

**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 SERVICESLOCATIONS(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
6/10/02	11:00 AM	1:00 PM	Kevin Fitzpatrick	<i>Kevin Fitzpatrick</i>	Principal	<i>[Signature]</i>
6/11/02	11:00 AM	1:00 PM	Kevin Fitzpatrick	<i>Kevin Fitzpatrick</i>	Principal	<i>[Signature]</i>
6/12/02	11:00 AM	1:00 PM	Kevin Fitzpatrick	<i>Kevin Fitzpatrick</i>	Principal	<i>[Signature]</i>
6/13/02	11:00 AM	1:00 PM	Kevin Fitzpatrick	<i>Kevin Fitzpatrick</i>	Principal	<i>[Signature]</i>
6/14/02	11:00 AM	1:00 PM	Kevin Fitzpatrick	<i>Kevin Fitzpatrick</i>	Principal	<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: _____