NYC 9/11 Public Portal Document

APPENDIX A - DAILY FIELD REPORTS

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ATC ASSOCIATES INC

PROJECT MONITOR LOG

Part 1

1. Client:	2. Project Name:	4. Project #:	5. Work Area(s):
PEP	Ground Zero	13240G-0002	12 floors + Penthouse
	3. Project Address: 125 Cedar NY	4a. Task #: 0001	
6. Contractor:	7. Contractor's Foreman:	8. ATC Representative:	9. Date:
Action Abate	Anthony Costa	[illegible]	9-15-2

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): 12 flrs - Penthouse Total 26 apts

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 N/A No
3. Critical Barriers (CBs):	____ Yes N/A No	4. Wall Poly:	____ Yes N/A No
5. Removal to establish CBs:	____ Yes N/A No	6. Floor Poly:	____ Yes N/A 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: Cleaning

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:
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

NYC-WTC_000129390

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
6.00	ATC Rep Paul Pandis + Ruben Acosta on site, Ruben work with Supervisor he informs me shower is not working and they have not cleaned it.
___.___	Start setting up pumps on 1st floor +
6.15	Crew starts to set up Decon on 1st floor
___ ___	
7.45	Decon is in. Present finished need signs and drums marked up.
___.___	
8.10	Decon is finished crew of 13 and supervisor are speaking up setup
___.___	ATC rep Ruben Acosta is putting
___.___	on samples. I talk to supervisor
___.___	and instruct him to put flaps over
___.___	all apartment doors to keep the dust
___.___	out of the hallway

PROJECT HOURS: 6:00 To 15:00

AIR SAMPLES COLLECTED: 24

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

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VATC ASSOCIATES INC

PROJECT MONITOR LOG

Part 2

1. Client:	2. Project Name:	3. Project Address:	4. Project #	5. Date:
[illegible]	[illegible]	[illegible]	13-3906 -0002	7/13-02

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 area 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	✓		
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)	

Form NY-9

NYC-WTC_000129392

Comments/Description of problems and/or unusual incidents

9:00 ATC Rep Paul inspects WTC floors Hard hats on 1-4-5-6-fl on ept pcs pickup
16:30 Fax/patch from EPA Arrives and site and inquires about How many ATC employs we have and what are we sampling.
11:00 Crew Takes Lunch
12:30 Crew returns to work on 1-4-5-6 fl
12:00 Talk to supervisor about duration and he informs me that he don't know when it will be fixed.
1:30 Crew continues clean up elevator shaft no supervisor
2:00 Second crew arrives on site Chuck Johnson arrives on site discuss scope of work
3:00 off 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.

Paul Kaufman
(Sign here) ATC Associates Inc. Representative

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PROJECT MONITOR LOG

Part 1

1. Client:	2. Project Name:	4. Project #:	5. Work Area(s):
[illegible]	DE Cleaning		Clean-up From 1ST Fl To Penthouse
	3. Project Address:	4a. Task #:	
	130 Cedar ST		
6. Contractor:	7. Contractor's Foreman:	8. ATC Representative:	9. Date:
		Robert Acosta	9-13-02

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): From 1ST Fl. To Penthouse

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: Clean-up

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:
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

N/A

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

NYC-WTC_000129394

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
6:00 A.M.	ATC Representative arrived on site.
__:__	Thereafter Waited for a While Till
__:__	Contractor start Cleaning up.
7:00 A.M.	ATC Rep. began to set up area pumps
__:__	on each floor by hallway
8:05	ATC Rep. started to run Tem samples.
9:00 A.M.	ATC Rep. Continued moving equipment.
10:00	At this moment Contractor
__:__	Continue packing all derty material.
11:00	Contractor Went out to have lunch.
12:00	Contractor returned to Work and
__:__	continued doing some Work praccdures.
1:00	At this time elevador is not working
__:__	and Contractor continue packing up.
3:00 P.M.	ATC Rep. finished shift and left.
__:__	

PROJECT HOURS: 6:00 A.M. To 3:00 P.M.

AIR SAMPLES COLLECTED: _____

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.

Ruben E Acosta
(Sign here) ATC Associates Inc. Representative

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ATC ASSOCIATES INC

PROJECT MONITOR LOG

Part 1

1. Client:	2. Project Name:	4. Project #:	5. Work Area(s):
DEP	DEP Clean-up	15-22906-0002	All floors of building
	3. Project Address: 125 Cedar St. NY	4a. Task #: 00002	
6. Contractor:	7. Contractor's Foreman:	8. ATC Representative:	9. Date:
Action Group	A. Costa	E. Lemanovich	09 13.02

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

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Form NY-8 1/01

NYC-WTC_000129396

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
11.00	Arrived on site at 125 Cedar St.
	Met with representatives ATC
	P Pavidia and R Acosta. I discussed
	the scope of work with them.
	Set additional pumps on all floors
	Checked up flow rate. Everything
	is OK
	Changed cassettes
	Checked up flow rate. Everything is OK
	Flow rate is 10.0 L/m.
19.30	Left site

PROJECT HOURS: 11:00 To 19:30

AIR SAMPLES COLLECTED: _____

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.

E. Lemanovich

(Sign here) ATC Associates Inc. Representative

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ATC ASSOCIATES INC

PROJECT MONITOR LOG

Part 1

1. Client:	2. Project Name:	4. Project #:	5. Work Area(s):
DEP	DEP clean up	99906-02	Entire Bldg
	3. Project Address: 125 Cedar St NY	4a. Task #:	
6. Contractor:	7. Contractor's Foreman:	8. ATC Representative:	9. Date:
Action		Tim Austis/Industrial/Chuck Fabian	9.13.02

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:
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

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
14.00	ATC reps Tim Austin Justin and Mark
__.__	Jonson arrived on site. Met
__.__	ATC reps Rubin and Paul. Sampling
__.__	is already in progress.
15.00	Pumps running at 10 L/m. Crew
__.__	continues with clean up.
16.40	Changed samples
18.00	Equipment is operating well
19.0	Crew continues clean up.
19.00	Crew takes lunch.
19.30	Resume work.
20.40	Changed samples, Crew continues clean up
21.40	Pumps running well, Cleanup continues
22.40	Crew is finishing up
23.00	Collected samples Everybody
__.__	off site

PROJECT HOURS: _____ To _____

AIR SAMPLES COLLECTED: _____

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

NYC 9/11 Public Portal Document

ATC ASSOCIATES INC

PROJECT MONITOR LOG

Part 1

1. Client:	2. Project Name:	4. Project #:	5. Work Area(s):
DEP	EPA Cleanup	12796-0001	ACC 12 floor + Penthouse
	3. Project Address: 120 Cedar St, NY	4a. Task #: 0001	
6. Contractor:	7. Contractor's Foreman:	8. ATC Representative:	9. Date:
Action Group	Anthony Costa	Paul Pinto	9-14-02

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:
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

WASTE LOAD-OUT

1. 400 (#) of bags
2. Waste washed, double-bagged: ✓ Yes ___ No
3. Name of Hauler: TST Transportation
4. Hauler's permit number 5147J

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
6.00	ATC sup on site meet with
___.___	supervisor and crew get ready
___.___	for bag out, Have 14 workers and
___.___	one supervisor, ATC sup Dubon and
___.___	Cyril on site, Dubon setting up samples
___.___	in hallways on all 12 floors.
7.00	Crew continues to move bags from
___.___	upper floors to waste Recon.
8.00	Truck for bag out has not arrived
___.___	yet, supervisor calling for truck
8.30	Truck still has not arrived
9.00	Truck arrives with 40 yd cover
___.___	starts Bag out.
9.30	Finish bag out 400 bags Hauler is
___.___	Tri state transfer assoc. Crew return
___.___	to work in apartment. Cyril to sample

PROJECT HOURS: 600 To 1500

AIR SAMPLES COLLECTED: _____

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.

Mark Powers
(Sign here) ATC Associates Inc. Representative

NYC 9/11 Public Portal Document

VATC ASSOCIATES INC

PROJECT MONITOR LOG

Part 2

1. Client:	2. Project Name:	3. Project Address:	4. Project #:	5. Date:
DEP	EPA Cleanup	125 Cedar St NY	12706-0002	9-14-02

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 area 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			
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)	

Form NY-9

Comments/Description of problems and/or unusual incidents

apartments.

10:00 CPR Electrician NYC DEP arrives on site checks building and complants about bags in hallway, supervisor Take care of situation. Workers return to clean apartment on 2 fl North 3 fl N+South, 4 fl N+South and 5 fl N+South.

11:00 Inspect work area, all work begin performed according to scope of work. Crew break for lunch.

11:30 Crew returns from lunch.

12:00 Fitzgerald from EPA and Supervisor and myself inspect every floor and apartments on how the work is being done.

13:00 Penny from and Dave from Dep arrive on site and check paperwork and license Penny finds one that was a copy and we removed the man.

14:00 Elevator breaks again so we can not remove Stones + vacuators.

15:00 Chuck Jackson on site discuss scope of work with check and leave.

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

NYC 9/11 Public Portal Document

VATC ASSOCIATES INC

PROJECT MONITOR LOG

Part 1

1. Client:	2. Project Name:	4. Project #:	5. Work Area(s):
DEP	DEP Clean-up	15-22906-0002	All floors of building
	3. Project Address: 125 Cedar St. NY	4a. Task #: 00002	

6. Contractor:	7. Contractor's Foreman:	8. ATC Representative:	9. Date:
Action Group	A. Costa	E. Lemanovich	09.14.02

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:
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

NYC-WTC_000129404

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
06.00	Arrived on site at 125 Cedar St
___.___	Met with representative ATC P Pavidis
06.20	Contractor started to cleaning
___.___	different apartment.
___.___	Started air testing
09.53	Contractor completed work in the
___.___	apartment PII Air testing completed
10.08	Contractor completed work in the apartment
___.___	PII Air testing completed too
10:25	Changed cassettes in apartment # PII,
10.45	PII, # PII, # PII, # PII
12:35	Started work in apartment # PII
12:49	PII, PII, PII,
___.___	
14.00	Filled out paperwork and collected
___.___	samples
14.30	Left site

PROJECT HOURS: 06:00 To 14:30

AIR SAMPLES COLLECTED: E. Lemanovich

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.

E Lemanovich

(Sign here) ATC Associates Inc. Representative

NYC 9/11 Public Portal Document

ATC ASSOCIATES INC

PROJECT MONITOR LOG

Part 1

1. Client:	2. Project Name:	4. Project #:	5. Work Area(s):
DEP	CEP Clean-up	22906-0002	Clean-up From
	3. Project Address: 125 Cedar St	4a. Task #: 2	1st Fl To Penthouse
6. Contractor:	7. Contractor's Foreman:	8. ATC Representative: Ruben Acosta	9. Date: 9-14-02

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): From 1st Fl To Penthouse

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: clean-up

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:
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

NYC-WTC_000129406

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
6:00 A.M.	ATC Representative arrived on site.
__:__	Thereafter ATC Rep. started to
__:__	run area samples TEM on hallway.
7.00	Mean While Contractor continue
__:__	pulling bag With dirty material out.
8.00	At this moment Contractor are
__:__	still taking Waste out of rooms.
9.00	ATC Rep Went to do inspection of
__:__	all room Which has been clean up
__:__	With the dirty materials.
10.00	DEP inspector showed on site.
11.00	Contractor Went out to have lunch
11.45	Contractor returned to Work
1.00	DEP inspector showed on site
2.00 P.M.	Contractor stopped and new crew come.
3.00	ATC Rep finished all Work

PROJECT HOURS: 6:00 A.M. To 3:00 P.M.

AIR SAMPLES COLLECTED: _____

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.

Ruben C. Acosta
(Sign here) ATC Associates Inc. Representative

NYC 9/11 Public Portal Document

ATC ASSOCIATES INC

PROJECT MONITOR LOG

Part 1

1. Client: DEP	2. Project Name: DEP CLEAN UP	4. Project #: 32906 0002	5. Work Area(s): ENTIRE BLD
	3. Project Address: 135 CEDAR	4a. Task #: 0002	
6. Contractor: Getson	7. Contractor's Foreman:	8. ATC Representative:	9. Date: 9-14-02

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

Form NY-8

NYC-WTC_000129408

Comments/Description of problems and/or unusual incidents

1800 - CREW STOP for LUNCH
1950 - LUNCH OVER CREW RETURNS TO WORK CLEAN WORK AREA and BRING DOWN Bag. TOTAL WORK FOR TONIGHT.
2100 - CREW SIGN CLEAN VARIOUS AREA
2300 - CREW STOP CREW SHOWER OUT for day LEFT SITE I LEFT SITE. 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

NYC 9/11 Public Portal Document

VATC ASSOCIATES INC

PROJECT MONITOR LOG

Part 1

1. Client:	2. Project Name:	4. Project #:	5. Work Area(s):
DEP	DEP clean up	22906-02	Entire
	3. Project Address: 125 Cedar St NY	4a. Task #: 02	
6. Contractor:	7. Contractor's Foreman:	8. ATC Representative:	9. Date:
Action		Tim Hurst/Shirley	9.14.02

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:
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

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
14.30	Arrived on site. Met Chuck and Paul. Crew is onsite
__.__	continues with clean up.
__.__	
14.45	Collected samples
16.00	Clean up continues
17.00	Collected samples. Set up New
__.__	set of PCM samples at 10c/m
18.00	Clean up continues
19.00	Crew takes Lunch
19.50	Resume work
21.00	Changed samples
22.00	Crew continues to clean up
23.00	Collected samples. Every body's
__.__	off site
24.00	Samples are at ATC Lab
__.__	

PROJECT HOURS: _____ To _____

AIR SAMPLES COLLECTED: _____

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.

Tim [illegible] 9/18/01

(Sign here) ATC Associates Inc. Representative

NYC 9/11 Public Portal Document

VATC ASSOCIATES INC

PROJECT MONITOR LOG

Part 1

1. Client:	2. Project Name:	4. Project #:	5. Work Area(s):
DEP	EPA Cleanup	22406-0002	Floors 1 to 12
	3. Project Address: 120 Cedar St NYC	4a. Task #: 0001	74 apts
6. Contractor:	7. Contractor's Foreman:	8. ATC Representative:	9. Date:
Action Group	Anthony Costa	Paul Paulsen	9-15-02

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:
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

NYC-WTC_000129412

NYC 9/11 Public Portal Document

WASTE LOAD-OUT

1. 400 (#) of bags
2. Waste washed, double-bagged: / Yes ____ No
3. Name of Hauler: Tri-State Transportation
4. Hauler's permit number 821476

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
6.00	ATC rep in site meet with Supervisor
___.___	and discuss scope of work for
___.___	today. @ 2 men are going to clean
___.___	elevator shaft and we are going
___.___	to have two bagout today.
6.40	13 worker and 1 supervisor.
7.00	Crew starts to move bags to holding
___.___	area. and working in apt PII
___.___	N+S-4 PII and PII
___.___	morning debris and.
8.30	Crew has moved bag to staging area
___.___	waiting for dumpster
8.40	40 yds container from TST onsite on site
___.___	crew plays inside of container and starts
___.___	bag out
9.15	Bag out finished 40c bags in container

PROJECT HOURS: 600 To 1500

AIR SAMPLES COLLECTED: _____

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

NYC-WTC_000129413

VATC ASSOCIATES INC

PROJECT MONITOR LOG

Part 2

1. Client:	2. Project Name:	3. Project Address:	4. Project #: 27906 WTC 4a. Task #: C001	5. date:
DEP	EPA Clean up	12 Cortlandt ST Mg		9-15-02

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)	

Form NY-9 1/01

Comments/Description of problems and/or unusual incidents

Crew returns TO work
10:30 Second dumpster arrives on site and crew starts bags out
11:30 Second dumpster filled with 400 bags and crew breaks for lunch
12:00 - Crew returns to work cleaning apartments
1:30 Crew continues TO bring bags down from upper floors and clean apartments
14:30 Chuck and Ted arrives on site, and discuss scope of work with them
15:00 off 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

NYC 9/11 Public Portal Document

VATC ASSOCIATES INC

PROJECT MONITOR LOG

Part 1

1. Client:	2. Project Name:	4. Project #:	5. Work Area(s):
DEP	DEP Clean-up	22906-0002	Clean-up From
	3. Project Address: 125 Cedar St	4a. Task #: 2	1st Fl. to Penthouse
6. Contractor:	7. Contractor's Foreman:	8. ATC Representative: Ruben Acosta	9. Date: 9-15-02

Type of Project: ____ Full-Containment ____ Tent-Containment ____ Glovebagging Other Clean-up

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

Form NY-8 1/01

NYC-WTC_000129416

NYC 9/11 Public Portal Document

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
6:00 A.M.	ATC Representative arrived on-site.
__:__	After a few minute ATC Rep
__:__	started to run air samples
__:__	in hallway from 1ST Fl. to penhouse.
7:00	Contractor are pulling bag out.
8:00	At this moment Contractor are
__:__	still taking bag out and putting it on WASTE R.
8.30	Contractor are inserting waste
__:__	bag in dumpster outside on street.
9.00	Contractor Continue cleaning APT.
10.40	Contractor are putting Waste in holding Area,
11.30	Contractor Went out to have lunch
12.10	Contractor returned to Work
1:00	Contractor are still Working in [redacted] PII APT.
__:__ P.M.	
3.00 P.M.	ATC Rep finished shift and left side

PROJECT HOURS: 6:00 P.M. To 3:00 P.M.

AIR SAMPLES COLLECTED: _____

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.

Ruben E. Acosta
(Sign here) ATC Associates Inc. Representative

NYC 9/11 Public Portal Document

VATC ASSOCIATES INC

PROJECT MONITOR LOG

Part 1

1. Client: DEP	2. Project Name: DEP clean-up	4. Project #: 15-225c6-0002	5. Work Area(s): All apartments
	3. Project Address: 125 Cedar St NY	4a. Task #: 00002	
6. Contractor: Action Environmental Group	7. Contractor's Foreman: A. Costa	8. ATC Representative: E. Lemanovich	9. Date: 09 15. 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:
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

NYC-WTC_000129418

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
06.00	Arrived on site at 125 Cedar St
___.___	Met with representative ATC P. Pavidis
06.13	Contractor started cleaning in apartments
06.13	Started air monitoring in apartments # PII
06.41	PII
___.___	
08.30	Checked flow rate Everything is OK
09.45	Checked up work pumps
10.21	Changed cassettes
10.41	Checked flow rate
12.15	Contractor continues with same type of work
13.50	Filled out paperwork
14.30	Left site
15.00	
___.___	
___.___	
___.___	
___.___	

PROJECT HOURS: 06:00 To 15:00

AIR SAMPLES COLLECTED: 14 samples + 3 blanks

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.

E. Lemanowicz

(Sign here) ATC Associates Inc. Representative

NYC 9/11 Public Portal Document

VATC ASSOCIATES INC

PROJECT MONITOR LOG 8229 06

Part 2

1. Client:	2. Project Name:	3. Project Address:	4. Project #: 0062 / 4a. Task #: 0002	5. date:
DEP	DEP Clean up	75 CEDAR		9-15-02

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: 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)	

Form NY-9 1/01

NYC-WTC_000129420

Comments/Description of problems and/or unusual incidents

Clean Rooms DEP on SITE.
2200- Crew Stik Clean Room and Bring Down Beg and Ref.
2230- Crew Slower out for day
2300 Crew of SITE
Call Lutchmesingh NYCDEP # 7058 DEP On SITE. Crew of SITE.
I Left for Lab
2400 - 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

NYC 9/11 Public Portal Document

VATC ASSOCIATES INC

PROJECT MONITOR LOG

Part 1

1. Client: DEP	2. Project Name: VEP CLEAN UP	4. Project #: 15229ab 0002	5. Work Area(s):
	3. Project Address: 125 CLIFF ST	4a. Task #: 0002	
6. Contractor: ACTION.	7. Contractor's Foreman:	8. ATC Representative: C JOHNS —	9. Date: 9-15-02

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:
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

NYC-WTC_000129422

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 AT JOB SITE
___.___	MEET SUPV AND CREW
___.___	AT SITE ALSO LIGHT PACK
___.___	OF ATC ARE AIR CHECK
___.___	WORK FOR TODAY. AND
___.___	WALK THROUGH JOB SITE.
1530	AIR PUMP RUNNING FOR
___.___	JOB SITE I WALK UP TO
___.___	CHECK A WORKER CLEARING
___.___	APT.
1630	I TALK TO SUPV ABOUT
___.___	ARE THE ICE BOX, STOVE, AC UNIT,
___.___	DISHES BEING BROUGHT DOWN
___.___	NOT RAP IN PLASTIC
1800	CREW SHOULD OUT FOR LUNCH
1840	CREW RETURN TO WORK ON 7L

COATS OF 8 9 2

PROJECT HOURS: 1430 To 2400

AIR SAMPLES COLLECTED: 01—

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

NYC 9/11 Public Portal Document

ATC ASSOCIATES INC

PROJECT MONITOR LOG

Part 1

1. Client:	2. Project Name:	4. Project #:	5. Work Area(s):
DEP	DEP clean-up	22906-02	Entire
	3. Project Address: 125 Cedar St NY	4a. Task #: 02	
6. Contractor:	7. Contractor's Foreman:	8. ATC Representative:	9. Date:
Action		Tim Anastasiou	9.15.02

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:
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

NYC-WTC_000129424

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
14.30	Arrived on site. Met Chuck and Paul.
__.__	
15.15	Colleted current set of samples and set up a new set of PCM samples at 10/m Crew continues clean up
__.__	
__.__	
16.30	Cleanup continues
18.00	Crew is taking lunch.
18.30	DEP inspector is on site
19.45	Changed samples.
21.00	Clean up continues
22.00	Crew continues to clean
23.00	Colloected samples. Every body is off site
__.__	
__.__	
__.__	

PROJECT HOURS: _____ To _____

AIR SAMPLES COLLECTED: _____

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

NYC 9/11 Public Portal Document

VATC ASSOCIATES INC

PROJECT MONITOR LOG

Part 1

1. Client:	2. Project Name:	4. Project #:	5. Work Area(s):
DEP	EPA Vacuum Cap	22966-0002	12 floors + Penthouse
	3. Project Address: 12 Cedar ST NY	4a. Task #: 0001	
6. Contractor:	7. Contractor's Foreman: Tony Costa	8. ATC Representative: Mark Paulos	9. Date: 9-16-02

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

NYC-WTC_000129426

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
6.00	ATC rep on site meet with
___.___	Tony Castro from Action and discuss
___.___	scope of work for the day going
___.___	to have bag out and have stairs
___.___	and pipestairs picked up. Pulse
___.___	and Cyber start samples in
___.___	all floors
6.50	Action has 15 workers / supervisor
___.___	on site Crew is starting to clean
___.___	from the penthouse down.
7.30	Instruct Tony from action to
___.___	sepuw floor in waste down and
___.___	Hepa in Rept PII and not to
___.___	put anymore bags in Hallway.
___.___	He claims they were suppose to have
___.___	a bag out last night but the truck

PROJECT HOURS: 6:00 To 3:00

AIR SAMPLES COLLECTED: _____

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

NYC 9/11 Public Portal Document

VATC ASSOCIATES INC

PROJECT MONITOR LOG

Part 2

1. Client:	2. Project Name:	3. Project Address:	4. Project #:	5. date:
DEP	EDA (Command & Control ST 147)		4a. Task #:	9-16-02

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)	

Form NY-9 1/01

NYC-WTC_000129428

Comments/Description of problems and/or unusual incidents

Movers come.
9:00 - Begin vac on engines once the dampers will not be low till tonite. Stop the vac from moving legs.
10:30 - Crew from Hunter to clean up PII
PII
11:00 I.H. on site monitoring in apts PII
PII and also on each floor as taking Crew goes to lunch
11:30 Return from lunch and continue work on all the same areas.
12:00 Relieved from Dep assigned on site. and we have building and all apartments.
2:00 Dep Dennis and Fred from ATC calls me and change their sampling protocol, He wants 5 sample outside on Cedar + 5 outside on Liberty.
2:30 Chuck Johnson and Ted arrive on site and we discuss scope of work.
3:00 off 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

NYC 9/11 Public Portal Document

VATC ASSOCIATES INC

PROJECT MONITOR LOG

Part 1

1. Client:	2. Project Name:	4. Project #:	5. Work Area(s):
DEP	DEP clean-up	15-22906-00002	All apartments
	3. Project Address: 125 Cedar St. NY	4a. Task #: 00002	
6. Contractor: Action Environmental Group	7. Contractor's Foreman: A. Costa	8. ATC Representative: E. Lemanovich	9. Date: 09.16.02

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:
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

NYC 9/11 Public Portal Document

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
06.00	Arrived on site at 125 Cedar St.
___.___	Met with representative ATC P. Pavidis
___.___	I discussed the scope of work with him.
06.20	Contractor started cleaning.
06 20	Started air monitoring in apartments # PII
06.34	PII
___.___	Checked flow rate. Everything is OK
08.00	Checked up work pumps.
09.10	Changed cassettes Checked flow rate.
10.20	Contractor continues with same type of work
10.34	Checked flow rate. Everything is OK
12.00	Air monitoring completed
13.25	Filled out paperwork and collected samples
14.30	Left site for ATC laboratory
___.___	Arrived at office. To deliver samples
15.00	
16.00	
___.___	

PROJECT HOURS: 06:00 To 16:00

AIR SAMPLES COLLECTED: 18 samples + 3 blanks

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.

