


DAILY INSPECTION REPORT - No. 20231106
Alsy Manufacturing, Inc., Site No. 130027

Page 1 of 8
 Date: 11/06/2023

NYSDEC Division of Environmental Remediation				Department of Environmental Conservation		Contract No. D009812 DEC Insp. – None DEC PM – Robert Strang Contractor Supt. – None Engineer PM – Matthew Hoskins Engineer Insp. – Joe Menniti	
Site Location: 270-280 Duffy Avenue, Hicksville, New York							
Weather Conditions							
General Description	Clear	AM	Clear	PM			
Temperature	50°F	AM	53°F	PM			
Wind	3 mph SE	AM	5 mph SE	PM			
Health & Safety If any box below is checked "Yes", provide explanation under "Health & Safety Comments".							
Were there any changes to the Health & Safety Plan?					*Yes	<input checked="" type="radio"/> No	NA
Were there any exceedances of the perimeter air monitoring reported on this date?					*Yes	No	<input checked="" type="radio"/> NA
Were there any nuisance issues reported/observed on this date?					*Yes	<input checked="" type="radio"/> No	NA
Health & Safety Comments Site-specific HASP was followed accordingly.							
Summary of Work Performed		Arrived at site:		1030	Departed Site:		1500
TRC Engineers, Inc. (TRC) supervised activities associated with operation, maintenance, and monitoring (OM&M) of the sub-slab depressurization systems (SSDSs) at the Alsy Manufacturing, Inc. site located at 270 through 280 Duffy Avenue in Hicksville, New York (the Site) by Roux Associates, Inc. (Roux) on Monday, November 6, 2023. The objectives of the OM&M event were to confirm the layout of the SSDS systems and vapor monitoring point testing locations. TRC and Roux inspected the blowers connected to the SSDSs and identified that they were not operating. Roux confirmed that the systems were connected to electrical power at the local power/disconnect panel and determined that an electrician is required to identify and remediate the issue. Prior to departing the Site, Roux located the four vapor monitoring points at 280 Duffy Ave. and the nine vapor monitoring points at 270 Duffy Ave.							
Equipment/Material Tracking If any box below is checked "Yes", provide explanation under "Material Tracking Comments".							
Were there any vehicles which did not display proper D.O.T numbers and placards?					*Yes	No	<input checked="" type="radio"/> NA
Were there any vehicles which were not tarped?					*Yes	No	<input checked="" type="radio"/> NA
Were there any vehicles which were not decontaminated prior to exiting the work site?					*Yes	No	<input checked="" type="radio"/> NA
Personnel and Equipment							
Individual		Company		Trade		Total Hours	
Joe Menniti		TRC		Senior Scientist		4.5	
James Smyth		Roux		Senior Engineer		4.5	
Equipment Description		Contractor/Vendor			Quantity		Used
N/A		N/A			N/A		N/A
Material Description	Imported/ Delivered to Site	Exported off Site	Waste Profile (If Applicable)	Source or Disposal Facility (If Applicable)		Daily Loads	Daily Weight (tons)*
N/A	N/A	N/A	N/A	N/A		N/A	N/A
*On-Site scale for off-site shipment, delivery ticket for material received							
Equipment/Material Tracking Comments: No equipment used on Site. No materials imported to Site. No materials exported from Site.							
Visitors to Site							
Name		Representing			Entered Exclusion/CRZ Zone		

N/A	N/A	Yes	No
Site Representatives			
Name		Representing	
N/A		N/A	
Project Schedule Comments			
None.			
Issues Pending			
The blowers connected to the SSDSs are not operating. Roux determined that an electrician is required to identify and remediate the issue. Roux did not identify the date that they plan to return with the electrician.			
Interaction with Public, Property Owners, Media, etc.			
None.			

Include (insert) figures with markups showing location of work and job progress



Site Photographs (Descriptions Below)	
	
View of 270 Duffy Ave. SSDS blower.	View of 280 Duffy Ave. SSDS blower.
	
View of a vapor monitoring point.	View of a vapor monitoring point.
Comments	
None.	

