NYC 9/11 Public Portal Document

NEW YORK CITY BOARD OF EDUCATION
GENERAL FIELD VERIFICATION FORM

NAME OF THE CONSULTING FIRM: ATC Associates Inc. SPECIFICATION NO. 14125-0247

SCHOOL: PS 89M ADDRESS:

TYPE OF SERVICES PROVIDED: (check as applicable)

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

LOCATIONS(S): Various WORK PERFORMED: ~~Drinking Water~~ IAQ Testing

DATE	TIME IN	TIME OUT	NAME OF THE PROFESSIONAL name (print)	NAME OF THE PROFESSIONAL signature	NAME & SIGNATURE OF AUTHORIZED PERSONNEL CUSTODIAN/PRINCIPAL name (print)	NAME & SIGNATURE OF AUTHORIZED PERSONNEL CUSTODIAN/PRINCIPAL signature
11/25/02	08:00	24:00	Wagdi Shahid	Wagdi Shahid	MIKE CLARK	Mike Clark
11/25/02	08:00	10:00	Ioannis Gotsiridis	Ioannis Gotsiridis	MIKE CLARK	Mike Clark
11/26/02	10:00AM	6:00PM	Wagdi Shahid	Wagdi Shahid	Bobby C Roberts	Bobby C 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: _____

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