E. Lemanowicz

(Sign here) ATC Associates Inc. Representative

NYC 9/11 Public Portal Document

VATC ASSOCIATES INC

PROJECT MONITOR LOG

Part 1

1. Client: WTC.	2. Project Name: WTC Clean Up	4. Project #: 45-22206 0002	5. Work Area(s):
	3. Project Address: 125 Cedar St	4a. Task #: 0002	
6. Contractor: Action	7. Contractor's Foreman:	8. ATC Representative: C Johnson	9. Date: 9-16-01

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:
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

NYC-WTC_000129432

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	ARRIVE @ SITE MEET SUPV
___ - ___	And CREW @ SITE ALSO MEET
___ - ___	PAUL P AIR @ SITE WE WENT
___ - ___	OVER JOB SITE TO DISCUSS
___ - ___	SCOPE P WORK And NEW
___ - ___	SET UP P PUMP FOR JOB
___ - ___	SITE MEETING SET UP
___ - ___	Pump ~~testing~~ + OUTSIDE
___ - ___	P Building IN FRONT And
___ - ___	BACK P Building.
1600	TALK TO DEP. ABOUT JOB
___ - ___	SCOPE OK P/C
1830	CREW SHOWER OUT FOR
___ - ___	LUNCH I WORK FROM 8 ON HOUSE
___ - ___	DOWN CHECK ALL AFT.
___ - ___	+ W BACKING And CREW WORKS

CONT on pg 2

PROJECT HOURS: 1430 To 2300

AIR SAMPLES COLLECTED: 01 - 13

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

NYC 9/11 Public Portal Document

VATC ASSOCIATES INC

PROJECT MONITOR LOG 9 22 02

Part 2

1. Client:	2. Project Name:	3. Project Address:	4. Project #:	5. date:
DEP.	DEP CLEAN UP.	125 CEDAR ST	4a. Task #: 3002	9-16 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 <32ft· covered by 2 lyrs poly.			
9. Openings >32ft· 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)	

Form NY-9 1/01

Comments/Description of problems and/or unusual incidents

1545 Lunch with crew return to work clean up Bkup Bag and debris down.
2100 CREW STILL CLEANING UP AND BRING DOWN
2230 CREW START TO CLEAN UP AND SHOWER OUT FOR DAY
2300 CREW OFF SITE FOR DAY & LOT 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

NYC 9/11 Public Portal Document

ATC ASSOCIATES INC

PROJECT MONITOR LOG

Part 1

1. Client:	2. Project Name:	4. Project #:	5. Work Area(s):
~~BOEP~~	DEP Clean up	2906-02	Entire
	3. Project Address: 125 Cedar St NY	4a. Task # 02	
6. Contractor:	7. Contractor's Foreman:	8. ATC Representative:	9. Date:
Action		Tina Anastasiadis	9.16.02

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:
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

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Form NY-8 1/01

NYC-WTC_000129436

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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
14.30	Arrived on site. Met Chuck
___.___	and Paul. Discussed scope of
___.___	work. DEP inspector is on site
___.___	instructs us to set up pumps
___.___	outside the bldg on North and South side.
___.___	Setting up equipment outside.
16.00	Pumps running well at 10 c/m
___.___	Crew is moving bags out.
17.30	Crew takes lunch
18.30	Pumps outside are running OK at 10 c/m
19.00	Changed samples. Truck arrived
___.___	on site. Crew is loading the truck
20.00	Work continues
21.30	Truck is loaded and off site
22.30	Work continues
23.00	Collected samples. Left the site
2400	samples are at the Lab

PROJECT HOURS: 1430 To 2400

AIR SAMPLES COLLECTED: _____

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

NYC-WTC_000129437

NYC 9/11 Public Portal Document

ATC ASSOCIATES INC

PROJECT MONITOR LOG

Part 1

1. Client:	2. Project Name:	4. Project #:	5. Work Area(s):
	EPA Clean up	52906-0002	all Floors
	3. Project Address:	4a. Task #:	& Penthouse
	125 Worth St NY	0001	
6. Contractor:	7. Contractor's Foreman:	8. ATC Representative:	9. Date:
Action	Anthony Costa	Paul Paulides	1-17-02

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:
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

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Form NY-8 1/01

NYC 9/11 Public Portal Document

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
6.00	ATC sign on site, meet with supervisor, they had a bag out last night and left the place a mess, I instruct him to clean up area. Cyclist is setting up sample, I have been instructed by Fred from ATC to put 5 pumps outside on Liberty St and five on Cedar St
7.00	Truck arrives from custom and they start loading down + Riggers for Demo
8.30	Finish moving out Floor + Riggers crew is cleaning up Waste Room and repairing and replacing plastic.

PROJECT HOURS: 6:00 To 15:00

AIR SAMPLES COLLECTED: _____

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

NYC-WTC_000129439

NYC 9/11 Public Portal Document

VATC ASSOCIATES INC

PROJECT MONITOR LOG

Part 2

1. Client:	2. Project Name:	3. Project Address:	4. Project #: / 4a. Task #:	5. date:
E. Ep	IEPA Clean up	1.2 Trade St NY	[illegible] / [illegible]	9-7-01

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)	

Form NY-9 1/01

Comments/Description of problems and/or unusual incidents

10.00 There is no water in building, plumber is here repairing the problem, checks tie ins working.

11.00 crew breaks for lunch

11.30 crew returns from lunch. We still do not have water in the building the plumber has not come yet.

1:30 Crew continues TC clean on upper floors, they have to bring bucket of water from outside

2:00 EPA inspector Fitzpatrick suspect is put my pumps in on the catwalk in Liberty and comply. Had to relocate ladder from there

3:00 Chuck Johnson on site discuss scope of work and leave for office, off 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

NYC 9/11 Public Portal Document

VATC ASSOCIATES INC

PROJECT MONITOR LOG

Part 1

1. Client: DEP	2. Project Name: DEP clean-up	4. Project #: 15-22906.0002	5. Work Area(s): Around building
	3. Project Address: 125 Cedar St NY	4a. Task #: 00002	
6. Contractor: Action Environmental Group	7. Contractor's Foreman: A. Costa	8. ATC Representative: E. Lemanovich	9. Date: 09.17.02

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:
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

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Form NY-8 1/01

NYC-WTC_000129442

NYC 9/11 Public Portal Document

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
06.00	Arrived on site at 125 Cedar St
	Met with representative ATC P Pavlidis
06.20	Started air monitoring
06.40	4 pumps set in front of building
__.__	5 pumps set in back of building
__.__	1 pump set in clean room of decon
__.__	1 pump set in apartment # PII
__.__	Flow rate is 10.0 L/min.
__.__	Checked up flow rate Everything is OK
08.10	Changed cassettes
10.10	Checked up work pumps
10.30	Checked up flow rate Everything is OK
12.05	Air monitoring completed
13.15	Filled out paperwork and collected samples
14.30	Left site
__.__	Arrived at lab To deliver samples
15.00	
16.00	

PROJECT HOURS: 06:00 To 16:00

AIR SAMPLES COLLECTED: 22 samples + 3 blanks

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.

E. Lamovich

(Sign here) ATC Associates Inc. Representative

NYC 9/11 Public Portal Document

VATC ASSOCIATES INC

PROJECT MONITOR LOG

Part 2

1. Client:	2. Project Name:	3. Project Address:	4. Project #:	5. date:
DEP	DEP Clothing Cup	125 Cedar St	8002	9.7.02
			4a. Task #: 2002	

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.			
1 .. 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)	

Form NY-9 1/01

NYC-WTC_000129444

Comments/Description of problems and/or unusual incidents

To Bring Down Bags.
21hrs - No water is Building.
23hrs - All work from CROW Shoulder
Out for day. All Site I
Lots for Labor.

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

NYC 9/11 Public Portal Document

ATC ASSOCIATES INC

PROJECT MONITOR LOG

Part 1

1. Client:	2. Project Name:	4. Project #:	5. Work Area(s):
DEP	DEP Clean up	13226 0002	ENTIRE RIVER
	3. Project Address: 125 CEDAR ST	4a. Task #: 0002	
6. Contractor: Action	7. Contractor's Foreman:	8. ATC Representative: C Johnson	9. Date: 9.17.02

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:
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

NYC-WTC_000129446

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
1535	ON SITE & Emmanuel Brutus (DEP Lab)
1430	& I ARRIVE ON SITE MEET
___:___	Foam And Supv and CREW.
___:___	ON SITE TIME & SITE CHK
___:___	RESET THE PUMP FOR
___:___	DEP + EPA UPON THERE
___:___	REQUEST.
1530	DEP ON SITE AND TECH.
___:___	TO DISCUSS PUMP. THAT
___:___	BEING RUN. CREW STILL
___:___	SHUT DOWN BAGS.
1710	BEG BACK @ SUB SITE
1730	DEP off SITE
1800	CREW SHOWER OUT FOR
___:___	LUNCH TIME
1940	CLEAN OVER CREW RETURN

CONT ON PG 2

PROJECT HOURS: 1430 To 2340

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

NYC 9/11 Public Portal Document

ATC ASSOCIATES INC

PROJECT MONITOR LOG

Part 1

1. Client:	2. Project Name:	4. Project #:	5. Work Area(s):
DEP	DEP clean up	22908-02	Entire
	3. Project Address: 135 Cedar st NY	4a. Task #: 02	
6. Contractor:	7. Contractor's Foreman:	8. ATC Representative:	9. Date:
Action		Tim Austin/Lustig	9.17.02

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:
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

NYC-WTC_000129448

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
14.30	Arrived onsite. DEP Inspector onsite
15.15	Set up TEM samples at 5 l/m
__.__	Crew continues with clean up
17.00	Work continues. DEP Lab
__.__	representative Emanuel Brutis onsite
18.00	Crew takes lunch
19.00	Equipment running well
20.30	Crew continues with cleaning
__.__	procedures
21.30	Equip Pumps running at 5 l/m
__.__	crew continues with work
23.00	~~Collect~~ Crew is off site.
__.__	Collected samples. (Samples run
__.__	at 5 l/m for the duration of the shift
__.__	as per DEP inspector's recomendation)
__.__	

PROJECT HOURS: 1430 To 2300

AIR SAMPLES COLLECTED: _____

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

NYC 9/11 Public Portal Document

ATC ASSOCIATES INC

PROJECT MONITOR LOG

Part 1

1. Client:	2. Project Name:	4. Project #:	5. Work Area(s):
EP	EPA Ocean Sep	2426(6-0002	Exterior 12 floors
	3. Project Address:	4a. Task #:	+ 12 apartment
	12 Cedar St. NY	0001	
6. Contractor:	7. Contractor's Foreman:	8. ATC Representative:	9. Date:
Action Group	Anthony Costa	Paul Nadler	9-18-02

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:
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

NYC-WTC_000129450

NYC 9/11 Public Portal Document

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
11.00	ATC rep on site meet with
___.___	Tony Custo- from cotton and discuss
___.___	scope of work
7.00	Crew is working on upper floors
___.___	and started in restaurant, switching
___.___	mini traps and Personal decon.
8.00	crew of 4 building Decon in
___.___	Restrunt area. ATC rep is setting
___.___	up pump.
8.30	Fred Barbuto from ATC arrives
___.___	on site on 5th building
9.00	Abatement from ATC arrives
___.___	with ladder and we are
___.___	going to move the pump
___.___	to overhang on Liberty Street.
9.50	ATC rep Dwayne & Myself are

PROJECT HOURS: 600 To 1500

AIR SAMPLES COLLECTED: _____

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

NYC 9/11 Public Portal Document

VATC ASSOCIATES INC

PROJECT MONITOR LOG

Part 2

1. Client:	2. Project Name:	3. Project Address:	4. Project #:	5. date:
DEP	EPA Vicinity	120 Cedar St - WTC	4a. Task #: CCC1	9-19-02

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)	

Form NY-9 1/01

NYC-WTC_000129452

Comments/Description of problems and/or unusual incidents

going to Lobby Lockbox and Secure
Keys to the exchange.
10:30 Crew finishes personal clean in Restaurant
and begins to remove ceiling tiles
11:00 Crew breaks for lunch
12:30 crew Returns from lunch, Crew is works
doing last cleaning on PII
PII
1245 - ATC Rep leaves apts
1400 - Check all apartments on all floors
crews giving good apts as ATC clears
15:00 Check Johnston crews on site, Office 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.

Paul Lee

(Sign here) ATC Associates Inc. Representative

NYC 9/11 Public Portal Document

ATC ASSOCIATES INC

PROJECT MONITOR LOG

Part 1

1. Client:	2. Project Name:	4. Project #:	5. Work Area(s):
DEP	DEP-Clean-up	15-22906-0002	Around building
	3. Project Address: 125 Cedar St. NY	4a. Task #: 00002	
6. Contractor: Action Environmental Group	7. Contractor's Foreman: A. Costa	8. ATC Representative: E. Lemanovich	9. Date: 9 18. 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

Form NY-8 1/01

NYC 9/11 Public Portal Document

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
06.00	Arrived on site at 125 Cedar St
	Met with representative ATC P. Pavlidis
6.20	Started air monitoring. Flow rate is 10.0L/m.
6.40	4 pumps set in front of building, 5 pumps set
___.___	in back of building, 1 pump set in clean room
___.___	of decon (Hallway), 1 pump set in clean room
___.___	of decon (2nd floor)
___.___	
08.15	Checked up flow rate. Everything is OK
08.45	Set 1 pump in clean room of decon (restaurant)
10.10	Changed cassettes
10.30	Checked up work pumps
12.00	Checked up flow rate. Everything is OK
13.20	Air monitoring completed
14.30	Filled out paperwork and collected samples
___.___	Left site for ATC lab
15.00	Arrived at lab. To deliver samples
16.00	

PROJECT HOURS: 06:00 To 16:00

AIR SAMPLES COLLECTED: 24 samples + 3 blanks

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.

E. Lemanovich

(Sign here) ATC Associates Inc. Representative

NYC 9/11 Public Portal Document

VATC ASSOCIATES INC

PROJECT MONITOR LOG

Part 1

1. Client:	2. Project Name:	4. Project #:	5. Work Area(s):
DEP.	DEP clean up.	15-22506 0002	ENTIRE
	3. Project Address: 115 CEDAR ST	4a. Task #: 0002	
6. Contractor:	7. Contractor's Foreman:	8. ATC Representative:	9. Date:
Action		CJohnson	9-18-01

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:
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

NYC-WTC_000129456

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 ON SITE MEET
___.___	FOREMAN AND TIM PLUS SUPV
___.___	AND NIGHT CREW. WE WALK
___.___	SITE TO DISCUSS JOB.
1530	AIR PUMP REMOVED FOR SITE
___.___	THEN CELL RUN AT 5 LITER +
___.___	2 SET.
1620	WE SUPV + TIM WENT TO PENTHOUSE
___.___	AND WALK DOWN CHECK ON
___.___	ALL RM. ALSO WENT TO
1830	CREW SHOWER OUT FOR
___.___	LUNCH TIME
1920	LUNCH OVER TRUCK ON SITE
___.___	CREW STARTS TO LOAD OUT
___.___	
___.___	

PROJECT HOURS: 1430 To _____

AIR SAMPLES COLLECTED: 01-13

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

NYC 9/11 Public Portal Document

ATC ASSOCIATES INC

PROJECT MONITOR LOG

Part 1

1. Client:	2. Project Name:	4. Project #:	5. Work Area(s):
DEP	DEP Clean up	22906-02	Entire
	3. Project Address: 125 Cedar St	4a. Task #: 02	
6. Contractor:	7. Contractor's Foreman:	8. ATC Representative:	9. Date:
Nation.		Tim Anstislov	9.18.02

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:
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

NYC-WTC_000129458

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
14.30	Arrived on site Met Chuck.
15.15	Set up TEM samples @ 10 l/m
__.__	Crew continues with work.
17.00	Crew takes lunch.
17.45	Resume work.
19.15	Changed samples Truck
__.__	arrived on site. Crew is loading
__.__	the waste.
20.00	work continues
22.30	Crew continues with clean up.
23.00	Collected samples, Truck
__.__	is loaded and is off-site
__.__	Crew is off site as well
24.00	Samples are at NYC Lab
__.__	
__.__	

PROJECT HOURS: 1430 To 2400

AIR SAMPLES COLLECTED: _____

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

NYC 9/11 Public Portal Document

ATC ASSOCIATES INC

PROJECT MONITOR LOG

Part 1

1. Client:	2. Project Name:	4. Project #:	5. Work Area(s):
DEP	EPA Clean up	21406.0001	12 floor
	3. Project Address: 120 Cedar ST NY	4a. Task #: 0001	2 Light + Penthouse
6. Contractor:	7. Contractor's Foreman:	8. ATC Representative:	9. Date:
Action Envp	Tony Costa	Paul Kinkel	9-19-01

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:
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

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
6.00	ATC Reps on Site Pour Perimeter Equipment, Meet with Tony Costo to discuss scope of work. Tony informs me he will have [redacted] workers on Penthouse, PII
___.___	PII
___.___	PII.
___.___	
7.00	Workers are in place, Start fans under air Restraint,
___.___	
8.00	Note rep make tour of Restraint Basement + PII
___.___	
8.15	Ahmad Salah from Dep arrive on site to check out of pumps
___.___	
9.30	Check Restraint area and Basement going to upper floors
___.___	
10.00	Ahmad Salah from Dep arrives

PROJECT HOURS: 600 To 1700

AIR SAMPLES COLLECTED: _____

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

NYC 9/11 Public Portal Document

VATC ASSOCIATES INC

PROJECT MONITOR LOG

Part 2

1. Client:	2. Project Name:	3. Project Address:	4. Project #:	5. date:
DEP	EPA Cleanup	123 Water St MH	4a. Task #: 1001	9-19-01

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)	

Form NY-9 1/01

Comments/Description of problems and/or unusual incidents

back on site and they want ~~us~~ to run 1 set of samples per shift at 5 Lot. We are complying. Talk to Fred from ATC and he agrees

11:00 Crew in route for lunch.

11:30 Crew returns to work on all floors and in restaurant.

1300 Informed by Fred of ATC that we will be running one set of tests for 4 hrs at 5 Lot. To return 1 set to this will give us a gap of 2½ hrs with no sampling. Fred said that Perry from Dep on this. I will town the instrument with Tony from action this afternoon

1345 Found pipe insulation in basement ~~ceiling~~ pipe left

1400 - Equip removing samples

1530 Check Johnson on site discuss scope of work

1700 Left 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

NYC 9/11 Public Portal Document

ATC ASSOCIATES INC

PROJECT MONITOR LOG

Part 1

1. Client:	2. Project Name:	4. Project #:	5. Work Area(s):
DEP	DEP clean-up	05-22906-0002	Around building
	3. Project Address: 125 Cedar St. NY	4a. Task #: 0002	
6. Contractor: Action Environmental Group	7. Contractor's Foreman: A Coste	8. ATC Representative: E. Lemanovich	9. Date: 9.19.2

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:
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

NYC 9/11 Public Portal Document

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
06.00	Arrived @ site at 125 Cedar St
	Met with representative ATC P. Pavlidis
06.20	Started air monitoring. Flow rate is 10.0 L/m
06.41	
08.10	Checked up flow rate. Everything is OK
09.25	Changed cassettes Flow rate is 4.0 L/m
09.46	
11.20	Checked up flow rate. Everything is OK
12.55	Checked up work progress
14.10	Air monitoring completed
14.31	
14.55	Filled out paperwork and collected samples.
15.00	Left site for ATC lab
16.00	Arrived at lab To deliver samples
___.___	
___.___	
___.___	
___.___	
___.___	

PROJECT HOURS: 06:00 To 16:00

AIR SAMPLES COLLECTED: 24 samples + 3 blanks

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.

C. Lemanovich

(Sign here) ATC Associates Inc. Representative

NYC 9/11 Public Portal Document

ATC ASSOCIATES INC

PROJECT MONITOR LOG

Part 1

1. Client:	2. Project Name:	4. Project #:	5. Work Area(s):
DEP	VEP clean up	15212.06 0002	ENTIRE
	3. Project Address: 125 CEDAR	4a. Task #: 0002	
6. Contractor:	7. Contractor's Foreman:	8. ATC Representative:	9. Date:
ACTUS		CJohnson	9-19-02

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

Form NY-8 1/01

NYC-WTC_000129466

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 ON SITE MEET Foreman And Tim of ATC We went over work Area Also. Check In |Discuss Scope of work for day.
1530	All pumps Running OK JOB SITE AT 4 METER. And one SET for 7'in Over for 4 ms LITER TOTAL
1600	DEP. Admins. Solo on SITE We Check all The' Pump for Flow Rate Liter all OK All at 4.
1700	DEP off SITE,
1900	CREW Shower out for lunch
1930	Lunch Over CREW Return

CONT on Pg 2

PROJECT HOURS: 1430 To 2200

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

NYC 9/11 Public Portal Document

VATC ASSOCIATES INC

PROJECT MONITOR LOG 15 22 Rol

Part 2

1. Client:	2. Project Name:	3. Project Address:	4. Project #:	5. date:
DEP	DEP Cleanup	115 CLINTON ST	3002	9-19-02
			4a. Task #: 0002	

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 <32ft covered by 2 lyrs poly.			
9. Openings >32ft 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)	

Form NY-9 1/01

NYC-WTC_000129468

Comments/Description of problems and/or unusual incidents

To clean Room and Stairs of Building. I check from PENTHOUSE DOWN TO STORE for Crane being done at JOB SITE.
Dep - ON SITE HE Check on Bag Coming DOWN.
2 PM - Crew Still working on Clean up of AREA
23 PM - all Work Stop Crew Shower Out for Day and off SITE
I Exit for Last
24 PM - 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

Part 2

1. Client:	2. Project Name:	3. Project Address:	4. Project #:	5. date:
DEP	DEP Clean up	12 S Cedars +	22904	9.19.2
			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)	

Form NY-9 1/01

Comments/Description of problems and/or unusual incidents

1430 Arrived on site. Met chuck.
1515 Set up VEM samples at 4 l/m
Crew continues with the JOB
1615 Pumps running at 4 l/m
1715 Equipment is operating properly
1800 Crew takes lunch
1900 Pumps running at 4 l/m
2000 Pumps running fine.
2100 Crew continues with the job.
2200 Pumps running at 4 l/m
2245 Collected samples
2300 OFF 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

NYC 9/11 Public Portal Document

ATC ASSOCIATES INC

PROJECT MONITOR LOG

Part 1

1. Client:	2. Project Name:	4. Project #:	5. Work Area(s):
EP	DEP Ocean ups	27506-0002	12 flr + Penthouse
	3. Project Address:	4a. Task #:	24 apt + Restaurant
	121 Ocean St-1107	0002	
6. Contractor:	7. Contractor's Foreman:	8. ATC Representative:	9. Date:
Action Inc	Tony Castro	Paul Hulse	9-30-05

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:
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

NYC 9/11 Public Portal Document

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
6.00	ATC Supervisor site - meet up Tony
___.___	Supervisor of Asbestos and he inform
___.___	me work shall continue in
___.___	all 12 flr + Restrant.
6.30	Crew is assisting samples.
7.30	Crew is work from 6 Fl to 12 Fl
___.___	and Restrant.
9.00	Tour all apartment, they are
___.___	cleaning in apts Penthouse, 12 N+S
___.___	11 N+S 10 N+S and in restrant
___.___	take down Block wall. I inform
___.___	supervisor that he has to send
___.___	someone to repair Flap on some
___.___	of the apt from 8 fl Down.
11.30	Supervisor inform me apts 12 + 11 finish
___.___	first cleaning check apts 12 N Found

PROJECT HOURS: 600 To 1500

AIR SAMPLES COLLECTED: _____

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

NYC 9/11 Public Portal Document

VATC ASSOCIATES INC

PROJECT MONITOR LOG

Part 2

1. Client:	2. Project Name:	3. Project Address:	4. Project #:	5. date:
DEP	DEP Clean-up	125 Cedar St NY	4a. Task #: 0002	9-20-02

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)	

Form NY-9 1/01

NYC-WTC_000129474

Comments/Description of problems and/or unusual incidents

dust on just cleaned surfaces and in Kitchen against duct. ISS duty in hallway. as upon entry upstairs not ready for inspection.

