

New England Trauma Services LLC

391 Oakland Street
Mansfield, MA 02048

Invoice

Date	Invoice #
11/20/2023	28493

Bill To
Somerville Police Department 220 Washington Street Somerville Ma. 02143

Terms

Description	Qty	Price	Amount
Bio Hazard Remediation			0.00
Clean, remove and sanitize bus on 11/20/23			
Technician	1	75.00	75.00
Personal Protective Equipment	1	75.00	75.00
Bio- Hazardous Waste Removal	1	50.00	50.00
Shock Wave	0.25	25.95	6.49

Thank You

Remit Address:
391 Oakland Street
Mansfield, MA 02048
508.964.4900

Tax ID# 83-1950205

Total	\$206.49
Payments/Credits	\$0.00
Balance Due	\$206.49



28493

Biohazard Remediation Specialists
Over 25 Years Experience

391 Oakland Street Mansfield, MA 02048
888.648.7262

INVOICE TO FOLLOW

Job Site: Somerville PD

Technician: Lexus Smith Date: 11/20/23

This report provides a brief description of who was present, what happened, when it happened, where it happened, how it happened and to whom. Details of Trauma Services work performed are to be included on the appropriate "Detail of Time Breakdown" forms. In some situations this form may be your final invoice.

Type of Clean Up: Blood Feces Urine Other _____

Type of Structure (Please include cell #'s and squad car #'s):

Cell _____

Squad _____

Kiosk _____

Sharps Container (By Size/Number) _____

Other Bus

Contract Terms

Arrival Time 8:50 AM/PM Initials: LS Finish Time 9:10 Initials: LS

Job Type: Single Unit Multiple Units Annual Clean Hazmat Cleaning

Narrative: Cleaned urine off seats of police bus

Signature of Satisfaction: [Signature] Printed Name: Joe McP...

Title: _____ Date: 11/20/23

New England Trauma Services LLC

391 Oakland Street
Mansfield, MA 02048

Invoice

Date	Invoice #
11/22/2023	28604

Bill To
Somerville Police Department 220 Washington Street Somerville Ma. 02143

Terms

Description	Qty	Price	Amount
Bio Hazard Remediation			0.00
Clean, remove and sanitize cell on 11/22/23			
Technician	1	75.00	75.00
Personal Protective Equipment	1	75.00	75.00
Bio- Hazardous Waste Removal	1	50.00	50.00
Shock Wave	0.25	25.95	6.49

Thank You

Remit Address:
391 Oakland Street
Mansfield, MA 02048
508.964.4900

Tax ID# 83-1950205

Total	\$206.49
Payments/Credits	\$0.00
Balance Due	\$206.49



28604

Biohazard Remediation Specialists
Over 25 Years Experience

391 Oakland Street Mansfield, MA 02048
888.648.7262

INVOICE TO FOLLOW

Job Site: 220 Washington St Southwick MA

Technician: Eric S Date: 11/22/23

This report provides a brief description of who was present, what happened, when it happened, where it happened, how it happened and to whom. Details of Trauma Services work performed are to be included on the appropriate "Detail of Time Breakdown" forms. In some situations this form may be your final invoice.

Type of Clean Up: Blood Feces Urine Other Tush

Type of Structure (Please include cell #'s and squad car #'s):

Cell 4
Squad _____
Kiosk _____
Sharps Container (By Size/Number) _____
Other _____

Contract Terms

Arrival Time 9:29 AM/PM Initials: [Signature] Finish Time 10:02 Initials: [Signature]

Job Type: Single Unit Multiple Units Annual Clean Hazmat Cleaning

Narrative:
- removed all urine in st 100 cell
- used shockwave to clean urine from in sink of cell
- used shockwave to clean 7 floor with no spray
CAF cleaning

Signature of Satisfaction: [Signature] Printed Name: Kyle Lentini 364

Title: Patrol Date: 11/22/23

Trauma Services Tax ID #: 83-1950205

Please make checks payable to Trauma Services
391 Oakland Street Mansfield, MA 02048

New England Trauma Services LLC

V# 110708

Invoice

391 Oakland Street
Mansfield, MA 02048

Date	Invoice #
5/12/2024	30085

Bill To
Somerville Police Department 220 Washington Street Somerville Ma. 02143

Terms

Description	Qty	Price	Amount
Bio Hazard Remediation			0.00
Clean, remove and sanitize cell M3 on 5/12/24			
Technician	1	75.00	75.00
Personal Protective Equipment	1	75.00	75.00
Bio- Hazardous Waste Removal	1	50.00	50.00
Shock Wave	0.25	25.95	6.49

Thank You

Remit Address:
391 Oakland Street
Mansfield, MA 02048
508.964.4900

Tax ID# 83-1950205

Total	\$206.49
Payments/Credits	\$0.00
Balance Due	\$206.49



30085

Biohazard Remediation Specialists
Over 25 Years Experience

391 Oakland Street Mansfield, MA 02048
888.648.7262

INVOICE TO FOLLOW

Job Site: 120 Washington St Somerville, MA - Somerville, MA

Technician: hannah Date: 05/12

This report provides a brief description of who was present, what happened, when it happened, where it happened, how it happened and to whom. Details of Trauma Services work performed are to be included on the appropriate "Detail of Time Breakdown" forms. In some situations this form may be your final invoice.

