: 31** **04/30/2009**

04/28/2009 16:22:11

Name = (b)(3):CPSA Section 25(c)
Address
City = New Orleans
State = Louisiana
Zip = 70128
Email = (b)(3):CPSA Section 25(c)
Teleph
Name
Victim's
Victim's City = New Orleans
Victim's State = Louisiana
Victim's Zip = 70128
Victim's Telephone = (b)(3):CPSA Section 25(c)

Incident Description = Constructor installed chinese drywall in my entire house summer 07. Toxic fumes Ordors through out the entire house. This has caused
dizziness, burning of the eyes. shortness in breath.

Victim's age at time of incident = 52
Victim's sex = female
Date of incident = 2007
Product involved = Drywall (Chinese
Product brand name/manufacturer =
Manufacturer street address =
Place where manufactured (City and State or Country) = New Orleans, LA. by Constructor
Product model and serial number, manufacture date =
Product damaged, repaired or modified =
If yes, before or after the incident =
Description of damage, repair or modification =
Date product purchased = summer 07
Product involved still available = yes
Have you contacted the manufacturer =
If not, do you plan to contact them =
Name Release = Release name to the manufacturer and public

1. Task Number		2. Investigator's ID	EPIDEMIOLOGIC INVESTIGATION REPORT
090504CBB1655		2391	
3. Office Code	**4. Date of Accident** YR MO DAY	**5. Date Initiated** YR MO DAY	
810	2007 03 01	2009 05 04	

6. Synopsis of Accident or Complaint **UPC**

The complainants, a 35 year old male and 36 year old female, moved into the new house in March 2007. The house was built with imported Chinese drywall in April 2005. The two air conditioning units in the house have had to be recharged with refrigerant and have evaporator coils replaced and/or patched. They have experienced health issues such as severe allergies, headaches, and respiratory infections. They are concerned with the long term health effects and possible safety issues.

CPSA 6(b)(1) CLEARED for PUBLIC
X NO MFRS/PRVTLBLRS OR PRODUCTS IDENTIFIED 7/2/09 P
— EXCEPTED BY: PETITION RULEMAKING ADMIN. PRCDG
— WITH PORTIONS REMOVED: 3 25c

7. Location (Home, School, etc)	8. City	9. State
1 - HOME	BOYNTON BEACH	FL

10A. First Product	10B. Trade/Brand Name	10C. Model Number
1876 - House Structures, Repair Or	UNKNOWN	UNKNOWN

10D. Manufacturer Name and Address
UNKNOWN

11A. Second Product	11B. Trade/Brand Name	11C. Model Number
4062 - Electric Wire Or Wiring Syst	UNKNOWN	UNKNOWN

11D. Manufacturer Name and Address
NONE

12. Age of Victim	13. Sex	14. Disposition	15. Injury Diagnosis
35	1 - Male	1 - Injured, not Hosp.	68 - Poisoning
16. Body Part(s) Involved	**17. Respondent**	**18. Type of Investigation**	**19. Time Spent (Operational / Travel)**
85 - ALL OF BODY	1 - Victim/Complainant	1 - On-Site	8 / 1

20. Attachment(s)	21. Case Source	22. Sample Collection Number
9 - Multiple Attachments	07 - Consumer Complaint	

23. Permission to Disclose Name (Non NEISS Cases Only)

○ Yes ● No ○ Verbal ○ Yes for Manuf. Only

24. Review Date	25. Reviewed By	26. Regional Office Director
05/19/2009	1949	Dennis R. Blasius

27. Distribution	28. Source Document Number
Rose, Blake; Woodard, Dean	H0930229A

090504CBB1655

This investigation was initiated through the receipt of a Consumer Product Incident Report submitted by a 35 year old male complainant/homeowner involving imported drywall material. Information for this report was gathered by an on-site interview with the complainant's wife at their home.

The affected home is occupied by the complainant, his 36 year old wife, five year old daughter, and two year old daughter. The home was built in April 2005. It is a two story, 3,400 square foot home. Metal and wood studs were used in the construction. Five bedrooms have original carpeting. There are no gas or natural gas appliances in the home. All appliances are electric. Since moving into the home, the complainants have painted the entire first floor of the home. No other changes have been made.

The complainant's wife reported that after moving in she did not notice anything unusual about the home. After the family was dealing with health issues, she discovered that the health issues could be related to the use of imported drywall in her home. Through the use of a community blog site, she realized that the issues she was dealing with were the same as her neighbors. Some of the blog postings are included as Exhibit 2. Her family mentioned to her after discussing with them the problems associated with imported drywall, that they had smelled a musk smell each time they entered her home. She left the home for one week after finding out that the home was affected with imported drywall. Upon returning to the home a week later, she could smell the unusual odor. Presently she cannot smell any unusual odors. She does not notice the odor in any particular part of the home. She also is not aware if the time of day or time of year affects the smell of the odor.

Within the first 14 months of living in the home, the complainants had to recharge the first and second floor air conditioning units with refrigerant. A few months later, both air conditioning units had evaporator coils replaced and/or patched due to leakage. The technician could not offer any explanation for the work being performed. No other service person or technician has entered the home. On a consistent basis she has experienced an issue with flickering lights. She reported that the high hat style lights in the master bedroom shut off without the use of the light switch. She has also experienced the temperature control panel in the freezer turning red and hot to the touch. She has not experienced any issues with the following: circuit breakers tripping for no apparent reason, no unusual odors in the vicinity of receptacles, switches, or light fixtures, no sizzling or buzzing, and no light switches or outlets are hot to the touch. She has noticed blackening and pitting on faucets, mirrors, copper pipes, and shower heads. She has also noticed blackening of the ground wire in electrical receptacles. She expressed concerns of fire being caused by the refrigerator. She has also noticed blackening on jewelry and metal decoration. She reported that the smoke alarms throughout the house would be activated and making a beeping noise. Within a year of moving in, she contacted the builder for repair service. She has not had any issues with the smoke alarms since then. Photographs of the affected copper pipes and metal fixtures are included as Exhibit 3.

The home is not a seasonal home and the family resides there year round. The family has experienced numerous health issues since moving into the house in March 2007. The

family was relatively healthy prior to moving in. The husband has experienced a nervous breakdown, requiring him to visit the emergency room. He also has been diagnosed with high blood pressure. She has experienced severe allergies and a pressure feeling on her chest. Her five year old daughter started complaining of headaches at least once a month. She is treated at home with over the counter medication. Her two year old daughter has suffered two to three upper respiratory infections. The two year old has been placed on steroids and a nebulizer machine. She does not believe that any of the family's health issues subside when they are gone for long periods of time at work and/or school. They have been treated by medical professionals such as an Ear, Nose, and Throat specialist, the emergency room, and the local pediatric urgent care center. She reported that she has taken both her daughters to the local pediatric urgent care center two to three times a month for the past several months. Some copies of medical documentation for her two year old daughter were provided and are included as Exhibit 4.

The homeowners have contacted the builder of the home to discuss issues they are experiencing with corrosion, unusual odors, and health problems. The builder has visited the home the first week of April 2009 and performed an inspection. She reported that she did not receive any documentation from the builder after the inspection of the home. The county building department has sent an inspector to the home. She reported that he took pictures of several damaged areas of the home, but she has not received any report or documentation of that visit. She has also reported her problems to the county health department via email and received a confirmation email acknowledging her submission. She is not aware of any action taking place in her community. Her short term and long term goals are to look for a rental home to live in while the issue is resolved. She does not want to walk away from the home and face foreclosure, but she sees that as a possible solution. Currently, she is attempting to renegotiate the terms of her mortgage agreement. She added that she will need assistance in the future with paying her mortgage and paying for a rental property. She also agreed to future official sample collection from the Commission.

Product Description

The product involved is imported drywall from China. During the on-site interview there were no visible labels on the drywall and access was very limited.

Exhibits

Exhibit 1 Contact Information

Exhibit 2 Community Blogs

Exhibit 3 Photographs (16)

Exhibit 4 Medical Documentation

Exhibit 5 Authorization for Release of Name

Contact Information

(b)(3):CPSA Section 25(c) omplainants

Boynton Beach, FL 33472
(b)(3):CPSA Section 25(c)

May 5, 2009

Consumer Contacted Builder

Northstar Homes of Florida
14901 Military Trl.
Delray Beach, FL 33484
Tel. 561-638-6270

Cobblestone Creek Blog Postings

Problems with Air Conditioning Units
Posted by: **Carolyn Santamaria** on: 08/04/2008
Is anyone else having issues with their Carrier units/Sansone servicing? This is the 3rd time that our coil has to be replaced in less than 2 years. Doesn't seem right that the parts don't last longer than one year!!?? I lived in a home for 7 years with absolutely no issues.

Carolyn

Re: Problems with Air Conditioning Units
Posted by: **Steven Roberts** on: 08/05/2008
There was a previous post regarding this that had been deleted. Please speak with Larry T and Jimmy D and they can fill you in. I have sent you a private e-mail.

Brighton Electrics of Boynton Beach
Posted by: **Mark Bowes** on: 08/30/2008
I recently had a problem with what I believed to be a short in my sons bedroom causing the breaker to continuously trip out. So last Saturday I called Brighton Electrics who came out 2 hours later. They initially told me I would need a whole new Electrical Panel costing over $2000! I said I could not beleive that was the problem, so after the guy made a phone call or 2 he decided that the solution was to run new wiring from my panel to the bedroom costing $1000. I still said no and I began to believe that they were attempting to "Rip me Off" for work I did not need. I paid them by credit card for an hour long call out charge ($95) and sent him on his way. I made an appointment for the Melco the contractor who installed the electrics when the house was built, but because of Tropical Storm Faye they could not come until Thursday (4 Days later). These guys found the short in 25 minutes and everything was back together in 45 minutes. So it was clear Brighton Electrics were attempting to charge me for unnecessary work, they also could have fixed this most basic fault very quickly meaning my son would have had light and power in his bedroom 4 days sooner . Anyone calling these guys should also be careful. I have stopped the payment from my Credit Card and informed The Better Business Bureau.

Re: Brighton Electrics of Boynton Beach
Posted by: **Steven Roberts** on: 08/31/2008
I had a similar problem about three months ago. The electrical in my house was done by comet. Fortunately I have a Service America Contract which cost 425/year and cost me nothing to have them come out and find the short in the electrical box which ruined a breaker. This was caused by a wire not being screwed in tight enough causing arcing. You were right
to question

Refrigerator Repair
Posted by: **Dan Lishansky** on: 10/09/2008
I have a GE Profile side by side refrigerator that is 2 years old. Yesterday it started making some strange sounds, the ice dispenser stopped working and the temperature control readout (digital) flashed a few times and then stopped working. Because GE Service was not available the day it happened, I called a local appliance repair shop. They wanted $75 service call and $225 for parts and labor to replace the control board (like a pc mother board). They never said the item was defective and would be covered by GE because they are not an authorized GE service center. I put everything into coolers and waited one day for GE Service. GE Service came this morning and replaced the control board at no charge even though the unit is no longer under warranty. I wanted to share that info in case anyone else runs into a similar situation.

Re: Refrigerator Repair
Posted by: **Jimmy Diamond** on: 10/16/2008
I have had the same problem twice Dan - both times it corrected itself?

Re: Refrigerator Repair
Posted by: **Mitchell Rubin** on: 10/17/2008
GE Service has repaired my washing machine, replaced the door on my microwave oven and fixed the ice maker which had not been installed correctly. They also adjusted my refrigerator handles and replaced the plastic catch on the water dispenser which had discolored. They are reliable and prompt.

Warranty Requests
Posted by: **Nessiffer Abhaisingh** on: 12/03/2008
Does anyone know is handling our warranty requests? I called the number listed on the warranty form and it is out of service. Is there a new phone and fax number available? Thanks.

Topic "Problems with Evaporator Coil on A/C" **Started by** Carolyn Santamaria **on:** 08/06/2008

Problems with Evaporator Coil on A/C
Posted by: **Carolyn Santamaria** on: 08/06/2008
Anyone having issues or have had issues with needing the evaporator coil on their A/C replaced? Please contact me as I am compiling a list of residents. The president of Northstar is investigating this issue. Thank you!

Carolyn
752-3402

Re: Problems with Evaporator Coil on A/C
Posted by: **Joseph Rofrano** on: 08/20/2008
yes--I'm having problems with the A/C upstairs and downstairs--please contact me as to what we can do-
thank you
how do I go about adding my name to the list of home owners filing to correct our problems with the A/C? I have owned my home for a little over a year and it is constantly leaking and having all kinds of problems---please advise as to who I can contact--
thank you

Re: Problems with Evaporator Coil on A/C
Posted by: **Dan Lishansky** on: 08/20/2008
Joseph
If you having trouble with the A/C and your home was built by Northstar, try contacting Tracy at Northstar Warranty. Her email is tracy@northstarhomesfl.com. If your home was built by Centerline you can still contact their warranty. I do not know their email.

(FYI- you had started a new post with the same topic as this one so I removed the new posting and attached it to the end of your posting in this thread.)

Re: Problems with Evaporator Coil on A/C
Posted by: **Lee & Alyssa Quittner** on: 08/24/2008
3rd time my a/c has been worked on.

Re: Problems with Evaporator Coil on A/C
Posted by: **Ronald Levin** on: 09/19/2008
Just had Sansone out to do a maintenance service (under their maintenance agreement which I had purchased). They found oil in the pan suggesting a coil leak and found that I was low by 1.5 lbs of freon. This problem is not covered under their maintenance agreement and while the coil is under warranty from Carrier for 5 years, the labor is not covered and runs about $945 ($95 for a service call, $275 for leak detection, and $575 for the labor to install the new coil). Fortunately, I purchased a home warranty from 2-10 and the only charge will be a $50 copay. However, there is no reason we should be having all these problems in homes that are less than 2 years old.

Re: Problems with Evaporator Coil on A/C
Posted by: **Carolyn Santamaria** on: 09/20/2008
I agree. I paid about that amount for the upstairs unit. Unfortunately, I don't have a service contract. Which company are you using?

Re: Problems with Evaporator Coil on A/C
Posted by: **Steven Roberts** on: 09/22/2008
Service America. No copay and filled my freon at no charge.

Re: Problems with Evaporator Coil on A/C
Posted by: **WILLIAM SHAW** on: 11/08/2008
I have had Sansone due the regular 6 month inspection of my two AC units. They found coil leaks in both of them with the refrigerant almost completely gone. They are now scheduled to replace both cores next week. Heavy black residue was built up on the outside of all the copper tubing and piping suggesting outside corrosion.
Fortunately I carried an extended warranty so I will not have to pay for the work this time.
Question: what should be done to prevent this from happenning again? Lower humidity settings? Air cleaning units to scrub any corrosive gases emitted from the building? What else?
I hope Northstar can investigate this problem further and make some recommendations. It appears not to be just an isolated AC problem.

Re: Problems with Evaporator Coil on A/C
Posted by: **Ronald Levin** on: 11/12/2008
I bought a home warranty from 2-10 (the same people that Northstar used and whom I used in my previous home in NC. There is a $50 deductible, but it covers ALL appliances including the hot water heater, Air, all kitchen appliances, and I bought optionally coverage for my pool and spa.

Re: Problems with Evaporator Coil on A/C
Posted by: **Frank Lalama** on: 02/18/2009
We too need a new coil in the AC unit upstairs. We have had the units serviced regularly and I change the filters every month. Despite that the coil may be covered under warranty this should not be occurring after just two yrs. especially to multiple homeowners on the same block! Something just isn't right here.

Re: Problems with Evaporator Coil on A/C
Posted by: **Ronald Levin** on: 02/21/2009
There was just an article in The Palm Beach Post raising the question of corrosion coming from the release of sulfur from Chinese drywall. Lennar Homes has admitted to this problem and has moved 80 people out of their homes while they re-drywall the entire house. This seems to be a problem unique to South Florida. I wonder if someone from the Board of Directors can bring this up with Northstar and see if the drywall sub-contractor used any of this drywall. Seems the EPA is now involved in investigating also. The problem was discovered due to premature corrosion in the A/C coils (sound familiar?) as well as corrosion of the hardware in bathrooms (also now beginning to see that problem in my home).

Re: Problems with Evaporator Coil on A/C
Posted by: **Frank Lalama** on: 02/25/2009
Yes....I noticed that the copper pipes in all our bathrooms have turned black just like the AC evap coils. This is interesting. We should (as a community) most definately look into this further.

Re: Problems with Evaporator Coil on A/C
Posted by: **Dan Lishansky** on: 02/26/2009
I asked David Ettinger about the issues addressed in this thread. The following is his response:

Dan,

I received the link for the article that you forwarded regarding the Chinese drywall issue. Of course, we have seen much of the publicity regarding this topic. As you know, Northstar takes any customer concerns very serious. When individuals voiced concern regarding the AC coils, we initiated meetings and testing directly with both the manufacturer and the subcontractors. At that time, we hadn't even heard about this drywall issue however; according to the documentation file that has been maintained by us since the inception of the AC coil issue, our notes reflect that there were no mentions of any odor or sulfur smells in the homes.

Unlike several of the national homebuilders, Northstar Homes does not purchase drywall directly from the manufacturer. Instead, it is bought through our subcontractor(s) who purchases through distributors. In our case, our subcontractor's distributor has purchased drywall from multiple manufacturers including a portion from Knauf Tianjin in 2006. However, the distributor does not purchase for specific homes but rather buys and stores the product in inventory. Because of that, distributors are not able to confirm which manufacturer's drywall was shipped to any specific home that may be in question.

Northstar continues to focus on pro-active responses relative to issues pertaining to this issue. We continue to have ongoing dialogue with the AC manufacturer and contractor for Cobblestone Creek as well as our drywall supplier to obtain as much information as possible. I cannot speak to the extent or the specific issues that Lennar may or may not have but, I can tell you that the Air Conditioning Manufacturers and the Drywall Manufacturers are extremely aware of the customer concerns and are actively pursuing testing and procedures to eliminate the issue to everyone's satisfaction. Final results of the tests and procedures have not been made public by the manufacturers but, we hope to have the information within the next 60 days.

We will continue to monitor this issue and notify those Northstar homeowners on our list, once we have more information.

David Ettinger
Northstar Homes

Re: Problems with Evaporator Coil on A/C
Posted by: **Frank Lalama** on: 03/10/2009
Please include us on your list of residences w/this issue. We will follow up w/paper work w/regard to our AC coil replacement work from last month.

Thank you,

Frank & Romy A. Lalama
561-364-8503

Re: Problems with Evaporator Coil on A/C
Posted by: **Dominic Giannetti** on: 03/11/2009
Dan, Did you happen to contact Centerline with the same questions/concern? We too had problems (as several other Centerline residents) with our coil. I am hearing more about this drywall issue and it is a growing concern all over. Please let me know what you've heard or found out regarding the Centerline homes also. Thanks!

Re: Problems with Evaporator Coil on A/C
Posted by: **Steven Roberts** on: 03/13/2009
We have had Kohler replace shower heads and fixtures in our bathroom due to excessive tarnish. So far no coil problems.

Re: Problems with Evaporator Coil on A/C
Posted by: **Carolyn Santamaria** on: 03/18/2009
Has anyone had an inspector come out to run tests on the homes..checking for sulfur in the drywall? Is anyone interested in doing this?

Re: Problems with Evaporator Coil on A/C
Posted by: **STEVE FELICETTI** on: 03/19/2009
Coil replacement to both units, please add me to your list. Steve Felicetti 954-296-6771

Re: Problems with Evaporator Coil on A/C
Posted by: **Ronald Levin** on: 03/25/2009
Who at Kohler did you contact, as my shower heads are corroded also. They are brushed nickel that I paid extra for and would like to have them replaced also.

Re: Problems with Evaporator Coil on A/C
Posted by: **Steven Roberts** on: 03/25/2009
I contacted the 800 number and they will want pictures.

Topic "CHINESE DRYWALL" **Started by** Larry Talley **on:** 03/21/2009

CHINESE DRYWALL
Posted by: **Larry Talley** on: 03/21/2009
I personally own a home in a Cobblestone affected by Chinese Drywall.

WARNING: If your home was built or renovated between 2004 and 2007, it may contain a defective and dangerous product known as Chinese Drywall.

WHY IT'S DANGEROUS:
Chinese Drywall emits toxins that may pose serious health threats to homeowners, including respiratory problems, headaches, and nose bleeds. The toxins also corrode metal within a home causing severe damage to electronic equipment, wires, pipes and air conditioning systems.

HOW BIG IS THIS PROBLEM?
This problem is enormous! It is estimated that over 550 million pounds of Chinese dry wall have been offloaded at US ports in the last few years. This is enough to build 60,000 average-sized homes. Unfortunately, Florida is one of the most heavily impacted States in the entire country.

SIGNS THAT A HOME MAY HAVE CHINESE DRYWALL:
- a rotten-egg or sulfur type smell in the home;
- problems with the home air conditioning unit, including repeated corrosion of the coils
- blackening of metals, such as coils, wiring or even silver jewelry
- failing of electronic components such as televisions or computers
- symptoms of severe allergies or respiratory problems that may disappear when you leave the home for an extended period of time

WHAT CAN YOU DO?

We are holding a town hall-community meeting at Cobblestone Creek on Thursday, March 26th 2009, at Cobblestone Creek's Club House at 7:00PM. (1/4 mile North of Boynton Beach Blvd. on Lyons Road – East side). If you have friends in other communities that may be affected by this, please bring them.

Vincent J. Pravato, Esquire
LAW OFFICES OF WOLF & PRAVATO
2101 West Commercial Blvd.
Suite 1500
Fort Lauderdale, FL 33309
(954) 522-5800
(561) 686-0520
Vince@wolfandpravato.com

Home Owner
Larry Talley
(954) 899-2713
larry@brand-tango.com

Home Owner
Nick Desola
(954) 588-0505
desola1@aol.com

Re: CHINESE DRYWALL
Posted by: **Larry Talley** on: 03/21/2009
For more information contact Nick Desola at
954-588-0505

Re: CHINESE DRYWALL
Posted by: **Dan Lishansky** on: 03/24/2009
David Ettinger has sent me the following email and asked that it be posted for all homeowners:

Northstar Homes is aware of the imported drywall concerns voiced by Homeowners. We have been pro-actively pursuing resolutions directly with the drywall manufacturer. The issues with imported Chinese Drywall that have been reported in the media over the past several months are not unique to Cobblestone Creek but appear to be an industry wide issue. Northstar Homes will continue to actively pursue our on-going efforts on behalf of our homeowners. We plan on reviewing the results of our investigation and discuss potential resolution at the April 21st Annual Meeting.

David Ettinger
Northstar Homes

Re: CHINESE DRYWALL
Posted by: **Steven Roberts** on: 03/25/2009
The first portion of this posting has been deleted. Personal attacks are not permitted on this Message Board. -Website Administrator

Remainder of original message:
I will be posting a separate posting of the scientific effects if hydrogen sulfide exposure and what we can do until action is taken

Re: CHINESE DRYWALL
Posted by: **AJ Shikely** on: 03/25/2009
This is an interesting read about this topic from CNN:

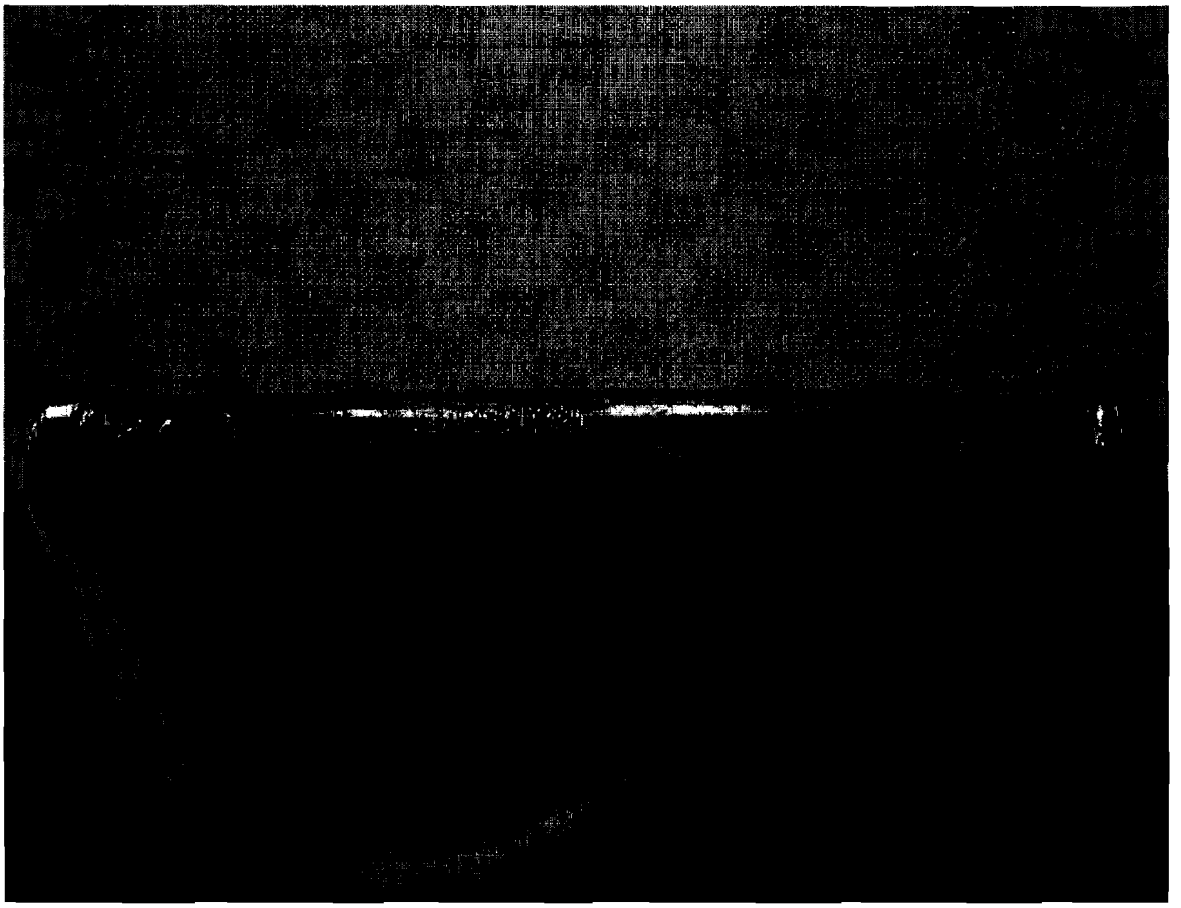


Photo 1 is of a blackening, silver decoration used to store a birth certificate.

Photo 2 shows the corroded ground wire of an electrical receptacle.

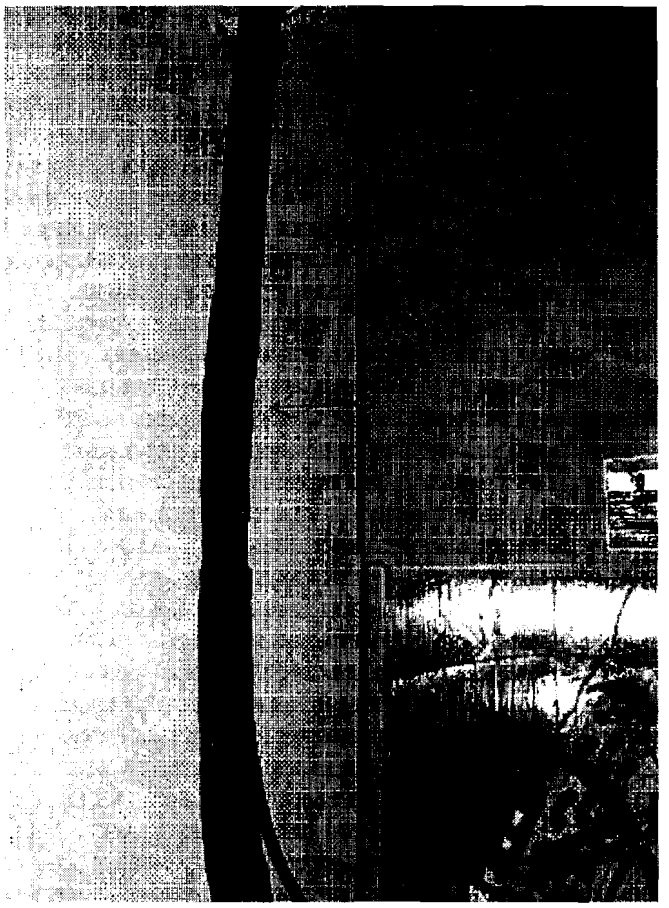


Photo 3 shows blackening on a copper pipe connected to the air conditioning unit.

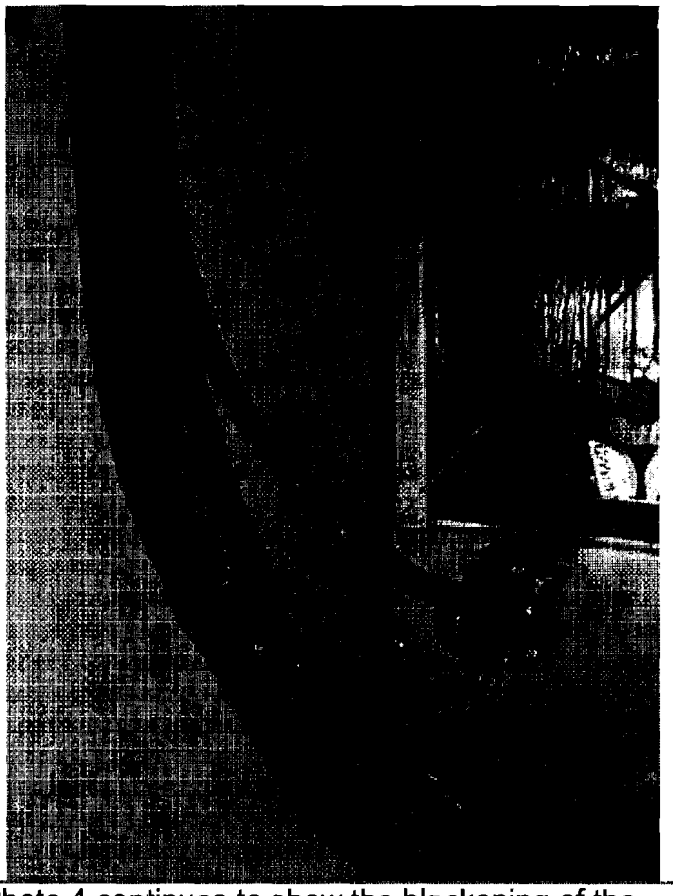


Photo 4 continues to show the blackening of the same copper pipe.

Photo 5 shows the evaporator coils of the air conditioning unit.

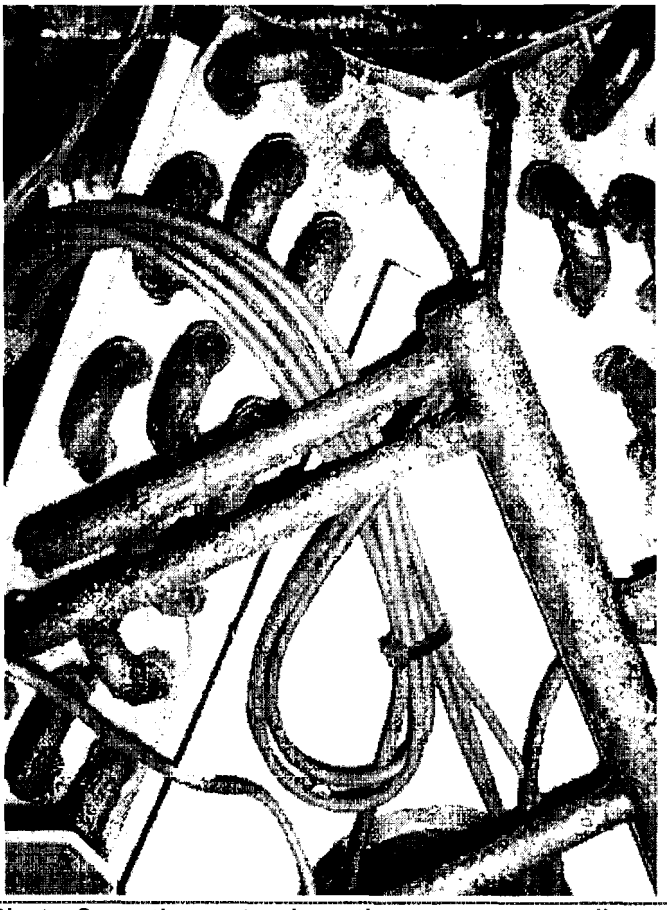


Photo 6 continues to show the evaporator coils.

