

NEW YORK CITY BOARD OF EDUCATION
GENERAL FIELD VERIFICATION FORM

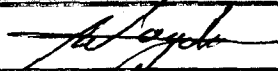
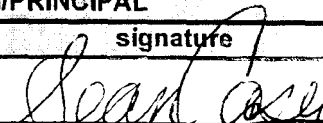
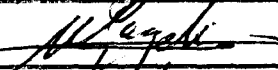
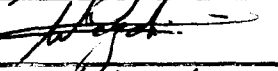
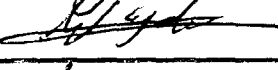
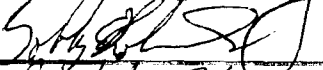
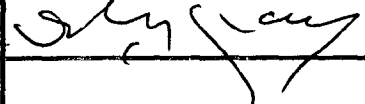
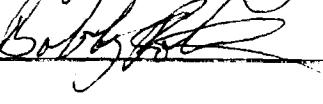
NAME OF THE CONSULTING FIRM: ATC Associates Inc. SPECIFICATION NO.: 19125-0297

SCHOOL: PS 89M ADDRESS: 201 Warren Street

TYPE OF SERVICES PROVIDED: (check as applicable)

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

LOCATIONS(S): Various WORK PERFORMED: IAG Sampling

DATE	TIME		NAME OF THE PROFESSIONAL		NAME & SIGNATURE OF AUTHORIZED PERSONNEL CUSTODIAN/PRINCIPAL	
	IN	OUT	name (print)	signature	name (print)	signature
4/18/02	7:00 AM	11:00 PM	Wagdi Shahid		Sean Casey	
4/25/02	7:00 AM	11:00 PM	Wagdi Shahid		Bobby Roberts	
5/02/02	7:00 AM	11:00 PM	Wagdi Shahid		Sean Casey	
5/9/02	7:00 AM	11:00 PM	Wagdi Shahid		Bobby Roberts	
5/9/02	7:00 AM	11:00 PM	Tenzin Namgyal		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: _____