NYSDEC						
Division of Environm		ediation STATE CO	epartment of invironmental onservation	D01110	C Contrac	ct No.
Site Location: Wes	t Islip, Ne	w York St		Superinter		
	Weat	ther Conditions	3,14	NYSDEC	PM: Payso.	Long
General Description	Clary &			PM Consultan	PM: John	Johnson
Temperature Wind	603	AM			Site Inspec	11.44.18
Health & Safety	PoNe	AM		PM At S	skulim 5ki	
If any box below is	checked "	Yes", provide expla	nation under "Ho	-14h 9 C-4-4 O		
Were there any change	s to the Heal	th & Safety Plan?	madon under He	*Yes		
Were there any exceed	ances of the	perimeter air monitorin	g reported on this da	te? *Yes	No	NA NA
Were there any nuisano	e issues rep	orted/observed on this	date?	*Yes	No	NA
Health & Safety Con		-		165	No	NA
						
						
Summary of Work Po	erformed	Arrived at site:	0845	Departed Site	,	
- Check un ul	La du cost	sent status			<u>"</u>	
- Resalted mod						
- Need wack d	CB455					
	V					
Equipment/Material 7	racking					
f any box below is ci	hecked "Ye	es", provide explan	ation under "Mate	rial Tracking Co	omments"	
f any box below is cl Were there any vehicles	hecked "Ye which did no	t display proper D.O.T.	ation under "Mate	s? *Yes	Omments"	(NA)
f any box below is cl Were there any vehicles Were there any vehicles	hecked "Ye which did no which were n	t display proper D.O.T	numbers and placard	s? *Yes		
f any box below is cl Were there any vehicles Were there any vehicles Were there any vehicles	hecked "Ye which did no which were n which were n	t display proper D.O.T	numbers and placard	s? *Yes	No	(NA)
f any box below is cl Were there any vehicles Were there any vehicles	hecked "Ye which did no which were n which were n	t display proper D.O.T not tarped? not decontaminated price	numbers and placard	s? *Yes *Yes site? *Yes	No No	NA NA
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(Site Name) - NYSDEC Site No. 3-14-008 Date: 6-3-20 Report No.

Equipment Description Contractor/Vendor Quantity Used imported/ Exported **Waste Profile** Daily Source or Disposal **Material Description** Daily Delivered off Site Weight (If Applicable) Facility (If Applicable) to Site Loads (tons)* *On-Site scale for off-site shipment, delivery ticket for material received **Equipment/Material Tracking Comments:**





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

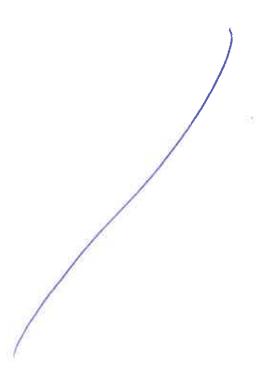
Name)		
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Site Penrocentatives		Yes	No
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Report No. (Site Name) - NYSDEC Site No. 3-14-008 Date: 6-3-20

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

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



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

Mow Corp.

7 - 100 CB17-	
Site Photographs (Descriptions Below)	
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Report No. (Site	Name) - NYSDEC Site N	0. 3-14-008	Date: 6-3-20	Page
Now Carp.	Name) - NYSDEC Site N		Date.	
				
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Comments			· · · · · · · · · · · · · · · · · · ·	
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	12			
Site Inspector(s):			Date:	<u></u>
				



DAILY HEALTH CHECKLIST

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

REMEDIAL ACTIVITIES AT PROPERTIES

4. House envisore at this location have to test at a set of the location have to the location have the location have to the location have the location h		
Have anyone at this location been tested and confirmed to have COVID-19?	Yes □	No.4
Is anyone at this location isolated or quarantined for COVID-19?	Yes □	No Aj
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 🗆
Comments:	<u> </u>	·
		,





Now Corp

Page 9 of 9

NUISANCE CHECKLIST

Were there any community complaints related to work on this date?	TV -	T	
Were there any odors detected on this date?	Yes □	No □	N/A
	Yes □	No 🗆	N/A
Was noise outside specification and/or above background on this date?	Yes □	No □	N/A
Were vibration readings outside specification and/or above background on this date?	Yes □	No □	N/A/Z
Any visible dust observed beyond the work perimeter on this date?	Yes □	No 🗆	N/A®
Any visible contrast (turbidity) beyond engineering controls observed on this date?	Yes 🗆	No 🗆	N/AB
Was turbidity checked at the Montauk Highway outfall?	AM 🗆	PM 🗆	N/A
Were any property owners NOT provided advance notice for work performed on this property on this date?	Yes 🗆	No □	N/A
Was the temporary fabric structure closed at the end of the day?	Yes □	No 🗆	NUA III
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/C
If yes, has Contractor been notified?	Yes □	No □	N/A□
Comments:		.,,,	17/7
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