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.: 19125-024

SCHOOL: Stuyvesant ADDRESS: 345 Chambers st., NY, NY

TYPE OF SERVICES PROVIDED: (check as applicable)

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

LOCATIONS(S): Various WORK PERFORMED: IAQ

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
2/26/02	7:00AM	3:00PM	James R Cohn		Nick Mortensen	
6/26/02	7:00AM	7:00PM	Lekagoli Shahid		Nick Mortesen	
6/26/02	7:00AM	7:00PM	Tenzin Nangyal		Nick Mortesen	

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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