# DAILY INSPECTION REPORT FLOAKUN CLEONOS

Page 1 of 9

(Site Name) - NYSDEC Site No.

Date: 5 38 30

WALKIN CHECKERS **NYSDEC Contract No.** NYSDEC Department of Environmental D011107 C1001011 Division of Environmental Remediation Conservation Superintendent: Site Location: West Islip, New York NYSDEC PM: Poysion Long **Weather Conditions** Consultant PM: Trisha Vicale General Description PM O WELCAS AM Consultant Site Inspectors: 703 **Temperature** AM PM Donald Griffing Wind AM PM Health & Safety If any box below is checked "Yes", provide explanation under "Health & Safety Comments" No ! Were there any changes to the Health & Safety Plan? \*Yes NA Were there any exceedances of the perimeter air monitoring reported on this date? \*Yes No 'NA \*Yes Were there any nuisance issues reported/observed on this date? No **Health & Safety Comments** Summary of Work Performed Arrived at site: 1100 Departed Site: 1300 LAUN MAINTONER 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? No \*Yes Were there any vehicles which were not tarped? \* Yes No \* Yes No Were there any vehicles which were not decontaminated prior to exiting the work site? NA Personnel and Equipment Individual Company Trade **Total Hours** 

### DAILY INSPECTION REPORT FROMKLIN CHECKES

Report No. (Site Name) - NYSDEC Site No. Date: 5/28/20

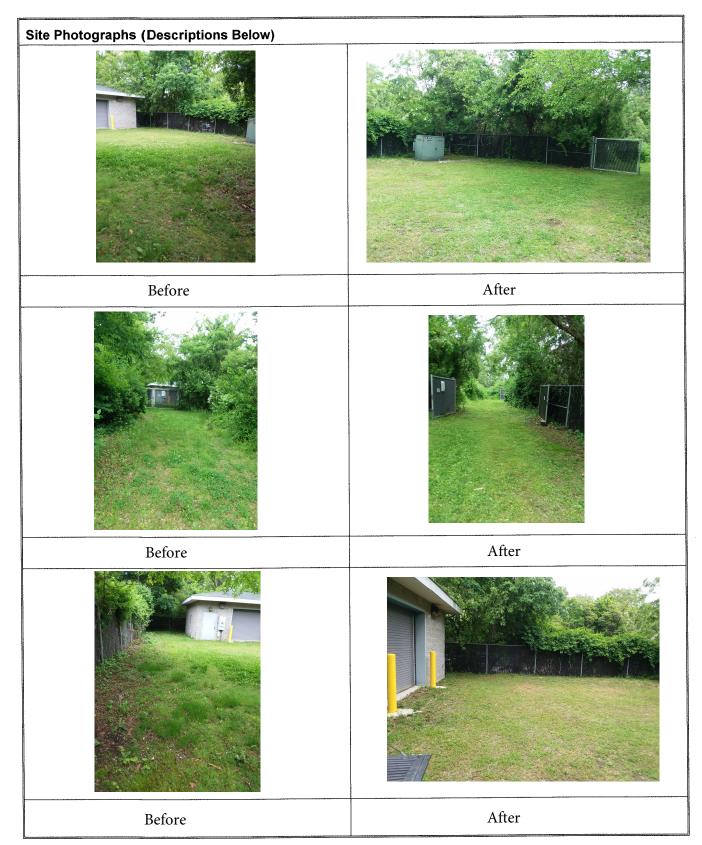
Equipment Descrip	tion		Contractor/Vendor		Quantity	Us	ed
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Material Description	Imported/ Delivered to Site	Exported off Site	Waste Profile (If Applicable)	Source of Facility (If	Disposal Applicable)	Daily Loads	Daily Weight (tons)*
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The state of the s			****				
*On-Site scale for off-site ships	ment, delivery ti	cket for materia	I received				
Equipment/Material Track							
	<b>g</b>						

## Report No. (Site Name) - NYSDEC Site No. Date: 5/28/20

Page 3 of 9

Visitors to Site **Entered Exclusion/CRZ Zone** Name Representing No Yes No No Yes Yes Nο Yes No No Yes No Yes No Yes No Yes Site Representatives Representing Name **Project Schedule Comments** Issues Pending Interaction with Public, Property Owners, Media, etc.

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



Comments	
Site Inspector(s):	Date:

## DAILY INSPECTION REPORT FROMULA CLEONEUS

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

Date: 5/28/30

### DAILY HEALTH CHECKLIST

Is social distancing being practiced?	Yes ℤ	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

			_
<ol> <li>Have anyone at this location been tested and confirmed to have COVID-19?</li> </ol>	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 □	
<ul> <li>If Yes to <u>any</u> of 1-4 above:</li> <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 □	No □	The second secon
<u>Comments:</u>			

#### **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/A⊠
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>			

NYSDEC Division of Environmental Remed		tment of Inmental Invation	NYSDEC C100611 Superintende		t No.
Site Location: Hempstead, Ne	ew York				
	ner Conditions		NYSDEC PN		
General Description	AM	PI			·
Temperature 80°		PI	Contract of the Contract of th		ors:
Wind Ome	AM AM	Pi	M Duchin	<b>U0150</b>	<b>FUQUEN</b>
Health & Safety If any box below is checked "Y	es", provide explana	ation under "Healt	h & Safety Cor	nments".	
Were there any changes to the Healt	h & Safety Plan?		*Yes	(No)	NA
Were there any exceedances of the p	perimeter air monitoring r	eported on this date?	? *Yes	No	MA
Were there any nuisance issues repo	orted/observed on this da	ite?	*Yes	No	(NA)
Health & Safety Comments					
Summary of Work Performed	Arrived at site:	730	Departed Site:	11	15
Equipment/Material Tracking If any box below is checked "Ye Were there any vehicles which did no Were there any vehicles which were	ot display proper D.O.T not tarped?	umbers and placards	? *Yes * Yes	No No	(NA)
Were there any vehicles which were the there are the the there are the the there are the the there are the the there are the there are the there are the there are the there	ot display proper D.O.T not tarped?	umbers and placards	? *Yes * Yes	No	NA
If any box below is checked "Ye Were there any vehicles which were the vehicles which were	ot display proper D.O.T n not tarped? not decontaminated prior	umbers and placards	? *Yes * Yes site? * Yes	No No No	WA WA NA
Were there any vehicles which were the there are the the there are the the there are the the there are the the there are the there are the there are the there are the there	ot display proper D.O.T not tarped?	umbers and placards	? *Yes * Yes	No No No	(NA)
If any box below is checked "Ye Were there any vehicles which were the vehicles which were	ot display proper D.O.T n not tarped? not decontaminated prior	umbers and placards	? *Yes * Yes site? * Yes	No No No	WA WA NA
If any box below is checked "Ye Were there any vehicles which were the vehicles which were	ot display proper D.O.T n not tarped? not decontaminated prior	umbers and placards	? *Yes * Yes site? * Yes	No No No	WA WA NA
If any box below is checked "Ye Were there any vehicles which were the vehicles which were	ot display proper D.O.T n not tarped? not decontaminated prior	umbers and placards	? *Yes * Yes site? * Yes	No No No	WA WA NA
If any box below is checked "Ye Were there any vehicles which were the vehicles which were	ot display proper D.O.T n not tarped? not decontaminated prior	umbers and placards	? *Yes * Yes site? * Yes	No No No	WA WA NA
If any box below is checked "Ye Were there any vehicles which were the vehicles which were	ot display proper D.O.T n not tarped? not decontaminated prior	umbers and placards	? *Yes * Yes site? * Yes	No No No	WA WA NA
If any box below is checked "Ye Were there any vehicles which were the vehicles which were	ot display proper D.O.T n not tarped? not decontaminated prior	umbers and placards	? *Yes * Yes site? * Yes	No No No	WA WA NA
If any box below is checked "Ye Were there any vehicles which were the vehicles which were	ot display proper D.O.T n not tarped? not decontaminated prior	umbers and placards	? *Yes * Yes site? * Yes	No No No	WA WA NA
If any box below is checked "Ye Were there any vehicles which were the vehicles which were	ot display proper D.O.T n not tarped? not decontaminated prior	umbers and placards	? *Yes * Yes site? * Yes	No No No	WA WA NA
If any box below is checked "Ye Were there any vehicles which were the vehicles which were	ot display proper D.O.T n not tarped? not decontaminated prior	umbers and placards	? *Yes * Yes site? * Yes	No No No	WA WA NA
If any box below is checked "Ye Were there any vehicles which were the vehicles which were	ot display proper D.O.T n not tarped? not decontaminated prior	umbers and placards	? *Yes * Yes site? * Yes	No No No	WA WA NA
If any box below is checked "Ye Were there any vehicles which were the vehicles which were	ot display proper D.O.T n not tarped? not decontaminated prior	umbers and placards	? *Yes * Yes site? * Yes	No No No	WA WA NA
If any box below is checked "Ye Were there any vehicles which were the vehicles which were	ot display proper D.O.T n not tarped? not decontaminated prior	umbers and placards	? *Yes * Yes site? * Yes	No No No	WA WA NA
If any box below is checked "Ye Were there any vehicles which were the vehicles which were	ot display proper D.O.T n not tarped? not decontaminated prior	umbers and placards	? *Yes * Yes site? * Yes	No No No	WA WA NA
If any box below is checked "Ye Were there any vehicles which were the vehicles which were	ot display proper D.O.T n not tarped? not decontaminated prior	umbers and placards	? *Yes * Yes site? * Yes	No No No	WA WA NA
If any box below is checked "Ye Were there any vehicles which were the vehicles which were	ot display proper D.O.T n not tarped? not decontaminated prior	umbers and placards	? *Yes * Yes site? * Yes	No No No	WA WA NA

