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 BELO		
MF	230 NOV 20 8915	1130	Monitoring	Maintenance	
			Sampling	Other (Provide Description)	
			Alarm Response		
Description: ເຂດບາ ໄ	MAINT				
HF	12/31/20 1015	lais	Monitoring	Maintenance	
	1001001100		Sampling	Other (Provide Description)	
			Alarm Response		
Description:	Mainto				
EL IRC	2/3/21 7:30	10:00	Monitoring	Maintenance	
			Sampling	Other (Provide Description)	
			Alarm Response		
Description: SNDU	o removal-	provided s	NR 00068	. 22	

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 BELO	
PL	a/10/a/ 8:30	12:00	Monitoring	Maintenance
			Sampling	Other (Provide Description)
			Alarm Response	
Description:	t wood to	(SHE HOON	SPET.	
			Monitoring	Maintenance
<u></u>		1700-1704-1704-1704-1704-1704-1704-1704-	Sampling	Other (Provide Description)
			Alarm Response	
			Monitoring	Maintenance
			Sampling	Other (Provide Description)
			Alarm Response	
Description:				

NYSDEC Division of Environme		ION 😼	Depar ORK TATE Enviro Conse	tment of inmental rvation		NYSDEC (C100611 Superintende	ent:	
Weather Conditions							•	•
General Description	OVCST - RAD				PM	Consultant P	'M: Trisha\	/icale
Temperature	550	AM			РМ	Consultant S	ite Inspecto	rs: MF
Wind	53W @ 14 G	AM Hos 7			PM			
Health & Safety If any box below is	checked "Yes	", provide	e explana	ation under "H	lealth ઠ	& Safety Con	nments".	
Were there any change	s to the Health &	Safety Pla	n?			*Yes	(No)	NA
Were there any exceed	ances of the peri	meter air m	onitoring	reported on this	date?	*Yes	(NO)	NA
Were there any nuisano	ce issues reporte	d/observed	on this da	ite?		*Yes	(No)	NA
Health & Safety Cor								
Summary of Work F	Porformed	Arrived a	at cita:	9:15		eparted Site:	1 11	:30
Equipment/Material		' provide	explana	tion under "M	laterial	Tracking Co	omments"	
If any box below is	checked "Yes"							
If any box below is Were there any vehicle	checked "Yes" s which did not di	isplay prope				Tracking Co	omments"	NA NA
If any box below is	checked "Yes" s which did not di s which were not	isplay prope tarped?	er D.O.T r	umbers and pla	cards?	*Yes * Yes	(NO)	NA
If any box below is a Were there any vehicle Were there any vehicle Were there any vehicle	checked "Yes" s which did not di s which were not s which were not	isplay prope tarped?	er D.O.T r	umbers and pla	cards?	*Yes * Yes	(No.)	NA NA
If any box below is a Were there any vehicle Were there any vehicle Were there any vehicle Personnel and Equi	checked "Yes" s which did not di s which were not s which were not pment	isplay prope tarped? decontamii	er D.O.T r	umbers and pla	cards? ork site	*Yes * Yes	No No	NA NA NA
If any box below is a Were there any vehicle Were there any vehicle Were there any vehicle	checked "Yes" s which did not di s which were not s which were not pment	isplay prope tarped? decontamii	er D.O.T r	umbers and pla	cards? ork site	*Yes * Yes ? * Yes	No No	NA NA
If any box below is a Were there any vehicle Were there any vehicle Were there any vehicle Personnel and Equi	checked "Yes" s which did not di s which were not s which were not pment	isplay prope tarped? decontamii	er D.O.T r	umbers and pla	cards? ork site	*Yes * Yes ? * Yes	No No	NA NA NA
If any box below is a Were there any vehicle Were there any vehicle Were there any vehicle Personnel and Equi	checked "Yes" s which did not di s which were not s which were not pment	isplay prope tarped? decontamii	er D.O.T r	umbers and pla	cards? ork site	*Yes * Yes ? * Yes	No No	NA NA NA
If any box below is a Were there any vehicle Were there any vehicle Were there any vehicle Personnel and Equi	checked "Yes" s which did not di s which were not s which were not pment	isplay prope tarped? decontamii	er D.O.T r	umbers and pla	cards? ork site	*Yes * Yes ? * Yes	No No	NA NA NA
