

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

Date: 5/28/20

[illegible]

# DAILY INSPECTION REPORT Franklin Cleaners

Page 2 of 9

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

Date: 5/28/20

[illegible][illegible]

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

**Equipment/Material Tracking Comments:**



# DAILY INSPECTION REPORT *Franklin Cleaners*

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

Date: *5/28/20*

## 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.

# DAILY INSPECTION REPORT *Franklin Meadows*

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

Date:

*5/28/20*

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



Department of  
Environmental  
Conservation



# DAILY INSPECTION REPORT *Franklin Cleaners*

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

Date: *5/28/20*

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Department of  
Environmental  
Conservation



# DAILY INSPECTION REPORT *Franklin Cleaners*

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

Date: *5/28/20*

## Site Photographs (Descriptions Below)



Before



After



Before



After



Before



After

DAILY INSPECTION REPORT *Franklin Cleanness*

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

Date: 5/08/20

<b>Comments</b>	
<b>Site Inspector(s):</b>	<b>Date:</b>

# DAILY INSPECTION REPORT

Franklin Cleaners

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

Date: 5/28/20

## 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"/> NA
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"/> NA
<p>If Yes to <u>any</u> of 1-4 above:</p> <ul style="list-style-type: none"> <li>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.</li> <li>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.</li> </ul>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Comments:		



Department of  
Environmental  
Conservation



# DAILY INSPECTION REPORT *Franklin cleaners*

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

Date: *5/28/20*

## 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 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>           			



# DAILY INSPECTION REPORT

**Report No. Franklin Cleaners - NYSDEC Site No.**

Date: 6/12/20 Page 1 of 9

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**DAILY INSPECTION REPORT**  
Report No. Franklin Cleaners - NYSDEC Site No.

Date: 6/10/20

[illegible][illegible]

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

**Equipment/Material Tracking Comments:**

**DAILY INSPECTION REPORT**

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Report No. **Franklin Cleaners - NYSDEC Site No.**Date: 6/18/20

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

Site Representatives	
Name	Representing

Project Schedule Comments

Issues Pending

Interaction with Public, Property Owners, Media, etc.

# DAILY INSPECTION REPORT

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Report No. **Franklin Cleaners - NYSDEC Site No.**

Date: 2/18/20

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

**DAILY INSPECTION REPORT**

Report No. Franklin Cleaners - NYSDEC Site No.

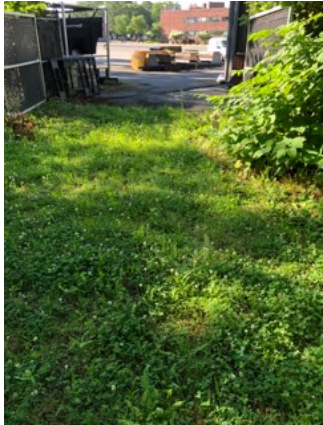
Date: 6/2/20

# DAILY INSPECTION REPORT

Report No. **Franklin Cleaners - NYSDEC Site No.**

Date: 12/12/20 Page 6 of 9

## Site Photographs (Descriptions Below)



Before



After



Before



After



Before



After

# DAILY INSPECTION REPORT

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Report No. **Franklin Cleaners - NYSDEC Site No.**

Date: 10/12/20



Before



After

## Comments

Site Inspector(s):

Date:



**DAILY INSPECTION REPORT**

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Report No. **Franklin Cleaners - NYSDEC Site No.**Date: 10/19/20**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 type="checkbox"/> N/A ✓
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>		

**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"/> N/A ✓
If Yes to <u>any</u> of 1-4 above: <ul style="list-style-type: none"> <li>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.</li> <li>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.</li> </ul>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<u>Comments:</u>		

**DAILY INSPECTION REPORT** Page 9 of 9  
 Report No. Franklin Cleaners - NYSDEC Site No. Date: 6/10/20

Date: 6/10/20

Page 9 of 9

# 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 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>			

# DAILY INSPECTION REPORT

Report No. **Franklin Cleaners - NYSDEC Site No.**

Date: 6/23/20



NEW YORK STATE  
Department of  
Environmental  
Conservation  
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# DAILY INSPECTION REPORT

**Report No. Franklin Cleaners - 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:**

**DAILY INSPECTION REPORT**Report No. **Franklin Cleaners - NYSDEC Site No.**Date: 6/23/20 Page **3** of **9****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.**

# DAILY INSPECTION REPORT

Report No. Franklin Cleaners - NYSDEC Site No.