Type of Clean Up: Blood Feces Urine Other _____

Type of Structure (Please include cell #'s and squad car #'s):

Cell m3
Squad _____
Kiosk _____
Sharps Container (By Size/Number) _____
Other _____

Contract Terms

Arrival Time 14:21 AM/PM Initials: AW Finish Time 15:10 Initials: AW

Job Type: Single Unit Multiple Units Annual Clean Hazmat Cleaning

Narrative:

scrubbed ceiling, walls, door, floor bench, sink & toilet
w/ shockwave - disposed of blanket on request

Signature of Satisfaction: [Signature] Printed Name: Rob Anaya

Title: Patrol Date: 5/12/24

Trauma Services Tax ID #: 83-1950205

Please make checks payable to Trauma Services
391 Oakland Street Mansfield, MA 02048

New England Trauma Services LLC

391 Oakland Street
Mansfield, MA 02048

Invoice

Date	Invoice #
2/5/2024	32279

Bill To
Somerville Police Department 220 Washington Street Somerville Ma. 02143

Terms

Description	Qty	Price	Amount
Bio Hazard Remediation			0.00
Clean, remove and sanitize van on 2/3/23			
Technician	1	75.00	75.00
Personal Protective Equipment	1	75.00	75.00
Bio- Hazardous Waste Removal	1	50.00	50.00
Shock Wave	0.25	25.95	6.49

Thank You

Remit Address:
391 Oakland Street
Mansfield, MA 02048
508.964.4900

Tax ID# 83-1950205

Total	\$206.49
Payments/Credits	\$0.00
Balance Due	\$206.49



32279

**Biohazard Remediation Specialists
Over 25 Years Experience**

391 Oakland Street Mansfield, MA 02048
888.648.7262

INVOICE TO FOLLOW

Job Site: 220 Washington St Somerville ma - somerville pd

Technician: Nannah W Date: 02/03

This report provides a brief description of who was present, what happened, when it happened, where it happened, how it happened and to whom. Details of Trauma Services work performed are to be included on the appropriate "Detail of Time Breakdown" forms. In some situations this form may be your final invoice.

Type of Clean Up: Blood Feces Urine Other Saliva

Type of Structure (Please include cell #'s and squad car #'s):

Cell _____
Squad Transport Van
Kiosk _____
Sharps Container (By Size/Number) _____
Other _____

Contract Terms

Arrival Time 23:43 AM/PM Initials: [Signature] Finish Time 01:20 Initials: [Signature]

Job Type: Single Unit Multiple Units Annual Clean Hazmat Cleaning

Narrative:

Wiped down both left & right side of prisoner compartment w/ shockwave. Wiped walls, seats, seatbelts ceiling, floor & doors. scrubbed affected seat & door w/ to remove contaminants. removed trash

Signature of Satisfaction: [Signature] 345 Printed Name: SERGIO COSTA

Title: P.O Date: 2/4/24

Trauma Services Tax ID #: 83-1950205

Please make checks payable to Trauma Services
391 Oakland Street Mansfield, MA 02048

New England Trauma Services LLC

391 Oakland Street
Mansfield, MA 02048

Invoice

Date	Invoice #
3/8/2024	32493

Bill To
Somerville Police Department 220 Washington Street Somerville Ma. 02143

Terms

Description	Qty	Price	Amount
Bio Hazard Remediation			0.00
Clean, remove and sanitize cell on 4/8/24			
Technician	1	75.00	75.00
Personal Protective Equipment	1	75.00	75.00
Bio- Hazardous Waste Removal	1	50.00	50.00
Shock Wave	0.25	25.95	6.49

Thank You

Remit Address:
391 Oakland Street
Mansfield, MA 02048
508.964.4900

Tax ID# 83-1950205

Total	\$206.49
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32493

Biohazard Remediation Specialists
Over 25 Years Experience

391 Oakland Street Mansfield, MA 02048
888.648.7262

INVOICE TO FOLLOW

Job Site: 220 Washington St Somerville, MA Somerville PD

Technician: Maliek A Date: 4-8-24

This report provides a brief description of who was present, what happened, when it happened, where it happened, how it happened and to whom. Details of Trauma Services work performed are to be included on the appropriate "Detail of Time Breakdown" forms. In some situations this form may be your final invoice.

