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.: 0MA001L-99

SCHOOL: PS 234 ADDRESS: 292 GRENWICH ST NY NY 10007

TYPE OF SERVICES PROVIDED: (check as applicable)

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

LOCATIONS(S): VARIOUS ENTIRE SCHOOL WORK PERFORMED: AMBIENT TEM AIR SAMPLING

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
3-14-02	6 30 AM	7 30 AM	Kevin Fitzpatrick	Kevin Fitzpatrick	Philip Portelli	X Philip Portelli
3-15 02	6 30 AM	10 30 pm	Kevin Fitzpatrick	Kevin Fitzpatrick	Philip Portelli	X Philip Portelli

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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