12:00 Lunch

12:30 Crew returns to Lunch.

13:30 EPA Rep Fitzpatrick on site. Work continues on upper floors and in basement

14:00 DEP rep Jason Lui on site to check flow rate of pumps

15:00 off site for the 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

NYC 9/11 Public Portal Document

VATC ASSOCIATES INC

PROJECT MONITOR LOG

Part 1

1. Client:	2. Project Name:	4. Project #:	5. Work Area(s):
DEP	DEP clean-up	15-22906-0002	Around building
	3. Project Address: 125 Cedar St. NY	4a. Task #: 00002	
6. Contractor: Action Environmental Group	7. Contractor's Foreman: A. Costa	8. ATC Representative: E. Lemanovich	9. Date: 9 20 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

NYC-WTC_000129476

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
06.00	Arrived on site at 125 Cedar St
	Met with representative ATC P Pavlidis
06 30	Started air monitoring Flow rate is 4 L/min.
06.52	
08.15	Checked up flow rate. Everything is OK
10.05	Checked up work pumps
11.55	Contractor continues with same type of work
13.10	Pumps are running at 4.0 L/min.
14 00	Air monitoring completed
14.22	
14.50	Filled out paperwork and collected samples
	Left site for ATC lab.
15.00	
16.00	Arrived at office To deliver samples

PROJECT HOURS: 06:00 To 16:00

AIR SAMPLES COLLECTED: 12 samples + 3 blanks

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.

E. Lemanovich

(Sign here) ATC Associates Inc. Representative

NYC 9/11 Public Portal Document

VATC ASSOCIATES INC

PROJECT MONITOR LOG

Part 1

1. Client:	2. Project Name:	4. Project #:	5. Work Area(s):
DEP	DEP Clean up	15227.06 0002	ENTIRE
	3. Project Address: 115 CEDAR ST	4a. Task #: 0002	
6. Contractor:	7. Contractor's Foreman:	8. ATC Representative:	9. Date:
Arrow		CJOHNSON	9-20-02

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:
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

NYC-WTC_000129478

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 ON SITE MEET CREW
__:__	TIM + DEP ON SITE CHECK
__:__	SUPV AND CREW ON SITE
__:__	WE WALK JOB SITE KNOW
__:__	SITE ALSO.
1530	PUMP RUNNING FOR JOB SITE.
__:__	I CHECK CALIBRATION OF
__:__	4 GAS.
1700	CREW CLEANING TOP LEVEL
__:__	FLOOR. PENTHOUSE DOWN TO
__:__	5TH I CHECK FOR CLEAN
__:__	OF WORK AREA
1830	CREW SHOWER OUT FOR
__:__	LUNCH
1920	LEAVE OVER CREW RETURN
__:__	TO WORK CLEAN; STILL

CONT ON PG 2

PROJECT HOURS: 1430 To 2300

AIR SAMPLES COLLECTED: 01 - 05

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.

CJ M-

(Sign here) ATC Associates Inc. Representative

NYC 9/11 Public Portal Document

VATC ASSOCIATES INC

PROJECT MONITOR LOG 9 22 06

Part 2

1. Client:	2. Project Name:	3. Project Address:	4. Project #: 2 / 4a. Task #: 002	5. date:
DEP	DEP clean up	125 CLIFF ST		9-20-06

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			
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.			
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)	

Form NY-9 1/01

NYC-WTC_000129480

Comments/Description of problems and/or unusual incidents

2030 CLEANING OF UPPER FL
2230 T CHECK OF SAMPLES - ALL OK
2230 CREW SHOULD BE OUT FOR DAY
2300 CREW OFF SITE LEFT 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	125 Cedar st	125 Cedar st NYNY	12906-02	9.20.02
			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)	

Form NY-9 1/01

Comments/Description of problems and/or unusual incidents

1430 Arrived on site Met Chuck
1515 Set up TEM samples @ 44 L/M
1615 Pumps running @ 44 L/M Crew continues work
1715 Equipment Testing Fine
1800 Crew takes break
1845 Resume work
1945 Pumps running @ 44 L/M
2045 Crew continues clean up. Equipment is working properly.
2145 Work continues Pumps running @ 44 L/M.
2245 Collected samples.
2300 Left the site.
2400 Samples are at the lab.

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

NYC 9/11 Public Portal Document

VATC ASSOCIATES INC

PROJECT MONITOR LOG

Part 1

1. Client:	2. Project Name:	4. Project #:	5. Work Area(s):
DEP	DEP Clean up	2766-002	Penthouse 12 Flrs 24 apt + Restaurant
	3. Project Address: 141 Cedar St	4a. Task #: 002	
6. Contractor:	7. Contractor's Foreman:	8. ~~ATC~~ Representative:	9. Date:
Action Env.	Tony Costa	Paul Burke	9-21-01

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): Penthouse 12 Flrs 24 apt + Restaurant

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:
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

NYC-WTC_000129484

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
6.00	Arrive on site meet with
___.___	ATC Rep Cyrus and Tony from
___.___	Asten, Tony inform me he will
___.___	continue to clean upto from 12 Fl
___.___	down and restroom, ATC rep will
___.___	inspect upto latter when work is
___.___	in progress, Cyrus prepare samples.
11.30	The [redacted] is working on [redacted]
___.___	Today.
5.00	Gilbert from Dep arrive on
___.___	site to check license and
___.___	pumps flow. One pump blown
___.___	up replace
9.00	I have seen of 16 and I supervise
___.___	on site
10.00	Tony Costa + Fitzpatrick from EPA & myself

PROJECT HOURS: 6:00 To _____

AIR SAMPLES COLLECTED: _____

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

NYC 9/11 Public Portal Document

VATC ASSOCIATES INC

PROJECT MONITOR LOG

Part 2

1. Client:	2. Project Name:	3. Project Address:	4. Project #:	5. date:
DEP	DEP Vicinity	125 Cedar St	22 9116-1001	9-21-02
			4a. Task #: 0002	

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)	

Form NY-9 1/01

Comments/Description of problems and/or unusual incidents

Tower all apts in building for check on Progress of work.
12:00 Lunch
12:30 Return from lunch
13:30 Work continue on PII apts and in Restrunant,
15:00 check + Tickets on site Discuss scope of work / off 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

NYC 9/11 Public Portal Document

VATC ASSOCIATES INC

PROJECT MONITOR LOG

Part 1

1. Client:	2. Project Name:	4. Project #:	5. Work Area(s):
DEP	DEP Clean-up	45-22906-0002	Around building
	3. Project Address: 125 Cedar St	4a. Task #: 00002	
6. Contractor: Aetion Environmental Group	7. Contractor's Foreman: A. Costa	8. ATC Representative: E. Lemanovich	9. Date: 9.21.2

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:

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

NYC-WTC_000129488

NYC 9/11 Public Portal Document

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
06.00	Arrived on site at 125 Cedar St.
	Met with representative ATC P.Pavlidis
06.30	Started air monitoring Flow rate is 4.0 L/min
06.33	
08.15	Checked up flow rate. Everything is OK
09.50	Pumps are running at 4.0 L/min
11.25	Contractor continues with same type of work.
13.10	Checked up work pumps.
14.00	
14.23	Air monitoring completed
14.50	Filled out paperwork and collected samples
15.00	Left side for ATC lab
16.00	Arrived at office To deliver samples
___.___	
___.___	
___.___	
___.___	
___.___	

PROJECT HOURS: 06:00 To 16:00

AIR SAMPLES COLLECTED: 12 samples + 3 blanks

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.

E. Lemanovich

(Sign here) ATC Associates Inc. Representative

NYC-WTC_000129489

NYC 9/11 Public Portal Document

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	32906-02	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 <32ft covered by 2 lyrs poly			
9. Openings >32ft 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)	

Form NY-9 1/01

NYC-WTC_000129490

Comments/Description of problems and/or unusual incidents

1400 Arrived on site. Met check and Paul.
1515 Set up TE Mon/Bks on the North side of 4 4/M Crew continue with the job.
1630 DEP inspected on site. Checks pumps
1730 Pumps running at 4 4/M
1800 Crew takes lunch
1845 Resume work.
1945 Pumps running at 4 4/M
2005 Equipment & operating properly
2145 Check is finished up to
2200 Collected sample 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

NYC 9/11 Public Portal Document

VATC ASSOCIATES INC

PROJECT MONITOR LOG 522906

Part 2

1. Client:	2. Project Name:	3. Project Address:	4. Project #:	5. date:
DEP	DEP CLEAN UP	125 CEDAR ST	0602	9.2102
			4a. Task #: 0002	

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)	

Form NY-9 1/01

NYC-WTC_000129492

Comments/Description of problems and/or unusual incidents

DEP 911 BERT ROMAN #309

1100 CREW Shoveler Out for Lunch
1150 Lunch CREW CREW RETURN
to work Cleaning various AREAS
2100 Crew on the 7th Floor
and STORE Being Clean.
2200 Am work finish & Collect
all Samples And Light for
day Contract Light for day.
I light for Lunch
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

NYC 9/11 Public Portal Document

PROJECT MONITOR LOG

Part 1

1. Client:	2. Project Name:	4. Project #:	5. Work Area(s):
DEP	DEP Clean up	15-22506 0002	ENTIRE
	3. Project Address: 125 Cedar 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

Form NY-8 1/01

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 ON SITE MEET
___	SUPV AND CREW ON SITE
___	ALSO MEET PEARL AND TIM
___	ON SITE AND DISCUSS JOB
___	SIDE WORK AREA.
1530	PUMP RUNNING FOR JOB
___	SITE. CREW STILL CLEAN
___	UPS AND STORE AREA
___	I CHECK OUT WORK AREA
___	WORKER HAVE ON SUIT
___	MASK AND GLOVE doing
___	CLEAN UP.
1600	DEP ON SITE. GILBERT RUNNING
___	BAG # 308
1700	CREW STILL CLEANING THE
___	AIR ON VARIOUS FL

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

NYC 9/11 Public Portal Document

ATC ASSOCIATES INC

PROJECT MONITOR LOG

Part 1

1. Client:	2. Project Name:	4. Project #:	5. Work Area(s):
DEP	DEP Clean up	13706-0002	6th FL Penthouse & Basement
	3. Project Address: 4 Cedar ST NY	4a. Task #: 0001	
6. Contractor:	7. Contractor's Foreman:	8. ATC Representative:	9. Date:
Action Group	Tony Castro	Richard Rader	9-22-01

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

NYC-WTC_000129496

NYC 9/11 Public Portal Document

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
6.00	ATC Rep on site meet with
___.___	Tony supervisor for Containment
___.___	discuss scope of work
6.30	Tony connecting Electrical Panel for
___.___	micro traps in basement, not enough
___.___	power down there, I asked Tony TO
___.___	assign me person to ~~do~~ keep decon
___.___	unit general area down stair clean
___.___	One person is cleaning hallway out
___.___	to Fire escape.
7.30	Crew is Finishing PII and
___.___	starting PII & 6 FF NAS.
8.00	Dep Greg Fruchtman ~~[redacted]~~
___.___	arrive on site to check paperwork
___.___	and pump
9.00	Dep Rep off site, no problems.

PROJECT HOURS: 600 To 1100

AIR SAMPLES COLLECTED: _____

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

NYC-WTC_000129497

NYC 9/11 Public Portal Document

VATC ASSOCIATES INC

PROJECT MONITOR LOG

Part 2

1. Client:	2. Project Name:	3. Project Address:	4. Project #: 4a. Task #:	5. date:
DEP	DEP Cleaning	125 Cedar St NY	0002	9-22-01

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)	

Form NY-9 1/01

Comments/Description of problems and/or unusual incidents

1045 - Tour the work area, PII ; Clean but not ready for inspection - Crew is cleaning PII + PII

1130 Rec'd Fuchtman from Dep return to check pumps Everything OK

1200 Lunch

1230 Crew returns from lunch. Do walk through of Restraint and find hose from main trap broke instruct workers to repair hoses

1300 - Check Hoses as repaired

1315 - Find Hose from main trap in restraint broke again instruct workers to replace hose they do.

1400 Greg Fuchtman from Dep come to check pumps again

1500 - Check and Ted from ATC arrive discuss scope of work off 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

NYC 9/11 Public Portal Document

VATC ASSOCIATES INC

PROJECT MONITOR LOG

Part 1

1. Client: DEP	2. Project Name: DEP Clean-up	4. Project #: 15-22906-0002	5. Work Area(s): Around building
	3. Project Address: 125 Cedar St. NY	4a. Task #:	
6. Contractor: Action Environmental Group	7. Contractor's Foreman: A Costa	8. ATC Representative: E. Lemanovich	9. Date: 9.22.2

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

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NYC-WTC_000129500

NYC 9/11 Public Portal Document

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
06.00	Arrived on site at 125 Cedar St.
06.30	Met with representative ATC P. Parkidis
06.54	Started air monitoring. Flow rate is 4.0 L/m.
08.20	Checked up flow rate. Everything is OK.
10.35	Pumps are running at 4.0 L/min.
12.05	Checked up work pumps
13.20	Contractor continues the same type of work
14.00	Air monitoring completed
14.24	Filled out paperwork and collected samples
14.50	Left site.
15.00	Arrived at lab. To deliver samples.
16.00	

PROJECT HOURS: 06:00 To 16:00

AIR SAMPLES COLLECTED: 12 samples + 3 blanks

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.

E. Lewandowski

(Sign here) ATC Associates Inc. Representative

ATC ASSOCIATES INC

PROJECT MONITOR LOG

Part 1

1. Client: DEP	2. Project Name: DEP CLEAN UP	4. Project #: 11-22-206 0002	5. Work Area(s): EAST MEZ
	3. Project Address: 125 CEDAR	4a. Task #: 0002	
6. Contractor: Action	7. Contractor's Foreman:	8. ATC Representative: C Johnson	9. Date: 9-12-02

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

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: ____ ____ Glovebag removal within tent (check 3 through
2. Method or Removal: ____ Gross removal within tent

(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 ____ Nc
7. Open/damaged ends of insul. sealed: ____ Yes ____ No
8. Glovebags vacuumed, double-bagged: ____ Yes ____ Nc

Continued on Back

Form NY

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 @ SITE MEET
___:___	SUPV AND CREW ON SITE
___:___	ALSO MEET AT TIM AND PAUL.
___:___	WE WORK JOB SITE.
1530	DEP GREG INSPECTION OF
___:___	DEP @ SITE ALL PUMPS RUNNING
___:___	CREW CLEANING VARIOUS RM.
1700	CREW 5TH CLEAN OF VARIOUS
___:___	ROOM I WENT TO TOP F
___:___	FL TO CHECK ON PROGRESS F
___:___	WORK AREA ALL OK WORK
___:___	DOWN TO CHECK. ALL WORK
___:___	HAVE SHIFT MASK ISSUE
___:___	OF FOR CLEAN UP.
1930	DEP GREG INSPECTION OF
___:___	SITE FOR 2ND TIME.

PROJECT HOURS: 1430 To 2300 CONT ON PG 2

AIR SAMPLES COLLECTED: Q1-Q8

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

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VATC ASSOCIATES INC

PROJECT MONITOR LOG

Part 2

1. Client:	2. Project Name:	3. Project Address:	4. Project #: 15229.06	5. date:
DEP	VER ELEVATOR UP	125 CEDAR	4a. Task #: 0002 0041	9-22-02

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 <32ft covered by 2 lyrs poly.			
9. Openings >32ft 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)	

Form NY-9 1/01

Comments/Description of problems and/or unusual incidents

2000 Per H/S SITE I WALK from TOP DOWN TO Check all TRAP and all RM.

2200 - START to COLLECT all Dump for dry Per GREC Instruction of SITE Again for 3rd time Check all pump.

2210 - all CREW H/S SITE Per H/S SITE I exit 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

NYC 9/11 Public Portal Document

PROJECT MONITOR LOG

Part 1

1. Client:	2. Project Name:	4. Project #:	5. Work Area(s):
DEP	DEP Clean up	22906 - 02	Entire
	3. Project Address: 125 Cedar St NY	4a. Task # 02	
6. Contractor:	7. Contractor's Foreman:	8. ATC Representative:	9. Date:
Action		Tim Houstis	9.22.02

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:
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

NYC-WTC_000129506

NYC 9/11 Public Portal Document

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
14.00	Arrived on site
14.30	Set up TEM samples at 44M
__.__	
15.00	DEP inspector on site.
__.__	Checks pumps
16.00	Pumps running at 44M
17.00	Equipment is operating properly
18.00	Crew takes lunch
18.45	Rescue work
19.45	Pumps running fine. Crew continues
20.__	clean up
20.45	Equipment is operating fine.
__.__	Clean up Continues
21.45	Crew is finishing up.
22.35	Collected samples and left the site
23.30	Samples are at the Lab

PROJECT HOURS: 1400 To 2330

AIR SAMPLES COLLECTED: _____

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) AFC Associates Inc. Representative

ATC ASSOCIATES INC

PROJECT MONITOR LOG

Part 1

1. Client:	2. Project Name:	4. Project #:	5. Work Area(s):
DEP	DEP Cleaning Logs	12406-0002	13FF Pantheon Restaurant
	3. Project Address:	4a. Task #:	
	131 Cedar ST	0002	
6. Contractor:	7. Contractor's Foreman:	8. ATC Representative:	9. Date:
Action Group	Tony Custer		9-25-01

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:
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

NYC 9/11 Public Portal Document

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
6.00	ATC Rep on site meet with
__.__	Tony Costa, Supervisor from Cabrera
__.__	and discuss scope of work.
6.30	Check mini traps in Restraint
__.__	1 not work, I inform supervisor
__.__	to bid traps, Crew work on PII
__.__	& PII
__.__	
7.00	Check mini traps in restraint
__.__	and it has been replaced. All
__.__	Four traps are running
8.30	Check work been done on 5FL6F
9.30	Scott Dropper from site and asked
__.__	me about the job and when they
__.__	will be ready for inspection, Right
__.__	now i cant give him a answer
10.30	check all pumps no problem.

PROJECT HOURS: 6000 To 1530

AIR SAMPLES COLLECTED: _____

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 #: 22 416 202 / 4a. Task #: 0002	5. date:
DEP	DEP Citywide eq	125 Cedar St		9-23-02

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)	

Form NY-9 1/01

Comments/Description of problems and/or unusual incidents

@Check mice traps and numbers in 5th & 6th Fl. no problems
1:15C Lunch
1:00 - Team returns from lunch at 5-F6 F and resumes work
14:00 - Team works in 5-F 6 F and Restroom area
1450 - Check Johnson and Ted on site, discuss scope of work is
now off 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

NYC 9/11 Public Portal Document

VATC ASSOCIATES INC

PROJECT MONITOR LOG

Part 1

1. Client: DEP	2. Project Name: DEP Clean-up	4. Project #:	5. Work Area(s): Around building
	3. Project Address: 125 Cedar St	4a. Task #: 00002	
6. Contractor: Action Environmental Group	7. Contractor's Foreman: A. Costa	8. ATC Representative: E. Lewandowski	9. Date: 9.23.2

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

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NYC-WTC_000129512

NYC 9/11 Public Portal Document

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
06:00	Arrived on site at 125 Cedar St
	Met with representative ATC P Pavlidis
06:30	Started air monitoring Flow rate is 4 0L/m.
06:54	Checked up flow rate Everything is ok
08:20	Checked up work pumps
10:05	Contractor continues with same type of work
11:40	Pumps are running at 4 0 L/m.
13:05	Air monitoring completed
14:00	Filled out paperwork and collected samp
14:24	Left site for ATC lab
14:50	Arrived at office To deliver samples
15:00	
16:00	
___:___	
___:___	
___:___	
___:___	
___:___	

PROJECT HOURS: 06:00 To 16:00

AIR SAMPLES COLLECTED: 12 samples + 3 blanks

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.