Date: 6/23/20 Page 4 of 9

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



Department of  
Environmental  
Conservation



# DAILY INSPECTION REPORT

Report No. **Franklin Cleaners - NYSDEC Site No.**

Date: 6/23/20

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Department of  
Environmental  
Conservation





# DAILY INSPECTION REPORT

Report No. **Franklin Cleaners - NYSDEC Site No.**

Date: 6/23/20 Page 6 of 9

## Site Photographs (Descriptions Below)





Department of  
Environmental  
Conservation



Report No. **Franklin Cleaners - NYSDEC Site No.**

Date: 6/23/20 Page 7 of 9



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# DAILY INSPECTION REPORT

Report No. **Franklin Cleaners - NYSDEC Site No.**

Date: **6/23/20**

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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 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:		

NA

## 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"> <li>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.</li> <li>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.</li> </ul>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Comments:		

NA

NA

**DAILY INSPECTION REPORT** Page 9 of 9  
Report No. Franklin Cleaners - NYSDEC Site No. Date: 6/23/20

Date: 6/23/20

Page 9 of 9

## 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 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>			

Report No. **Franklin Cleaners - NYSDEC Site No.**

Date: 7/10/20



NEW YORK STATE  
Department of  
Environmental  
Conservation

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# DAILY INSPECTION REPORT

**Report No. Franklin Cleaners - NYSDEC Site No.**

Date: 7/10/20

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

**Equipment/Material Tracking Comments:**

# DAILY INSPECTION REPORT

Report No. **Franklin Cleaners - NYSDEC Site No.**

Date: **7/10/20** Page 3 of 9

## 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.

--



Department of  
Environmental  
Conservation





# DAILY INSPECTION REPORT

Report No. Franklin Cleaners - NYSDEC Site No.

Date: 7/10/20 Page 4 of 9

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

# DAILY INSPECTION REPORT

Report No. Franklin Cleaners - NYSDEC Site No.

Date: 7/10/20

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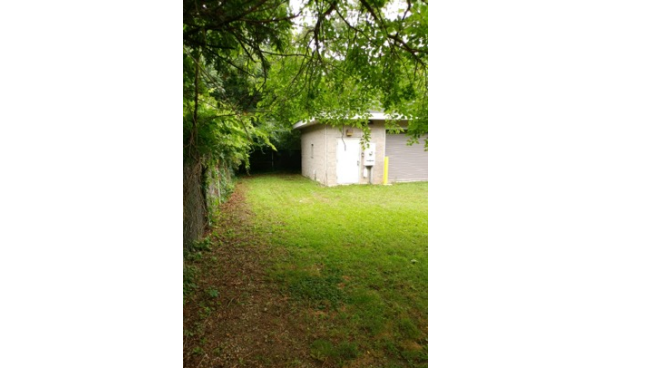

Department of  
Environmental  
Conservation



# DAILY INSPECTION REPORT

Report No. **Franklin Cleaners - NYSDEC Site No.**

Date: 7/10/20 Page 6 of 9

Site Photographs (Descriptions Below)	
	
After	After
	
After	After
	
After	

# DAILY INSPECTION REPORT

**Report No. Franklin Cleaners - NYSDEC Site No.**

Date: 7/10/20

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[illegible]

**DAILY INSPECTION REPORT**Report No. **Franklin Cleaners - NYSDEC Site No.**Date: **7/10/20****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 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>		

**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 type="checkbox"/>	No <input checked="" type="checkbox"/>
If Yes to <u>any</u> of 1-4 above: <ul style="list-style-type: none"> <li>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.</li> <li>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.</li> </ul>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Comments:</u>		

# DAILY INSPECTION REPORT

Report No. Franklin Cleaners - NYSDEC Site No.

