1							
Fort Edward Landfill - Weekly Operation and Maintenance Checklist							
			JIICOMISE				
Staff: FZ & GL	Date:	5/4/0	20	Time: SiOO			
		2//					
Check status and compare to normal conditions. Se	ee Reverse side	for typical o	perating pa	rameters.			
LIMI CORFENS							
HMI SCREENS	WAS A STATE OF THE PARTY OF THE	O-U 0//N	\	Manual Flam (spec) Land (ft)	(noi)		
Extraction Wells		Online (Y/N) Auto	Manual Flow (gpm) Level (ft)	(psi)		
Pump Status/Flow Run pumps in "Manual" to confirm flow , if needed.	EW-1 EW-2	-		N 0.6 14,07	0.0		
Confirm pumps are operating between setpoints	EW-3		<u> </u>	$\frac{n}{n}$ 0.0 3.34	NA		
Confirm pressure with pump cycling & not high/low	EW-4	Ÿ	-	n/ 23.33 10.05	43,68		
If pumps on, is water flowing into IPC (Y/N)?	EW-5	Y	7	NA 9.56	NA		
Process - (Check if OK or fill in values)							
Chlorine Alarm status (on/off) A1 6 f(A2	off		Auto rotate on/off			
If on - record chlorine concentration (ppm)	_			Discharge pump operating			
Operate exhaust fan manually	-			Discharge pump pressure normal			
FT-801 reading (GPM)	<u> </u>			Building temp accurate			
Chemical rates normal for flow?	_			Mixers operating?	N		
Catch tank display level=actual? Filtration (Check if OK)				Other Alarms (Y/N)			
Air compressor pressure in range				Solenoid status correct for operation			
Data (Check if OK)					design and the		
Do Daily & Yesterday Starts make sense							
Alarms							
All Alarms Enabled (Y/N)							
List any disabled and indicate why			F 1				
PULL DING/ODG/INDO							
BUILDING/GROUNDS			na a sa a				
Air Compressor (Check if OK) Cycle times normal for load				Check auto drain operation			
Check oil level at least monthly				Check dryer - alarms? Cycling?			
Belt tension				HX fan operates with compressor?	1/		
Unit Heaters (Check if OK)					ay dealer		
Thermostats set correctly (50-55 F)				Propane tank level greater than 20%	45%		
Heaters working							
IPC (Y/N)				is this with the control of the cont			
IPC discharge clear?				Check sludge ports (Sludge Y/N)	<u> </u>		
Floatables? (take photos if yes)				Indicate % of sludge Upper	0		
Coag visibly dosing? Floc visibly dosing?				at each port All did Lower	50%		
Chemical Feed (Fill in values)				Lowei	100%		
305 Bleach Height (in) 1 Le 1/2	mA Signal	5.0	Notes				
2130 Coagulant Height (in) 938	Stroke Rate	12.2	Notes		11971		
1668 Flocculant Volume (gal) 375	Stroke Rate		Notes	2			
Dosing pumps at normal rate?			Chemicals	s needed?			
Floor Sumps (Y/N)							
Sump levels normal?	_			Pump runs but not emptying sump?	N		
High-High level switches operate freely?	_ (check mon	thly)		Back flowing after pump cycle?	N		
Excessive sludge/sediment? Diaphragm pumps (Check if OK) Thick Fee	d Press Feed	Eloo Food					
Proper operation/flow	d Piess Feed	Floc Feed					
Regulators working properly					=		
Exhaust mufflers							
Filter Press (Check if OK)							
Hydraulic ram operating normally				Sorbent pads replaced?	N		
Hydraulic pressure normal				w many total filled Haz drums onsite?	11		
Significant leaks?			How m	any Haz drums filled & closed today?	A STATE OF THE STA		
General/Housekeeping			. `) A/	Vaa		
Wipe down dirty equipment/piping		ny leaks?	-W	Waste drums needed? Drum labels needed?	TED		
Sweep and/or wash floors Fire extinguisher inspection (monthly)		working? working?	-/	. Drum labels needed? Removed trash?	W)		
Sludge in Clarifier Catch Tank?	_ LAIL SIGHTS	working!		Nemoved trastif	10		
Grounds							
Mow/trim around building, structures, wells, bollards	, control panels	and cleanor	uts	Clear woody vegetation from swales	and cap		
Shovel doorways, apply ice melt				Look for damage fencing/gates	a ^a		
Confirm gates and doorways locked				Confirm storage container locked			

Extraction Well	Flow (gpm)	Pressure (psi)	Low-Low	Level (off)	Level (on)	High-High
EW-1	20	4.5	2	3	10	20
EW-2	14	11	1	3	10	25
EW-3	20	NA	1	3	10	20
EW-4	30	20	0	7	10	36
EW-5	NA	NA	1	3	10	20
			Low-Low	Level (off)	Level (on)	High-High
Clarifier Catch Tank			0.5	1	2	3.25

Chlorine Alarm

A1 means chlorine concentration greater than 0.5 ppm

A1 and A2 means concentration greater than 1.0 ppm

If both on, the following will occur. Stop bleach pump, open intake louver, turn on exhaust fan and outside warning light

Chemical Dosing Rates	HMI Setpoint	Stroke SP	Hand SP	Pump Screen
305 Bleach	0.10%	100	0.16 gph	5.4 - 6.5
2130 Coagulant	0.10%	96	0.16 gph	12.5 - 12.7
1668 Flocculant	0.20%	100	2.47 aph	72 - 75

Discharge Pumps

Typical speed 30-100%
Typical pressure 22 psi @ 100%

Air compressor

operating range 90-175 psi regulator setpoint 90 psi

Auto drain On 5 seconds every 5 minutes

Dryer Display shows "ESA/ON" with dew point level shown on bar scale.

