

**NEW YORK CITY BOARD OF EDUCATION
GENERAL FIELD VERIFICATION FORM**

NAME OF THE CONSULTING FIRM:

ATC Associates Inc.

SPECIFICATION NO.:

SCHOOL:

PS 89M.

ADDRESS:

201 WARREN ST

TYPE OF SERVICES PROVIDED: (check as applicable)

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

LOCATIONS(S):

AIR Sampling TEM

WORK PERFORMED:

DATE	TIME		NAME OF THE PROFESSIONAL		NAME & SIGNATURE OF AUTHORIZED PERSONNEL CUSTODIAN/PRINCIPAL	
	IN	OUT				
			name (print)	signature	name (print)	signature
MON 3 25 02	700	800	DAN Finkley	Finkley Dan	BOBBY ROBERTS	Bobby Roberts
TUE 3 26 02	700	800	DAN Finkley	Finkley Dan	BOBBY ROBERTS	Bobby Roberts
WED 3 27 02	700	700	DAN Finkley	Finkley Dan	BOBBY ROBERTS	Bobby Roberts
THUR 3 28 02	700	500	DAN FINKLEY	Finkley DAN	BOBBY ROBERTS	Bobby Roberts
FRI 3 29 02	700	500	DAN FINKLEY	Finkley DAN	BOBBY ROBERTS	Bobby Roberts

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: _____