Date: 7/10/20

## 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 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>			

# DAILY INSPECTION REPORT

Report No. Franklin Cleaners - NYSDEC Site No.

Date: 7/14/20



NEW YORK STATE  
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Environmental  
Conservation

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# DAILY INSPECTION REPORT

Report No. **Franklin Cleaners - NYSDEC Site No.**

Date: 7/14/20

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

**Equipment/Material Tracking Comments:**



**DAILY INSPECTION REPORT**Report No. **Franklin Cleaners - NYSDEC Site No.**Date: 7/14/20

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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.**

*College Employee*

Department of  
Environmental  
Conservation

# DAILY INSPECTION REPORT

Report No. Franklin Cleaners - NYSDEC Site No.

Date: 7/14/20

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

*SEE site map*

# DAILY INSPECTION REPORT

Report No. **Franklin Cleaners - NYSDEC Site No.**

Date: 7/14/20



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# DAILY INSPECTION REPORT

Report No. **Franklin Cleaners - NYSDEC Site No.**

Date: 7/24/20

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Site Photographs (Descriptions Below)	
	

Report No. **Franklin Cleaners - NYSDEC Site No.**

Date: 7/14/20

Comments	
Site Inspector(s):	Date:

**DAILY INSPECTION REPORT**Report No. **Franklin Cleaners - NYSDEC Site No.**Date: 7/14/20

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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 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"/>
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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>		

**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 checked="" type="checkbox"/>	No <input type="checkbox"/>
If Yes to <u>any</u> of 1-4 above: <ul style="list-style-type: none"> <li>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.</li> <li>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.</li> </ul>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<u>Comments:</u>		

**Report No. Franklin Cleaners - NYSDEC Site No.**

Date: 7/14/20

## 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 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 checked="" 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>			

# DAILY INSPECTION REPORT

Report No. Franklin Cleaners - NYSDEC Site No.                     

Date: 7/15/20



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# DAILY INSPECTION REPORT

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**Report No. Franklin Cleaners - NYSDEC Site No.**

Date: 7/15/20

[illegible][illegible]

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

**Equipment/Material Tracking Comments:**

# DAILY INSPECTION REPORT

Report No. **Franklin Cleaners - NYSDEC Site No.**

Page 3 of 9  
Date: **7/15/20**

## 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

## Site Representatives

Name	Representing

## Project Schedule Comments

## Issues Pending

## Interaction with Public, Property Owners, Media, etc.



Department of  
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Conservation



# DAILY INSPECTION REPORT

Report No. Franklin Cleaners - NYSDEC Site No.

Date: 7/15/20 Page 4 of 9

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



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# DAILY INSPECTION REPORT

Report No. **Franklin Cleaners - NYSDEC Site No.**

Date: 7/15/20

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# DAILY INSPECTION REPORT

Report No. **Franklin Cleaners - NYSDEC Site No.**

Date: **7/15/20** Page 6 of 9

## Site Photographs (Descriptions Below)



# DAILY INSPECTION REPORT

**Report No. Franklin Cleaners - NYSDEC Site No.**

Date: 7/15/20

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<b>Comments</b>	
<b>Site Inspector(s):</b>	<b>Date:</b>

**DAILY INSPECTION REPORT**

Page 8 of 9

Report No. **Franklin Cleaners - NYSDEC Site No.**Date: **7/15/20****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>		

**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 checked="" type="checkbox"/>	No <input type="checkbox"/>
If Yes to <u>any</u> of 1-4 above: <ul style="list-style-type: none"> <li>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.</li> <li>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.</li> </ul>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<u>Comments:</u>		

