



## PROJECT MONITOR LOG

Part 1

|                                                     |                                                |                                                |                                            |
|-----------------------------------------------------|------------------------------------------------|------------------------------------------------|--------------------------------------------|
| 1. Client:<br><b>DEP</b>                            | 2. Project Name:<br><b>DEP Clean-up</b>        | 4. Project #:<br><b>15-22906-0002</b>          | 5. Work Area(s):<br><b>Around building</b> |
|                                                     | 3. Project Address:<br><b>125 Cedar St. NY</b> | 4a. Task #:<br><b>00002</b>                    |                                            |
| 6. Contractor:<br><b>Action Environmental Group</b> | 7. Contractor's Foreman:                       | 8. ATC Representative:<br><b>E. Lemanovich</b> | 9. Date:<br><b>10.10.02</b>                |

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: <input type="checkbox"/> Yes <input type="checkbox"/> No    | 2. Ceiling Poly: <input type="checkbox"/> Yes <input type="checkbox"/> No                          |
| 3. Critical Barriers (CBs): <input type="checkbox"/> Yes <input type="checkbox"/> No  | 4. Wall Poly: <input type="checkbox"/> Yes <input type="checkbox"/> No                             |
| 5. Removal to establish CBs: <input type="checkbox"/> Yes <input type="checkbox"/> No | 6. Floor Poly: <input type="checkbox"/> Yes <input type="checkbox"/> No                            |
| 7. Negative air: <input type="checkbox"/> Yes <input type="checkbox"/> No             | 8. Pre-cleaning: <input type="checkbox"/> Yes <input type="checkbox"/> No                          |
| 9. Prep work completed: <input type="checkbox"/> Yes <input type="checkbox"/> No      | 10. Temporary Power: <input type="checkbox"/> Yes <input type="checkbox"/> No                      |
| 11. Other: <input type="checkbox"/> Yes <input type="checkbox"/> No                   | 12. Prep-Inspection Passes: <input type="checkbox"/> Yes <input type="checkbox"/> No (Explain why) |

Removal: ☐ Yes (Complete 1 - 5) ☐ N/A

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

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

- |                                                                                                             |                                                                                                          |
|-------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| 1. <input type="checkbox"/> 1st Stage <input type="checkbox"/> 2nd Stage <input type="checkbox"/> 3rd Stage | 2. 12/12-hour waiting period after 1st cleaning:                                                         |
| 3. Removal of 1st poly layer after 1st cleaning: <input type="checkbox"/> Yes <input type="checkbox"/> No   | 4. 4/12-hour waiting period after 2nd cleaning: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Removal of 2nd poly layer after 2nd cleaning: <input type="checkbox"/> Yes <input type="checkbox"/> No   | 6. 1/12-hour waiting period after 3rd cleaning: <input type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Yes <input type="checkbox"/> No  | 2. Pre-cleaning: <input type="checkbox"/> Yes <input type="checkbox"/> No                              |
| 3. Construction of Decon: <input type="checkbox"/> Yes <input type="checkbox"/> No | 4. Negative Air: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 5. Prep work completed: <input type="checkbox"/> Yes <input type="checkbox"/> No   | 6. Pref-inspection passes: <input type="checkbox"/> Yes <input type="checkbox"/> No                    |

Removal:

- |                                                                                                                                                                               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Type of ACM: <input type="checkbox"/> Pipe Insulation <input type="checkbox"/> Duct Insulation <input type="checkbox"/> Fireproofing <input type="checkbox"/> Ceiling Tile |
| <input type="checkbox"/> Boiler Insulation <input type="checkbox"/> Transite Boards <input type="checkbox"/> Floor Tile <input type="checkbox"/> Other: _____                 |
| 2. Method or Removal: <input type="checkbox"/> Gross removal within tent <input type="checkbox"/> Glovebag removal within tent (check 3 through 8)                            |

(If Glovebag Removal Check 3 through 8)

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

Continued on Back

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                                                                                                  |
|-------|-----------------------------------------------------------------------------------------------------------|
| 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                                                            |
| 08:45 | 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 | 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: 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.



(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:<br><b>WTC</b> | 2. Project Name:<br><b>WTC Cleanup 125 E 60th St</b> | 3. Project Address:<br><b>WTC</b> | 4. Project #:<br><b>2-706-02</b> | 5. date:<br><b>10.10.02</b> |
|                          |                                                      |                                   | 4a. Task #:<br><b>62</b>         |                             |

## PREP-INSPECTION CHECKLIST:

Work Area Location: \_\_\_\_\_

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

## PRE-ENCAPSULATION/FINAL INSPECTION CHECKLIST:

Work Area Location: \_\_\_\_\_

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

Form NY-9 1/01

CONFIDENTIAL,

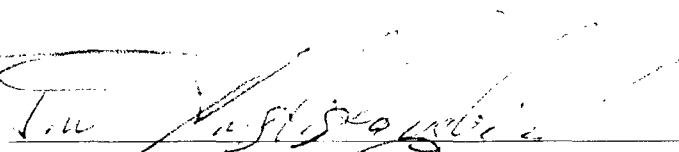
CITY\_21MC100\_003446382

SUBJECT TO PROTECTIVE ORDER NO. 2, SEPT. 2008

**Comments/Description of problems and/or unusual incidents**

600 Arrived on site met Paul and Mike  
 700 Prepare to set up pumps in the tent  
 and the cell phone store  
 800 Mobilizing the equipment  
 1100 moving the pumps in and around the tent  
 1230 continue work  
 1400 continue with equipment set up  
 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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SUBJECT TO PROTECTIVE ORDER NO. 2, SEPT. 2008