If any box below is a Were there any vehicle Were there any vehicle Were there any vehicle Personnel and Equi	checked "Yes" s which did not di s which were not s which were not pment	isplay prope tarped? decontamii	er D.O.T r	umbers and pla	cards? ork site	*Yes * Yes ? * Yes	No No	NA NA NA
If any box below is a Were there any vehicle Were there any vehicle Were there any vehicle Personnel and Equi	checked "Yes" s which did not di s which were not s which were not pment	isplay prope tarped? decontamii	er D.O.T r	umbers and pla	cards? ork site	*Yes * Yes ? * Yes	No No	NA NA NA
If any box below is a Were there any vehicle Were there any vehicle Were there any vehicle Personnel and Equi	checked "Yes" s which did not di s which were not s which were not pment	isplay prope tarped? decontamii	er D.O.T r	umbers and pla	cards? ork site	*Yes * Yes ? * Yes	No No	NA NA NA
If any box below is a Were there any vehicle Were there any vehicle Were there any vehicle Personnel and Equi	checked "Yes" s which did not di s which were not s which were not pment	isplay prope tarped? decontamii	er D.O.T r	umbers and pla	cards? ork site	*Yes * Yes ? * Yes	No No	NA NA NA
If any box below is a Were there any vehicle Were there any vehicle Were there any vehicle Personnel and Equi	checked "Yes" s which did not di s which were not s which were not pment	isplay prope tarped? decontamii	er D.O.T r	umbers and pla	cards? ork site	*Yes * Yes ? * Yes	No No	NA NA NA
If any box below is a Were there any vehicle Were there any vehicle Were there any vehicle Personnel and Equi	checked "Yes" s which did not di s which were not s which were not pment	isplay prope tarped? decontamii	er D.O.T r	umbers and pla	cards? ork site	*Yes * Yes ? * Yes	No No	NA NA NA
If any box below is a Were there any vehicle Were there any vehicle Were there any vehicle Personnel and Equi	checked "Yes" s which did not di s which were not s which were not pment	isplay prope tarped? decontamii	er D.O.T r	umbers and pla	cards? ork site	*Yes * Yes ? * Yes	No No	NA NA NA
If any box below is a Were there any vehicle Were there any vehicle Were there any vehicle Personnel and Equi	checked "Yes" s which did not di s which were not s which were not pment	isplay prope tarped? decontamii	er D.O.T r	umbers and pla	cards? ork site	*Yes * Yes ? * Yes	No No	NA NA NA
If any box below is a Were there any vehicle Were there any vehicle Were there any vehicle Personnel and Equi	checked "Yes" s which did not di s which were not s which were not pment	isplay prope tarped? decontamii	er D.O.T r	umbers and pla	cards? ork site	*Yes * Yes ? * Yes	No No	NA NA NA
If any box below is a Were there any vehicle Were there any vehicle Were there any vehicle Personnel and Equi	checked "Yes" s which did not di s which were not s which were not pment	isplay prope tarped? decontamii	er D.O.T r	umbers and pla	cards? ork site	*Yes * Yes ? * Yes	No No	NA NA NA
If any box below is a Were there any vehicle Were there any vehicle Were there any vehicle Personnel and Equi	checked "Yes" s which did not di s which were not s which were not pment	isplay prope tarped? decontamii	er D.O.T r	umbers and pla	cards? ork site	*Yes * Yes ? * Yes	No No	NA NA NA
If any box below is a Were there any vehicle Were there any vehicle Were there any vehicle Personnel and Equi	checked "Yes" s which did not di s which were not s which were not pment	isplay prope tarped? decontamii	er D.O.T r	umbers and pla	cards? ork site	*Yes * Yes ? * Yes	No No	NA NA NA
If any box below is a Were there any vehicle Were there any vehicle Were there any vehicle Personnel and Equi	checked "Yes" s which did not di s which were not s which were not pment	isplay prope tarped? decontamii	er D.O.T r	umbers and pla	cards? ork site	*Yes * Yes ? * Yes	No No	NA NA NA

Date: \\\30\50

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 □	1
Were personal protective gloves, masks, and eye protection being used?	Yes 🗹	No □]
Are sanitizing wipes, wash stations or spray available?	Yes □	NovZ	1
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