# DAILY INSPECTION REPORT

**Report No. Franklin Cleaners - NYSDEC Site No.**

Date: 7/15/20

Page 9 of 9

## 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 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 checked="" type="checkbox"/>	No <input 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>			



# DAILY INSPECTION REPORT

Report No. **Franklin Cleaners - NYSDEC Site No.**

Date: 2/2/20 Page 1 of 9

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# DAILY INSPECTION REPORT

Report No. **Franklin Cleaners - NYSDEC Site No.**

Date: 7/24/20 Page 2 of 9

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

**Equipment/Material Tracking Comments:**

# DAILY INSPECTION REPORT

Page 3 of 9

Report No. **Franklin Cleaners - NYSDEC Site No.**

Date: **7/24/20**

## 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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# DAILY INSPECTION REPORT

Report No. Franklin Cleaners - NYSDEC Site No.

Date: 7/24/20 Page 4 of 9

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



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# DAILY INSPECTION REPORT

Report No. **Franklin Cleaners - NYSDEC Site No.**

Date: **7/24/20**

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# DAILY INSPECTION REPORT

Report No. **Franklin Cleaners - NYSDEC Site No.**

Date: **7/24/20** Page 6 of 9

## Site Photographs (Descriptions Below)



# DAILY INSPECTION REPORT

Report No. Franklin Cleaners - NYSDEC Site No.

Date: 7/24/20

<b>Comments</b>	
<b>Site Inspector(s):</b>	<b>Date:</b>

**DAILY INSPECTION REPORT**

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Report No. **Franklin Cleaners - NYSDEC Site No.**Date: **7/24/20****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"/> <i>N/A</i>
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>		

**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 checked="" type="checkbox"/>	No <input type="checkbox"/>
If Yes to <u>any</u> of 1-4 above: <ul style="list-style-type: none"> <li>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.</li> <li>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.</li> </ul>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<u>Comments:</u>		



# DAILY INSPECTION REPORT

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Report No. **Franklin Cleaners - NYSDEC Site No.**

Date: 7/24/20

## NUISANCE CHECKLIST

Were there any community complaints related to work on this date?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Were there any odors detected on this date?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Was noise outside specification and/or above background on this date?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" 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 type="checkbox"/>	N/A <input checked="" 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 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>			

Report No. **Franklin Cleaners - NYSDEC Site No.**

Date: 8-7-20



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# DAILY INSPECTION REPORT

**Report No. Franklin Cleaners - NYSDEC Site No.**

Date: 8.7.20

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

**Equipment/Material Tracking Comments:**

# DAILY INSPECTION REPORT

Report No. **Franklin Cleaners - NYSDEC Site No.**

Date: **8-7-20**

Page 3 of 9

## 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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Conservation



# DAILY INSPECTION REPORT

Report No. **Franklin Cleaners - NYSDEC Site No.**

Date: **8-7-20**

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

# DAILY INSPECTION REPORT

Report No. **Franklin Cleaners - NYSDEC Site No.**

Date: **8.7.20**

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# DAILY INSPECTION REPORT

Report No. **Franklin Cleaners - NYSDEC Site No.**

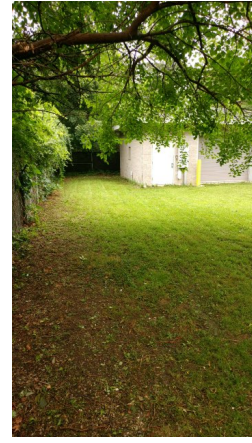
Date: **8.7.20**

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## Site Photographs (Descriptions Below)



Before



Before



After



After

## DAILY INSPECTION REPORT

**Report No. Franklin Cleaners - NYSDEC Site No.**

Date: 8.7.20

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Comments	
Site Inspector(s):	Date:



**DAILY INSPECTION REPORT**Report No. **Franklin Cleaners - NYSDEC Site No.**Date: **8.7.20**

Page 8 of 9

**DAILY HEALTH CHECKLIST**

Is social distancing being practiced?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A
Is the tail gate safety meeting held outdoors?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A
Are remote/call in job meetings being held in lieu of meeting in person where possible?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A
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>			

