NYC 9/11 Public Portal Document

NEW YORK CITY BOARD OF EDUCATION
GENERAL FIELD VERIFICATION FORM

NAME OF THE CONSULTING FIRM: ATC Associates Inc. SPECIFICATION NO: _____

SCHOOL: M150 ADDRESS: _____

TYPE OF SERVICES PROVIDED: (check as applicable)

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

LOCATIONS(S): _____ WORK PERFORMED: IAQ

DATE	TIME		NAME OF THE PROFESSIONAL		NAME & SIGNATURE OF AUTHORIZED PERSONNEL CUSTODIAN/PRINCIPAL	
	IN	OUT	name (print)	signature	name (print)	signature
5/13/02	1200	1400	Jimmy Choy	Jimmy Choy	JUSTIN FAY	Justin Fay
5/14/02	1200	1400	Jimmy Choy	Jimmy Choy	JUSTIN FAY	Justin Fay
5/15/02	1200	1400	Jimmy Choy	Jimmy Choy	JUSTIN FAY	Justin Fay
5/16/02	1200	1400	Jimmy Choy	Jimmy Choy	JUSTIN FAY	Justin Fay
5/17/02	1200	1400	Jimmy Choy	Jimmy Choy	JUSTIN FAY	Justin Fay

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: _____

CITY_21MC100_003797379