

Part 1

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	

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
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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

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

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

CITY 21MC100 003446250

NYC-WTC_000177454

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

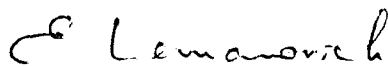
HOURLY SUMMARY OF SHIFT'S ABATEMENT:

Time	Activity
06:00	Arrived on site at 125 Cedar St.
06:30	Met with representative ATC P. Pavlidis
06:54	Started air monitoring. Flow rate is 4.0 L/min.
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.



(Sign here)

ATC Associates Inc. Representative

CONFIDENTIAL,

CITY_21MC100_003446251

SUBJECT TO PROTECTIVE ORDER NO. 2, SEPT. 2008



PROJECT MONITOR LOG

Part 2

1. Client: DEP-	2. Project Name: DEP Clean up	3. Project Address: 115 CEDAR	4. Project #: 0802	5. date: 9-25-02
			4a. Task #: 0802	

PREP-INSPECTION CHECKLIST:

Work Area Location: _____

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

PRE-ENCAPSULATION/FINAL INSPECTION CHECKLIST:

Work Area Location: _____

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

Form NY-9 1/01

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SUBJECT TO PROTECTIVE ORDER NO. 2, SEPT. 2008

Comments/Description of problems and/or unusual incidents

1700 Crew Shower Out for Lunch
 1800 Lunch over crew returned
 on 4 & 57L plus D/CO
 2100 Crew still cleaning all over
 2330 - All crew shower out for
 day and off SITE I held
 for LAB
 2430 - finished 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

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