Have anyone at this location been tested and confirmed COVID-19?	to have	Yes □	No√
2. Is anyone at this location isolated or quarantined for CO	VID-19?	Yes □	No <table-cell></table-cell>
3. Has anyone at this locaton had contact with anyone known COVID-19 in the past 14 days?		Yes □	No VZ
 Does anyone at this locaton have any symptoms of a resinfection (e.g., cough, sore throat, fever, or shortness of 		Yes □	No 🔽
5. Does the Department and its contractors have your perm the property at this time?	nission to enter	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 immediate be postponed until the risk of COVID-19 is lower, or can accomplished remotely/without entry, postpone or conduction without entry. If it <u>is</u> critical that service/entry be carried out immediatel occupants that as a precaution and for our own protection personnel will be donning appropriate PPE* (including reprotection) - and do so prior to entry. 	be ict service y, advise in, project	Yes □	No □
Comments:			

Date: 11/30/20

Were there any community complaints related to work on this date?	Yes □	Nov	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/AZ
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/AM
Was turbidity checked at the Montauk Highway outfall?	AM □	РМ□	N/AM
Were any property owners NOT provided advance notice for work performed on this property on this date?	Yes □	No □	N/A\Q
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>			

DAILY INSPECTION REPORT

Report No. Franklin Cleaners - NYSDEC Site No.