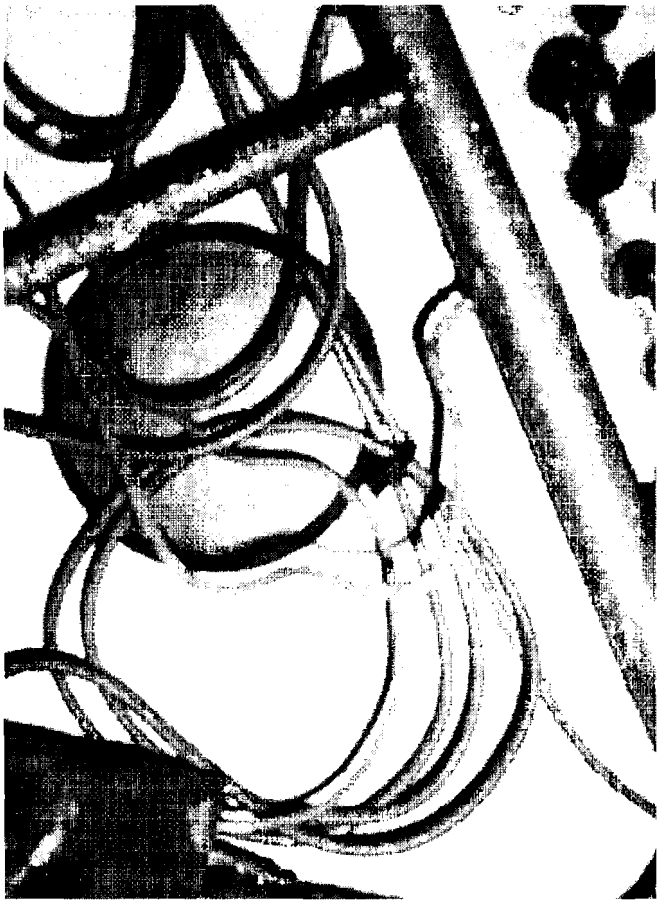


Photo 7 shows more blackening inside the air conditioning unit.

Photo 8 shows the deterioration of the bathroom mirror.

Photo 9 shows pitting on the faucet in the bathroom.

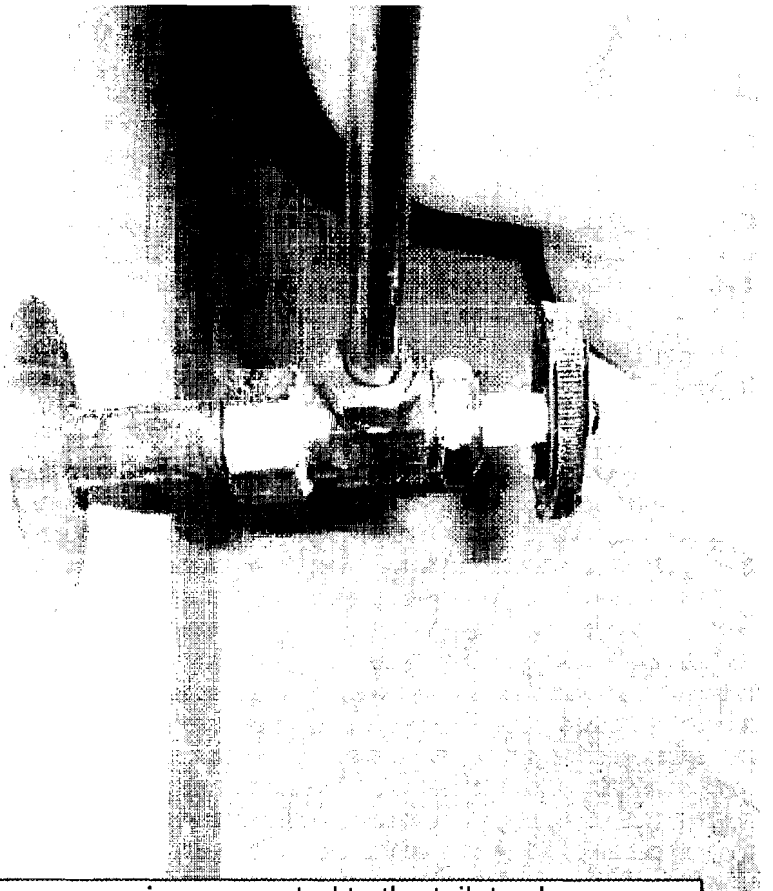


Photo 10 shows the copper pipe connected to the toilet valve.

Photo 11 shows another copper pipe from another toilet valve.

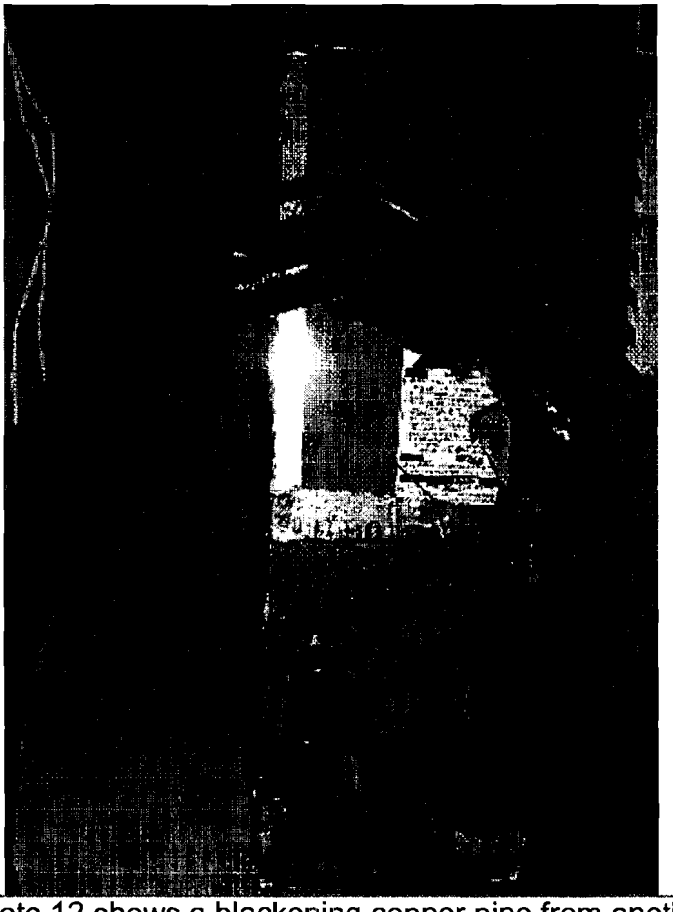


Photo 12 shows a blackening copper pipe from another air conditioning unit.

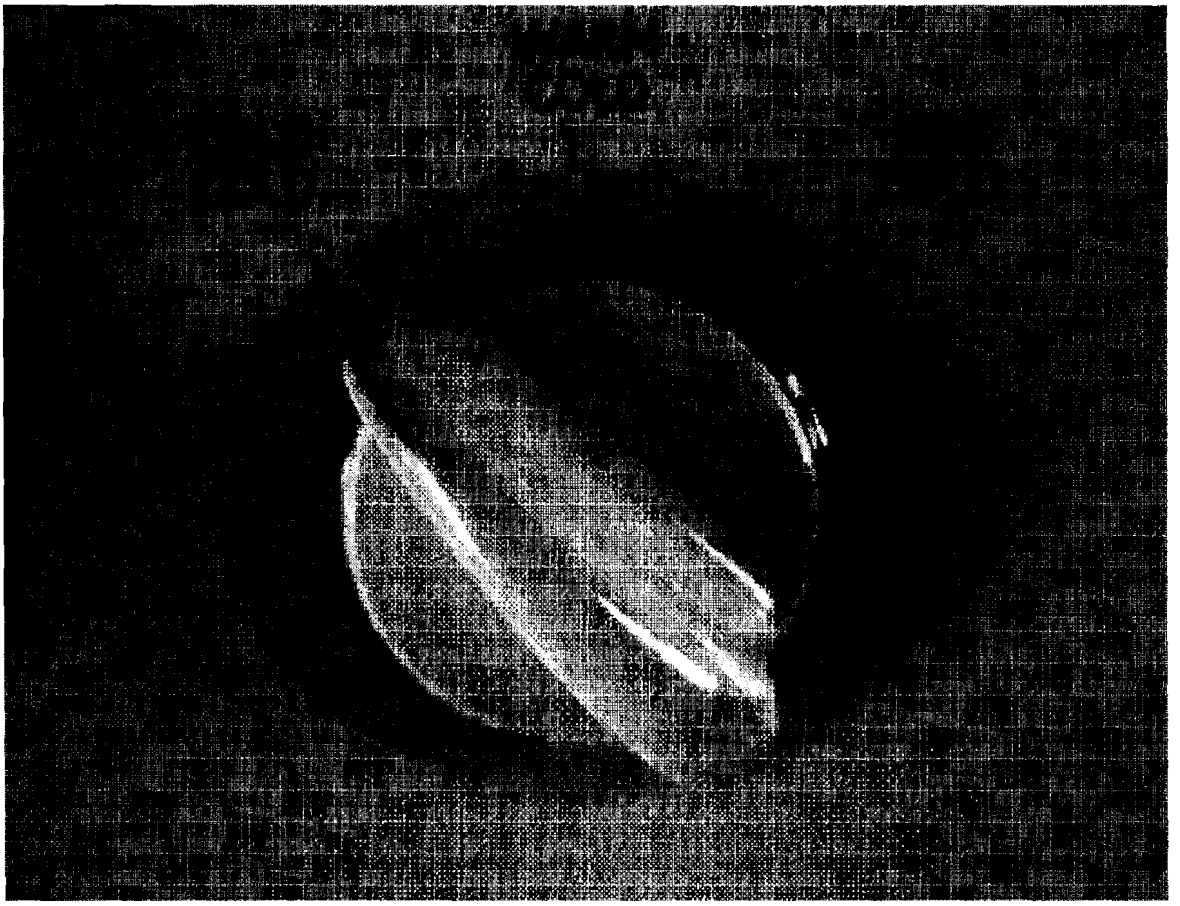


Photo 13 shows pitting on the chrome area of the washing machine knob.

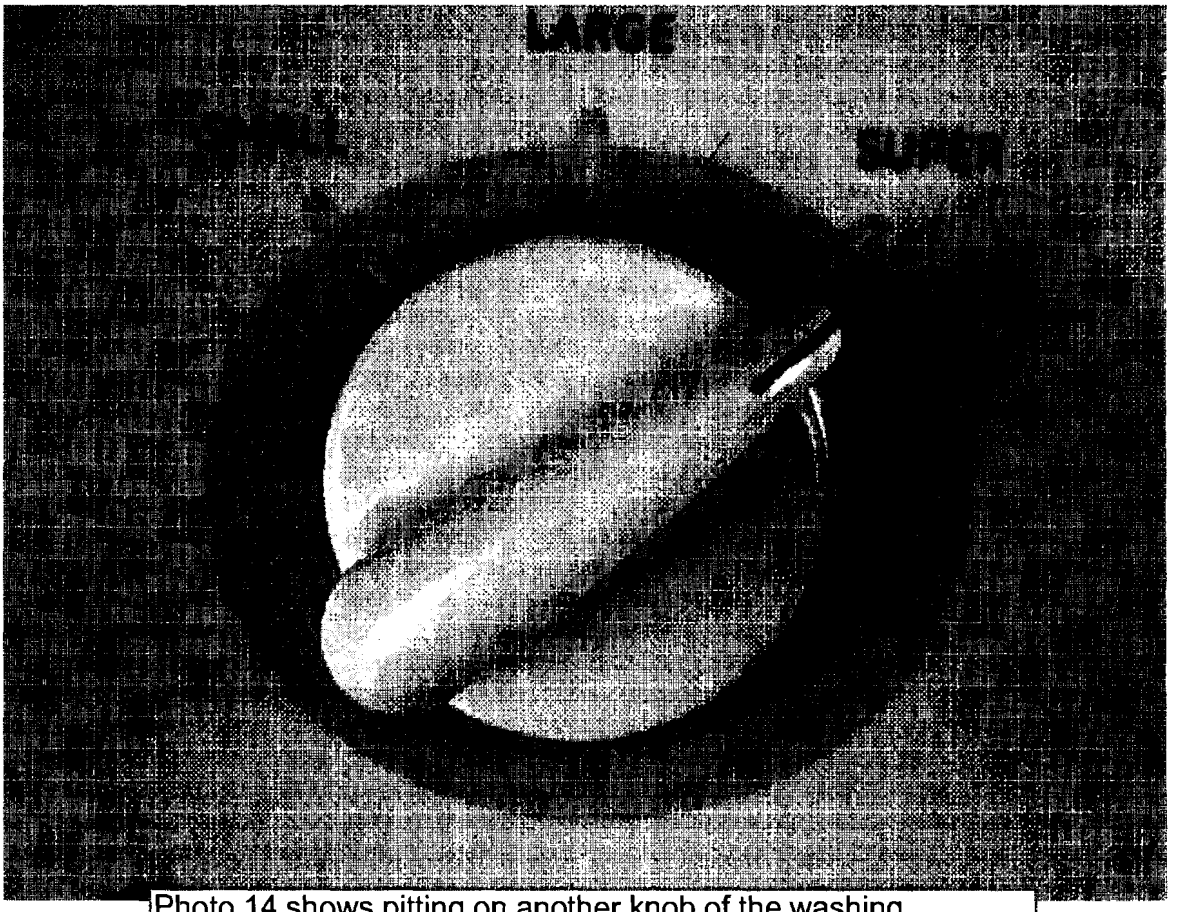


Photo 14 shows pitting on another knob of the washing machine.

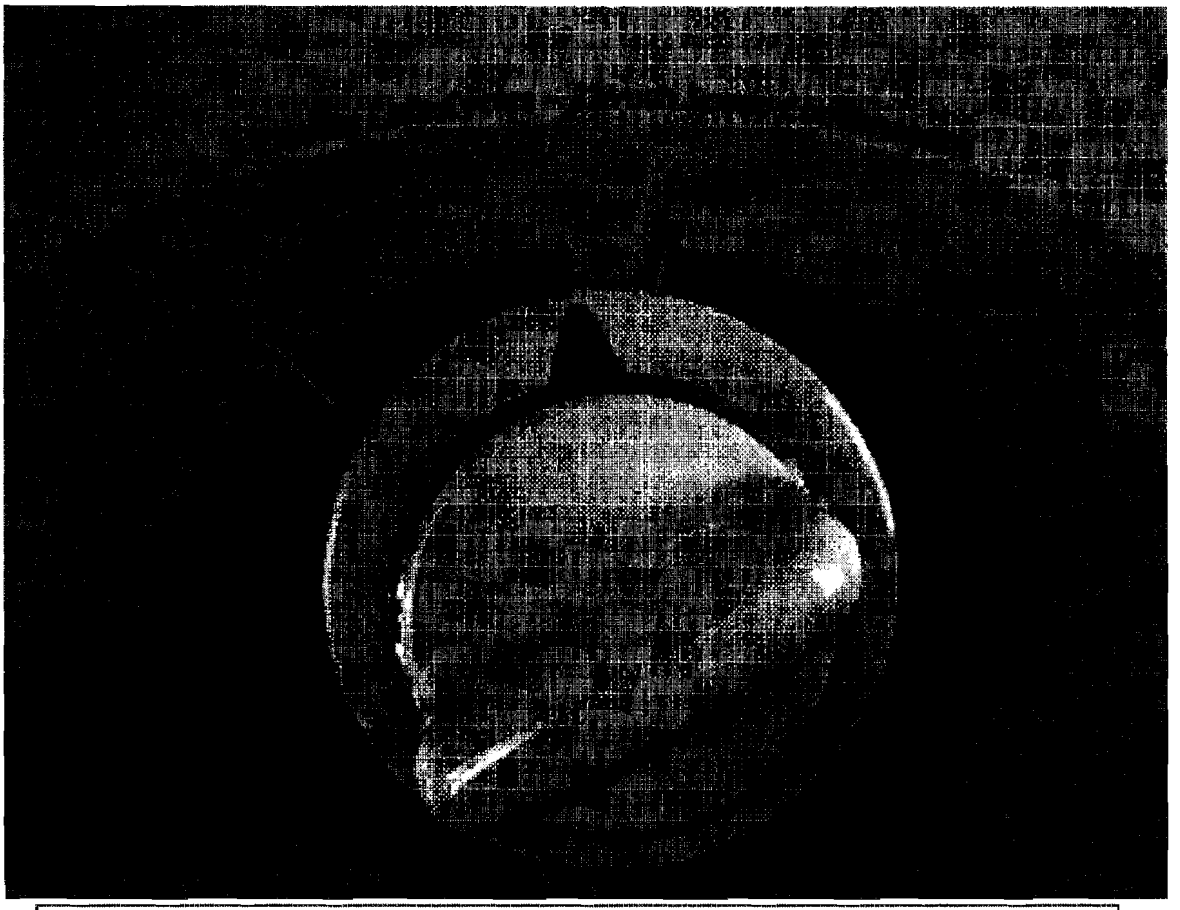


Photo 15 shows pitting on the chrome area of the knob on the clothes dryer.

Photo 16 shows a blackening copper pipe behind the refrigerator.

Wellington Regional Medical Center
10101 Forest Hill Blvd.
Wellington FL 33414
Phone: 561.798.8500
Fax: 561.798.8523

Patient#: 48336
Patient Name: (b)(3):CPSA Section 25(c)
Sex: F DOB: 12/29/2006
Address:
City State: Zip:

Treating Physician: Montgomery, Don MD
Prepared by:
Treated/Discharged: September 02,2008 04:30AM

Medical Discharge Instructions

VIRAL BRONCHITIS

Bronchiolitis is a lung infection caused by the "RSV" virus (Respiratory Syncitial Virus). It occurs only in infants under two years old. Older children and adults can get this virus, but it acts just like a normal cold.

The virus is contagious during the first few days. It is spread through the air by coughing, sneezing or by direct contact (hand-to-hand or hand-to-eyes, nose or mouth). Frequent hand washing will decrease risk of spread.

This illness usually starts like a cold, with fever and nasal congestion. After a few days, the virus spreads into the "bronchioles" (air passages deep in the lungs). This causes mild wheezing and rapid breathing for up to seven days. The congestion and cough may last up to two weeks. Antibiotic treatment is usually not required for this illness. Sometimes asthma medicines are used but not all children will respond to this.

Symptoms
- Cough
- Clear, yellow of green mucus
- Feeling tired
- Feeling short of breath
- Wheezing
- Burning in the chest
- Sore throat
- Slight fever and chills

Care at home
- Drink plenty of fluids, to help thin the mucus
- Get plenty of rest
- Don't smoke
- Antibiotics are not always prescribed, they do not help with viral infections
- Acetaminophen (Tylenol) or ibuprofen (Motrin or Advil) may be used for aches, pains and fever
- Over the counter cough medications may be used, especially at night, to help with sleep and rest
- Cough drops may be helpful during the day
- The doctor may prescribe you medications take them as directed
- Your appetite may be poor so a light diet is fine.

When to see a Health care professional
- You cough up bloody mucus
- You have a fever higher than 101°F
- Weakness, drowsiness, headache, facial pain, ear pain or a stiff neck.
- You continue to wheeze and cough for more than 2 weeks
- You have trouble breathing when you lie down
- Your feet swell
- You can not sleep because of the coughing

Prevention
- Wash your hands
- Quit smoking
- Avoid secondhand smoke
- Talk to your doctor about the flu shot and pneumococcal vaccination

WE AT WELLINGTON REGIONAL EMERGENCY DEPARTMENT ARE COMMITTED TO 100% PATIENT SATISFACTION. WE APPRECIATE ALL FEEDBACK, CONCERNS OR COMPLIMENTS, IT IS HOW WE CONTINUE TO IMPROVE OUR SERVICE TO YOU. DO NOT HESITATE TO CALL US AT 561-798-8656. DR (b)(3):CPSA Section 25(c) MD, MEDICAL DIRECTOR.

I understand that the emergency care which I received is not intended to be complete and definitive medical care and treatment. EKG's, X-rays, and lab studies will be reviewed by appropriate specialists and I will be notified of significant discrepancies.

U.S. Consumer Product Safety Commission

AUTHORIZATION FOR RELEASE OF NAME

Thank you for assisting us in collecting information on a potential product safety problem. The Consumer Product Safety Commission depends on concerned people to share product safety information with us. We maintain a record of this information, and use it to assist us in identifying and resolving product safety concerns.

We routinely forward this information to manufacturers and private labelers to inform them of the involvement of their product in an accident situation. We also give the information to others requesting information about specific products. Manufacturers need the individual's name so that they can obtain additional information on the product or accident situation.

Would you please indicate on the bottom of this page whether you will allow us to disclose your name? If you request that your name remain confidential, we will of course, honor that request. After you have indicated your preference, please sign your name and date the document on the lines provided.

- [x] I request that you do not release my name. My identity is to remain confidential.
- [ ] You may release my name to the manufacturer but I request that you do not release it to the general public.
- [ ] You may release my name to the manufacturer and to the public.

(b)(3):CPSA Section 25(c)

(Sign

CPSC Form 322

CONSUMER PRODUCT INCIDENT REPORT

Region: EASTERN

1. NAME OF RESPONDENT (b)(3):CPSA Section 25(c)	2. PHONE NO. (HOME) (WORK) (b)(3):CPSA Section 25(c) unknown
3.	4. CITY: Boynton Beach; ST: FL; ZIPCODE: 33472
4a. EMAIL ADDRESS	4b. INCIDENT CITY: Boynton Beach; ST: FL; ZIPCODE: 33472

5. DESCRIBE INCIDENT OR HAZARD, INCLUDING DATA ON INJURIES

(late 2008) The evaporator coils on his air conditioner failed and he had to have them replaced. The consumer has also

- cont -

6. DATE OF INCIDENT(S) 06/15/2008	7. IF INJURY OR NEAR MISS, OBTAIN AGE/SEX 2 Y/F AND DESCRIBE INJURY respiratory problems, difficulty breathing	8. IF VICTIM DIFFERENT FROM RESPONDENT, PROVIDE NAME not given RELATIONSHIP daughter

9. DESCRIPTION OF PRODUCT drywall	10. BRAND NAME unknown

11. MFR/DISTRIBUTOR NAME, ADDR. & PHONE unknown unknown	12. MODEL, SERIAL #'s, DATE OF MFR unknown 13. DEALER'S NAME, ADDRESS & PHONE unknown

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03/26/2009

14. WAS THE PRODUCT DAMAGED, REPAIRED OR MODIFIED? YES IF YES, BEFORE OR AFTER THE INCIDENT? AFTER DESCRIBE: See narrative	15. PRODUCT PURCHASED NEW DATE PURCHASED 02/15/2007 AGE 2 Y 16. DOES PRODUCT HAVE WARNING LABELS? IF SO, NOTE: None

17. HAVE YOU CONTACTED THE MANUFACTURER? NO IF NOT, DO YOU PLAN TO CONTACT THEM?	18. IS THE PRODUCT STILL AVAILABLE? YES IF NOT, ITS DISPOSITION	19. MAY WE USE YOUR NAME WITH THIS REPORT? NO

FOR ADMINISTRATION USE

20. DATE RECEIVED 03/25/2009	21. RECEIVED BY (NAME & OFFICE) mlj/HL	22. DOCUMENT NO. H0930229A
23. FOLLOW-UP ACTION		24. PRODUCT CODE(S) 5004
25. DISTRIBUTION	26. ENDORSER'S NAME & TITLE mlj 03/25/2009	

Narrative Continued

discovered a black sooty residue on his copper pipes.

His sprinkler system failed as a result of corroded wires. The sink faucets are pitting (developing black dots all over them). The copper pipes which come out of the wall to the toilets are also pitting. The consumer said that basically all of the copper pipes in his home are pitting.

The dishwasher and his laundry machine are beginning to act funny. The area of the refrigerator where the ice usually condensates, does not work properly.

Within the first week of moving into his home, the hot water heater arced in the garage, burned the temperature control wires out and had to be replaced.

The consumer stated that his children and wife have experienced numerous adverse health symptoms since they moved into the home.

The consumer stated that his 2 year daughter has been hospitalized on several occasions and he has also had to take her to an after-hours pediatric clinic to giver her nebulizer treatments. The consumer has stayed up countless nights to ensure that she was still breathing. The daughter has also been hospitalized for viral meningitis.

The 5 year old daughter would get sinus infections and upper respiratory infections. The consumer and his wife also experienced respiratory infections and had to be treated for these symptoms.

The home took approximately 9 months to build, but the consumer and his family experienced these problems shortly after moving into the home. The consumer's wife noticed unusual odors in their home, but she was not able to specifically identify the cause.

The consumer also stated that other homes in his community were built around the same time and the problem is like more widespread than what is known at this time.

Vict #	Sex	Age	Name	Relationship
2	F	5 Y	not given	daughter
3	F	36 Y	not given	wife

Vict #	Victim Injury Description
2	illness on and off
3	triggered symptoms of asthma

Distributor Phone #:

CPSC Source: TEL

If you have any changes, additions, or comments you wish to make concerning your attached report, please make them in the space below.

I confirm that the information in the attached report (including any changes, additions, or comments I have made) is accurate to the best of my knowledge and belief.

(b)(3):CPSA Section 25(c)

4/17/09
Date

☑ I request that you do not release my name.

☐ You may release my name to the manufacturer but I request that you not release it to the general public.

☐ You may release my name to the manufacturer and to the public.

1. Task Number		2. Investigator's ID	EPIDEMIOLOGIC INVESTIGATION REPORT
090520CBB2629		9094	
3. Office Code	4. Date of Accident YR MO DAY	5. Date Initiated YR MO DAY	
840	2008 10 10	2009 06 03	

6. Synopsis of Accident or Complaint UPC

An adult male noticed black residue on the vents of the air conditioning system in his home, which he thinks might be caused by the drywall in his house. He has also experienced problems with coughing a lot since he moved into the house in 2007. No Authorization for Release of Name form was obtained because the complainant canceled the on-site visit and did not wish to reschedule.

CPSA 6(b)(1) CLEARED for PUBLIC
NO MFRS/PRVTLBLRS OR PRODUCTS IDENTIFIED 7/1/09
EXCEPTED BY: PETITION RULEMAKING ADMIN. PRCDG
WITH PORTIONS REMOVED: 5 25C

7. Location (Home, School, etc)	8. City	9. State
1 - HOME	GULFPORT	MS

10A. First Product	10B. Trade/Brand Name	10C. Model Number
1884 - Ceilings And Walls (Interior	UNKNOWN	UNKNOWN

10D. Manufacturer Name and Address
UNKNOWN

11A. Second Product	11B. Trade/Brand Name	11C. Model Number
463 - Candles, Candlesticks And Oth	UNKNOWN	UNKNOWN

11D. Manufacturer Name and Address
NONE

12. Age of Victim	13. Sex	14. Disposition	15. Injury Diagnosis
0	1 - Male	1 - Injured, not Hosp.	71 - Other
16. Body Part(s) Involved	**17. Respondent**	**18. Type of Investigation**	**19. Time Spent (Operational / Travel)**
84 - 25 - 50% BODY	1 - Victim/Complainant	2 - Telephone	3 / 0

20. Attachment(s)	21. Case Source	22. Sample Collection Number
9 - Multiple Attachments	07 - Consumer Complaint	

23. Permission to Disclose Name (Non NEISS Cases Only)

○ Yes ● No ○ Verbal ○ Yes for Manuf. Only

24. Review Date	25. Reviewed By	26. Regional Office Director
06/19/2009	8631	Frank J. Nava

27. Distribution	28. Source Document Number
Rose, Blake; Woodard, Dean	H0930215A

This investigation was initiated from a consumer complainant.

The information contained in this abbreviated narrative was obtained from the complainant during a brief telephone interview on June 3, 2009. During the telephone call, which was placed to schedule an on-site visit, the complainant provided very limited background information regarding the incident that he reported to CPSC.

An on-site visit was set for June 4, 2009. However, the complainant called June 4, 2009, to cancel the on-site visit. He said that he was unable to reschedule at the time. I asked the complainant to call me when he was able to reschedule the visit.

I called the complainant again on June 17, 2009. However, there was no answer. I left a message on the complainant's answering machine, which he did not return.

Since no on-site visit was conducted, I was unable to obtain signed copies of the Authorization for Release of Name Form or the Medical Release Form.

The incident occurred at the complainant's residence. The complainant stated that his house was constructed in 2007.

The primary product involved in this incident is drywall, which the complainant suspects to have been imported from China. This drywall was installed when the complainant's home was built in 2007.

During our telephone conversation, the complainant stated that he had reported the incident to CPSC because he was curious to see whether the problems that he was experiencing were related to the drywall.

The complainant stated that he began having coughing problems when he moved into the house in 2007. He said that he has not noticed an odor inside the house, however.

The complainant said that, after reporting the incident to CPSC, he called another company to report the problem with black residue in his venting system and furnace filters. (He did not provide any identifying information about the company during the telephone conversation.)

The complainant stated that a representative of the company he called told him the reported black residue sometimes happens in a house with central air conditioning when the homeowner lights a candle and leaves it on.

The complainant stated during the limited telephone interview with CPSC that he had used an aroma candle in the house and that he now thought this might have caused the black residue that he had noticed.

During the telephone conversation on June 3, 2009, the complainant agreed to an on-site visit because he was "curious to see if there was anything related to the drywall." However, he canceled the on-site visit on June 4, 2009.

CONTACT WITH RETAILER AND MANUFACTURER:

The complainant stated in his initial complaint to CPSC that he had not attempted to contact the manufacturer of the drywall installed in his home. It is unknown whether he has attempted to contact the manufacturer or retailer of the drywall since that time.

PRODUCT IDENTIFICATION:

In the initial report, the complainant stated that he believed the drywall in his house might be responsible for the residue he noticed and the coughing he had experienced. However, during the brief initial telephone interview, he said that the product might be an aroma candle. Since no on-site visit was conducted, I was unable to determine the product involved in the incident.

Since the reported problem involved drywall and black residue in the ventilation system of the complainant's home, I am reporting the primary product as **drywall, manufacturer unknown**, and the secondary product as **air conditioner, manufacturer unknown.**

In his initial complaint to CPSC, the complainant provided the following contact information for the dealer that installed the drywall in his house:

The Home Team
Gulfport, MS
Telephone: 228-539-1151

I was unable to obtain any identifying information for the secondary product involved in this incident.

SAMPLE:

Per assignment instructions, no sample was collected.

ATTACHMENTS:

Attachment 1 – Contact Sheet
Attachment 2 – Missing Documents Form

List of Contacts

Name: (b)(3):CPSA Section 25(c)
Title: Complainant
Address: (b)(3):CPSA Section 25(c)
Gulfport, MS 39503
Phone: (b)(3):CPSA Section 25(c)
Interviewed: June 3, 2009 – very brief initial telephone interview
On-site visit was set for June 4, 2009
Complainant called June 4 to cancel on-site visit.
Complainant did not wish to reschedule visit.
Investigator asked complainant to call if he decided to reschedule visit.
Called complainant June 17, 2009 – no answer – left message on machine
No response from complainant to message left on June 17, 2009.

Information from initial telephone interview included in limited narrative.

Print Form

Task No. 090520CBB2629

Date: 06-19-2009

STATUS OF MISSING DOCUMENT(S)

The official records were requested for this investigation report but could not be obtained.

1. Authorization for Release of Name - comp canceled appt
2. Medical records - comp canceled appt - no release forms
3. Photographs - unable to photograph product - comp canceled appt
4.
5.

Date: 06-19-2009 **Investigator No:** 9094

Regional office: CFIW **Supervisor No:** 8631

CONSUMER PRODUCT INCIDENT REPORT

Region: EASTERN

1. (b)(3):CPSA Section 25(c)	2. PHONE NO. (HOME) (b)(3):CPSA Section 25(c)	(WORK) unknown	
3.	4. CITY Gulfport	ST MS	ZIPCODE 31503
4a. EMAIL ADDRESS	4b. INCIDENT CITY Gulfport	ST MS	ZIPCODE 31503

5. DESCRIBE INCIDENT OR HAZARD, INCLUDING DATA ON INJURIES

Consumer believes the drywall poses a health and safety hazard.

- cont -

6. DATE OF INCIDENT(S) 10/10/2008	7. IF INJURY OR NEAR MISS, OBTAIN AGE/SEX 0 Y/M AND DESCRIBE INJURY respiratory problems and coughing	8. IF VICTIM DIFFERENT FROM RESPONDENT, PROVIDE NAME none RELATIONSHIP none
9. DESCRIPTION OF PRODUCT drywall		10. BRAND NAME unknown

11. MFR/DISTRIBUTOR NAME, ADDR. & PHONE unknown unknown	12. MODEL, SERIAL #'s, DATE OF MFR unknown
ISSUE 26 03/25/2009	13. DEALER'S NAME, ADDRESS & PHONE The Home Team unknown Gulfport, MS 228-539-1151
14. WAS THE PRODUCT DAMAGED, REPAIRED OR MODIFIED? NO IF YES, BEFORE OR AFTER THE INCIDENT? DESCRIBE:	15. PRODUCT PURCHASED NEW DATE PURCHASED 12/10/2007 AGE 2 Y
	16. DOES PRODUCT HAVE WARNING LABELS? IF SO, NOTE: unknown

17. HAVE YOU CONTACTED THE MANUFACTURER? NO IF NOT, DO YOU PLAN TO CONTACT THEM?	18. IS THE PRODUCT STILL AVAILABLE? YES IF NOT, ITS DISPOSITION	19. MAY WE USE YOUR NAME WITH THIS REPORT? YES

FOR ADMINISTRATION USE

20. DATE RECEIVED 03/24/2009	21. RECEIVED BY (NAME & OFFICE) jft/HL	22. DOCUMENT NO. H0930215A
23. FOLLOW-UP ACTION		24. PRODUCT CODE(S) 1876
25. DISTRIBUTION	26. ENDORSER'S NAME & TITLE jft 03/24/2009	

CONSUMER PRODUCT INCIDENT REPORT Region: EASTERN

H0930215A

Narrative Continued

Consumer says a black residue is coming through venting system in the home and the furnace filters collect a dark black residue which is not dust. Consumer also complains that he has experienced respiratory problems recently. Consumer is suspicious the the drywall maybe from China.

