

NEW YORK CITY BOARD OF EDUCATION
GENERAL FIELD VERIFICATION FORM

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

SCHOOL: PS 89M ADDRESS: 201. WARREN ST, MANHATTA, NY 10282

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
6/8/02	7 ⁰⁰ AM	8 ⁰⁰ PM	G. VARUGHESE	<u>G. Varughese</u>	Bibby Roberts	<u>Bibby Roberts</u>
6/9/02	7 ⁰⁰ AM	7 ⁰⁰ PM	G. VARUGHESE	<u>G. Varughese</u>	Sean Casey	<u>Sean Casey</u>

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: _____