

Report No. _____ (Site Name) - NYSDEC Site No. _____

Date: 5/28/20



NEW YORK STATE
Department of
Environmental
Conservation
50

DAILY INSPECTION REPORT

Report No. (Site Name) - NYSDEC Site No.

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[illegible][illegible]

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

Equipment/Material Tracking Comments:

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Visitors to Site			
Name	Representing	Entered Exclusion/CRZ Zone	
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No

Site Representatives	
Name	Representing

Project Schedule Comments

Issues Pending

Interaction with Public, Property Owners, Media, etc.

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

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Department of
Environmental
Conservation



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Site Photographs (Descriptions Below)



Prior to lawn maintenance



Prior to lawn maintenance

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Post Lawn Maintenance

Post Lawn Maintenance

Comments

Site Inspector(s): DG

Date: 5/28/20

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Report No. _____ (Site Name) - NYSDEC Site No. _____

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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 type="checkbox"/>	No <input checked="" 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"/>
Comments:		

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 locaton 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 locaton 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 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"/>
Comments:		

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Date: 5/28/20

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 checked="" type="checkbox"/>	N/A <input 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 checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Was turbidity checked at the Montauk Highway outfall?	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 type="checkbox"/>	N/A <input checked="" 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>			

**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)	
DG	4/15/20 0730	1030	<input type="checkbox"/> Monitoring	<input checked="" type="checkbox"/> Maintenance
			<input type="checkbox"/> Sampling	<input type="checkbox"/> Other (Provide Description)
			<input type="checkbox"/> Alarm Response	
Description: Lawn Maintenance and test Lights & extinguisher				
DG	4/22/20 0730	1000	<input type="checkbox"/> Monitoring	<input checked="" type="checkbox"/> Maintenance
			<input type="checkbox"/> Sampling	<input type="checkbox"/> Other (Provide Description)
			<input type="checkbox"/> Alarm Response	
Description: LAWN Maintenance				
DG	5/15/20 0800	1230	<input type="checkbox"/> Monitoring	<input checked="" type="checkbox"/> Maintenance
			<input type="checkbox"/> Sampling	<input type="checkbox"/> Other (Provide Description)
			<input type="checkbox"/> Alarm Response	
Description: Lawn Maintenance & FIRE Extinguisher & Emergency 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)	
DwGatty	5/28/2011	1300	<input type="checkbox"/> Monitoring	<input checked="" type="checkbox"/> Maintenance
			<input type="checkbox"/> Sampling	<input type="checkbox"/> Other (Provide Description)
			<input type="checkbox"/> Alarm Response	
Description: Lawn maintenance + daily inspection report				
			<input type="checkbox"/> Monitoring	<input type="checkbox"/> Maintenance
			<input type="checkbox"/> Sampling	<input type="checkbox"/> Other (Provide Description)
			<input type="checkbox"/> Alarm Response	
Description:				
			<input type="checkbox"/> Monitoring	<input type="checkbox"/> Maintenance
			<input type="checkbox"/> Sampling	<input type="checkbox"/> Other (Provide Description)
			<input type="checkbox"/> Alarm Response	
Description:				

**Franklin Cleaners GWE and TS Site
Site No. 13D050
Emergency Lighting and Exit Sign Test Log**

Date: 3/16/20
Serial Number: _____
Initials: _____

[illegible]

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

Date: 4/15/2020
Serial Number: _____
Initials: DO

	Yes	No	N/A
1. Is the extinguisher located in its designated location?	✓		
2.) Is it clear of obstructions to access or visibility?	✓		
3.) Are operating instructions on the name plate legible and facing outward?	✓		
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?	✓		
8.) Has the extinguisher inspection tag been initialed for the current month?	✓		

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

Date: 5/15/20
Serial Number: _____
Initials: DG

	Yes	No	N/A
1. Is the extinguisher located in its designated location?	✓		
2.) Is it clear of obstructions to access or visibility?	✓		
3.) Are operating instructions on the name plate legible and facing outward?	✓		
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?	✓		
8.) Has the extinguisher inspection tag been initialed for the current month?	✓		