Type of Clean Up: Blood Feces Urine Other _____

Type of Structure (Please include cell #'s and squad car #'s):

Cell _____

Squad _____

Kiosk _____

Sharps Container (By Size/Number) _____

Other Holding cell

Contract Terms

Arrival Time 2:10 AM/PM Initials: MAH Finish Time _____ Initials: _____

Job Type: Single Unit Multiple Units Annual Clean Hazmat Cleaning

Narrative: Clean urine & l

Signature of Satisfaction: _____ Printed Name: _____

Title: _____ Date: 4/8/24

Trauma Services Tax ID #: 83-1950205 Please make checks payable to Trauma Services
391 Oakland Street Mansfield, MA 02048

391 Oakland Street
 Mansfield, MA 02048

Date	Invoice #
4/8/2024	32495

Bill To
Somerville Police Department 220 Washington Street Somerville Ma. 02143

Terms

Description	Qty	Price	Amount
Bio Hazard Remediation			0.00
Clean, remove and sanitize booking area on 4/8/24			
Technician	1	75.00	75.00
Personal Protective Equipment	1	75.00	75.00
Bio- Hazardous Waste Removal	1	50.00	50.00
Shock Wave	0.25	25.95	6.49

Thank You

Remit Address:
 391 Oakland Street
 Mansfield, MA 02048
 508.964.4900

Tax ID# 83-1950205

Total	\$206.49
Payments/Credits	\$0.00
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32495

Biohazard Remediation Specialists
Over 25 Years Experience

391 Oakland Street Mansfield, MA 02048
888.648.7262

INVOICE TO FOLLOW

Job Site: Somerville Police Dept

Technician: Dasha Kalia Date: 4/18/24

This report provides a brief description of who was present, what happened, when it happened, where it happened, how it happened and to whom. Details of Trauma Services work performed are to be included on the appropriate "Detail of Time Breakdown" forms. In some situations this form may be your final invoice.

Type of Clean Up: Blood Feces Urine Other _____

Type of Structure (Please include cell #'s and squad car #'s):

Cell Room 200

Squad _____

Kiosk _____

Sharps Container (By Size/Number) _____

Other _____

Contract Terms

Arrival Time 10:00 AM/PM Initials: JK Finish Time 11:00 Initials: JK

Job Type: Single Unit Multiple Units Annual Clean Hazmat Cleaning

Narrative: Room 200 - blood on floor

Signature of Satisfaction: Eli Kim Printed Name: Eli Kim

Title: Sergeant Date: 4/18/24

Trauma Services Tax ID #: 83-1950205

Please make checks payable to Trauma Services
391 Oakland Street Mansfield, MA 02048

New England Trauma Services LLC

391 Oakland Street
Mansfield, MA 02048

Invoice

Date	Invoice #
3/26/2024	33665

Bill To
Somerville Police Department 220 Washington Street Somerville Ma. 02143

Terms

Description	Qty	Price	Amount
Bio Hazard Remediation			0.00
Clean, remove and sanitize cell on 3-19-24			
Technician	1	75.00	75.00
Personal Protective Equipment	1	75.00	75.00
Bio- Hazardous Waste Removal	1	50.00	50.00
Shock Wave	0.25	25.95	6.49

Thank You

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508.964.4900

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33665

Biohazard Remediation Specialists
Over 25 Years Experience

391 Oakland Street Mansfield, MA 02048
888.648.7262

INVOICE TO FOLLOW

Job Site: 220 Washington St, Somerville MA (Somerville PD)

Technician: Eric Dufour Date: 3/19/24

This report provides a brief description of who was present, what happened, when it happened, where it happened, how it happened and to whom. Details of Trauma Services work performed are to be included on the appropriate "Detail of Time Breakdown" forms. In some situations this form may be your final invoice.