Auto drain operates 5 seconds every minute

Heat exchanger fan should operate with compressor

Regulators	PSI Range
Thickener feed pump	40 psi max
Filter press feed pump	90 psi max
Floc feed pump	40 psi
Filter press hyd pump	
Dlaudaum	00 noi may

Blowdown	90 psi max
Notes:	
<u></u>	

Report No.

Fort Edward Landfill - NYSDEC Site No. 558001

Date: 5/4/20

No.
s:
NA
NA
NA
NA NA
NA NA
NA
NA NA
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		,	

Fort Edward Landfill - NYSDEC Site No. 558001

Date: 5/4/20 Page 8 of 9

DAILY HEALTH CHECKLIST

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

1.	Have anyone at this location been tested and confirmed to have COVID-19?	Yes □	No 🖭
2.	Is anyone at this location isolated or quarantined for COVID-19?	Yes □	No 🗹
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.	Yes □	No 🖭
	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.		
Comme	nts:		



Report No. Fort Edward Landfill - NYSDEC Site No. 558001 Date: 4/29

NYSDEC Division of Environmental Remed	New YORK Environm Conserva	ent of hental stion	NYSDEC D011107		t No.
Site Location: Leavy Hollow F	Superintendent:				
	NYSDEC PI	Λ :			
General Description Sunny	ner Conditions	PM	Consultant F	PM:	
General Description Sunny Temperature 505	AM	PM	Consultant S	Site Inspec	tors:
Wind Cigh		PM		9089 COO - 1000 FOO - 2000 COO	
Health & Safety If any box below is checked "Y	es", provide explanation	on under "Health	& Safety Co	nments"	
Were there any changes to the Healt	h & Safety Plan?		*Yes	(No)	NA
Were there any exceedances of the p	perimeter air monitoring rep	orted on this date?	*Yes	No	(AM)
Were there any nuisance issues repo	orted/observed on this date?	?	*Yes	No	NA
Health & Safety Comments					
COVID-P,	PCB exposure,		expose	ve	
Summary of Work Performed	Arrived at site:	7:00 D	eparted Site:		
Pump Pull/Sar	7-17-79				
Equipment/Material Tracking If any box below is checked "Ye	es", provide explanatio	n under "Material	Tracking Co	mments	".
			*Yes	omments No	NA
If any box below is checked "Ye Were there any vehicles which did no Were there any vehicles which were in	t display proper D.O.T num not tarped?	bers and placards?	*Yes	No No	NA NA
If any box below is checked "Ye Were there any vehicles which did no Were there any vehicles which were in Were there any vehicles which were in	t display proper D.O.T num not tarped?	bers and placards?	*Yes	No	NA
If any box below is checked "Ye Were there any vehicles which did no Were there any vehicles which were in	t display proper D.O.T num not tarped?	bers and placards?	*Yes	No No	NA NA
If any box below is checked "Ye Were there any vehicles which did no Were there any vehicles which were in Were there any vehicles which were in Personnel and Equipment Individual	t display proper D.O.T num not tarped? not decontaminated prior to Company	bers and placards? exiting the work site	*Yes *Yes ? *Yes	No No No	NA NA
If any box below is checked "Ye Were there any vehicles which did no Were there any vehicles which were in Were there any vehicles which were in Personnel and Equipment	t display proper D.O.T num not tarped? not decontaminated prior to Company ALLEL	exiting the work site	*Yes *Yes * Yes P * Yes	No No No	(NA)
If any box below is checked "Ye Were there any vehicles which did no Were there any vehicles which were in Were there any vehicles which were in Personnel and Equipment Individual Frank 7a66	t display proper D.O.T num not tarped? not decontaminated prior to Company Aztech Aztech	exiting the work site	*Yes * Yes * Yes P * Yes	No No No	(NA)
If any box below is checked "Ye Were there any vehicles which did no Were there any vehicles which were in Were there any vehicles which were in Personnel and Equipment Individual	t display proper D.O.T num not tarped? not decontaminated prior to Company ALLEL	exiting the work site	*Yes *Yes * Yes P * Yes	No No No	(NA)
If any box below is checked "Ye Were there any vehicles which did no Were there any vehicles which were in Were there any vehicles which were in Personnel and Equipment Individual Frank 7a66	t display proper D.O.T num not tarped? not decontaminated prior to Company Aztech Aztech	exiting the work site	*Yes * Yes * Yes P * Yes	No No No	(NA)
