Primoshield NYSDEC Contract No. **NYSDEC** NEW YORK STATE Environmental Conservation D011107 Division of Environmental Remediation Superintendent: Site Location: West Islip, New York Ut. ... My NYSDEC PM: Payson Lory **Weather Conditions** Consultant PM: John Johnson General Description Clardy AM Gurdy PM Temperature AM Consultant Site Inspectors: 405 PM Wind Patrick Sakalanda РМ **Health & Safety** If any box below is checked "Yes", provide explanation under "Health & Safety Comments". Were there any changes to the Health & Safety Plan? *Yès NA Were there any exceedances of the perimeter air monitoring reported on this date? *Yes NA No Were there any nuisance issues reported/observed on this date? *Yes No NA **Health & Safety Comments** * COUID-19 protocol **Summary of Work Performed** Arrived at site: DAMO Departed Site: 1300 - Site inspection/Sample - Claumed garlange around fence - fixed look or offluent the " Put up Cours postors and sign in sheet - Recorded water level madings 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 MAS Were there any vehicles which were not decontaminated prior to exiting the work site? No (NA) Personnel and Equipment Individual Company Trade **Total Hours** Accis, s Patrick Sakolawaki Tel 3.5 house Report No. (Site Name) - NYSDEC Site No. 633027 Date: 4-29-70

Frimostice			Contractor/Vendor		Quantity	Use	
Equipment Description	оп	- /	Contractor/vendor		Quantity	7	;u
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	Imported/			_			Daily
Material Description	Imported/ Delivered to Site	Exported off Site	Waste Profile (If Applicable)	Source of Facility (If	Disposal Applicable)	Daily Loads	Daily Weight (tons)*
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On-Site scale for off-site ships			ial received				
Equipment/Material Track	king Commen	ıts:					
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Report No. (Site Name) - NYSDEC Site No. 633027 Date: 4-20-20

Visitors to Site					
Name		Damasandina	1 = ;		
Name	- + -	Representing	Entered Exclusion/CRZ Zon		
			Yes	No	
	- -		Yes	No	
			Yes	No	
			Yes	No	
			Yes	No	
		-	Yes	No	
			Yes	No	
		_	Yes	No	
Site Representatives			Yes	No	
Name				<u> </u>	
name		Representing			
					
	 				
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	···		<u> </u>		
Project Schedule Comments					
	_				
ssues Pending					
					
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nteraction with Public, Proper	ty Owners, I	Media, etc.			
11.					
Non	JE.				



DAILY INSPECTION REPORT

Page 4 of 9

Report No. 1012 Prinoshield (Site Name) - NYSDEC Site No. くろろっこつ Date: ソーレタ

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

Report No. (Site Name) - NYSDEC Site No. (3302) Date: 4-29-26

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DAILY INSPECTION REPORT

Page 6 of 9

Report No. (Site Name) - NYSDEC Site No. (33027 Date: 4-29-20

Site Photographs (Descripti	ions Below)		
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Site Name) - NYSDEC Site No. 6 3.827	Date: 9 - 25 - 2D
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Comments	
Site Inspector(s):	Date:

DAILY INSPECTION REPORT

Report No. (Site Name) - NYSDEC Site No. 633027 Date: 4-29-30

DAILY HEALTH CHECKLIST

Is social distancing being practiced?	Yes □	No □	NADO
			NA DO
Is the tail gate safety meeting held outdoors?	Yes □	 	_
Are remote/call in job meetings being held in lieu of meeting in person where possible?	Yes □	No 🗆	ZEVVA &
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: DOULY 1 Person onsite			

REMEDIAL ACTIVITIES AT PROPERTIES

· · · · · · · · · · · · · · · · · · ·			7
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 🗆	Mad
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. (Site Name) - NYSDEC Site No. 63302) Date: 4-29-20
Prinoshield

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/k
Was noise outside specification and/or above background on this date?	Yes □	No □	N/A/Z
Were vibration readings outside specification and/or above background on this date?	Yes □	No □	N/A
Any visible dust observed beyond the work perimeter on this date?	Yes □	No □	N/Al(2)
Any visible contrast (turbidity) beyond engineering controls observed on this date?	Yes 🗆	No □	N/A/K
Was turbidity checked at the Montauk Highway outfall?	AM □	РМ 🗆	N/AÆ
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/A
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/AÆ
If yes, has Contractor been notified?	Yes □	No □	N/AK
Comments:			
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