E. Lemanski

(Sign here) ATC Associates Inc. Representative

NYC 9/11 Public Portal Document

PROJECT MONITOR LOG

Part 1

1. Client:	2. Project Name:	4. Project #:	5. Work Area(s):
DEP	DEP Cleanup	16229060002	Manholes
	3. Project Address: 125 Cedar	4a. Task #: 0002	
6. Contractor:	7. Contractor's Foreman:	8. ATC Representative:	9. Date:
Action		C Johnson	9-23-02

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

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Form NY-8 1/01

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
14.30	I ARRIVE ON JOB SITE MEET
___.___	SUPV AND CREW ON SITE
___.___	ALSO MEET PAUL AND TIM
___.___	OF MAC ON SITE PUMP
___.___	SET UP FOR SITE
1530	I WENT TO PENTHOUSE WORK
___.___	DOWN CHECKING ON ALL RAG
___.___	COMING DOWN. THAT CLEAN
___.___	AND BEING CLEAN.
1700	CREW 5TH CLEAN UP
___.___	NO WORK IN BSMT ON
___.___	5 + 4 FL CREW CONSTRUCTION
___.___	ON 2 FL ONLY.
1700	CREW SHOWER OUT FOR
___.___	LUNCH. TIME
1730	LUNCH OVER CREW RETURN

CONT ON PG 2

PROJECT HOURS: 1430 To 2330

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

NYC 9/11 Public Portal Document

VATC ASSOCIATES INC

PROJECT MONITOR LOG 522906

Part 2

1. Client:	2. Project Name:	3. Project Address:	4. Project #:	5. date:
DEP	DEP CLEAN UP.	125 CEDAR ST	4a. Task #: 5001	9-23-02

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: W/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)	

Form NY-9 1/01

Comments/Description of problems and/or unusual incidents

to work crew the 4 + 5 fl
I check a dec pump and OK
2130 - Crew start cleaning
2200 dec pump fail for day
Crew start cleaning
2300 - Crew shower out for day
2330 Crew off site I left for
LAB
2430 - I fling 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

NYC 9/11 Public Portal Document

VATC ASSOCIATES INC

PROJECT MONITOR LOG

Part 1

1. Client:	2. Project Name:	4. Project #:	5. Work Area(s):
DEP	DEP (Long)	93466 02	Entire
	3. Project Address: 125 Cedar St NY	4a. Task #: 02	
6. Contractor:	7. Contractor's Foreman:	8. ATC Representative:	9. Date:
Action		Tim Mustilowski	9.25.02

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:
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

NYC-WTC_000129518

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
14 30	Arrived on site. Met Chuck and Paul began setting up scaffolds
__ . __	
15 . 30	Pumps operating at 4 GPM
16 . 30	Flow rate is holding at 4 GPM
17 . 30	Crew continues with cleanup. Flow rate is holding at 4 GPM.
__ . __	
18 . 00	Crew takes lunch.
18 . 45	Resume work
19 . 45	Crew continues cleaning up. Pumps running at 4 GPM
__ . __	
20 . 45	Work continues flow rate is holding at 4 GPM
21 . 45	Work continues Pumps Running at 4 GPM
__ . __	
22 . 15	Collected equipment samples
23 . 30	Everybody is off site
__ . __	

PROJECT HOURS: 1430 To 2330

AIR SAMPLES COLLECTED: _____

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

NYC 9/11 Public Portal Document

PROJECT MONITOR LOG

Part 1

1. Client:	2. Project Name:	4. Project #:	5. Work Area(s):
DEP	DEP Clean up	12796 0002	12 FLS 2 Uptn Pinkham + Richmond
	3. Project Address: 125 Cedar St NY	4a. Task # 0001	
6. Contractor:	7. Contractor's Foreman:	8. ATC Representative:	9. Date:
Action Env.	Tony Costa	Paul Riddle	9-24-02

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:
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

WASTE LOAD-OUT

1. 400(#) of bags
2. Waste washed, double-bagged: / Yes ___ No
3. Name of Hauler: Fre - State Transfer
4. Hauler's permit number 215 46

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
6.00	ATC Rep on site. Site Supv is setting up pump and is now discussing the days work with Supervisor.
6.10	Supervisor explains that he orders a dumpster for a bag out last nite, and it has arrived, crew starts bag out.
7.00	Finish Bag out from Restaurant. Crew will resume work on PII PII and pursuing start PII
8.00	Crew continues to clean Restaurant and 5th Fl.
8.45	Dep arrives on sit. Checks chain of custody and pumps.
10.50	Turn off 5th Fl, 2 crew members in PII doing after cleaning and

PROJECT HOURS: 6.00 To 1500

AIR SAMPLES COLLECTED: _____

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

Comments/Description of problems and/or unusual incidents

Last of crew on PII and PII leaving and via restaurant.

1130 lunch

1300 Crew returns from lunch

1500 People from loading comp washing and are going to resume at We have to move [redacted] and use pump till they are finished, and put them in the side walk.

1420 Tower building with EPA Fitzpatrick and Supervisor Tony Costa from Cadman

1430 - Check Jasmin arrives to site and discusses scope of work.

1520 - off 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

NYC 9/11 Public Portal Document

VATC ASSOCIATES INC

PROJECT MONITOR LOG

Part 2

1. Client:	2. Project Name:	3. Project Address:	4. Project #:	5. date:
DEP	DEP Cleaning	12 Thomas St NY NY	4a. Task #: 0002	4-24-01

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 <32ft covered by 2 lyrs poly.			
9. Openings >32ft 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)	

Form NY-9 1/01

NYC-WTC_000129523

NYC 9/11 Public Portal Document

ATC ASSOCIATES INC

PROJECT MONITOR LOG

Part 1

1. Client: DEP	2. Project Name: DEP Cleanup	4. Project #: PS-22506 CWO2	5. Work Area(s): Around building
	3. Project Address: 125 Cedar St	4a. Task #: CWO2	
6. Contractor: Action Environmental Group	7. Contractor's Foreman: A Costa	8. ATC Representative: E. Lemanowich	9. Date: 9 24 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:
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

NYC-WTC_000129524

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
06.00	Arrived on site at 125 Cedar St
06.30	Met with representative ATC P Pavlidis
06.34	Started air monitoring Flow rate is 4.0 L/m.
08.15	Checked up flow rate Everything is OK
08.45	Arrived on site representative DEP He
___.___	checked Chain of custody form and flow rate
___.___	all pumps Everything is OK
10.25	Pumps are running at 4.0 L/m.n.
11.50	Checked up work pumps Everything is OK
13.05	Contractor continues the same type of work
14.00	Air monitoring completed
14.24	Filled out paperwork and collected samples
14.50	Left site.
15.00	Arrived at lab To deliver samples
16.00	
___.___	
___.___	

PROJECT HOURS: 06:00 To 16 00

AIR SAMPLES COLLECTED: 12 samples + 3 blanks

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.

E Kaminovich

(Sign here) ATC Associates Inc. Representative

NYC 9/11 Public Portal Document

ATC ASSOCIATES INC

PROJECT MONITOR LOG

Part 1

1. Client: DEP	2. Project Name: DEP clean up	4. Project #: 15228.06 0002	5. Work Area(s): LOT IKE
	3. Project Address: 125 Cedar St	4a. Task #: 0002	
6. Contractor: ACTION	7. Contractor's Foreman:	8. ATC Representative: C Johnson	9. Date: 9-24-01

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

Form NY-8 1/01

NYC-WTC_000129526

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 ON JOB SITE
___.___	MEET FOR, FOR. OF SITE
___.___	WE WALK SITE DISCUSS
___.___	JOB SITE AND WALK SITE
___.___	CREW ON SITE TAKING DOWN
___.___	SCAFFOLD IN FRONT OF BUILDING
___.___	SUPPLIES RUNNING FOR JOB SITE
1530	A DEP AGENT ON SITE THEY
___.___	STOP THE SCAFFOLD WORK WHICH
___.___	WAS 90% FINISH.
1600	CONTRACTOR CLEANS UP DEBRIS
___.___	OUTSIDE IN FRONT OF BUILDING
___.___	& MORE DEP ON SITE.
1730	I SET PUMPS TO START
___.___	RUNNING OUT SIDE IN
___.___	FRONT OF THE BUILDING 2 PUMP

CONT ON PG 2

PROJECT HOURS: 1430 To 2330

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

VATC ASSOCIATES INC

PROJECT MONITOR LOG 9-229-6

Part 2

1. Client:	2. Project Name:	3. Project Address	4. Project #:	5. date:
DLP	DEP Clean Up	145 CHURCH ST	0002	9-24-02
			4a. Task #: 0002	

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)	

Form NY-9 1/01

Comments/Description of problems and/or unusual incidents

1800 – Crew Shown out for Lunch.
1900 – Lunch over.
2100 Crew 5th Clean on 4 & 5 FL
2200 Air pump Stop I Check Air FL in Building All ok
2330. Secure Area Crew off Site I left 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

NYC 9/11 Public Portal Document

PROJECT MONITOR LOG

Part 1

1. Client:	2. Project Name:	4. Project #:	5. Work Area(s):
DEP	DEP clean up	99EE -2	Entire
	3. Project Address: 125 Worth St NY	4a. Task #: 02	
6. Contractor:	7. Contractor's Foreman:	8. ATC Representative:	9. Date:
Action		Vinu Thottiloor	9.24.02

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:
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

NYC-WTC_000129530

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
14.30	Arrived on site Set Pos
__.__	and Chuck began setting
__.__	up samples. Scaffold on the South side
__.__	of the bldg is being taken down
15.20	Pumps running at 44m Crew continues work
16.20	Flow rate is holding at 44m DEP inspector was on site
17.20	Work Continues Pumps running at 44m
18.00	Crews taking lunch
18.45	Resume work
19.45	Clean up continues Flow rate is 44m
20.45	Work in progress Pumps running at 44m
21.45	Flow rate is holding at 44m. Work continues
22.15	Collected samples
23.30	Crew Everybody is off site
24.30	Samples are at ATC Lab
__.__	

PROJECT HOURS: 1430 To 2430

AIR SAMPLES COLLECTED: _____

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.

Tim Sullivan

(Sign here) ATC Associates Inc. Representative

NYC 9/11 Public Portal Document

VATC ASSOCIATES INC

PROJECT MONITOR LOG

Part 1

1. Client:	2. Project Name:	4. Project #:	5. Work Area(s):
DEP	DEP Clean up	03-2966-0001	12 FL Penthouse
	3. Project Address:	4a. Task #:	24th Restaurant
	133 Cedar St NY NY	0002	
6. Contractor:	7. Contractor's Foreman:	8. ATC Representative:	9. Date:
Action Group	Tony Custo	Mark Mueller	4-23-01

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:
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

NYC-WTC_000129532

NYC 9/11 Public Portal Document

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
6.00	ATC Dep on site, meet with
___.___	Tony Supervisor from Asbestos and
___.___	discuss scope of work, He informs
___.___	me he will be furnished with 5-FF+6F
___.___	N+S by lunch and move to 7FL
___.___	Action has brought in a machine to clean
___.___	the hard wood floor and are cleaning
___.___	upto from the Penthouse to 7 Fl.
___.___	In the restaurant they are cleaning the
___.___	duct work and are going to throw
___.___	it out as Commercial waste
___.___	Bob Feb patch from EPA suggested they
___.___	do it that way.
7.00	Check all pumps OK, leak 5+6 F.
___.___	and Restaurant areas are work no
___.___	problems

PROJECT HOURS: 600 To 1500

AIR SAMPLES COLLECTED: _____

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

NYC 9/11 Public Portal Document

VATC ASSOCIATES INC

PROJECT MONITOR LOG

Part 2

1. Client:	2. Project Name:	3. Project Address:	4. Project #: / 4a. Task #:	5. date:
DEP	DEP Cleanup	121 Cedar ST MJM	2240 / 0002	9-25-02

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)	

Form NY-9 1/01

Comments/Description of problems and/or unusual incidents

7:00 Check all men - 1 guy, one in 7 N, Tubing has to be separated.

7:30 - Crew is finishing up 5-6 FL N+S there is a crew working 4 FL S Check Restaurant, workers are cleaning and Tupeing down dust work

10:30 - Most of the workers have moved to the 4 FL S + N.

11:30 Crew goes to lunch

12:00 Crew returns from lunch they are finished on 5-6 and have moved to 4 + 3rd Fl. They have stopped work in the restaurant and put all the workers on the 4 + 3rd Floor.

1300 - Work continue on 5+4 Floor.

14:30 - Chuck Johnson arrives on site, discuss scope of work.

15:00 - Off 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

NYC 9/11 Public Portal Document

PROJECT MONITOR LOG

Part 1

1. Client:	2. Project Name:	4. Project #:	5. Work Area(s):
DEP	DEP clean-up	15-22906.0002	Around building
	3. Project Address: 125 Cedar St. NY	4a. Task #: 00002	
6. Contractor: Action Environmental Group	7. Contractor's Foreman: A. Costa	8. ATC Representative: E. Lemanovich	9. Date: 9 25.2

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:
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

NYC-WTC_000129536

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
06.00	Arrived on site at 125 Cedar St.
	Met with representative ATC P. Pavlidis
06.30	Started air monitoring. Flow rate is 4.0 L/min.
06.54	
08.20	Checked up flow rate. Everything is OK
09.45	Pumps are running at 4.0 L/min
11.20	Checked up work pumps. Everything is OK.
12.55	Checked up flow rate. Everything is OK
14.00	Air monitoring completed.
14.24	
14.50	Filled out paperwork and collected samples
15.00	Left site for ATC lab.
16.00	Arrived at lab To deliver samples.
___.___	
___.___	
___.___	
___.___	
___.___	

PROJECT HOURS: 06:00 16:00

AIR SAMPLES COLLECTED: 12 samples + 3 blanks

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.

E Lemanovich

(Sign here) ATC Associates Inc. Representative

NYC 9/11 Public Portal Document

VATC ASSOCIATES INC

PROJECT MONITOR LOG

Part 2

1. Client:	2. Project Name:	3. Project Address:	4. Project #: / 4a. Task #:	5. date:
DEP-	DEP Clean up	115 CEDAR	0002 / 0002	9-25 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: 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)	

Form NY-9 1/01

NYC-WTC_000129538

Comments/Description of problems and/or unusual incidents

1700 Crew Shower Out for Lunch
1900 Lunch crew Return
On 4 & 5 FL plus D/con
2100 Crew 5th Cleaning all OK
2330 - All Crew Shower Out for day and all SITE Lights
6th Lab
0430 - 6 Crew 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

NYC 9/11 Public Portal Document

PROJECT MONITOR LOG

Part 1

1. Client:	2. Project Name:	4. Project #:	5. Work Area(s):
DEP		3002	ENTIRE
	3. Project Address: 125 CEDAR	4a. Task #: 0002	
6. Contractor:	7. Contractor's Foreman:	8. ATC Representative:	9. Date:
ACTION		C JOHNSON	9-25-02

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:
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

NYC-WTC_000129540

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
14:30	I Arrive on SITE MEET Supv, CREW, PAUL, BENNY
___:___	And Tim on SITE CWE WALK
___:___	JOB SITE DISCUSS POLICY And
___:___	WORK BEING DONE ON SITE
___:___	CREW SUITED UP MASK 9 COVE
___:___	WORKING ON 4 + 5 FL Also
___:___	START BUILDING D/CON FROM
___:___	WOOD FOR STAGE BSMT.
___:___	GENS RUNNING FOR SITE
___:___	FRONT And BACK
16:00	2 EPA ON SITE WALK IN
___:___	TO CHECK APD.
16:10	EPA ON SITE. I CHECK
___:___	ON PROGRESS D/CON FOR
___:___	BSMT WORK AREA

CONT ON PG 2

PROJECT HOURS: 14:30 To 24:30

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

NYC 9/11 Public Portal Document

PROJECT MONITOR LOG

Part 1

1. Client:	2. Project Name:	4. Project #:	5. Work Area(s):
DEP	DEP Chromium P	22506 - 02	Entire
	3. Project Address: 125 Cedar St NY NY	4a. Task #: 02	
6. Contractor:	7. Contractor's Foreman:	8. ATC Representative:	9. Date:
Various		Tim Yastishock	9-25-02

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:
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

NYC-WTC_000129542

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
14.30	Arrived on site met client
__.__	Paul and Ben began setting up TEM samples
__.__	
15.30	Crew's began building decon down stairs. Pumps running at 4 4M
__.__	
16.30	Flow rate is holding at 4 4M
17.30	Crew continues clean up. Flow rate is 4 4M
18.00	Crew takes lunch
18.45	Resume work Pumps running at 4 4M
19.45	Work continues. Flow rate is 4 4M
20.45	Pumps running at 4 4M. Clean up continues
22.45	Collected samples.
23.30	Everybody off site
__.__	
__.__	
__.__	

PROJECT HOURS: 1430 To 2380

AIR SAMPLES COLLECTED: _____

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.

Tim Christensen

(Sign here) ATC Associates Inc. Representative

NYC 9/11 Public Portal Document

ATC ASSOCIATES INC

PROJECT MONITOR LOG

Part 1

1. Client:	2. Project Name:	4. Project #:	5. Work Area(s):
DEP	Expansion Cap	22506	Partition 12 FTS
	3. Project Address:	4a. Task #:	2 Layer Partition + 12 mil
	120 Greenwich St 11th fl	0001	
6. Contractor:	7. Contractor's Foreman:	8. ATC Representative:	9. Date:
Cochran Group	Tony Costa	Paul Paulsen	9-26-02

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:
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

NYC-WTC_000129544

WASTE LOAD-OUT

1. ~~ATC~~ (#) of bags
2. Waste washed, double-bagged: ✓ Yes ___ No
3. Name of Hauler: TST
4. Hauler's permit number 1624

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
6.00	ATC Region site, Dumpster on site 4 yds
___.___	Supervisor Tony arrives informs me
___.___	we will have bag out Crew
___.___	arrives
6.20	Crew starts Bag out.
7.30	Bag out Finished, workers are
___.___	cleaning up.
9.30	Workers on PII and PII
___.___	and PII
10.00	Check floors work continue.
11.00	Check restraint are main not
___.___	working + PII main fan
___.___	not working inform supervisor
___.___	to fix.
1.30	Lunch
2.00	Workers return to work

PROJECT HOURS: 6:00 To 15:00

AIR SAMPLES COLLECTED: _____

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

NYC 9/11 Public Portal Document

Part 2

PROJECT MONITOR LOG

VATC ASSOCIATES INC

1. Client:	2. Project Name:	3. Project Address:	4. Project #: 27464-0004	5. date: 9-26-01
EP	EPA Clean up	130 Cedar St NY	4a. Task #: 0001	

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			
8. Openings <32ft covered by 2 lyrs poly.			
9. Openings >32ft 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	___ Yes	___ No	
26. Work area passes inspection			

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.			
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 w	

Form NY-

Comments/Description of problems and/or unusual incident

1300 - Two workers from Action use Rec. the check work in the Restaurant...
4PM - Check between w site mgr discuss
1500 - Left 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

NYC 9/11 Public Portal Document

VATC ASSOCIATES INC

PROJECT MONITOR LOG

Part 1

1. Client: DEP	2. Project Name: DEP Clean-up	4. Project #: 15-22906-0002	5. Work Area(s): Around building
	3. Project Address: 125 Cedar St. NY	4a. Task #: 00002	
6. Contractor: Action Environmental Group	7. Contractor's Foreman: A. Costa	8. ATC Representative: E. Lemanowich	9. Date: 9.26.2

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:
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

NYC 9/11 Public Portal Document

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
06.00	Arrived @ site at 125 Cedar St.
	Met with representative ATC P Pavlidis
06.30	Started air monitoring Flow rate is 4.0L/min
06.54	Arrived representative DEP on site. He
08.25	checked chain of custody form and flow
___.___	rate all pumps. Everything is OK
___.___	Set additional pumps in hallway Flow rate
08.40	is 4.0L/min.
___.___	Checked up flow rate. Everything is OK
10.15	Pumps are running at 4.0L/min
11.40	Checked up work pumps Everything is OK.
12.20	Arrived representative DEP on site. He
13.15	checked flow rate all pumps. Everything is OK
14.00	Air monitoring completed
14.30	Filled out paperwork and collected samples.
14.50	Left site for ATC lab
15.00	Arrived at lab to deliver samples
16:00	

PROJECT HOURS: 06:00 To 16:00

AIR SAMPLES COLLECTED: 10 samples + 3 blanks

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.

E. Lemanovich

(Sign here) ATC Associates Inc. Representative

NYC 9/11 Public Portal Document

PROJECT MONITOR LOG

Part 1

1. Client:	2. Project Name:	4. Project #:	5. Work Area(s):
DEP	DEP CLEAN UP	0002	ENTIRE
	3. Project Address: 125 CEDAR ST	4a. Task #: 0002	

6. Contractor:	7. Contractor's Foreman:	8. ATC Representative:	9. Date:
ACTION	ADAM	C JOHNSON	9-26-02

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:
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

NYC-WTC_000129550

NYC 9/11 Public Portal Document

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 AT JOB SITE MEET BENNY, TIM, PAUL & ATC CONTRACTOR SUPV AND CREW ON SITE. THEY WORKING ON 3+4 FL ALSO. BUILD D/CON ON BSMT STONE
1530	DEP ON SITE, CHECKING ALL PUMPS. ALL OK
1700	I CHECK ON WORK BEING DONE ON VARIOUS FL ALSO CHECKING D/CON IN BSMT STONE BEING POLY
1800	CREW SHOWER OUT FOR LUNCH
1830	LUNCH OVER CREW RETURN TO CLEANING ON 3+4 FL ALSO POLYING D/CON WORK AREA
___:___	

CONT ON PG 2

PROJECT HOURS: 1430 To 2330

AIR SAMPLES COLLECTED: 01-OF

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

NYC 9/11 Public Portal Document

VATC ASSOCIATES INC

PROJECT MONITOR LOG 5229&6

Part 2

1. Client:	2. Project Name:	3. Project Address:	4. Project #: 8562	5. date: 9-26-02
DEP	125 CEDAR		4a. Task #: 8502	

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: _____ KJ/KA

	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)	

Form NY-9 1/01

NYC-WTC_000129552

Comments/Description of problems and/or unusual incidents

1930 – DEP Break on Site Checking on pump.
21 hrs Crew Still Down 3 + 4 FL Area D/W W ORK
2300 – Crew Shower Out for day and off Site Supv Cooking for the Guys. He Last Site Still on Site
2330 – Last Site Supv Still on 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

NYC 9/11 Public Portal Document

PROJECT MONITOR LOG

Part 1

1. Client:	2. Project Name:	4. Project #:	5. Work Area(s):
DEP	[illegible]	2476.02	[illegible]
	3. Project Address:	4a. Task #:	
	125 Cedar St	02	
6. Contractor:	7. Contractor's Foreman:	8. ATC Representative:	9. Date:
[illegible]		[illegible]	9.26.02

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:
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

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
14.30	Arrive on site + Pre Check
__.__	Did Pre / Begin setting up
__.__	TEM sample
15.30	DEP inspector on site, checking
__.__	pumps. Flow ratio is 4cfm
16.30	Flow rate is holding at 4cfm will continue
17.30	Cleanup continues. Pumps run at 4cfm
18.00	Crew relocs (unclear)
18.45	Pressure wash
19.45	Work continues. Flowrate is 4cfm
20.45	Work in progress. Pumps run at 4cfm
22.15	Collected samples
23.30	All crew is done for the day
24.30	Everybody off site
24.30	Samples are at ATC Lab
__.__	

PROJECT HOURS: 1430 To 2430

AIR SAMPLES COLLECTED: ____

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

NYC 9/11 Public Portal Document

ATC ASSOCIATES INC

PROJECT MONITOR LOG

Part 1

1. Client:	2. Project Name:	4. Project #:	5. Work Area(s):
EP	DEP Chelsea Piers	2266-106	Perimeter 12 Floor
	3. Project Address:	4a. Task #:	24 Apt, Basement, Penthouse
	133 Beaver St	0001	
6. Contractor:	7. Contractor's Foreman:	8. ATC Representative:	9. Date:
Cochran Group	Tony Chaste	[signature]	9-27-02

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:
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

NYC-WTC_000129556

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
6.00	ATC supervisor on site Meet with Tony
___.___	Supervisor from Custom and discuss
___.___	scope of work
___.___	Workers on PII and
___.___	PII
8.00	Collect all ATC pumps that
___.___	are in the building and move
___.___	to the PII
9.00	Workers still on 3+2nd fl. no
___.___	work being done in restaurant
10.00	ATC Rep Ogum and Mustafi
___.___	Tom will go from the 3rd Fl
___.___	to the penthouse to collect all
___.___	pumps
11.30	Lunch
12.00	Crew returns from Lunch

PROJECT HOURS: 6:00 To 15:00

AIR SAMPLES COLLECTED: _____

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

NYC 9/11 Public Portal Document

VATC ASSOCIATES INC

PROJECT MONITOR LOG

Part 2

1. Client:	2. Project Name:	3. Project Address:	4. Project #:	5. date:
DEP	DEP Ulicers exp	125 Cedar St NYC	22966.2001	9-27-02
			4a. Task #: 0001	

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 <32ft covered by 2 lyrs poly.			
9. Openings >32ft 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)	

Form NY-9 1/01

Comments/Description of problems and/or unusual incidents

1500 - 2 men working in Restaurant cleaning ducts.
1730 Check + Tim review on site discuss scope of work.
1730 off 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

NYC 9/11 Public Portal Document

ATC ASSOCIATES INC

PROJECT MONITOR LOG

Part 1

1. Client: DEP	2. Project Name: DEP Clean-up	4. Project #: 15-22906-R002	5. Work Area(s): Around building
	3. Project Address: 125 Cedar St.	4a. Task #: 00002	
6. Contractor: Action Environmental Group	7. Contractor's Foreman: A. Costa	8. ATC Representative: E. Lemanovich	9. Date: 9.27.2

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:
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

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
06.00	Arrived on side at 125 Cedar St.
	Met with representative ATC P. Pavlidis
06.30	Started air monitoring Flow rate is 4.0 L/min
06.54	
08.25	Checked up flow rate Everything is OK
10.10	Pumps are running at 4.0 L/min
11.05	Arrived representative DEP on site.
	He checked chain of custody form and flow
	rate all pumps Everything is OK
	Checked up work pumps Everything is OK
12.30	Arrived inspector DEP on site. He checked
13.20	flow rate and chain of custody form. Everything is OK.
14.00	Air monitoring completed
14.24	
14.50	Filled out paperwork and collected samples
15.00	Left site for ATC lab
16.00	Arrived at lab.

