

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

PERSONNEL ON-SITE	DATE/TIME ON-SITE	TIME OFFSITE	REASON FOR SITE VISIT (CHECK BOX BELOW)	
DG	9/1/20 1020	1230	<input type="checkbox"/> Monitoring	<input checked="" type="checkbox"/> Maintenance
			<input type="checkbox"/> Sampling	<input type="checkbox"/> Other (Provide Description)
			<input type="checkbox"/> Alarm Response	
<b>Description:</b> LAWN Maintenance & FIRE Extinguish & emergency light inspection TREE TRIMMING				
DG	8/19/20 1200	1430	<input type="checkbox"/> Monitoring	<input checked="" type="checkbox"/> Maintenance
			<input type="checkbox"/> Sampling	<input type="checkbox"/> Other (Provide Description)
			<input type="checkbox"/> Alarm Response	
<b>Description:</b> LAWN maintenance				
KL	9/15/20 830	1030	<input type="checkbox"/> Monitoring	<input checked="" type="checkbox"/> Maintenance
			<input type="checkbox"/> Sampling	<input type="checkbox"/> Other (Provide Description)
			<input type="checkbox"/> Alarm Response	
<b>Description:</b> LAWN maintenance + tree trimming; fire EXTINGUISH + EMERGENCY light inspection				

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

PERSONNEL ON-SITE	DATE/TIME ON-SITE	TIME OFFSITE	REASON FOR SITE VISIT (CHECK BOX BELOW)		
MF	28 SEP 20 0830	1045	<input type="checkbox"/> Monitoring	<input checked="" type="checkbox"/> Maintenance	
			<input type="checkbox"/> Sampling	<input type="checkbox"/> Other (Provide Description)	
			<input type="checkbox"/> Alarm Response		
Description: LAWN MAINT.					
RC	10/26/20 11:15	<del>13:45</del>	<input type="checkbox"/> Monitoring	<input checked="" type="checkbox"/> Maintenance	
			<input type="checkbox"/> Sampling	<input type="checkbox"/> Other (Provide Description)	
			<input type="checkbox"/> Alarm Response		
Description: YARD MAINTENANCE					
MF	10/13/20 9:00	1100	<input type="checkbox"/> Monitoring	<input checked="" type="checkbox"/> Maintenance	
			<input type="checkbox"/> Sampling	<input type="checkbox"/> Other (Provide Description)	
			<input type="checkbox"/> Alarm Response		
Description: YARD MAINTENANCE					







**DAILY INSPECTION REPORT**

Report No. Franklin Cleaners - NYSDEC Site No.

Date: 9/15/20

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

**DAILY INSPECTION REPORT**

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

Date: 9/15/20 Page 5 of 9

**DAILY INSPECTION REPORT**

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

Date: **9/15/20**

**Site Photographs (Descriptions Below)**



before



before



after



after

**DAILY INSPECTION REPORT**

Report No. Franklin Cleaners - NYSDEC Site No.

Date: 9/15/20

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

# DAILY INSPECTION REPORT

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

Date: 9/15/20

## 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 checked="" type="checkbox"/>	No <input 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 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: 9/15/20**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 checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Was the temporary fabric structure closed at the end of the day?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Has Contractor failed to protect all foundations and structures adjacent to and adjoining the site which are affected by the excavations or other operations connected with performance of the Work?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
If yes, has Contractor been notified?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
<u>Comments:</u>          			







**DAILY INSPECTION REPORT**

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

Date: *28 SEP 20*

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

**DAILY INSPECTION REPORT**

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

Date: **28 SEP 20**

**DAILY INSPECTION REPORT**

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

Date: **28 SEP 20**

Site Photographs (Descriptions Below)	After Photos
 A photograph showing a chain-link fence in the foreground on the left. Behind the fence is a grassy area with a small, light-colored building with a white door and a roll-up garage door. A large tree with green leaves is on the left side of the frame.	 A wide-angle photograph of a small, light-colored building with a white door and a roll-up garage door, situated on a grassy lawn. A chain-link fence is visible in the background.
	 A photograph of a green electrical cabinet or transformer box located behind a chain-link fence. The area is grassy with scattered brown leaves. Large trees are in the background.

# DAILY INSPECTION REPORT

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

Date: **28 SEP 20**

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

# DAILY INSPECTION REPORT

Report No. Franklin Cleaners - NYSDEC Site No.

Date: 28 SEP 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 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>		

NA  
NA

## REMEDIAL ACTIVITIES AT PROPERTIES

1. Have anyone <u>at this location</u> been tested and confirmed to have COVID-19?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2. Is anyone <u>at this location</u> isolated or quarantined for COVID-19?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
3. Has anyone <u>at this locaton</u> 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 <u>at this locaton</u> 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>		

NA

**DAILY INSPECTION REPORT**

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

Date: **28 SEP 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 type="checkbox"/>
<u>Comments:</u>			







**DAILY INSPECTION REPORT**

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

Date: 10/13/20

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

**DAILY INSPECTION REPORT**

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

Date: 10/13/20

# DAILY INSPECTION REPORT

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

Date: 10/13/20

Site Photographs (Descriptions Below)	

# DAILY INSPECTION REPORT

Report No. Franklin Cleaners - NYSDEC Site No.

Date: 10/13/20

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

# DAILY INSPECTION REPORT

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

Date: 10/13/20

## 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"/>	NA
Are remote/call in job meetings being held in lieu of meeting in person where possible?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA
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"/>	NA
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: 10/13/20

**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 type="checkbox"/>
<u>Comments:</u>			







**DAILY INSPECTION REPORT**

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

Date: 10/24/00

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

**DAILY INSPECTION REPORT**

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

Date: 10/26/20

**DAILY INSPECTION REPORT**

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

Date: 10/20/20

Site Photographs (Descriptions Below)	
	
before	before
	
after	after

**DAILY INSPECTION REPORT**

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

Date: 10/20/20

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

**DAILY INSPECTION REPORT**

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

Date: 10/26/20

**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"/>	NA
Are remote/call in job meetings being held in lieu of meeting in person where possible?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA
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 type="checkbox"/>	No <input type="checkbox"/>	NA
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"/>	NA
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: **10/21/20**

**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 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 checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Was the temporary fabric structure closed at the end of the day?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Has Contractor failed to protect all foundations and structures adjacent to and adjoining the site which are affected by the excavations or other operations connected with performance of the Work?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
If yes, has Contractor been notified?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
<u>Comments:</u>			