#### DAILY INSPECTION REPORT

Franklin Cleaners - NYSDEC Site No.

Equipment Descrip	tion		Contractor/Vendor		Quantity	Use	ed
***************************************							
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aterial Description	Imported/ Delivered to Site	Exported off Site	Waste Profile (If Applicable)	Source o	r Disposal Applicable)	Daily Loads	W (to
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ALL COLORS							┼
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			ıl received				
	cking Comme	nts:					
Site scale for off-site shi							

Report No. Franklin Cleaners - NYSDEC Site No. Date: (2) (2) (3)

Yes   No   Yes   Yes   No   Yes	Name	Representing	Entered	Exclusion/CRZ Zon
Yes         No           Site Representatives			Yes	No
Yes   No   Yes   Ye			Yes	No
Yes   No   Yes   Yes			Yes	No
Yes No Yes No Yes No Yes No Yes No Site Representatives Name Representing  Project Schedule Comments  Issues Pending			Yes	No
Yes No Yes No Yes No Site Representatives Name Representing  Project Schedule Comments  Issues Pending			Yes	No
Yes No Yes No Site Representatives Name Representing  Project Schedule Comments  Issues Pending			Yes	No
Site Representatives Name Representing  Project Schedule Comments  Issues Pending			Yes	No
Site Representatives Name Representing  Project Schedule Comments  Issues Pending			Yes	No
Name Representing  Project Schedule Comments  Issues Pending			Yes	No
Project Schedule Comments  Issues Pending	Site Representatives			
Issues Pending	Name	Representing		
Issues Pending				
Issues Pending	Project Schedule Comments			
	Jacuss Banding			
Interaction with Public, Property Owners, Media, etc.	issues reliality			
Interaction with Public, Property Owners, Media, etc.				
Interaction with Public, Property Owners, Media, etc.				
Interaction with Public, Property Owners, Media, etc.				
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interaction with Fubility Owners, inedia, etc.	Interaction with Public Property	Owners Media etc		
	interaction with abile, i roperty	owners, media, etc.		

Date: 12/18/20

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

Franklin Cleaners - NYSDEC Site No. Report No.

Date: Le la Page 5 of 9

Before	Af	ter
Comments		
Site Inspector(s):		Date:

#### DAILY HEALTH CHECKLIST

Is the tail gate safety meeting held outdoors?  Are remote/call in job meetings being held in lieu of meeting in person where possible?  Yere personal protective gloves, masks, and eye protection being used?  Yes	'es ☑ 'es ☑ 'es ☑'	No 🗆 🐧
Are remote/call in job meetings being held in lieu of meeting in person where possible?  Were personal protective gloves, masks, and eye protection being used?  Y	′es 🗹	No □
Were personal protective gloves, masks, and eye protection being used?		
tion potential protective gloves, maske, and type potential	′es ☑	
Are sanitizing wipes, wash stations or spray available?	21	No 🗆
, and definition of the control of t	′es 🔽	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)?	′es □	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 🗆 💉
If Yes	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/A ☑
	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>			

Report No. Franklin Cleaners - NYSDEC Site No. Date: \(\oldsymbol{Q} \sqrt{3}\right)\(\oldsymbol{P}\)

