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: New Stuyvesant HS (M477) ADDRESS: 345 Chambers St. New York, NY 10007

TYPE OF SERVICES PROVIDED: (check as applicable)

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

(TEM) Air monitoring & IAQ direct read

LOCATIONS(S): Throughout the building WORK PERFORMED: dust wipe sampling for lead and dust bulk sampling for fiberglass

DATE	TIME IN	TIME OUT	NAME OF THE PROFESSIONAL name (print)	NAME OF THE PROFESSIONAL signature	NAME & SIGNATURE OF AUTHORIZED PERSONNEL CUSTODIAN/PRINCIPAL name (print)	NAME & SIGNATURE OF AUTHORIZED PERSONNEL CUSTODIAN/PRINCIPAL signature
4/26/02	05:00	21:00	HERANT ANTONYAN	Herant Antonyan	Peter Grasso	Peter Grasso
4/28/02	05:00	17:00	HERANT ANTONYAN	Herant Antonyan	Peter Grasso	Peter Grasso
4/29/02	05:00	20:00	HERANT ANTONYAN	Herant Antonyan	Peter Grasso	Peter Grasso
4/30/02	05:00	21:00	HERANT ANTONYAN	Herant Antonyan	Peter Grasso	Peter Grasso
5/1/02	05:00	23:00	HERANT ANTONYAN	Herant Antonyan	Peter Grasso	Peter Grasso
5/2/02	05:00	21:00	HERANT ANTONYAN	Herant Antonyan	Peter Grasso	Peter Grasso

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: _____

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