If any box below is checked "Ye Were there any vehicles which did no Were there any vehicles which were in Were there any vehicles which were in Personnel and Equipment Individual Frank 7a66	t display proper D.O.T num not tarped? not decontaminated prior to Company Aztech Aztech	exiting the work site	*Yes * Yes * Yes P * Yes	No No No	(NA)
If any box below is checked "Ye Were there any vehicles which did no Were there any vehicles which were in Were there any vehicles which were in Personnel and Equipment Individual Frank 7a66	t display proper D.O.T num not tarped? not decontaminated prior to Company Aztech Aztech	exiting the work site	*Yes * Yes * Yes P * Yes	No No No	(NA)
If any box below is checked "Ye Were there any vehicles which did no Were there any vehicles which were in Were there any vehicles which were in Personnel and Equipment Individual Frank 7a66	t display proper D.O.T num not tarped? not decontaminated prior to Company Aztech Aztech	exiting the work site	*Yes * Yes * Yes P * Yes	No No No	(NA)
If any box below is checked "Ye Were there any vehicles which did no Were there any vehicles which were in Were there any vehicles which were in Personnel and Equipment Individual Frank 7a66	t display proper D.O.T num not tarped? not decontaminated prior to Company Aztech Aztech	exiting the work site	*Yes * Yes * Yes P * Yes	No No No	(NA)
If any box below is checked "Ye Were there any vehicles which did no Were there any vehicles which were in Were there any vehicles which were in Personnel and Equipment Individual Frank 7a66	t display proper D.O.T num not tarped? not decontaminated prior to Company Aztech Aztech	exiting the work site	*Yes * Yes * Yes P * Yes	No No No	(NA)
If any box below is checked "Ye Were there any vehicles which did no Were there any vehicles which were in Were there any vehicles which were in Personnel and Equipment Individual Frank 7a66	t display proper D.O.T num not tarped? not decontaminated prior to Company Aztech Aztech	exiting the work site	*Yes * Yes * Yes P * Yes	No No No	(NA)
If any box below is checked "Ye Were there any vehicles which did no Were there any vehicles which were in Were there any vehicles which were in Personnel and Equipment Individual Frank 7a66	t display proper D.O.T num not tarped? not decontaminated prior to Company Aztech Aztech	exiting the work site	*Yes *Yes *Yes P *Yes	No No No	(NA)
If any box below is checked "Ye Were there any vehicles which did no Were there any vehicles which were in Were there any vehicles which were in Personnel and Equipment Individual Frank 7a66	t display proper D.O.T num not tarped? not decontaminated prior to Company Aztech Aztech	exiting the work site	*Yes *Yes *Yes P *Yes	No No No	(NA)
If any box below is checked "Ye Were there any vehicles which did no Were there any vehicles which were in Were there any vehicles which were in Personnel and Equipment Individual Frank 7a66	t display proper D.O.T num not tarped? not decontaminated prior to Company Aztech Aztech	exiting the work site	*Yes *Yes *Yes P *Yes	No No No	(NA)
If any box below is checked "Ye Were there any vehicles which did no Were there any vehicles which were in Were there any vehicles which were in Personnel and Equipment Individual Frank 7a66	t display proper D.O.T num not tarped? not decontaminated prior to Company Aztech Aztech	exiting the work site	*Yes *Yes *Yes P *Yes	No No No	(NA)
If any box below is checked "Ye Were there any vehicles which did no Were there any vehicles which were in Were there any vehicles which were in Personnel and Equipment Individual Frank 7a66	t display proper D.O.T num not tarped? not decontaminated prior to Company Aztech Aztech	exiting the work site	*Yes *Yes *Yes P *Yes	No No No	(NA)
If any box below is checked "Ye Were there any vehicles which did no Were there any vehicles which were in Were there any vehicles which were in Personnel and Equipment Individual Frank 7a66	t display proper D.O.T num not tarped? not decontaminated prior to Company Aztech Aztech	exiting the work site	*Yes *Yes *Yes P *Yes	No No No	(NA)
If any box below is checked "Ye Were there any vehicles which did no Were there any vehicles which were in Were there any vehicles which were in Personnel and Equipment Individual Frank 7a66	t display proper D.O.T num not tarped? not decontaminated prior to Company Aztech Aztech	exiting the work site	*Yes *Yes *Yes P *Yes	No No No	(NA)