NYSDEC Division of Environmental Remedia	STATE Enviro	tment of nmental rvation	)	NYSDEC C C100611 Superintende		No.
Site Location: Hempstead, Nev	w York			NYSDEC PM		ona
Weathe	er Conditions					•
General Description	AM		РМ	Consultant Pl	vi: Trisha	Vicale
Temperature 80°	AM		PM	Consultant Si		
Wind 10-15	mph (AM)		PM	Davarg	G 1/2	HING
Health & Safety If any box below is checked "Ye		ntion under "Hea	ith 8	Safety Com	ments".	0
Were there any changes to the Health	& Safety Plan?			*Yes	(No)	NA
Were there any exceedances of the pe	rimeter air monitoring r	eported on this dat	e?	*Yes	No	(NA)
Were there any nuisance issues report	ed/observed on this da	te?		*Yes	No	NA
Health & Safety Comments				= =		
Summary of Work Performed	Arrived at site:	1000	De	eparted Site:	13	00
Lawn + sixe						
20001 4 0140						
Equipment/Material Tracking If any box below is checked "Yes Were there any vehicles which did not	s", provide explanat display proper D.O.T n			*Yes	No	(NA)
Equipment/Material Tracking If any box below is checked "Yes Were there any vehicles which did not Were there any vehicles which were no	s", provide explanat display proper D.O.T not tarped?	umbers and placar	ds?	*Yes	No No	(NA) (NA)
Equipment/Material Tracking If any box below is checked "Yes Were there any vehicles which did not Were there any vehicles which were no Were there any vehicles which were no	s", provide explanat display proper D.O.T not tarped?	umbers and placar	ds?	*Yes	No	(NA)
Equipment/Material Tracking If any box below is checked "Yes Were there any vehicles which did not Were there any vehicles which were no Were there any vehicles which were no Personnel and Equipment	s", provide explanat display proper D.O.T not tarped?	umbers and placar	ds?	*Yes	No No	(NA) (NA)
Equipment/Material Tracking If any box below is checked "Yes Were there any vehicles which did not Were there any vehicles which were no Were there any vehicles which were no	s", provide explanat display proper D.O.T not tarped?	umbers and placar	ds?	*Yes	No No No	(NA) (NA)
Equipment/Material Tracking If any box below is checked "Yes Were there any vehicles which did not Were there any vehicles which were no Were there any vehicles which were no Personnel and Equipment	s", provide explanated by tarped?  ot decontaminated prior	umbers and placar	ds?	*Yes * Yes * Yes	No No No	NA NA NA
Equipment/Material Tracking If any box below is checked "Yes Were there any vehicles which did not Were there any vehicles which were no Were there any vehicles which were no Personnel and Equipment	s", provide explanated by tarped?  ot decontaminated prior	umbers and placar	ds?	*Yes * Yes * Yes	No No No	NA NA NA
Equipment/Material Tracking If any box below is checked "Yes Were there any vehicles which did not Were there any vehicles which were no Were there any vehicles which were no Personnel and Equipment	s", provide explanated by tarped?  ot decontaminated prior	umbers and placar	ds?	*Yes * Yes * Yes	No No No	NA NA NA
Equipment/Material Tracking If any box below is checked "Yes Were there any vehicles which did not Were there any vehicles which were no Were there any vehicles which were no Personnel and Equipment	s", provide explanated by tarped?  ot decontaminated prior	umbers and placar	ds?	*Yes * Yes * Yes	No No No	NA NA NA
Equipment/Material Tracking If any box below is checked "Yes Were there any vehicles which did not Were there any vehicles which were no Were there any vehicles which were no Personnel and Equipment	s", provide explanated by tarped?  ot decontaminated prior	umbers and placar	ds?	*Yes * Yes * Yes	No No No	NA NA NA
Equipment/Material Tracking If any box below is checked "Yes Were there any vehicles which did not Were there any vehicles which were no Were there any vehicles which were no Personnel and Equipment	s", provide explanated by tarped?  ot decontaminated prior	umbers and placar	ds?	*Yes * Yes * Yes	No No No	NA NA NA
Equipment/Material Tracking If any box below is checked "Yes Were there any vehicles which did not Were there any vehicles which were no Were there any vehicles which were no Personnel and Equipment	s", provide explanated by tarped?  ot decontaminated prior	umbers and placar	ds?	*Yes * Yes * Yes	No No No	NA NA NA
Equipment/Material Tracking If any box below is checked "Yes Were there any vehicles which did not Were there any vehicles which were no Were there any vehicles which were no Personnel and Equipment	s", provide explanated by tarped?  ot decontaminated prior	umbers and placar	ds?	*Yes * Yes * Yes	No No No	NA NA NA
Equipment/Material Tracking If any box below is checked "Yes Were there any vehicles which did not Were there any vehicles which were no Were there any vehicles which were no Personnel and Equipment	s", provide explanated by tarped?  ot decontaminated prior	umbers and placar	ds?	*Yes * Yes * Yes	No No No	NA NA NA
Equipment/Material Tracking If any box below is checked "Yes Were there any vehicles which did not Were there any vehicles which were no Were there any vehicles which were no Personnel and Equipment	s", provide explanated by tarped?  ot decontaminated prior	umbers and placar	ds?	*Yes * Yes * Yes	No No No	NA NA NA
Equipment/Material Tracking If any box below is checked "Yes Were there any vehicles which did not Were there any vehicles which were no Were there any vehicles which were no Personnel and Equipment	s", provide explanated by tarped?  ot decontaminated prior	umbers and placar	ds?	*Yes * Yes * Yes	No No No	NA NA NA
Equipment/Material Tracking If any box below is checked "Yes Were there any vehicles which did not Were there any vehicles which were no Were there any vehicles which were no Personnel and Equipment	s", provide explanated by tarped?  ot decontaminated prior	umbers and placar	ds?	*Yes * Yes * Yes	No No No	NA NA NA
Equipment/Material Tracking If any box below is checked "Yes Were there any vehicles which did not Were there any vehicles which were no Were there any vehicles which were no Personnel and Equipment	s", provide explanated by tarped?  ot decontaminated prior	umbers and placar	ds?	*Yes * Yes * Yes	No No No	NA NA NA
Equipment/Material Tracking If any box below is checked "Yes Were there any vehicles which did not Were there any vehicles which were no Were there any vehicles which were no Personnel and Equipment	s", provide explanated by tarped?  ot decontaminated prior	umbers and placar	ds?	*Yes * Yes * Yes	No No No	NA NA NA
Equipment/Material Tracking If any box below is checked "Yes Were there any vehicles which did not Were there any vehicles which were no Were there any vehicles which were no Personnel and Equipment	s", provide explanated by tarped?  ot decontaminated prior	umbers and placar	ds?	*Yes * Yes * Yes	No No No	NA NA NA
Equipment/Material Tracking If any box below is checked "Yes Were there any vehicles which did not Were there any vehicles which were no Were there any vehicles which were no Personnel and Equipment	s", provide explanated by tarped?  ot decontaminated prior	umbers and placar	ds?	*Yes * Yes * Yes	No No No	NA NA NA
Equipment/Material Tracking If any box below is checked "Yes Were there any vehicles which did not Were there any vehicles which were no Were there any vehicles which were no Personnel and Equipment	s", provide explanated by tarped?  ot decontaminated prior	umbers and placar	ds?	*Yes * Yes * Yes	No No No	NA NA NA

Date: 1013 13€ Page 2 of 9

Equipment Descripti	on	Contractor/Vendor			Quantity Used		
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anamana.							
		***************************************					
Cultura Para Indiana		ANDARANA					
						~~~~	
							<del></del>
Material Description	Imported/ Delivered to Site	Exported off Site	Waste Profile (If Applicable)	Source of Facility (If	r Disposal Applicable)	Daily Loads	Daily Weight (tons)*
					, , ,		
					111111111111111111111111111111111111111		
*On-Site scale for off-site shipr			ial received				
Equipment/Material Track	ang Comm	ents:					

Visitors to Site				
Name	Rep	resenting	Entered	Exclusion/CRZ Zone
	- 304	3	Yes	No
			Yes	No .
			Yes	No
			Yes	No
Site Representatives				and the second s
Name		Representing		
		· · · · · · · · · · · · · · · · · · ·		
Project Schedule Comments				
Issues Pending				
Interaction with Public, Property C	wners, Media, etc	7.		



Date: 6/23/20

Franklin Cleaners - NYSDEC Site No.

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

Page **6** of **9** 

Date: 6/23/20 Report No. Franklin Cleaners - NYSDEC Site No.

Site Photographs (Descriptions Below)			

Site Inspector(s):

Date: 123120 Page 7 of 9 **DAILY INSPECTION REPORT** Report No. Franklin Cleaners - NYSDEC Site No. Comments

Date:

Date: 12/3/20

#### DAILY HEALTH CHECKLIST

		•	
Is social distancing being practiced?	Yes ⊠	No □	
Is the tail gate safety meeting held outdoors?	Yes □	No □	N
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 🔍	
<u>Comments:</u>			

### 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 🔯	MA
5.	Does the Department and its contractors have your permission to enter the property at this time?	Yes □	No □	NF
	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 □	Advisors. Carlotters.
Comm	<u>nents:</u>			

