NYC 9/11 Public Portal Document

NEW YORK CITY BOARD OF EDUCATION
GENERAL FIELD VERIFICATION FORM

AME OF THE CONSULTING FIRM: ATC Associates Inc. SPECIFICATION NO.:

CHOOL: Economics/Finance/School ADDRESS: 90 Trinity Pd.

YPE OF SERVICES PROVIDED: (check as applicable)

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

OCATIONS(S): 90 Trinity Pd. WORK PERFORMED: Air Quality

| ATE | TIME | | NAME OF THE PROFESSIONAL | | NAME & SIGNATURE OF AUTHORIZED PERSONNEL CUSTODIAN/PRINCIPAL | |
|---|---|---|---|---|---|---|
| | IN | OUT | name (print) | signature | name (print) | signature |
| 4-22-02 | 7:00 | 2:30 | Deyeen Ginalo | Deyeen Ginalo | FRED PERRY | Fred Perry |
| 4-23-02 | 7:00 | 2:30 | Deyeen Ginalo | Deyeen Ginalo | FRED PERRY | Fred Perry |
| 4-24-02 | 7:00 | 2:30 | Deyeen Ginalo | Deyeen Ginalo | FRED PERRY | Fred Perry |
| 4-25-02 | 7:00 | 2:30 | Deyeen Ginalo | Deyeen Ginalo | FRED PERRY | Fred Perry |
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| | | | | | | |

OTE: 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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