Report No. Fort Edward Landfill - NYSDEC Site No. 558001___

DAILY HEALTH CHECKLIST

	. //	
Is social distancing being practiced?	Yes 🗱	No □
Is the tail gate safety meeting held outdoors?	Yes 🗷	No □
Are remote/call in job meetings being held in lieu of meeting in person where possible?	Yes 🖾	No □
Were personal protective gloves, masks, and eye protection being used?	Yes 🔯	No □
Are sanitizing wipes, wash stations or spray available?	Yes 5	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 ⁄⊠²
Comments:		-

1.	Have anyone at this location been tested and confirmed to have COVID-19?	Yes □	No X
2.	Is anyone at this location isolated or quarantined for COVID-19?	Yes □	No X
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:		·
0	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	nts:		
L			



Fort Edward Landfill - Weekly C	peration	and Maint	enance (Checklist				
Staff: M+A	<u>B</u>	_ Date:	5/1/	20	_	Time:	8:00	
Check status and compare to normal con	ditions. See	Reverse side	for typical o	perating pa	rameters.			
HMI SCREENS Extraction Wells Pump Status/Flow Run pumps in "Manual" to confirm flow, in Confirm pumps are operating between see Confirm pressure with pump cycling & not of pumps on, is water flowing into IPC (Y/N Process - (Check if OK or fill in values) Chlorine Alarm status (on/off) A lf on - record chlorine concentration (ppm Operate exhaust fan manually FT-801 reading (GPM) Chemical rates normal for flow? Catch tank display level=actual? Filtration (Check if OK) Air compressor pressure in range Data (Check if OK) Do Daily & Yesterday Starts make sense Alarms All Alarms Enabled (Y/N) List any disabled and indicate why	tpoints thigh/low l)? /	EW-1 EW-2 EW-3 EW-4 EW-5	Online (Y/N	Auto	Discharge p Building tem Mixers opera Other Alarm	ump operating ump pressure p accurate	normal meter	(psi) /// NA /// NA // Y // // // // // // // // // //
BUILDING/GROUNDS Air Compressor (Check if OK) Cycle times normal for load Check oil level at least monthly Belt tension Unit Heaters (Check if OK) Thermostats set correctly (50-55 F) Heaters working IPC (Y/N) IPC discharge clear? Floatables? (take photos if yes) Coag visibly dosing? Floc visibly dosing? Chemical Feed (Fill in values) 305 Bleach Height (in) 2130 Coagulant Height (in)		mA Signal Stroke Rate	05.7	Notes Notes	Check dry HX fan ope Propane ta Check sluc Indicate %	o drain operati er - alarms? C erates with cor ank level great dge ports (Sluc 6 of sludge ch port	ycling? npressor? er than 20%	010 35% 9% 80% 100%
1668 Flocculant Volume (ga Dosing pumps at normal rate? Floor Sumps (Y/N) Sump levels normal? High-High level switches operate freely? Excessive sludge/sediment? Diaphragm pumps (Check if OK) Proper operation/flow Regulators working properly Exhaust mufflers	Thick Feed	(check mont	thly)	Notes Notes Chemicals	Pump runs	weel 0309 but not empty ng after pump		unjand 2 130 Waston
Filter Press (Check if OK) Hydraulic ram operating normally Hydraulic pressure normal Significant leaks? General/Housekeeping Wipe down dirty equipment/piping Sweep and/or wash floors Fire extinguisher inspection (monthly) Sludge in Clarifier Catch Tank?		Lights	ny leaks? s working? s working?		w many total	Sorbent pads filled Haz drun ns filled & clos Waste drums Drum labels Remov	ns onsite? ed today? s needed?	N 15 15 yes yes
Grounds Mow/trim around building, structures, wells Shovel doorways, apply ice melt Confirm gates and doorways locked	s, bollards, co	ontrol panels	and cleanou	its	Look for da	dy vegetation for amage fencing orage containe	/gates	and cap

Extraction Well	Flow (gpm)	Pressure (psi)	Low-Low	Level (off)	Level (on)	High-High
EW-1	20	4.5	2	3	10	20
EW-2	14	11	1	3	10	25
EW-3	20	NA	1	3	10	20
EW-4	30	20	0	7	10	36
EW-5	NA	NA	1	3	10	20
			Low-Low	Level (off)	Level (on)	High-High
Clarifier Catch Tank			0.5	1	2	3.25

Chlorine Alarm

A1 means chlorine concentration greater than 0.5 ppm

A1 and A2 means concentration greater than 1.0 ppm

If both on, the following will occur: Stop bleach pump, open intake louver, turn on exhaust fan and outside warning light .

Chemical Dosing Rates	HMI Setpoint	Stroke SP	Hand SP	Pump Screen
305 Bleach	0.10%	100	0.16 gph	5.4 - 6.5
2130 Coagulant	0.10%	96	0.16 gph	12.5 - 12.7
1668 Flocculant	0.20%	100	2.47 gph	72 - 75

Discharge Pumps

30-100% Typical speed Typical pressure 22 psi @ 100%

Air compressor

operating range

90-175 psi 90 psi

regulator setpoint Auto drain

On 5 seconds every 5 minutes

Dryer

Display shows "ESA/ON" with dew point level shown on bar scale.

Auto drain operates 5 seconds every minute

Heat exchanger fan should operate with compressor

Regulators

Thickener feed pump

Filter press feed pump

Floc feed pump Filter press hyd pump

Blowdown

90 psi max 40 psi

PSI Range

40 psi max

90 psi max

Notes:

Sistem	running	on arr	ival P	erform	joutine 1	mainteno	ina Fill	1 drum w/
Filter	cakesa	Note:	ssue of	CX 855	moisture	in alr	supply and	investigate
	System					,	77 7/2	
1 000	7	,	- 11 C p - 11					
	· · · · · · · · · · · · · · · · · · ·		_					
			"				<u>. </u>	
					<u> </u>	_		

Report No. Fort Edward Landfill - NYSDEC Site No. 558001

Date: 5/1/20 Page **1** of **9**

NYSDEC Division of Environmental	Remediat	NEW YORK STATE Environ	rtment of primental servation	NYSDEC (D011107) Superintende		t No.
Site Location: Leavy Ho	ollow Rd	, Fort Edward, N	1 Y	NYSDEC PM		
		r Conditions				
General Description	(106d4	AM	Tain PM	Consultant P	M:	
Temperature	403	AM	5 05 PM		ite Inspec	tors:
Wind	1184.7	AM	light PM	Л		
Health & Safety If any box below is chec	ked "Yes	s", provide explan	ation under "Healt			•
Were there any changes to the	ne Health &	Safety Plan?		*Yes	(Ng	NA
Were there any exceedances	of the per	imeter air monitoring	reported on this date?	*Yes	No	NA)
Were there any nuisance issu	ues reporte	d/observed on this da	ite?	*Yes	No	NA)
Health & Safety Commer	nts					
0+1	4, COL	150-19				
Summary of Work Perfor	rmed	Arrived at site:	8:00	Departed Site:	17:	15
Equipment/Material Trac If any box below is check Were there any vehicles whice Were there any vehicles whice	ced "Yes' h did not di	isplay proper D.O.T n			mments No	". NA
Were there any vehicles whic			to exiting the work sit		No	NA)
Personnel and Equipmer						
Individual		Company		Trade	То	tal Hours
Andrew TR 160-		Antella		inacl		
Alan Barker		ricial	Te	ch		
					-	





