Comments/Description of problems and/or unusual incidents

1400 Arrived on site. Met check and Paul.
1515 Set up TE Samples on the North side of the Crew continue with the job.
1630 DEP inspector on site. Checks pumps
1730 Pumps running at 4400
1800 Crew takes lunch
1845 Resume work.
1945 Pumps running at 4400
2045 Equipment & operating properly
2145 Crew is finishing up
2200 Collected samples and left the site

The undersigned hereby acknowledges that the information on both sides of this project management log is accurate and true to the best of their knowledge.

(Sign here) ATC Associates Inc. Representative

VATC ASSOCIATES INC

PROJECT MONITOR LOG

Part 2

1. Client:	2. Project Name:	3. Project Address:	4. Project #:	5. date:
DEP	DEP cleanup	125 Cedar St	22906-02	9-21-02
			4a. Task #: 02	

PREP-INSPECTION CHECKLIST:

Work Area Location: _____

	Pass	Fail	N/A
1. Vacated by occupants.			
2. Warning Signs (Eng, Sp).			
3. Electricity down/locked out.			
4. Power outside work with GFI.			
5. HVAC off, locked-out, isolated, or pressurized.			
6. DECONTAMINATION UNIT:			
• Outside work area			
• Cln, shwr, eqpt rooms			
• 2 layers, 6-mil wall poly			
• 2 layers, 6-mil floor poly			
• 1 shower per 6 workers			
• Hot/cold water			
• Waste water ≤ 5 microns			
• Waste water sewer/drum			
• Soap/Shampoo			
• Disposable towels			
• Waste bags			
7. POSTINGS:			
• Regulations (NYC, NYS, OSHA, EPA)			
• Sign-in logs			
• Evacuation Plan			
• Supervisor's license			
• Worker licenses			
• ACP-7			
• Building Permit/Placard			
• EPA 10-day notification			
• NYS Notification			
• Emergency Numbers			
• Material Data Sheets			

	Pass	Fail	N/A
8. Openings <32ft² covered by 2 lyrs poly.			
9. Openings >32ft² covered by plywood and two layers of poly.			
10. Movable objects pre-cleaned, removed from area.			
11. Fixed objects pre-cleaned, plasticized.			
12. Floor poly 6" onto walls (12"=NYS).			
13. Wall poly to the floor.			
14. 6" overlap between adjacent sheets of poly.			
15. Elevator bypasses work area.			
16. Plywood/poly barrier before elevator doors.			
17. Perimeter diaphragm for elevator barrier.			
18. 4 air changes per hour from negative air unit.			
19. New filters in negative air units.			
20. Negative air pressure ≥ 0.02			
21. Minimum 2 means of exiting work area.			
22. Toilet for abatement personnel.			
23. Waste Decon for ≥1,000 ft. ACM			
24. The following additional equipment:			
• 6-mil disposable bags with warning labels			
• Poly and Duct Tape			
• Fire extinguisher			
• Approved respirator			
• Replacement filters			
• Protective Clothing			
25. Work area pre-cleaned			
26. Work area passes inspection	___ Yes	___ No	

PRE-ENCAPSULATION/FINAL INSPECTION CHECKLIST:

Work Area Location: _____

	Pass	Fail	N/A
1. No visible debris on walls, floors.			
2. No visible debris between decking and beams.			
3. No visible debris behind perimeter columns.			
4. No visible debris on top of ducts.			
5. No visible debris on hangers, rods, lights.			
6. No visible debris on poly.			
7. No visible debris on pipes.			

	Pass	Fail	N/A
8. No bags of waste in work area.			
9. All equipment clean.			
10. Neg. Air ≥ 0.02 inch. of water.			
11. Airless spray equipment used.			
12. Work area is dry, free of water pools.			
13. The area suitable for encapsulation.			
14. The area suitable for final air clearance.			
15. Work area passes inspection.	___ Yes	___ No (Explain why)	

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WASTE LOAD-OUT

1. ____ (#) of bags
2. Waste washed, double-bagged: ____ Yes ____ No
3. Name of Hauler:
4. Hauler's permit number _____

FINAL AIR CLEARANCE

1. Aggressive Sampling Techniques: ____ Yes ____ No
2. Area passed final clearance testing: ____ Yes ____ No

HOURLY SUMMARY OF SHIFT'S ABATEMENT:

