|  |  |
| --- | --- |
| NYSDECDivision of Environmental Remediation  | **NYSDEC Contract No. C100611** Superintendent: NYSDEC PM: P. LongConsultant PM: I. HofmannConsultant Site Inspectors: P. Lombardo, M. Ford |
| **Site Location:** 1 Adams Blvd, E. Farmingdale, NY |
| **Weather Conditions** |
| **General Description** | Partly cloudy | AM | Fair | PM |
| **Temperature** | 82 | AM | 86 | PM |
| **Wind**  | SW | AM | SW | 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: | 0700 | Departed Site: | 1445 |
| Conducted monthly systems O&M at SVE system and offsite DDC (#3) system. Continued troubleshooting at DDC#1. DDC#3 off upon arrival. Cause of shutdown undetermined – possible power outage. System restarted and operating upon departure.DDC#1 PLC program modified and uploaded to PLC. T-shooting assistance via phone w/ EOS. Removed false alarm conditions. VFD needs rewiring.Mowed grass at compounds.(PL onsite at 0700-1330). |
| **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** |
| Pete Lombardo | EAR | Foreman | 6.5 |
| Mike Ford | EAR | Technician | 6.5 |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Equipment Description** | **Contractor/Vendor** | **Quantity** | **Used** |
| Sedan | EAR | 1 | Yes |
| Pickup truck | EAR | 1 | Yes |
| Photoionization Detector | EAR | 1 | Yes |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Material Description** | **Imported/Delivered to Site** | **Exported off Site** | **Waste Profile****(If Applicable)** | **Source or Disposal Facility (If Applicable)** | **Daily Loads** | **Daily Weight (tons)\*** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| \*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** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **Project Schedule Comments** |
|  |
| **Issues Pending** |
|  |
| **Interaction with Public, Property Owners, Media, etc.**  |
| N/A |

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

|  |
| --- |
| **Site Photographs (Descriptions Below)** |
| A large green field with trees in the background  Description automatically generated | A tree in a park  Description automatically generated |
| Offsite DDC compound | Offsite DDC compound |
|  |  |
|  |  |
|  |  |
|  |  |

|  |  |
| --- | --- |
|  |  |
|  |  |
|  |  |
|  |  |
| **Comments** |
|  |
| **Site Inspector(s):**  MF, PL | **Date: 8/3/20** |

DAILY HEALTH CHECKLIST

|  |  |  |
| --- | --- | --- |
| 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

|  |  |  |
| --- | --- | --- |
| 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

|  |  |  |  |
| --- | --- | --- | --- |
| 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:  |