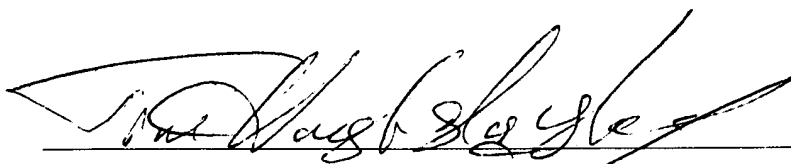


Comments/Description of problems and/or unusual incidents

1400 Arrived on site. Met Chuck and Paul.
 1515 Set up TE M5 samples on V40 North side at 44m. Crew continues with the job.
 1630 DEF inspected on site. Checks pumps
 1730 Pumps running at 44m
 1800 Crew takes lunch
 1845 Resume work.
 1945 Pumps running at 44m
 2005 Equipment is 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



PROJECT MONITOR LOG

Part 2.

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

PREP-INSPECTION CHECKLIST:

Work Area Location: _____

	Pass	Fail	N/A		Pass	Fail	N/A
1. Vacated by occupants.	_____	_____	_____	8. Openings <32ft ² covered by 2 lyrs poly.	_____	_____	_____
2. Warning Signs (Eng, Sp).	_____	_____	_____	9. Openings >32ft ² covered by plywood and two layers of poly.	_____	_____	_____
3. Electricity down/locked out.	_____	_____	_____	10. Movable objects pre-cleaned, removed from area.	_____	_____	_____
4. Power outside work with GFI.	_____	_____	_____	11. Fixed objects pre-cleaned, plasticized.	_____	_____	_____
5. HVAC off, locked-out, isolated, or pressurized.	_____	_____	_____	12. Floor poly 6" onto walls (12"=NYS).	_____	_____	_____
6. DECONTAMINATION UNIT:	_____	_____	_____	13. Wall poly to the floor.	_____	_____	_____
• Outside work area	_____	_____	_____	14. 6" overlap between adjacent sheets of poly.	_____	_____	_____
• Cln, shwr, eqpt rooms	_____	_____	_____	15. Elevator bypasses work area.	_____	_____	_____
• 2 layers, 6-mil wall poly	_____	_____	_____	16. Plywood/poly barrier before elevator doors.	_____	_____	_____
• 2 layers, 6-mil floor poly	_____	_____	_____	17. Perimeter diaphragm for elevator barrier.	_____	_____	_____
• 1 shower per 6 workers	_____	_____	_____	18. 4 air changes per hour from negative air unit.	_____	_____	_____
• Hot/cold water	_____	_____	_____	19. New filters in negative air units.	_____	_____	_____
• Waste water ≤ 5 microns	_____	_____	_____	20. Negative air pressure ≥ 0.02	_____	_____	_____
• Waste water sewer/drum	_____	_____	_____	21. Minimum 2 means of exiting work area.	_____	_____	_____
• Soap/Shampoo	_____	_____	_____	22. Toilet for abatement personnel.	_____	_____	_____
• Disposable towels	_____	_____	_____	23. Waste Decon for ≥1,000 ft. ACM	_____	_____	_____
• Waste bags	_____	_____	_____	24. The following additional equipment:	_____	_____	_____
7. POSTINGS:	_____	_____	_____	• 6-mil disposable bags with warning labels	_____	_____	_____
• Regulations (NYC, NYS, OSHA, EPA)	_____	_____	_____	• Poly and Duct Tape	_____	_____	_____
• Sign-in logs	_____	_____	_____	• Fire extinguisher	_____	_____	_____
• Evacuation Plan	_____	_____	_____	• Approved respirator	_____	_____	_____
• Supervisor's license	_____	_____	_____	• Replacement filters	_____	_____	_____
• Worker licenses	_____	_____	_____	• Protective Clothing	_____	_____	_____
• ACP-7	_____	_____	_____	25. Work area pre-cleaned	_____	_____	_____
• Building Permit/Placard	_____	_____	_____	26. Work area passes inspection	_____	Yes	No
• EPA 10-day notification	_____	_____	_____				
• NYS Notification	_____	_____	_____				
• Emergency Numbers	_____	_____	_____				
• Material Data Sheets	_____	_____	_____				