Type of Clean Up: Blood Feces Urine Other _____

Type of Structure (Please include cell #'s and squad car #'s):

Cell #1 (Male Cell)

Squad _____

Kiosk _____

Sharps Container (By Size/Number) _____

Other _____

Contract Terms

Arrival Time 10 : 26 (AM/PM) Initials: ED Finish Time 11 : 21 Initials: ED

Job Type: Single Unit Multiple Units Annual Clean Hazmat Cleaning

Narrative:

Cleared & disinfected male cell #1 for feces & urine

Signature of Satisfaction: [Signature] Printed Name: Mark Canty

Title: Patrol Date: 4-19-24

Trauma Services Tax ID #: 83-1950205

Please make checks payable to Trauma Services
391 Oakland Street Mansfield, MA 02048

New England Trauma Services LLC

391 Oakland Street
Mansfield, MA 02048

Invoice

Date	Invoice #
3/26/2024	33668

Bill To
Somerville Police Department 220 Washington Street Somerville Ma. 02143

Terms

Description	Qty	Price	Amount
Bio Hazard Remediation			0.00
Clean, remove and sanitize cell on 3-19-24			
Technician	1	75.00	75.00
Personal Protective Equipment	1	75.00	75.00
Bio- Hazardous Waste Removal	1	50.00	50.00
Shock Wave	0.25	25.95	6.49

Thank You

Remit Address:
391 Oakland Street
Mansfield, MA 02048
508.964.4900

Tax ID# 83-1950205

Total	\$206.49
Payments/Credits	\$0.00
Balance Due	\$206.49



33668

Biohazard Remediation Specialists
Over 25 Years Experience

391 Oakland Street Mansfield, MA 02048
888.648.7262

INVOICE TO FOLLOW

Job Site: 200 Washington St, Somerville MA (Somerville PD)

Technician: Eric Dufour Date: 3/19/24

This report provides a brief description of who was present, what happened, when it happened, where it happened, how it happened and to whom. Details of Trauma Services work performed are to be included on the appropriate "Detail of Time Breakdown" forms. In some situations this form may be your final invoice.

Type of Clean Up: Blood Feces Urine Other _____

Type of Structure (Please include cell #'s and squad car #'s):

Cell Male Cell #1

Squad _____

Kiosk _____

Sharps Container (By Size/Number) _____

Other. _____

Contract Terms

Arrival Time 4 : 24 AM/PM Initials: ED Finish Time 5 : 18 Initials: ED

Job Type: Single Unit Multiple Units Annual Clean Hazmat Cleaning

Narrative:

Cleaned & disinfected male cell #1 for feces & blood

Signature of Satisfaction: [Signature] Printed Name: Sergio Fucio

Title: LT Date: 3/19/24

Trauma Services Tax ID #: 83-1950205

Please make checks payable to Trauma Services
391 Oakland Street Mansfield, MA 02048

New England Trauma Services LLC

391 Oakland Street
Mansfield, MA 02048

Invoice

Date	Invoice #
4/27/2024	33869

Bill To
Somerville Police Department 220 Washington Street Somerville Ma. 02143

Terms

Description	Qty	Price	Amount
Bio Hazard Remediation			0.00
Clean, remove and sanitize holding cell, wagon and booking area on 4/27/24			
Technician	1.5	75.00	112.50
Personal Protective Equipment	1	75.00	75.00
Bio- Hazardous Waste Removal	1	50.00	50.00
Shock Wave	0.5	25.95	12.98

Thank You

Remit Address:
391 Oakland Street
Mansfield, MA 02048
508.964.4900

Tax ID# 83-1950205

Total	\$250.48
Payments/Credits	\$0.00
Balance Due	\$250.48



33869

Biohazard Remediation Specialists
Over 25 Years Experience

391 Oakland Street Mansfield, MA 02048
888.648.7262

INVOICE TO FOLLOW

Job Site: 220 Washington St Somerville ma - Somerville PD

Technician: Hannah W Date: 04/27

This report provides a brief description of who was present, what happened, when it happened, where it happened, how it happened and to whom. Details of Trauma Services work performed are to be included on the appropriate "Detail of Time Breakdown" forms. In some situations this form may be your final invoice.

Type of Clean Up: Blood Feces Urine Other _____

Type of Structure (Please include cell #'s and squad car #'s):

Cell nothing

Squad wagon

Kiosk _____

Sharps Container (By Size/Number) _____

Other booking

Contract Terms

Arrival Time 23:22 AM/PM Initials: [Signature] Finish Time 00:45 Initials: [Signature]

Job Type: Single Unit Multiple Units Annual Clean Hazmat Cleaning

Narrative:

nothing - padded p table, wiped down bench + door. mopped w/ shockwave. wagon - (R side) wiped bench, walls, doors, floor + seat belts w/ shockwave (L side) wiped down floor. booking - wiped down chair, EP machine, sink, desk + cuffs w/ shockwave. mopped floor

Signature of Satisfaction: [Signature] Printed Name: Richard Lavey III

Title: Patrol officer Date: 4/28/24

Trauma Services Tax ID #: 83-1950205

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391 Oakland Street Mansfield, MA 02048

CUSTOMER