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: PS 89M ADDRESS: 201, WARREN ST, MANHATTAN

TYPE OF SERVICES PROVIDED: (check as applicable)

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

LOCATIONS(S): ENTIRE BLDG, ROOF, PLAYGROUND WORK PERFORMED: Ambient Air Sampling

DATE	TIME		NAME OF THE PROFESSIONAL		NAME & SIGNATURE OF AUTHORIZED PERSONNEL CUSTODIAN/PRINCIPAL	
	IN	OUT	name (print)	signature	name (print)	signature
5/12/02	7^00 Am	7^00 Pm	I. G. VARUGHESE		Bobby Roberts	

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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