Report No. (Site Name) - NYSDEC Site No.31408 Date: 6-17-20

Now Corp. **NYSDEC** Department of Environmental Conservation NYSDEC Contract No. Division of Environmental Remediation D011107 Site Location: West Islip, New York Clinton Superintendent: NYSDEC PM: Payson Long **Weather Conditions** General Description AM Consultant PM: PM Temperature AM Consultant Site Inspectors: PM Wind AM Pat Sakelowski (PES) **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 Were there any exceedances of the perimeter air monitoring reported on this date? No NA *Yes Were there any nuisance issues reported/observed on this date? No NA *Yes No NA **Health & Safety Comments** NONE **Summary of Work Performed** Arrived at site: 0800 Departed Site: 1230 - System check and sample - weed washed **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? 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 *Yes No Personnel and Equipment NA Individual Company Trade Patrick Sokolowski Total Hours Precision Teck 4,5 choke



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	iption	 	Contractor/Vendor		Quantity		Used
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	Imported/						
Material Description	Imported/ Delivered to Site	Exported off Site	Waste Profile (If Applicable)	Source or D	isposal	Daily Loads	Daily Weigh
Material Description	Delivered	Exported off Site		Source or D Facility (If Ap	isposal plicable)	Daily Loads	Daily Weigh (tons)
Material Description	Delivered	Exported off Site		Source or D Facility (If Ap	isposal plicable)	Daily Loads	Daily Weigh (tons)
Material Description	Delivered	Exported off Site		Source or D Facility (If Ap	risposal plicable)	Daily Loads	Daily Weigh (tons)
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	Delivered to Site		(If Applicable)	Source or D Facility (If Ap	isposal plicable)	Daily	Daily Weigh (tons)
	Delivered to Site		(If Applicable)	Source or D Facility (If Ap	isposal plicable)	Daily	Daily Weigh (tons)
Site scale for off-site shipm	Delivered to Site	cket for material	(If Applicable)	Source or D Facility (If Ap	isposal plicable)	Daily	Daily Weigh (tons)
	Delivered to Site	cket for material	(If Applicable)	Source or D Facility (If Ap	isposal plicable)	Daily	Daily Weigh (tons)
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Site scale for off-site shipm	Delivered to Site	cket for material	(If Applicable)	Source or D Facility (If Ap	isposal plicable)	Daily	Daily Weigh (tons)

Report No. (Site Name) - NYSDEC Site No. 314008 Date: 6-17-20

Visitors to Site				
NONE				
Name		Representing	F	
		- Processing		Exclusion/CRZ
			Yes	No
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			Yes	No
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NONE				
NONE				



DAILY INSPECTION REPORT

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(Site Name) - NYSDEC Site No. 314008 Date: 6-17-20

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



Report No. (Site Name) - NYSDEC Site No. 314008

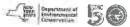
Date: 6-17-20

DAILY INSPECTION REPORT

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Report No. (Site Name) - NYSDEC Site No.314008 Date: 6-17-28 Now Carp.

	Site Photographs (Descriptions Below)	
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Report No. (Site Name) - NYSDEC Site No. 314008 Date: 6-17-20

Now Cosp Comments Site Inspector(s): Date:



(Site Name) - NYSDEC Site No. 314008 Date: 6-17-20

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DAILY HEALTH CHECKLIST

Is the tail gate safety meeting held outdoors? Are remote/call in job meetings being held in lieu of meeting in person where possible? Were personal protective gloves, masks, and eye protection being used? Are sanitizing wipes, wash stations or spray available? 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)?	Is social distancing being practiced?	Yes □	No 🗆	N
Are remote/call in job meetings being held in lieu of meeting in person where possible? Were personal protective gloves, masks, and eye protection being used? Are sanitizing wipes, wash stations or spray available? 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)?	Is the tail gate safety meeting held outdoors?		+	NA
Were personal protective gloves, masks, and eye protection being used? Are sanitizing wipes, wash stations or spray available? 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)?	Are remote/call in job meetings being held in lieu of meeting in person where possible?			-
Are sanitizing wipes, wash stations or spray available? 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 I	Were personal protective gloves, masks, and eye protection being used?		+	-
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)?	Are sanitizing wipes, wash stations or spray available?	+	 	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)?			1
Comments:	Comments:		<u> </u>	-

REMEDIAL ACTIVITIES AT PROPERTIES

4			
	Have anyone at this location been tested and confirmed to have COVID-19?	Yes 🗆	No
<u>. </u>	Is anyone at this location isolated or quarantined for COVID-19?	Yes 🗆	No Ki
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 □
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 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 □
Comme	ents:	L	

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NUISANCE CHECKLIST

Were there any community complaints related to work on this date?	 		· <u> </u>
Were there any odors detected on this date?	Yes □	No □	N/AK
	Yes □	No □	N/AK)
Was noise outside specification and/or above background on this date?	Yes 🗆	No □	N/AK
Were vibration readings outside specification and/or above background on this date?	Yes □	No □	N/AW
Any visible dust observed beyond the work perimeter on this date?	Yes □	 -	
Any visible contrast (turbidity) beyond engineering controls observed on this date?		No 🗆	N/AIX
Was turbidity checked at the Montauk Highway outfall?	Yes 🗆	No 🗆	N/A 🔣
Were any property owners NOT provided advance notice for work performed on this	AM 🗆	PM 🗆	N/A
property on this date;	Yes 🗆	No □	N/AI
Was the temporary fabric structure closed at the end of the day?	Yes □		
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?	\ \\\\		
Comments:	Yes 🗆	No 🗆	N/A.