

NEW YORK CITY BOARD OF EDUCATION
GENERAL FIELD VERIFICATION FORM

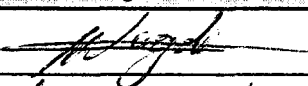
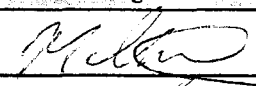
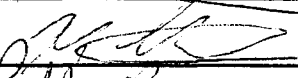
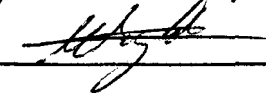
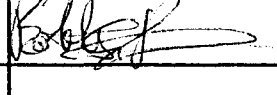
NAME OF THE CONSULTING FIRM: ATC Associates Inc.SPECIFICATION NO. 19125-0297SCHOOL: PS 89 M

ADDRESS: _____

TYPE OF SERVICES PROVIDED: (check as applicable)

☐ ASBESTOS TECHNICIAN
☐ AIR SAMPLING TECHNICIAN

☐ PROJECT DESIGNER*
☐ PROJECT MONITOR
☒ MISC. CONSULTING SERVICESLOCATIONS(S): VariousWORK PERFORMED: IAQ
~~Lead in Water~~ Testing

DATE	TIME		NAME OF THE PROFESSIONAL		NAME & SIGNATURE OF AUTHORIZED PERSONNEL CUSTODIAN/PRINCIPAL	
	IN	OUT				
			name (print)	signature	name (print)	signature
1/25/02	08:00	24:00	Wagdy Shaloud		MIKE CLARK	
1/25/02	08:00	10:00	Yannis Anastasiou		MIKE CLARK	
1/26/02	10:00AM	6:00PM	Wagdy Shaloud		Bobbie 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: _____