PRE-ENCAPSULATION/FINAL INSPECTION CHECKLIST:

Work Area Location: _____

	Pass	Fail	N/A		Pass	Fail	N/A
1. No visible debris on walls, floors.	_____	_____	_____	8. No bags of waste in work area.	_____	_____	_____
2. No visible debris between decking and beams.	_____	_____	_____	9. All equipment clean.	_____	_____	_____
3. No visible debris behind perimeter columns.	_____	_____	_____	10. Neg. Air ≥ 0.02 inch. of water.	_____	_____	_____
4. No visible debris on top of ducts.	_____	_____	_____	11. Airless spray equipment used.	_____	_____	_____
5. No visible debris on hangers, rods, lights.	_____	_____	_____	12. Work area is dry, free of water pools.	_____	_____	_____
6. No visible debris on poly.	_____	_____	_____	13. The area suitable for encapsulation.	_____	_____	_____
7. No visible debris on pipes.	_____	_____	_____	14. The area suitable for final air clearance.	_____	_____	_____
				15. Work area passes inspection.	_____	Yes	No (Explain why)

WASTE LOAD-OUT

1. _____ (#) of bags
3. Name of Hauler: _____

2. Waste washed, double-bagged: _____ Yes _____ No
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:

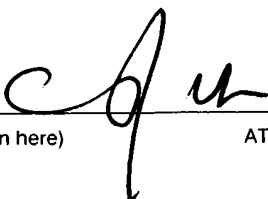
Time	Activity
1430	I ARRIVE on SITE meet Super and crew on SITE Also meet Paul and Tim. on SITE we discuss job side walk area.
1530	Pump Running for job SITE. Crew still clean Apts and Store Area I Check out work area Worker have on suit mask and glove doing clean up.
1600	DER a SITE. Gilbert Remm Bag # 308
1800	crew still cleaning this area on various Th

Cont on pg 2

PROJECT HOURS: 1430 To 2300

AIR SAMPLES COLLECTED: 01-08

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



PROJECT MONITOR LOG

Part 1

1. Client: DEP	2. Project Name: DEP Cleanup	4. Project #: 1F 22806 0002	5. Work Area(s): ENTIRE
	3. Project Address: 125 CLIFTON ST	4a. Task #: 0002	
6. Contractor: Action	7. Contractor's Foreman:	8. ATC Representative: C. John	9. Date: 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 $\geq$ 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

Form NY-8 1/01

Comments/Description of problems and/or unusual incidents

Dep 9/11/01 BERT Korman #309

1100 crew shower out for lunch
 1950 Lunch over crew returned
 to work cleaning various areas
 2100. I check on the 7L room
 and store being clean.
 2200 Am work finish I collect
 all samples and left for
 day container left for day.
 I left for lab
 2300 - 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

PROJECT MONITOR LOG **52286**

Part 2

1. Client: DEP	2. Project Name: DEP CLEAN UP 125 CEDAR ST	3. Project Address: 125 CEDAR ST	4. Project #: 0602 4a. Task #: 0002	5. date: 9-21-02
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PREP-INSPECTION CHECKLIST:

Work Area Location: _____

	Pass	Fail	N/A		Pass	Fail	N/A
1. Vacated by occupants.	☒	☐	☐	8. Openings <32ft ² covered by 2 lrs poly.	☒	☐	☐
2. Warning Signs (Eng. Sp).	☒	☐	☐	9. Openings >32ft ² covered by plywood and two layers of poly.	☒	☐	☐
3. Electricity down/locked out.	☒	☐	☐	10. Movable objects pre-cleaned, removed from area.	☒	☐	☐
4. Power outside work with GFI.	☒	☐	☐	11. Fixed objects pre-cleaned, plasticized.	☒	☐	☐
5. HVAC off, locked-out, isolated, or pressurized.	☒	☐	☐	12. Floor poly 6" onto walls (12"=NYS).	☒	☐	☐
6. DECONTAMINATION UNIT:	☒	☐	☐	13. Wall poly to the floor.	☒	☐	☐
• Outside work area	☒	☐	☐	14. 6" overlap between adjacent sheets of poly.	☒	☐	☐
• Cln, shwr, eqpt rooms	☒	☐	☐	15. Elevator bypasses work area.	☒	☐	☐
• 2 layers, 6-mil wall poly	☒	☐	☐	16. Plywood/poly barrier before elevator doors.	☒	☐	☐
• 2 layers, 6-mil floor poly	☒	☐	☐	17. Perimeter diaphragm for elevator barrier.	☒	☐	☐
• 1 shower per 6 workers	☒	☐	☐	18. 4 air changes per hour from negative air unit.	☒	☐	☐
• Hot/cold water	☒	☐	☐	19. New filters in negative air units.	☒	☐	☐
• Waste water ≤ 5 microns	☒	☐	☐	20. Negative air pressure ≥ 0.02	☒	☐	☐
• Waste water sewer/drum	☒	☐	☐	21. Minimum 2 means of exiting work area.	☒	☐	☐
• Soap/Shampoo	☒	☐	☐	22. Toilet for abatement personnel.	☒	☐	☐
• Disposable towels	☒	☐	☐	23. Waste Decon for ≥ 1,000 ft. ACM	☒	☐	☐
• Waste bags	☒	☐	☐	24. The following additional equipment:	☒	☐	☐
7. POSTINGS:	☒	☐	☐	• 6-mil disposable bags with warning labels	☒	☐	☐
• Regulations (NYC, NYS, OSHA, EPA)	☒	☐	☐	• Poly and Duct Tape	☒	☐	☐
• Sign-in logs	☒	☐	☐	• Fire extinguisher	☒	☐	☐
• Evacuation Plan	☒	☐	☐	• Approved respirator	☒	☐	☐
• Supervisor's license	☒	☐	☐	• Replacement filters	☒	☐	☐
• Worker licenses	☒	☐	☐	• Protective Clothing	☒	☐	☐
• ACP-7	☒	☐	☐	25. Work area pre-cleaned	☒	☐	☐
• Building Permit/Placard	☒	☐	☐	26. Work area passes inspection	☒	☐	☐
• EPA 10-day notification	☒	☐	☐		☒	☐	☐
• NYS Notification	☒	☐	☐		☒	☐	☐
• Emergency Numbers	☒	☐	☐		☒	☐	☐
• Material Data Sheets	☒	☐	☐		☒	☐	☐

PRE-ENCAPSULATION/FINAL INSPECTION CHECKLIST:

Work Area Location: **WTC**

	Pass	Fail	N/A		Pass	Fail	N/A
1. No visible debris on walls, floors.	☒	☐	☐	8. No bags of waste in work area.	☒	☐	☐
2. No visible debris between decking and beams.	☒	☐	☐	9. All equipment clean.	☒	☐	☐
3. No visible debris behind perimeter columns.	☒	☐	☐	10. Neg. Air ≥ 0.02 inch. of water.	☒	☐	☐
4. No visible debris on top of ducts.	☒	☐	☐	11. Airless spray equipment used.	☒	☐	☐
5. No visible debris on hangers, rods, lights.	☒	☐	☐	12. Work area is dry, free of water pools.	☒	☐	☐
6. No visible debris on poly.	☒	☐	☐	13. The area suitable for encapsulation.	☒	☐	☐
7. No visible debris on pipes.	☒	☐	☐	14. The area suitable for final air clearance.	☒	☐	☐
				15. Work area passes inspection.	☒	☐	☐