PROJECT HOURS: 06:00 To 16:00

AIR SAMPLES COLLECTED: samples + 3 blanks

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.

E. Lewenwirth

(Sign here) ATC Associates Inc. Representative

NYC 9/11 Public Portal Document

VATC ASSOCIATES INC

PROJECT MONITOR LOG

Part 1

1. Client:	2. Project Name:	4. Project #:	5. Work Area(s):
DEP	VEP Clean up	0002	ENTIRE
	3. Project Address: 15 Cedar	4a. Task #: 0002	
6. Contractor:	7. Contractor's Foreman:	8. ATC Representative:	9. Date:
Action	Adam.		9-27-02

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:
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

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 ON SITE MEET FOR
__:__	TIM, & ATC SUPV AND CREW
__:__	ALSO ON SITE WE DISCUSS SCOPE
__:__	OF WORK ALL PUMP RUNNING
__:__	ON JOB SITE AND CHECK
__:__	D/LOG FOR STOKE.
1530	DEP ON SITE CHECK PUMPS.
__:__	AND SCOPE OF WORK.
1640	CREW 5TH CLEANING UP
__:__	ON BOTH FL AND 5TH
__:__	DOING STOKE D/LOAD.
1700	CREW SHOWER OUT FOR LUNCH
1720	DEP ON JOB SITE CHECKING
__:__	PUMP. FRONT & BACK
1800	LUNCH OVER CREW RETURN
__:__	TO WORK CLEAN UP.

CONT ON PG 2

PROJECT HOURS: 1430 To 2430

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

NYC 9/11 Public Portal Document

VATC ASSOCIATES INC

PROJECT MONITOR LOG 5-22806

Part 2

1. Client:	2. Project Name:	3. Project Address:	4. Project #:	5. date:
DEP	DEP Cleanup	125 Cedar St	0062	9-27-02
			4a. Task #: 0001	

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 <32ft covered by 2 lyrs poly.			
9. Openings >32ft 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)	

Form NY-9 1/01

Comments/Description of problems and/or unusual incidents

NY.

2 Crews Start working on clean-up Vacs and Bobcat.
2130 Pers #'d off on SITE.
2330 - All workers Shower Out for day and off SITE. Left for Lab
2430 - 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

NYC 9/11 Public Portal Document

VATC ASSOCIATES INC

PROJECT MONITOR LOG

Part 1

1. Client:	2. Project Name:	4. Project #:	5. Work Area(s):
DEP	DEP Cleanup	22766.02	Entire
	3. Project Address: 125 Cedar St NY	4a. Task #: 02	
6. Contractor: Aerial Cleaning	7. Contractor's Foreman:	8. ATC Representative: Vinu Mustafa	9. Date: 9.27.02

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:
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

NYC-WTC_000129566

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
14.20	Arrival on site. Met Chuck briefed on TCM samples at 4 L/m
__.__	Crew continues clean up. Flow rate is 4 L/m
15.30	Work Continues. Pumps running at 4 L/m
16.30	Flow rate is holding at 4 L/m
17.30	Crew takes lunch
18.00	Resume work
18.45	Flow rate is 4 L/m Crew continues clean up
__.__	Work continues. Maximum at 4 L/m
20.15	Flow rate is 4 L/m
21.15	Collected samples
22.15	Off site
22.30	
__.__	
__.__	
__.__	

PROJECT HOURS: 1430 To 2230

AIR SAMPLES COLLECTED: _____

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.

for Kevin Conroy

(Sign here) ATC Associates Inc. Representative

NYC 9/11 Public Portal Document

ATC ASSOCIATES INC

PROJECT MONITOR LOG

Part 1

1. Client:	2. Project Name:	4. Project #:	5. Work Area(s):
DEP	DEP Water up-	221-966-0002	Entire Basement Perimeter Catchbasin Area
	3. Project Address: 123 Coles St	4a. Task #: 0001	
6. Contractor:	7. Contractor's Foreman:	8. ATC Representative:	9. Date:
Action Group	Tony Cuesta		9-25-01

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:
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

NYC-WTC_000129568

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
6.00	ATC rep on site meet with Tony
___.___	from Action and discuss
___.___	scope of work. Inspect decon,
___.___	decon is not finished in the
___.___	basement and micro traps are
___.___	not all working and there is
___.___	six inches of water in Basement
___.___	Tony is looking for the leaks.
7.00	Debris is ready and crew
___.___	is cleaning up the basement
8.00	still here not found the source
___.___	of the water leak.
8.30	Found a hot water pipe leaking.
10.00	Water still running into basement
11.00	crew breaks for lunch
___.___	crew arrives on site to clean

PROJECT HOURS: 6:00 To 15:00

AIR SAMPLES COLLECTED: _____

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

NYC 9/11 Public Portal Document

VATC ASSOCIATES INC

PROJECT MONITOR LOG

Part 2

1. Client:	2. Project Name:	3. Project Address:	4. Project #: 220906001 4a. Task #: 0001	5. date:
DEP	DEP Cleanup	125 Cedar St		9-28-01

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 <32ft covered by 2 lyrs poly.			
9. Openings >32ft 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)	

Form NY-9 1/01

Comments/Description of problems and/or unusual incidents

Front of Building from the Sound
floor Down.
11:30 Workers return to work
1300 Crew continue to clean front of building
and two men working at the basement
and two men cleaning the dust in
the basement
1430 Crew still cleaning front of Building,
Church & Fire arrive on site and assess
scope of work.
1500 off 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

NYC 9/11 Public Portal Document

VATC ASSOCIATES INC

PROJECT MONITOR LOG

Part 1

1. Client:	2. Project Name:	4. Project #:	5. Work Area(s):
DEP	DEP Clean-up	A5-22906-0002	Around building
	3. Project Address: 125 Cedar St NY	4a. Task #: 00002	
6. Contractor: Action Environmental Group	7. Contractor's Foreman: A. Costa	8. ATC Representative: E. Lemanovich	9. Date: 9 28 2

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:
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

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
06.00	Arrived on site at 125 Cedar St.
	Met with representative ATC P. Pavlidis
06.30	Started air monitoring. Flow rate is 4.0 L/m.
06.54	
08.20	Checked up flow rate. Everything is OK
10.05	Pumps are running at 4.0 L/m.
11.10	Inspector DEP arrived on site. He checked
___.___	chain of custody form and flow rate all
___.___	pumps. Everything is OK.
11.30	Turned off 2 pumps in front of building
12.50	Checked up work pumps. Everything is OK
14.00	
14.24	Air monitoring completed
14.50	Filled out paperwork and collected samples
15.00	Left site for ATC lab
16.00	Arrived at lab
___.___	
___.___	

PROJECT HOURS: 06:00 To 16:00

AIR SAMPLES COLLECTED: 10 samples + 3 blanks

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.

E. Lamanovic

(Sign here) ATC Associates Inc. Representative

NYC 9/11 Public Portal Document

VATC ASSOCIATES INC

PROJECT MONITOR LOG

Part 2

1. Client:	2. Project Name:	3. Project Address:	4. Project #:	5. date:
DEP	DEP CLEAN UP	125 CEDAR ST	4a. Task #:	9-28-02

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:

NJ 17

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)	

Form NY-9 1/01

NYC-WTC_000129574

Comments/Description of problems and/or unusual incidents

Apt. Coming Down.
1800 Crew on Lunch
1820 OCP Arrive on Site Check Proper Work And Went up on Various Fl to Check Rooms.
2000 I Walk Fl to Check 9Y Trap with Foreman.
2100 - I Went to BSMT to Check on Work All OK
2200 Crew Shower Out for Day
2230 I Close up and Left for Day Crews off Site Also.

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

NYC 9/11 Public Portal Document

ATC ASSOCIATES INC

PROJECT MONITOR LOG

Part 1

1. Client:	2. Project Name:	4. Project #:	5. Work Area(s):
DEP	DEP clean up	15221206 0002	ENTIRE
	3. Project Address: 125 CEDAR ST	4a. Task #: 0002	

6. Contractor:	7. Contractor's Foreman:	8. ATC Representative:	9. Date:
ACTION	ADAM	C JOHNSON	9-28-01

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:
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

NYC-WTC_000129576

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 ON SITE MEET RAUL
___	AND TIM P ATC ALSO SUPV
___	AND CREW ON SITE THEY
___	STARTING FROM TOP FLOOR CLEANING
___	ARE RM ALSO GSMT +
___	TELEPHONE RM. D/CON FUNCTIONAL
___	ALL PUMP RUNNING FOR JOB
___	SITE ALL D/CON CHECK OK.
1600	I CHECK OUT WITH TK ON
___	CLEANING OF CREW.
1630	DEP ON SITE WE WALK
___	AROUND EXTERIOR BUILDING
___	TO CHECK OUTPUTS. ALL OK.
1640	I WENT TO TOP PENTHOUSE WITH
___	SUPV AND FOREMAN TO GIVE A
___	INFORMAL ASSESSMENT OF EACH

CONT ON PG 2

PROJECT HOURS: 1430 To 2330

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

VATC ASSOCIATES INC

PROJECT MONITOR LOG

Part 2

1. Client:	2. Project Name:	3. Project Address:	4. Project #: / 4a. Task #:	5. date:
DEP	DEP Clean up	125 Cedar St	22906-02 / 02	10.28.2

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 <32ft covered by 2 lyrs poly			
9. Openings >32ft 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)	

Form NY-9 1/01

Comments/Description of problems and/or unusual incidents

1800 Arrived on site. Met Paul, Discussed scope of work. Met Edgar, begin mobilizing & setting up equipment
2000 Equipment is set up on 9S, 8N, 3S, 2N Getting ready to set up samples and leaf blow.
2040 APT 9S sampling is set up.
2105 APT 8N Sampling set up
2130 Sampling set up in APT 3S
2153 Sampling is set up in APT 2N. All above apartments were leaf blown for 15 min prior to sampling.
2253 Pumps running well
2352 Equipment is operating properly
100 Flow rate is holding at 10LPM
200 Pumps running well.
330 Getting ready to collect samples
400 All the samples are collected. Begin breaking down the equipment.
600 All the equipment is collected and stored in the lobby area. All paperwork is complete. Every body is off 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.

Jim [illegible]
(Sign here) ATC Associates Inc. Representative

NYC 9/11 Public Portal Document

VATC ASSOCIATES INC

PROJECT MONITOR LOG

Part 1

1. Client:	2. Project Name:	4. Project #:	5. Work Area(s):
DEP	EPA Clean up	22964.2xc2	Entire Building
	3. Project Address: 12 Cedar St	4a. Task #: C001	Basement Ground Floor

6. Contractor:	7. Contractor's Foreman:	8. ATC Representative:	9. Date:
Action Group	Tony Costa	[signature]	9-24-01

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.
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

NYC 9/11 Public Portal Document

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
6.00	ATC rep on site meet with
__.__	Tony from Acton and discuss
__.__	scope of work.
7.00	Inspect basement, show Tony
__.__	where asbestos pipe is, the
__.__	problem with the water has been
__.__	solved there is no more water
__.__	in the basement. Crew continues
__.__	to clean basement. Cellphone
__.__	store is clean
8.00	Work continue in basement.
__.__	and two workers cleaning Ducts
__.__	in restrunt.
9.40	Dep inspector arrive's to check pumps.
11.30	Inspect Basement, Cellphone store
__.__	and restraunt, found Mice-

PROJECT HOURS: 6.00 To 15:00

AIR SAMPLES COLLECTED: _____

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.

Paul Paulides

(Sign here) ATC Associates Inc. Representative

NYC 9/11 Public Portal Document

WTC ASSOCIATES INC

PROJECT MONITOR LOG

Part 2

1. Client:	2. Project Name:	3. Project Address:	4. Project #: 22906.0002 / 4a. Task #: 0001	5. date:
DEP	EPA Cleanup	125 Cedar St WTC		9-24-02

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)	

Form NY-9 1/01

Comments/Description of problems and/or unusual incidents

Tarps in basement off and one in sealant off. They are now back on. Work conducted on schedule. Workers are cleaning hall from 5th down. Dep inspector was here earlier.

12:00 Lunch

12:30 Crew returns to work

13:00 Inspect work area, Supervisor informed he will try to have a hepa unit tomorrow

1450 - Check John + Tom on site Discuss scope of Work

1500 off 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

NYC 9/11 Public Portal Document

ATC ASSOCIATES INC

PROJECT MONITOR LOG

Part 1

1. Client: DEP	2. Project Name: DEP Clean-up	4. Project #: 15-2256-0002	5. Work Area(s): Around building
	3. Project Address: 125 Cedar St	4a. Task #: 00002	
6. Contractor: Action Environmental Group	7. Contractor's Foreman: A. Costa	8. ATC Representative: E. Lemanovich	9. Date: 9.29.2

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

Form NY-8 1/01

NYC-WTC_000129584

NYC 9/11 Public Portal Document

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
06.00	Arrived on side at 125 Cedar St.
	Met with representative ATC P. Pavlidis
06.30	Started air monitoring. Flow rate is 4.0 L/m.
06.54	Checked up flow rate. Everything is OK
08.20	Inspector DEP arrived on side. He checked up
09.25	chain of custody form and flow rate all pumps
___.___	Everything is OK
___.___	
10.55	Pumps are running at 4.0 L/min.
12.20	Checked up work pumps Everything is OK
14.00	Air monitoring completed
14.24	
14.50	Filled out paperwork and collected samples
15.00	Left site for ATC lab
16.00	Arrived at ATC lab
___.___	
___.___	
___.___	

PROJECT HOURS: 06:00 To 16:00

AIR SAMPLES COLLECTED: 10 samples + 3 blanks

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.

E Lemanovich

(Sign here) ATC Associates Inc. Representative

VATC ASSOCIATES INC

PROJECT MONITOR LOG 5229-06

Part 2

1. Client:	2. Project Name:	3. Project Address:	4. Project #: 0002 / 4a. Task #: 0002	5. date:
DEP	DEP CLEAN UP.	125 CEDAR ST		9-29-02

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			
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.			
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)	

Form NY-9 1/01

Comments/Description of problems and/or unusual incidents

1600 Crew Start to Bag Out Bag from SITE Seal Bag Double and Wash.
1700 Bag Out Final Crew Return to Final Cleaning and Cutting Out Buckets in Tr to Cleans.
2100 Crew Square to ~~Bag~~ Take Out Some of these Extra Equipment and Boxes.
2200 Crew Shuttle Out for Day
2230 I Lock up Exit 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

NYC 9/11 Public Portal Document

ATC ASSOCIATES INC

PROJECT MONITOR LOG

Part 1

1. Client:	2. Project Name:	4. Project #:	5. Work Area(s):
DEP	DEP CLEAN UP	16228006 0002	ENTIRE
	3. Project Address: 125 CEDAR ST	4a. Task #: 0052	

6. Contractor:	7. Contractor's Foreman:	8. ATC Representative:	9. Date:
ACTION	ADAM	C JOHNS -	9.29.02

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:
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

NYC-WTC_000129588

NYC 9/11 Public Portal Document

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 ON SITE MEET
___	PAUL + TIM OF ATC ALSO
___	MEET SUPV AND CREW
___	ON SITE SET UP PUMP
___	AND CURTK SITE WITH
___	PAUL + TIM.
1530	WENT TO PENTHOUSE TO CHECK
___	CURTAIN FROM TOP DOWN.
___	& NEW WORK I told SUPV
___	THE ONE THAT NEED TO
___	BE FIX.
1630	DEP ON SITE TALK TO
___	THEM ABOUT JOB SITE
1720	TALK TO SUPV ABOUT
___	VARIOUS RADIATOR THAT
___	WERE CLEANING BETWEEN +

CONT ON PG 2

PROJECT HOURS: 1430 To 2330

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

VATC ASSOCIATES INC

PROJECT MONITOR LOG

Part 2

1. Client:	2. Project Name:	3. Project Address:	4. Project #:	5. date:
DEP	DEP Plaza	125 Cedar St	4a. Task #:	9.2.02

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)	

Form NY-9 1/01

Comments/Description of problems and/or unusual incidents

1420 Arrived on site Met Robert
Began setting up for Sweeps
1430 Pumps running, start of 4hr Crew
continues cleaning
1650 Work continues Flow rate is 44pm
1730 Left project site. Checking
equipment. Flow rate is 44pm
1900 Breaks taken
1945 Resume work
1930 Clean up continues Pumps running
at 4gpm
2030 Work in progress. Flow rate is
holding at 4gpm
2130 Clean up continues
2230 Collected samples. Equipment is off
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

NYC 9/11 Public Portal Document

VATC ASSOCIATES INC

PROJECT MONITOR LOG

Part 1

1. Client:	2. Project Name:	4. Project #:	5. Work Area(s):
EP	DEP Clean ups	32906-0002	Entire Building Basement + Cellar phase area
	3. Project Address: 121 Cedar St NY	4a. Task #: 01001	
6. Contractor:	7. Contractor's Foreman:	8. ATC Representative:	9. Date:
Action Env	Tony Costa	Paul Rauld	7-30-02

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:
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

NYC-WTC_000129592

NYC 9/11 Public Portal Document

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
6:00	ATC Reps on site met with Tony from Century he will continue to work on Basement and remain floor during touch up cleaning on the exits.
7:00	Inspect Basement and Restraint base brake on trap in Restraint I informed Supervisor to separate and clean up continue in basement and on stairs in building also workers are cleaning the front of the building over the main entrance
9:00	Workers continue to clean front of building and i remind Supervisor to fog trap in Restraint and work continue in basement Supervisor inform

PROJECT HOURS: 6:00 To 1 PM

AIR SAMPLES COLLECTED: _____

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

NYC 9/11 Public Portal Document

VATC ASSOCIATES INC

PROJECT MONITOR LOG

Part 2

1. Client:	2. Project Name:	3. Project Address:	4. Project #:	5. date:
DEP	DEP Clean up	120 Cedar St + NJ NJ	4a. Task #:	9-30-02

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			
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.			
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)	

Form NY-9 1/01

Comments/Description of problems and/or unusual incidents

We should be ready for a walk through on Tuesday 9/28

7:00 Weather continues to clear, building and basement

11:00 Lunch

1:30 Crew returns to work in basement.

1:30 Workers still cleaning the front of B.uild and cleaning the duct work in the restaurant.

1:30 Crew finishes cleaning outside of building

1:30 - Charlie Johnson + Tina from state discuss scope of work

1:30 - Off 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

NYC 9/11 Public Portal Document

PROJECT MONITOR LOG

Part 1

1. Client:	2. Project Name:	4. Project #:	5. Work Area(s):
DEP	DEP Clean-up	15-22966-0002	Around building
	3. Project Address: 125 Cedar St	4a. Task #: 00002	
6. Contractor: Action Environmental Group	7. Contractor's Foreman: A. Costa	8. ATC Representative: E Lemanovich	9. Date: 9 30. 2

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
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

NYC 9/11 Public Portal Document

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
06.00	Arrived on site at 125 Cedar St.
	Met with representative ATC P. Pavlidis
06.30	Started air monitoring. Flow rate is 4.0 L/m.
06.52	
08.20	Checked up flow rate. Everything is OK
09.45	Pumps are running at 4.0 L/m.
11.15	Checked up work pumps Everything is OK
12.40	Checked up flow rate. Everything is OK
14.00	Air testing completed
14.22	
14.50	Filled out paperwork and collected samples
15.00	Left site for ATC lab
16.00	Arrived at ATC lab
___.___	
___.___	
___.___	
___.___	
___.___	

PROJECT HOURS: 06:00 To 16:00

AIR SAMPLES COLLECTED: 9 samples + 3 blanks

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.

E. Lemonovich

(Sign here) ATC Associates Inc. Representative

NYC 9/11 Public Portal Document

ATC ASSOCIATES INC

PROJECT MONITOR LOG

Part 1

1. Client: DEP	2. Project Name: DEP Clean up	4. Project #: 12220600002	5. Work Area(s): ENTIRE
	3. Project Address: 125 Cedar St	4a. Task #: 0202	
6. Contractor: Aetron	7. Contractor's Foreman: Adam	8. ATC Representative: C Johnson	9. Date: 8-30-01

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:
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

NYC-WTC_000129598

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 ON SITE MEET
___	PAUL + TIM AT ATC ALSO
___	SUPV AND CREW ON SITE
___	WE DISCUSS SCOPE & WORK
___	FOR TODAY. PUMP SET UP
___	FOR NIGHT SHIFT.
1500	I START AT PENTHOUSE AND
___	WORK DOWN TO CHECK ON
___	ALL FLOORS NEG AIR MACHINE
___	AND THERE CONDITION
___	NEED A LIST FOR SUPV.
1600	GAVE LIST TO SUPV AND
___	TOLD HIM 9 FLOOR NEED
___	REPAIR TO NEG AIR MACHINES.
1700	AFTER LUNCH SUPV WENT
___	ON VACUUM ON 6TH FL.

CONT ON P42

PROJECT HOURS: 1430 To 2330

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

NYC 9/11 Public Portal Document

VATC ASSOCIATES INC

PROJECT MONITOR LOG 95 2906

Part 2

1. Client:	2. Project Name:	3. Project Address:	4. Project #: 0502 / 4a. Task #: 0502	5. date: 9-30 02
DEP	DEP CLEAN CUP	125 CEDAR ST		

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			
8. Openings <32ft covered by 2 lyrs poly			
9. Openings >32ft 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.			
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)	

Form NY-9 1/01

Comments/Description of problems and/or unusual incidents

1700 – DEP on site checking all pumps and paperwork.
2000 Crew 5th elevating Vactors K. and Bomg
2100 – ME & Setpu Start from Penthouse for Vessel Coming Down Stair
2120 – DEP on site met w/ Q 10 FL
2230 – We finish work through out all apt. Other Need more work, Any apt.
2300 Crew Shower Out for day
2330 – I Lock up and Left 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

NYC 9/11 Public Portal Document

VATC ASSOCIATES INC

PROJECT MONITOR LOG

Part 2

1. Client:	2. Project Name:	3. Project Address:	4. Project #: / 4a. Task #:	5. date:
JEP	DEP Cleanup	125 Cedar St	2496-02 / 03	9.30.02

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)	

Form NY-9 1/01

Comments/Description of problems and/or unusual incidents

1420 Arrived onsite. Met Paul and Chuck. Begin setting up samples
1530 Crew w/ continues DEP inspector onsite. Pumps running at 4 g/m
1630 Work continues Flow rate is 4 g/m
1730 DEP inspector onsite. Checking Pumps Flow rate 4 g/m. Crew continues clean up.
1800 Crew takes lunch
1845 Resume work
2000 DEP inspector onsite. Pumps running at 4 g/m.
2100 Flow rate is 4 g/m. Crew continues clean up
2215 Collected samples
2330 Everybody is off site
2430 Samples are at NYC Lab

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

NYC 9/11 Public Portal Document

ATC ASSOCIATES INC

PROJECT MONITOR LOG

Part 1

1. Client:	2. Project Name:	4. Project #:	5. Work Area(s):
DEP	DEP Clean up	22616-CX02	Entire Building
	3. Project Address:	4a. Task #:	Basement, Restaurant, 6th plus Floors
	23 Cedar St NY	CX01	
6. Contractor:	7. Contractor's Foreman:	8. ATC Representative:	9. Date:
Acteon Group	Tony Castro	Neil Bunker	10-1-02

Type of Project: _X_ 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:
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

NYC 9/11 Public Portal Document

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
6.00	ATC rep on site discuss scope
___.___	of work with Supervisor from
___.___	Section Supervisor has a punch list
___.___	from the ATC rep on the night Shift
___.___	of where to clean in the apts. and
___.___	Workers continue to clean basement.
7.00	Work continues with all floors
___.___	as workers do final cleaning
___.___	and in Basement.
8.00	View of workers continue on
___.___	all floors and in Basement
___.___	to clean.
9.00	Two workers arrive on site to work
___.___	on the water Tank on Roof. Workers
___.___	continue to clean.
10.30	Workers on all floor during punch

PROJECT HOURS: 600 To 1500

AIR SAMPLES COLLECTED: _____

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.

