

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	12/30/20 0915	1130	<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.				
MF	12/31/20 1015	1215	<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.				
EL/RC	2/3/21 7:30	10:00	<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: snow removal - provided site access.				

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PERSONNEL ON-SITE	DATE/TIME ON-SITE	TIME OFFSITE	REASON FOR SITE VISIT (CHECK BOX BELOW)	
DL	2/10/21 8:30	12:00	<input type="checkbox"/> Monitoring	<input type="checkbox"/> Maintenance
			<input type="checkbox"/> Sampling	<input checked="" type="checkbox"/> Other (Provide Description)
			<input type="checkbox"/> Alarm Response	
Description: Meet wood for site transfer.				
			<input type="checkbox"/> Monitoring	<input type="checkbox"/> Maintenance
			<input type="checkbox"/> Sampling	<input type="checkbox"/> Other (Provide Description)
			<input type="checkbox"/> Alarm Response	
Description:				
			<input type="checkbox"/> Monitoring	<input type="checkbox"/> Maintenance
			<input type="checkbox"/> Sampling	<input type="checkbox"/> Other (Provide Description)
			<input type="checkbox"/> Alarm Response	
Description:				

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

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Date: 11/30/20

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DAILY INSPECTION REPORTReport No. **Franklin Cleaners - NYSDEC Site No.**Date: **11/30/20** 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"/>	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 checked="" type="checkbox"/>	
Have any workers/visitors been excluded based on close contact with individuals diagnosed with COVID-19, have recently traveled to restricted areas or countries, or are symptomatic (fever, chills, cough/shortness of breath)?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
Comments:			

REMEDIAL ACTIVITIES AT PROPERTIES

1. Have anyone at this location been tested and confirmed to have COVID-19?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2. Is anyone at this location isolated or quarantined for COVID-19?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
3. Has anyone at this locaton had contact with anyone known to have COVID-19 in the past 14 days?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
4. Does anyone at this locaton have any symptoms of a respiratory infection (e.g., cough, sore throat, fever, or shortness of breath)?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
5. Does the Department and its contractors have your permission to enter the property at this time?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If Yes to <u>any</u> of 1-4 above: <ul style="list-style-type: none"> If it is <u>not</u> critical that service/entry be carried out immediately and can be postponed until the risk of COVID-19 is lower, or can be accomplished remotely/without entry, postpone or conduct service without entry. If it <u>is</u> critical that service/entry be carried out immediately, advise occupants that as a precaution and for our own protection, project personnel will be donning appropriate PPE* (including respiratory protection) - and do so prior to entry. 	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Comments:		

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


Date: 11/30/20

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 type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Were vibration readings outside specification and/or above background on this date?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Any visible dust observed beyond the work perimeter on this date?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Any visible contrast (turbidity) beyond engineering controls observed on this date?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Was turbidity checked at the Montauk Highway outfall?	AM <input type="checkbox"/>	PM <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Were any property owners NOT provided advance notice for work performed on this property on this date?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Was the temporary fabric structure closed at the end of the day?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Has Contractor failed to protect all foundations and structures adjacent to and adjoining the site which are affected by the excavations or other operations connected with performance of the Work?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
If yes, has Contractor been notified?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
<u>Comments:</u>			

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

Date: 12/31/20 Page 1 of 9



Department of
Environmental
Conservation

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DAILY INSPECTION REPORTReport No. **Franklin Cleaners - NYSDEC Site No.**Date: **12/31/20** Page 8 of 9**DAILY HEALTH CHECKLIST**

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

Date: 12/31/20 Page 9 of 9

NUISANCE CHECKLIST

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

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DAILY INSPECTION REPORTReport No. **Franklin Cleaners - NYSDEC Site No.**Date: **2/3/21**

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Report No. Franklin Cleaners - NYSDEC Site No.

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Report No. Franklin Cleaners - NYSDEC Site No.

Date: 2/10/21



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DAILY INSPECTION REPORT

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Report No. **Franklin Cleaners - NYSDEC Site No.**Date: **2/10/21****Visitors to Site**

Name	Representing	Entered Exclusion/CRZ Zone	
		Yes	No
M. M. Bates	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	Representing
Pete Lombardo	E.A.R.

Project Schedule Comments**Issues Pending****Interaction with Public, Property Owners, Media, etc.**Department of
Environmental
Conservation

DAILY INSPECTION REPORTReport No. **Franklin Cleaners - NYSDEC Site No.**Date: **2/10/21**

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

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