Date: 14(33)20 Page 9 of 9

#### **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/A ☑
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>			

NYSDEC Division of Environmental Remedia	tion New York STATE Environ	ment of innental vation	C100611	ontract No.	
Site Location: Hempstead, Nev	v York		Superintendent:		
	r Conditions		NYSDEC PM:	•	
General Description		PN	Consultant PN	1: Trisha Vicale	
Temperature 701	(AM)	PN	// Consultant Sit		
Wind VARTABO	E (AM)	PN	1 Hichor	y Ford	
Health & Safety If any box below is checked "Yes	s", provide explana	tion under "Healt	h & Safety Com	ments".	
Were there any changes to the Health 8	& Safety Plan?	-	*Yes	No NA	
Were there any exceedances of the per	imeter air monitoring re	eported on this date?	*Yes	No (NA)	
Were there any nuisance issues reported	ed/observed on this dat	e?	*Yes	No (NA)	
Health & Safety Comments					
<b>Summary of Work Performed</b>	Arrived at site:	0815	Departed Site:	100	
F					
Equipment/Material Tracking If any box below is checked "Yes				mments".	
If any box below is checked "Yes Were there any vehicles which did not d	lisplay proper D.O.T nu		? *Yes	No NA	
If any box below is checked "Yes Were there any vehicles which did not of Were there any vehicles which were not	lisplay proper D.O.T nu t tarped?	ımbers and placards	? *Yes * Yes	No NA	
If any box below is checked "Yes Were there any vehicles which were not Were there any vehicles which were not Were there any vehicles which were not	lisplay proper D.O.T nu t tarped?	ımbers and placards	? *Yes * Yes	No NA	
If any box below is checked "Yes Were there any vehicles which did not of Were there any vehicles which were not Were there any vehicles which were not Personnel and Equipment	lisplay proper D.O.T nu t tarped? t decontaminated prior	ımbers and placards	? *Yes *Yes te? *Yes	No NA NO NA	
If any box below is checked "Yes Were there any vehicles which were not Were there any vehicles which were not Were there any vehicles which were not	lisplay proper D.O.T nu t tarped?	ımbers and placards	? *Yes * Yes	No NA	
If any box below is checked "Yes Were there any vehicles which did not of Were there any vehicles which were not Were there any vehicles which were not Personnel and Equipment	lisplay proper D.O.T nu t tarped? t decontaminated prior	ımbers and placards	? *Yes *Yes te? *Yes	No NA NO NA	
If any box below is checked "Yes Were there any vehicles which did not of Were there any vehicles which were not Were there any vehicles which were not Personnel and Equipment	lisplay proper D.O.T nu t tarped? t decontaminated prior	ımbers and placards	? *Yes *Yes te? *Yes	No NA NO NA	
If any box below is checked "Yes Were there any vehicles which did not of Were there any vehicles which were not Were there any vehicles which were not Personnel and Equipment	lisplay proper D.O.T nu t tarped? t decontaminated prior	ımbers and placards	? *Yes *Yes te? *Yes	No NA NO NA	
If any box below is checked "Yes Were there any vehicles which did not of Were there any vehicles which were not Were there any vehicles which were not Personnel and Equipment	lisplay proper D.O.T nu t tarped? t decontaminated prior	ımbers and placards	? *Yes *Yes te? *Yes	No NA NO NA	
If any box below is checked "Yes Were there any vehicles which did not of Were there any vehicles which were not Were there any vehicles which were not Personnel and Equipment	lisplay proper D.O.T nu t tarped? t decontaminated prior	ımbers and placards	? *Yes *Yes te? *Yes	No NA NO NA	
If any box below is checked "Yes Were there any vehicles which did not of Were there any vehicles which were not Were there any vehicles which were not Personnel and Equipment	lisplay proper D.O.T nu t tarped? t decontaminated prior	ımbers and placards	? *Yes *Yes te? *Yes	No NA NO NA	
If any box below is checked "Yes Were there any vehicles which did not of Were there any vehicles which were not Were there any vehicles which were not Personnel and Equipment	lisplay proper D.O.T nu t tarped? t decontaminated prior	ımbers and placards	? *Yes *Yes te? *Yes	No NA NO NA	
If any box below is checked "Yes Were there any vehicles which did not of Were there any vehicles which were not Were there any vehicles which were not Personnel and Equipment	lisplay proper D.O.T nu t tarped? t decontaminated prior	ımbers and placards	? *Yes *Yes te? *Yes	No NA NO NA	
If any box below is checked "Yes Were there any vehicles which did not of Were there any vehicles which were not Were there any vehicles which were not Personnel and Equipment	lisplay proper D.O.T nu t tarped? t decontaminated prior	ımbers and placards	? *Yes *Yes te? *Yes	No NA NO NA	
If any box below is checked "Yes Were there any vehicles which did not of Were there any vehicles which were not Were there any vehicles which were not Personnel and Equipment	lisplay proper D.O.T nu t tarped? t decontaminated prior	ımbers and placards	? *Yes *Yes te? *Yes	No NA NO NA	
If any box below is checked "Yes Were there any vehicles which did not of Were there any vehicles which were not Were there any vehicles which were not Personnel and Equipment	lisplay proper D.O.T nu t tarped? t decontaminated prior	ımbers and placards	? *Yes *Yes te? *Yes	No NA NO NA	
If any box below is checked "Yes Were there any vehicles which did not of Were there any vehicles which were not Were there any vehicles which were not Personnel and Equipment	lisplay proper D.O.T nu t tarped? t decontaminated prior	ımbers and placards	? *Yes *Yes te? *Yes	No NA NO NA	
If any box below is checked "Yes Were there any vehicles which did not of Were there any vehicles which were not Were there any vehicles which were not Personnel and Equipment	lisplay proper D.O.T nu t tarped? t decontaminated prior	ımbers and placards	? *Yes *Yes te? *Yes	No NA NO NA	
If any box below is checked "Yes Were there any vehicles which did not of Were there any vehicles which were not Were there any vehicles which were not Personnel and Equipment	lisplay proper D.O.T nu t tarped? t decontaminated prior	ımbers and placards	? *Yes *Yes te? *Yes	No NA NO NA	
If any box below is checked "Yes Were there any vehicles which did not of Were there any vehicles which were not Were there any vehicles which were not Personnel and Equipment	lisplay proper D.O.T nu t tarped? t decontaminated prior	ımbers and placards	? *Yes *Yes te? *Yes	No NA NO NA	

Equipment Descript	ion		Contractor/Vendor		Quantity	Use	ed
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				***************************************			
Material Description	Imported/ Delivered to Site	Exported off Site	Waste Profile (If Applicable)	Source of Facility (If	r Disposal Applicable)	Daily Loads	Daily Weight (tons)*
***************************************							
***************************************							
*On-Site scale for off-site ship	ment delivery t	icket for materi	al received				
Equipment/Material Trac			aricocived				
Equipment material (140)	King Comme	1001					

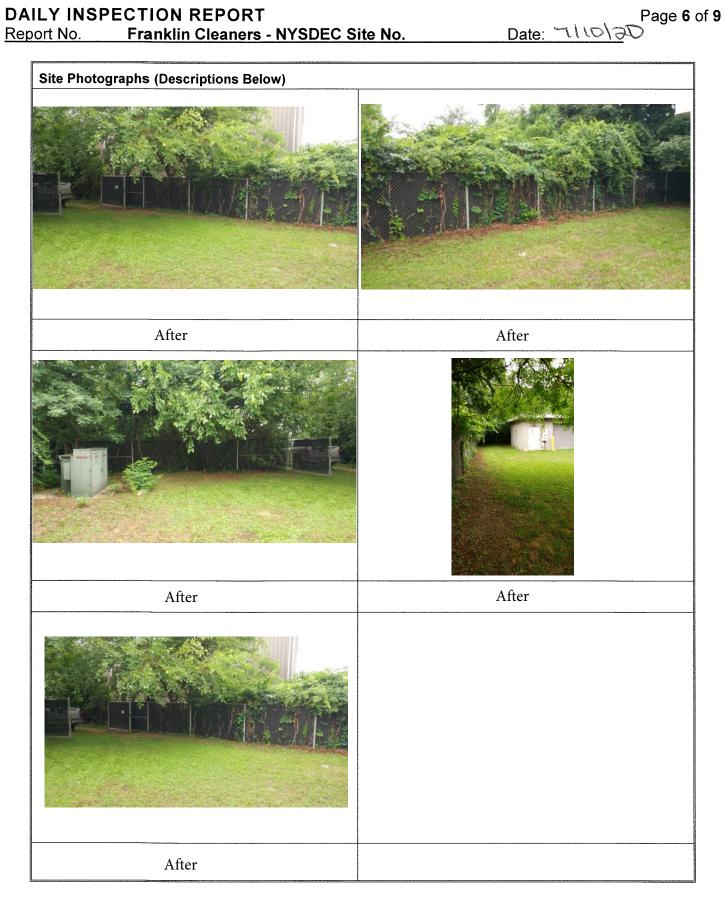
Visitors to Site				
Name		Representing	Entered	Exclusion/CRZ Zone
			Yes	No
Site Representatives				
Name		Representing		
				**************************************
	The beautiful and the second and the			Mary Waller
NA 0450440000 11040440 1404040 1404040 14140 14140 14140 14140 14140 14140 14140 14140 14140 14140 14140 14140				
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				**
Project Schedule Comments				
ssues Pending				
				111
nteraction with Public, Property	Owners, Media,	etc.		

Report No.

Date: 7/10/30

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

Page 5 of 9



Site Inspector(s):

	ECTION REPORT Franklin Cleaners - NYSDEC S	ite No.	Date: 7/10/20	Page '
				*****
TOTAL SECTION OF THE PROPERTY				
			3.07.03.4.07	
li .				