Date: | 12 | 3 | \Ze | Page 1 of 9

NYSDEC Division of Environme	ental Remediat	NEW YORK STATE Enviro	tment of onmental rvation		NYSDEC Co	
Site Location: Hem	Superintendent: NYSDEC PM: Payson Long					
		r Conditions				,
General Description	RATH	AM		PM	Consultant PM	: Trisha Vicale
Temperature	480	AM		PM	Consultant Site	e Inspectors:
Wind	YES!	AM		PM		
Health & Safety If any box below is	checked "Yes	s", provide explana	ation under "He	ealth &	Safety Comr	ments".
Were there any change					*Yes	No NA
Were there any exceed	ances of the peri	imeter air monitoring r	eported on this d	ate?	*Yes	No NA
Were there any nuisand	ce issues reporte	d/observed on this da	ite?		*Yes	No NA
Health & Safety Cor	nments					
Summary of Work P	Performed	Arrived at site:	1015	De	eparted Site:	1195
Equipment/Material	Tracking					~
Equipment/Material	checked "Yes'					
If any box below is a Were there any vehicles	checked "Yes' s which did not d	isplay proper D.O.T n			*Yes	No NA
If any box below is a Were there any vehicles. Were there any vehicles	checked "Yes' s which did not d s which were not	isplay proper D.O.T n tarped?	umbers and place	ards?	*Yes	No NA NA
If any box below is a Were there any vehicles Were there any vehicles Were there any vehicles	checked "Yes' s which did not d s which were not s which were not	isplay proper D.O.T n tarped?	umbers and place	ards?	*Yes	No NA
If any box below is a Were there any vehicles. Were there any vehicles	checked "Yes' s which did not d s which were not s which were not	isplay proper D.O.T n tarped?	umbers and place	ards?	*Yes	No NA NA
Were there any vehicles Were there any vehicles Were there any vehicles	checked "Yes' s which did not d s which were not s which were not pment	isplay proper D.O.T n tarped?	umbers and place	ards? ork site?	*Yes	No NA NA
Were there any vehicles Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi	checked "Yes' s which did not d s which were not s which were not pment	isplay proper D.O.T n tarped? decontaminated prior	umbers and place	ards? ork site?	*Yes *Yes *Yes	No NA NA NO NA
Were there any vehicles Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi	checked "Yes' s which did not d s which were not s which were not pment	isplay proper D.O.T n tarped? decontaminated prior	umbers and place	ards? ork site?	*Yes *Yes *Yes	No NA NA NO NA
Were there any vehicles Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi	checked "Yes' s which did not d s which were not s which were not pment	isplay proper D.O.T n tarped? decontaminated prior	umbers and place	ards? ork site?	*Yes *Yes *Yes	No NA NA NO NA
If any box below is a Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi	checked "Yes' s which did not d s which were not s which were not pment	isplay proper D.O.T n tarped? decontaminated prior	umbers and place	ards? ork site?	*Yes *Yes *Yes	No NA NA NO NA
If any box below is a Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi	checked "Yes' s which did not d s which were not s which were not pment	isplay proper D.O.T n tarped? decontaminated prior	umbers and place	ards? ork site?	*Yes *Yes *Yes	No NA NA NO NA
If any box below is a Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi	checked "Yes' s which did not d s which were not s which were not pment	isplay proper D.O.T n tarped? decontaminated prior	umbers and place	ards? ork site?	*Yes *Yes *Yes	No NA NA NO NA
If any box below is a Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi	checked "Yes' s which did not d s which were not s which were not pment	isplay proper D.O.T n tarped? decontaminated prior	umbers and place	ards? ork site?	*Yes *Yes *Yes	No NA NA NO NA
Were there any vehicles Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi	checked "Yes' s which did not d s which were not s which were not pment	isplay proper D.O.T n tarped? decontaminated prior	umbers and place	ards? ork site?	*Yes *Yes *Yes	No NA NA NO NA
Were there any vehicles Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi	checked "Yes' s which did not d s which were not s which were not pment	isplay proper D.O.T n tarped? decontaminated prior	umbers and place	ards? ork site?	*Yes *Yes *Yes	No NA NA NO NA
Were there any vehicles Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi	checked "Yes' s which did not d s which were not s which were not pment	isplay proper D.O.T n tarped? decontaminated prior	umbers and place	ards? ork site?	*Yes *Yes *Yes	No NA NA NO NA
Were there any vehicles Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi	checked "Yes' s which did not d s which were not s which were not pment	isplay proper D.O.T n tarped? decontaminated prior	umbers and place	ards? ork site?	*Yes *Yes *Yes	No NA NA NO NA
Were there any vehicles Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi	checked "Yes' s which did not d s which were not s which were not pment	isplay proper D.O.T n tarped? decontaminated prior	umbers and place	ards? ork site?	*Yes *Yes *Yes	No NA NA NO NA
Were there any vehicles Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi	checked "Yes' s which did not d s which were not s which were not pment	isplay proper D.O.T n tarped? decontaminated prior	umbers and place	ards? ork site?	*Yes *Yes *Yes	No NA NA NO NA
Were there any vehicles Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi	checked "Yes' s which did not d s which were not s which were not pment	isplay proper D.O.T n tarped? decontaminated prior	umbers and place	ards? ork site?	*Yes *Yes *Yes	No NA NA NO NA
Were there any vehicles Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi	checked "Yes' s which did not d s which were not s which were not pment	isplay proper D.O.T n tarped? decontaminated prior	umbers and place	ards? ork site?	*Yes *Yes *Yes	No NA NA NO NA
If any box below is a Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi	checked "Yes' s which did not d s which were not s which were not pment	isplay proper D.O.T n tarped? decontaminated prior	umbers and place	ards? ork site?	*Yes *Yes *Yes	No NA NA NO NA

Date: 12131120 Page 8 of 9

DAILY HEALTH CHECKLIST

Is social distancing being practiced?	Yes □	N(□
Is the tail gate safety meeting held outdoors?	Yes □	NO D
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 D	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 (1)
Comments:		

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 □ N	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	No\Z
5. Does the Department and its contractors have your permission to enter the property at this time? Yes ✓ N	No □
If Yes to any 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. 	No □
Comments:	

Date: |2|31|20 Page 9 of 9

Were there any community complaints related to work on this date?	Yes □	No D	N/A□
Were there any odors detected on this date?	Yes □	Nov	N/A□
Was noise outside specification and/or above background on this date?	Yes □	No □	N/A\Z
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/AV
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/AE
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/AM
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/AM
If yes, has Contractor been notified?	Yes □	No □	N/A□
<u>Comments:</u>			

DAILY INSPECTION REPORT

Report No. Franklin Cleaners - NYSDEC Site No.