Time	Activity
1430	I ARRIVE @ SITE MEET
___-___	SUPV AND CREW @ SITE
___-___	ALSO MEET PAUL AND TIM
___-___	@ SITE WE DISCUSS JOB
___-___	SIDE WALK AREA.
1530	PUMP RUNNING FOR JOB
___-___	SITE. CREW STILL CLEAN
___-___	UPTS AND STORE AREA
___-___	I CHECK OUT WORK AREA
___-___	WORKER HAVE ON SUIT
___-___	MASK AND GLOVE doing
___-___	CLEAN UP.
1600	DEP @ SITE. GILBERT REMOVE
___-___	BAG # 308
1700	CREW STILL cleaning the
___-___	AREA @ VARIOUS PT

CONT ON PG 2

PROJECT HOURS: 1430 To 2300

AIR SAMPLES COLLECTED: 01 - 08

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(Sign here) ATC Associates Inc. Representative

VATC ASSOCIATES INC

PROJECT MONITOR LOG

Part 1

1. Client:	2. Project Name:	4. Project #:	5. Work Area(s):
DEP	DEP Clean up	15-22206 0002	ENTIRE
	3. Project Address: 125 CLIFF ST	4a. Task #: 0002	
6. Contractor:	7. Contractor's Foreman:	8. ATC Representative:	9. Date:
Action		C Johnson	9-21-02

Type of Project: _____ Full-Containment _____ Tent-Containment _____ Glovebagging Other _____

Size of Project: _____ Large (> 160 sq. ft., 260 lin. ft. of ACM) _____ Small (< 160 sq. ft., 260 lin. ft.)

Phase of Abatement: _____ Pre-abatement Sampling _____ Prep _____ Removal _____ Cleaning

_____ Encapsulation _____ Waste Load-out _____ Finals

FULL-CONTAINMENT ABATEMENT

Work Area Location (floor, room, section): _____

Preparation of Work Area: _____ Yes (Indicate prep work performed in 1 - 10) _____ N/A (If already completed)

1. Construction of Decon:	_____ Yes	_____ No	2. Ceiling Poly:	_____ Yes	_____ No
3. Critical Barriers (CBs):	_____ Yes	_____ No	4. Wall Poly:	_____ Yes	_____ No
5. Removal to establish CBs:	_____ Yes	_____ No	6. Floor Poly:	_____ Yes	_____ No
7. Negative air:	_____ Yes	_____ No	8. Pre-cleaning:	_____ Yes	_____ No
9. Prep work completed:	_____ Yes	_____ No	10. Temporary Power:	_____ Yes	_____ No
11. Other _____	_____ Yes	_____ No	12. Prep-Inspection Passes:	_____ Yes	_____ No (Explain why)

Removal: _____ Yes (Complete 1 - 5) _____ N/A

1. Type of ACM: _____ Pipe Insulation _____ Duct Insulation _____ Fireproofing _____ Ceiling Tile
_____ Boiler Insulation _____ Transite Boards _____ Floor Tile _____ Other: _____

2. Negative air pressure ≥ 0.02 in. of water:	_____ Yes	_____ No	3. Amended water used during removal:	_____ Yes	_____ No
4. Critical barriers intact for shift's duration:	_____ Yes	_____ No	5. Proper Decon procedures followed:	_____ Yes	_____ No

Cleaning: _____ Yes (Complete 1 - 6) _____ N/A

1. _____ 1st Stage _____ 2nd Stage _____ 3rd Stage
2. 12/12-hour waiting period after 1st cleaning: _____ Yes _____ No
3. Removal of 1st poly layer after 1st cleaning: _____ Yes _____ No
4. 4/12-hour waiting period after 2nd cleaning: _____ Yes _____ No
5. Removal of 2nd poly layer after 2nd cleaning: _____ Yes _____ No
6. 1/12-hour waiting period after 3rd cleaning: _____ Yes _____ No

TENT-CONTAINMENT ABATEMENT

Work Area Location (floor, room, section): _____

Preparation of Work Area: _____ Yes (Indicate prep work performed in 1 - 6) _____ N/A (If already completed)

1. Construction of Tent:	_____ Yes	_____ No	2. Pre-cleaning:	_____ Yes	_____ No
3. Construction of Decon:	_____ Yes	_____ No	4. Negative Air:	_____ Yes	_____ No _____ N/A
5. Prep work completed:	_____ Yes	_____ No	6. Pref-inspection passes:	_____ Yes	_____ No

Removal:

1. Type of ACM: _____ Pipe Insulation _____ Duct Insulation _____ Fireproofing _____ Ceiling Tile
_____ Boiler Insulation _____ Transite Boards _____ Floor Tile _____ Other: _____
2. Method or Removal: _____ Gross removal within tent _____ Glovebag removal within tent (check 3 through 8)