Date:

Date: Tho late

#### DAILY HEALTH CHECKLIST

Is social distancing being practiced?	Yes 🗷	No □
Is the tail gate safety meeting held outdoors?	Yes ∡	No □
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

	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 🔀
•	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.
Commo	<u>ents:</u>		

Date: ~ 10180

### NUISANCE CHECKLIST

Were there any community complaints related to work on this date?		No ⊠	N/A□
Were there any odors detected on this date?		No 🗹	N/A□
Was noise outside specification and/or above background on this date?		No 🖏	N/A□
Were vibration readings outside specification and/or above background on this date?		No Ⅸ,	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?		No 🔀	N/A□
Was turbidity checked at the Montauk Highway outfall?		РМ□	N/ASL
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/AS
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?		No 🗆	N/AZ
If yes, has Contractor been notified?	Yes □	No □	N/AD
<u>Comments:</u>			

NYSDEC Division of Environme	ental Remediati	NEW YORK STATE Envir	artment of conmental ervation		NYSDEC C C100611		No.
Site Location: Hem	pstead, New	York			NYSDEC PM		ona
10	•	Conditions					
General Description	Sunny	AM		PM	Consultant Pf	M: Trisha \	/icale
Temperature	7501	AM		PM	Consultant Si	te Inspecto	rs:
Wind	25mpH	AM		PM	BL+A	d1	
Health & Safety If any box below is	checked "Yes	", provide explan	ation under "H	lealth &	Safety Com	nments".	
Were there any change					*Yes	No)	NA
Were there any exceed	lances of the peri	meter air monitoring	reported on this of	date?	*Yes	No	NA
Were there any nuisand	ce issues reporte	d/observed on this d	ate?		*Yes	No	NA
Health & Safety Cor	nments		188		-	-	
, , , , , , , , , , , , , , , , , , , ,							
Summary of Work P	Performed	Arrived at site:	0715	De	eparted Site:	138	30
GWS							
Equipment/Material	checked "Yes"						
If any box below is were there any vehicle	checked "Yes" s which did not d	isplay proper D.O.T			*Yes	No	NA
If any box below is Were there any vehicle Were there any vehicle	checked "Yes' s which did not d s which were not	isplay proper D.O.T tarped?	numbers and place	cards?	*Yes	No No	NA NA
If any box below is Were there any vehicle Were there any vehicle Were there any vehicle	checked "Yes' s which did not d s which were not s which were not	isplay proper D.O.T tarped?	numbers and place	cards?	*Yes	No	NA
If any box below is Were there any vehicle Were there any vehicle Were there any vehicle Personnel and Equi	checked "Yes' s which did not d s which were not s which were not ipment	isplay proper D.O.T tarped? decontaminated pri	numbers and place	cards? ork site?	*Yes * Yes * Yes	No No No	NA NA NA
If any box below is Were there any vehicle Were there any vehicle Were there any vehicle	checked "Yes' s which did not d s which were not s which were not ipment	isplay proper D.O.T tarped? decontaminated price Company	numbers and place	cards? ork site?	*Yes *Yes * Yes	No No No	NA NA
Were there any vehicle Were there any vehicle Were there any vehicle Were there any vehicle Personnel and Equi Individual	checked "Yes' s which did not d s which were not s which were not ipment	isplay proper D.O.T tarped? decontaminated price Company	numbers and place	cards?	*Yes *Yes *Yes	No No No	NA NA NA
If any box below is Were there any vehicle Were there any vehicle Were there any vehicle Personnel and Equi	checked "Yes' s which did not d s which were not s which were not ipment	isplay proper D.O.T tarped? decontaminated price Company	numbers and place	cards? ork site?	*Yes *Yes * Yes	No No No	NA NA NA
Were there any vehicle Were there any vehicle Were there any vehicle Were there any vehicle Personnel and Equi Individual	checked "Yes' s which did not d s which were not s which were not ipment	isplay proper D.O.T tarped? decontaminated price Company	numbers and place	cards?	*Yes *Yes *Yes	No No No	NA NA NA
Were there any vehicle Were there any vehicle Were there any vehicle Were there any vehicle Personnel and Equi Individual	checked "Yes' s which did not d s which were not s which were not ipment	isplay proper D.O.T tarped? decontaminated price Company	numbers and place	cards?	*Yes *Yes *Yes	No No No	NA NA NA
Were there any vehicle Were there any vehicle Were there any vehicle Were there any vehicle Personnel and Equi Individual	checked "Yes' s which did not d s which were not s which were not ipment	isplay proper D.O.T tarped? decontaminated price Company	numbers and place	cards?	*Yes *Yes *Yes	No No No	NA NA NA
Were there any vehicle Were there any vehicle Were there any vehicle Were there any vehicle Personnel and Equi Individual	checked "Yes' s which did not d s which were not s which were not ipment	isplay proper D.O.T tarped? decontaminated price Company	numbers and place	cards?	*Yes *Yes *Yes	No No No	NA NA NA
Were there any vehicle Were there any vehicle Were there any vehicle Were there any vehicle Personnel and Equi Individual	checked "Yes' s which did not d s which were not s which were not ipment	isplay proper D.O.T tarped? decontaminated price Company	numbers and place	cards?	*Yes *Yes *Yes	No No No	NA NA NA
Were there any vehicle Were there any vehicle Were there any vehicle Were there any vehicle Personnel and Equi Individual	checked "Yes' s which did not d s which were not s which were not ipment	isplay proper D.O.T tarped? decontaminated price Company	numbers and place	cards?	*Yes *Yes *Yes	No No No	NA NA NA
Were there any vehicle Were there any vehicle Were there any vehicle Were there any vehicle Personnel and Equi Individual	checked "Yes' s which did not d s which were not s which were not ipment	isplay proper D.O.T tarped? decontaminated price Company	numbers and place	cards?	*Yes *Yes *Yes	No No No	NA NA NA
Were there any vehicle Were there any vehicle Were there any vehicle Were there any vehicle Personnel and Equi Individual	checked "Yes' s which did not d s which were not s which were not ipment	isplay proper D.O.T tarped? decontaminated price Company	numbers and place	cards?	*Yes *Yes *Yes	No No No	NA NA NA
Were there any vehicle Were there any vehicle Were there any vehicle Were there any vehicle Personnel and Equi Individual	checked "Yes' s which did not d s which were not s which were not ipment	isplay proper D.O.T tarped? decontaminated price Company	numbers and place	cards?	*Yes *Yes *Yes	No No No	NA NA NA
Were there any vehicle Were there any vehicle Were there any vehicle Were there any vehicle Personnel and Equi Individual	checked "Yes' s which did not d s which were not s which were not ipment	isplay proper D.O.T tarped? decontaminated price Company	numbers and place	cards?	*Yes *Yes *Yes	No No No	NA NA NA
Were there any vehicle Were there any vehicle Were there any vehicle Were there any vehicle Personnel and Equi Individual	checked "Yes' s which did not d s which were not s which were not ipment	isplay proper D.O.T tarped? decontaminated price Company	numbers and place	cards?	*Yes *Yes *Yes	No No No	NA NA NA
Were there any vehicle Were there any vehicle Were there any vehicle Were there any vehicle Personnel and Equi Individual	checked "Yes' s which did not d s which were not s which were not ipment	isplay proper D.O.T tarped? decontaminated price Company	numbers and place	cards?	*Yes *Yes *Yes	No No No	NA NA NA
Were there any vehicle Were there any vehicle Were there any vehicle Were there any vehicle Personnel and Equi Individual	checked "Yes' s which did not d s which were not s which were not ipment	isplay proper D.O.T tarped? decontaminated price Company	numbers and place	cards?	*Yes *Yes *Yes	No No No	NA NA NA
Were there any vehicle Were there any vehicle Were there any vehicle Were there any vehicle Personnel and Equi Individual	checked "Yes' s which did not d s which were not s which were not ipment	isplay proper D.O.T tarped? decontaminated price Company	numbers and place	cards?	*Yes *Yes *Yes	No No No	NA NA NA
Were there any vehicle Were there any vehicle Were there any vehicle Were there any vehicle Personnel and Equi Individual	checked "Yes' s which did not d s which were not s which were not ipment	isplay proper D.O.T tarped? decontaminated price Company	numbers and place	cards?	*Yes *Yes *Yes	No No No	NA NA NA

Date: 7/14/20

Equipment Descript	ion		Contractor/Vendor		Quantity	Üse	ed
Generator					/		
Generator Geo Plemp More water level , P. I. D. Y. S. J.			THE CONTRACT OF THE CONTRACT O			- j	
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P. I. D.					<del>  /  </del>	<del></del>	
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				WARRANGE ALLIAN LIVER CO.			
www.							***************************************
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Material Description	Imported/ Delivered to Site	Exported off Site	Waste Profile (If Applicable)	Source or Facility (If	r Disposal Applicable)	Daily Loads	Daily Weight (tons)*
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			The state of the s				
*On-Site scale for off-site ship	manus dalivanis	Later to a section	int reseived	<u> </u>			
Equipment/Material Trac			ai received				
ii ee							

Date: 7/14/20 Page **3** of **9** 

Visitors to Site	35.00	7.40	
Name	Representing	Entered	Exclusion/CRZ Zone
		Yes	No
A MATERIAL PROPERTY AND A STATE OF THE STATE		Yes	No
		Yes	No
		Yes	No
14 - 14 - 14 - 14 - 14 - 14 - 14 - 14 -		Yes	No
		Yes	No
Site Representatives			
Name	Representing		
,			
7,77			
Project Schedule Comments			
1 Toject Concuus Comments			
Issues Pending			
issues renaing			
Interaction with Public, Property	Owners, Media, etc.		
College Employee			
Consider the same			

# **DAILY INSPECTION REPORT**

Report No. Franklin Cleaners - NYSDEC Site No.