No further information available.

Distributor Phone #:

CPSC Source: NEWS

1. Task Number	2. Investigator's ID	EPIDEMIOLOGIC INVESTIGATION REPORT
090504CBB1661	8919	

3. Office Code	4. Date of Accident YR MO DAY	5. Date Initiated YR MO DAY
810	2007 03 15	2009 05 05

6. Synopsis of Accident or Complaint UPC

A 65 year old male has experienced sinus problems, headaches, throat irritation and insomnia since moving into a house in Lehigh Acres, FL that was built in 2006. According to the consumer, the air conditioner evaporator coils have turned black and will have to be replaced. The consumer also reported that the circuit breakers trip for no apparent reason. The consumer believes that Chinese drywall was used inside the home.

CPSA 6(b)(1) CLEARED for PUBLIC
NO MFRS/PRVTLBLRS OR PRODUCTS IDENTIFIED
EXCEPTED BY: PETITION RULEMAKING ADMIN. PRCDG
WITH PORTIONS REMOVED:

7. Location (Home, School, etc)	8. City	9. State
1 - HOME	LEHIGH ACRES	FL

10A. First Product	10B. Trade/Brand Name	10C. Model Number
1876 - House Structures, Repair Or	CHINESE DRYWALL	UNKNOWN

10D. Manufacturer Name and Address
UNKNOWN

11A. Second Product	11B. Trade/Brand Name	11C. Model Number
381 - Air Conditioners	UNKNOWN	UNKNOWN

11D. Manufacturer Name and Address
NONE

12. Age of Victim	13. Sex	14. Disposition	15. Injury Diagnosis
65	1 - Male	1 - Injured, not Hosp.	68 - Poisoning

16. Body Part(s) Involved	17. Respondent	18. Type of Investigation	19. Time Spent (Operational / Travel)
85 - ALL OF BODY	1 - Victim/Complainant	1 - On-Site	9 / 1

20. Attachment(s)	21. Case Source	22. Sample Collection Number
9 - Multiple Attachments	07 - Consumer Complaint	

23. Permission to Disclose Name (Non NEISS Cases Only)

○ Yes ● No ○ Verbal ○ Yes for Manuf. Only

24. Review Date	25. Reviewed By	26. Regional Office Director
05/29/2009	9001	Dennis R. Blasius

27. Distribution	28. Source Document Number
Blasius, Dennis; Woodard, Dean; Rose, Blake	H0940126A

All of the information contained in this report was obtained during an on-site interview with the complainant on 5/12/2009. The complainant reported this incident through the Hotline on 4/10/2009.

The consumer is a 65 year old male. The consumer lives with his wife and his 14 year old stepson in a ranch style house in Lehigh Acres, FL. The house measures approximately 2,600 square feet, has 3 bedrooms, 2 baths and was built in March or June of 2006. The bedrooms are carpeted and there is electrical service to all appliances. The consumer does not know if metal or wood studs were used in the home.

The consumers moved into the house in March 2007 and are the second occupants of the home. The consumer said the house was unoccupied from October 2006 to March 2007. When the consumer purchased the house he noticed that there was an unusual odor in the house. He mentioned this to the realtor, but the realtor did not reply to the consumer's comment. The consumer stated that the odor in the home is very strong, especially in the laundry room where the central air conditioner handler is located (exhibits 1-3). He described the odor as being similar to "rotten eggs or sulfur." He said the odor is most noticeable when he wakes up in the morning after the house has been closed for the evening or when he makes a quick trip to the grocery store.

In addition to the strange odor, the consumer stated that the wiring for the copper fuses blow for no reason. He has also heard buzzing in the electrical system but cannot detect where the sound is coming from. The consumer has not had an electrician come to the house to examine the wiring system. There is no sign of corrosion or pitting on metal pipes, light fixtures or coverplates. The consumer also stated that there is a crack through the middle of the house. He believes the steel to mortar ratio of the foundation is wrong or that the foundation did not dry before the house was constructed. The consumer stated that after he moved in the only change he made to the house was to replace the carpet in the dining and living rooms with hardwood floors.

The consumer stated that he has a service contract with a company to clean the air conditioning system every six months. The contractor told him that the copper evaporator coils are blackened and would eventually have to be replaced. NOTE: The cover to the air handler could not be removed during this IDI therefore the evaporator coils were not photographed. The consumer could not locate invoices covering service contract visits made to the house and the date of service is not known.

The consumer stated that in December 2007 he started having a runny nose and post nasal drip. In June 2008 he began having throat pain. In July or August 2008 he began having severe sinus problems. The consumer stated that he also has headaches and difficulty sleeping. The consumer said that his wife feels tired for no reason and his stepson has nosebleeds. The consumer stated that he has had a brain scan because he never had headaches before, and has seen a cardiologist and a hematologist to determine why he feels sick. The consumer said all tests have come back negative. I requested

copies of the consumer's medical records, but he said he could not locate them. The consumer said he and his family never exhibited any health problems before they moved into into the house. The consumer stated that he feels better when he leaves the house but he has been unemployed since November 2007.

The consumer stated that he reported the odor in his house to the Lee County Health Department in March of 2007. The consumer said the health department said there was nothing they could do about the problem. The consumer also reported the odor to the builder in 2007 (month not known) but he received a similar response.

The consumer said he began to suspect there was Chinese drywall in the home when he heard about the problems with Chinese drywall on the news. The consumer has not had any air quality tests conducted in the home and there is no exposed drywall with manufacturer information in the house. The consumer is considering joining a class action suit but has not contacted an attorney. He said that he does not know what the members of his community are doing to address the problem.

During my 5/12/2009 on-site, I observed and photographed the air conditioner located in the laundry room of the home (exhibits 1-3).

PRODUCT IDENFICATION:

House Structures:	(Product Code 1876)
Brand:	Unknown
Model:	Unknown
Manufacturer:	Unknown
Builder:	Advantage Builders 5106 Lee Blvd. Lehigh Acres, FL 33971 (239) 368-8570

EXHIBITS:

Exhibits 1–3 Photographs

Exhibit 4 Authorization for Release of Name Form NOTE: Consumer did not indicate preference.

Exhibit 5 Status of Missing Document

Exhibit 6 Respondent List

Exhibit 7 Consumer Contact List

Exhibit 1 – Photograph of the air conditioner unit inside the consumer's laundry room.

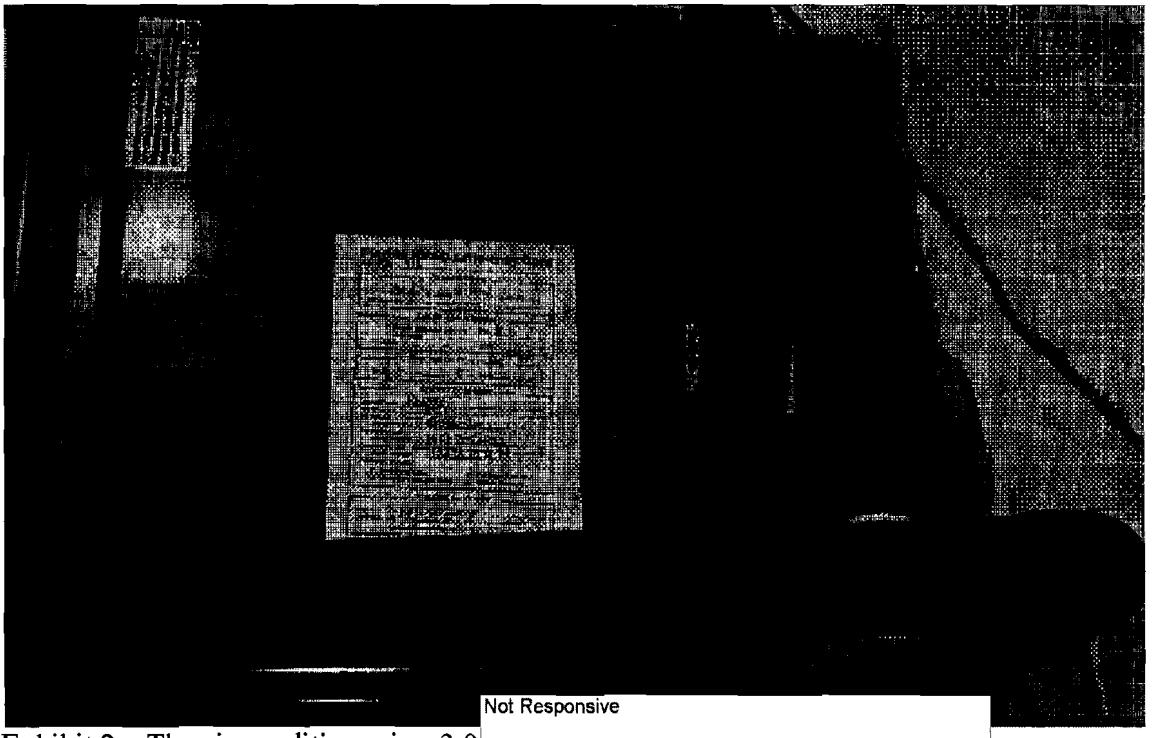


Exhibit 2 – The air conditioner is a 3.0

Not Responsive

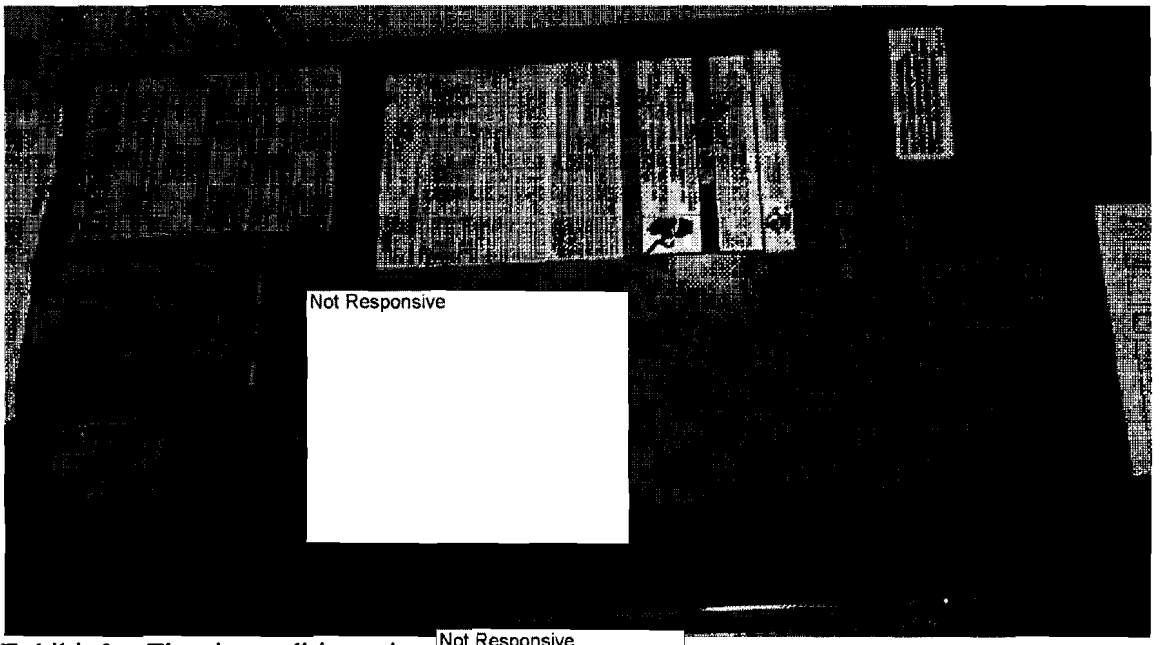


Exhibit 3 – The air conditioner is a Not Responsive

U.S. Consumer Product Safety Commission

AUTHORIZATION FOR RELEASE OF NAME

Thank you for assisting us in collecting information on a potential product safety problem. The Consumer Product Safety Commission depends on concerned people to share product safety information with us. We maintain a record of this information, and use it to assist us in identifying and resolving product safety concerns.

We routinely forward this information to manufacturers and private labelers to inform them of the involvement of their product in an accident situation. We also give the information to others requesting information about specific products. Manufacturers need the individual's name so that they can obtain additional information on the product or accident situation.

Would you please indicate on the bottom of this page whether you will allow us to disclose your name? If you request that your name remain confidential, we will of course, honor that request. After you have indicated your preference, please sign your name and date the document on the lines provided.

☐ I request that you do not release my name. My identity is to remain confidential.

☐ You may release my name to the manufacturer but I request that you do not release it to the general public.

☐ You may release my name to the manufacturer and to the public.

(b)(3):CPSA Section 25(c)

5/12/09

(S (Date)

CPSC Form 322

Print Form

090504CBB1661
Exhibit 5

Task No. 090405CBB1661

Date:____5/29/2009_____

STATUS OF MISSING DOCUMENT(S)

The official records were requested for this investigation report but could not be obtained.

1. **Air Conditioner Service Contract Invoice**
2. **Medical Records_____**
3. _____
4. _____
5. _____

Date: __5/29/2009_____ Investigator No:_8919_____

Regional office: ___CFIE_____ Supervisor No:_9001_____

IDI # 090504CBB1661
Exhibit 6

RESPONDENT LIST:

1. (b)(3):CPSA Section 25(c)
Lehigh Acres, FL 33976
(b)(3):CPSA Section 25(c)

The consumer was initially contacted on 5/5/2009.

IDI # 090504CBB1661
Exhibit 7

CONSUMER CONTACT LIST:

The consumer reported the problem to:

1. Advantage Builders
   5106 Lee Blvd.
   Lehigh Acres, FL 33971
   (239) 368-8570

2. Lee County Health Department
   3920 Michigan Ave
   Fort Myers, FL (239) 332-9501

CONSUMER PRODUCT INCIDENT REPORT

Region: EASTERN

(b)(3):CPSA Section 25(c)

2. PHONE NO. (HOME) (WORK)

(b)(3):CPSA Section 25(c)

4. CITY	ST	ZIPCODE
Lehigh Acres	FL	33976

4a. EMAIL ADDRESS

4b. INCIDENT CITY	ST	ZIPCODE
Lehigh Acres	FL	33976

5. DESCRIBE INCIDENT OR HAZARD, INCLUDING DATA ON INJURIES

The consumer stated that at the time he purchased the home, he mentioned to the realtor that there was an unusual odor in the

- cont -

6. DATE OF INCIDENT(S)
03/15/2007

7. IF INJURY OR NEAR MISS, OBTAIN AGE/SEX 65 Y/M
AND DESCRIBE INJURY
stuffy, sneezing

8. IF VICTIM DIFFERENT FROM RESPONDENT, PROVIDE NAME
self
RELATIONSHIP
self

9. DESCRIPTION OF PRODUCT
Chinese drywall

10. BRAND NAME
unknown

11. MFR/DISTRIBUTOR NAME, ADDR. & PHONE
unknown

unknown

ISSUE 29

04/13/2009

12. MODEL, SERIAL #'s, DATE OF MFR
unknown

13. DEALER'S NAME, ADDRESS & PHONE
unknown

14. WAS THE PRODUCT DAMAGED, REPAIRED OR MODIFIED? YES
IF YES, BEFORE OR AFTER THE INCIDENT? AFTER
DESCRIBE:
See narrative

15. PRODUCT PURCHASED NEW
DATE PURCHASED 03/15/2007 AGE 2 Y

16. DOES PRODUCT HAVE WARNING LABELS?
IF SO, NOTE:
None pertaining to the problem.

17. HAVE YOU CONTACTED THE MANUFACTURER? NO
IF NOT, DO YOU PLAN TO CONTACT THEM?
not sure

18. IS THE PRODUCT STILL AVAILABLE?
YES
IF NOT, ITS DISPOSITION

19. MAY WE USE YOUR NAME WITH THIS REPORT?
YES

FOR ADMINISTRATION USE

20. DATE RECEIVED	21. RECEIVED BY (NAME & OFFICE)	22. DOCUMENT NO.
04/10/2009	mlj/HL	H0940126A

23. FOLLOW-UP ACTION

24. PRODUCT CODE(S)
1876

25. DISTRIBUTION

26. ENDORSER'S NAME & TITLE
mlj 04/10/2009

Narrative Continued

house. The realtor did not say anything. The consumer said that he also reported this odor to his county government back in 2007. The county government told him that there was nothing they could do for him.

The consumer has never been sickly prior to moving into the home. Now he is often stuffy, sneezes and feels tired frequently.

There is a cut in the center of the floor, but he is not sure if this is related to the drywall.

The home was built by Advantage Builders, Cape Coral, Fl., sometime in 2006 or 2007.

Distributor Phone #:

CPSC Source: L/S GOVT

If you have any changes, additions, or comments you wish to make concerning your attached report, please make them in the space below.

I confirm that the information in the attached report (including any changes, additions, or comments I have made) is accurate to the best of my knowledge and belief.

(b)(3):CPSA Section 25(c)

4/18/09
Date

☐ I request that you do not release my name.

☐ You may release my name to the manufacturer but I request that you not release it to the general public.

☒ You may release my name to the manufacturer and to the public.

1. Task Number	2. Investigator's ID	EPIDEMIOLOGIC INVESTIGATION REPORT
090504CBB1676	9101	

3. Office Code	4. Date of Accident YR MO DAY	5. Date Initiated YR MO DAY
810	2006 12 01	2009 05 05

6. Synopsis of Accident or Complaint UPC

The consumer and his wife have experience health issues, an air conditioning evaporator coil failure, and metal corrosion issues since purchasing their residence in 2006. The consumer believes that imported drywall from China was used in constructing his residence, and that the drywall is emitting chemicals into the atmosphere of the residence and resulting in some or all of the aforementioned issues.

CPSA 6(b)(1) CLEARED for PUBLIC
X NO MFRS/PRVTLBLRS OR PRODUCTS IDENTIFIED 7/1/19
__ EXCEPTED BY: PETITION RULEMAKING ADMIN. PRCDG
__ WITH PORTIONS REMOVED: _____

7. Location (Home, School, etc)	8. City	9. State
1 - HOME	PARKLAND	FL

10A. First Product	10B. Trade/Brand Name	10C. Model Number
1876 - House Structures, Repair Or	CHINESE DRYWALL	UNKNOWN

10D. Manufacturer Name and Address
UNKNOWN

11A. Second Product	11B. Trade/Brand Name	11C. Model Number
0	NONE	NONE

11D. Manufacturer Name and Address
NONE

12. Age of Victim	13. Sex	14. Disposition	15. Injury Diagnosis
57	1 - Male	1 - Injured, not Hosp.	62 - Intern. Org. Inj.
16. Body Part(s) Involved	**17. Respondent**	**18. Type of Investigation**	**19. Time Spent (Operational / Travel)**
87 - N.S./UNK	1 - Victim/Complainant	1 - On-Site	19 / 1

20. Attachment(s)	21. Case Source	22. Sample Collection Number
9 - Multiple Attachments	07 - Consumer Complaint	

23. Permission to Disclose Name (Non NEISS Cases Only)
● Yes ○ No ○ Verbal ○ Yes for Manuf. Only

24. Review Date	25. Reviewed By	26. Regional Office Director
05/22/2009	9071	Dennis R. Blasius

27. Distribution	28. Source Document Number
Rose, Blake; Blasius, Dennis	H0930258A

SYNOPSIS:

This investigation was initiated from a Consumer Product Incident Report submitted by the consumer via the CSPC Hotline. An on-site investigation was conducted on May 12, 2009.

The consumer and his wife have experience health issues, an air conditioning evaporator coil failure, and metal corrosion issues since purchasing their residence in 2006. The consumer believes that imported drywall from China was used in constructing his residence, and that the drywall is emitting chemicals into the atmosphere of the residence and resulting in some or all of the aforementioned issues.

INCIDENT INFORMATION:

The information contained in this investigative report was obtained from the consumer (57-year-old male) and the consumer's wife (55-year-old female). No other persons or pets live in the residence.

The consumer and his wife purchased their home (See Exhibit A-1) in December 2006. The consumer asserts that the home was built between September 2006 and December 2006, and he is the original purchaser and he and his wife have been the only occupants of the residence. The consumer and his wife move into the residence in February 2007.

The consumer believes the home is built with metal studs.

The consumer did not have a home inspection performed on the residence prior to purchase.

The home is the Calla Spanish-style model. The home is a single story and is approximately 2700 sq. ft. in size. The home has four bedrooms. Carpet was installed in three of the four bedrooms during construction. The fourth bedroom has wood flooring. The rest of the house has marble flooring. The home does not have natural gas or propane service. The home is equipped with one air handling unit (central air/furnace unit).

Prior to moving into the residence, the consumer had all of the interior ceilings and walls in the home painted, with the exception of one bedroom.

No drywall has been replaced in the home since its construction.

The consumer does not know if the home builder used a subcontractor for the drywall installed in his home, or where the drywall used in his home was purchased.

The consumer asserts the evaporator coil in his air handler unit failed in February 2009. The consumer hired a professional air conditioning service to repair the unit. The consumer asserts the service technician informed him that the incident evaporator coil had pinhole leaks that allowed the refrigerant to escape. The service technician informed the consumer that the evaporator coil must have had a manufacturing defect. The consumer claims the copper parts of the incident evaporator coil were blackened and corroded. The service technician installed a new evaporator coil in the air handler and charged the system with refrigerant on February 03, 2009 (See Receipt at Exhibit B). The incident evaporator coil was discarded.

In March 2009 the consumer asserts that some of his neighbors came to his home and informed him of the imported Chinese drywall issue within the community. He asserts that prior to this he had no knowledge of a drywall issue in the community.

The consumer and his wife claim that prior to being notified of the drywall issue in March 2009, they did not notice an odor in the residence. After discovering the drywall issue in March, the consumer claims that since that time he and his wife have noticed a "rotten egg" smell inside the home. He asserts that the smell is more prevalent when the outside temperature is above 80 degrees.

The consumer asserts that for the previous three weekends, prior to the on-site visit, he and his wife have travelled away from home from Friday to Monday. They claim that they have noticed a "rotten egg" smell upon returning home on each of these weekends.

The consumer claims that he has experienced no unusual performance or corrosion issues with the electrical appliances in his home.

The consumer claims that has not experienced any flickering lights, circuit breakers stripping for no apparent reason, arcs or sparks in the electrical system, or sizzling or buzzing in the home. The consumer has experienced unusual odors in the vicinity of outlets and switches.

The consumer asserts that he had had no unusual performance issues with the incandescent lights in his home.

The consumer asserts that his air conditioning unit did not require recharging of the refrigerant prior to the repair conducted in February 2009. He claims that no other HVAC repairs/work have been performed on the residence since purchase.

The consumer claims that he has experienced no performance issues with the smoke detectors in his residence, which are hardwired with a battery back-up. He claims that he has not tested the units since moving into the residence.

On May 22, 2009 the consumer informed this investigator that, since the on-site visit of May 12th, he changed all of the batteries in his smoke alarms and that all of the alarms performed properly during testing.

The consumer asserts that he has experience blackening, tarnishing, pitting, and corrosion of some of the metal items in his home. The consumer showed this investigator several items throughout the house that: are made of copper material that appear to be blackened and/or corroded (See Exhibit's A-2 to A-8); appear to have pitting on their surfaces (See Exhibit's A-9 to A-12); are items that are made of silver or silver material that have become tarnished (See Exhibit's A-13 to A-17).

In addition to the items listed above, the consumer asserts that he purchased and installed nine handmade metal (unknown type of metal) light switch face plates in December 2008. He asserts that all of the face plates are tarnished, primarily at the coroners. See Exhibit A-18.

The consumer's wife asserts that there is occasionally a "rotten egg" smell when running hot water from the master bathroom faucet.

The consumer's wife claims that she has experienced persistent dry, irritated eyes since the fall of 2008. She asserts that she did not have a similar condition prior to moving into the residence.

The consumer asserts that he has had a persistent cough that produces phlegm since around Christmas 2008. In addition, the consumer had his first ever sinus infection in or around February 10, 2009. The consumer missed one day of work due to the sinus infection. The consumer saw a physician for the sinus infection and was given an antibiotic series as treatment for the condition.

The consumer and his wife assert that other than the health issues cited above, they do not recall having any other illnesses since moving into the residence.

The consumer asserts that on or around March 25, 2009 he contacted the builder of his home regarding the drywall issue. See the home builder's work order for this contact at Exhibit C-1.

On May 31, 2009 the home builder sent an inspector to the consumer's residence. The consumer asserts that the inspector asserted that the consumer had Chinese drywall present in the residence due to the odor he observed and the corroded copper wires and tarnish on the bathroom mirrors. The consumer was provided a copy of the home builder's Customer Survey (See Exhibit C-2) for this visit.

On April 03, 2009 the consumer sent the home builder a letter requesting reimbursement for the replacement of the air conditioning evaporator coil, due to the home builder's determination of the presence of Chinese drywall in the consumer's home. The consumer asserts that he received a telephone call from the letter's addressee stating that the home builder was in bankruptcy and that no payment could be made. In addition, the consumer was informed that the new home warranty provided by the builder had expired prior to the repair.

The consumer claims that at the time he purchased his home he executed a warranty application (See Exhibit D-1), for a 10 year structural warranty + 1 year workmanship & materials & 1 year systems warranty, for coverage from a

third party. The consumer asserts the home builder collected payment for this warranty and was responsible for submitting the payment and application to the third party warranty company.

On April 03, 2009 the consumer sent the third party warranty company a letter and completed warranty claim forms (See Exhibit's D-2 to D-4) requesting action on the presence of Chinese drywall in his home. The consumer received a letter dated April 07, 2009 (See Exhibit D-5) from the third party warranty company declining the consumer's request because the home builder did not enroll the consumer in their warranty program.

The consumer asserts that on April 13, 2009 he filed an insurance claim with his home owner's insurance carrier regarding the drywall issue. The insurance carrier sent an inspector out to the consumer's residence on April, 28, 2009. On or around May 01, 2009 the consumer received a letter (See Exhibit E) from the insurance carrier denying coverage for the drywall issue.

The consumer claims that on March 30, 2009 he sent an email (See Exhibit G) to the Department of Health for the State of Florida regarding the drywall issue. He received a survey in response to his email, and he completed and returned the survey. The consumer could not provide a copy of the survey.

The consumer asserts that on March 30, 2009 he completed an on-line form (See Exhibit H-1 & H-2) on the website for the attorney general of Florida regarding the drywall issue. The consumer received a response (See Exhibit H-3) to the submission of his form on March 30th.

The consumer claims that on March 30, 2009 he submitted an on-line consumer complaint form (See Exhibit I) to the Consumer Affairs Division for Broward County. The consumer received an email response (not available) from the county office stating that since the home builder is in bankruptcy they could not get involved in the situation.

The consumer asserts that in response to an email (not available) he sent to the US Environmental Protection Agency (EPA), he received a letter (See Exhibit F) from the EPA dated May 4, 2009 stating that his email had been forwarded to the CPSC.

The consumer asserts that he has hired an attorney to represent him regarding the drywall issue. The consumer's attorney was present for part of this investigator's on-site visit to the consumer's home.

The consumer asserts that he would like to stay in his home. He is awaiting guidance from the CPSC or another agency on how to resolve the issue.

The consumer claims that he is willing to provide samples of his drywall to the CPSC if needed.

This investigator provided the consumer with a copy of the CPSC document *Important Information on Drywall* document during the on-site visit.

This investigator did observe, upon entering and while in the residence, an odor similar to that generated when a wooden matchstick is ignited.

PRODUCT DESCRIPTION:

Product:	Imported Drywall from China
Model #:	1/2" in thickness
Price:	Unknown
Retailer:	Unknown
Manufacturer:	Unknown
Home Builder:	WCI Communities, Inc. 24301 Walden Center Drive Bonita Springs, FL 34134 Telephone Numbers: 800-924-3545, 954-575-4200, 239-738-7010

No identifying information is available for the suspected Chinese drywall in the consumer's home. However, the consumer claims that a neighbor in his community has Chinese drywall in his home and found an identifying stamp on the drywall for the Knauf company. The consumer asserts that his attorney's office has this sample of drywall. This investigator requested that this sample of drywall be made available for photographing during the on-site investigation, but the attorney failed to present the sample.

The consumer asserts that, in a garage ceiling area of the attic space in his home, he found a Georgia Pacific stamp on the back of the drywall. The consumer was unable to provide a photograph of this stamp. In addition, during this investigator's on-site visit the temperature in the attic space was prohibitively hot to enter the space, and the consumer was unable to provide a precise location for the found identifying stamp.

It is the understanding of this investigator that the drywall used in the garage walls and ceilings, and the interior ceilings, of the homes in the geographic area of the consumer's home are required to use 5/8" fire resistant drywall. ½" drywall is commonly used on all other interior walls.

ATTACHMENTS:

Exhibit-A:	Photographs (18)
Exhibit-B:	Release of Name
Exhibit-C:	Correspondence with Home Builder
Exhibit-D:	Third Party Home Warranty Correspondence
Exhibit-E:	Home Owners Insurance Correspondence
Exhibit-F:	EPA Correspondence
Exhibit-G:	Florida Department of Health Correspondence
Exhibit-H:	Florida Attorney General Correspondence
Exhibit-I:	Broward County Correspondence
Exhibit-J:	Release of Name form
Exhibit-K:	Contact Information

Exhibit A-1 is a view of the incident residence. The home is the Calla Spanish-style model.

Exhibit A-2 is a view of a wall receptacle where the copper ground wire is blackened.

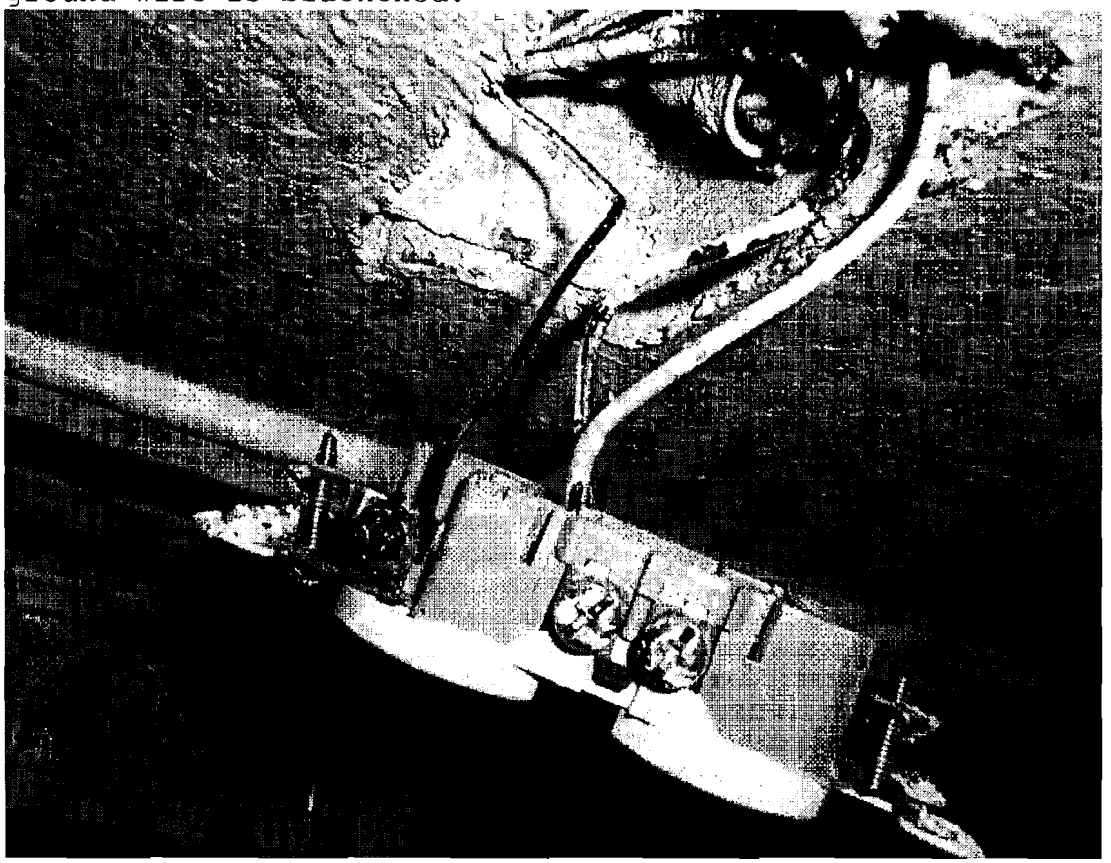


Exhibit A-3 is a view of exposed copper of some coaxial cables is blackened.

