

NEW YORK CITY BOARD OF EDUCATION GENERAL FIELD VERIFICATION FORM

NAME OF THE CONSULTING FIRM: ATC Associates Inc.SPECIFICATION NO.: 15 14584-0864SCHOOL: HS L&PS (M894)ADDRESS: 90 TRINITY PL, NY NY 10006

TYPE OF SERVICES PROVIDED: (check as applicable)

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

LOCATIONS(S): _____

WORK PERFORMED: _____

DATE	TIME		NAME OF THE PROFESSIONAL		NAME & SIGNATURE OF AUTHORIZED PERSONNEL CUSTODIAN/PRINCIPAL	
	IN	OUT	name (print)	signature	name (print)	signature
4/25/02	07:00	21:00	Alex Kholodovko	<i>[Signature]</i>	Andy Spruill	<i>[Signature]</i>
4/26/02	07:00	21:00	Alex Kholodovko	<i>[Signature]</i>	Andy Spruill	<i>[Signature]</i>
4/27/02	07:00	17:00	Alex Kholodovko	<i>[Signature]</i>	Andy Spruill	<i>[Signature]</i>
04/28/02	06:30	16:30	Alex Kholodovko	<i>[Signature]</i>	Andy Spruill	<i>[Signature]</i>
04/29/02	07:00	21:00	Alex Kholodovko	<i>[Signature]</i>	Andy Spruill	<i>[Signature]</i>
04/30/02	07:00	21:00	Alex Kholodovko	<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: _____