DAILY HEALTH CHECKLIST

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

 Have anyone at this location been tested and confirmed to have COVID-19? 	Yes □	Not
2. Is anyone at this location isolated or quarantined for COVID-19?	Yes □	No 🏿
Has anyone at this locaton had contact with anyone known to have COVID-19 in the past 14 days?	Yes □	No/Ž
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 Z
5. 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 <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:		



Fort Edward Landfill - Weekly Operation a	and Maintenance Ch	necklist	
Staff: $AT+AA$		<u> </u>	Time: 8.'00
Check status and compare to normal conditions. See F	Reverse side for typical ope	erating parameters.	
HMI SCREENS Extraction Wells Pump Status/Flow Run pumps in "Manual" to confirm flow, if needed. Confirm pumps are operating between setpoints Confirm pressure with pump cycling & not high/low If pumps on, is water flowing into IPC (Y/N)? Process - (Check if OK or fill in values) Chlorine Alarm status (on/off) If on - record chlorine concentration (ppm) Operate exhaust fan manually FT-801 reading (GPM) Chemical rates normal for flow? Catch tank display level=actual? Filtration (Check if OK) Air compressor pressure in range Data (Check if OK) Do Daily & Yesterday Starts make sense Alarms All Alarms Enabled (Y/N) List any disabled and indicate why	Online (Y/N) EW-1 EW-2 EW-3 EW-4 EW-5 A2 Off	Auto rotate on/off Discharge pump of Discharge pump pump pump pump pump pump pump pum	pressure normal surate
BUILDING/GROUNDS Air Compressor (Check if OK) Cycle times normal for load Check oil level at least monthly Belt tension Unit Heaters (Check if OK) Thermostats set correctly (50-55 F) Heaters working IPC (Y/N) IPC discharge clear? Floatables? (take photos if yes) Coag visibly dosing? Floc visibly dosing? Chemical Feed (Fill in values) 305 Bleach Height (in) 2130 Coagulant	Stroke Rate 19,8	Propane tank let Check sludge po Indicate % of sl at each por	arms? Cycling? s with compressor? vel greater than 20% orts (Sludge Y/N) Upper Mid
1668 Flocculant Dosing pumps at normal rate? Floor Sumps (Y/N) Sump levels normal? High-High level switches operate freely? Excessive sludge/sediment? Diaphragm pumps (Check if OK) Proper operation/flow Regulators working properly Exhaust mufflers Filter Press (Check if OK) Hydraulic pressure normal		Back flowing afte Sorbe How many total filled l	ent pads replaced? Haz drums onsite?
Significant leaks? General/Housekeeping Wipe down dirty equipment/piping Sweep and/or wash floors Fire extinguisher inspection (monthly) Sludge in Clarifier Catch Tank? Grounds Mow/trim around building, structures, wells, bollards, co Shovel doorways, apply ice melt Confirm gates and doorways locked	Any leaks?	Clear woody veg Look for damage	ste drums needed? um labels needed? Removed trash? getation from swales and cap

Extraction Well	Flow (gpm)	Pressure (psi)	Low-Low	Level (off)	Level (on)	High-High
EW-1	20	4.5	2	3	10	20
EW-2	14	11	1	3	10	25
EW-3	20	NA	1	3	10	20
EW-4	30	20	0	7	10	36
EW-5	NA	NA	1	3	10	20
			Low-Low	Level (off)	Level (on)	High-High
Clarifier Catch Tank			0.5	1	2	3.25

Chlorine Alarm

A1 means chlorine concentration greater than 0.5 ppm

A1 and A2 means concentration greater than 1.0 ppm

If both on, the following will occur: Stop bleach pump, open intake louver, turn on exhaust fan and outside warning light .

Chemical Dosing Rates	HMI Setpoint	Stroke SP	Hand SP	Pump Screen
305 Bleach	0.10%	100	0.16 gph	5.4 - 6.5
2130 Coagulant	0.10%	96	0.16 gph	12.5 - 12.7
1668 Flocculant	0.20%	100	2.47 gph	72 - 75

Discharge Pumps

Typical speed 30-100% Typical pressure 22 psi @ 100%

Air compressor

operating range

90-175 psi

regulator setpoint

90 psi On 5 seconds every 5 minutes

Auto drain Dryer

Display shows "ESA/ON" with dew point level shown on bar scale.

Auto drain operates 5 seconds every minute

Heat exchanger fan should operate with compressor

Regulators

PSI Range

Thickener feed pump

40 psi max

Filter press feed pump

90 psi max

Floc feed pump

40 psi

Filter press hyd pump

Blowdown

90 psi max

Notae:

I = I = I = I = I = I = I = I = I = I =
System running on arrival. Empty Filter press into I Drum. Fill Fifter
system running on arrival. Empty filter press into 1 Drum. Fill fifter press, Orain IPC into thickener tank and batch flocational into
tank and carate, Spray down IPC. Fill Floc. Fank. and restart by stem
pumps, complete blow Joun. Get money started for season and
perform grounds naintenance, FT-801 shall be cleaned next visit,
form grounds maintenance, FT-801 should be cleaned next visit,

Division of Environmental Remediation

Kainy

OLM

Report No.