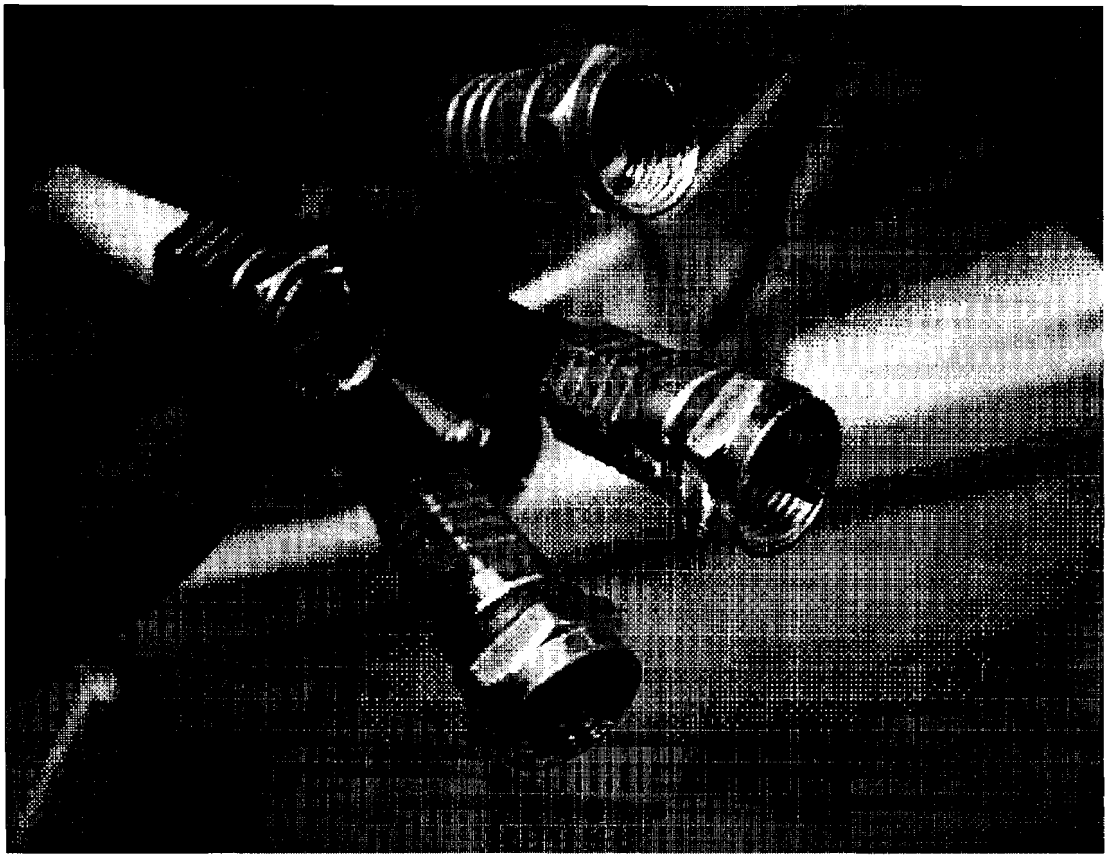


Exhibit A-4 is a view of a copper band at the PVC pipe connection is blackened. This area is under a utility sink at the residence.

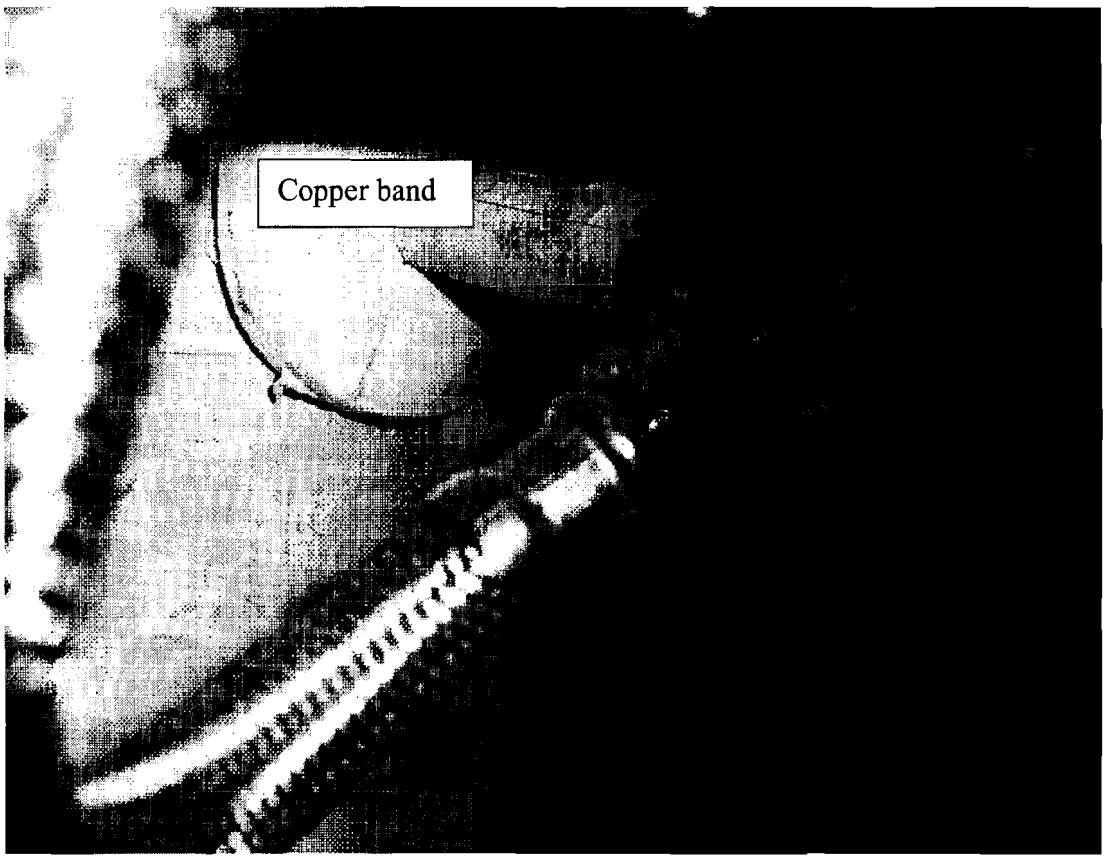


Exhibit A-5 is a view of another wall receptacle where the copper ground wire is blackened.

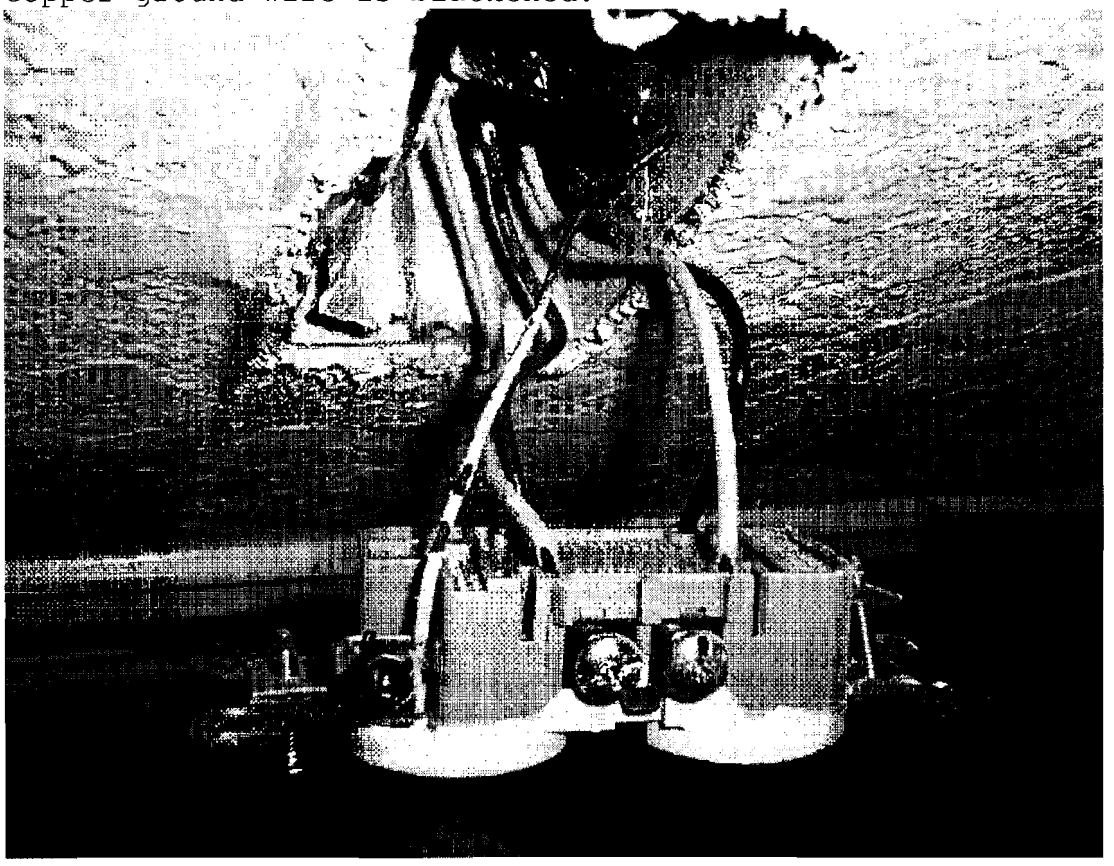


Exhibit A-6 is a view of another copper band at a PVC pipe connection that is blackened. This area is next to a toilet at the residence.

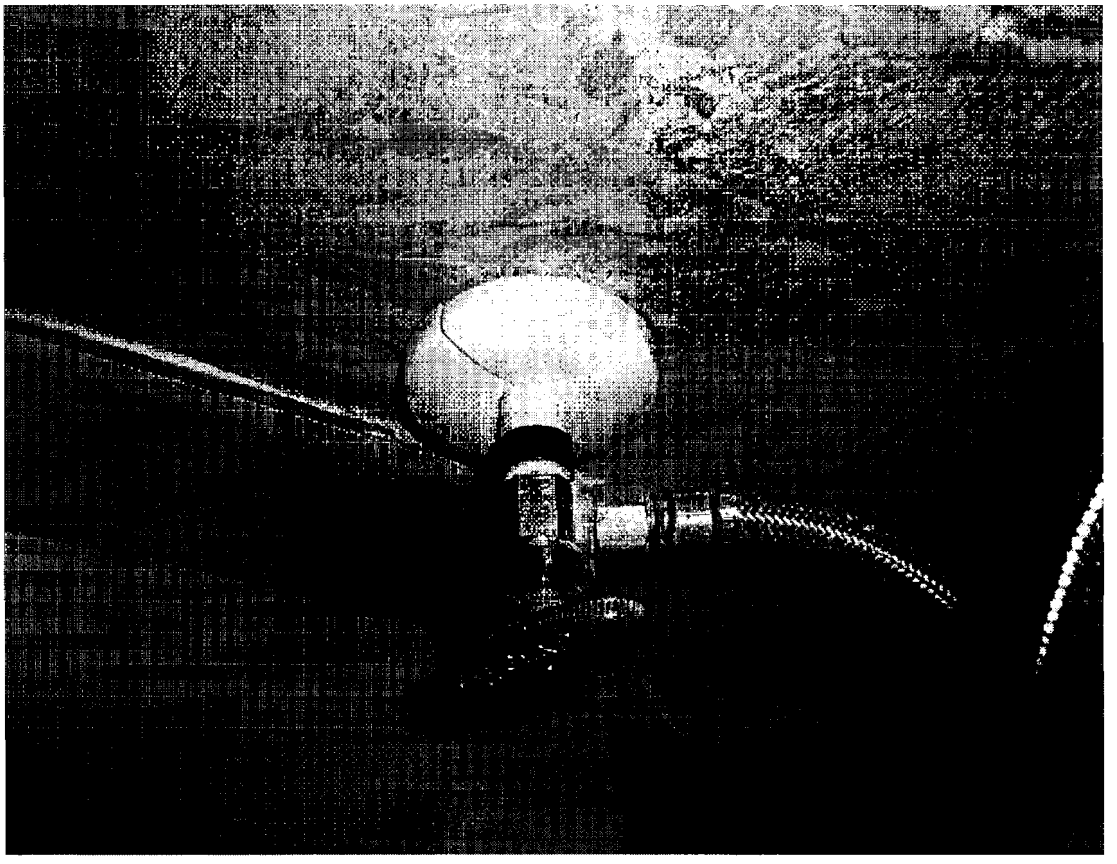


Exhibit A-7 is a view of another wall receptacle where the copper ground wire is blackened.

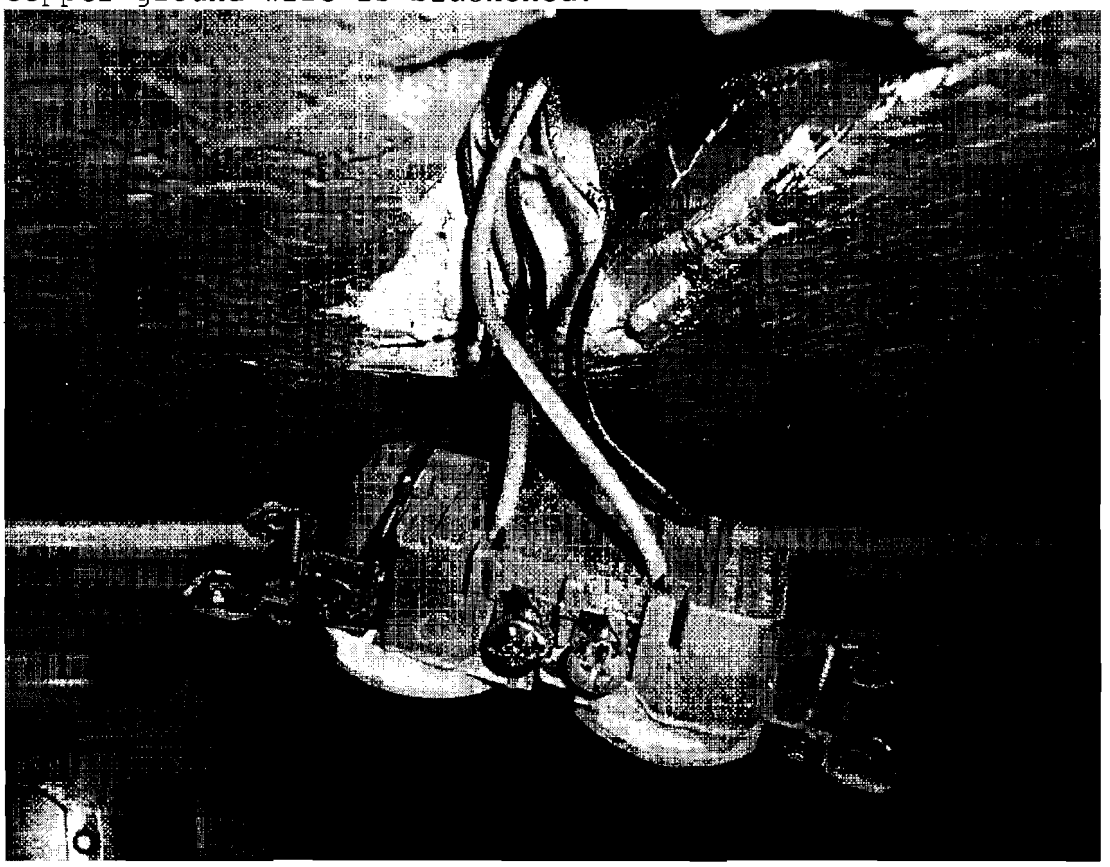


Exhibit A-8 is a view of another wall receptacle where the copper ground wire is blackened.

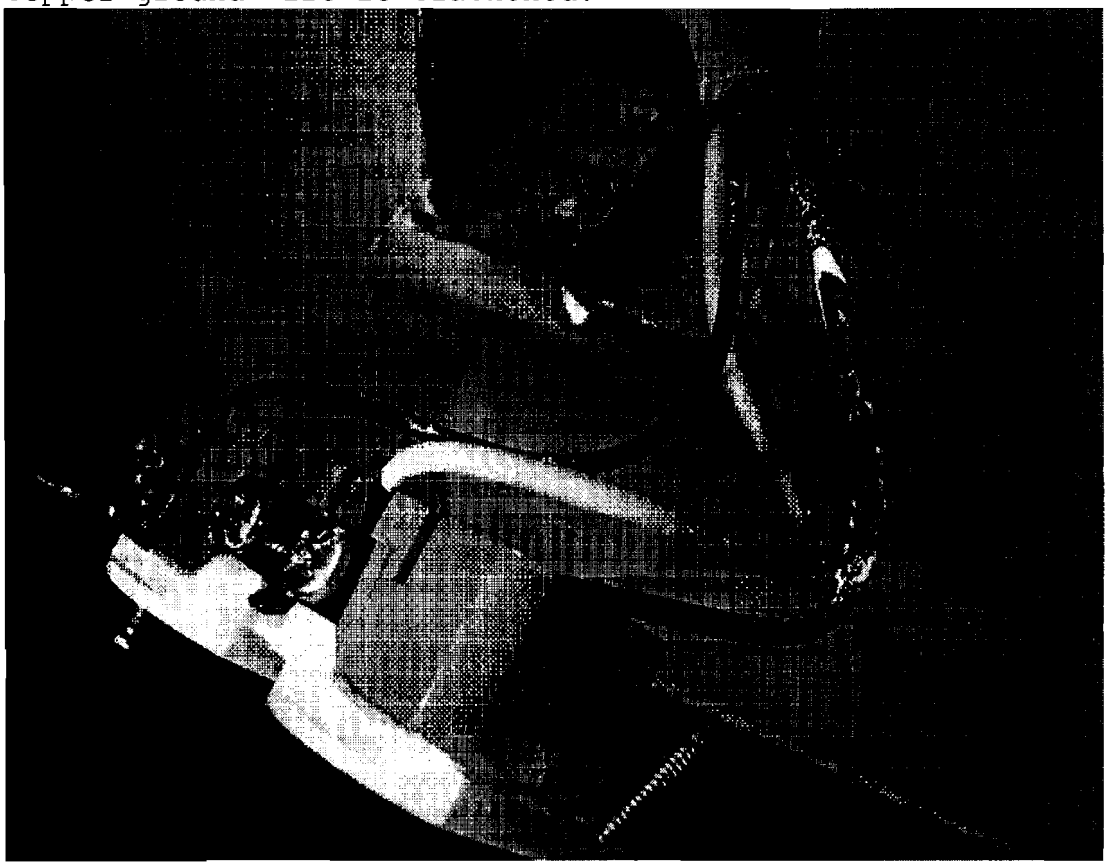


Exhibit A-9 is a view pitting on a faucet in the master bathroom.

Exhibit A-10 is a view pitting on the shower head in the master bathroom.

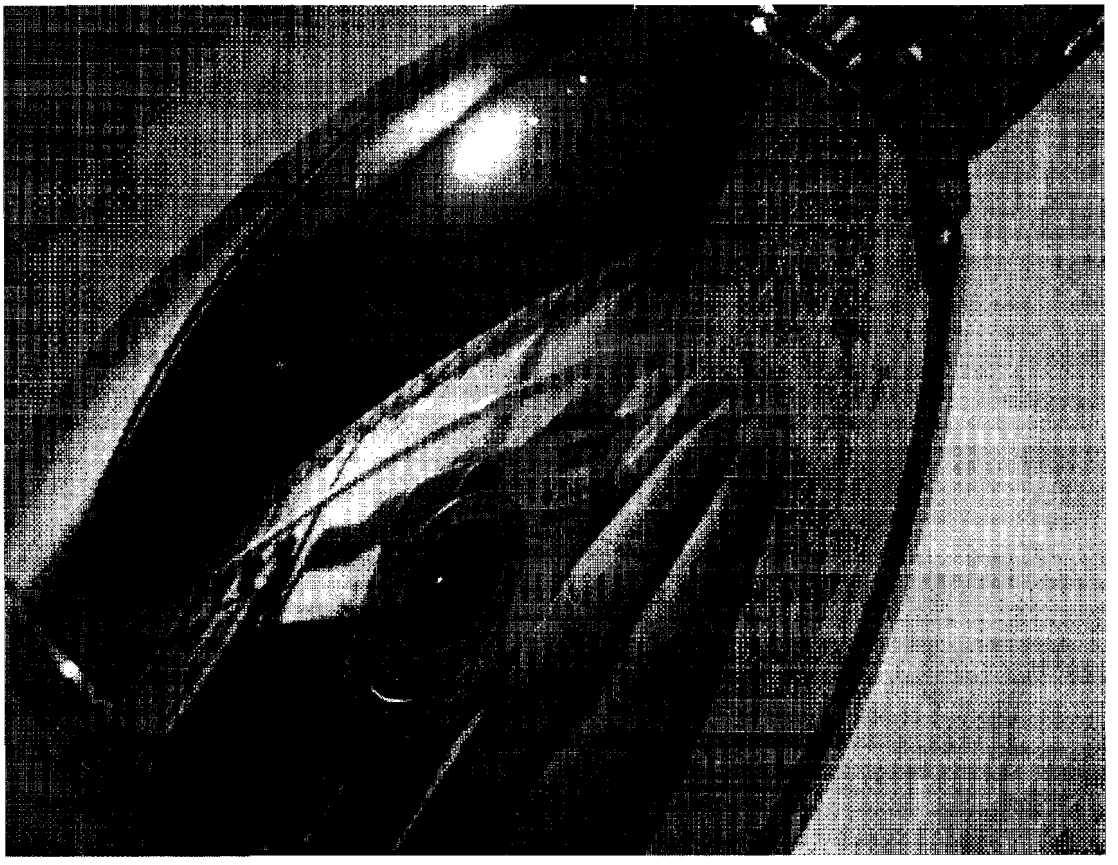


Exhibit A-11 is a view pitting on the shower handle in the master bathroom.

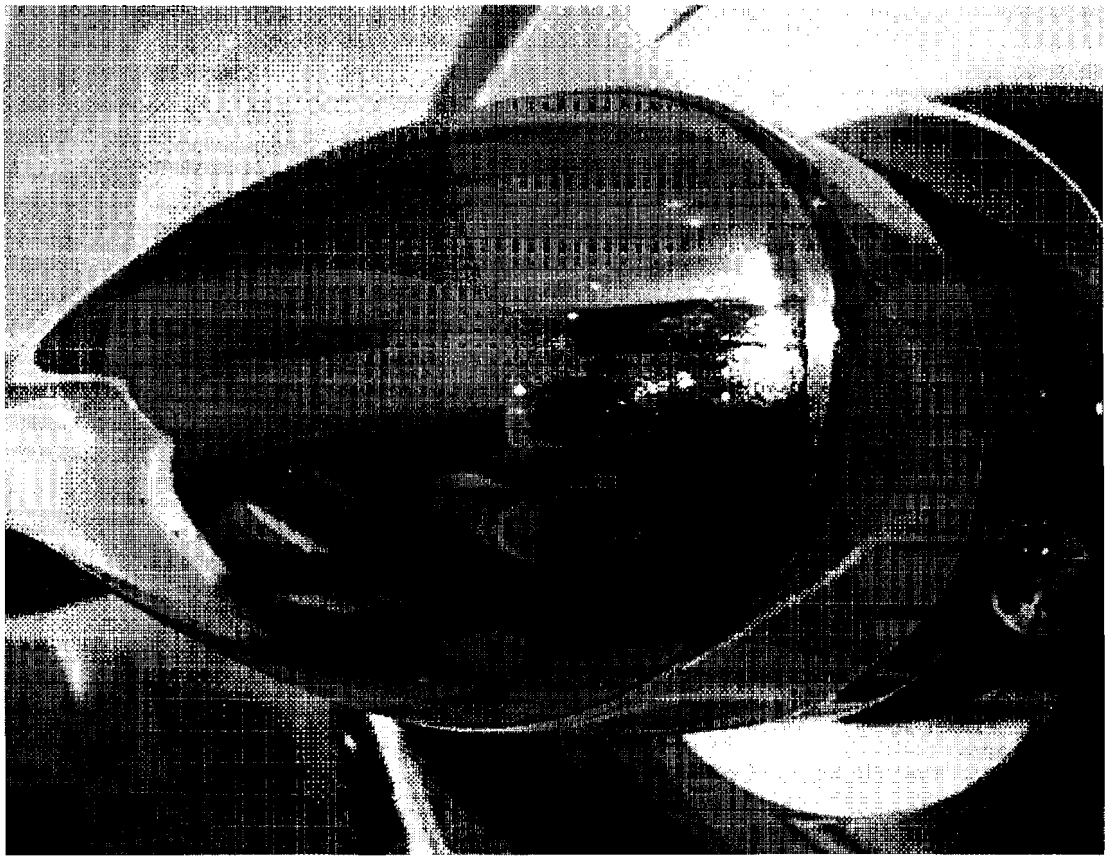


Exhibit A-12 is a view pitting on a faucet aerator in the master bathroom.

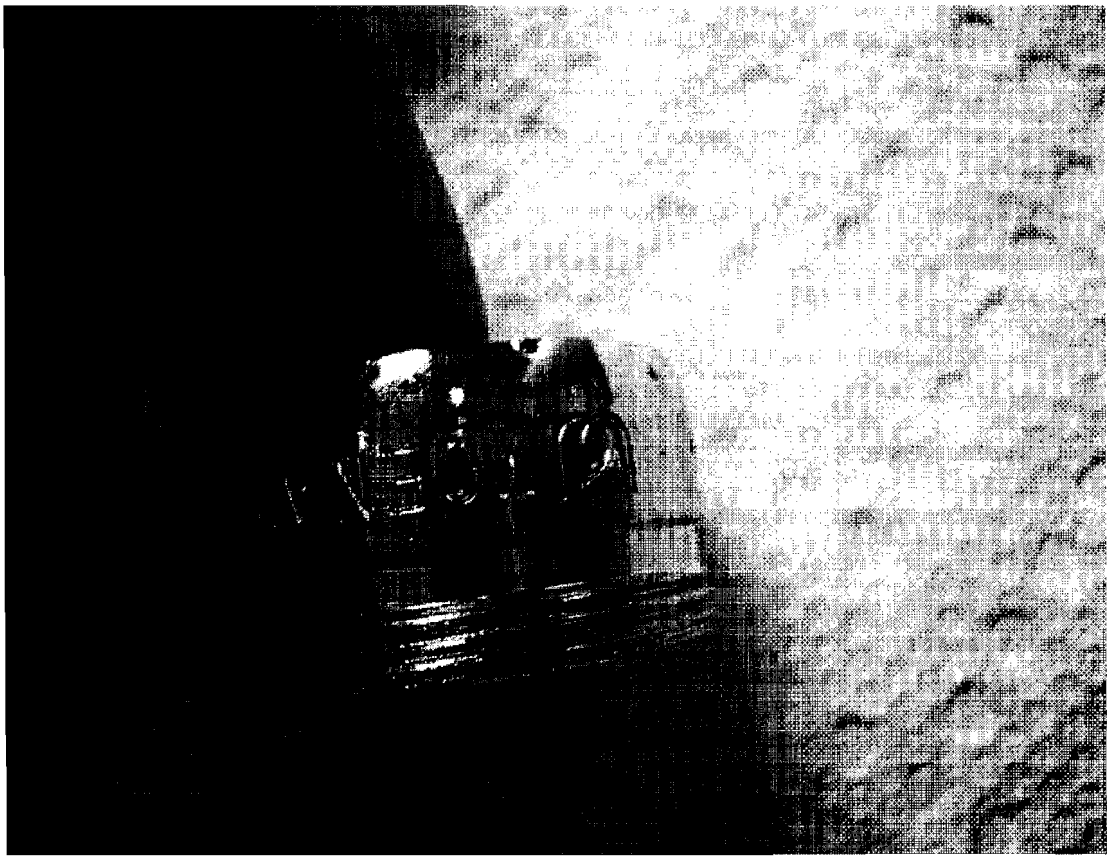


Exhibit A-13 is a view of the edge of a mirror in the hall bathroom that is tarnished.

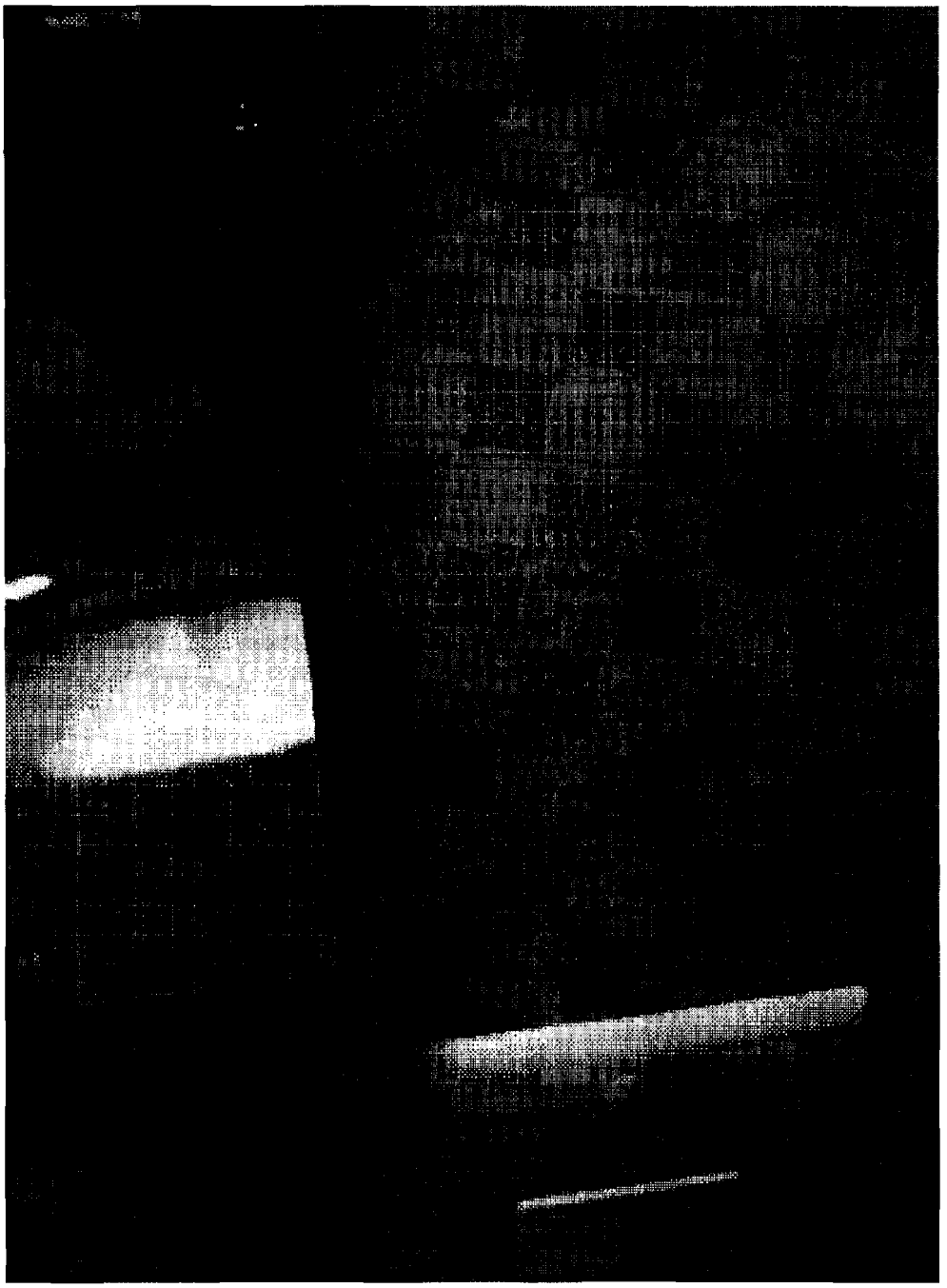


Exhibit A-14 is a view of the edge of a mirror in the master bathroom that is tarnished.

