

**NEW YORK CITY BOARD OF EDUCATION
GENERAL FIELD VERIFICATION FORM**

NAME OF THE CONSULTING FIRM: ATC Associates Inc. SPECIFICATION NO.: 14584-0864

SCHOOL: H.S. FOR LEADERSHIP & PUBLIC SERVICE (1894) ADDRESS: 90 TRINITY PLACE, NY NY 10006

TYPE OF SERVICES PROVIDED: (check as applicable)

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

LOCATIONS(S): ENTIRE BUILDING WORK PERFORMED: Ambient Air Test

DATE	TIME		NAME OF THE PROFESSIONAL		NAME & SIGNATURE OF AUTHORIZED PERSONNEL CUSTODIAN/PRINCIPAL	
	IN	OUT				
			name (print)	signature	name (print)	signature
3/30/02	07:00	17:00	Alex Kholodenko	<i>[Signature]</i>	Andy Spruill	<i>[Signature]</i>
3/31/02	07:00	17:00	Alex Kholodenko	<i>[Signature]</i>	Andy Spruill	<i>[Signature]</i>
4/01/02	07:00	17:00	Alex Kholodenko	<i>[Signature]</i>	Andy Spruill	<i>[Signature]</i>
4/02/02	07:00	17:00	Alex Kholodenko	<i>[Signature]</i>	Andy Spruill	<i>[Signature]</i>
4/03/02	07:00	17:00	Alex Kholodenko	<i>[Signature]</i>	Andy Spruill	<i>[Signature]</i>
4/04/02	07:00	17:00	Alex Kholodenko	<i>[Signature]</i>	Andy Spruill	<i>[Signature]</i>

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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