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: HS for Leadership/Public Service ADDRESS: 90 Trinity Place

TYPE OF SERVICES PROVIDED: (check as applicable)

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

LOCATIONS(S): As Per Protocol WORK PERFORMED: Ambient

DATE	TIME		NAME OF THE PROFESSIONAL		NAME & SIGNATURE OF AUTHORIZED PERSONNEL CUSTODIAN/PRINCIPAL	
	IN	OUT	name (print)	signature	name (print)	signature
4/20	7:00	3:00	Sonny Ramlal	S Ramlal	Andy Sprunt	Andy Sprunt

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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