

NEW YORK CITY BOARD OF EDUCATION
GENERAL FIELD VERIFICATION FORM

NAME OF THE CONSULTING FIRM

ATC Associates Inc.

SPECIFICATION NO.

SCHOOL

PS 234

ADDRESS

TYPE OF SERVICES PROVIDED: (check as applicable)

☐ ASBESTOS TECHNICIAN
☐ AIR SAMPLING TECHNICIAN

☐ PROJECT DESIGNER*
☐ PROJECT MONITOR
☐ MISC. CONSULTING SERVICES

LOCATIONS(S)

ENTIRE SCHOOL

WORK PERFORMED:

DATE	TIME		NAME OF THE PROFESSIONAL		NAME & SIGNATURE OF AUTHORIZED PERSONNEL CUSTODIAN/PRINCIPAL	
	IN	OUT	name (print)	signature	name (print)	signature
6/3/02	11:00 AM	1:00 PM	Kevin Fitzpatrick	Kevin Fitzpatrick	JUSTON FAY	Justin Fay
					JUSTON FAY	Justin Fay
6/4/02	11:00 AM	1:00 PM	Kevin Fitzpatrick	Kevin Fitzpatrick	JUSTON FAY	Justin Fay
6/5/02	11:00 AM	1:00 PM	Kevin Fitzpatrick	Kevin Fitzpatrick	JUSTON FAY	Justin Fay
6/6/02	11:00 AM	1:00 PM	Kevin Fitzpatrick	Kevin Fitzpatrick	JUSTON FAY	Justin Fay
6/7/02	11:00 AM	1:00 PM	Kevin Fitzpatrick	Kevin Fitzpatrick	Jose Velez	Jose Velez

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