Date: 7/14/20

Page 4 of 9

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.

Site Photographs (Descriptions Below)	
ASRW 2	ASM w 1
	***************************************

oort No. Fr	FION REPORT ranklin Cleaners - NYSDEC Site No.	Date: 7/14/20	Page 7
			potav
			1
C			
Comments			
		•	
STATE OF THE PROPERTY OF THE P			
Site Inspector(s	)·	Date:	

Date: 7/14/20

# DAILY HEALTH CHECKLIST

Is social distancing being practiced?	Yes 🗸	No □
Is the tail gate safety meeting held outdoors?	Yes∕≰	No □
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

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 □	N¢₩
5. Does the Department and its contractors have your permission to en the property at this time?	ter Yes X	No □
<ul> <li>If Yes to <u>any</u> of 1-4 above:</li> <li>If it is <u>not</u> critical that service/entry be carried out immediately and ca 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>	n Yes □	No □
<u>Comments:</u>		

# **NUISANCE CHECKLIST**

Were there any community complaints related to work on this date?	Yes □	No/X	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∕Æ	N/A□
Any visible dust observed beyond the work perimeter on this date?	Yes □	No₀Z	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/A/Q
Were any property owners NOT provided advance notice for work performed on this property on this date?	Yes 💢	No □	N/Mag
Was the temporary fabric structure closed at the end of the day?	Yes □	No □	N/A/Z
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/AjZ
If yes, has Contractor been notified?	Yes □	No □	N/AX
<u>Comments:</u>			

**NYSDEC Contract No.** Department of NYSDEC **Environmental** C100611 Division of Environmental Remediation Conservation Superintendent: Site Location: Hempstead, New York NYSDEC PM: Payson Long Weather Conditions Consultant PM: Trisha Vicale **General Description** PM Consultant Site Inspectors: Temperature: 800 PM Wind AM PM BY+14 0-15 mph Health & Safety If any box below is checked "Yes", provide explanation under "Health & Safety Comments". \*Yes Were there any changes to the Health & Safety Plan? No NA No Were there any exceedances of the perimeter air monitoring reported on this date? \*Yes NA \*Yes Were there any nuisance issues reported/observed on this date? No NA **Health & Safety Comments Summary of Work Performed** Arrived at site: Departed Site: 1312 730 GWS 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 NA Were there any vehicles which were not tarped? \* Yes NA No Were there any vehicles which were not decontaminated prior to exiting the work site? \* Yes NA Personnel and Equipment Individual Trade **Total Hours** Company Proposo EAB Fareman N 1997

Date: ~ 115120

Equipment Descrip	tion		Contractor/Vendor		Quantity	Use	ed
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703							
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Material Description	Imported/ Delivered to Site	Exported off Site	Waste Profile (If Applicable)	Source of Facility (If	r Disposal Applicable)	Daily Loads	Daily Weight (tons)*
		-					
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*On-Site scale for off-site shi							
			al received				
Equipment/Material Trac			al received				

Visitors to Site				
Name	Re	presenting	Entered	Exclusion/CRZ Zone
1.10 (0.000)		·	Yes	No
			Yes	No
111.			Yes	No
	- MASSAMO 5		Yes	No
Site Representatives	·			
Name		Representing		
	eres de la companya d			·
10.000				LL JAMES SANA VALVALA
				***************************************
			100-100-00-100-10-10-10-10-10-10-10-10-1	
<u> </u>				
Project Schedule Comments				
Project Schedule Comments				
Issues Pending				
Interaction with Public, Property	Owners Media e	te		
ability in the control of the	,			

Report No. Franklin Cleaners - NYSDEC Site No.

Date: 7115/20 Page 4 of 9

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

Report No. Franklin Cleaners - NYSDEC Site No.

\_\_\_\_\_\_\_ Page **5** of **9** 

# Site Photographs (Descriptions Below) ASMW 14

	. LOTTON ICE OICE	_ ' ago ' o
Report No.	Franklin Cleaners - NYSDEC Site No.	Date: 71.5100

	•	
	-	
	•	
Comments		
		Date
Comments  Site Inspector(s):		Date:

# DAILY HEALTH CHECKLIST

Is social distancing being practiced?	Yes 🖄	No □
Is the tail gate safety meeting held outdoors?	Yes ₩	No □
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

	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 😾
	Has anyone at this locaton had contact with anyone known to have COVID-19 in the past 14 days?	Yes □	No 😾
	Does anyone at this locaton have any symptoms of a respiratory infection (e.g., cough, sore throat, fever, or shortness of breath)?	Yes 🗆	No 54
	Does the Department and its contractors have your permission to enter the property at this time?	Yes T	No □
•	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 □
Comme	<u>nts:</u>		

# 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 Ø	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/AF
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/AX
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/AE
If yes, has Contractor been notified?	Yes □	No 🗆	N/A 🔀
<u>Comments:</u>			

