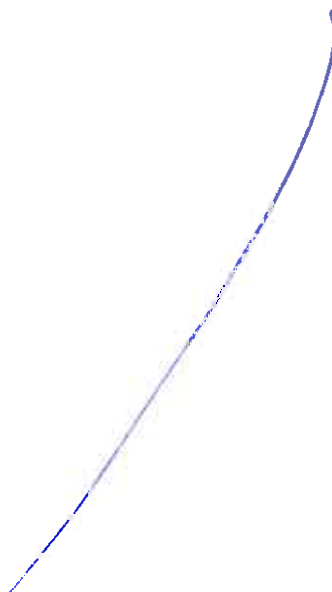


DAILY INSPECTION REPORT

Report No. _____ (Site Name) - NYSDEC Site No. 3-14-008 Date: 6-3-20

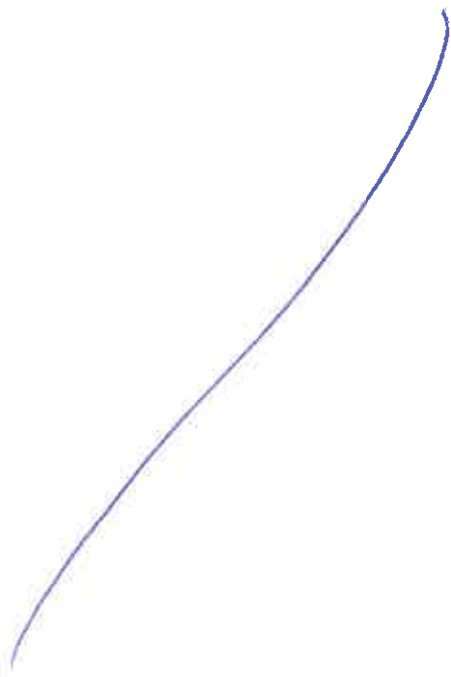
New Corp.

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



DAILY INSPECTION REPORT

Report No. _____ (Site Name) - NYSDEC Site No. 3-14-008 Date: 6-3-20
Now Corp.



DAILY INSPECTION REPORT

Report No. _____ (Site Name) - NYSDEC Site No. 3-14-008 Date: 6-3-20

Abus Corp.

Site Photographs (Descriptions Below)

DAILY INSPECTION REPORT

Report No. (Site Name) - NYSDEC Site No. 3-14-008 Date: 6-3-20

New Corp.

Comments	
Site Inspector(s):	Date:

DAILY INSPECTION REPORT

Report No. _____ (Site Name) - NYSDEC Site No. 3-14-008 Date: 6-3-20
New Corp.

DAILY HEALTH CHECKLIST

Is social distancing being practiced?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<i>NA</i>
Is the tail gate safety meeting held outdoors?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<i>NA</i>
Are remote/call in job meetings being held in lieu of meeting in person where possible?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<i>NA</i>
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 checked="" type="checkbox"/>	No <input 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"/>	
<u>Comments:</u>			

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"/>
<p>If Yes to <u>any</u> of 1-4 above:</p> <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"/>
<u>Comments:</u>		

DAILY INSPECTION REPORT

Report No. Now Corp (Site Name) - NYSDEC Site No. 3-14-008 Date: 6-3-020

NUISANCE CHECKLIST

Were there any community complaints related to work on this date?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Were there any odors detected on this date?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" 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"/>
Comments:			