**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 type="checkbox"/>	No <input type="checkbox"/>
If Yes to <u>any</u> of 1-4 above: <ul style="list-style-type: none"> <li>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.</li> <li>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.</li> </ul>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<u>Comments:</u>		

## DAILY INSPECTION REPORT

Report No. **Franklin Cleaners - NYSDEC Site No.**

Date:

Page 9 of 9

## 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 checked="" type="checkbox"/>
Were there any odors detected on this date?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input checked="" 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>			

**Report No.**      **Franklin Cleaners - NYSDEC Site No.**

Date: 8/19/20 Page 1 of 9



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# DAILY INSPECTION REPORT

**Report No. Franklin Cleaners - NYSDEC Site No.**

Date: 8/19/20 Page 2 of 9

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

**Equipment/Material Tracking Comments:**

# DAILY INSPECTION REPORT

Report No. **Franklin Cleaners - NYSDEC Site No.**

Date: **8/19/20** Page 3 of 9

## 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

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## Issues Pending

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## Interaction with Public, Property Owners, Media, etc.

--

# DAILY INSPECTION REPORT

Report No. Franklin Cleaners - NYSDEC Site No.

Date: 8/19/20 Page 4 of 9

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

# DAILY INSPECTION REPORT

Report No. **Franklin Cleaners - NYSDEC Site No.**

Date: **8/19/20**

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# DAILY INSPECTION REPORT

Report No. **Franklin Cleaners - NYSDEC Site No.**

Date: 8/19/20 Page 6 of 9

## Site Photographs (Descriptions Below)



Before



Before



Before



After



After



**DAILY INSPECTION REPORT**  
Report No. Franklin Cleaners - NYSDEC Site No. Date: 8/11/20 Page 7 of 9

Date: 8/11/20 Page 7 of 9

Comments	
Site Inspector(s):	Date:

**DAILY INSPECTION REPORT**Report No. **Franklin Cleaners - NYSDEC Site No.**Date: **8/19/20** Page 8 of 9**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 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 checked="" type="checkbox"/>	No <input 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 checked="" type="checkbox"/>	No <input type="checkbox"/>
If Yes to <u>any</u> of 1-4 above: <ul style="list-style-type: none"> <li>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.</li> <li>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.</li> </ul>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Comments:		

# DAILY INSPECTION REPORT

**Report No. Franklin Cleaners - NYSDEC Site No.**

Date: 8/19/20

Page 9 of 9

# NUISANCE CHECKLIST

Were there any community complaints related to work on this date?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Were there any odors detected on this date?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Was noise outside specification and/or above background on this date?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" 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 type="checkbox"/>	N/A <input checked="" 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 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>			

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Report No. Franklin Cleaners - **NYSDEC Site No.**                      Date: 9/1/20 Page 1 of 9

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NEW YORK STATE  
Department of  
Environmental  
Conservation  
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[illegible]

**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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# DAILY INSPECTION REPORT

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Site Photographs (Descriptions Below)	
	
Before	Before
	
Before	After
	
After	

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<b>Comments</b>	
<b>Site Inspector(s):</b>	<b>Date:</b>

**DAILY INSPECTION REPORT**Report No. **Franklin Cleaners - NYSDEC Site No.**Date: **9/1/20****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>		

**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 checked="" type="checkbox"/>	No <input type="checkbox"/>
If Yes to <u>any</u> of 1-4 above: <ul style="list-style-type: none"> <li>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.</li> <li>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.</li> </ul>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<u>Comments:</u>		

# DAILY INSPECTION REPORT

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## NUISANCE CHECKLIST

Were there any community complaints related to work on this date?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Were there any odors detected on this date?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Was noise outside specification and/or above background on this date?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" 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 type="checkbox"/>	N/A <input checked="" 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 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>			