# **DAILY INSPECTION REPORT**

Rep

ANYODEO		Carra			NYSDEC	Contrac	t No.
NYSDEC Division of Environm	ental Remedi	ation New York STATE	Department of Environmental Conservation		C100611		
Site Location: Hem	netead Ne	w York			Superintend		
oite Location. 1 ich		er Conditions			NYSDEC P	M: Payson	Long
General Description		1 222		PM	Consultant	PM: Trisha	Vicale
Temperature	KAM	F (AM)		PM	Consultant	Site Inspec	tors:
Wind	B-10			PM	goua,	d Gi	refina
Health & Safety If any box below is			planation under "H	ealth 8	k Safety Co		Q
Were there any change					*Yes	(No)	NA
Were there any exceed	dances of the p	erimeter air monito	oring reported on this d	ate?	*Yes	No	(NA)
Were there any nuisan					*Yes	No	(NA)
Health & Safety Co							
CAN.	V MA	Fister	me				
Equipment/Material		/					
Mete there and denicie							
	s which did no	t display proper D.	lanation under "Ma O.T numbers and place		*Yes	No	(NA)
Nere there any vehicle	es which did not es which were n	t display proper D. not tarped?	O.T numbers and plac	ards?	*Yes	No No	
Were there any vehicle Were there any vehicle	es which did not es which were n es which were n	t display proper D. not tarped?	O.T numbers and plac	ards?	*Yes	No	(NA)
Were there any vehicle Were there any vehicle Personnel and Equ	es which did not es which were n es which were n ipment	t display proper D. not tarped? not decontaminated	O.T numbers and plac	ards? ork site	*Yes * Yes ? * Yes	No No No	NA NA
Were there any vehicle Were there any vehicle	es which did not es which were n es which were n ipment	t display proper D. not tarped?	O.T numbers and plac	ards? ork site	*Yes	No No No	(NA)
Were there any vehicle Were there any vehicle Personnel and Equ	es which did not es which were n es which were n ipment	t display proper D. not tarped? not decontaminated	O.T numbers and plac	ards? ork site	*Yes * Yes ? * Yes	No No No	NA NA
Were there any vehicle Were there any vehicle Personnel and Equ	es which did not es which were n es which were n ipment	t display proper D. not tarped? not decontaminated	O.T numbers and plac	ards? ork site	*Yes * Yes ? * Yes	No No No	NA NA
Were there any vehicle Were there any vehicle Personnel and Equ	es which did not es which were n es which were n ipment	t display proper D. not tarped? not decontaminated	O.T numbers and plac	ards? ork site	*Yes * Yes ? * Yes	No No No	NA NA
Were there any vehicle Were there any vehicle Personnel and Equ	es which did not es which were n es which were n ipment	t display proper D. not tarped? not decontaminated	O.T numbers and plac	ards? ork site	*Yes * Yes ? * Yes	No No No	NA NA
Were there any vehicle Were there any vehicle Personnel and Equ	es which did not es which were n es which were n ipment	t display proper D. not tarped? not decontaminated	O.T numbers and plac	ards? ork site	*Yes * Yes ? * Yes	No No No	NA NA
Were there any vehicle Were there any vehicle Personnel and Equ	es which did not es which were n es which were n ipment	t display proper D. not tarped? not decontaminated	O.T numbers and plac	ards? ork site	*Yes * Yes ? * Yes	No No No	NA NA
Were there any vehicle Were there any vehicle Personnel and Equ	es which did not es which were n es which were n ipment	t display proper D. not tarped? not decontaminated	O.T numbers and plac	ards? ork site	*Yes * Yes ? * Yes	No No No	NA NA
Were there any vehicle Were there any vehicle Personnel and Equ	es which did not es which were n es which were n ipment	t display proper D. not tarped? not decontaminated	O.T numbers and plac	ards? ork site	*Yes * Yes ? * Yes	No No No	NA NA
Were there any vehicle Were there any vehicle Personnel and Equ	es which did not es which were n es which were n ipment	t display proper D. not tarped? not decontaminated	O.T numbers and plac	ards? ork site	*Yes * Yes ? * Yes	No No No	NA NA
Were there any vehicle Were there any vehicle Personnel and Equ	es which did not es which were n es which were n ipment	t display proper D. not tarped? not decontaminated	O.T numbers and plac	ards? ork site	*Yes * Yes ? * Yes	No No No	NA NA
Were there any vehicle Were there any vehicle Personnel and Equ	es which did not es which were n es which were n ipment	t display proper D. not tarped? not decontaminated	O.T numbers and plac	ards? ork site	*Yes * Yes ? * Yes	No No No	NA NA
Were there any vehicle Were there any vehicle Personnel and Equ	es which did not es which were n es which were n ipment	t display proper D. not tarped? not decontaminated	O.T numbers and plac	ards? ork site	*Yes * Yes ? * Yes	No No No	NA NA
Were there any vehicle Were there any vehicle Personnel and Equ	es which did not es which were n es which were n ipment	t display proper D. not tarped? not decontaminated	O.T numbers and plac	ards? ork site	*Yes * Yes ? * Yes	No No No	NA NA
Were there any vehicle Were there any vehicle Personnel and Equ	es which did not es which were n es which were n ipment	t display proper D. not tarped? not decontaminated	O.T numbers and plac	ards? ork site	*Yes * Yes ? * Yes	No No No	NA NA

Equipment Descripti	on		Contractor/Vendor		Quantity	Use	ed
NEOTO TO SMITH THE TOTAL T							
		****					
AUT				11	<u></u>		
			2014/2019/09/09				
The state of the s							
1178-118-118-118-118-118-118-118-118-118							
	1 1						Della
Material Description	Imported/ Delivered to Site	Exported off Site	Waste Profile (If Applicable)	Source of Facility (If	r Disposal Applicable)	Daily Loads	Daily Weight (tons)*
AND THE RESIDENCE OF THE PARTY							
Waltering Town							
**************************************							
				<u> </u>			
*On-Site scale for off-site ship			ial received				
Equipment/Material Track	king Comme	nts:					

Visitors to Site		SCO - 10-10-10-10-10-10-10-10-10-10-10-10-10-1				
Name	Rep	resenting	Entered I	Exclusion/CRZ Zone		
			Yes	No		
			Yes	No		
			Yes	No		
			Yes	No		
			Yes	No		
		4.00	Yes	No		
			Yes	No		
	***************************************		Yes	No		
			Yes	No		
Site Representatives				All sections and the section of the		
Name		Representing				
				www.		
			Mahalika			
Project Schedule Comments						
Issues Pending						
Interaction with Public, Property Owners, Media, etc.						
interaction with rubiic, Property O	wileis, wiedia, etc	<b>/</b> •				

Date: 7124120

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

Site Photographs (Descriptions Below)	

ort No.	Franklin Cleaners - NYSDEC S	Site No.	Date: 7/24/30
			A STATE OF THE STA
,		***************************************	
Comments			
Site Inspector	(s):		Date:

Report No. Franklin Cleaners - NYSDEC Site No. Date: つかける

# DAILY HEALTH CHECKLIST

Are remote/call in job meetings being held in lieu of meeting in person where possible?  Were personal protective gloves, masks, and eye protection being used?  Are sanitizing wipes, wash stations or spray available?  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)?	No □
Were personal protective gloves, masks, and eye protection being used?  Are sanitizing wipes, wash stations or spray available?  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 □″
Are sanitizing wipes, wash stations or spray available?  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 □
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)?	No □
with COVID-19, have recently traveled to restricted areas or countries, or are symptomatic (fever, chills, cough/shortness of breath)?	No □
Commonto	Nov
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 🗆
If Yes	to <u>any</u> of 1-4 above:		
•	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:	I	L

Date: 7/24/20

# **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/AØ
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/A
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 - NYSDEC Site No.

Date: 8.7-20 NYSDEC Contract No. Department of Environmental Conservation C100611 Division of Environmental Remediation Superintendent: Site Location: Hempstead, New York NYSDEC PM: Payson Long **Weather Conditions** Consultant PM: Trisha Vicale **General Description** PM AM Consultant Site Inspectors: Temperature AM PM 75 Wind AM PM Michael Fold WSW @ 8-10 **Health & Safety** If any box below is checked "Yes", provide explanation under "Health & Safety Comments". \*Yes Were there any changes to the Health & Safety Plan? No NA Were there any exceedances of the perimeter air monitoring reported on this date? \*Yes No NA Were there any nuisance issues reported/observed on this date? \*Yes NA No **Health & Safety Comments** Summary of Work Performed Arrived at site: 980 Departed Site: GROUNDSKEEPING & IN ENTON ENSPERTENS. 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? 0 \*Yes NA \* Yes Were there any vehicles which were not tarped? No NA Were there any vehicles which were not decontaminated prior to exiting the work site? \* Yes No NA Personnel and Equipment Individual Company Trade **Total Hours** 

Date: 8.7.20

Report No. Franklin Cleaners - NYSDEC Site No.

**Equipment Description** Contractor/Vendor Quantity Used Imported/ Daily Source or Disposal Facility (If Applicable) **Waste Profile** Exported Daily Weight (tons)\* **Material Description** Delivered off Site Loads (If Applicable) to Site \*On-Site scale for off-site shipment, delivery ticket for material received **Equipment/Material Tracking Comments:** 

Report No. Franklin Cleaners - NYSDEC Site No.

Visitors to Site						
Name	Re	presenting	Entered	Exclusion/CRZ Zone		
			Yes	No		
			Yes	No		
			Yes	No		
			Yes	No		
			Yes	No		
			Yes	No		
			Yes	No		
10			Yes	No		
			Yes	No		
Site Representatives						
Name		Representing				
	¥ 9					
Project Schedule Comments						
Issues Pending						
Interaction with Public, Property C	)wners, Media. e	tc.				

8.7.20

Report No. Franklin Cleaners - NYSDEC Site No. Date:

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

Report No. Franklin Cleaners - NYSDEC Site No.

Report No. Franklin Cleaners - NYSDEC Site No.

Date: 8-7-20

te Photographs (Descriptions Below)	
Before	Before
After	After

# **DAILY INSPECTION REPORT**

Date: 8:70 Page 7 of 9

oort No.	Franklin Cleaners - NYSDEC Site No.	Date: 8:4	7
· ·			
Comments			_
Site Inspector	(s);	Date:	

Report No.