Paul Parker

(Sign here) ATC Associates Inc. Representative

NYC 9/11 Public Portal Document

PROJECT MONITOR LOG

Part 2

1. Client:	2. Project Name:	3. Project Address:	4. Project #:	5. Date:
DEP	DEP Clean up	125 Cedar St NY	22906-0004	10-1-02

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 area 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			
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)	

NYC 9/11 Public Portal Document

Comments/Description of problems and/or unusual incidents

Visit from Chuck Johnson on inspections
Workers continues cleaning up basement
11:00 Lunch
11:30 Workers return from lunch and resume work
1330 - 3 lawyers from dep arrive on site and inspect building
1330 - Inspect basement, coming along good. Supervisor wants to have inspect from the Dep & etc Tomorrow?
1430 Chuck & Tim on site discuss scope of work
1500 - I off 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.

Paul Ruden
(Sign here) ATC Associates Inc. Representative

NYC 9/11 Public Portal Document

VATC ASSOCIATES INC

PROJECT MONITOR LOG

Part 1

1. Client:	2. Project Name:	4. Project #:	5. Work Area(s):
DEP	DEP clean-up	15-22906-0002	Around building
	3. Project Address: 125 Cedar St NY	4a. Task #: 00002	
6. Contractor: Action Environmental Group	7. Contractor's Foreman: A. Costa	8. ATC Representative: E. Lemanovich	9. Date: 10.1.2

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:
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

NYC-WTC_000129608

NYC 9/11 Public Portal Document

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
06.00	Arrived on site at 125 Cedar St.
	Met with representative ATC P. Pavlidis
06.30	Started air monitoring Flow rate is 4.0 L/min.
06.54	Checked up flow rate. Everything is OK
08.20	Pumps are running at 4.0 L/min.
09.55	
11.15	Inspector DEP arrived on site. He checked chain of custody form and flow rate all pumps. Everything is OK
___.___	
___.___	
12.40	checked up flow rate. Everything is OK.
14.00	Air monitoring completed
14.24	Filled out paperwork and collected samples
14.50	Left site for ATC Lab.
15.00	Arrived at laboratory.
16.00	
___.___	
___.___	
___.___	

PROJECT HOURS: 06:00 To 16:00

AIR SAMPLES COLLECTED: 10 samples + 3 blanks

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.

E. Lamanovic

(Sign here) ATC Associates Inc. Representative

NYC 9/11 Public Portal Document

VATC ASSOCIATES INC

PROJECT MONITOR LOG

Part 1

1. Client:	2. Project Name:	4. Project #:	5. Work Area(s):
DEP	DEP CLEAN UP	15229.06 0002	ENTIRE
	3. Project Address: 125 CEDAR ST	4a. Task #: 0002	
6. Contractor:	7. Contractor's Foreman:	8. ATC Representative:	9. Date:
Action	[illegible]	C Johnson	10-10-02

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

Form NY-8 1/01

NYC-WTC_000129610

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 AT JOB SITE
___ . ___	MEET SUPV AND CREW ON SITE
___ . ___	ALSO MEET TIM + PAUL 1
___ . ___	AFTER SITE PREMP SET
___ . ___	UP FOR JOB SITE
1500	I WALK FROM PENTHOUSE
___ . ___	DOWN. TO CHECK ON TRAP
___ . ___	THOUGHT OUT BUILDING.
1700	CREW STILL FINE CLEANING
___ . ___	AND WET WIPING DOWN
___ . ___	OF SURFACES IN ALSO
___ . ___	WORKING IN BSMT.
1830	I EXITED UP INTO
___ . ___	BSMT TO CHECK ON WORKERS
___ . ___	IN THAT AREA TOLD
___ . ___	FOREMAN TRAPS OK TO TAKE OUT

CONT ON PG 2

PROJECT HOURS: 1430 To 2330

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

VATC ASSOCIATES INC

PROJECT MONITOR LOG 52806

Part 2

1. Client:	2. Project Name:	3. Project Address:	4. Project #:	5. date:
DEP	DEP CLEAN UP	115 CEDAR ST	002	10-1-01
			4a. Task #: 002	

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 <32ft covered by 2 lyrs poly.			
9. Openings >32ft 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 o. 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)	

Form NY-9 1/01

Comments/Description of problems and/or unusual incidents

2000 - Crew Still fine cleaning The Building. I START to check various A with Supv. Also Boy out
2200 Crew STILL working in START and cleaning Capt.
2300 Crew Shower out for day
2330 - I Lock up Left for Hab
2430 - 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

NYC 9/11 Public Portal Document

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	4a. Task #: 03	10.01.02

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)	

Form NY-9 1/01

Comments/Description of problems and/or unusual incidents

1420 Arrived on site Met Chuck and Paul
Begin setting up TEM samples at 44m
1540 Clean up in progress. Flow rate is 44m
Dirt in sprayfield on site
1640 Clean up continues. Pumps running at 44m
1800 Crew [redacted], continues clean up. Flow rate holding at 44m
1900 Crew takes lunch
1945 Departure with
2045 Crew continues Clean up. Flow rate is holding at 44/m
2145 Work continues. Pumps running at 44/m
2215 Collected 6 soil samples
2330 OFF 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

NYC 9/11 Public Portal Document

ATC ASSOCIATES INC

PROJECT MONITOR LOG

Part 1

1. Client:	2. Project Name:	4. Project #:	5. Work Area(s):
DEP	DEP Decon Set	2-2906-0000	
	3. Project Address: 125-01 Queens St Flushing	4a. Task #: 0001	
6. Contractor:	7. Contractor's Foreman:	8. ATC Representative:	9. Date:
Action Group	Tony Castro	Paul Rubel	10-2-01

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

Form NY-8 1/01

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
6:00	ATC supv on site Met with
___:___	Tony Cuesta from Action and
___:___	discuss scope of work.
6:30	Three traps in the Restrant not
___:___	working inform foreman and
___:___	two traps have hose disconnected.
7:30	Check mini-traps in basement
___:___	OK. Forman has three traps running
___:___	in Restrant and all hose are
___:___	connected
8:30	Work continue in restrant and
___:___	Basement and in lobby of
___:___	building
9:10	Two E.P.A inspectors in building
___:___	Supervisor take them up with
___:___	out informing me.

PROJECT HOURS: 6:00 To 15:00

AIR SAMPLES COLLECTED: _____

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.

Paul Parker

(Sign here) ATC Associates Inc. Representative

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VATC ASSOCIATES INC

PROJECT MONITOR LOG

Part 2

1. Client:	2. Project Name:	3. Project Address:	4. Project #:	5. date:
DEP	DEP Clean-up	121 Cedar St NYC	4a. Task #:	11-2-02

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			
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.			
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)	

Form NY-9 1/01

NYC-WTC_000129618

Comments/Description of problems and/or unusual incidents

7:45 - Ron from ATC arrives on site and he and supervisor and myself Inspect apts from the Penthouse down.
12:00 - Finish with inspection, give supervisor punch list of things to do.
Go to lunch
12:00 Return from lunch.
13:30 - Supervisor is working on apts that he has a punch list for. Work continues in restaurant + basement.
14:30 - Chuck Johnson on site meet with me to discuss scope of work
15:00 off 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

NYC 9/11 Public Portal Document

VATC ASSOCIATES INC

PROJECT MONITOR LOG

Part 1

1. Client:	2. Project Name:	4. Project #:	5. Work Area(s):
DEP	DEP Clean-up	15-22906-0002	Around building
	3. Project Address: 125 Cedar St. NY	4a. Task #: 00002	
6. Contractor: Aetion Environmental Group	7. Contractor's Foreman: A. Costa	8. ATC Representative: E. Lemanovich	9. Date: 10.02.02

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
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

NYC-WTC_000129620

NYC 9/11 Public Portal Document

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
06.00	Arrived on site at 125 Cedar St.
	Met with representative ATC P. Pavlicka
06.30	Started air monitoring. Flow rate is 4.0 L/min.
06.54	
08.25	Checked up flow rate. Everything is OK.
09.50	Pumps are running at 4.0 L/min.
11.15	Checked up work pumps Everything is OK
12.50	Checked up flow rate. Everything is OK
14.00	Air monitoring completed
14.24	
14.50	Filled out paper work and collected samples
15.00	Left site for ATC lab
16.00	Arrived at laboratory
___.___	
___.___	
___.___	
___.___	
___.___	

PROJECT HOURS: 06:00 to 16:00

AIR SAMPLES COLLECTED: 10 samples + 3 blanks

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.

E Lemanovich.

(Sign here) ATC Associates Inc. Representative

NYC 9/11 Public Portal Document

VATC ASSOCIATES INC

PROJECT MONITOR LOG

Part 2

1. Client:	2. Project Name:	3. Project Address:	4. Project #: 224 06 -2	5. date
DEP	DEP clean up	95 Christopher NY	4a. Task #: 02	10.04.01

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)	

Form NY-9 1/01

Comments/Description of problems and/or unusual incidents

0600 Arrival on site. Set check and Pull [illegible] VEM samples.
1330 Crew is continues Pumping/Filling of 4/4M
1630 Work progress Flow rate is holding at 4 GPM
1730 Crew is continues Pumping/Filling
1900 Crew takes lunch
1945 Resume work
2020 DEP inspectors is on site to Flow rate is at 4GPM
2120 Crew is in progress Pumping at 4GPM
2215 Collected samples
2315 Most of the crew left. a few of the workers stayed behind to continue flowing
2415 Final cleaning continues
115 Work is in progress
230 Crew continues to clean
345 Clean up continues
445 Crew continues to work
530 Crew is off site.
650 Samples are at NY Lab

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.

[illegible]

(Sign here) ATC Associates Inc. Representative

NYC 9/11 Public Portal Document

VATC ASSOCIATES INC

PROJECT MONITOR LOG

Part 1

1. Client:	2. Project Name:	4. Project #:	5. Work Area(s):
DEP	DEP Chelsea Piers	22946-0002	Entire Building Basement
	3. Project Address: 14th Street Pier	4a. Task #: 0101	
6. Contractor:	7. Contractor's Foreman:	8. ATC Representative:	9. Date:
Action Group	Tony Costa	Paul Packer	10-3-03

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

NYC-WTC_000129624

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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
6.00	Ate sign in site action has double
___.___	the crew and is on upper floors
___.___	clean on the punch list that he
___.___	was given yesterday, Reps
___.___	will be here for inspection today.
6.30	I report asistant / traps not working
___.___	hose is broke, basement / hose is broke
___.___	on trap and pipe with 50 ft of asbestos
___.___	sap is gone, Supervisor told me last week
___.___	he was going to sap pipe, Insulation
___.___	was there yesterday, Supervisor said
___.___	they covered bag the pipe, it was not
___.___	done on my shift. Will have to contact
___.___	site supervisor, Over front entrance there
___.___	is a broke glass and inside is dirty.
___.___	Tony castle from action, said he is not

PROJECT HOURS: 6.00 To 15.00

AIR SAMPLES COLLECTED: _____

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

NYC 9/11 Public Portal Document

VATC ASSOCIATES INC

PROJECT MONITOR LOG

Part 2

1. Client:	2. Project Name:	3. Project Address:	4. Project #: 22506-0602 4a. Task #: 0001	5. date:
DEP	DEP Chelsea sys	125 Worth ST Mfg		10-5-02

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			
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.			
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)	

Form NY-9 1/01

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
06.00	Arrived on site at 125 Cedar St
	Met with representative ATC P. Pavlidis
06.30	Started air monitoring flow rate is 4.0L/m.
06.54	
08.20	Checked up flow rate. Everything is OK
09.15	Inspector DEP arived on site. He checked
___.___	chain of custody form and flow rate all
___.___	pumps. Everything is OK.
10.40	Pumps are running at 4.0 L/m.
12.15	Checked up work pumps. Everything is OK
14.00	
14.24	Air monitoring cleaning
14.50	Filled out paperwork and collected samples
15.00	Left site for ATC lab.
16.00	Arrived at laboratory.
___.___	
___.___	
___.___	

PROJECT HOURS: 06:00 To 16:00

AIR SAMPLES COLLECTED: 10 samples + 3 blanks

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.

E. Lemanovich

(Sign here) ATC Associates Inc. Representative

NYC 9/11 Public Portal Document

ATC ASSOCIATES INC

PROJECT MONITOR LOG

Part 1

1. Client:	2. Project Name:	4. Project #:	5. Work Area(s):
	3. Project Address:	4a. Task #:	
6. Contractor:	7. Contractor's Foreman:	8. ATC Representative:	9. Date:

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:
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

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
14.20	Arrived on site. Met client
__.__	and had Bovis sitting up
__.__	samples
15.30	Clean up continues Flow rate
__.__	is hoting at 4LM
16.30	Work continues. Flow rate is 4LM
__.__	DEP inspector is on site
17.30	Flow rate is 4LM Clean up continues
18.00	Crew takes Lunch. Flow rate is 4LM
18.45	Crew resumes work DEP
__.__	inspector on site
19.30	Crew continues work Flow rate is 4LM
20.30	Performing a walk through with supervisor
21.30	Crew continues clean up. Flow rate is 4LM
22.30	Collected samples Everyone off site
23.30	Samples to lab ATC Out

PROJECT HOURS: 1430 To 2350

AIR SAMPLES COLLECTED: _____

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

NYC 9/11 Public Portal Document

ATC ASSOCIATES INC

PROJECT MONITOR LOG

Part 1

1. Client:	2. Project Name:	4. Project #:	5. Work Area(s):
DEP	DED Clean up	2 2[illegible]	Cellar Basement + Sub basement
	3. Project Address:	4a. Task #:	
	121 Cedar St NY	0002	
6. Contractor:	7. Contractor's Foreman:	8. ATC Representative:	9. Date:
Action Envy	Tony Costa	[signature]	10-4-01

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:
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 N[illegible] 1/01

NYC 9/11 Public Portal Document

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
6 . 00	ATC Rep on site, met with
___ . ___	Supervisor Tony Costa, he explained
___ . ___	me he will complete punch list
___ . ___	that DEP gave him, and later
___ . ___	I will check that he has done
___ . ___	the items on list.
1 . 30	Found three radiators in lobby
___ . ___	that need to be furnished and
___ . ___	Inspect restraint found 1 mice trap
___ . ___	not working and 1 with has broke
___ . ___	and in basement 1 trap not working
___ . ___	and two broken cleaners bottom of elevator
___ . ___	shaft. and check cellphone store Tony
___ . ___	said it is finished, need to be inspected
4 . 00	Do walk through of apts. PII
___ . ___	PII Supervisor has problem with no cleaning

PROJECT HOURS: 6:00 To 1:30

AIR SAMPLES COLLECTED: _____

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

NYC 9/11 Public Portal Document

VATC ASSOCIATES INC

PROJECT MONITOR LOG

Part 2

1. Client:	2. Project Name:	3. Project Address:	4. Project #: / 4a. Task #:	5. date:
DEP	DEP Clean up	123 Cedar St NY	0002	10-4-02

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 <32ft covered by 2 lyrs poly.			
9. Openings >32ft 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 wh	

Form N .01

Comments/Description of problems and/or unusual incidents

Retrieve and bottom of wreckage and wreckage from 12 Fl Hallway to 4-7 Fl area list, Supervisor said if it is not on his punch list from Dep. he is not cleaning it. Fed from ATC calls and tells me Penny Jack Up and that Vacuum space over hallway has to be cleaned before testing. Work cleaning from 4th down.

11:00 Lunch

11:30 Crew returns to work on Vacuum floors Basement + Restaurants

1:00 - Inspect cellphone store and show Supervisor areas to clean, store has to be Vacuum and wet wipe.

1:30 - Meet Chuck Johnson and discuss scope of work

1:45 Left 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

NYC 9/11 Public Portal Document

ATC ASSOCIATES INC

PROJECT MONITOR LOG

Part 1

1. Client: DEP	2. Project Name: DEP Clean-ups	4. Project #: 15-22906.0002	5. Work Area(s): Around Building
	3. Project Address: 125 Cedar St.	4a. Task #: 00002	
6. Contractor: Action Environmental Group	7. Contractor's Foreman: A. Costa	8. ATC Representative: E Lemanovich	9. Date: 10.04.02

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:
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

NYC 9/11 Public Portal Document

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
06.00	Arrived on site at 125 Cedar St.
	Met with representative ATC P. Parlidis
06.30	Started air monitoring Flow rate is 4.0L/m.
06.54	
08.25	Checked up flow rate. Everything is OK
09.50	All pumps are running at 4.0 L/m.
11.20	Checked up work pumps. Everything is OK
13.00	Inspector DEP arrived on site He checked
___.___	chain of custody form and flow rate all
	pumps Everything is OK
14.00	Air monitoring completed
14.24	
14.50	Filled out paperwork and collected samples
15.00	Left site for ATC lab
16.00	Arrived at lab.
___.___	
___.___	
___.___	

PROJECT HOURS: 06:00 to 16:00

AIR SAMPLES COLLECTED: 10 samples + 3 blanks

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.

E Lewnowich

(Sign here) ATC Associates Inc. Representative

NYC 9/11 Public Portal Document

VATC ASSOCIATES INC

PROJECT MONITOR LOG

Part 2

1. Client:	2. Project Name:	3. Project Address:	4. Project #:	5. date:
DEP	Deconstruction	WTC Complex	4a. Task #: 02	10 04.02

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			
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.			
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)	

Form NY-9 1/01

NYC-WTC_000129636

Comments/Description of problems and/or unusual incidents

1200 Arrived on site. Met Chuck and Paul.
530 Begin to work together with the
supervisor
1630 Continuing to work the location
1730 Work continues
1830 Walking to Blue locking at all the
objectives
1930 To walk through the bldg continues
2130 Every body is off 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

NYC 9/11 Public Portal Document

ATC ASSOCIATES INC

PROJECT MONITOR LOG

Part 1

1. Client:	2. Project Name:	4. Project #:	5. Work Area(s):
DEP	DEP Clean-up	15-22306-0002	Around building
	3. Project Address: 125 Cedar St NY	4a. Task #: 00002	
6. Contractor: Action Environmental Group	7. Contractor's Foreman: A. Costa	8. ATC Representative: E. Lemonovich	9. Date: 10.05.02

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:
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

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
08.30	Arrived on site at 125 Cedar St.
	Met with representative ATC B. Sallemi
09.00	Started air monitoring. Flow rate is 4.0 L/min.
09.24	
11.05	Checked up flow rate. Everything is OK
12.20	Inspector DEP arrived on site. He checked
___.___	chain of custody form and flow rate all
___.___	pumps Everything is OK
13.45	Pumps are running at 4.0 L/m.
15.10	Checked up work pumps. Everything is OK
17.00	
17.24	Air monitoring completed
17.50	Filled out paperwork and collected samples
18.00	Left site for ATC lab
19.00	Arrived at lab
___.___	
___.___	
___.___	
___.___	

PROJECT HOURS: 08:30 to 19:00

AIR SAMPLES COLLECTED: 10 samples + 3 blanks

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.

E Lemanowicz

(Sign here) ATC Associates Inc. Representative

NYC 9/11 Public Portal Document

VATC ASSOCIATES INC

PROJECT MONITOR LOG

Part 2

1. Client:	2. Project Name:	3. Project Address:	4. Project #:	5. date:
DEP	Deposition - 195 Chambers St		4a. Task #:	

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)	

Form NY-9 1/01

Comments/Description of problems and/or unusual incidents

1420 Arrived on site. Met Chief and Paul
1430 Join walk the perimeter of the fires
1650 Coffins pulled from floors 7-10
1830 Site has been cleared of debris
2030 Continue to work equipment issues
2237 Work continues
2330 Continue to bring bodies up
100 All fires controlled, 7-15 floors
off of Vesey

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

NYC 9/11 Public Portal Document

ATC ASSOCIATES INC

PROJECT MONITOR LOG

Part 1

1. Client:	2. Project Name:	4. Project #:	5. Work Area(s):
DEP	DEP Queens sys	23406.0002	Entire Building
	3. Project Address:	4a. Task #:	Restroom + Basement
	131 Cedar St. NY	6'C'01	
6. Contractor:	7. Contractor's Foreman:	8. ATC Representative:	9. Date:
Action Brass	Tony Custer	Paul Glucoft	10-6-01

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:
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

NYC-WTC_000129642

NYC 9/11 Public Portal Document

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
6 · 00	Arrive on site meet with 4
___ · ___	foreman Greg Egan and Dep and myself
___ · ___	go to Penthouse site, start final
___ · ___	Arrive on 15 Floor final visit pumps
___ · ___	were not set up, the site crew
___ · ___	were suppose to set them up
___ · ___	start set up.
12 · 00	Finish setting up pumps on Penthouse
___ · ___	PII & Constitution apt PII
___ · ___	PII Fire in each apt.
12 · 30	Dep + EPA and then Scott will for
___ · ___	10 pumps in each apt and instead
___ · ___	of using Tera, with will use
___ · ___	PCM. 5 for asbestos, 5 for Fiberglass
___ · ___	and 1 blank in each apt.
1 · 00	Go to office to get PCM cassettes

PROJECT HOURS: 600 To 500

AIR SAMPLES COLLECTED: _____

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.

Paul Rao
(Sign here) ATC Associates Inc. Representative

NYC 9/11 Public Portal Document

VATC ASSOCIATES INC

PROJECT MONITOR LOG

Part 2

1. Client:	2. Project Name:	3. Project Address:	4. Project #: 22406-xx-2 4a. Task #: 0000	5. date:
DEP	DEP clean up	125 Cedar St NY		10-6-02

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 <32ft covered by 2 lyrs poly			
9. Openings >32ft 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)	

Form NY-9 1/01

Comments/Description of problems and/or unusual incidents

and silica sample and eight personal pumps and calibrating machine.
2:10 Return to site. Penny from dep on site said it is too late to sample, we need more pumps and personal.
3:00 off site
Note: There was no work on Restraunt or Basement.

