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| NYSDECDivision of Environmental Remediation  | **NYSDEC Contract No. D011107** Superintendent: NYSDEC PM: P. LongConsultant PM: M. WrightConsultant Site Inspectors: J. Brown |
| **Site Location:** 110 Cutter Mill Rd, Great Neck, NY |
| **Weather Conditions** |
| **General Description** | overcast | AM | n/a | PM |
| **Temperature** | 44 | AM | n/a | PM |
| **Wind**  | NW | AM | n/a | 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  | 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  | No  | NA  |
| **Health & Safety Comments** |
|  |
| **Summary of Work Performed** | Arrived at site: | 0615 | Departed Site: | 0945 |
| Onsite for routine monthly O&M of GWETS and SVE systems include GWETS water sampling and water level gauging at monitoring wells. |
| **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  | NA  |
| Were there any vehicles which were not tarped? | \* Yes  | 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** |
| Jason Brown | EAR | Technician | 3.5 |
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| **Equipment Description** | **Contractor/Vendor** | **Quantity** | **Used** |
| Transit/van | EAR | 1 | Yes |
| PID | EAR | 1 | Yes |
| AVM | EAR | 1 | Yes |
| 4-gas meter | EAR | 1 | Yes |
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| **Material Description** | **Imported/Delivered to Site** | **Exported off Site** | **Waste Profile****(If Applicable)** | **Source or Disposal Facility (If Applicable)** | **Daily Loads** | **Daily Weight (tons)\*** |
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| \*On-Site scale for off-site shipment, delivery ticket for material received |
| **Equipment/Material Tracking Comments:** |
| **Visitors to Site** |
| **Name** | **Representing** | **Entered Exclusion/CRZ Zone** |
|  |  | **Yes**  | **No**  |
|  |  | **Yes**  | **No**  |
|  |  | **Yes**  | **No**  |
|  |  | **Yes**  | **No**  |
|  |  | **Yes**  | **No**  |
|  |  | **Yes**  | **No**  |
|  |  | **Yes**  | **No**  |
|  |  | **Yes**  | **No**  |
|  |  | **Yes**  | **No**  |
| **Site Representatives**  |
| **Name** | **Representing** |
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| **Project Schedule Comments** |
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| **Issues Pending** |
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| **Interaction with Public, Property Owners, Media, etc.**  |
| N/A. Warehouse closed – unable to access vapor monitoring points. |

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

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| **Site Photographs (Descriptions Below)** |
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| **Comments** |
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| **Site Inspector(s):**  JB | **Date: 4/15/20** |

DAILY HEALTH CHECKLIST

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| Is social distancing being practiced? | Yes [x]  | No [ ]  |
| Is the tail gate safety meeting held outdoors? | Yes [x]  | No [ ]  |
| Are remote/call in job meetings being held in lieu of meeting in person where possible? | Yes [x]  | No [ ]  |
| Were personal protective gloves, masks, and eye protection being used? | Yes [x]  | No [ ]  |
| Are sanitizing wipes, wash stations or spray available? | Yes [x]  | 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 [x]  |
| Comments:  |

REMEDIAL ACTIVITIES AT PROPERTIES

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| --- | --- | --- |
| 1. Have anyone at this location been tested and confirmed to have COVID-19?
 | Yes [ ]  | No [x]  |
| 1. Is anyone at this location isolated or quarantined for COVID-19?
 | Yes [ ]  | No [x]  |
| 1. Has anyone at this locaton had contact with anyone known to have COVID-19 in the past 14 days?
 | Yes [ ]  | No [x]  |
| 1. Does anyone at this locaton have any symptoms of a respiratory infection (e.g., cough, sore throat, fever, or shortness of breath)?
 | Yes [ ]  | No [x]  |
| 1. Does the Department and its contractors have your permission to enter the property at this time?
 | Yes [ ]  | No [ ]  |
| If Yes to any of 1-4 above:* If it is not 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 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.
 | Yes [ ]  | No [ ]  |
| Comments:  |

NUISANCE CHECKLIST

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| --- | --- | --- | --- |
| 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 [x]  | N/A[ ]  |
| Was noise outside specification and/or above background on this date? | Yes [ ]  | No [ ]  | N/A[x]  |
| Were vibration readings outside specification and/or above background on this date? | Yes [ ]  | No [ ]  | N/A[x]  |
| Any visible dust observed beyond the work perimeter on this date? | Yes [ ]  | No [ ]  | N/A[x]  |
| Any visible contrast (turbidity) beyond engineering controls observed on this date? | Yes [ ]  | No [ ]  | N/A[x]  |
| Was turbidity checked at the Montauk Highway outfall? | AM [ ]  | PM [ ]  | N/A[x]  |
| Were any property owners NOT provided advance notice for work performed on this property on this date?  | Yes [ ]  | No [ ]  | N/A[x]  |
| Was the temporary fabric structure closed at the end of the day? | Yes [ ]  | No [ ]  | N/A[x]  |
| 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[x]  |
| If yes, has Contractor been notified? | Yes [ ]  | No [ ]  | N/A[x]  |
| Comments:  |