(Site Name) - NYSDEC Site No.

Date: 5 28 20

NYSDEC Division of Environmental Remedia	STATE Enviro	tment of onmental ervation		NYSDEC C	Cli	
Site Location: West Islip, New	York Usus	SEAD		Superintender		
CONTRACTOR OF THE PARTY OF THE	er Conditions	ally the party		NYSDEC PM:	wanza	Duali
General Description			PM (	Consultant PM	Trish	avicate
Temperature 70'5	AM			Consultant Sit		
Wind Light	AM			Donaid	Critic	100
Health & Safety If any box below is checked "Yes	s", provide explan	ation under "He	alth &	Safety Com	ments".	J
Were there any changes to the Health	& Safety Plan?			*Yes	No	NA
Were there any exceedances of the pe	rimeter air monitoring	reported on this da	ite?	*Yes	No	NA /
Were there any nuisance issues reporte	ed/observed on this da	ate?		*Yes	No	NA .
Health & Safety Comments						
-						
Summary of Work Performed	Arrived at site:	1100	Dep	parted Site:	13	00
LAWN MAINTEN						
Equipment/Material Tracking						
If any box below is checked "Yes						
Were there any vehicles which did not of Were there any vehicles which were no		urnpers and placa	ras?	*Yes * Yes	No No	(NA)
Were there any vehicles which were no		r to exiting the wor	k site?	* Yes	No	(NA)
Personnel and Equipment						,
Individual	Company		Trac		Tot	al Hours
marriada	Company		IIa	u <del>c</del>	100	ai riouis
					-	
					-	
					-	

## **DAILY INSPECTION REPORT**

Repo

aterial Description Delivered Kore Waste Folio Source of Disposal Daily W	Equipment Descripti	ion		Contractor/Vendor		Quantity	Use	∍d
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	aterial Description	Delivered	Exported off Site		Source or Facility (If A	Disposal Applicable)	Daily Loads	W

Material Description	Imported/ Delivered to Site	Exported off Site	Waste Profile (If Applicable)	Source or Disposal Facility (If Applicable)	Daily Loads	Weight (tons)*
					-	
					<u> </u>	
	-					
					<del> </del>	

\*On-Site scale for off-site shipment, delivery ticket for material received

**Equipment/Material Tracking Comments:** 

Date: 5/28/20 Report No. (Site Name) - NYSDEC Site No. **Visitors to Site Entered Exclusion/CRZ Zone** Name Representing Yes No Site Representatives Name Representing **Project Schedule Comments Issues Pending** Interaction with Public, Property Owners, Media, etc.

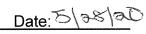


Date: 5/28/20

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

Date: ち/みち/みひ







Report No. (Site Name) - NYSDEC Site No. Date: 5/28/30

## DAILY HEALTH CHECKLIST

Is social distancing being practiced?	Yes ☑	No □/	
Is the tail gate safety meeting held outdoors?	Yes □	No 🗹	NI
Are remote/call in job meetings being held in lieu of meeting in person where possible?	Yes 🗹	No □	
Were personal protective gloves, masks, and eye protection being used?	Yes 🗹	No □	
Are sanitizing wipes, wash stations or spray available?	Yes 🗹	No □	
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 □	No 🗹	
Comments:			

### REMEDIAL ACTIVITIES AT PROPERTIES

				_
1.	Have anyone at this location been tested and confirmed to have COVID-19?	Yes □	No 🗹	
2.	Is anyone at this location isolated or quarantined for COVID-19?	Yes □	No 🖭	
3.	Has anyone at this locaton had contact with anyone known to have COVID-19 in the past 14 days?	Yes □	No 🗹	
4.	Does anyone at this locaton have any symptoms of a respiratory infection (e.g., cough, sore throat, fever, or shortness of breath)?	Yes □	No 🗹	
5.	Does the Department and its contractors have your permission to enter the property at this time?	Yes □	No □	1
•	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 □	No □	
Comm	ents:			