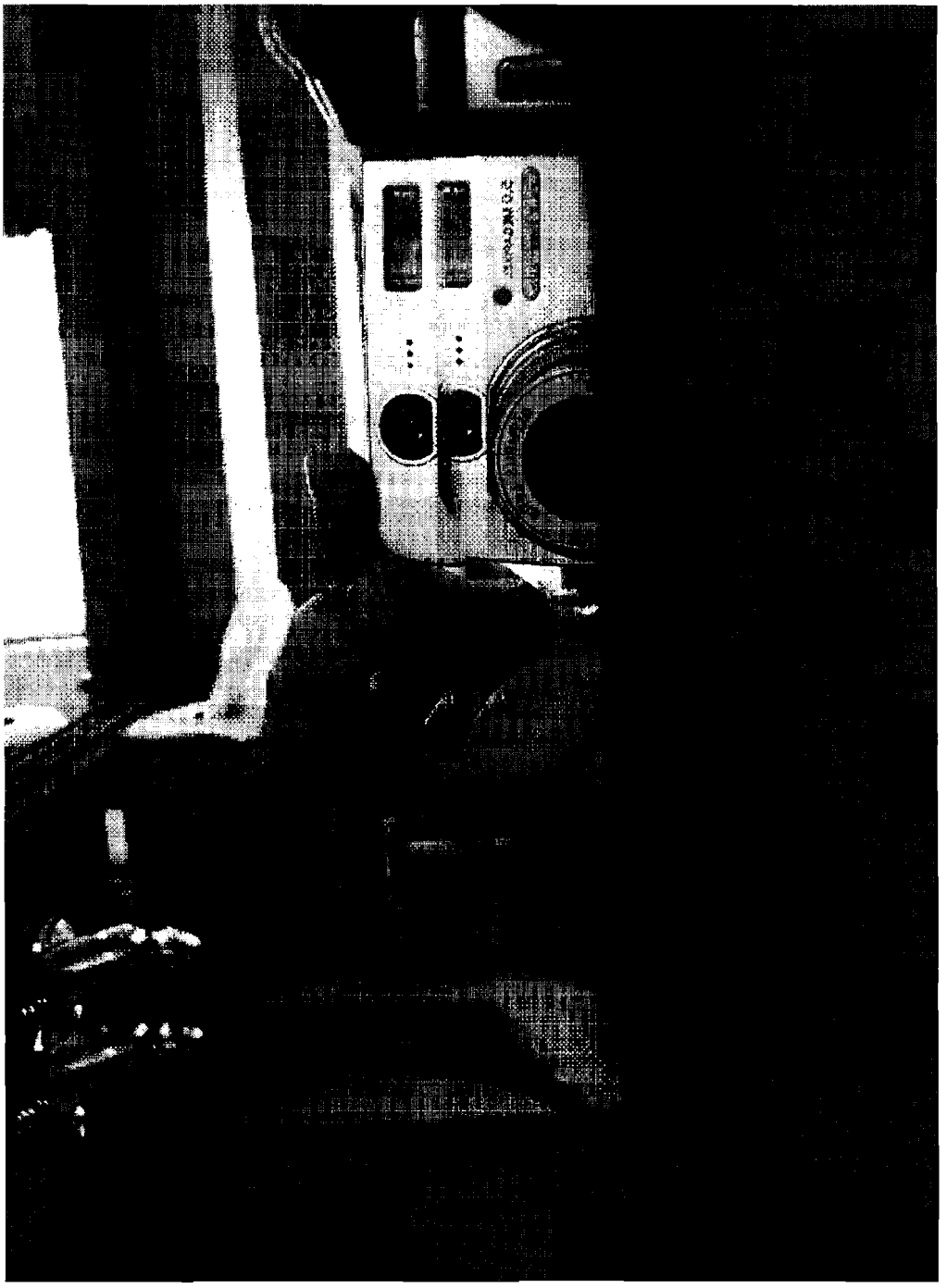


Exhibit A-15 is a view of a silver picture frame that is tarnished.

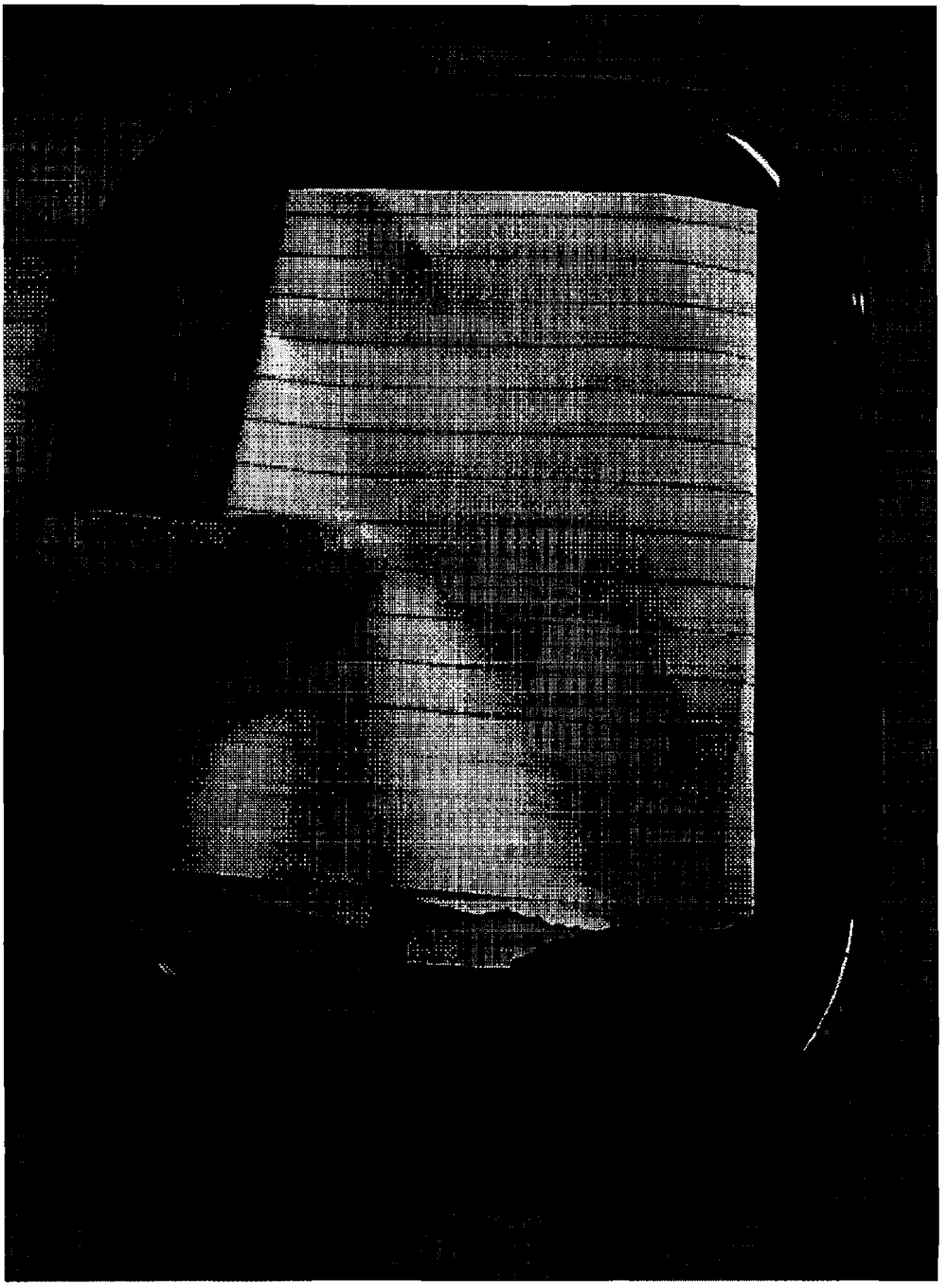


Exhibit A-16 is a view of a pair of silver candle stick holders that are tarnished. These items were cleaned on April 12, 2009.

Exhibit A-17 is a view of the bases of the pair of silver candle stick holders seen at Exhibit A-16.

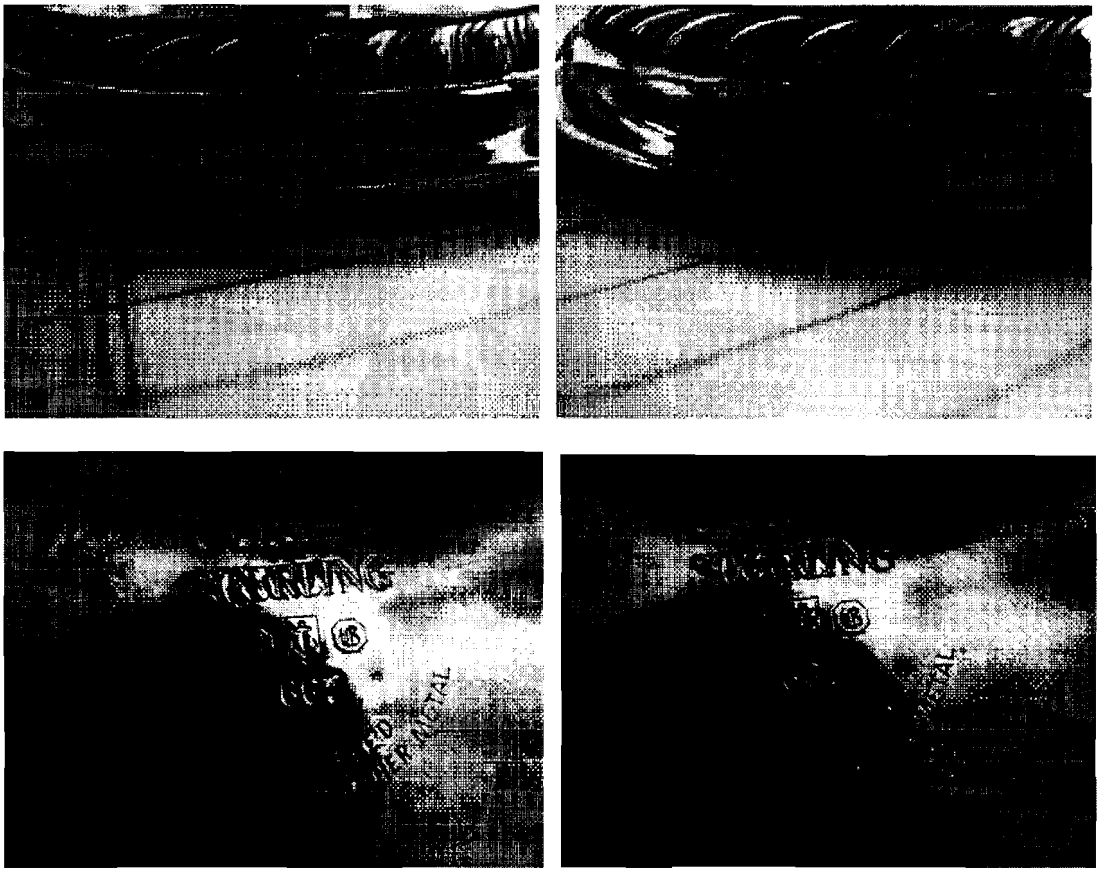
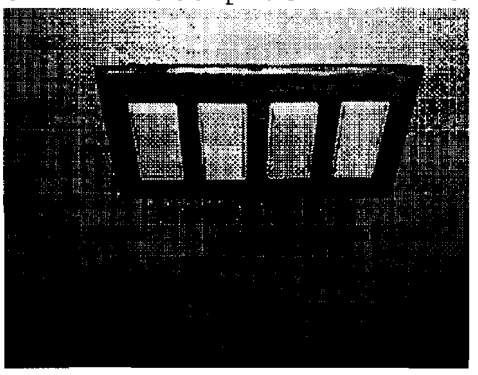
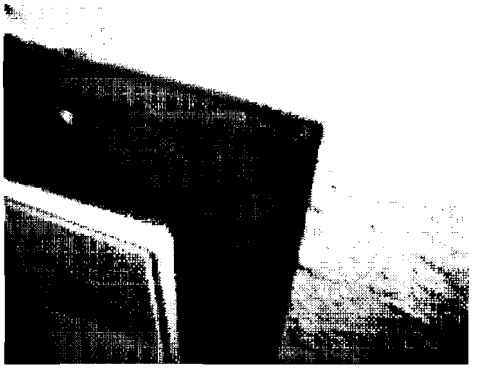
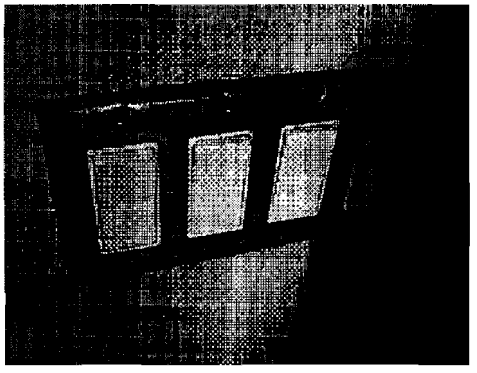
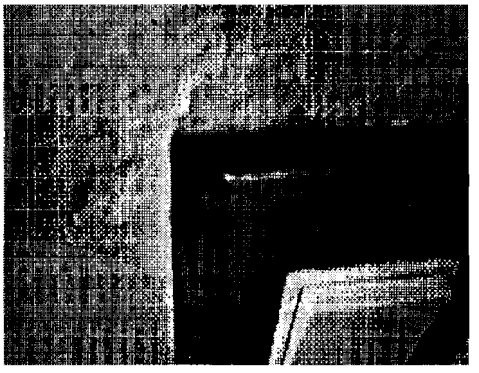


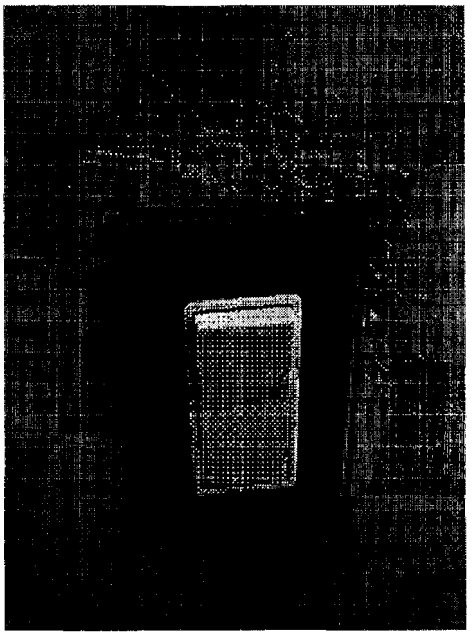
Exhibit A-18 is a view of several of the handmade light switch face plates that are tarnished at the corners.











IDI 090504CBB1676
EXHIBIT B
Page 1 of 1

Lindstrom AIR CONDITIONING, INC

30th ANNIVERSARY

Comfort Today or You Don't Pay™

NADCA · PALM BEACH WE CARE · BBB Better Business Bureau · ACCA

6601 Lyons Road, Suite D8 • Coconut Creek, FL 33073
Phone: (954) 420-5300 • Fax: (954) 420-0033 • Toll Free: 1-888-824-1800 • License #CACO 56703
www.lindstromair.com

THIS IS YOUR INVOICE #

CUSTOMER NAME	PHONE #	BILL TO ID	☐ COD ☐ C/LPM	DATE
Dan Polisco		261392	☐ C BACK	2 3 09
JOB ADDRESS	ADD PH#	BILLING ADDRESS	☐ WARR	CAL# 435196
12399 NW 80 PL			☐ EXE WARR ☐ INSTALL	TECH TECH#
CITY / STATE / ZIP	EMAIL	CITY STATE ZIP		
PARKLAND				

DIAGNOSIS / RECOMENDATIONS

ORIGINAL SERVICE REQUEST ✓ AMOUNT

DIAG: Install a New Evap Coil Drain Pan on TXV Evacuate System and Recharged 9 Lbs R 22

RECOM: Note to coil to sub coil need to come back call back when is warmer

[illegible]

SUB TOTAL

ORIG. EST. (+SALES TX)

Agreement for Service: This Agreement for Service is by and between the Customer and the Company. The estimated price does not include sales or other tax if any or cover unforeseen parts or labor which may be needed after the work begins. Written customer authorization will be obtained before beginning any additional or extended work. I authorize the performance of the work subject to all the terms and conditions set forth on the reverse side hereof, plus any taxes upon completion. This invoice is due and payable upon receipt.

Signature X

ITEM	MODEL	SERIAL #	APPROX. AGE
A	FR4RNB006		
B	4306A84126		

INVOICE

CODE #	DESCRIPTION OF SERVICES, PARTS AND WORK PERFORMED	PRICE
111740	50 ton Evap Coil Repl IW	635.00
152152	Extra Man Labor	133.00

WARRANTY ITEMS: PARTS LABOR

PARTS LABOR

PAYMENT METHOD

☐ CASH ☐ CHECK#
☐ AUTH# / PO # / SEC CODE
☐ VISA ☐ MC ☐ DISC ☐ OTHER
CREDIT CARD #

My signature below acknowledges that the work has been completed and I agree to the sum total of the charges and payment method.

Signature [signature] Date 2 3 09

TOTAL 768

Minimum or Maximum Amount Charged

Florida law contains important requirements you must follow before you may file a lawsuit for defective construction against a contractor, subcontractor, supplier, or design professional. Any lawsuit for defective construction must be filed within one year or less, or any other lawsuit for the contractor's subcontractor, supplier, or design professional's written notice of any construction conditions you allege are defective and provide any contractor and any subcontractor, supplier, or design professional that subcontracts to indicate the alleged construction defects and make an offer to repair or pay for the alleged construction defects. Any offer to repair or pay for the alleged construction defects may be made by the contractor or any subcontractor, supplier, or design professional. Their responsibility and liability under Florida law (Statute 558 Rev.)

If you participated in one of our preventative maintenance programs, you would receive a discount off our standard price for all repair services, as well as preferred customer status. This program has been explained to me. ☐ Current participant ☐ Agree to purchase ☐ Decline participation ☐ Customer's initials X

CUSTOMER COPY

PERFORMANCE INSPECTION

☐ **COMPRESSOR**
☐ Suction PSI
☐ Head PSI
☐ Volts AMPS
☐ Electrical Connections
☐ Contactor Condition

☐ **CONDENSER COIL & FAN**
☐ Check Fin Condition
☐ Volts AMPS
☐ Check Coil

☐ **REFRIGERANT**
☐ Check Level

☐ **FAN EVAPORATOR MOTOR**
☐ Electrical connections
☐ Volts AMPS
☐ Contacts Tight and Clean
☐ Blower Wheel
☐ Check Lube Bearings and Motor (if applicable)

☐ **EVAPORATOR COIL**
☐ Check Fin Condition
☐ Check Coil
☐ ENT DB °F LVG DB
☐ Bio Side Spray

☐ **CONDENSATE AREAS**
☐ Inspect Drain Pan
☐ Inspect and Flush Condensate Drain
☐ Algae Pan Tabs

☐ **AIR FILTERS**
☐ Cleaned / Replaced

☐ **ELECTRICAL COMPONENTS**
☐ Relays ☐ Contacts ☐ Overload
☐ Pressure Switch ☐ Not applicable

☐ **ELECTRIC HEAT**
☐ OK
☐ AMP Draw

INDOOR AIR QUALITY

Air Handler Cabinet	☐ OK	☐ Dust ☐ Dirt	☐ Growth ☐ VOC's
Blower Wheel Housing	☐ OK	☐ Dust ☐ Dirt	☐ Growth ☐ VOC's
Evaporator Coil	☐ OK	☐ Dust ☐ Dirt	☐ Growth ☐ VOC's
Ducts and Vents (S)	☐ OK	☐ Dust ☐ Dirt	☐ Growth ☐ VOC's
Ducts and Vents (R)	☐ OK	☐ Dust ☐ Dirt	☐ Growth ☐ VOC's

Rating: Potential IAQ Overall — Best 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

COMMUNITIES, INC.

WCI Communities Inc.

24 Hour number: 1-800-924-3545

24301 Walden Center Dr Bonita Springs, FL 34134
239-498-8685 Fax: 800-642-0340

Customer Service: Work Order Form Notice of Repairs Issued Date: 3 25 2009

Warranty Technician

Name John Reilly **Phone** 239-253-0611
Address 24301 Walden Center Drive
City Bonita Springs **State** FL **Zip** 34134

Homeowner Data

***Appt. Date 3/31/2009 Afternoon**

Community Heron Bay **Model** CALLA
Subdivision BANYAN ISLES - 65 S F **Closing Date** 12 21 2006
Service Rep John Montemorano **Rep Phone** 954-509-3071 **Ext:**
Homeowner Poliseo, Daniel **Work Phone** 305-347-1372
Block/Lot 0387 **Fax** n a
Address 12399 NW 80TH PLACE
City HERON BAY **State** FL **Zip** 33076
PHONE: +1 (305) 347-1372-office

Call Homeowner Directly? YES NO **Call Customer Service for Entry? YES NO**

Contact Information

Mr. Poliseo Customer **Phone:** +1 (305) 347-1372-Office **Respond To Employee:**
Email: **Cell:** +1 (954) 752-4578-Home **Respond To Contact:**

Repair Description

Service Request #	Service Item #	Work Order #	Service Item Category	Service Item Sub Category	Service Item Root Cause	Initiation Date	Expected Completion Date	Status
292239	599599	625978	Drywall	Inspection	n a	3 25 2009	n a	In Process

Cause **Effect** X **Location** Interior

***Description/ Notes**

**Created By HARDEKRI on 03 25 2009 2 12:50 PM
H/O is requesting the inspection of drywall.
H/O has had A C coil replacement
H/O reports electrical outlets have blackened wires
H/O does not report odor in home
H/O has checked the sheetrock in the Garage attic which reads "Georgia-Pacific"

WCI Inspection appt - 3 31 2009 @ 1 PM

Please conduct inspection

Thanks!

JOHN MONTEMORANO
Customer Service Technician

WCI COMMUNITIES, INC.

Help Desk: 1-800-924-3545 • Phone: 954-509-3071 • Fax: 954-509-3089
11575 HERON BAY BOULEVARD • CORAL SPRINGS, FLORIDA 33076
JohnMontemorano@wcicommunities.com

WCI COMMUNITIES, INC.

Service Request #
Work Order #

Customer Survey

1. Did the Service Technician introduce himself/herself and identify his Company by Name? YES NO
2. Were you contacted within 48 hours and did the Service Technician arrive within a specified time? YES NO
3. Was the Service Technician prepared and had material to do the work? YES NO
4. After repairs, was the work area left neat and clean? YES NO
5. Was the Service Technician professional, courteous and knowledgeable? YES NO
6. Overall, were you satisfied with your service? YES NO
7. **As a result of this work order, do any other repairs need to be made?** YES NO

Other Comments:

· Chinese Drywall Determined To Exist 3/31/09

· Please Forward Report of Findings to Homeowner

Date: 3/31/09

Signature: [illegible] Polisco

Address: 12399 NW 80 Place Parkland, Fla. 33076

Sub Contractor:

Thank you for taking the time to fill out this survey. Your response will be used to assist WCI in providing and continually improving our Quality Customer Care Program. Please contact the Customer Care Department at (239) 498-8548 if you have any questions or concerns you would like to discuss.

Daniel Poliseo
12399 NW 80Th Place
Parkland, Florida 33076
Heron Bay
Banyan Isles
April 3, 2009

954-752-4578
305-347-1372

WCI Communities
Customer Care
24301 Walden Center Dr.
Bonita Springs, Fl 34134

Jennifer:

I am a resident and 1st owner at Banyan Isles in Heron Bay, Parkland Florida. Recently we have been in contact on the issue of Chinese Dry wall and on Tuesday March 31st, 2009 your representative, John Montemorano visited to inspect and confirm the presence of Chinese drywall in my home.(Attached is his service call documentation).

I would like to inquire about the next steps in this process of remediating the problem since I do have wiring issues as well as air-conditioner issues. I provide him with a copy of the service order from Lindstrom Air Conditioning, Inc date 2/3/09(see attached) which replaced my coils.

Further, when I called customer care about this specific issue in mid January 2009, I was told that since I purchased my home in December 2006, I was no longer covered under the warranty for such air-conditioning service. Hence, I was required to pay Lindstrom $768.00 to repair my unit. Under the circumstances that my home has Chinese drywall and that is the cause of the failure of the part(coils completed destroyed)that occurred over many months, while I was under warrantee, I feel that the cost of this service should be the responsibility of WCI and not myself.

Please review the attached and process a reimbursement to me for the $768.00 that should have been paid by WCI under the homeowners warrantee.

Again, please advise as to when you will begin to replace the sheetrock in my home with non-toxic drywall, since each day I remain is potentially another day of potentially future health problems.

Regards,

Daniel Poliseo.

WCI Marybeth
Fax 954-341-1261
Phone 954 575 6329

BONDED BUILDERS WARRANTY GROUP

1500 Kings Highway Port Charlotte, FL 33980 • Phone 800-749-0381 • Fax 941-743-0534

WARRANTY COVERAGE APPLICATION

THIS APPLICATION IS TO ENROLL YOUR NEW HOME IN BONDED BUILDER'S EXPRESS LIMITED WARRANTY COVERAGE; IT IS NOT YOUR NEW HOME WARRANTY NOR IS IT A SUBSTITUTE FOR YOUR HOMEOWNERS INSURANCE. UNLESS ALL BLANKS ARE COMPLETED, THE APPLICATION IS SIGNED, AND THE WARRANTY FEE IS PAID, YOUR HOME WILL NOT BE ENROLLED.

BUILDER NAME & NUMBER: W C I COMMUNITIES - 98189

98189 FL

WARRANTY SELECTION

Check the warranty plan to be provided to the homeowner

Warranties

- [X] 10 Yr Structural Warranty + 1 Yr Workmanship & Materials/1 Yr Systems Warranty
- [ ] 10 Yr Structural Warranty + 1 Yr Workmanship & Materials/2 Yr Systems Warranty

WARRANTY ENROLLMENT FEE: $_____ (See formula on back for fee calculation)

NEW HOME TO BE ENROLLED

Please type or print clearly

1. HOMEOWNER LAST NAME: Polisco FIRST NAME: Daniel
2. CO-OWNER LAST NAME: Polisco FIRST NAME: Donna
3. NEW HOME ADDRESS: 12399 NW 50 Place Richard FL 33076
   Street Address City State Zip Code
4. LOCATION: 10 F
   Building # Unit# Block# Lot#
5. SUBDIVISION: 6. COUNTY: Broward
7. CLOSING DATE: 12/21/06 8. CLOSING CONTRACT PRICE*: $634,523 9. BUILDER RM# _____

ALTERNATE MAILING ADDRESS

Provide homeowner(s) mailing address if different from above

10. _____
Street Address City State Zip Code

CHECK HERE IF WARRANTY DOCUMENTS SHOULD BE MAILED TO THIS ADDRESS RATHER THAN TO THE NEW HOME ADDRESS

PROPERTY SPECIFIC INFORMATION

11. CONSTRUCTION TYPE: [X] SINGLE FAMILY DETACHED [ ] DUPLEX/TRIPLEX/QUADRUPLEX [ ] CONDOMINIUM/TOWNHOUSE (3 STORIES OR LESS) [ ] CONDOMINIUM (4 STORIES OR MORE)
12. TOWNHOUSE/DUPLEX/TRIPLEX/QUADRUPLEX/CONDOMINIUM: DATE OF CERTIFICATE OF OCCUPANCY FOR MAIN STRUCTURE: _____
13. CONSTRUCTION OF THE HOME: (CHECK ONE) [X] SITE BUILT [ ] SYSTEMS BUILT- MFG JOB # _____

MORTGAGE INFORMATION

14. CHECK IF CASH SALE: 15. IF HOME IS FINANCED CHECK TYPE: [ ] CONVENTIONAL _ FHA _ VA RURAL DEVELOPMENT (FmHA)

*WARRANTY COVERAGE IS LIMITED TO THE LESSER OF THE CLOSING CONTRACT PRICE OR $1,000,000, UNLESS A HIGHER AMOUNT HAS BEEN PRE-APPROVED BY BBWG. CERTAIN ITEMS AND EVENTS ARE NOT COVERED BY THIS WARRANTY. PLEASE REFER TO THE SECTION TITLED "EXCLUSIONS" IN THE WARRANTY DOCUMENT. IN FLORIDA, THE HOME WARRANTY MAY NOT PROVIDE LISTING PERIOD COVERAGE FREE OF CHARGE.

SIGNATURES

HOMEOWNER(S) – Please read and initial the important Homeowner's Acknowledgement on the other side of the white copy of this application before signing the application.

HOMEOWNER: _____ DATE: _____ CO-OWNER: _____ DATE: _____

BUILDER'S REP: [signature] DATE: 11-29-06

PREPARED BY

PRINT NAME: [signature] DATE: 11-29-06 PHONE: 954-575-1210 FAX: 6369

2 of 3

Daniel Poliseo
12399 NW 80Th Place
Parkland, Florida 33076
Heron Bay
Banyan Isles
April 3, 2009 WCI 98189

954-752-4578
305-347-1372

Bonded Builders
PO Box 810245
Boca Raton, Florida 33481

Dear Sir:

I have been notified by my builder that my home is the subject of "Chinese Drywall" and will require some type of repair to rid the home of this item. Since this appears to be a health concern and requires immediate attention I am notifying you of a claim on my policy to begin this remediation effort as soon as possible.

While it appears there is no definitive test available, the signs of exposure are present

a) Air conditioner coils need to be replaced. Mine were replace after 2 year in the home vs manufacture guidelines of 8 to 10 years. The copper unit was completely rotted and leaking freon into the home(See attached work order)
b) The electrical connections in the home are turning black at any expose ends. It is not clear what fire hazard this presents.
c) Silver and jewelry is tarnishing at an alarming rate.

We have not removed any of the walls or sheetrock or taken air samples at this time.

I have notified the builder, WCI communities who sent an inspector (see attached)who confirmed my fears and advised that WCI would put me on a list while they decided on a course of action. Clearly the overwhelming health concerns of this issue will not allow me to wait for a company in bankruptcy(Chapter 11) to come up with a plan.

Please advise how you would like to proceed to test the home, determine the extent of damage, advise on a repair effort while relocating my family to temporary housing.

I can be reached at the above phone numbers.
Regards,

Daniel and Donna Poliseo

BONDED BUILDERS WARRANTY GROUP

P.O. Box 810245, Boca Raton, FL 33481
Phone 800-749-0381 * Fax: 561-994-1915

WORKMANSHIP, MATERIALS OR SYSTEMS WARRANTY CLAIM FORM

READ CAREFULLY. BEFORE COMPLETING THIS FORM YOU MUST REPORT THE ALLEGED DEFECT(S) TO YOUR BUILDER FIRST AND PROVIDE THEM A REASONABLE OPPORTUNITY TO ADDRESS THE ISSUE(S). IF UNSUCCESSFUL, FILL OUT THIS FORM COMPLETELY, SIGN IT AND ATTACH COMPLETE WRITTEN DETAILS OF THE DEFECT(S) THAT FORM THE BASIS OF YOUR CLAIM. BE SPECIFIC AND INCLUDE COPIES OF ANY DOCUMENTS, PICTURES AND ANY INFORMATION YOU PROVIDED TO YOUR BUILDER. INCLUDE YOUR CERTIFICATE NUMBER ON ANY ATTACHMENTS. MAIL TO BBWG AT THE ADDRESS ABOVE. KEEP A COPY OF ALL PAPERS FOR YOUR FILE.

BUILDER NAME: [illegible] CERTIFICATE NUMBER: 75[illegible]

HOMEOWNER NAME: DANIEL POLISEO DONNA POLISEO

ADDRESS: 12359 NW 30th PLACE CITY: PARKLAND

SUBDIVISION: Heron Bay / Banyan Isles STATE: FL ZIP: 33076

HOME PHONE: (954) 752-4578 WORK PHONE: (305) 347-1370 CELL PHONE: ( )

CURRENT LENDER/MORTGAGE INFORMATION

MORTGAGE CO: N/A LOAN NUMBER:

STREET ADDRESS:

CITY, STATE, ZIP CODE:

IS HOME FHA/VA OR RURAL DEVELOPMENT FINANCED? YES ___ NO ___ FHA/VA OR RD LOAN NUMBER:

CLAIM INFORMATION

1. DATE YOU FIRST NOTICED THE ALLEGED DEFECT(S): 12/08
2. DATE YOU REPORTED THE ALLEGED DEFECT(S) TO THE BUILDER: 2/03/09
3. HAS THE BUILDER ATTEMPTED TO CORRECT THE DEFECT(S)? YES ___ NO X

   IF YES, HOW MANY PREVIOUS ATTEMPTS HAS THE BUILDER MADE? ___
4. HAVE YOU REVIEWED THE WARRANTY COVERAGE PROVISIONS? YES X NO ___
5. HAVE YOU READ THE EXCLUSIONS CONTAINED IN THE WARRANTY? YES X NO ___

SUBMITTED BY: DANIEL POLISEO (PRINT NAME) DATE: 4/3/09

SIGNATURE: [signature]

REMINDER: ATTACH INFORMATION DETAILING ALLEGED DEFECT(S)

BONDED BUILDERS WARRANTY GROUP

P.O. Box 810245, Boca Raton, FL 33481
Phone: 800-749-0381 * Fax: 561-994-1915

MAJOR STRUCTURAL DEFECT WARRANTY CLAIM FORM

READ CAREFULLY. FILL OUT THIS FORM COMPLETELY, SIGN IT AND ATTACH COMPLETE WRITTEN DETAILS OF THE ALLEGED DEFECT(S) THAT FORM THE BASIS OF YOUR CLAIM. BE SPECIFIC AND INCLUDE COPIES OF ANY DOCUMENTS, PICTURES AND ANY INFORMATION YOU PROVIDED TO YOUR BUILDER. INCLUDE YOUR CERTIFICATE NUMBER ON ANY ATTACHMENTS. MAIL TO BBWG AT THE ADDRESS ABOVE. KEEP A COPY OF ALL PAPERS FOR YOUR FILE.

