NYC 9/11 Public Portal Document

NEW YORK CITY BOARD OF EDUCATION
GENERAL FIELD VERIFICATION FORM

AME OF THE CONSULTING FIRM: ATC Associates Inc. SPECIFICATION NO.:

CHOOL: Economics/Finance/school ADDRESS: 90 Trinity Pd.

YPE OF SERVICES PROVIDED: (check as applicable)

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

OCATIONS(S): 90 Trinity pd. WORK PERFORMED: Dir Dundity.

ATE	TIME		NAME OF THE PROFESSIONAL		NAME & SIGNATURE OF AUTHORIZED PERSONNEL CUSTODIAN/PRINCIPAL	
	IN	OUT	name (print)	signature	name (print)	signature
4-22-02	7:00	2:30	Deyeen Giraldo	Deyeen Giraldo	FIELD PERRY	Field Perry
4-23-02	7:00	2:30	Deyeen Giraldo	Deyeen Giraldo	FIELD PERRY	Field Perry
4-24-02	7:00	2:30	Deyeen Giraldo	Deyeen Giraldo	FIELD PERRY	Field Perry
4-25-02	7:00	2:30	Deyeen Giraldo	Deyeen Giraldo	FIELD PERRY	Field Perry

OTE: 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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