

**NEW YORK CITY BOARD OF EDUCATION
GENERAL FIELD VERIFICATION FORM**

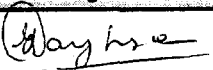
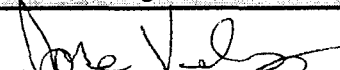
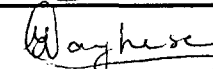
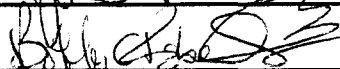
NAME OF THE CONSULTING FIRM: ATC Associates Inc. SPECIFICATION NO.: _____

SCHOOL: PS 89 M ADDRESS: 201, WARREN ST ; MANHATTAN

TYPE OF SERVICES PROVIDED: (check as applicable)

- ☐ ASBESTOS TECHNICIAN ☐ PROJECT DESIGNER* ☐ MISC. CONSULTING SERVICES
☒ AIR SAMPLING TECHNICIAN ☐ PROJECT MONITOR

LOCATIONS(S): ENTIRE BLDG. ROOF. PLAYGROUND WORK PERFORMED: Ambient Air Sampling

DATE	TIME		NAME OF THE PROFESSIONAL		NAME & SIGNATURE OF AUTHORIZED PERSONNEL CUSTODIAN/PRINCIPAL	
	IN	OUT				
			name (print)	signature	name (print)	signature
05/18/02	7 ⁰⁰ AM	8 ³⁰ PM	G. VARUGHESE		Tose Velez	
05/19/02	7 ⁰⁰ AM	7 ⁰⁰ PM	G. VARUGHESE		Bobby Roberts	

NOTE: Please complete the following as applicable, indicate "N/A" if not applicable.

Asbestos Inspector's no. of school visits: _____

Air Sampling Technician's no. of school visits: _____

*Minimum payment for Project Designer's services shall be four (4) times the unit price per hour.

Project Monitor's total no. of hours: _____

Misc. consulting services no. of hours: _____