Site Inspector(s): Joe Menniti	Date: 11/06/2023
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Videos of discreet operations have been provided to the DEC Project Manager to facilitate understanding of the ongoing work? Yes ☐ No ☒

DAILY HEALTH CHECKLIST

Is social distancing being practiced?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Is the tail gate safety meeting held outdoors?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Are remote/call in job meetings being held in lieu of meeting in person where possible?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Were personal protective gloves, masks, and eye protection being used?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Are sanitizing wipes, wash stations or spray available?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Have any workers/visitors been excluded based on close contact with individuals diagnosed with COVID-19, have recently traveled to restricted areas or countries, or are symptomatic (fever, chills, cough/shortness of breath)?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Comments:</u> None.		

REMEDIAL ACTIVITIES AT PROPERTIES

1. Have anyone at this location been tested and confirmed to have COVID-19?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2. Is anyone at this location isolated or quarantined for COVID-19?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
3. Has anyone at this location had contact with anyone known to have COVID-19 in the past 14 days?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
4. Does anyone at this location have any symptoms of a respiratory infection (e.g., cough, sore throat, fever, or shortness of breath)?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
5. Does the Department and its contractors have your permission to enter the property at this time?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If Yes to <u>any</u> of 1-4 above: <ul style="list-style-type: none"> If it is <u>not</u> critical that service/entry be carried out immediately and can be postponed until the risk of COVID-19 is lower, or can be accomplished remotely/without entry, postpone or conduct service without entry. If it <u>is</u> critical that service/entry be carried out immediately, advise occupants that as a precaution and for our own protection, project personnel will be donning appropriate PPE* (including respiratory protection) - and do so prior to entry. 	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<u>Comments:</u> None.		

ON-SITE WASTE STORAGE

Drums, roll offs and piles are staged in secure areas?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Liners and berms have been installed if necessary to prevent cross contamination of clean areas?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Containers are in good condition or properly overpacked?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Waste materials are scheduled to be properly characterized and disposed of prior to demobilization?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Complying with RCRA 90 day storage limitation for hazardous waste?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Piles are securely covered when not in use?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Containers are closed when not in use?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Staging areas should be inspected periodically and any issues addressed immediately?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Signage and labeling comply with RCRA requirements for all staging areas and containers?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
If any issues noted, has Contractor been notified?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
<u>Comments:</u> None.			

NUISANCE CHECKLIST

Were there any community complaints related to work on this date?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Were there any odors detected on this date?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Was noise outside specification and/or above background on this date?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Were vibration readings outside specification and/or above background on this date?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Any visible dust observed beyond the work perimeter on this date?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Any visible contrast (turbidity) beyond engineering controls observed on this date?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Was turbidity checked at the outfall(s)?	AM <input type="checkbox"/>	PM <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Were any property owners NOT provided advance notice for work performed on this property on this date?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Was the temporary fabric structure closed at the end of the day?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Has Contractor failed to protect all foundations and structures adjacent to and adjoining the site which are affected by the excavations or other operations connected with performance of the Work?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
If yes, has Contractor been notified?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
<u>Comments:</u> None.			

RESILIENCE/GREEN REMEDIATION CHECKLIST

Is site power procured from renewable energy sources (e.g., solar, wind, geothermal, biomass and biogas)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Is the Contractor employing 2007 or newer or retrofitted (BART*) diesel on-road trucks and non-road equipment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Is vehicle idling adequately reduced per 6NYCRR Part 217-3?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Have equipment operators been trained in the idling requirements of 6NYCRR Part 217-3?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Is BART-equipped equipment properly maintained and working?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Is work being sequenced to avoid double handling?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Is there an onsite recycling program for CONTRACTOR-generated wastes and is it complied with?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Are office trailer heating and cooling systems maintained at efficient set points, have programable thermostats been installed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Are products and materials used in performance of the work appropriately certified (e.g., LEED, Energy Star, Sustainable Forestry Initiative®, etc.)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Are resiliency features included in the design, or completed remedy properly installed and/or maintained (flood control, storm water controls, erosion measures, etc.)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Are green remediation elements included in the design, or completed remedy properly installed and/or maintained (e.g., porous pavement, geothermal, variable speed drives, native plantings, natural stream bank restoration, etc.)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Has Contractor been notified of any deficiencies?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
<u>Comments:</u> None.			

* BART – Best Available Retrofit Technology