NYSDEC

General Description

Temperature

Health & Safety

Health & Safety Comments

Summary of Work Performed

Equipment/Material Tracking

Personnel and Equipment Individual

Anoren Jakot

Wind

Fort Edward Landfill - NYSDEC Site No. 558001

NYSDEC Contract No. Department of Environmental Conservation D011107 Superintendent: Site Location: Leavy Hollow Rd, Fort Edward, NY NYSDEC PM: **Weather Conditions** Consultant PM: AM Sunny PM Consultant Site Inspectors: PM AM AM PMIf any box below is checked "Yes", provide explanation under "Health & Safety Comments". Were there any changes to the Health & Safety Plan? *Yes No NA. NA/ Were there any exceedances of the perimeter air monitoring reported on this date? *Yes No *Yes Were there any nuisance issues reported/observed on this date? No MA COVID-19, chemical exposure 7:30 Arrived at site: Departed Site: 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 * Yes NA Were there any vehicles which were not tarped? No Were there any vehicles which were not decontaminated prior to exiting the work site? * Yes No (NA) **Total Hours** Enginee1

Austin Armbruster	1101009	1ech	//)
		101000000000000000000000000000000000000	THE WEST ROLL FOR
571/19		III. D. Jan Barrell Greek Landschafter	Linear Control
	Name of the Property of the Pr		
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		THE OF THE OF THE	
			•



Fort Edward Landfill - NYSDEC Site No. 558001_

Date:

Page 8 of 9

DAILY HEALTH CHECKLIST

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

Have anyone at this location been tested and confirmed to have COVID-19?	Yes □	No 🌣
2. Is anyone at this location isolated or quarantined for COVID-19?	Yes □	No 🎘
Has anyone at this locaton had contact with anyone known to have COVID-19 in the past 14 days?	Yes □	No X
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 ente the property at this time?	r Yes 📉	No □
If Yes to any 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. 	Yes	No □
 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. 		
Comments:		

Report No.

Fort Edward Landfill - NYSDEC Site No. 558001

Date: 5/19/20

NYSDEC Division of Environm			Department of Environmental Conservation	5 @	D011107 Superinten	dent:	Augen
Site Location: Lea		• •	a, NY		NYSDEC F	M: Payso	nhong
		r Conditions			Consultant	PM: AZ	
General Description	Warn Partly		-	PN		Site Inspect	
Temperature Wind		AM		PN PN			iors.
Health & Safety		7 (14)					
If any box below is	checked "Yes	s", provide exp	lanation un	der "Health	& Safety Co	omments".	
Were there any change					*Yes	No	NA
Were there any exceed	lances of the per	imeter air monito	ing reported	on this date?	*Yes	No	NA
Were there any nuisand	ce issues reporte	ed/observed on th	is date?		*Yes	No	NA /
Health & Safety Cor	mments					CONTRACTOR OF THE	
None- Re		idtins a	Moving	Oran	ر.		
Summary of Work F	Performed	Arrived at site			Departed Site	e:	
Onsite to	MORCA (a	ed court	Hes	A 110-	Has	doar	
Equipment/Material		", provide expl	anation und	der "Materia	ıl Tracking C	comments	".
	checked "Yes'					comments	".
If any box below is a Were there any vehicles. Were there any vehicles	checked "Yes' s which did not d s which were not	isplay proper D.C tarped?	0.T numbers a	and placards?	*Yes * Yes	No No	NA NA
If any box below is a Were there any vehicles. Were there any vehicles. Were there any vehicles.	checked "Yes' s which did not d s which were not s which were not	isplay proper D.C tarped?	0.T numbers a	and placards?	*Yes * Yes	No	NA
If any box below is a Were there any vehicles. Were there any vehicles	checked "Yes' s which did not d s which were not s which were not	isplay proper D.C tarped?	0.T numbers a	and placards?	*Yes * Yes	No No	NA NA
If any box below is a Were there any vehicles. Were there any vehicles. Were there any vehicles. Personnel and Equi	checked "Yes' s which did not d s which were not s which were not	isplay proper D.C tarped?	D.T numbers a	and placards?	*Yes *Yes e? *Yes	No No	NA NA
Were there any vehicles Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi Individual	checked "Yes' s which did not d s which were not s which were not pment	isplay proper D.C tarped? decontaminated	D.T numbers a	g the work sit	*Yes *Yes e? *Yes Trade	No No To	NA NA NA
Were there any vehicles Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi Individual	checked "Yes' s which did not d s which were not s which were not pment	isplay proper D.C tarped? decontaminated Compa	D.T numbers a	g the work sit	*Yes *Yes e? *Yes Trade	No No To	NA NA NA
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Were there any vehicles Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi	checked "Yes' s which did not d s which were not s which were not pment	isplay proper D.C tarped? decontaminated Compa	prior to exiting	g the work sit	*Yes *Yes e? *Yes Trade	No No To	NA NA NA
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Were there any vehicles Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi Individual	checked "Yes' s which did not d s which were not s which were not pment	isplay proper D.C tarped? decontaminated Compa	prior to exiting	g the work sit	*Yes *Yes e? *Yes Trade	No No To	NA NA NA

Report No.