BUILDER NAME: [illegible] COMMUNITIES CERTIFICATE NUMBER: 95189

HOMEOWNER NAME: DANIEL POLISCO DONNA POLISCO

ADDRESS: 12399 NW 5C PLACE CITY: PARKLAND

SUBDIVISION: Heron Bay / Bangan Isles STATE: FL ZIP: 33076

HOME PHONE: (954) 752-4578 WORK PHONE: (305) 347-1372 CELL PHONE: ( )

CURRENT LENDER/MORTGAGE INFORMATION

MORTGAGE CO: N/A LOAN NUMBER:

STREET ADDRESS:

CITY, STATE, ZIP CODE:

IS HOME FHA/VA OR RURAL DEVELOPMENT FINANCED? YES ___ NO ___ FHA/VA OR RD LOAN NUMBER:

CLAIM INFORMATION

1. DATE YOU FIRST NOTICED THE ALLEGED STRUCTURAL DEFECT: 12/05
2. HAVE YOU READ THE WARRANTY BOOK ON HOW TO MAKE A STRUCTURAL CLAIM? YES X NO ___
3. HAVE YOU READ AND REVIEWED THE DEFINITION OF A STRUCTURAL DEFECT? YES X NO ___
4. HAVE YOU READ THE EXCLUSIONS CONTAINED IN THE WARRANTY? YES X NO ___
5. DO YOU THINK THE ALLEGED DEFECT RENDERS THE HOUSE UNLIVABLE? YES X NO ___
6. HAVE YOU OBTAINED AN ENGINEER'S EVALUATION AND/OR HAVE PICTURES REGARDING THE ALLEGED STRUCTURAL DEFECT(S)? YES ___ NO X IF YES, ATTACH THE EVALUATION AND/OR PICTURES.
7. HAVE YOU INSTALLED AND/OR PUT IN PLACE ANY NEW IMPROVEMENTS TO THE HOME THAT MAY PROHIBIT OR INHIBIT THE REPAIRS TO THE ALLEGED STRUCTURAL DEFECT(S)? YES ___ NO X IF YES ATTACH DETAILS
8. HAVE ANY PREVIOUS REPAIRS BEEN PERFORMED BY YOU OR SOMEONE UNDER YOUR DIRECTION? YES ___ NO X IF YES ATTACH COMPLETE DETAILS AND DESCRIBE THE NATURE OF THE REPAIRS AND WHO MADE THEM.

SUBMITTED BY: DANIEL POLISCO DATE: 4/3/05
PRINT NAME

SIGNATURE: [signature]

REMINDER: ATTACH INFORMATION DETAILING ALLEGED DEFECT(S)

BONDED BUILDERS
WARRANTY GROUP

April 7, 2009

Daniel & Donna Poliseo
12399 NW 80 Place
Parkland, FL 33076

RE:
Correspondence Received: April 7, 2009
Case Number: G27861
Builder: WCI Communities

Dear Mr. & Mrs. Poliseo:

This response will serve as acknowledgement of your correspondence to Bonded Builders Warranty Group (BBWG).

According to our records the above referenced address is not enrolled with BBWG. The enrollment of any home is totally at the option of the BBWG Builder member. Every home enrolled in the BBWG program is provided a validation label attached to the warranty document provided by your Builder. Should you find that you do have a validation label confirming BBWG enrollment, please provide the certificate number written on that label so that we may attempt to confirm the address and payment for that enrollment.

Unfortunately without further documentation, Bonded Builders will not be able to assist you further in this matter.

Sincerely,

BBWG Claims Associate
Claims Department

Claims Office

P.O. Box 810245
Boca Raton, FL 33481-0245

800-749-0381
Fax: 561-994-1915

www.BondedBuilders.com

CL32

KEYSTONE
ADJUSTERS, INC.

May 1, 2009

SENT VIA CERTIFIED MAIL

Daniel Poliseo
12399 NW 80 Place
Parkland, FL 33076

Claim: NH920673
Policy NC1001895
Insured: Daniel Poliseo
Date of loss: 4/3/09

DECLINATION OF COVERAGE

Dear Daniel Poliseo:

Keystone Insurance Adjusters has been assigned by Northern Capital Insurance Company to handle the investigation of your claim. It is our desire to thoroughly investigate every claim which is reported to us and to make payment for those losses for which are covered under your policy

On April 13, 2009 you reported a claim, which was inspected on 4/28/09 for the possibility of Chinese Drywall. Northern Capital Insurance Company has reviewed your policy. and must respectfully decline coverage. This type of loss is specifically excluded under the policy including, but not limited to, the following provisions, please refer to your homeowner policy page 12:

HO 00 03 10 00
SECTION 1 – EXCLUSIONS
B. We do not insure for loss to property described in Coverages **A** and **B** caused by any of the sfollowing. However, any ensuing loss to property described in Coverages **A** and **B** not precluded by any other provision in this policy is covered

3. Faulty, inadequate or defective:

b. Design, specifications, workmanship, repair, construction, renovation, remodeling, grading, compaction;

c. Materials used in repair, construction, renovation or remodeling; or

Based on the aforementioned, no coverage is available for this claim under your' HO policy NC 1027577. We must respectfully deny your claim.

Sincerely,

Angie Figueroa
Claims Associate
Keystone Adjusters, Inc.
Toll Free (866) 243-5163, Ext. 346
Direct ph. 305-614-6241
Fax (786) 363-4935
afigueroa@keystoneadjusters.com

b. Landslide, mudslide or mudflow;

c. Subsidence or sinkhole; or

d. Any other earth movement including earth sinking, rising or shifting;

caused by or resulting from human or animal forces or any act of nature unless direct loss by fire or explosion ensues and then we will pay only for the ensuing loss

This Exclusion **A.2.** does not apply to loss by theft.

3. **Water Damage**

Water Damage means:

a. Flood, surface water, waves, tidal water, overflow of a body of water, or spray from any of these, whether or not driven by wind;

b. Water or water-borne material which backs up through sewers or drains or which overflows or is discharged from a sump, sump pump or related equipment; or

c. Water or water-borne material below the surface of the ground, including water which exerts pressure on or seeps or leaks through a building, sidewalk, driveway, foundation, swimming pool or other structure;

caused by or resulting from human or animal forces or any act of nature

Direct loss by fire, explosion or theft resulting from water damage is covered

4. **Power Failure**

Power Failure means the failure of power or other utility service if the failure takes place off the "residence premises" But if the failure results in a loss, from a Peril Insured Against on the "residence premises", we will pay for the loss caused by that peril

5. **Neglect**

Neglect means neglect of an "insured" to use all reasonable means to save and preserve property at and after the time of a loss

6. **War**

War includes the following and any consequence of any of the following:

a. Undeclared war, civil war, insurrection, rebellion or revolution;

b. Warlike act by a military force or military personnel; or

c. Destruction, seizure or use for a military purpose

Discharge of a nuclear weapon will be deemed a warlike act even if accidental

7. **Nuclear Hazard**

This Exclusion **A.7.** pertains to Nuclear Hazard to the extent set forth in **M.** Nuclear Hazard Clause under Section I – Conditions

8. **Intentional Loss**

Intentional Loss means any loss arising out of any act an "insured" commits or conspires to commit with the intent to cause a loss.

In the event of such loss, no "insured" is entitled to coverage, even "insureds" who did not commit or conspire to commit the act causing the loss

9. **Governmental Action**

Governmental Action means the destruction, confiscation or seizure of property described in Coverage **A, B** or **C** by order of any governmental or public authority

This exclusion does not apply to such acts ordered by any governmental or public authority that are taken at the time of a fire to prevent its spread, if the loss caused by fire would be covered under this policy

B. We do not insure for loss to property described in Coverages **A** and **B** caused by any of the following However, any ensuing loss to property described in Coverages **A** and **B** not precluded by any other provision in this policy is covered

1. Weather conditions. However, this exclusion only applies if weather conditions contribute in any way with a cause or event excluded in **A.** above to produce the loss.

2. Acts or decisions, including the failure to act or decide, of any person, group, organization or governmental body

3. Faulty, inadequate or defective:

a. Planning, zoning, development, surveying, siting;

b. Design, specifications, workmanship, repair, construction, renovation, remodeling, grading, compaction;

c. Materials used in repair, construction, renovation or remodeling; or

d. Maintenance;

of part or all of any property whether on or off the "residence premises".

 Copyright, Insurance Services Office, Inc , 1999

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
WASHINGTON, D C 20460

May 4, 2009

OFFICE OF THE
EXECUTIVE SECRETARIAT

Mr. and Mrs. Daniel Poliseo
12399 Northwest 80th Place
Parkland, Florida 33076

Dear Mr. and Mrs. Poliseo:

Thank you for writing to U.S. Environmental Protection Agency Administrator Lisa P. Jackson.

After reviewing your e-mail and after discussion with the U.S. Consumer Product Safety Commission, we are forwarding your letter to CPSC Acting Chairman Nancy A. Nord for response. You can contact Acting Chairman Nord directly by writing to the U.S. Consumer Product Safety Commission at 4330 East West Highway, Bethesda, Maryland 20814.

Again, thank you for writing. Best wishes.

Sincerely,

Kenneth Labbe
Office of the Executive Secretariat

cc: Acting Chairman Nancy A. Nord

Poliseo, Daniel J [CMB-FIN]

To: corrosioninvestigation@doh.state.fl.us
Subject: Drywall Sampling-analysis data submission

Letter to Department of Health State of Florida

Dear Sir/Madam:

Daniel Poliseo 954 752 4578 954 573 0245
12399 NW 80th Place
Parkland, Florida 33076

WCI Community
Heron Bay
Banyan Isles

March 30, 2009

Last week I was made aware of the potential impact "Chinese Drywall" could have on my home. I am the original owner of my home and purchased it new in December 2006 from WCI. The home was completed during the period September 2006 to December 2006, with drywall installed in October - December.

The following are symptoms that I have experienced
A) Air Conditioner coils have been replaced. In February of 2009, the unit failed. The coils removed were blackened and corroded, with pinholes that allowed the Freon to leak. I am not sure what the impact of leaking Freon is on the health condition of the interior space.

B) Electrical connections are blackened in the electrical boxes. I am not sure what type of fire hazard this creates or if the integrity of the electrical system is in jeopardy.

C) Cable TV/Computer connections are blackened

D) Mirrors are blackening around the edges and silver picture frames and candlesticks are turning as well.

I have contacted WCI customer service and they are coming to my home on Tuesday March 31st to perform tests. I am not sure what will be determined at that time beyond what I have described.

Please advise what the next course of action should or could be in light of the above items.

Regards,
Daniel Poliseo

Office of the
ATTORNEY GENERAL of FLORIDA
Bill McCollum

Enter search here

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Office Information
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Employment
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Keep up with our latest news and consumer information

Newsletter
RSS feed
Audio Msg

Fraud Hotline
1-866-966-7226

Contact Us

Economic Crimes Contact Form

This will route your questions or complaint to the Attorney General's Office. Please fill out the form below and click on the "Submit" button. You will receive an electronic confirmation that your complaint or question has been received by this office.

If you would like to keep current with news on Attorney General McCollum's efforts to fight fraud please subscribe to the Attorney General's weekly and monthly newsletters.

*Required information

Section 1 - Your Contact Information

First Name* Daniel
Last Name* Poliseo
Street Address* 12399 NW 80th Place
City* Parkland
State FL
Zip 33076
County* *Florida Residents* Broward
Phone 954 752 4578
E-mail Address*

Section 2 - Who is your complaint against?

Name/Firm/Company* WCI Communities
Subject/Category* Real Estate/Property/Condominiums
Street Address
City
State FL
Zip
County
Phone
Website

Questions/Comments

Daniel Poliseo 954 752 4578 954 573 0245
12399 NW 80th Place
Parkland, Florida 33076

WCI Community
Heron Bay
Banyan Isles

March 30, 2009

Are you 60 or older? Yes ● No

I understand that your office does not give legal advice. I also understand that your office cannot take legal action for me individually.

Note:
1. **All documents and attachments submitted with this complaint are subject to public inspection**

pursuant to Chapter 119, Florida Statutes.

2. Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree, punishable as provided in s. 775.082, s. 775.083, or s. 837.06, Florida Statutes.

I am filing this complaint to notify your office of the activities of this business/individual and to seek any assistance you may be able to render.

GO

Submit Reset

Enter email address

Submit

skip to content

Office of the
ATTORNEY GENERAL of FLORIDA
Bill McCollum

Enter search GO

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Consumer Protection
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Victims' Services
AG Opinions

Keep up with our latest news and consumer information

Enter email address

Submit

Newsletter
RSS feed
Audio Msg

Fraud Hotline
1-866-966-7226

Contact Us

Thank-you

Daniel Poliseo,

Thank you for contacting the Attorney General's Office regarding Real Estate/Property/Condominiums. Our staff will process it as soon as possible and, if necessary, respond appropriately. We appreciate hearing from concerned citizens such as yourself. If you wish to keep abreast of the activities of this office, you may wish to consider a subscription to our electronic newsletter News Briefs. Or perhaps our monthly consumer newsletter Consumer Bulletin. Should you wish to subscribe to either, or both, publications, please click here.

Consumer Complaint Form

Reset Form

CONSUMER AFFAIRS DIVISION
115 S Andrews Avenue, Room A460 Fort Lauderdale, Florida 33301 954-357-5350 FAX 954-765-5309

Sent 3/31/08

COMPLAINANT

Name:	Daniel Poliseo
Address:	12399 NW 80th Place
City:	Parkland (Heron Bay/Banyan Isles
State:	FL Zip: 33076
Home Phone:	954 752 4578
Work Phone:	305 347 1372
Cell Phone:	954 573 0245
E-Mail Address:	Daniel J.Poliseo@citi.com

RESPONDENT

Name:	WCI Communities
Does Bus As:	
Address:	24301 Walden Center Drive
City:	Bonita Springs
State:	Florida Zip: 34134
Contact:	David Fry-President
Phone Number:	239 947 2600
E-Mail Address:	WWW Wci Communities.com

PLEASE PROVIDE THE FOLLOWING INFORMATION

(1) Date of Transaction: December 2006

(2) Have you contacted the Respondent about this complaint? ☑ Yes ☐ No

(3) Did you sign a contract, lease, or document? ☑ Yes ☐ No

PLEASE FURNISH A COPY OF ALL DOCUMENTS, CONTRACTS, RECEIPTS, LETTERS, ETC. AND

Cross out Social Security Numbers, Bank and Credit Card Numbers on all supporting documents provided

(4) What other agencies/organizations have you contacted for assistance, and what was the outcome?

Fla. Dept of Health, Atty General State of Florida, Consumer Products Safety

(5) What complaint resolution would you consider to be mutually fair?

certification that the Chinese drywall condition has been repaired and home is livable

Dollar Amount in Dispute (if applicable): Unknown

Under penalty of perjury, I declare the facts contained herein are true, correct, and complete.

Signature

Date: March 30, 2009

Please Read - Disclosure Statement

All Information provided to the Consumer Affairs Division is public records and is available for inspection by the public under the Florida Public Records Law. This includes all of the information you have included in this complaint and supporting documentation

PLEASE GIVE A COMPLETE DESCRIPTION OF YOUR COMPLAINT

Cross out Social Security Numbers, Bank and Credit Card Numbers on all supporting documents provided

Daniel Poliseo 954 752 4578 954 573 0245
12399 NW 80th Place
Parkland, Florida 33076

WCI Community
Heron Bay
Banyan Isles

March 30, 2009

Last week I was made aware of the potential impact "Chinese Drywall" could have on my home. I am the original owner of my home and purchased it new in December 2006 from WCI. The home was completed during the period September 2006 to December 2006, with drywall installed in October - December

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C) Cable TV/Computer connections are blackened

D) Mirrors are blackening around the edges and silver picture frames and candlesticks are turning as well

I have contacted WCI customer service and they are coming to my home on Tuesday March 31st to perform tests

Please Read - Disclosure Statement
All Information provided to the Consumer Affairs Division is public records and is available for inspection by the public under the Florida Public Records Law. This includes all of the information you have included in this complaint and supporting documentation.

U.S. Consumer Product Safety Commission

AUTHORIZATION FOR RELEASE OF NAME

Thank you for assisting us in collecting information on a potential product safety problem. The Consumer Product Safety Commission depends on concerned people to share product safety information with us. We maintain a record of this information, and use it to assist us in identifying and resolving product safety concerns.

We routinely forward this information to manufacturers and private labelers to inform them of the involvement of their product in an accident situation. We also give the information to others requesting information about specific products. Manufacturers need the individual's name so that they can obtain additional information on the product or accident situation.

Would you please indicate on the bottom of this page whether you will allow us to disclose your name? If you request that your name remain confidential, we will of course, honor that request. After you have indicated your preference, please sign your name and date the document on the lines provided.

☐ I request that you do not release my name. My identity is to remain confidential.

☐ You may release my name to the manufacturer but I request that you do not release it to the general public.

☒ You may release my name to the manufacturer and to the public.

Daniel Poliseo 5-22-09
(Signature) (Date)

CPSC Form 322 Consumer Agreed during telephone conversation on 5-22-09.

PERSONS CONTACTED BY THIS INVESTIGATOR

Consumer and wife: Daniel & Donna Poliseo
12399 NW 80th Place
Parkland, FL 33076
Home Telephone Number: 954-752-4578
Work Telephone Number: 954-573-0245
Initial Contact: May 05, 2009

PERSONS CONTACTED BY THE CONSUMER

Home Builder: Jennifer (LNU)
WCI Communities, Inc.
24301 Walden Center Drive
Bonita Springs, FL 34134
Telephone Numbers: 800-924-3545, 954-575-4200, 239-738-7010

Inspector: John Montemorano
WCI Communities, Inc.
11575 Heron Bay Boulevard
Coral Springs, FL 33076
Telephone Number: 954-509-3071
Facsimile Number: 954-509-3089

Attorney: Nick S. Davitian
Krupnick, Campbell, Malone, Buser, Slama, Hancock, Liberman & McKee
Suite 100
700 Southeast Third Avenue
Fort Lauderdale, FL 33316-1186
Telephone Number: 954-763-8181
Facsimile Number: 954-763-8292

1. Task Number	2. Investigator's ID	EPIDEMIOLOGIC INVESTIGATION REPORT
090505CBB1680	2391	

3. Office Code	4. Date of Accident YR MO DAY	5. Date Initiated YR MO DAY
810	2004 01 01	2009 05 05

6. Synopsis of Accident or Complaint UPC

The male and female complainants, both 54 years old, moved into the newly built house in December 2001. The house was constructed using imported drywall from China. In 2004 they started to notice health issues such as headaches, burning sensation in the throat, and problems with vision. They are concerned with the long term health effects they face in the future.

CPSA 6(b)(1) CLEARED for PUBLIC
X NO MFRS/PRVTLBLRS OR PRODUCTS IDENTIFIED 7/1/09
— EXCEPTED BY: PETITION
X RULEMAKING ADMIN. PRCDG
— WITH PORTIONS REMOVED 3 25c
Other mfrs

7. Location (Home, School, etc)	8. City	9. State
1 - HOME	VERO BEACH	FL

10A. First Product	10B. Trade/Brand Name	10C. Model Number
1876 - House Structures, Repair Or	UNKNOWN	UNKNOWN

10D. Manufacturer Name and Address
UNKNOWN

11A. Second Product	11B. Trade/Brand Name	11C. Model Number
4062 - Electric Wire Or Wiring Syst	UNKNOWN	UNKNOWN

11D. Manufacturer Name and Address
NONE

12. Age of Victim	13. Sex	14. Disposition	15. Injury Diagnosis
54	2 - Female	1 - Injured, not Hosp.	68 - Poisoning

16. Body Part(s) Involved	17. Respondent	18. Type of Investigation	19. Time Spent (Operational / Travel)
85 - ALL OF BODY	1 - Victim/Complainant	1 - On-Site	8 / 3

20. Attachment(s)	21. Case Source	22. Sample Collection Number
9 - Multiple Attachments	07 - Consumer Complaint	

23. Permission to Disclose Name (Non NEISS Cases Only)

○ Yes ● No ○ Verbal ○ Yes for Manuf. Only

24. Review Date	25. Reviewed By	26. Regional Office Director
05/19/2009	1949	Dennis R. Blasius

27. Distribution	28. Source Document Number
Rose, Blake; Woodard, Dean	H0940273A

090505CBB1680

This investigation was initiated through the receipt of a Consumer Product Incident Report submitted by a 54 year old female complainant/homeowner, involving imported drywall material. Information for this report was gathered through an on-site interview with the complainant in her home.

The affected house is occupied by the complainant and her 54 year old husband. The house was built in February 2001 and is single story, split level style, and 2400 square foot. The house was built using wood studs and has three carpeted bedrooms and tile throughout the rest of the house. The home is not equipped with gas or natural gas service, all appliances are electric. In 2007, the family room, kitchen, dining room, living room, and office were painted. In the same year the tile was also replaced. There has been no additional drywall installed in the house since being built.

The complainant first notice a problem after six months of living in the house and the evaporator coils were replaced in the air conditioning unit. She has not experienced any problems with odors, nor has she had guests mention any unusual odors. After completing the renovations previously mentioned she still has not been able to detect any unusual odor.

She has experienced appliances unexpectedly stop working. A year and a half ago, the refrigerator stopped working and was replaced. Two dimmer light switches were also replaced recently. She has also had three cable boxes replaced. The cable technician informed her that the wiring in the wall may be damaged. A ground fault interrupter (GFI) in the garage was also replaced. The air conditioning unit has had evaporator coils replaced and/or patched seven times in eight years. She reported that approximately every nine months she was having the air conditioner serviced. In 2004 the technician for the air conditioning manufacturer reported that he suspected the problems with the unit were related to sulfur in the air. In October 2008 the air conditioner was again not working and she decided to replace the entire unit. Service technicians could not give an explanation for the problems occurring with the unit. The complainants believed that it was a cheap unit. She has not had any other technicians in the house to repair other components. On a consistent basis she has experienced the following: lights dim without cause, the outside spot light's breaker trips unexpectedly, if she is operating more than one appliance the breakers trip, she has notice sparks in some of the kitchen receptacles, and the exhaust fan in the guest bathroom is louder and makes a buzzing noise. She does not experience any problems with unusual odors in the vicinity of receptacles, switches, or light fixtures. She also does not have any problems with light switches or outlets that are warm or hot to the touch. She has noticed blackening, pitting, and corrosion on copper pipes and wires throughout the house. Specifically areas such as the pipes connected to the water heater, the coils on the new air conditioning unit, and metal shower heads. Photographs of the damaged areas are included as Exhibit 2. She has a fear that a fire could result from the blackened ground wire in several of her electrical receptacles. She recently smelled a burning smell, but could not find the source. Her silver jewelry is placed in a jewelry box designed to store silver, but she still has to clean the jewelry because it starts to turn black. She has not had any issues with the smoke alarms.

The complainants moved into the home in December 2001. They started to experience health issues in 2004. Her husband complains of feeling a burning sensation in his throat, pain in his mouth, and scabbing inside his nostrils. His physician attributes the symptoms to allergies and acid reflux. He has been treated with antibiotics, nasal sprays, and cultures of his throat and vocal cords. He has been examined by two Ear, Throat, and Nose specialists and the problem persists. She had experienced headaches and starts to sneeze frequently when she enters the house. She has also had problems with her eyes. During her eye examination three years ago, the physician noticed pin size holes in her eyes. Her last eye exam was a year ago and the physician noticed old holes had disappeared and new holes appeared. Neither of the complainants suffered these health issues in the past. While at work during the day, she notices that her symptoms stop and return when she arrives at home. Her husband's problems do not subside while at work. During a one week vacation her husband noticed that his symptoms subsided, but returned when they arrived to the home. No medical documentation was provided during the interview. The family house cat died in 2005 of a brain tumor and had developed respiratory problems after moving into the home.

The complainant reported that the building company has since gone out of the home building business, but is still operating some sort of business. The name of the company has changed, but the owner is still the same. On April 17, 2009 the complainant contacted the builder through a letter to inform him of the issues they have been experiencing. He called a week later to inform the complainant that he was not aware of issues with drywall. She received a letter explaining that a company contracted by a major supplier/ producer of drywall would like to test the drywall in the home to learn the manufacturer and supplier of the drywall. She was in contact with the inspection company and was advised that she would not be receiving a report or results at the conclusion of their inspection. She declined to have the company in her home because she believed that it was a conflict of interest since the company was hired by the drywall manufacturer. The correspondence between the complainant and builder is included as Exhibit 3. She has contacted the county health department and the Florida Attorney General Office to report her issues. She is not aware of any other homeowners experiencing this issue in her community. Her short term and long term goals are to find a solution to remediate the problem. She is currently contacting contractors to estimate the costs of fixing the problem She added that she hopes the government will come to the aid of the people affected and that the aid comes in a timely manner, especially for people dealing with a problem unknowingly since 2001.

Product Identification

The product involved is imported Chinese drywall. During the on-site visit this investigator gained access to the attic through the garage. Labeling on the drywall above the garage read in part: "***Manufactured to Conform to ASTM Standard *** 4X12X1/2 *** Made in China***"

090505CBB1680

Exhibits

Exhibit 1	Contact Information
Exhibit 2	Photographs (24)
Exhibit 3	Correspondence between Complainant and Builder

Contact Information

(b)(3):CPSA Section 25(c)

Complainants

Vero Beach, FL 32963

(b)(3):CPSA Section 25(c)

May 5, 2009

Complainant Contacted Builder

William Ballough, Owner
MGB Construction
945 Sebastian Blvd. #4
Sebastian, FL 32958
Tel. 772-589-0663
April 17, 2009

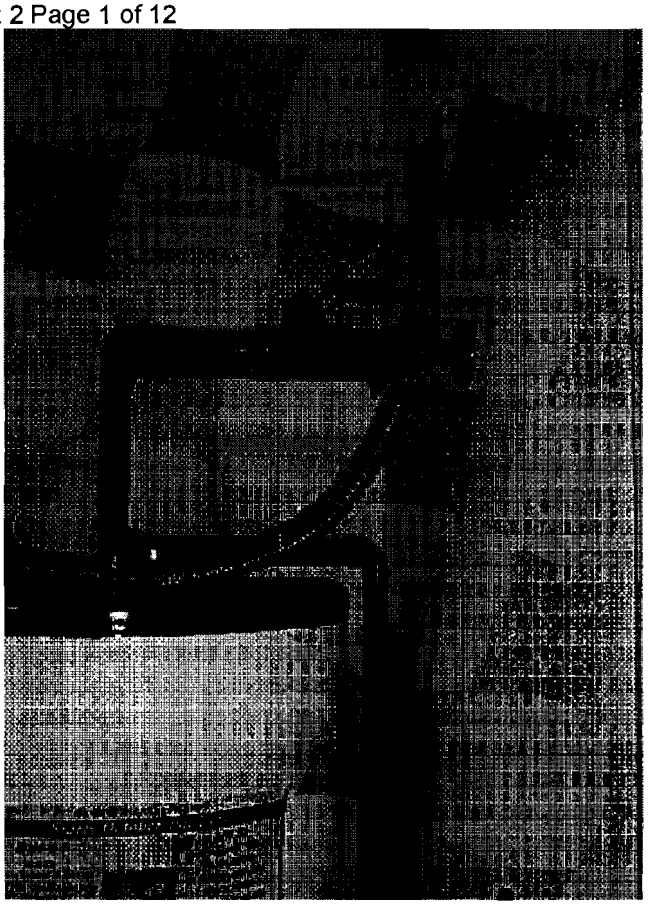


Photo 1 shows corrosion on the copper pipes connected to the water heater in the garage.

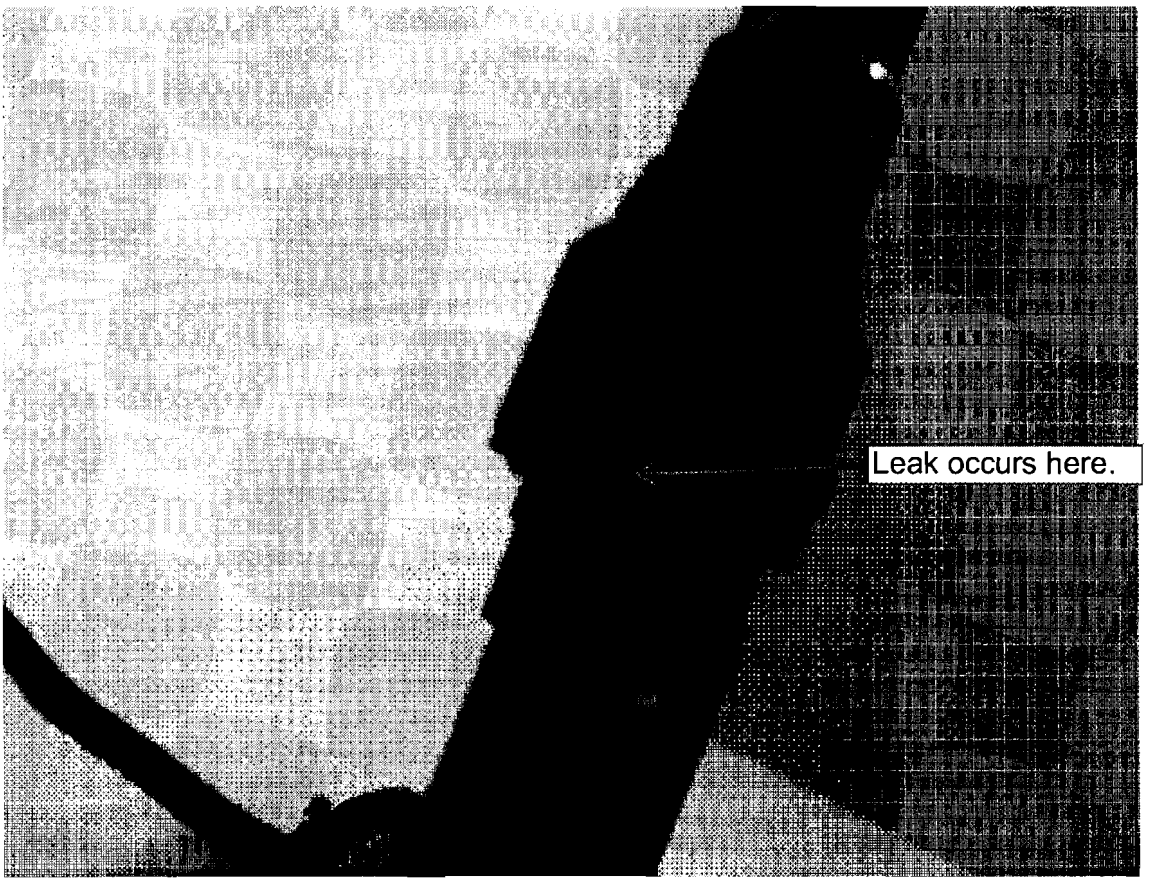


Photo 2 shows a leak and corrosion on the pipes from the previous photograph.

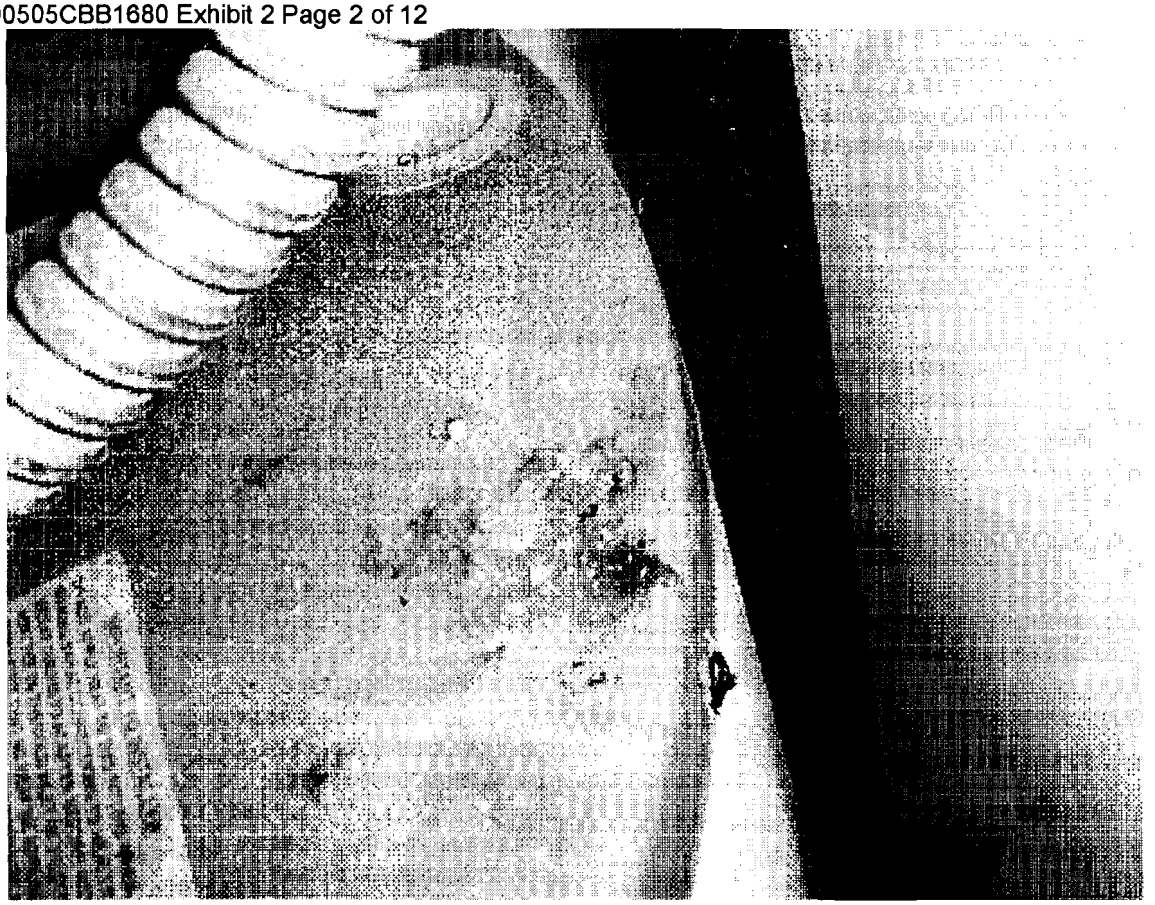


Photo 3 shows the top of the water heater where the dripping substance is gathering.

