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 _____

SCHOOL HSLSPS (PS 894 M) ADDRESS 90 Trinity pl

TYPE OF SERVICES PROVIDED: (check as applicable)

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

LOCATIONS(S) Various WORK PERFORMED IAQC

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
2-26-02	7:00	3:30	Mariana Medinek	M. Medinek	Ida Rosario Dolcl	Ida Rosario Dolcl
2-27-02	7:00	3:00	Mariana Medinek	M. Medinek	Ted Bronsnick	Ted Bron
2-28-02	10:00 17:00	13:30 20:30	Mariana Medinek	M Medinek	FRED PERRY	Fred Perry
3-01-02	11:00	15:00	Mariana Medinek	M. Medinek	Jim Torres	Jim Torres
3-04-02	7:00	14:00	Mariana Medinek	M. Medinek	Jim Torres	Jim Torres

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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