Fort Edward Landfill - NYSDEC Site No. 558001

Date: 5/14/2 8

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Equipment Description		Cleu-	Hurbons				
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Material Description	Imported/	Exported	Waste Profile	Source o	r Disposal	Daily	Daily Weigh
Material Description	Delivered to Site	Exported off Site	(If Applicable)	Source o	r Disposal Applicable)	Loads	Weigh
	Delivered to Site	Exported off Site	(If Applicable)	Source o Facility (If	r Disposal Applicable)	Loads	Weigh
	Delivered to Site	off Site	(If Applicable)	Source o Facility (If Filter	ressCake	Loads	(tons)
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	Delivered to Site	off Site	(If Applicable)	Source o Facility (If	ressCake	Loads	Weigl (tons
Nor Haz Soil Cutting	Delivered to Site	off Site	(If Applicable) CH 2025 67	Source o Facility (If	ressCake	Loads	(tons)
Nor Have Soil Cutting Hazdil te Cake On-Site scale for off-site shipm	Delivered to Site	off Site	(If Applicable) CH 2025 67	Source o Facility (If	ressCake	Loads	Daily Weigh (tons)
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Nor Have Soil Cutting Hazdil te Cake On-Site scale for off-site shipm	Delivered to Site	off Site	(If Applicable) CH 2025 67	Source o Facility (If Filter G	ressCake	Loads	(tons)
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Fort Edward Landfill - NYSDEC Site No. 558001

Date:

Name	Rei	presenting	Entered	d Exclusion/CRZ Zone
. 181119	110		Yes	No
			Yes	No
Site Representatives				
Name		Representing		
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Duniant Cabadula Caussanta				
Project Schedule Comments				
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ssues Pending				
nteraction with Public, Prope	erty Owners, Media, etc	C.		
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nteraction with Public, Prope	erty Owners, Media, etc	c.		



Fort Edward Landfill - NYSDEC Site No. 558001

Date:

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

Fort Edward Landfill - NYSDEC Site No. 558001

Date:

Site Photographs (Descriptions Below)	
	8

port No.	Fort Edward Landfill - NYSDEC S	ite No. 558001	Date:	9
				<u>. </u>
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Comments				
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Site Inspector(s	5):	D	ate:	



Fort Edward Landfill - NYSDEC Site No. 558001

Date:			
Data			
	2+	-	

Page 8 of 9

DAILY HEALTH CHECKLIST

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

 Have anyone at this location been tested and confirmed to have COVID-19? 	Yes □	NoXO
2. Is anyone at this location isolated or quarantined for COVID-19?	Yes □	No/Z
3. Has anyone at this locaton had contact with anyone known to have COVID-19 in the past 14 days?	Yes □	No X
4. Does anyone at this locaton have any symptoms of a respiratory infection (e.g., cough, sore throat, fever, or shortness of breath)?	Yes □	NoXO
5. 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 <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:		

Report No. Fort Edward Landfill - NYSDEC Site No. 558001

Date:

NUISANCE CHECKLIST

Were there any community complaints related to work on this date?	Yes □	No □	N/A
Were there any odors detected on this date?	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/ATD
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/A 🖳
Was turbidity checked at the Montauk Highway outfall?	AM □	РМ□	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 □	N/ACD
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 □	NATO
If yes, has Contractor been notified?	Yes □	No □	N/ACD
Comments:			

		•
	,	

Fort Edward Landfill - Weekly Operation	and Maintenance (Checklist		
Staff: FZ AB	Date: <u>3724/</u>	, 20	Time: <u>8.'00</u>	
Check status and compare to normal conditions. See	Reverse side for typical o	operating pa	rameters.	
HMI SCREENS Extraction Wells Pump Status/Flow Run pumps in "Manual" to confirm flow , if needed. Confirm pumps are operating between setpoints Confirm pressure with pump cycling & not high/low If pumps on, is water flowing into IPC (Y/N)? Process - (Check if OK or fill in values) Chlorine Alarm status (on/off) A1 If on - record chlorine concentration (ppm) Operate exhaust fan manually FT-801 reading (GPM) Chemical rates normal for flow? Catch tank display level=actual? Filtration (Check if OK) Air compressor pressure in range Data (Check if OK) Do Daily & Yesterday Starts make sense Alarms All Alarms Enabled (Y/N) List any disabled and indicate why	Online (Y/N EW-1 EW-2 EW-3 EW-4 EW-5 A2	Wy J	W 6.0 8.61 W - 14.67	(psi) O, O NA 34.47 NA
BUILDING/GROUNDS Air Compressor (Check if OK) Cycle times normal for load Check oil level at least monthly Belt tension Unit Heaters (Check if OK) Thermostats set correctly (50-55 F) Heaters working IPC (Y/N) IPC discharge clear? Floatables? (take photos if yes) Coag visibly dosing? Floc visibly dosing? Chemical Feed (Fill in values) 305 Bleach 2130 Coagulant Height (in) 19 2130 Coagulant Volume (gal) 34, 0 Dosing pumps at normal rate?	mA Signal 5.3 Stroke Rate 5/	Notes Notes Notes Chemicals	Check auto drain operation Check dryer - alarms? Cycling? HX fan operates with compressor? Propane tank level greater than 20% Check sludge ports (Sludge Y/N) Indicate % of sludge At each port Sineeded?	30%
Floor Sumps (Y/N) Sump levels normal? High-High level switches operate freely? Excessive sludge/sediment? Diaphragm pumps (Check if OK) Proper operation/flow Regulators working properly Exhaust mufflers Filter Press (Check if OK) Hydraulic ram operating normally	(check monthly) Press Feed Floc Feed		Pump runs but not emptying sump? _ Back flowing after pump cycle?	NO NO
Hydraulic pressure normal Significant leaks? General/Housekeeping Wipe down dirty equipment/piping Sweep and/or wash floors Fire extinguisher inspection (monthly) Sludge in Clarifier Catch Tank? Grounds Mow/trim around building, structures, wells, bollards, or	Any leaks? Lights working? Exit signs working? control panels and cleanou	How ma	w many total filled Haz drums onsite? any Haz drums filled & closed today? Waste drums needed? Drum labels needed? Removed trash? Clear woody vegetation from swales at	N pol N