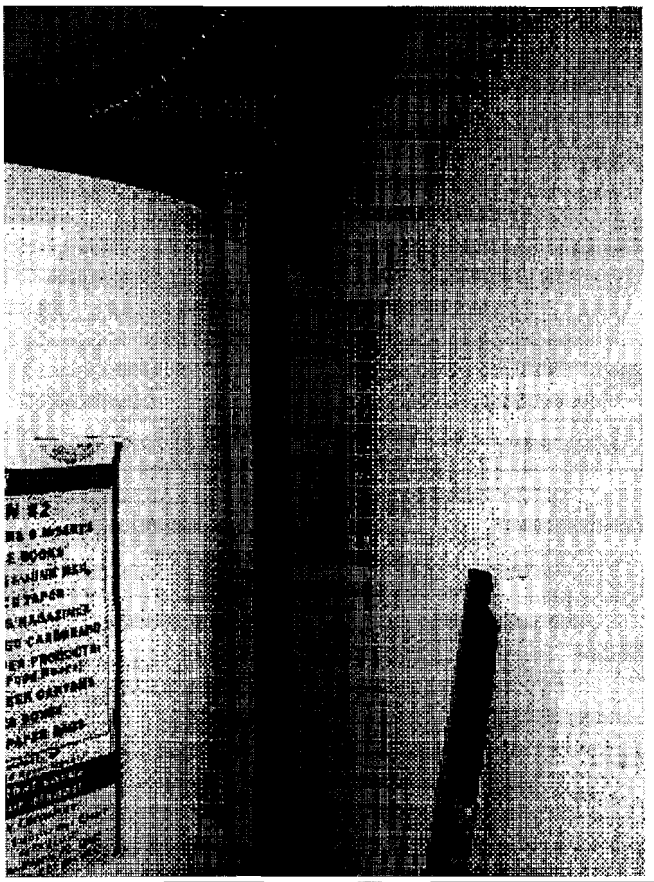


Photo 4 shows another copper pipe connected to the water heater.

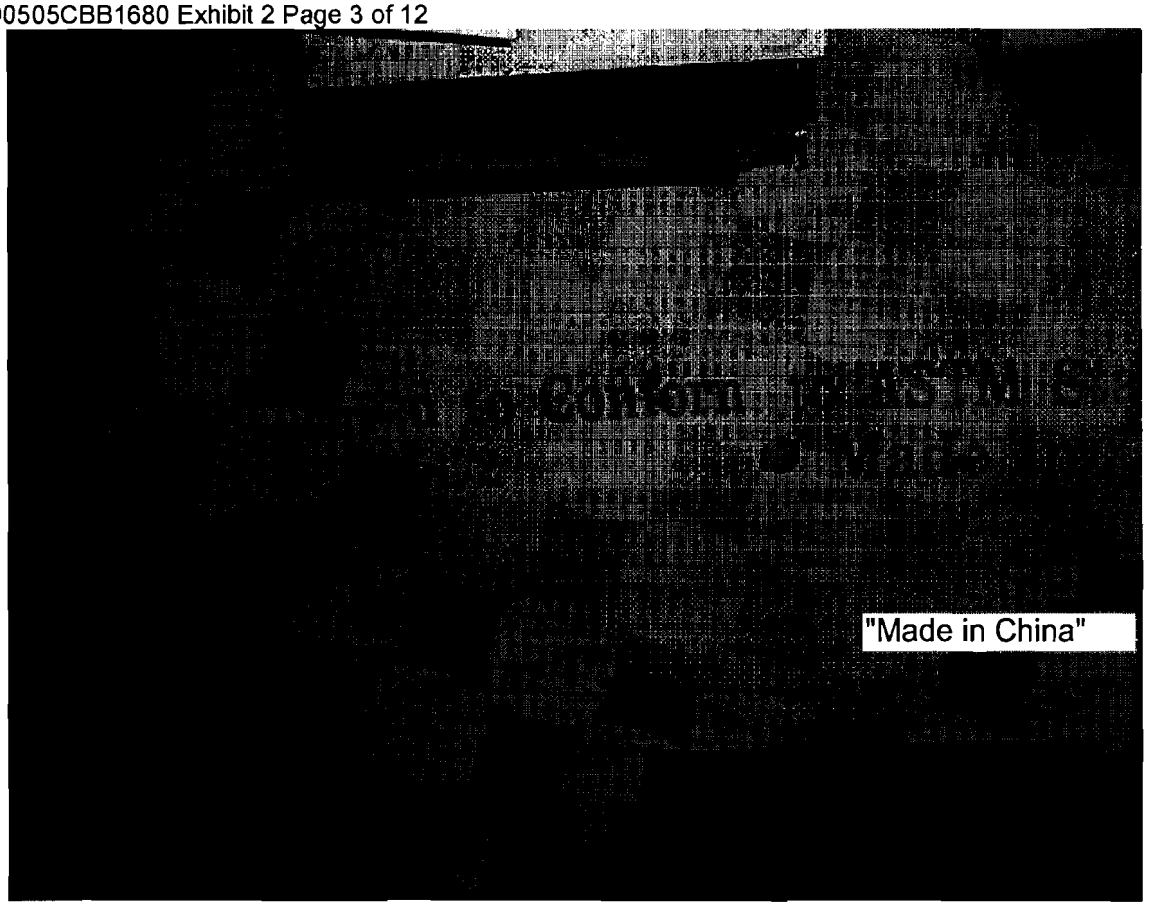


Photo 5 shows labeling located on the back of the drywall and seen from the attic, above the garage.

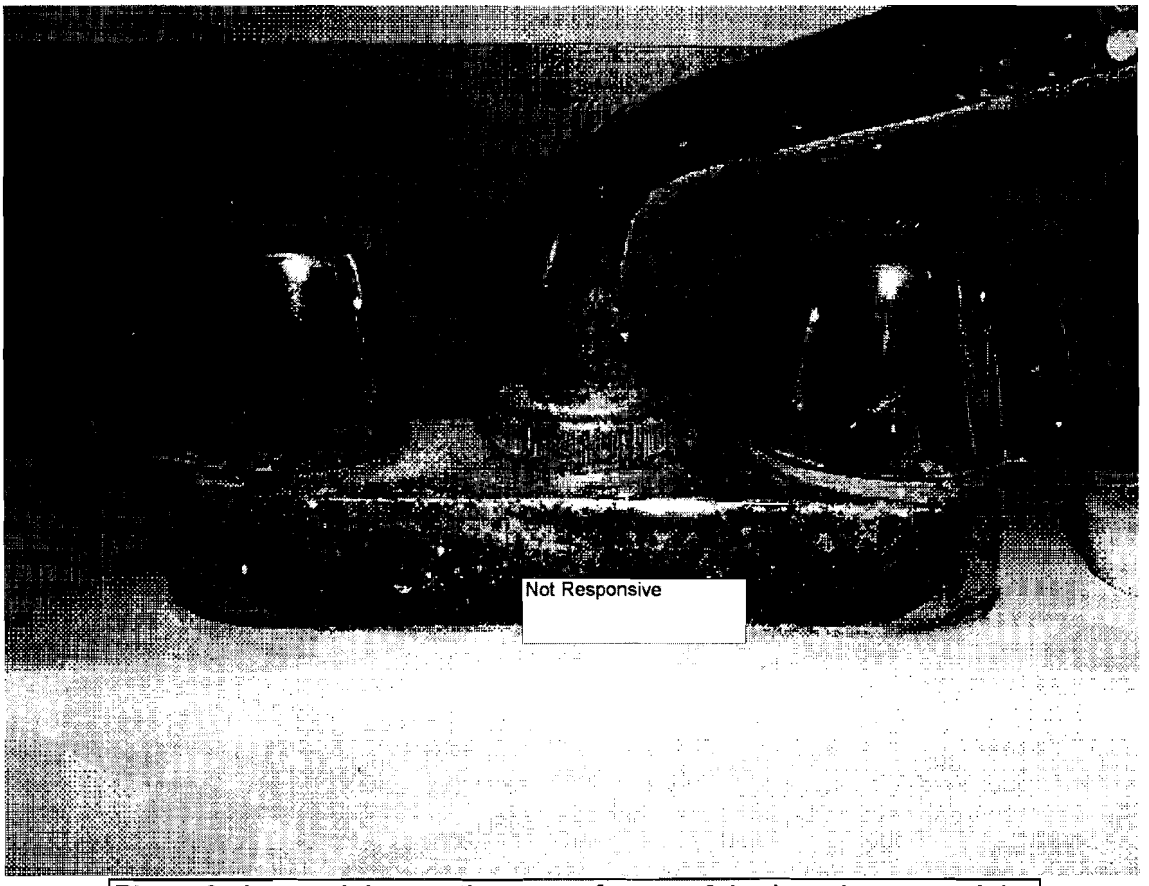


Photo 6 shows pitting on the water faucet of the laundry room sink.

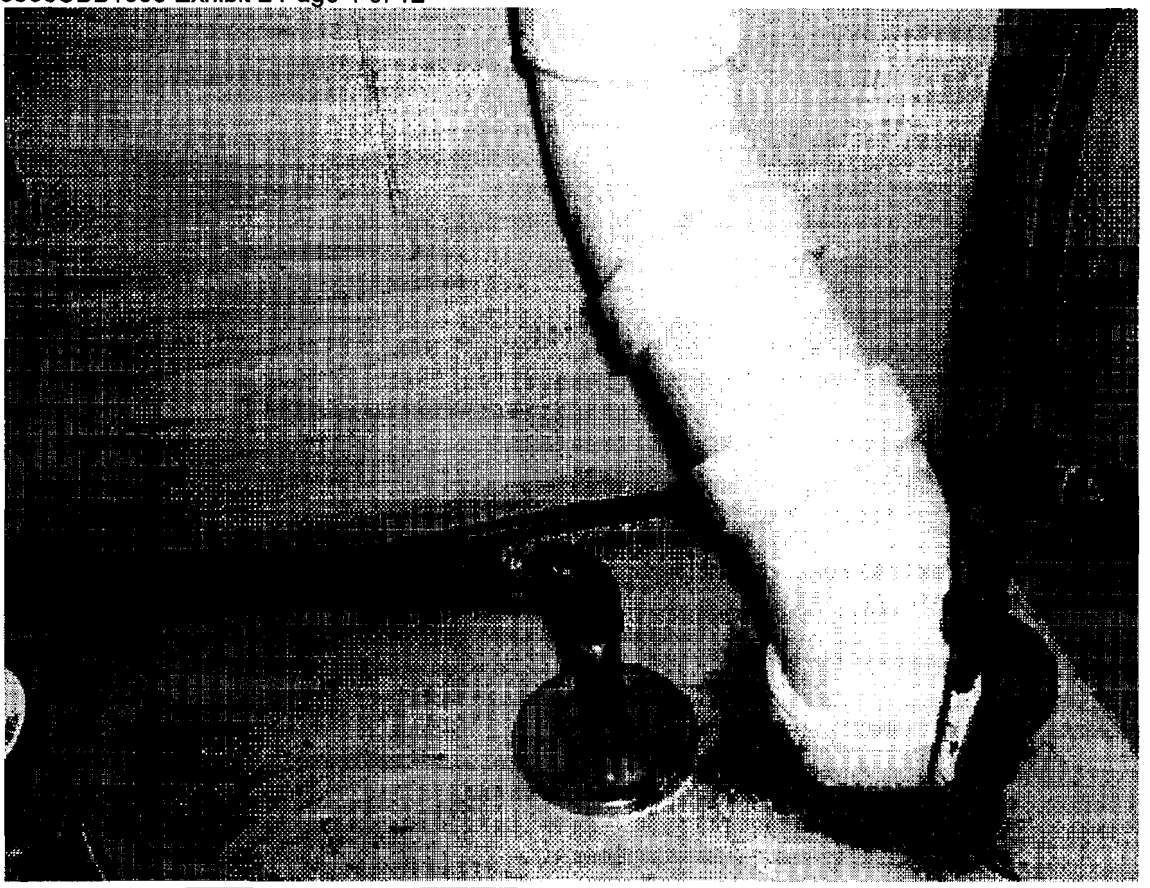


Photo 7 shows blackening on the copper pipes under the kitchen sink.

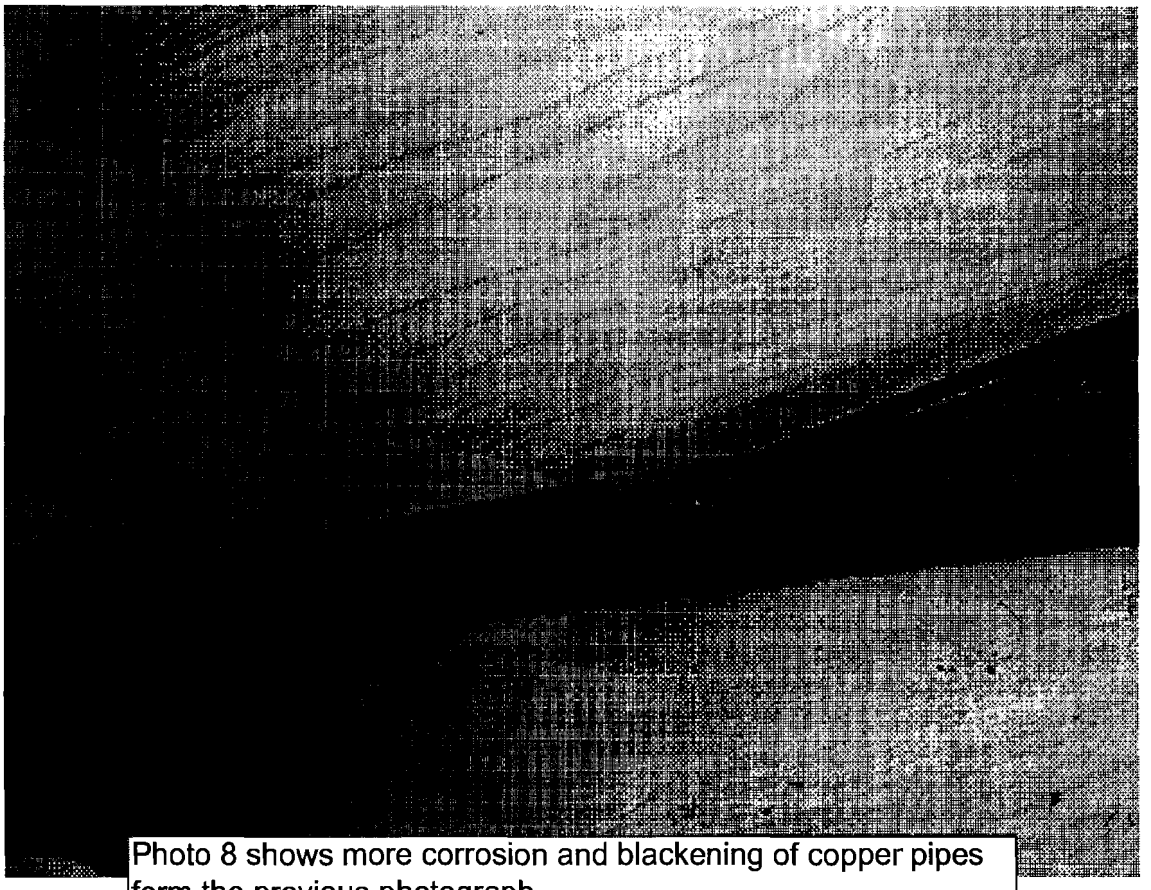


Photo 8 shows more corrosion and blackening of copper pipes form the previous photograph.

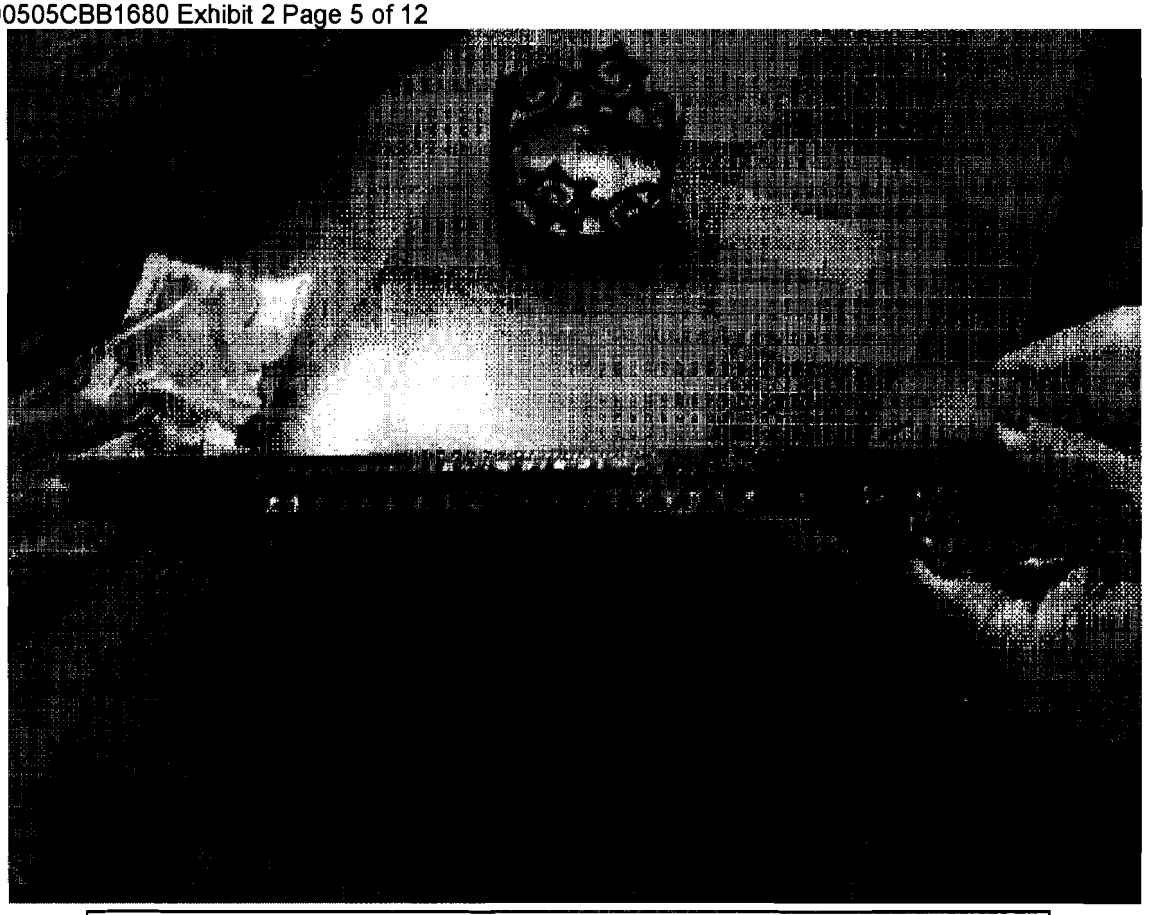


Photo 9 shows blackening on a metal decorating piece.

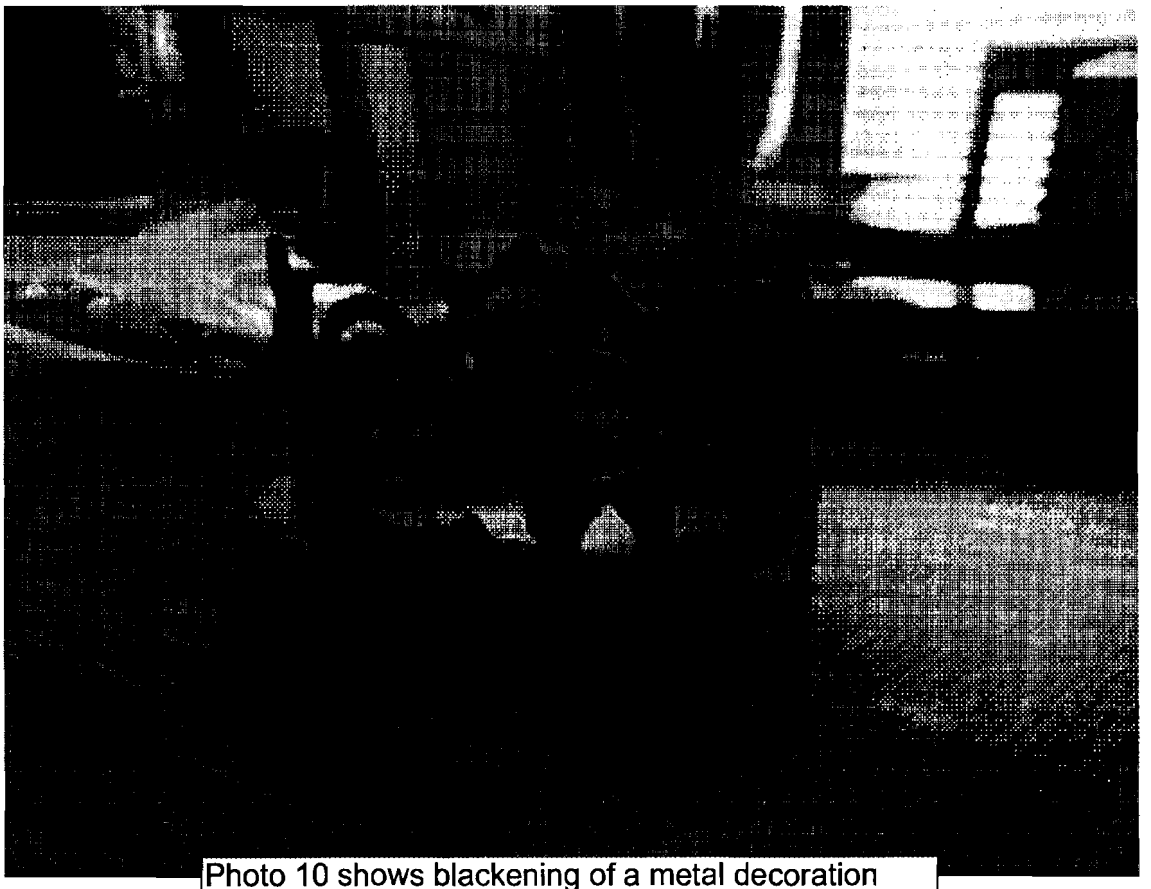


Photo 10 shows blackening of a metal decoration piece.

Photo 11 shows another view of the metal decorating piece.

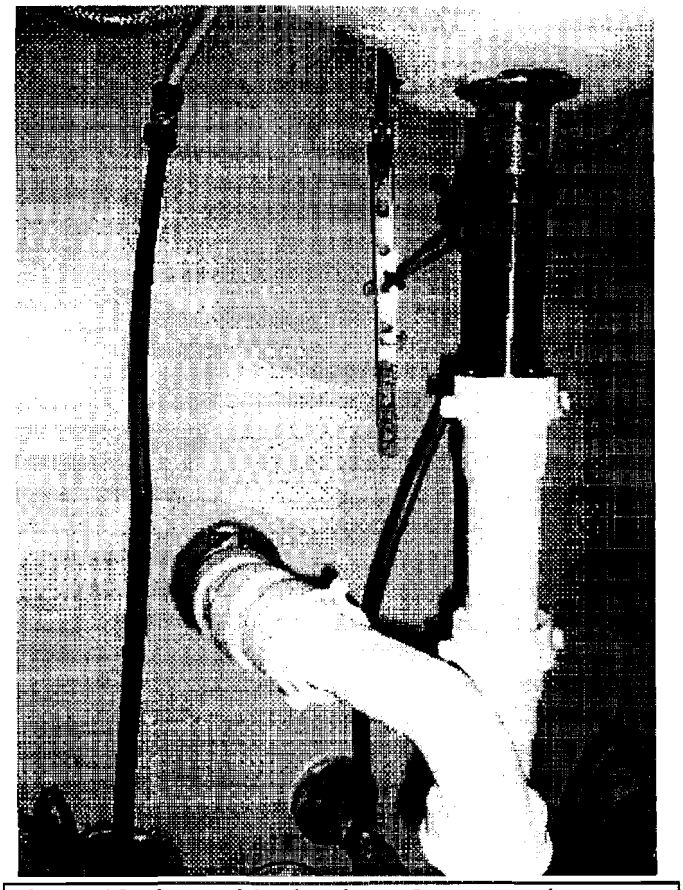


Photo 12 shows blackening of copper pipes under a sink.

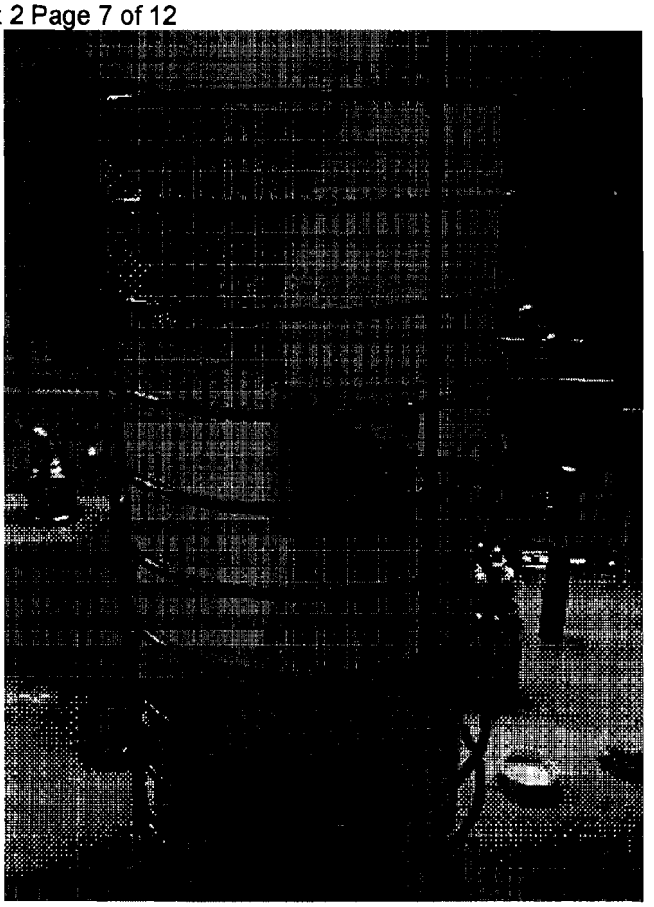


Photo 13 show pitting on a metal toilet paper holder.

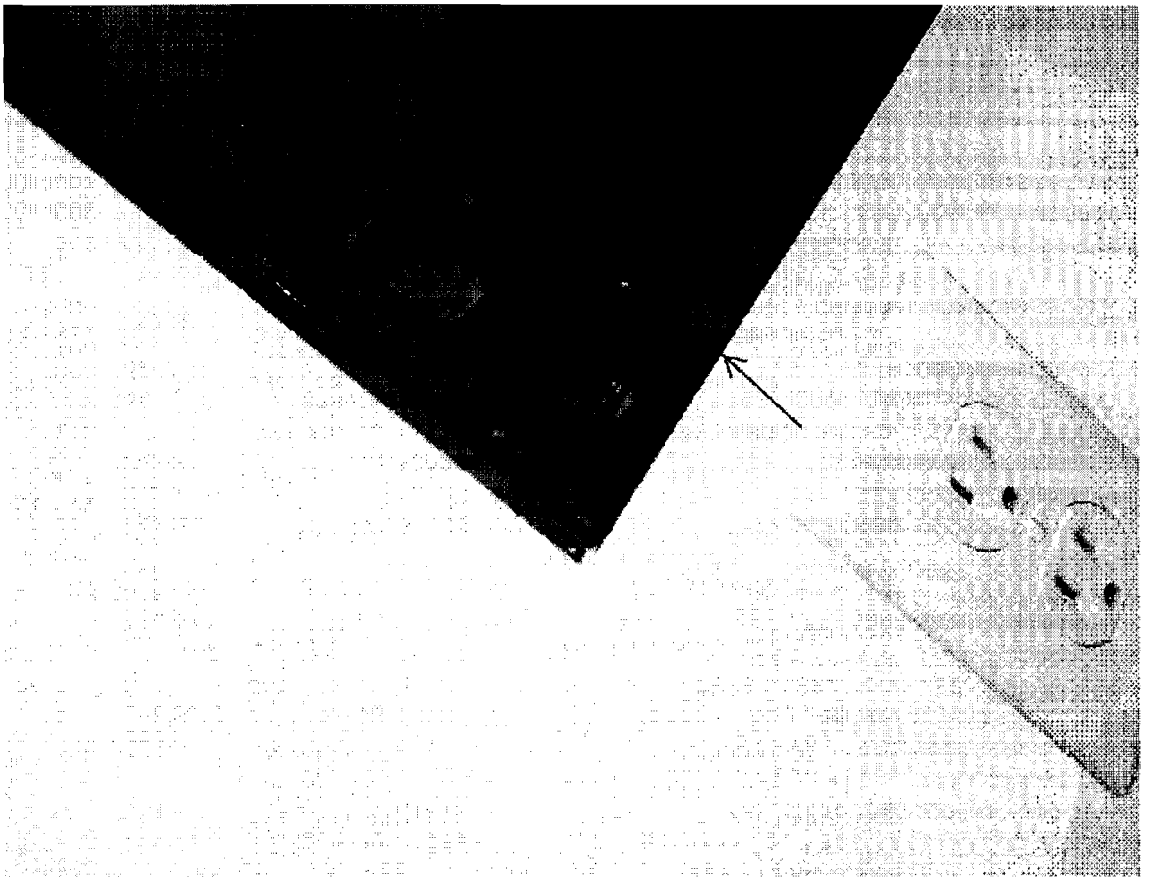


Photo 14 shows blackening on the edge of the bathroom mirror.

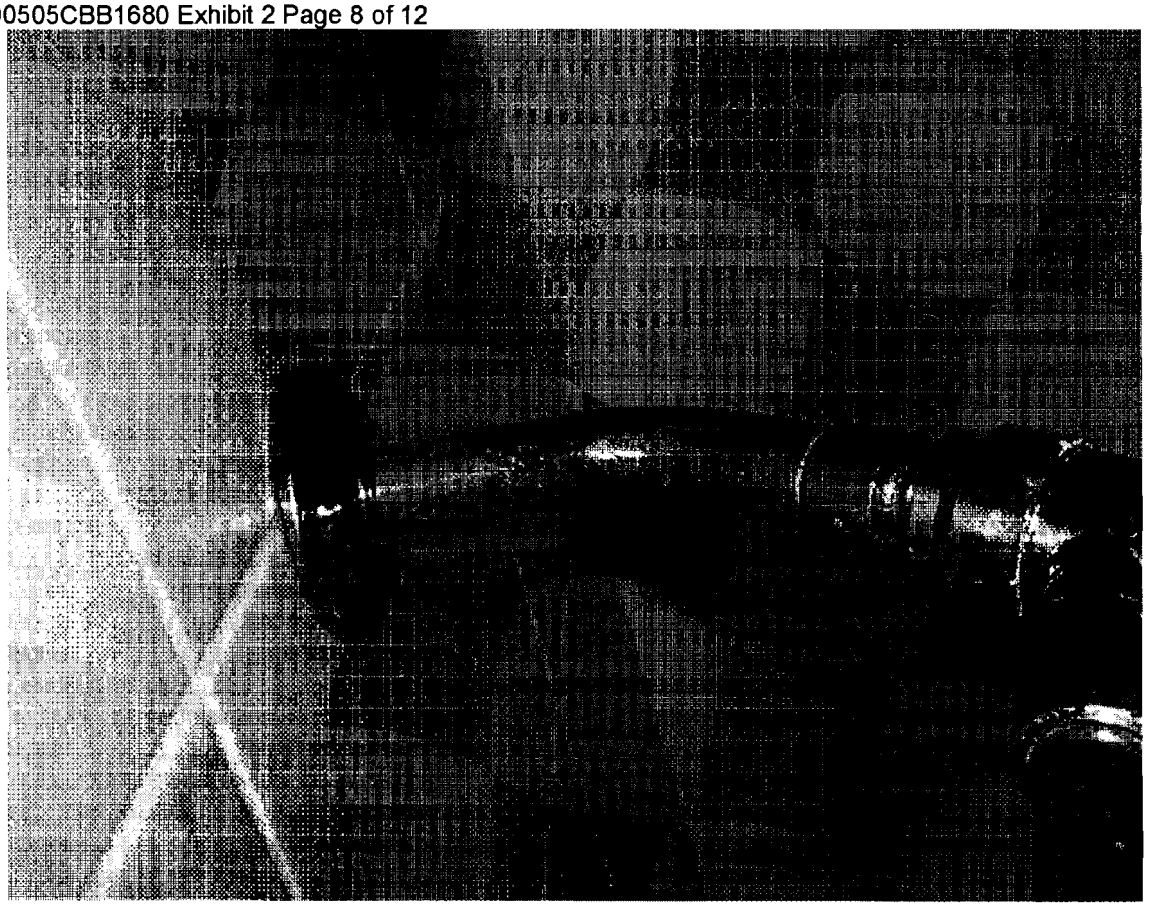


Photo 15 shows pitting on the shower head in the master bathroom.