Date: 8.4.2 Page 8 of 9

# DAILY HEALTH CHECKLIST

			_
Is social distancing being practiced?	Yes □	No □	HA
Is the tail gate safety meeting held outdoors?	Yes □	No □	MA
Are remote/call in job meetings being held in lieu of meeting in person where possible?	Yes □	No □	MA
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 🄉	
Comments:			0

# REMEDIAL ACTIVITIES AT PROPERTIES

<ol> <li>Have anyone at this location been tested and confirmed to have COVID-19?</li> </ol>	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 □
<ul> <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 is 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 □	No □

Date: 4.7.79

# **NUISANCE CHECKLIST**

Were there any community complaints related to work on this date?	Yes □	Nox	N/A
Were there any odors detected on this date?	Yes □	No 环	N/A
Was noise outside specification and/or above background on this date?	Yes □	No X	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 5	N/A□
Was turbidity checked at the Montauk Highway outfall?	AM □	РМ 🗆	N/AFC
Were any property owners NOT provided advance notice for work performed on this property on this date?	Yes □	No □	N/ATX
Was the temporary fabric structure closed at the end of the day?	Yes □	No □	N/AX
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/ATA
If yes, has Contractor been notified?	Yes □	No □	N/AT
<u>Comments:</u>			

Report No. Franklin Cleaners - NYSDEC Site No.

Date: 8/19/30 Page 1 of 9

NYSDEC Division of Environm	ental Remedia	tion ST	Department of Environmental Conservation	50	C100611		. 140.		
Site Location: Hempstead, New York						Superintendent:  NYSDEC PM: Payson Long			
(d)	•	r Condition	•		NY SDEC PI	vi: Payson i	_ong		
General Description	PAMI	AM	RAIM	PM	Consultant F	PM: Trisha	Vicale		
Temperature	70	AM	20	PM	Consultant S	Site Inspect	ors:		
Wind		AM	1	PM			infino		
Health & Safety If any box below is	checked "Yes	s". provide	explanation ur	nder "Health &					
Were there any change					*Yes	No 🗸	NA		
Were there any exceed	lances of the per	imeter air mo	nitoring reported	on this date?	*Yes	No C	NA		
Were there any nuisan	ce issues reporte	ed/observed o	on this date?		*Yes	No c	NA		
Health & Safety Cor	mments								
Summary of Work F	Performed	Arrived at	site: 12	CO De	parted Site	· /	150		
Equipment/Material If any box below is	Tracking		VES-F		Franking C	· ·	,		
Were there any vehicle					*Yes	No	NA		
Were there any vehicle			D.O.1 Hullibers	and placarus?	* Yes	No	NA NA		
Were there any vehicle			ated prior to evitin	a the work site?	* Yes	No	NA NA		
Personnel and Equi		GOOGHAM	area prior to exiti	ig the work site.	100	140	10/3		
Individual		Co	mpany	Tes	ade	To	tal Hours		
				***		10	ai riours		
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Quantity	Use	∍d
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e or Disposal (If Applicable)	Daily Loads	Daily Weight (tons)*
		***************************************
		~~~~
***************************************		
		<u> </u>

Report No. Franklin Cleaners - NYSDEC Site No. **Visitors to Site** Name Representing **Entered Exclusion/CRZ Zone** Yes No Yes Yes No No Yes 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.

Report No. Franklin Cleaners - NYSDEC Site No.

Date: 8 (1913) Page 4 of 9

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

After

# Date: 8/10/20 Page 6 of 9 Report No. Franklin Cleaners - NYSDEC Site No. Site Photographs (Descriptions Below) Before Before Before After

	CTION REPORT Franklin Cleaners - NY	SDEC Site No.	Date: 8 /(a/30)	Page <b>7</b>
and at the				
				•
		:		
,				
Comments				
				ALL COLORS
Site Inspector			The state of the s	

Date: Sliglar Page 8 of 9

#### DAILY HEALTH CHECKLIST

		al de la companya de	
Is social distancing being practiced?	Yes 🗗	No □	]
Is the tail gate safety meeting held outdoors?	Yes □	No □	N
Are remote/call in job meetings being held in lieu of meeting in person where possible?	Yes 🗷	No □	1 /
Were personal protective gloves, masks, and eye protection being used?	Yes 🗹	No □	1
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:			1

#### REMEDIAL ACTIVITIES AT PROPERTIES

<ol> <li>Have anyone at this location been tested and confirmed to have COVID-19?</li> </ol>	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 □	Nd
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 🗆
<ul> <li>If Yes to <u>any</u> of 1-4 above:</li> <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 □	No 🗆
<u>Comments:</u>		

Date: 8(19)

#### **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/AØ
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/AZ
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/A 🗹
Were any property owners NOT provided advance notice for work performed on this property on this date?	Yes □	No □	N/AØ
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 🗆
Comments:			
			The state of the s

Report No. Franklin Cleaners - NYSDEC Site No.

Date: 9 /// 2 d Page **1** of **9** 

NYSDEC Division of Environme	ntal Remedia	STATE EN	partment of rironmental isservation		NYSDEC C C100611 Superintender		No.
Site Location: Hemp	ostead, Nev	v York			NYSDEC PM:		na
	Weathe	r Conditions				•	•
General Description	RAW	_ AM		PM	Consultant PM		
Temperature	70;	AM			Consultant Sit		AN 1895
Wind	LIGIO	AM		PM	pavarq	· GUH	<u>ene</u>
Health & Safety If any box below is o	checked "Ye	s", provide expla	nation under "	'Health &	Safety Com	ments".	
Were there any changes	to the Health	& Safety Plan?			*Yes	No 🌌	NA
Were there any exceeda	inces of the per	rimeter air monitorin	g reported on this	s date?	*Yes	No 🎤	NA
Were there any nuisance	e issues reporte	ed/observed on this	date?		*Yes	No .	NA
Health & Safety Com	ments						
Summary of Work Pe	erformed	Arrived at site:	(A)	De S.D.	parted Site:	\वर्	30
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		7/					
Equipment/Material I	Fracking hecked "Yes	s", provide explai	nation under "	Material 1	Γ <mark>r</mark> acking Cor	nments".	
Equipment/Material 1 If any box below is c Were there any vehicles	Fracking hecked "Yes which did not o	", <b>provide expla</b> i display proper D.O.T	nation under "	Material 1	Γracking Cor ★Yes	nments".	NA NA
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Report No. Franklin Cleaners - NYSDEC Site No. **Equipment Description** Contractor/Vendor Quantity Used Imported/ Daily **Waste Profile** Exported Source or Disposal Daily Weight (tons)\* **Material Description** Delivered off Site Facility (If Applicable) Loads (If Applicable) to Site \*On-Site scale for off-site shipment, delivery ticket for material received **Equipment/Material Tracking Comments:** 

Name		Representing	Entered Exclusion/CRZ Zon		
			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					
ssues Pending					
Interaction with Public, Property	/ Owners, Med	ia, etc.			
Interaction with Public, Property	y Owners, Med	ia, etc.			
Interaction with Public, Property	/ Owners, Med	ia, etc.			
Interaction with Public, Property	/ Owners, Med	ia, etc.			
Interaction with Public, Property	/ Owners, Med	ia, etc.			

Date: 911/30

Franklin Cleaners - NYSDEC Site No.

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

Date: 9(1)30 Page **5** of **9** 

Date: 911/20

Site Photographs (Descriptions Below)	
Before	Before
Before	After
After	

	ECTION REPORT Franklin Cleaners - NYSDEC	Site No. Date: 9117	Page
	N N N N N N N N N N N N N N N N N N N		
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Comments			
	or(s):	Date:	

Date: 911120

#### DAILY HEALTH CHECKLIST

Is social distancing being practiced?	Yes 🗹	No □
Is the tail gate safety meeting held outdoors?	Yes 🗹	No □
Are remote/call in job meetings being held in lieu of meeting in person where possible?	Yes i	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

<ol> <li>Have anyone at this location been tested and confirmed to have COVID-19?</li> </ol>	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 🗆
<ul> <li>If Yes to <u>any</u> of 1-4 above:</li> <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 □	No 🗆
<u>Comments:</u>		

# **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/AØ
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/AZ
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/AZ
Was the temporary fabric structure closed at the end of the day?	Yes □	No □	N/AZ
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>			