## **NUISANCE CHECKLIST**

Were there any community complaints related to work on this date?	Yes □	No 🗹	N/A□
Were there any odors detected on this date?	Yes □	No 🗹	N/A□
Was noise outside specification and/or above background on this date?	Yes □	No 🗹	N/A□
Were vibration readings outside specification and/or above background on this date?	Yes □	No 🗹	N/A□
Any visible dust observed beyond the work perimeter on this date?	Yes □	No ☑	N/A□
Any visible contrast (turbidity) beyond engineering controls observed on this date?	Yes □	No 🗹	N/A□ _
Was turbidity checked at the Montauk Highway outfall?	AM □	РМ□	N/Aℤ
Were any property owners NOT provided advance notice for work performed on this property on this date?	Yes □	No □	N/A⊠
Was the temporary fabric structure closed at the end of the day?	Yes □	No □	N/A ☑
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 □	No □	N/A⊠
If yes, has Contractor been notified?	Yes □	No □	N/A⊠
<u>Comments:</u>			

#### FRANKLIN CLEANERS SITE, NYSDEC SITE NO. 1-30-050 SITE ACTIVITIES LOG

PERSONNEL ON-SITE	DATE/TIME ON-SITE	TIME OFFSITE	REASON FOR SITE VISIT (CHECK BOX BELOW)			
06	415/20 0730	1030	Monitoring	Maintenance		
	1 1		Sampling	Other (Provide Description)		
			Alarm Response			
Description:	Martereze	e and te	of Lights	& toptogenshap		
DG	4/28/20 0730	1000	Monitoring	Maintenance		
	,		Sampling	Other (Provide Description)		
			Alarm Response			
Description:	Mankenone	-0				
DG	5/15/2000	1230	Monitoring	Maintenance		
9			Sampling	Other (Provide Description)		
			Alarm Response			
Description:	on Manter	yource of	FIRE Got	in eisher		
& E	megancy	light test				

### FRANKLIN CLEANERS SITE, NYSDEC SITE NO. 1-30-050 SITE ACTIVITIES LOG

PERSONNEL ON-SITE	DATE/TIME ON-SITE	TIME OFFSITE	REASON FOR SITE VISIT (CHECK BOX BELOW)			
DevGRAGI	5/28/201100	1300	Monitoring	Maintenance		
			Sampling	Other (Provide Description)		
			Alarm Response			
Description:		•				
Lown main	tenance +	daily insp	eation rep	21+		
		**ound				
			Monitoring	Maintenance		
		-	Sampling	Other (Provide Description)		
			Alarm Response			
Description:						
			Monitoring	Maintenance		
			Sampling	Other (Provide Description)		
			Alarm Response			
Description:						

#### Franklin Cleaners GWE and TS Site Site No. 130050 Emergency Lighting and Exit Sign Test Log

Date: 3/16/20
Serial Number:

Test Date	Annual or Monthly (A or M)	Unit Number	Start Time	Stop Time	Pass/Fail	Explanation for failure and planned corrective action
3/16/20	M		9:46	9:56	PASS	
3/16/20 4/15/20 5/15/20	M		10:12	10:22	PASS	
4/15/20	M		15:00	10115	PASS	
5/15/20	M		1015	1030	PASS	
						THE CANAGE WAS A STREET
					The second second	
			a ferret		B. R.	

## Franklin Cleaners GWE and TS Site Site No. 130050 Monthly Inspection of Fire Extinguisher

Date:	4	1	5	2	0	Z	C
-------	---	---	---	---	---	---	---

Serial Number:

Initials:

	Yes	No	N/A
	/		
1. Is the extinguisher located in its designated location?			
2.) Is it clear of obstructions to access or visibility?	V		
3.) Are operating instructions on the name plate legible and facing outward?	/		
4.) Is the extinguisher full?	V		
5.) Pressure gauge (or indicator) in the operable range?			
6.) Are safety seals and/or tamper indicators in place and functional?	/		
7.) Is the extinguisher in good physical condition?			
8.) Has the extinguisher inspection tag been initialed for the current month?	1		

# Franklin Cleaners GWE and TS Site Site No. 130050 Monthly Inspection of Fire Extinguisher

Date: 5 / 15

Serial Number:

Initials:

	Yes	No	N/A
Is the extinguisher located in its designated location?	1		
2.) Is it clear of obstructions to access or visibility?			
3.) Are operating instructions on the name plate legible and facing outward?	V	Table SAME	
4.) Is the extinguisher full?			
5.) Pressure gauge (or indicator) in the operable range?	~		
6.) Are safety seals and/or tamper indicators in place and functional?			
7.) Is the extinguisher in good physical condition?	V		
8.) Has the extinguisher inspection tag been initialed for the current month?			