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

NYC 9/11 Public Portal Document

ATC ASSOCIATES INC

PROJECT MONITOR LOG

Part 1

1. Client:	2. Project Name:	4. Project #:	5. Work Area(s):
DEP	DEP Clean-up	15-22906-0002	Around Building
	3. Project Address: 125 Cedar St	4a. Task #: 00002	
6. Contractor: Action Environmental Group	7. Contractor's Foreman: A Costa	8. ATC Representative: E. Lemanovich	9. Date: 10.06.02

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:
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

NYC-WTC_000129646

NYC 9/11 Public Portal Document

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
06.00	Arrived on site at 125 Cedar St
	Met with representative ATC P Parkidis
	Set pumps all apartments from 10 floor to 13 floor and calibrated pumps.
	Left site
15.00	

PROJECT HOURS: 06:00 To 15:00

AIR SAMPLES COLLECTED:

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

NYC-WTC_000129647

NYC 9/11 Public Portal Document

VATC ASSOCIATES INC

PROJECT MONITOR LOG

Part 1

1. Client:	2. Project Name:	4. Project #:	5. Work Area(s):
DEP	DEP Clean ups	2206-0001	entire Building Restaurant
	3. Project Address: 125 Cedar St NY	4a. Task #: 0001	
6. Contractor:	7. Contractor's Foreman:	8. ATC Representative:	9. Date:
Action Env	Tony Cosh	Paul Rauch	10-7-01

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:
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

1:00 Ben from ATC relieves with more equipment and I help him move it to upper floors.

3:30 Stop moving equipment clear restraint area, begin de-rig it will take a few more days. Clean sleeves cut.

3:30 — off 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.

Paul Powers
(Sign here) ATC Associates Inc. Representative

NYC 9/11 Public Portal Document

VATC ASSOCIATES INC

PROJECT MONITOR LOG

Part 2

1. Client:	2. Project Name:	3. Project Address:	4. Project #:	5. date:
DFT	[illegible]	[illegible]	4a. Task #: 02	10/[illegible]/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)	

Form NY-9 1/01

NYC-WTC_000129650

Comments/Description of problems and/or unusual incidents

2300 Arrived on site Begin setting up work zone
final test
2430 Site Activities
2300 Mobilize equipment
3300 Moving air sampling equipment
4300 Work activities
545 Continued issues with keeping Setting
& PCM samples to 100µ
630 All Vac Possessed w/ final test in
process on 9-6 Floors
900 Testing continues
1250 Testing in process Times above are for
the Start of Vac samples and Ending
equipment
1230 Continue collecting bulk wipe samples
1330 Decon of entry & exit Continue
to move and set up equipment
1430 Equipment is not Complete tests
begin setting up Perm samples
1700 Off site
2100 Arrived back on site to help with
the breakdown
2300 Start Clean up process, Moving unused
equipment
2400 Finish to Hotel Finish
100 Break down continues
330 Off 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

NYC 9/11 Public Portal Document

VATC ASSOCIATES INC

PROJECT MONITOR LOG

Part 1

1. Client:	2. Project Name:	4. Project #:	5. Work Area(s):
DEP	DEP Queens Wy	212616-2002	Entire Building
	3. Project Address:	4a. Task #:	Restroom - Basement
	120-20 Queens Blvd	Cons	
6. Contractor:	7. Contractor's Foreman:	8. ATC Representative:	9. Date:
Asbestos Buy	Tony Custer	Paul Powell	10-22-02

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:
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

NYC-WTC_000129652

NYC 9/11 Public Portal Document

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
6.0c	ATC Rep on site. Meet Tony Costa-
___ ___	pane Group and he inform me
___ ___	they will remove Duct work
___ ___	today
6.30	Inspect restrmt, crew of 10 working
___ ___	to clean restrmt
7.0c	Set more stands for ATC worker
___ ___	on 6th floor. Instruct guys to
___ ___	put on pumps outside
8.0c	Back from ATC arrive on site
9.0c	Dep here to check pumps in
___ ___	upper floor 6-7-8-9.
16.30	Walk through Restrmt ~~floor~~ crew
___ ___	is removing Duct work
___ ___	Dep on site checking pump outside
___ ___	on 6-7-8-9

PROJECT HOURS: 1600 To 1500

AIR SAMPLES COLLECTED: _____

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

NYC 9/11 Public Portal Document

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	2746-103	10-8-01
			4a. Task #: 0001	

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)	

Form NY-9 1/01

NYC-WTC_000129654

Comments/Description of problems and/or unusual incidents

11:00 - Crew in restaurant takes lunch
11:30 Return to work in restaurant.
1:00 - Check restaurant, smoke can be seen moving East wards
1.40 ATC rep Steve on site, send here up stairs with Tim + Peter.
2:00 Inspect restaurant most of sheetwork Down.
2:30 - Crew - shanners out for the day.
3:00 off 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

NYC 9/11 Public Portal Document

VATC ASSOCIATES INC

PROJECT MONITOR LOG

Part 1

1. Client:	2. Project Name:	4. Project #:	5. Work Area(s):
	3. Project Address:	4a. Task #:	
6. Contractor:	7. Contractor's Foreman:	8 ATC Representative:	9. Date:

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:
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

NYC-WTC_000129656

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
6.00	Arrived on site met Paul, ~~Eugene~~ and crew
___.___	
8.00	Crew is moving the NAM's out
___.___	15, 12, 11, & 10 FL Supervisor informed us that
___.___	DEP gave him clearance on the above
___.___	Floors Since The results are Unknown to me of
___.___	this time NAM's will stay in the bldg.
9.00	DEP and EPA inspectors are on site
10.30	Crew stopped moving NAMS
12.00	Lunch.
12.45	Resume work Going upstairs
___.___	to check up on top floors ADTs
2.00	Continue checking.
2.30	Crew is leaving site. Waiting
___.___	for equipment pick up
17.00	Left the site

PROJECT HOURS: _____ To _____

AIR SAMPLES COLLECTED: _____

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

NYC 9/11 Public Portal Document

VATC ASSOCIATES INC

PROJECT MONITOR LOG

Part 1

1. Client:	2. Project Name:	4. Project #:	5. Work Area(s):
DEP	DEP Cleanup	22764-0002	Exterior Building Basement Pressurization
	3. Project Address: 125 Cedar St	4a. Task #: 01004	
6. Contractor:	7. Contractor's Foreman:	8. ATC Representative:	9. Date:
Action Group	Tony Custo	Paul Rankin	10-9-02

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

NYC-WTC_000129658

WASTE LOAD-OUT

1. _____ (#) of bags
2. Waste wasned, 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
6.00	ATC rep on site, meet with Tony
___.___	Costa from Action, all duct work
___.___	is down and cleaned.
6.30	Workers start to remove duct work
___.___	out of Restaurant to truck
8.00	Ben from ATC arrives on site
___.___	with Magnehelic to do leak
___.___	sample. Tom, myself and Mike
___.___	Andrulis from ATC and start moving
___.___	equipment to the hallway.
12.00	Finish moving equipment to lobby.
___.___	and walk through all apartments
___.___	on all floors, no ATC equipment left
___.___	in apts
12.00	crew breaks for lunch
12.30	crew returns from lunch

PROJECT HOURS: 6:00 To 15:00

AIR SAMPLES COLLECTED: _____

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.

Paul Pinto
(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.	22766	10-9-01
			4a. Task #: 0001	

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)	

Form NY-9 1/01

Comments/Description of problems and/or unusual incidents

1330 Inspect Restaurant still have a lot of Clean-ing to do

1400 - Bag out 25 bags from Restaurant,

1520 Run off site / Site off 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.

Paul Gaudet

(Sign here) ATC Associates Inc. Representative

NYC 9/11 Public Portal Document

VATC ASSOCIATES INC

PROJECT MONITOR LOG

Part 2

1. Client:	2. Project Name:	3. Project Address:	4. Project #:	5. date:
DEP	DEP Pelham	125 Cedar St	4a. Task #: 02	10.9.02

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			
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.			
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)	

Form NY-9 1/01

Comments/Description of problems and/or unusual incidents

600 Arrived met Paul and Eryor Began setting up TEM samples
730 Start mobilizing equipment
900 Moving equipment
1030 Continue moving pumps and equipment
1200 Work continues
130 Cleaning all the floors moving all left over equipment
1445 Collected samples
1500 Off site
1530 Samples at ATC Lab

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

NYC 9/11 Public Portal Document

VATC ASSOCIATES INC

PROJECT MONITOR LOG

Part 1

1. Client:	2. Project Name:	4. Project #:	5. Work Area(s):
DEP	DEP Clean-up	[illegible]	Basement & Street
	3. Project Address:	4a. Task #:	Ambient, Cellar Pkwy
	123 Broadway, NY, NY	[illegible]	
6. Contractor:	7. Contractor's Foreman:	8. ATC Representative:	9. Date:
Action Group	Tony Acosta	Mark Kunkel	10-10-01

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:
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

NYC-WTC_000129664

NYC 9/11 Public Portal Document

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
6.00	Ate up on site me with Adam from Action he inform me the restaurant will be ready by 11 00 for inspection. And he is going to have DEP here by this after noon
6.30	Ate up Myself + Tim took our Restaurant and they have a lot of cleaning to do, I show supervisor Adam, area that need to be reclean.
7.00	We'll continues in Restaurant will get in touch with Ben from atc about set up in Basement.
7.10	Talk to Ben from ATC he inform not be present today or tomorrow

PROJECT HOURS: 600 To 900

AIR SAMPLES COLLECTED: _____

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 Clean	131 Cedar St	4a. Task #:	11-16-01

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)	

Form NY-9 1/01

Comments/Description of problems and/or unusual incidents

for description Jamelle talk to Fred Katie

9:00 Jose + Mike ended from ATC start selling caps pennants w/ harassment and Freelybirds stories

10:30 - Tom and Kirk continue to set up pens and workers continue to clean tents

11:00 lunch

11:30 w/ open returns from lunch

1:00 Empire restaurant re-ready

2:30 crew leaves for work and tents and items out

3:00 off 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

NYC 9/11 Public Portal Document

VATC ASSOCIATES INC

PROJECT MONITOR LOG

Part 1

1. Client: DEP	2. Project Name: DEP Clean-up	4. Project #: 15-2296-0002	5. Work Area(s): Around building
	3. Project Address: 125 Cedar St. NY	4a. Task #: 00002	
6. Contractor: Action Environmental Group	7. Contractor's Foreman:	8. ATC Representative: E. Lemanovich	9. Date: 10 10.02

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

Form NY-8 1/01

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
06.00	Arrived on site at 125 Cedar St.
	Met with representative ATC P. Pavlidis
06.30	Started air monitoring. Flow rate is 4.0 L/m
06.54	
08.45	Inspector DEP arrived on site. He checked
___.___	chain of custody form and flow rate all
___.___	pumps. Everything is OK
10.10	Checked up flow rate. Everything is OK
11.45	Pumps are running at 4.0 L/min.
13.05	Checked up work pumps Everything is OK
14.00	
14.24	Air monitoring completed
14.50	Filled out paperwork and collected samples
15.00	Left site for ATC lab.
16.00	Arrived at lab.
___.___	
___.___	
___.___	

PROJECT HOURS: 06:00 To 16:00

AIR SAMPLES COLLECTED: 7 samples + 3 blanks

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.

C Lemmerich

(Sign here) ATC Associates Inc. Representative

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VATC ASSOCIATES INC

PROJECT MONITOR LOG

Part 2

1. Client:	2. Project Name:	3. Project Address:	4. Project #:	5. date:
DEP	LES Cleanup	125 Rector St	4a. Task #: 02	10/10/02

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)	

Form NY-9 1/01

Comments/Description of problems and/or unusual incidents

0800 Arrived on site met Paul with Mike
900 Please to set up pumps in the basement
and the cell phone tose
900 Mobilizing the equipment
1100 moving the pumps in and around the basement
1230 continue work
1400 Continue with pumping out water.
1500 OFF 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

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V

PROJECT MONITOR LOG

Part 1

1. Client:	2. Project Name:	4. Project #:	5. Work Area(s):
DEP	[illegible]	[illegible]	[illegible]
	3. Project Address:	4a. Task #:	
	[illegible]	[illegible]	
6. Contractor:	7. Contractor's Foreman:	8. ATC Representative:	9. Date:
[illegible]	[illegible]	[illegible]	10-11-01

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:
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

NYC-WTC_000129672

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
6.00	ATC Rep on site
6.30	Supervisor Tony Dorta on site
___.___	Antimicrobial cleaning in Restaurant
___.___	Dep are suppose to be here at
___.___	7:00 o'clock to inspect restaurant
7.30	Supervisor Tony from Action informs
___.___	me Penny from Dep informed him
___.___	Pertinent, 12th-11th-10th Floor samples
___.___	and he could remove mice-Trap
___.___	I called Penny and left message and
___.___	I am waiting for confirmation.
8.20	I inspect restaurant found a lot of
___.___	debris that need to be cleaned
___.___	sensitive Items and in corners a
___.___	lot of Dust on racks
___.___	

PROJECT HOURS: 6:00 To 15:00

AIR SAMPLES COLLECTED: _____

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

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VATC ASSOCIATES INC

PROJECT MONITOR LOG

Part 2

1. Client:	2. Project Name:	3. Project Address:	4. Project #:	5. date:
DEP	DEP Clean up	22 West St Mfg NJ	4a. Task #: 0001	10-11-02

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 <32ft covered by 2 lyrs poly.			
9. Openings >32ft 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)	

Form NY-9 1/01

Comments/Description of problems and/or unusual incidents

7 a.m. Rep. inspect restaurant at work, contractor
vacuuming the restaurant
11 a.m. contractor finishes to clean
in lunch
12:00 area indoors for lunch
12:30 - Inspection with me to inspect restaurant
at time
1:30 - Start inspection of restaurants with
Tom from ATC
14:30 - Finish inspect, restaurant not
ready
15:00 - off site Meckel Ave + Sunbeam pem
Water pick up pump, 40 for Submit
17 floor Wheeled

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

NYC 9/11 Public Portal Document

VATC ASSOCIATES INC

PROJECT MONITOR LOG

Part 1

1. Client:	2. Project Name:	4. Project #:	5. Work Area(s):
DEP	DEP Clean-up	15-22966-0002	Around building
	3. Project Address: 125 Cedar St. NY	4a. Task #: 00002	
6. Contractor: Action Environmental Group	7. Contractor's Foreman: A. Costa	8. ATC Representative: E. Lemanovich	9. Date: 10.11.02

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:
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

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NYC-WTC_000129676

NYC 9/11 Public Portal Document

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
06.00	Arrived on site at 125 Cedar St
06.00	Met with representative ATC P Pardini
06.54	Started air monitoring. Flow rate is 4.0 L/min.
08.20	Checked up flow rate. Everything is OK
09.55	All pumps are running at 4.0 L/min.
11.25	Checked up work pumps Everything is OK.
12.55	Checked up flow rate. Everything is OK
14.00	Air monitoring completed
14.24	Filled out paperwork and collected samples
14.50	Left site for ATC lab.
15.00	Arrived at laboratory
16.00	
___.___	
___.___	
___.___	
___.___	
___.___	

PROJECT HOURS: 06:00 To 16:00

AIR SAMPLES COLLECTED: 7 samples + 3 blanks

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.

E Lemonnier

(Sign here) ATC Associates Inc. Representative

NYC 9/11 Public Portal Document

PROJECT MONITOR LOG

Part 1

1. Client:	2. Project Name:	4. Project #:	5. Work Area(s):
DEP	DEP Cleanup	22406-0002	Restaurant
	3. Project Address: 123 Cedar St NY	4a. Task #: 0001	
6. Contractor:	7. Contractor's Foreman:	8. ATC Representative:	9. Date:
Action Group	Tony Costa		10-17-01

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:
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

NYC-WTC_000129678

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
6.00	ATC rep on site, meet with Adam from Action, he informs me they will continue to clean, will inspect later
7.00	Ceiling in lobby has collapsed in hallway about 3x3 section will check upper floors later when elevator is working. Check restaurant still a lot of work to be done.
8.15	Ben Sulmone from ATC called and informed me that some of the floors fail samples + lead wipes.
10.00	Inspect restaurant area, workers continue to clean
11.00	Lunch

PROJECT HOURS: 6:00 To 5:00

AIR SAMPLES COLLECTED: _____

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.

Paul Rivera
(Sign here) ATC Associates Inc. Representative

NYC 9/11 Public Portal Document

VATC ASSOCIATES INC

PROJECT MONITOR LOG

Part 2

1. Client:	2. Project Name:	3. Project Address:	4. Project #: 22406 cccc 4a. Task #: civil	5. date:
DEP	DEP cleanup	125 Cedar St (+ WTC)		10-14-01

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			
8. Openings <32ft covered by 2 lyrs poly.			
9. Openings >32ft 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.			
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)	

Form NY-9 1/01

Comments/Description of problems and/or unusual incidents

11:30 - Crew - return from lunch, continues to clean rest restaurant.

13:30 - Make inspection with Supervisor from Action,

14:30 Finish inspection, it seems we are getting a lot of debris from the ceiling, i had them clean a part of the overhang by the grills in the restaurant with Depa Star and a hour later it was dirty again, the ceiling is deteriorating and covering everything. I from the movement in the restaurant, this is my opinion. Salvation from ATC disapt off 40 pumps and stands.

15:00 off 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

Paul Paulucci

(Sign here) ATC Associates Inc Representative

NYC 9/11 Public Portal Document

VATC ASSOCIATES INC

PROJECT MONITOR LOG

Part 1

1. Client: DEP	2. Project Name: DEP Clean-up	4. Project #: 15-22906.0002	5. Work Area(s): Around building
	3. Project Address: 125 Cedar St. NY	4a. Task #: 90002	
6. Contractor: Action Environmental Group	7. Contractor's Foreman: A. Costa	8. ATC Representative: E. Lemanovich	9. Date: 10.14.02

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

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Form NY-8 1/

NYC-WTC_000129682

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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
06.00	Arrived on site at 125 Cedar St.
	Met with representative NIC P. Pavlidis
06.30	Started air monitoring Flow rate is 4 0 L/m.
08.30	Checked up flow rate. Everything is OK
09.55	All pumps are running at 4.0 L/min
11.30	Checked work pumps Everything is OK
12.55	Checked up flow rate. Everything is OK
14 00	
14 24	Air monitoring completed
14.50	Filled out paperwork and collected samples
15.00	Left site for ATC lab
16.00	Arrived at laboratory
___.___	
___.___	
___.___	
___.___	
___.___	

PROJECT HOURS: 06:00 To 16.00

AIR SAMPLES COLLECTED: 7 samples + 3 blanks

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.

E. Lemanovich

(Sign here) ATC Associates Inc. Representative

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VATC ASSOCIATES INC

PROJECT MONITOR LOG

Part 1

1. Client:	2. Project Name:	4. Project #:	5. Work Area(s):
DEP	DEP clean up	22906-0001	Restrooms
	3. Project Address: 125 Cedar St NY	4a. Task #: 0001	
6. Contractor:	7. Contractor's Foreman:	8. ATC Representative:	9. Date:
Action Group	Tony Costa		11-15-01

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:
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

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NYC-WTC_000129684

NYC 9/11 Public Portal Document

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
6.00	ATC rep on site, call Fitzpatrick from EPA and leave message on voice mail about 9 inspection, have not heard from PEP.
6.15	Inspect restraint, still a lot of dust, (I suspect from ceiling) work clean in restraint
8.00	Work continue in restraint waiting for work from Diego and EPA and my supervisor about 9.00 inspection.
9.30	Supervisor inform me Penny from Dep on her way.
10.30	Apex That failed lead wipe. PII
	PII

PROJECT HOURS: 6.00 To 21.00

AIR SAMPLES COLLECTED: _____

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

NYC 9/11 Public Portal Document

VATC ASSOCIATES INC

PROJECT MONITOR LOG

Part 2

1. Client:	2. Project Name:	3. Project Address:	4. Project #: 22906-002	5. date:
DEP	DEP Clean up	125 Cedar St NY	4a. Task #: 0001	10-18-02

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)	

Form NY-9 1/01

NYC-WTC_000129686

Comments/Description of problems and/or unusual incidents

12:00 Penny from dep arrives on site and does not want to go past restaurant, she asks me if it is clear and says if I think it is clear, then sample it. So i start to sample.

12:30 Start to set up pumps in restaurant, pumps in basement and cellphone store are already set up. Can not do elevator at this time because it is out of order.

1300 - Start to finish leaving restaurant and cellphone store and basement.

14:00 Start running samples in Restraunt, Cgen is sampling cellphone store + basement.

1600 DEP on site, check samples, paperwork and Flow rate.

1800 Check pumps and Flow rate.

20:00 Remove Samples and Finish paper work.

21:00 off 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

NYC 9/11 Public Portal Document

ATC ASSOCIATES INC

PROJECT MONITOR LOG

Part 1

1. Client:	2. Project Name:	4. Project #:	5. Work Area(s):
DEP	DEP Clean up	22906-0002	all Floors Elevator Shafts
	3. Project Address: 121 Cedar St NY NY	4a. Task #: 0001	
6. Contractor:	7. Contractor's Foreman:	8. ATC Representative:	9. Date:
Action Env.	Tony Costa	Mark Rud	10-16-01

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:
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

NYC-WTC_000129688

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
6:00	- ATC Rep on site, Asbestos cleaning
__:__	HFH/FL - 10S - 10-N - 9S - 9N - 8S - 8N
__:__	8S - 2-S because they failed the
__:__	lead wipes.
7:00	Work continues cleaning apts'
8:00	Cyn + myself set up pumps
__:__	to sample elevator shaft.
9:00	Cyn starts samples
10:00	Rep on site to check
__:__	work that is been done on
__:__	the floors for lead wipes.
12:00	I leave on site to order lead
__:__	wipes on failed apartments.
__:__	Cyn + Bert call me to inform
__:__	me apt 5S failed and has
__:__	to be resampled

PROJECT HOURS: 6:00 To 12:00

AIR SAMPLES COLLECTED: _____

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

NYC 9/11 Public Portal Document

VATC ASSOCIATES INC

PROJECT MONITOR LOG

Part 2

1. Client:	2. Project Name:	3. Project Address:	4. Project #:	5. date:
DEP	DEP Olean Wy	12 Oakland St NY	4a. Task #: 6301	10-16-02

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)	

Form NY-9 1/01

Comments/Description of problems and/or unusual incidents

13.00 - Action Industries cleaning 5 floors and should be done, will have to wait till apt is dry.

14:00 - Eyun goes to set up Thermopan in apt.

1500 - Waiting for water vendors to release me. Mike shows up 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

NYC 9/11 Public Portal Document

ATC ASSOCIATES INC

PROJECT MONITOR LOG

Part 1

1. Client:	2. Project Name:	4. Project #:	5. Work Area(s):
DEP	DEP Clean up	23906-0002	Outlier Building
	3. Project Address: 121 Cedar St NYC	4a. Task #: 0001	
6. Contractor:	7. Contractor's Foreman:	8. ATC Representative:	9. Date:
Action Group	Tony Costa		10-7-02

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

NYC-WTC_000129692

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
6.00	ATC Rep on site. Waiting for
___.___	results for Restrant, Basement
___.___	cellphone store, and 5-5 and
___.___	Elevator shaft.
8.00	Ben Salvino from ATC calls
___.___	and informs me that 5-5 passed
___.___	Egan and myself collect pumps
___.___	from 5-5 and move to first floor
9.00	Ben calls and said Basement Cellphone
___.___	store and Restrant passed, start
___.___	collecting pumps + fans.
12.00	all pumps are collected and
___.___	moved to first floor.
13.00	Ben from ATC calls and informs
___.___	me that [PII] apts have
___.___	failed the lead wipes, and have

PROJECT HOURS: 600 To 1500

AIR SAMPLES COLLECTED: _____

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

NYC 9/11 Public Portal Document

VATC ASSOCIATES INC

PROJECT MONITOR LOG

Part 2

1. Client:	2. Project Name:	3. Project Address:	4. Project #: 2-2 90 Work	5. date:
DEP	DEP Cleanup	121 Cedar ST	4a. Task #: Cleanup	10-17-02

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)	

Form NY-9 1/01

Comments/Description of problems and/or unusual incidents

To be reclaimed
1330 - Supervisor and crew of four arrive To reclean apt PII NFHS.
1430 - Crew is finished reclaning the apts, i inform office and they are sending someone To do the leftd wipes tomorrow morning.
1500 - off 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.

