



PROJECT MONITOR LOG

Part 1

1. Client: <i>IEP</i>	2. Project Name: <i>DEP Cleanup</i>	4. Project #: <i>22906-0002</i>	5. Work Area(s): <i>Entire Building</i>
	3. Project Address: <i>125 Caduce St</i>	4a. Task #: <i>0001</i>	<i>Restroom Bathroom</i>
6. Contractor: <i>Action Bury</i>	7. Contractor's Foreman: <i>Tony Costello</i>	8. ATC Representative: <i>Paul Paret</i>	9. Date: <i>10-20-02</i>

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

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

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

☐ Encapsulation ☐ Waste Load-out ☐ Finals

FULL-CONTAINMENT ABATEMENT

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

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

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

Removal: ☐ Yes (Complete 1 - 5) ☐ N/A

- | |
|---|
| 1. Type of ACM: ☐ Pipe Insulation ☐ Duct Insulation ☐ Fireproofing ☐ Ceiling Tile |
| ☐ Boiler Insulation ☐ Transite Boards ☐ Floor Tile ☐ Other: _____ |
| 2. Negative air pressure $\geq$ 0.02 in. of water: ☐ Yes ☐ No |
| 3. Amended water used during removal: ☐ Yes ☐ No |
| 4. Critical barriers intact for shift's duration: ☐ Yes ☐ No |
| 5. Proper Decon procedures followed: ☐ Yes ☐ No |

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

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

TENT-CONTAINMENT ABATEMENT

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

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

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

Removal:

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

(If Glovebag Removal Check 3 through 8)

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

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Form NY-8 1/01

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SUBJECT TO PROTECTIVE ORDER NO. 2, SEPT. 2008

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

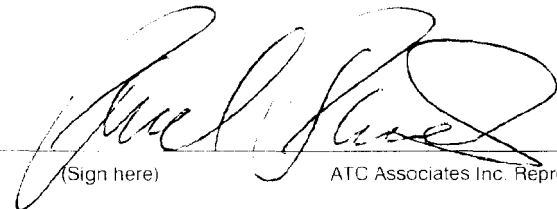
HOURLY SUMMARY OF SHIFT'S ABATEMENT:

Time	Activity
6 a	Ata Rep on site. Meet Terry Ostron from Kravco and she informs me they will remove dust work today.
6:30	I inspect restaurant, crew of 10 working to clean restaurant.
7 a	Get more stencils for ATC workers on 6 th floor. Instruct crew to put on pumps outside.
8:00	Beats from ATC arrives on site.
9:00	Dep here to check pumps in upper floor 6-7-8-9.
10:30	Walk through Restaurant area crew is removing dust work. Dep on site checking pump station on 6-7-8-9.

PROJECT HOURS: 1200 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

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SUBJECT TO PROTECTIVE ORDER NO. 2, SEPT. 2008



PROJECT MONITOR LOG

Part 2

1. Client: <i>DEP</i>	2. Project Name: <i>DEP Cleanup 155-Cedar St</i>	3. Project Address: <i>155-Cedar St</i>	4. Project #: <i>22906-001</i>	5. date: <i>10-8-05</i>
			4a. Task #: <i>2001</i>	

PREP-INSPECTION CHECKLIST:

Work Area Location: _____

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

PRE-ENCAPSULATION/FINAL INSPECTION CHECKLIST:

Work Area Location: _____

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

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

11:00 - crew in restaurant takes lunch

11:30 - Return to work in restaurant.

1:00 - Check restaurant, workers are moving dust
work.

1:40 - ATC Rep. Selome on site, send him
up stairs with Ten & Pickett.

2:00 - I inspect Restaurant most of ductwork
Run.

2:30 - crew showers 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

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SUBJECT TO PROTECTIVE ORDER NO. 2, SEPT. 2008