Date: 213/21

Page 1 of 9

NYSDEC Division of Environmental Remedia	tion New York STATE Enviro	tment of enmental rvation	NYSDEC (C100611	Contract	No.
Ou I I I I I I I I I I I I I I I I I I I	·		Superintende	nt:	
Site Location: Hempstead, Nev			NYSDEC PM	: Payson l	Long
	r Conditions	P	Consultant P	M: Trisha	Vicale
General Description Cooy Temperature 3 40	AM COCO	P		te Inspect	ors: 0 /)
Wind 15 mpl+		P			FL/2
Health & Safety If any box below is checked "Yes		ation under "Healt	h & Safety Con	nments".	
Were there any changes to the Health	& Safety Plan?		*Yes	No	NA
Were there any exceedances of the per	rimeter air monitoring r	eported on this date?	? *Yes	No	NA
Were there any nuisance issues reporte	ed/observed on this da	te?	*Yes	(No)	NA
Health & Safety Comments			•		
Summary of Work Performed	Arrived at site:	07:30	Departed Site:	10	:30
SNOW REI					
Equipment/Material Tracking					
If any box below is checked "Yes					
If any box below is checked "Yes Were there any vehicles which did not of	display proper D.O.T n		? *Yes	No	(NA)
If any box below is checked "Yes Were there any vehicles which did not of Were there any vehicles which were no	display proper D.O.T n t tarped?	umbers and placards	? *Yes * Yes		NA NA
If any box below is checked "Yes Were there any vehicles which did not of Were there any vehicles which were no Were there any vehicles which were no	display proper D.O.T n t tarped?	umbers and placards	? *Yes * Yes	No No	(NA)
If any box below is checked "Yes Were there any vehicles which did not of Were there any vehicles which were no Were there any vehicles which were no Personnel and Equipment	display proper D.O.T n t tarped? t decontaminated prior	umbers and placards	? *Yes * Yes	No No No	NA NA
If any box below is checked "Yes Were there any vehicles which did not of Were there any vehicles which were no Were there any vehicles which were no	display proper D.O.T n t tarped?	umbers and placards	*Yes	No No No	NA NA NA
If any box below is checked "Yes Were there any vehicles which did not of Were there any vehicles which were no Were there any vehicles which were no Personnel and Equipment Individual	display proper D.O.T n t tarped? t decontaminated prior	umbers and placards	*Yes * Yes iite? * Yes Trade TECH	No No No	NA NA NA
If any box below is checked "Yes Were there any vehicles which did not of Were there any vehicles which were no Were there any vehicles which were no Personnel and Equipment Individual	display proper D.O.T n t tarped? t decontaminated prior	umbers and placards	*Yes * Yes ite? * Yes	No No No	NA NA NA
If any box below is checked "Yes Were there any vehicles which did not of Were there any vehicles which were no Were there any vehicles which were no Personnel and Equipment Individual	display proper D.O.T n t tarped? t decontaminated prior	umbers and placards	*Yes * Yes iite? * Yes Trade TECH	No No No	NA NA NA
If any box below is checked "Yes Were there any vehicles which did not of Were there any vehicles which were no Were there any vehicles which were no Personnel and Equipment Individual	display proper D.O.T n t tarped? t decontaminated prior	umbers and placards	*Yes * Yes iite? * Yes Trade TECH	No No No	NA NA NA
If any box below is checked "Yes Were there any vehicles which did not of Were there any vehicles which were no Were there any vehicles which were no Personnel and Equipment Individual	display proper D.O.T n t tarped? t decontaminated prior	umbers and placards	*Yes * Yes iite? * Yes Trade TECH	No No No	NA NA NA
If any box below is checked "Yes Were there any vehicles which did not of Were there any vehicles which were no Were there any vehicles which were no Personnel and Equipment Individual	display proper D.O.T n t tarped? t decontaminated prior	umbers and placards	*Yes * Yes iite? * Yes Trade TECH	No No No	NA NA NA
If any box below is checked "Yes Were there any vehicles which did not of Were there any vehicles which were no Were there any vehicles which were no Personnel and Equipment Individual	display proper D.O.T n t tarped? t decontaminated prior	umbers and placards	*Yes * Yes iite? * Yes Trade TECH	No No No	NA NA NA
If any box below is checked "Yes Were there any vehicles which did not of Were there any vehicles which were no Were there any vehicles which were no Personnel and Equipment Individual	display proper D.O.T n t tarped? t decontaminated prior	umbers and placards	*Yes * Yes itte? * Yes Trade TECH	No No No	NA NA NA
If any box below is checked "Yes Were there any vehicles which did not of Were there any vehicles which were no Were there any vehicles which were no Personnel and Equipment Individual	display proper D.O.T n t tarped? t decontaminated prior	umbers and placards	*Yes * Yes itte? * Yes Trade TECH	No No No	NA NA NA
If any box below is checked "Yes Were there any vehicles which did not of Were there any vehicles which were no Were there any vehicles which were no Personnel and Equipment Individual	display proper D.O.T n t tarped? t decontaminated prior	umbers and placards	*Yes * Yes itte? * Yes Trade TECH	No No No	NA NA NA
If any box below is checked "Yes Were there any vehicles which did not of Were there any vehicles which were no Were there any vehicles which were no Personnel and Equipment Individual	display proper D.O.T n t tarped? t decontaminated prior	umbers and placards	*Yes * Yes itte? * Yes Trade TECH	No No No	NA NA NA
If any box below is checked "Yes Were there any vehicles which did not of Were there any vehicles which were no Were there any vehicles which were no Personnel and Equipment Individual	display proper D.O.T n t tarped? t decontaminated prior	umbers and placards	*Yes * Yes itte? * Yes Trade TECH	No No No	NA NA NA
If any box below is checked "Yes Were there any vehicles which did not of Were there any vehicles which were no Were there any vehicles which were no Personnel and Equipment Individual	display proper D.O.T n t tarped? t decontaminated prior	umbers and placards	*Yes * Yes itte? * Yes Trade TECH	No No No	NA NA NA
If any box below is checked "Yes Were there any vehicles which did not of Were there any vehicles which were no Were there any vehicles which were no Personnel and Equipment Individual	display proper D.O.T n t tarped? t decontaminated prior	umbers and placards	*Yes * Yes itte? * Yes Trade TECH	No No No	NA NA NA

