|  |  |
| --- | --- |
| NYSDECDivision of Environmental Remediation  | **NYSDEC Contract No. D011107** Superintendent: NYSDEC PM:Consultant PM: Consultant Site Inspectors: |
| **Site Location:** East Aurora, New York |
| **Weather Conditions** |
| **General Description** | Cloudy | AM |  | PM |
| **Temperature** | Low 60’s | AM |  | PM |
| **Wind**  |  NNW 8 MPH | AM |  | PM |
| Health & Safety **If any box below is checked “Yes”, provide explanation under “Health & Safety Comments”.** |
| Were there any changes to the Health & Safety Plan?  | \*Yes  | No x | NA  |
| Were there any exceedances of the perimeter air monitoring reported on this date? | \*Yes  | No x | NA  |
| Were there any nuisance issues reported/observed on this date?  | \*Yes  | No x | NA  |
| **Health & Safety Comments** |
| Face coverings to be worn at all times on the site.  |
| **Summary of Work Performed** | Arrived at site: | 0800 | Departed Site: | 1215 |
| Weekly O&M, Monthly Sampling and Site-wide Gauging. |
| **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 x | NA  |
| Were there any vehicles which were not tarped? | \* Yes  | No  | NA x |
| Were there any vehicles which were not decontaminated prior to exiting the work site? | \* Yes  | No  | NA x |
| **Personnel and Equipment** |
| **Individual** | **Company**  | **Trade** | **Total Hours** |
| Brandon Mikolin | GES | Geologist | 7 |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Equipment Description** | **Contractor/Vendor** | **Quantity** | **Used** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Material Description** | **Imported/Delivered to Site** | **Exported off Site** | **Waste Profile****(If Applicable)** | **Source or Disposal Facility (If Applicable)** | **Daily Loads** | **Daily Weight (tons)\*** |
| NA |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| \*On-Site scale for off-site shipment, delivery ticket for material received |
| **Equipment/Material Tracking Comments:****N/A** |
| **Visitors to Site** |
| **Name** | **Representing** | **Entered Exclusion/CRZ Zone** |
| **None**  |  | **Yes**  | **No**  |
|  |  | **Yes**  | **No**  |
|  |  | **Yes**  | **No**  |
|  |  | **Yes**  | **No**  |
|  |  | **Yes**  | **No**  |
|  |  | **Yes**  | **No**  |
|  |  | **Yes**  | **No**  |
|  |  | **Yes**  | **No**  |
|  |  | **Yes**  | **No**  |
| **Site Representatives**  |
| **Name** | **Representing** |
| **Brandon Mikolin** | **GES** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **Project Schedule Comments** |
| Weekly O&M, monthly compliance sampling, monthly gauging.  |
| **Issues Pending** |
| Waste Disposal needed for 2 sludge drums. Waiting on waste hauler to schedule pickup.  |
| **Interaction with Public, Property Owners, Media, etc.**  |
| None. No visitors to the site.  |

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

|  |
| --- |
| **Site Photographs (Descriptions Below)** |
| New DEC COVID-19 Required Posters have been posted at the site. Site access is controlled and requires a key.  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

|  |  |
| --- | --- |
|  |  |
|  |  |
|  |  |
|  |  |
| **Comments** |
|  |
| **Site Inspector(s):**   | **Date:**  |

DAILY HEALTH CHECKLIST

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

REMEDIAL ACTIVITIES AT PROPERTIES

|  |  |  |
| --- | --- | --- |
| 1. Have anyone at this location been tested and confirmed to have COVID-19?
 | Yes [ ]  | No [x]  |
| 1. Is anyone at this location isolated or quarantined for COVID-19?
 | Yes [ ]  | No [x]  |
| 1. Has anyone at this locaton had contact with anyone known to have COVID-19 in the past 14 days?
 | Yes [ ]  | No [x]  |
| 1. Does anyone at this locaton have any symptoms of a respiratory infection (e.g., cough, sore throat, fever, or shortness of breath)?
 | Yes [ ]  | No [x]  |
| 1. Does the Department and its contractors have your permission to enter the property at this time?
 | Yes [x]  | No [ ]  |
| If Yes to any of 1-4 above: N/A* If it is not 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 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.
 | Yes [ ]  | No [ ]  |
| Comments: We are using social distancing and face coverings, gloves, and hand sanitizer to safely complete all field work. |

NUISANCE CHECKLIST

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