Paul Parker

(Sign here) ATC Associates Inc. Representative

NYC 9/11 Public Portal Document

ATC ASSOCIATES INC

PROJECT MONITOR LOG

Part 1

1. Client:	2. Project Name:	4. Project #:	5. Work Area(s):
DEP	DEP Clean up	23806-000 2	Cortlandt Building
	3. Project Address: 25 Cedar St	4a. Task #: 0001	
6. Contractor:	7. Contractor's Foreman:	8. ATC Representative:	9. Date:
Action Group	Tony Costa	Paul Rubel	10-8-02

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

Form NY-8 1/01

NYC-WTC_000129696

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
6.00	ATC rep on site, waiting for results from lab in elevator shaft and for someone to do the lead samples:
8.00	Turnover from ATC crews on site to do lead [redacted] wipes in apt PII
9.00	Waiting for results from lab and to see if building is cleared by the DEP
10.30	ATC rep on site waiting for results to elevator shaft,
11.00	Call Bob, elevator shaft has passed waiting for lead wipe results.
12.00	Rep on site, waiting for lead samples.

PROJECT HOURS: 600 To 1500.

AIR SAMPLES COLLECTED: _____

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.

Paul Pinkos
(Sign here) ATC Associates Inc. Representative

NYC 9/11 Public Portal Document

VATC ASSOCIATES INC

PROJECT MONITOR LOG

Part 2

1. Client:	2. Project Name:	3. Project Address:	4. Project #: 22701.2.002 4a. Task #: 0001	5. date:
DEP	DEP Clean up	12 Cedar St		10-18-02

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 <32ft covered by 2 lyrs poly.			
9. Openings >32ft 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)	

Form NY-9 1/01

Comments/Description of problems and/or unusual incidents

13:00 Call office, sample for lead wipes are not ready.
14:30 Still no word about breakdown from the dep.
15:00 off 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

NYC 9/11 Public Portal Document

ATC ASSOCIATES INC

PROJECT MONITOR LOG

Part 1

1. Client:	2. Project Name:	4. Project #:	5. Work Area(s):
DEP	DEP Clean up	22906-0002	PII
	3. Project Address: 121 Cedar St	4a. Task #: 0001	
6. Contractor:	7. Contractor's Foreman:	8. ATC Representative:	9. Date:
Action Group	Tony Costa	Paul Rivera	10-26-01

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:
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

NYC-WTC_000129700

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
6.00	ATC rep on site, meet with
___.___	Tony Chester from Astem he
___.___	informs me he has a list
___.___	from Penny of DEP to clean
___.___	PII
___.___	He starts to mobilize crew.
8.00	ATC rep continues TO check
___.___	progress of work in apts
10.00	Work continues in apts
~~10~~ 11:30	Inspect PII
___.___	they are clean, I pass them
12.00	Crew breaks for lunch
12.30	Crew returns to work and
___.___	continues to clean apts
___.___	PII .
14.00	Crew continues TO clean

PROJECT HOURS: 6:00 To 3:00

AIR SAMPLES COLLECTED: _____

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

NYC 9/11 Public Portal Document

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	2340-004 4a. Task #: 0001	10-26-02

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			
8. Openings <32ft covered by 2 lyrs poly.			
9. Openings >32ft 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.			
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)	

Form NY-9 1/01

NYC-WTC_000129702

Comments/Description of problems and/or unusual incidents

14:15 - Tony & myself inspect apts PII unit PII apts and clean and sign from.

15:00 - Crew and Atc sep off 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.

Paul Pankuch

(Sign here) ATC Associates Inc. Representative

NYC 9/11 Public Portal Document

ATC ASSOCIATES INC

PROJECT MONITOR LOG

Part 1

1. Client:	2. Project Name:	4. Project #:	5. Work Area(s):
DEP	DEP Ozone Lot	22406-0001	PII
	3. Project Address: 12 Corlears	4a. Task #: 0001	
6. Contractor:	7. Contractor's Foreman:	8. ATC Representative:	9. Date:
Action Group	Tony Costa	Rick Parisi	10-27-02

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

NYC-WTC_000129704

Comments/Description of problems and/or unusual incidents

15:30 - Penny from DEP calls and wants us to take sample TF Sandy Pump GFL in front of elevator and stay well between 7+5, start setting up pumps and start sampling
1600 - Samples are put on
1800 - Pumps are running at 10 L. no problems.
2200 - Tom collects samples and starts paperwork
22:30 ATC rep Paul + Tom off site, Tom takes samples TO lab.

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

NYC 9/11 Public Portal Document

ATC ASSOCIATES INC

PROJECT MONITOR LOG

Part 1

1. Client: DEP	2. Project Name: DEP Cleaning	4. Project #: 22866-C.00 2	5. Work Area(s): PII Entire Building
	3. Project Address: 90 Cedar St	4a. Task #: C.00 1	
6. Contractor: Action Brass	7. Contractor's Foreman: Tony Caster	8. ATC Representative:	9. Date: 10-28-02

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:
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

NYC-WTC_000129706

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
14.00	Ate on site met with Barry,
___.___	from DEP and Tony from
___.___	Acton. They will be cleaning
___.___	PII - and removing
___.___	Bookshelfs from PII - Crew on
___.___	site and start Modelezing
___.___	equipment. When they finish
___.___	cleaning apts we will start
___.___	sampling
16.30	Inspect apts PII send back
___.___	one person to clean verdor
___.___	stairs PII crew is cleaning
___.___	7S floor need to be vac,
17.30	Inspect apt PII Pass
___.___	crew is working on 35.
19.00	Tim + Ryan on site start

PROJECT HOURS: 14:00PM To 2100

AIR SAMPLES COLLECTED: _____

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

NYC 9/11 Public Portal Document

VATC ASSOCIATES INC

PROJECT MONITOR LOG

Part 2

1. Client:	2. Project Name:	3. Project Address:	4. Project #:	5. date:
Dep	DEP Clean. 9 32906000L	125 Cedar St	32906.000 4a. Task #: 0001	10-28-02

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 <32ft covered by 2 lyrs poly.			
9. Openings >32ft 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)	

Form NY-9 1/01

Comments/Description of problems and/or unusual incidents

To mobilize pumps to PII, assemble decon 2A
20:00 - Finish set up start decon pumps
21:00 Start sampling.

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

NYC 9/11 Public Portal Document

ATC ASSOCIATES INC

PROJECT MONITOR LOG

Part 1

1. Client:	2. Project Name:	4. Project #:	5. Work Area(s):
DEP	DEP Odeon sys	2.2 4066 -10C-1	PII
	3. Project Address: 123 Cortlandt St	4a. Task #: 0600	
6. Contractor: Action Group	7. Contractor's Foreman: Tony Costa	8. ATC Representative: [signature]	9. Date: 10-31-02

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:
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

NYC-WTC_000129710

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
12:00	Ate rep on site meet with ATC rep Mike Andala and Perform pre Dep. Asbestos is cleaning PII + PII in preparation to be sampled. Start unloading equipment to PII + PII and set up pumps.
13:00	Start Bag cleaning in PII Mike Andala from ATC is doing the bag cleaning.
14:00	Start running samples in apt. PII
14:40	Start running samples in in apt PII
15:45	Check sample all pumps are running.
16:30	Check pumps in PII

PROJECT HOURS: 12 To 2100

AIR SAMPLES COLLECTED: 12

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

NYC 9/11 Public Portal Document

VATC ASSOCIATES INC

PROJECT MONITOR LOG

Part 2

1. Client:	2. Project Name:	3. Project Address:	4. Project # / 4a. Task #:	5. date:
DEP	DEP Cleanup	125 Cedar St	4a. Task #: C.C.O.1	11-21-02

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			
8. Openings <32ft covered by 2 lyrs poly.			
9. Openings >32ft 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.			
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)	

Form NY-9 1/01

NYC-WTC_000129712

Comments/Description of problems and/or unusual incidents

1730 - Check pumps on PII OK
1900 Check pumps on
2010 Remove sample from PII collect & ship
2140 Removal complete from collect & ship
2200 Leave for office to drop sample Make arrangements off 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

NYC 9/11 Public Portal Document

ATC ASSOCIATES INC

PROJECT MONITOR LOG

Part 1

1. Client:	2. Project Name:	4. Project #:	5. Work Area(s):
DEP	DEP Clean up	27946-0000	PII
	3. Project Address:	4a. Task #:	
	55 Water ST	0001	
6. Contractor:	7. Contractor's Foreman:	8. ATC Representative:	9. Date:
Action Envo	Tony Carter		11-01-02

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:
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

NYC-WTC_000129714

NYC 9/11 Public Portal Document

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
13.00	ATC rep on site for one hour
___.___	Dep here start setting up pumps & Foam
___.___	in PII
13.15	Start Roof Blower put on last
___.___	& half floor.
13.30	Dep agent Check arrive on site observe
___.___	me Roof Blowing.
13.40	Start Sampling
14.00	Seal up sink with duct tape
___.___	To prevent anyone from entering
___.___	the room Area has passed Two area
15.00	check Pre et is exhaust pumps
___.___	are running. Dep from
___.___	DEP was here to inspect
___.___	job.
16.00	No problems to report.

PROJECT HOURS: 1300 To 2100

AIR SAMPLES COLLECTED: _____

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

NYC 9/11 Public Portal Document

VATC ASSOCIATES INC

PROJECT MONITOR LOG

Part 2

1. Client:	2. Project Name:	3. Project Address:	4. Project #: 23406-0021 4a. Task #: 0001	5. date:
DEP	DEP Clean up	121 Church St		11-01-02

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 <32ft covered by 2 lyrs poly			
9. Openings >32ft 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)	

Form NY-9 1/01

Comments/Description of problems and/or unusual incidents

17:00 Mobilize to Pumps - Morning team is still onsite
14:00 Pumps are OK. Call was from John DEP to check the gate.
19:40 Remove sample de-pepperoni + collect pumps + Fans
21:00 Fish sample at office

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.

Paul Pavlek
(Sign here) ATC Associates Inc. Representative

NYC 9/11 Public Portal Document

VATC ASSOCIATES INC

ABATEMENT CONTRACTOR PERSONNEL ROSTER

Page 1 of 2

1. Client:	2. Project Name	3. Project Address:	4. Project Number:
DEP	DEP Clean up	155 Cedar St MY NY	22406-0002
5. Abatement Contractor:	**6. Abatement Contractor Foreman:**	**7. ATC Representative:**	**8. Starting Date:**
Action Group	Tony Costa	Paul Pinales	10-1-01

9. NAME	10. ADDRESS / Exp. Date	11. CAPACITY	12. CERTIFICATE A. Agency	12. CERTIFICATE B. Number	13. SOCIAL SECURITY NUMBER	14. RESPIRATOR TYPE	15. DATE (MONTH: 10 YEAR: 01)
Jay Dary Perez	~~5/4/04~~ 5/3/05 03/03	H S	A B C.		PII	1 2 3 4 5	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
Luis J Maranjo	10/12/04 10/03	H S	A B C.			1 2 3 4 5	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
Dagoberto Vasquez	4/26/05 04/03	H S	A B C.			1 2 3 4 5	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
Jorge J Serrano	12/17/04 12/03	H S	A B C.			1 2 3 4 5	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
William Peralta	4/5/04 05/03	H S	A B C.			1 2 3 4 5	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
Cesar Levera	8/18/05 8/03	H S	A B C.			1 2 3 4 5	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
Igor Osty	2/2/04 02/03	H S	A B C.			1 2 3 4 5	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
Wilson Moran	11/8/04 05/03	H S	A B C.			1 2 3 4 5	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
Luis Moran	5/17/04 07/03	H S	A B C.			1 2 3 4 5	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
Juan Cabrera	8-24-03 6/03	H S	A B C.			1 2 3 4 5	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

KEY:

- H: Asbestos Handler
- S: Asbestos Supervisor
- A: NYC
- B: NYS
- C: Other _____ SPECIFY

1. Half face Air Purifying Respirator w/HEPA
2. Full face Air Purifying Respirator w/HEPA
3. Powered Air Purifying Respirator w/HEPA
4. Type C. Supplied Air Respirator (SAR) w/HEPA
5. Type C. SAR w/SCBA

NOTE:

NY-4 (3/99)

NYC-WTC_000129718

VATC ASSOCIATES INC.

ABATEMENT CONTRACTOR PERSONNEL ROSTER

Page 2 of 2

1. Client:	2. Project Name	3. Project Address:	4. Project Number:
DEP	DEP Cleanup	125 Cedar St NY NY	72906-0002
5. Abatement Contractor:	**6. Abatement Contractor Foreman:**	**7. ATC Representative:**	**8. Starting Date:**
Action Group	Tony Costa	Paul Paulsen	10-1-02

9. NAME	10. ADDRESS / exp Date	11. CAPACITY	12. CERTIFICATE A. Agency	12. CERTIFICATE B. Number	13. SOCIAL SECURITY NUMBER	14. RESPIRATOR TYPE	15. DATE MONTH: 10 YEAR: 02
Luis Parra	3/11/03 05/03	H S	A B C.		PII	1 2 3 4 5	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
Ivonne Serrano	12/12/02 12/02	H S	A B C.			1 2 3 4 5	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
Enrique Balcas	1/8/03 01/03	H S	A B C.			1 2 3 4 5	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
Jose Peralta	~~1/11/03~~ 1/11/03 02/03	H S	A B C.			1 2 3 4 5	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
angel Zayola	9/27/04 09/03	H S	A B C.			1 2 3 4 5	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
Jorge Munoz	11/20/03 11/02	H S	A B C.			1 2 3 4 5	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
Juan Ramirez	7/31/04 07/03	H S	A B C.			1 2 3 4 5	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
Gonzalo Calle	5/7/04 05/03	H S	A B C.			1 2 3 4 5	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
Luis Ureta	3/15/03 03/03	H S	A B C.			1 2 3 4 5	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
Vital Lopez	2/20/03 2/03	H S	A B C.			1 2 3 4 5	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

KEY:
- H: Asbestos Handler
- S: Asbestos Supervisor
- A: NYC
- B: NYS
- C: Other _____ SPECIFY

1. Half face Air Purifying Respirator w/HEPA
2. Full face Air Purifying Respirator w/HEPA
3. Powered Air Purifying Respirator w/HEPA
4. Type C. Supplied Air Respirator (SAR) w/HEPA
5. Type C. SAR w/SCBA

NOTE:

NY-4 (3/99)

NYC 9/11 Public Portal Document

ABATEMENT CONTRACTOR PERSONNEL ROSTER

Page _____ of _____

1. Client:	2. Project Name	3. Project Address:	4. Project Number:
DEP	EPA Clean up	125 Cedar St NY NY	22906-0001
5. Abatement Contractor:	**6. Abatement Contractor Foreman:**	**7. ATC Representative:**	**8. Starting Date:**
Action Scaffolding	Anthony Costa	Paul Paulides / Ruben Acosta	7/1/03

9. NAME	10. ADDRESS	11. CAPACITY	12. CERTIFICATE A. Agency	12. CERTIFICATE B. Number	13. SOCIAL SECURITY NUMBER	14. RESPIRATOR TYPE	15. DATE MONTH: 7 YEAR: 03
Carlos Gonzalez	Exp. 5/11/04 05-03	H S	A B C.		PII	1 2 3 4 5	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
Anthony Costa	4/23/04 04/03	H S	A B C.			1 2 3 4 5	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
Ivy Dary Perez	3/17/03 03/03	H S	A B C.			1 2 3 4 5	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
Jose Parra	3/11/03 03/03	H S	A B C.			1 2 3 4 5	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
Yvonne Arcaya	12/12/02 12/02	H S	A B C.			1 2 3 4 5	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
Henry Parra	5/17/03 02/03	H S	A B C.			1 2 3 4 5	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
Jose Rivera	5/17/04 07/03	H S	A B C.			1 2 3 4 5	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
Wilson Moran	11/8/04 05/03	H S	A B C.			1 2 3 4 5	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
Carlos Parra	5/14/03 03/03	H S	A B C.			1 2 3 4 5	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
Jose Peralta	1/11/03 02/03	H S	A B C.			1 2 3 4 5	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

KEY:

- H: Asbestos Handler
- S: Asbestos Supervisor
- A: NYC
- B: NYS
- C: Other _____ SPECIFY

1. Half face Air Purifying Respirator w/HEPA
2. Full face Air Purifying Respirator w/HEPA
3. Powered Air Purifying Respirator w/HEPA
4. Type C. Supplied Air Respirator (SAR) w/HEPA
5. Type C. SAR w/SCBA

NOTE:

NY-4 (3/99)

NYC-WTC_000129720

ABATEMENT CONTRACTOR PERSONNEL ROSTER

Page _____ of _____

1. Client:	2. Project Name	3. Project Address:	4. Project Number:
DEP	EPA Clean up	125 Cedar St NY NY	22406-0002
5. Abatement Contractor:	**6. Abatement Contractor Foreman:**	**7. ATC Representative:**	**8. Starting Date:**
Custom Group Contracting Corp	[illegible]	[illegible]	9-13-02

9. NAME	10. ADDRESS / Exp Date	11. CAPACITY	12. CERTIFICATE A. Agency	12. CERTIFICATE B. Number	13. SOCIAL SECURITY NUMBER	14. RESPIRATOR TYPE	15. DATE MONTH: 9 YEAR: 02
William	5/7/04	(H) S	(A) B C.	PII		(1) 2 3 4 5	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 (17) (18) 19 (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (30)
Peralta	5/05						
Cesar	4/28/05	(H) S	(A) B C.			(1) 2 3 4 5	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 (18) 19 20 21 22 23 24 25 26 27 28 29 30 3
Jesus	05/05						
Julio	1/16/05	H (S)	(A) B C.			(1) 2 3 4 5	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 (18) 19 20 21 22 23 24 25 26 27 28 29 30 3
Barrios	01/03						
Mazzeo	4/21/04	(H) S	(A) B C.			(1) 2 3 4 5	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 (18) 19 20 21 22 (23) (24) 25 26 27 28 29 30 3
Segovia	4/04						
Jose	3/28/05	(H) S	(A) B C.			(1) 2 3 4 5	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 (18) 19 (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (30) 3
Ayala	05/05						
Jorge	11/20/05	(H) S	(A) B C.			(1) 2 3 4 5	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 (19) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) 30 3
Munoz	11/02						
Jose J	10/12/02	(H) S	(A) B C.			(1) 2 3 4 5	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 (19) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (30) 3
Marroquin	10/02						
Marcelo	9/4/05	(H) S	(A) B C.			(1) 2 3 4 5	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 (24) (25) (26) 27 28 29 30 3
Zapata	9/05						
		H S	A B C.			1 2 3 4 5	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 3
		H S	A B C.			1 2 3 4 5	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 3

KEY:

- H: Asbestos Handler
- S: Asbestos Supervisor
- A: NYC
- B: NYS
- C: Other _____ SPECIFY

1. Half face Air Purifying Respirator w/HEPA
2. Full face Air Purifying Respirator w/HEPA
3. Powered Air Purifying Respirator w/HEPA
4. Type C. Supplied Air Respirator (SAR) w/HEPA
5. Type C. SAR w/SCBA

NOTE:

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VATC ASSOCIATES INC.

ABATEMENT CONTRACTOR PERSONNEL ROSTER

Page _____ of _____

1. Client:	2. Project Name	3. Project Address:	4. Project Number:
DDC	EPA Clean - up	12 Cedar St NY NY	22464-0002
5. Abatement Contractor:	**6. Abatement Contractor Foreman:**	**7. ATC Representative:**	**8. Starting Date:**
Certified Environ. Group	Anthony Custo	Paul Pinto / Ruben Acosta	7/1/04

9. NAME	10. ADDRESS	11. CAPACITY	12. CERTIFICATE A. Agency	12. CERTIFICATE B. Number	13. SOCIAL SECURITY NUMBER	14. RESPIRATOR TYPE	15. DATE (MONTH: 7 YEAR: ____)
Enriquez Salazar	Cyp Auto 1/30/03	H S	A B C. ____		PII	1 2 3 4 5	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
Delgado Virgilio	1/30/03 04/05	H S	A B C. ____			1 2 3 4 5	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
Vitali J Lopez	8/5/04 2/05	H S	A B C. ____			1 2 3 4 5	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
Manuel Gomez	12/24/04 12/04	H S	A B C. ____			1 2 3 4 5	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
Romnulo Calle	2/14/03 7/05	H S	A B C. ____			1 2 3 4 5	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
Enrique Bustamante	5/30/03 5/05	H S	A B C. ____			1 2 3 4 5	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
Jorge Tejeiro	12/17/04 12/03	H S	A B C. ____			1 2 3 4 5	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
Jairo Cabrera	8/20/03 04/05	H S	A B C. ____			1 2 3 4 5	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
Juan Ramos	3/31/04 7/05	H S	A B C. ____			1 2 3 4 5	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
Angel J Zayala	9/27/04 9/03	H S	A B C. ____			1 2 3 4 5	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

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NOTE:

NY-4 (3/99)

NYC 9/11 Public Portal Document

VATC ASSOCIATES INC

ABATEMENT CONTRACTOR PERSONNEL ROSTER

Page _____ of _____

1. Client:	2. Project Name	3. Project Address:	4. Project Number:
DEP	DEP Clean-up	125 Cedar St	22906-02
5. Abatement Contractor:	**6. Abatement Contractor Foreman:**	**7. ATC Representative:**	**8. Starting Date:**
Action		Tim Anastislavsky, Chuck Jonsson	9.14.02

9. NAME	10. ADDRESS	11. CAPACITY	12. CERTIFICATE A. Agency	12. CERTIFICATE B. Number	13. SOCIAL SECURITY NUMBER	14. RESPIRATOR TYPE	15. DATE MONTH: September YEAR: 02
Marcheau Adam		H (S)	(A) B C. ____	PII		~~1~~ 2 3 4 5	1 2 3 4 5 6 7 8 9 10 11 12 13 ~~14~~ 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
Henn, Brian		(H) S	(A) B C. ____			~~1~~ 2 3 4 5	1 2 3 4 5 6 7 8 9 10 11 12 13 (14) 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
Gomez, Marx		(H) S	(A) B C. ____			~~1~~ 2 3 4 5	1 2 3 4 5 6 7 8 9 10 11 12 13 ~~14~~ 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
Romero Janeth		(H) S	(A) B C. ____			~~1~~ 2 3 4 5	1 2 3 4 5 6 7 8 9 10 11 12 13 ~~14~~ 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
Moncada Pedro		(H) S	(A) B C. ____			~~1~~ 2 3 4 5	1 2 3 4 5 6 7 8 9 10 11 12 13 ~~14~~ 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
Jimenez Alejandro		(H) S	(A) B C. ____			~~1~~ 2 3 4 5	1 2 3 4 5 6 7 8 9 10 11 12 13 ~~14~~ 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
Ortiz IGOR		(H) S	(A) B C. ____			~~1~~ 2 3 4 5	1 2 3 4 5 6 7 8 9 10 11 12 13 ~~14~~ 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
Agustin Manuel		(H) S	(A) B C. ____			~~1~~ 2 3 4 5	1 2 3 4 5 6 7 8 9 10 11 12 13 ~~14~~ 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
Henn, Eric		(H) S	(A) B C. ____			~~1~~ 2 3 4 5	1 2 3 4 5 6 7 8 9 10 11 12 13 ~~14~~ 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
		H S	A B C. ____			1 2 3 4 5	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

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NOTE:

NY-4 (3/99)

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