



NEW YORK STATE

Name	Representing	Entered Exclusion/CRZ Zone	
N/A	N/A	Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No



		Yes	No
		Yes	No
		Yes	No
		Yes	No
Site Representatives			
Name		Representing	
N/A		N/A	
Project Schedule Comments			
N/A			
Issues Pending			
N/A			
Interaction with Public, Property Owners, Media, etc.			
N/A			

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



Site Photographs (Descriptions Below)	
	
Photo 1: Access gate of capped area found to be open upon TRC arriving, facing southwest.	Photo 2: Vegetation overgrowth on fence in southeast corner of Site, facing southeast.
	
Photo 3: Landfill cap, facing northwest.	Photo 4: East access gate found to be open, facing east.



Photo 5: Front access gate locked by TRC when leaving, facing east.



Photo 6: East fence-line, facing north



Photo 7: Landfill cap, facing south.



Photo 8: Path to MW-6S and MW-6D, facing east.

Comments

N/A

Site Inspector(s): Matthew Schappert, Jake Massaro

Date: 8/9/2022



Videos of discreet operations have been provided to the DEC Project Manager to facilitate understanding of the ongoing work? Yes ☐



DAILY HEALTH CHECKLIST

Is social distancing being practiced?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Is the tail gate safety meeting held outdoors?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Are remote/call in job meetings being held in lieu of meeting in person where possible?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
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> <div style="height: 40px; border: 1px solid black;"></div>		

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 location 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 location 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 type="checkbox"/>	No <input checked="" type="checkbox"/>
If Yes to <u>any</u> of 1-4 above: <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"/>



Comments: N/A

On-Site Waste Storage

Drums, roll offs and piles are staged in secure areas?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Liners and berms have been installed if necessary to prevent cross contamination of clean areas?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Containers are in good condition or properly overpacked?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Waste materials are scheduled to be properly characterized and disposed of prior to demobilization?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Complying with RCRA 90 day storage limitation for hazardous waste?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Piles are securely covered when not in use?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Containers are closed when not in use?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Staging areas should be inspected periodically and any issues addressed immediately?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Signage and labeling comply with RCRA requirements for all staging areas and containers?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
If any issues noted, has Contractor been notified?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
<u>Comments:</u> N/A			

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 checked="" type="checkbox"/>	N/A <input 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 outfall(s)?	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 checked="" type="checkbox"/>
<u>Comments:</u> N/A			

RESILIENCE/GREEN REMEDIATION CHECKLIST

Is site power procured from renewable energy sources (e.g., solar, wind, geothermal, biomass and biogas)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Is the Contractor employing 2007 or newer or retrofitted (BART*) diesel on-road trucks and non-road equipment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Is vehicle idling adequately reduced per 6NYCRR Part 217-3?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Have equipment operators been trained in the idling requirements of 6NYCRR Part 217-3?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Is BART-equipped equipment properly maintained and working?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Is work being sequenced to avoid double handling?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Is there an onsite recycling program for CONTRACTOR-generated wastes and is it complied with?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Are office trailer heating and cooling systems maintained at efficient set points, have programable thermostats been installed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Are products and materials used in performance of the work appropriately certified (e.g., LEED, Energy Star, Sustainable Forestry Initiative®, etc.)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Are resiliency features included in the design, or completed remedy properly installed and/or maintained (flood control, storm water controls, erosion measures, etc.)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Are green remediation elements included in the design, or completed remedy properly installed and/or maintained (e.g., porous pavement, geothermal, variable speed drives, native plantings, natural stream bank restoration, etc.)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Has Contractor been notified of any deficiencies?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
<u>Comments:</u> N/A			

* BART – Best Available Retrofit Technology