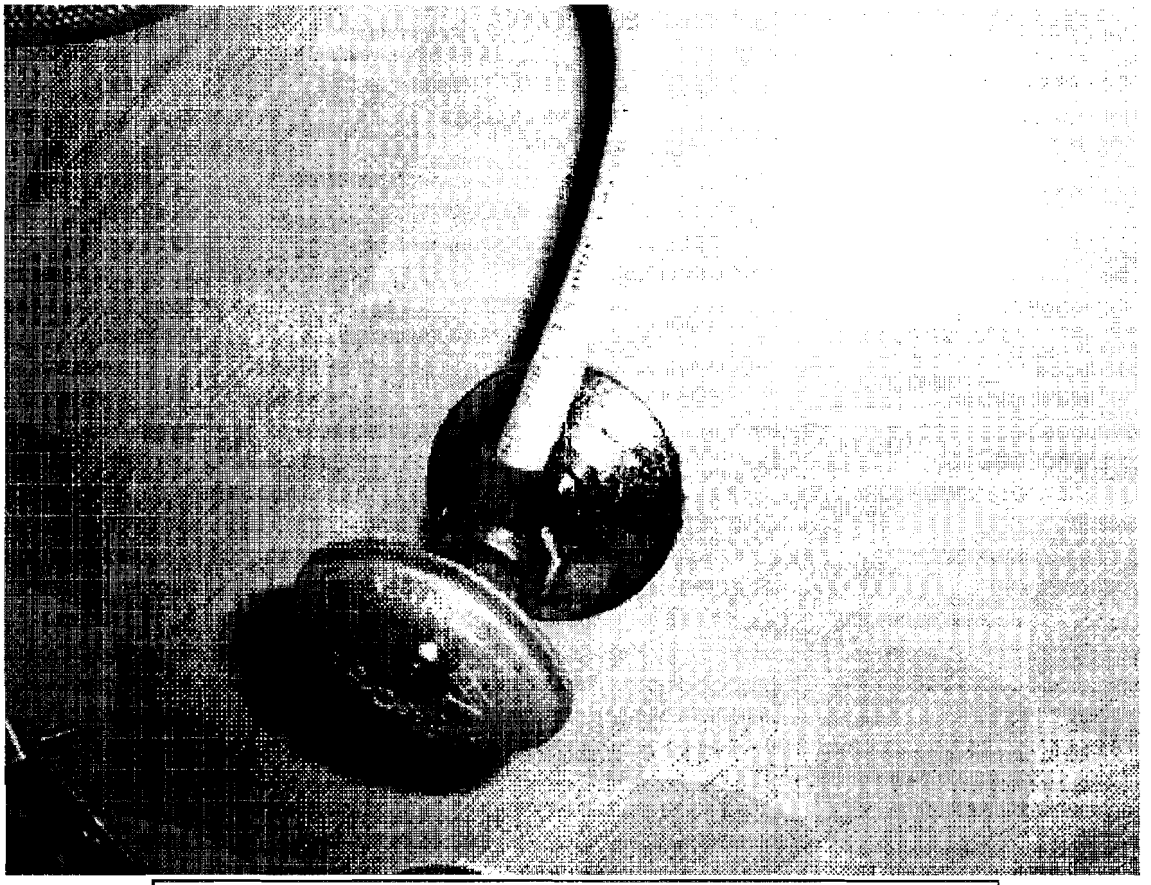


Photo 16 shows pitting on the metal fixture of the water valve.

Photo 17 shows a blackened ground wire in an electrical receptacle.

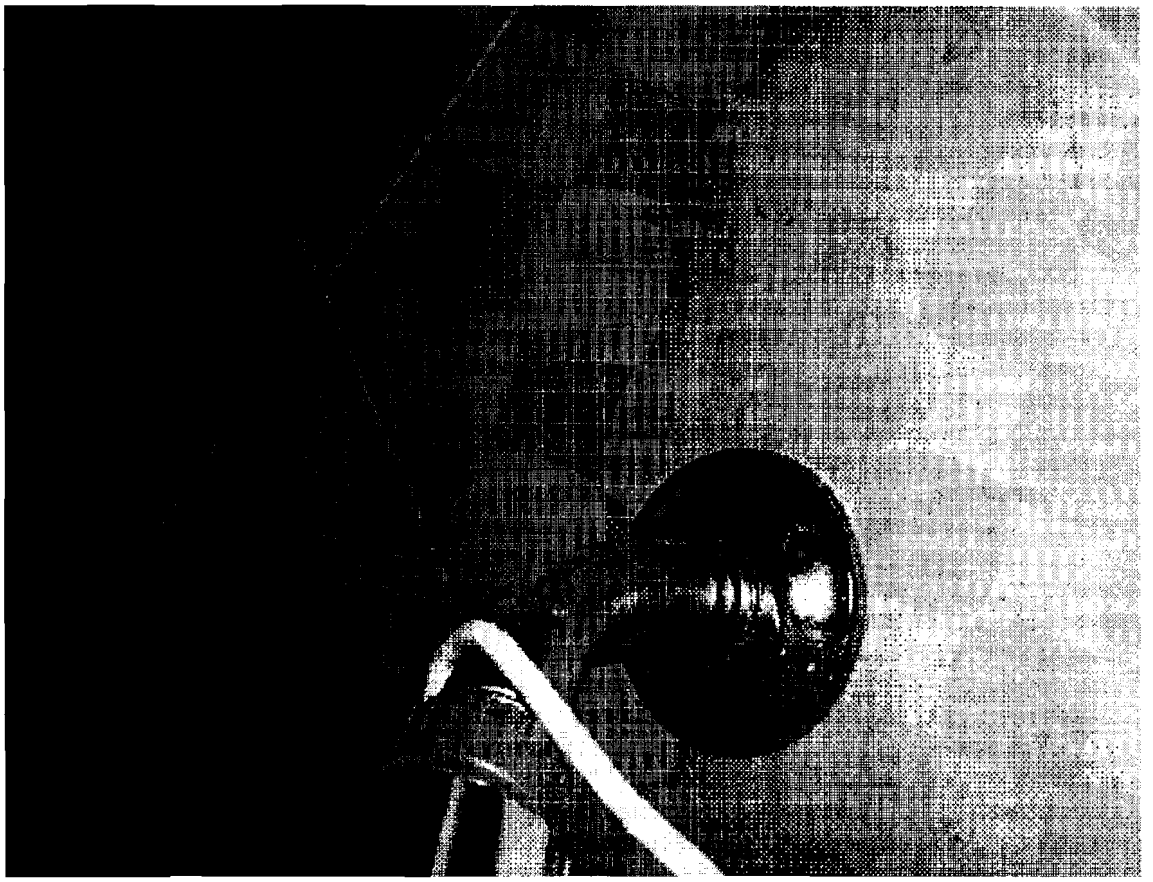


Photo 18 shows pitting on the metal of a bathroom shower head.

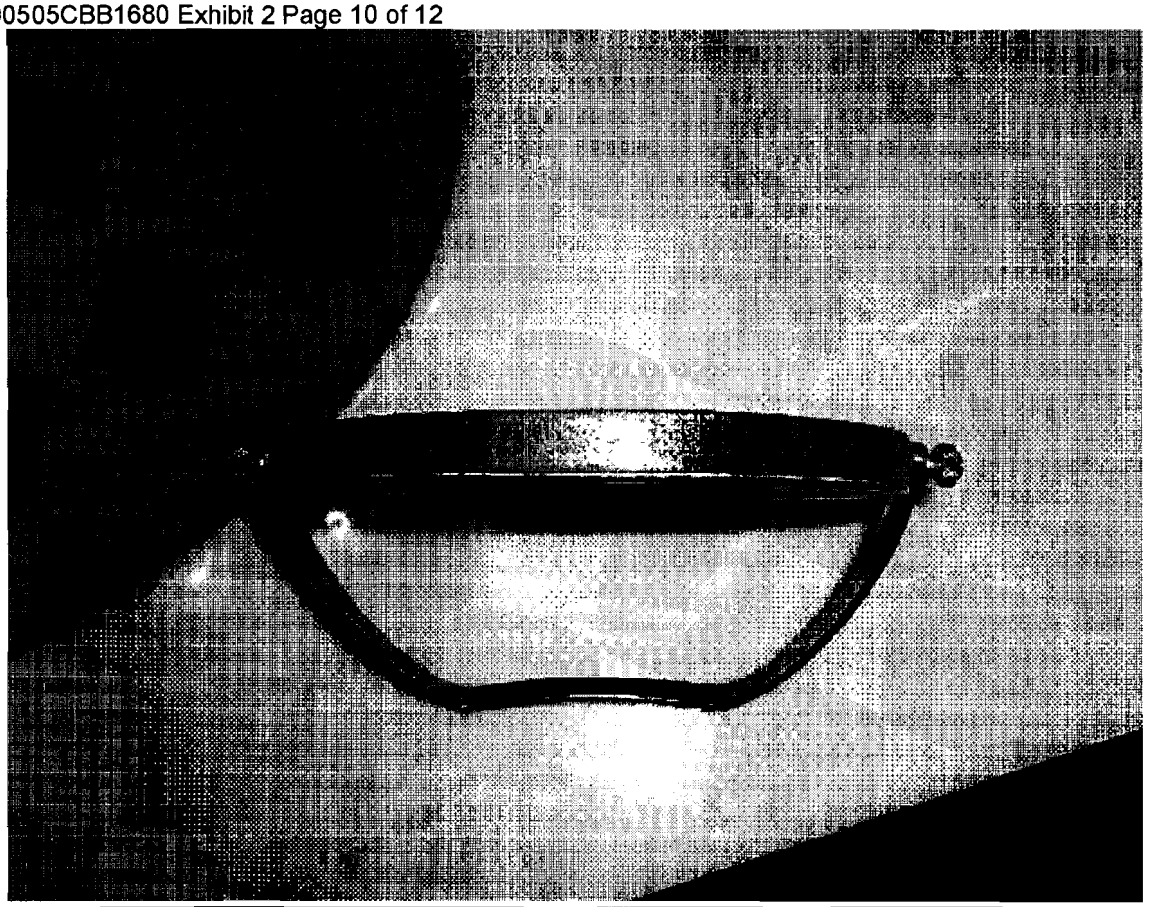


Photo 19 shows pitting on a decorative mirror.

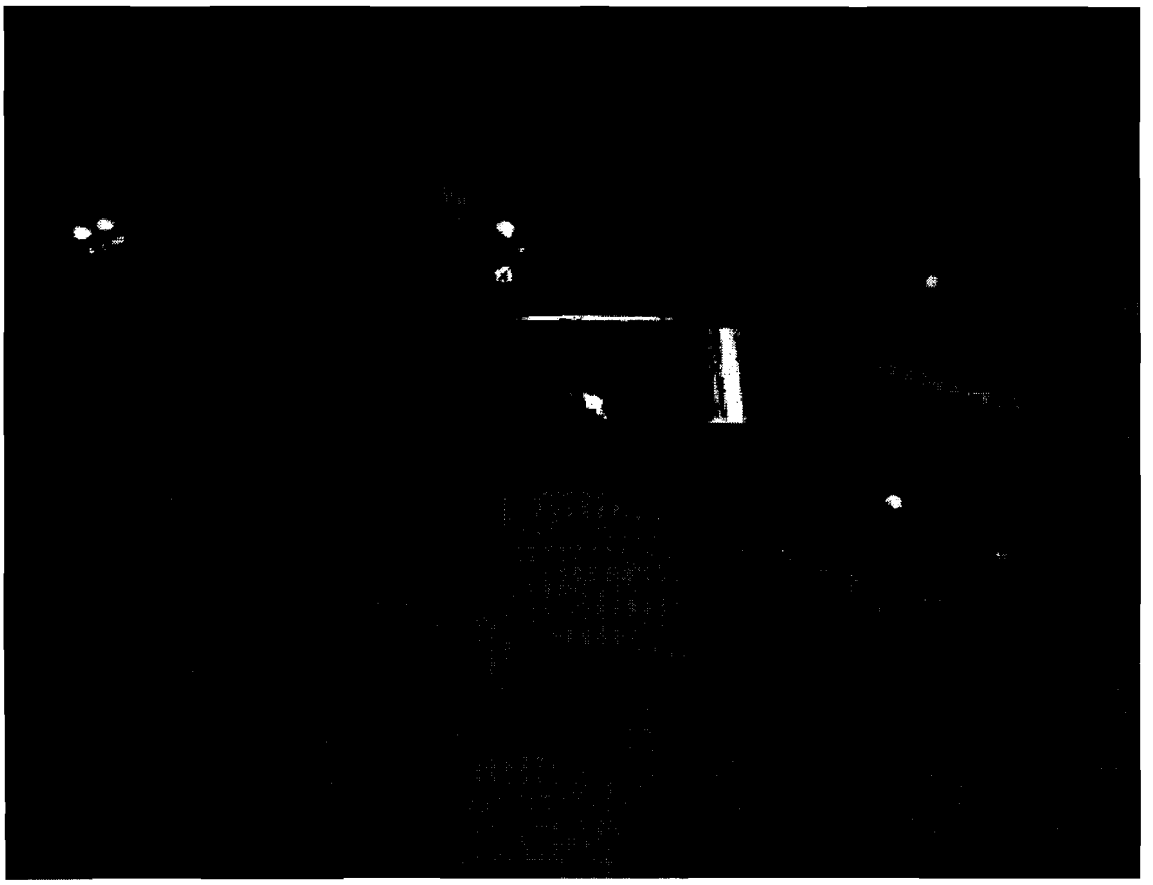


Photo 20 shows the metal chipping away on the lid of a bathroom cannister.

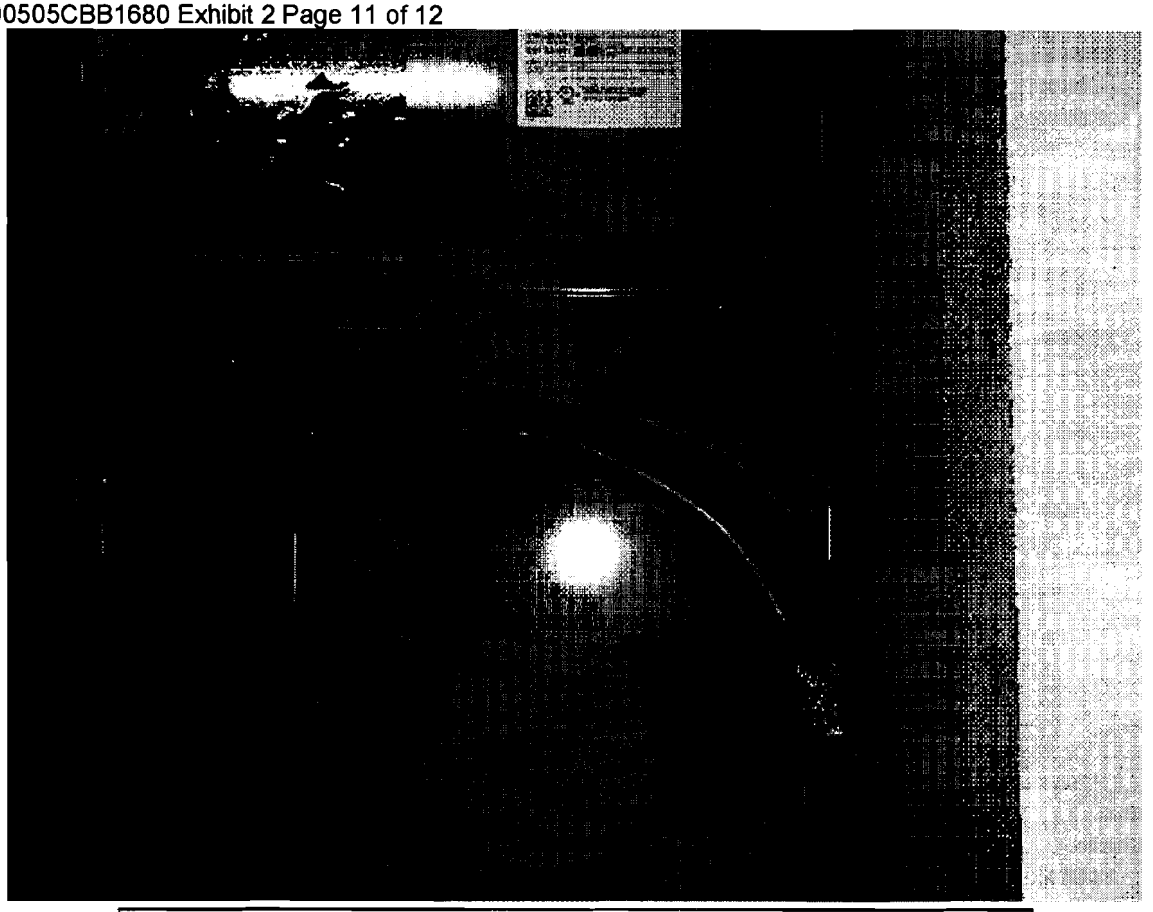


Photo 21 shows blackening on the copper pipe connected to the air conditioning unit.

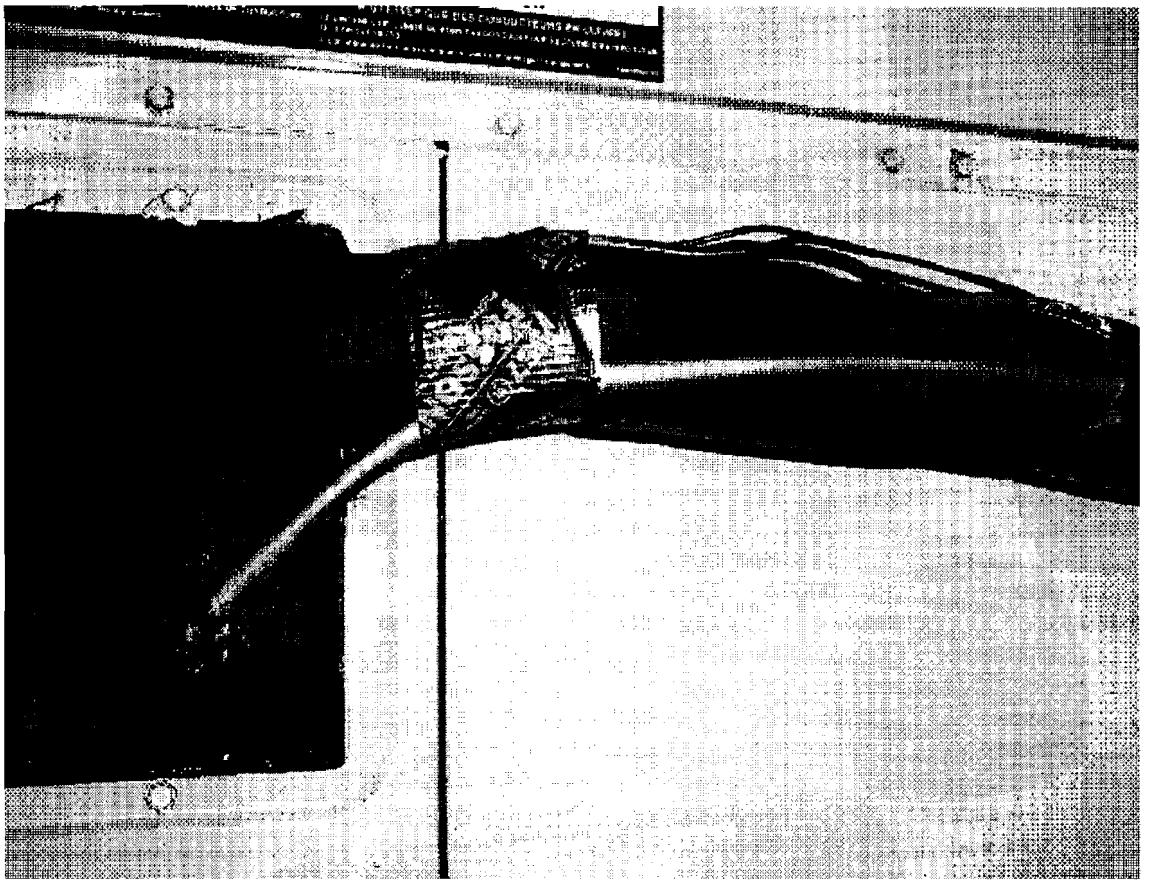


Photo 22 shows another view of the same copper pipe.

Photo 23 shows corrosion beginning on the evaporator coils.

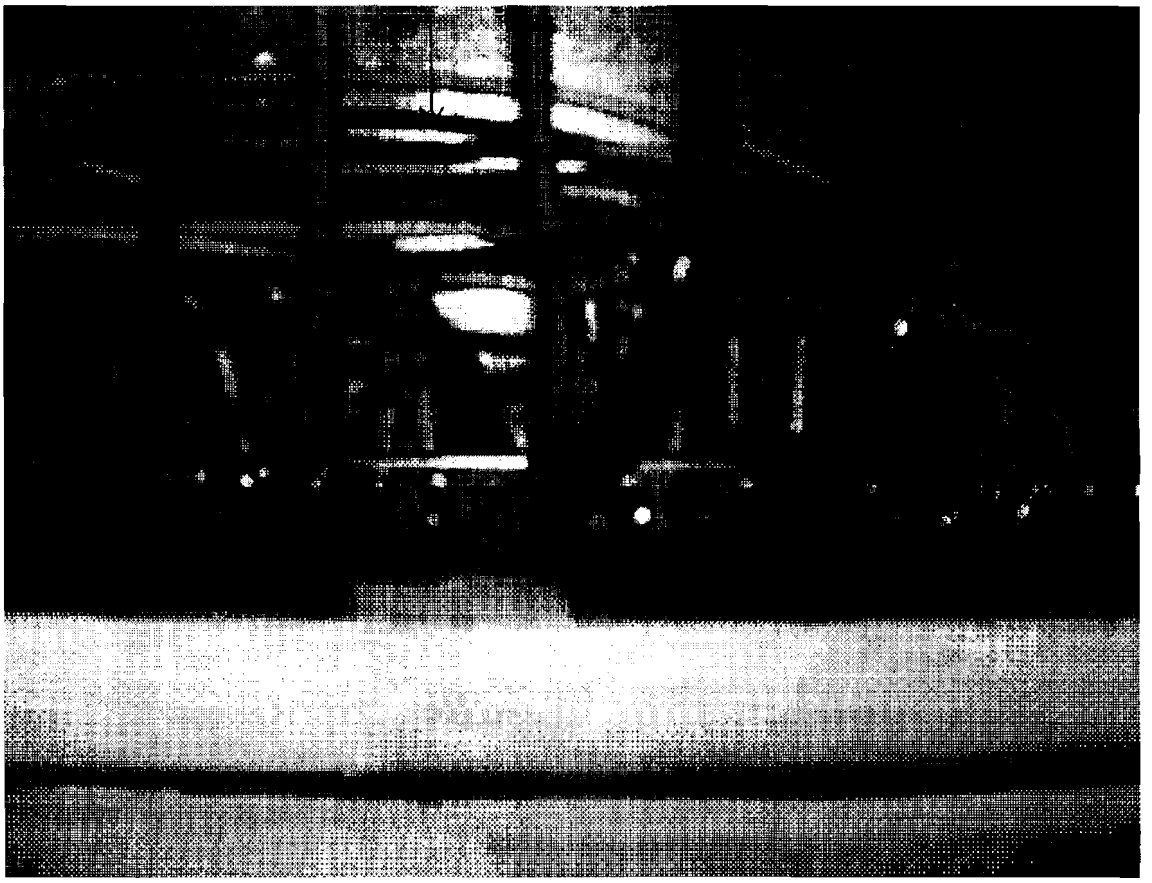


Photo 23 shows blackening beginning on the copper wires in the circuit breaker panel.

April 17, 2009

MGB Construction, Inc.
945 Sebastian Blvd., #4
Sebastian, FL 32958

Mr. Ballough, Owner, and/or Supervisor/Designee:

Please be advised that we just recently discovered that our MGB built home was constructed with drywall manufactured in China.

Since occupying our newly constructed home in December of 2001, we have replaced the air conditioning evaporator coils a total of 7 times, beginning in June of 2002, followed by 6 more times, until this past October when we finally replaced the entire unit. Our copper water pipes have turned black and silver plumbing fixtures have pitted.

We have only learned during the past few weeks that these are classic symptoms of the corrosive gases emitted into the air by imported Chinese drywall.

An attorney has advised us that we may have the opportunity to join a class action lawsuit against the drywall supplier and/or manufacturer, if those parties can be identified.

As a result, we are requesting that you provide us with any details regarding the drywall installer, supplier or manufacturer, so that we can trace back to the source of the tainted drywall.

Any information would be greatly appreciated. We hope you can understand the impact that this unfortunate situation is having on the value of our home, as well as potentially our health.

We will look forward to your response.

Sincerely,

(b)(3):CPSA Section 25(c)

Vero Beach, FL 32963

CM/RR 70080150000113049021

William Ballough
945 Sebastian Blvd. #4
Sebastian, FL 32958
772-589-0663

28 April 2009

(b)(3):CPSA Section 25(c)

Vero Beach, FL 32963

Dear Mr. & Mrs. (b)(3):CPSA Section 25(c)

Enclosed is a copy of information sent to Strategy, LLC. This company is conducting tests on a national basis to determine facts as to the origin and extent of the China drywall problem.

I have spoken with Charles on the phone. He stated to me that his company would be willing to test your home.

Strategy, LLC will not charge us for the inspection, because they are being paid by a major supplier/producer of drywall to learn the extent of the problem.

The records of MGB Construction confirm the drywall subcontractor is Kelley's Drywall. I called Bill Kelley and he believes, but cannot confirm, the supplier for your drywall was Seacoast Supply. This question should be answered if Strategy, LLC performs the inspection. They intend to learn the name of the manufacturer and supplier.

I will keep you informed of any information I receive from Strategy, LLC.

William Ballough
WB/cb

William Ballough
945 Sebastian Blvd. #4
Sebastian, FL 32958
772-589-0663

28 April 2009

Charles Fossler
Strategy, LLC
5200 Blue Lagoon Drive
Suite 710
Miami, FL 33126

cfossler@strategyclaims.com

Re: request for drywall inspection

1) The word "China" printed on back side of drywall
2) A/C coils replace 7 times since 2001

Owners: (b)(3):CPSA Section 25(c)

Vero Beach, FL 32963 (b)(3):CPSA Section 25(c)

Cert of Occupancy issued:	11/15/2001
Drywall Subcontractor:	Kelley's Drywall
Drywall Supplier:	believed to be Seacoast Supply #772-257-0287
Legal Description:	Lot 68 Castaway Cove Wave II Floor plan attached
Property Tax ID #	33400800004000000068.0

Mrs (b)(3):CPSA Section 25(c) has been notified of your possible willingness to conduct testing and welcomes the chance to learn more of the origins of the drywall. Please make any arrangements with Mr. & Mrs. (b)(3):CPSA Section 25(c) If I can be of assistance please call #772-589-0663.

William Ballough
Formally GC for MGB Construction, Inc.

Attachments – floor plan, c.o., parcel information
CC: Mr. & Mrs. (b)(3):CPSA Section 25(c)

Data For Parcel 33400800004000000068.0

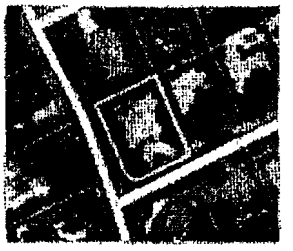
Base | Land | Sales | Sketch | Improvements | Permits | Misc | History | Trim | Tax

Sketch Data

Parcel: 33400800004000000068.0

Owner: (b)(3):CPSA Section 25(c)

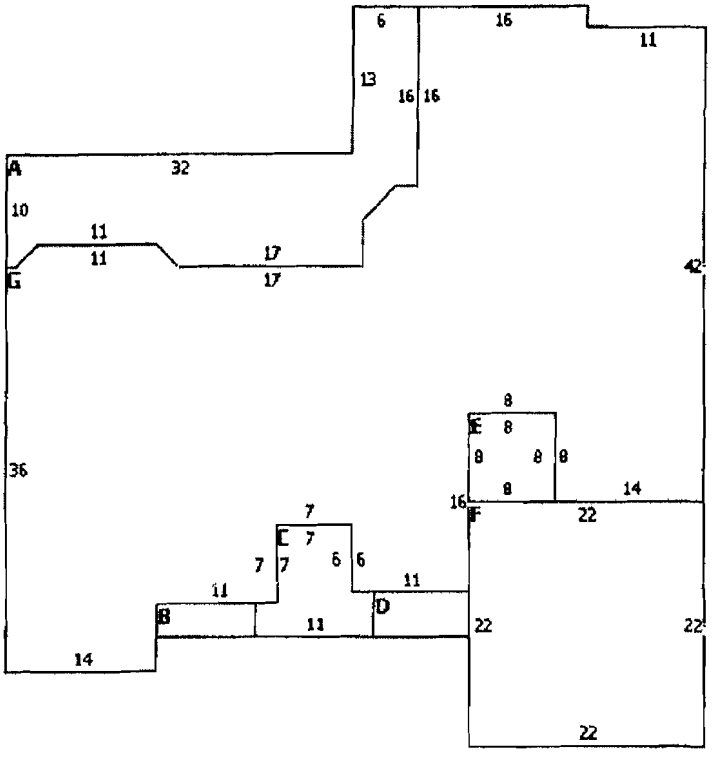
Site Address: CH, FL 32963



[+] Map this property.

Sketch

Card: 1



Scale: 5ft

A	**OP40**	401.5 sqft
B	**OP20**	27 sqft
C	**OP30**	84 sqft
D	**OP20**	36 sqft
E	**UT50**	64 sqft
F	**GAR50**	484 sqft
G	**BASE**	2367.5 sqft

Download Sketch Codes

Report Discrepancy

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GIS parcel shapefile last updated 4/27/2009 12:16:38 AM.

CAMA database last updated 4/27/2009 12:33:52 AM.

INDIAN RIVER COUNTY

BOARD OF COUNTY COMMISSIONERS

CERTIFICATE OF OCCUPANCY

This Certificate is issued persuant to the requirments of the Standard Building Code certifying that at the time of issuance this structure was in compliance with the various ordinances of the county regulating building construction or use. For the following:

PERMIT NBR: 2001030596 CO NBR: 13035 STATUS: ISSUED

CO TYPE: FINAL ISSUED DATE: November 15, 2001

FOLIO NBR: 08-33-40-00004-0000-00068.0

ADDRESS: (b)(3):CPSA Section 25(c)

SUBDIVISION: 764 CASTAWAY COVE SUB WAVE II

LOT: 00068.0 BLOCK: 0000

SLUC CODE: 1 UTILITY COMPANY:

JOB DESC: SFD: 3 BR - 2 BA - DEN - PORCH - GARAGE NUMBER OF METERS:

OWNER: (b)(3):CPSA Section 25(c)

VERO BEACH
FL 32960-

LEGAL DESCRIPTION

Wayne A. Russ
Building Official

BY:
Date: 11/15/01

Note: A new certificate is required if the use of the building or premises is changed, or if alterations are made to the building or property described. A new certificate voids any certificate of prior date.

Post in a Conspicuous Place

U.S. Consumer Product Safety Commission

AUTHORIZATION FOR RELEASE OF NAME

Thank you for assisting us in collecting information on a potential product safety problem. The Consumer Product Safety Commission depends on concerned people to share product safety information with us. We maintain a record of this information, and use it to assist us in identifying and resolving product safety concerns.

We routinely forward this information to manufacturers and private labelers to inform them of the involvement of their product in an accident situation. We also give the information to others requesting information about specific products. Manufacturers need the individual's name so that they can obtain additional information on the product or accident situation.

Would you please indicate on the bottom of this page whether you will allow us to disclose your name? If you request that your name remain confidential, we will of course, honor that request. After you have indicated your preference, please sign your name and date the document on the lines provided.

- [x] I request that you do not release my name. My identity is to remain confidential.
- [ ] You may release my name to the manufacturer but I request that you do not release it to the general public.
- [ ] You may release my name to the manufacturer and to the public.

(b)(3):CPSA Section 25(c)

5/12/09
(Date)