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:		

 Have anyone at this location been tested and confirmed to have COVID-19? 	Yes □	Nov
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 e the property at this time?	nter 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 of 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. 	ean Yes □	No □
Comments:		I

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 □	PM 🗆 🗸	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 🗆
Comments:			

Date: 2/10/21 **NYSDEC Contract No.** Department of Environmental Conservation NYSDEC C100611 Division of Environmental Remediation Superintendent: Site Location: Hempstead, New York NYSDEC PM: Payson Long **Weather Conditions** Consultant PM: Trisha Vicale General Description Part y doudy PM PM Consultant Site Inspectors: D) Temperature Wind AM PM **Health & Safety** If any box below is checked "Yes", provide explanation under "Health & Safety Comments". Were there any changes to the Health & Safety Plan? *Yes (ولا NA (NA *Yes No Were there any exceedances of the perimeter air monitoring reported on this date? Were there any nuisance issues reported/observed on this date? *Yes No NA **Health & Safety Comments** Meet w/ Wood Environmental / transfer of site Summary of Work Performed 1200 **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 No Were there any vehicles which were not tarped? * Yes Were there any vehicles which were not decontaminated prior to exiting the work site? No NA Personnel and Equipment Individual Company Trade **Total Hours** E.A.R. Electrician FIE LOMBATE

Visitors to Site					
Λ Name	Represent	ng Entered	Entered Exclusion/CRZ Zone		
Min boles	WOOD PLC	Yes	No		
KATIE AMANN	Wood	Yes	No		
		Yes	No		
		Yes	No		
		Yes	No		
		Yes	No		
		Yes	No		
		Yes	No		
		Yes	No		
Site Representatives					
Name	Repre	senting			
Vete Lombardo		5, A.R.			

- 10					
·····					
Project Schedule Comments					
Issues Pending					
Interaction with Public, Property Owners, Media, etc.					

Date: 2102 Page 8 of 9

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:		

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 M
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:		

Were there any community complaints related to work on this date?	Yes □	No	N/A□
Were there any odors detected on this date?	Yes □	NooZ	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 □	No₀Z′	N/A□
Any visible dust observed beyond the work perimeter on this date?	Yes □	Nook	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/AX
Were any property owners NOT provided advance notice for work performed on this property on this date?	Yes □	No 🗆	N/ASC
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/AZ
If yes, has Contractor been notified?	Yes □	No □	N/ANZ
Comments:			