(If Glovebag Removal Check 3 through 8)

3. Glovebags smoke-tested:	_____ Yes	_____ No	4. Glovebags attached to smooth surface:	_____ Yes	_____ No
5. Amended water used:	_____ Yes	_____ No	6. Removal included cleaning and encapsulation:	_____ Yes	_____ No
7. Open/damaged ends of insul. sealed:	_____ Yes	_____ No	8. Glovebags vacuumed, double-bagged:	_____ Yes	_____ No

Continued on Back

Comments/Description of problems and/or unusual incidents

DEP 9/11 BERT KOMAN #309

1150 CREW SHOULD OUT FOR LUNCH
1250 LUNCH OVER CREW RETURNED
to WORK CLEANING VARIOUS AREAS
21 hrs. I CHECK ON THE 7th ROOM
AND STORE BEING CLEAN.
2200 ALL WORK FINISH I COLLECT
ALL SAMPLES AND LEFT FOR
DAY CONTRACT LEFT FOR DAY.
I LEFT FOR LAB
23hrs - I FINISH FOR DAY.

The undersigned hereby acknowledges that the information on both sides of this project management log is accurate and true to the best of their knowledge.

(Sign here) ATC Associates Inc. Representative

VATC ASSOCIATES INC

PROJECT MONITOR LOG 522906

Part 2

1. Client:	2. Project Name:	3. Project Address:	4. Project #: 0602 / 4a. Task #: 0002	5. date:
DEP	DEP CLEAN UP	125 CEDAR ST		9-2102

PREP-INSPECTION CHECKLIST:

Work Area Location: _____

	Pass	Fail	N/A
1. Vacated by occupants.			
2. Warning Signs (Eng, Sp).			
3. Electricity down/locked out.			
4. Power outside work with GFI.			
5. HVAC off, locked-out, isolated, or pressurized.			
6. DECONTAMINATION UNIT:			
• Outside work area			
• Cln, shwr, eqpt rooms			
• 2 layers, 6-mil wall poly			
• 2 layers, 6-mil floor poly			
• 1 shower per 6 workers			
• Hot/cold water			
• Waste water ≤ 5 microns			
• Waste water sewer/drum			
• Soap/Shampoo			
• Disposable towels			
• Waste bags			
7. POSTINGS:			
• Regulations (NYC, NYS, OSHA, EPA)			
• Sign-in logs			
• Evacuation Plan			
• Supervisor's license			
• Worker licenses			
• ACP-7			
• Building Permit/Placard			
• EPA 10-day notification			
• NYS Notification			
• Emergency Numbers			
• Material Data Sheets			

	Pass	Fail	N/A
8. Openings <32ft² covered by 2 lyrs poly.			
9. Openings >32ft² covered by plywood and two layers of poly.			
10. Movable objects pre-cleaned, removed from area.			
11. Fixed objects pre-cleaned, plasticized.			
12. Floor poly 6" onto walls (12"=NYS).			
13. Wall poly to the floor.			
14. 6" overlap between adjacent sheets of poly.			
15. Elevator bypasses work area.			
16. Plywood/poly barrier before elevator doors.			
17. Perimeter diaphragm for elevator barrier.			
18. 4 air changes per hour from negative air unit.			
19. New filters in negative air units.			
20. Negative air pressure ≥ 0.02			
21. Minimum 2 means of exiting work area.			
22. Toilet for abatement personnel.			
23. Waste Decon for ≥1,000 ft. ACM			
24. The following additional equipment:			
• 6-mil disposable bags with warning labels			
• Poly and Duct Tape			
• Fire extinguisher			
• Approved respirator			
• Replacement filters			
• Protective Clothing			
25. Work area pre-cleaned			
26. Work area passes inspection	___ Yes	___ No	

PRE-ENCAPSULATION/FINAL INSPECTION CHECKLIST:

Work Area Location: N/A

	Pass	Fail	N/A
1. No visible debris on walls, floors.			
2. No visible debris between decking and beams.			
3. No visible debris behind perimeter columns.			
4. No visible debris on top of ducts.			
5. No visible debris on hangers, rods, lights.			
6. No visible debris on poly.			
7. No visible debris on pipes.			

	Pass	Fail	N/A
8. No bags of waste in work area.			
9. All equipment clean.			
10. Neg. Air ≥ 0.02 inch. of water.			
11. Airless spray equipment used.			
12. Work area is dry, free of water pools.			
13. The area suitable for encapsulation.			
14. The area suitable for final air clearance.			
15. Work area passes inspection.	___ Yes	___ No (Explain why)	

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