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

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

SCHOOL: 234M ADDRESS: 294 - Greenwich St.

TYPE OF SERVICES PROVIDED: (check as applicable)

- [ ] ASBESTOS TECHNICIAN
- [ ] AIR SAMPLING TECHNICIAN
- [ ] PROJECT DESIGNER*
- [ ] PROJECT MONITOR
- [x] MISC. CONSULTING SERVICES

LOCATIONS(S): _____ 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 |
|---|---|---|---|---|---|---|
| 3/25/02 | 0630 1200 | 0700 1400 | Jimmy Choy | Jimmy Choy | Philip Portelli | Philip Portelli |
| 3/26/02 | 0630 1200 | 0700 1400 | ↓ | ↓ | ↓ | ↓ |
| 3/27/02 | 0630 1200 | 0700 1400 | ↓ | ↓ | ↓ | ↓ |
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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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