Look for damage fencing/gates

Confirm storage container locked

Shovel doorways, apply ice melt

Confirm gates and doorways locked

Extraction Well	Flow (gpm)	Pressure (psi)	Low-Low	Level (off)	Level (on)	High-High
EW-1	20	4.5	2	3	10	20
EW-2	14	11	1	3	10	25
EW-3	20	NA	1	3	10	20
EW-4	30	20	0	7	10	36
EW-5	NA	NA	1	3	10	20
			Low-Low	Level (off)	Level (on)	High-High
Clarifier Catch Tank			0.5	1	2	3.25

Chlorine Alarm

A1 means chlorine concentration greater than 0.5 ppm

A1 and A2 means concentration greater than 1.0 ppm

If both on, the following will occur: Stop bleach pump, open intake louver, turn on exhaust fan and outside warning light .

Chemical Dosing Rates	HMI Setpoint	Stroke SP	Hand SP	Pump Screen
305 Bleach	0.10%	100	0.16 gph	5.4 - 6.5
2130 Coagulant	0.10%	96	0.16 gph	12.5 - 12.7
1668 Flocculant	0.20%	100	2.47 gph	72 - 75

Discharge Pumps

Typical speed 30-100%
Typical pressure 22 psi @ 100%

Air compressor

operating range regulator setpoint

90-175 psi 90 psi

Auto drain Dryer On 5 seconds every 5 minutes

On a seconds every a minutes

Display shows "ESA/ON" with dew point level shown on bar scale.

Auto drain operates 5 seconds every minute

Heat exchanger fan should operate with compressor

Regulators

Thickener feed pump
Filter press feed pump

Floc feed pump

Filter press hyd pump

Blowdown

Notes:

PSI Range

40 psi max 90 psi max

0 psi max 40 psi

90 psi max

Clean	Influent	flow	parenter Meler	and	Δ	Quartaclas
<_ \].	1			-		

Report No.

Fort Edward Landfill - NYSDEC Site No. 558001

Date: 5/26/2 9

NYSDEC Division of Environment Site Location: Leav		11011		rtment of onmental ervation		NYSDEC OD11107 Superintender NYSDEC PM:	nt:	act N	lo.
General Description	PM	Consultant PN	/I:						
Temperature	PM	Consultant Sit	e Insp	ectors	s:				
Wind	None	AM			PM				
Health & Safety If any box below is	checked "Yes	s", provide	explan	ation under "H	ealth 8	Safety Com	ment	s".	
Were there any change	es to the Health &	& Safety Plan	?			*Yes	No		NA
Were there any exceed	lances of the per	rimeter air mo	onitoring	reported on this d	ate?	*Yes	No	/	NA
Were there any nuisand	ce issues reporte	ed/observed o	on this da	ate?		*Yes	No	/	NA
Health & Safety Con								La al	4.4
None Summary of Work P	Performed	Arrived at	site.	V: 000	l D	eparted Site:			
Cammary or Work F	CHOTHIEU	Anivedal	JILU.	8:00		parica one.			
Equipment/Material									
Were there any vehicles	checked "Yes s which did not c	display prope		THE CONTRACT OF STREET		*Yes	No	nts".	NA NA
Were there any vehicles	checked "Yes s which did not c s which were no	display proper t tarped?	r D.O.T r	numbers and place	ards?	*Yes * Yes	No No	nts".	NA
Were there any vehicles Were there any vehicles Were there any vehicles	checked "Yes s which did not c s which were no s which were no	display proper t tarped?	r D.O.T r	numbers and place	ards?	*Yes * Yes	No	nts".	
Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi	checked "Yes s which did not c s which were no s which were no	lisplay prope t tarped? t decontamin	r D.O.T r	numbers and place	ards? ork site?	*Yes * Yes * Yes	No No	75.77	NA NA
Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi	checked "Yes s which did not c s which were no s which were no	lisplay prope t tarped? t decontamin	r D.O.T r	numbers and place	ards? rk site? Tr	*Yes * Yes	No No	75.77	NA
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Report No.

Fort Edward Landfill - NYSDEC Site No. 558001

Date:

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DAILY HEALTH CHECKLIST

Is social distancing being practiced?	Yes	No □
Is the tail gate safety meeting held outdoors?	Yes 📈	No □
Are remote/call in job meetings being held in lieu of meeting in person where possible?	Yes	No □
Were personal protective gloves, masks, and eye protection being used?	Yes 🗭	No □
Are sanitizing wipes, wash stations or spray available?	Yes 💢	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 🎾
Comments:		
N. Le		

Have anyone at this location been tested and confirmed to have COVID-19?	Yes □	No D
2. Is anyone at this location isolated or quarantined for COVID-19?	Yes □	No 🔀
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 any 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:		
None		