### FRANKLIN CLEANERS SITE, NYSDEC SITE NO. 1-30-050 SITE ACTIVITIES LOG

PERSONNEL ON-SITE	DATE/TIME ON-SITE	TIME OFFSITE	REASON FOR SITE VISIT (CHECK BOX BELOW)			
TG	9/1/20 10000	1230	Monitoring	Maintenance		
	~/~/		Sampling	Other (Provide Description)		
			Alarm Response			
Description: LAWN	MANTERERE	- & FIRE	Extry v.	sh & encype		
		ine ik	in the second			
20	8/19/201300	1430	Monitoring	Maintenance		
			Sampling	Other (Provide Description)		
			Alarm Response			
Lawn	DADREAMIN	•				
KL	9/15/20 830	1030	Monitoring	X Maintenance		
			Sampling	Other (Provide Description)		
			Alarm Response			
Description: Lawn mainten	CE + tree trim	ing, fire exti	nquish + Eme	rgency		
light inspecti						

### FRANKLIN CLEANERS SITE, NYSDEC SITE NO. 1-30-050 SITE ACTIVITIES LOG

PERSONNEL ON-SITE	DATE/TIME ON-SITE	TIME OFFSITE	REASON FOR SITE VISIT (CHECK BOX BELOW)		
ME	28 SEPZO 0830	1045	Monitoring	×	Maintenance
			Sampling		Other (Provide Description)
			Alarm Response		
Description: אישאט איש	MINT.				
			T 1		4
RC	10/26/20 11:15	Ø 13:45	Monitoring	+	Maintenance
			Sampling		Other (Provide Description)
			Alarm Response		
Description: VARD	MACUTENNICE				
LINT	g e laer i				
		1100			<b>A</b>
MF	10/13/20 9:00	1100	Monitoring	+2	Maintenance
			Sampling		Other (Provide Description)
			Alarm Response		
Description:	in a superior of the superior	)			
YUO,	mainterrance	×			

### DAILY INSPECTION REPORT Report No. Franklin Cleaners - NYSDEC Site No.

NYSDEC Division of Environme		on 🖌 Conse	rtment of onmental ervation		NYSDEC ( C100611 Superintende		t No.	
Site Location: Hem	pstead, New	York			NYSDEC PN		long	
	Weather	Conditions				-	-	
<b>General Description</b>	SMANX	AM		PM	Consultant P	M: Trisna	Vicale	
Temperature	610	AM		PM ,	Consultant S	ite Inspect	ors: Kelvir	lice
Wind	5	AM		PM	Docett	100	Hertol	
Health & Safety If any box below is	checked "Yes"	, provide explan	ation under "H	ealth 8	Safety Con	nments".		
Were there any change	s to the Health &	Safety Plan?			*Yes	No	NA	
Were there any exceed	ances of the perim	neter air monitoring	reported on this d	late?	*Yes	NO	NA	
Were there any nuisand	ce issues reported	observed on this da	ate?		*Yes	NO	NA	
Health & Safety Con						and a second		
Summary of Work P site maintance tree trimmin		Arrived at site: tinoich + Em	0830 ergency		eparted Site:		30	
Equipment/Material								
If any box below is o	checked "Yes",					~		
If any box below is a Were there any vehicles	checked "Yes", s which did not dis	play proper D.O.T r			*Yes	No	NA	
If any box below is a Were there any vehicles Were there any vehicles	checked "Yes", s which did not dis s which were not t	play proper D.O.T r arped?	numbers and plac	ards?	*Yes * Yes	No No	NA NA	
If any box below is a Were there any vehicles Were there any vehicles Were there any vehicles	checked "Yes", s which did not dis s which were not t s which were not c	play proper D.O.T r arped?	numbers and plac	ards?	*Yes * Yes	No	NA	
If any box below is a Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi	checked "Yes", s which did not dis s which were not t s which were not c	play proper D.O.T r arped? lecontaminated pric	numbers and plac	ards? ork site?	*Yes * Yes 9 * Yes	No No No	NA NA NA	
If any box below is a Were there any vehicles Were there any vehicles Were there any vehicles	checked "Yes", s which did not dis s which were not t s which were not c	play proper D.O.T r arped?	numbers and plac	ards? ork site? Tr	*Yes *Yes *Yes *Yes	No No No	NA NA	
If any box below is a Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi	checked "Yes", s which did not dis s which were not t s which were not c	play proper D.O.T r arped? lecontaminated pric	numbers and plac	ards? ork site? Tr	*Yes * Yes 9 * Yes	No No No	NA NA NA	
If any box below is a Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi	checked "Yes", s which did not dis s which were not t s which were not c	play proper D.O.T r arped? lecontaminated pric	numbers and plac	ards? ork site? Tr	*Yes *Yes *Yes *Yes	No           No           No           No           To	NA NA NA	
If any box below is a Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi	checked "Yes", s which did not dis s which were not t s which were not c	play proper D.O.T r arped? lecontaminated pric	numbers and plac	ards? ork site? Tr	*Yes *Yes *Yes *Yes	No           No           No           No           To	NA NA NA	
If any box below is a Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi	checked "Yes", s which did not dis s which were not t s which were not c	play proper D.O.T r arped? lecontaminated pric	numbers and plac	ards? ork site? Tr	*Yes *Yes *Yes *Yes	No           No           No           No           To	NA NA NA	
If any box below is a Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi	checked "Yes", s which did not dis s which were not t s which were not c	play proper D.O.T r arped? lecontaminated pric	numbers and plac	ards? ork site? Tr	*Yes *Yes *Yes *Yes	No           No           No           No           To	NA NA NA	
If any box below is a Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi	checked "Yes", s which did not dis s which were not t s which were not c	play proper D.O.T r arped? lecontaminated pric	numbers and plac	ards? ork site? Tr	*Yes *Yes *Yes *Yes	No           No           No           No           To	NA NA NA	
If any box below is of Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi	checked "Yes", s which did not dis s which were not t s which were not c	play proper D.O.T r arped? lecontaminated pric	numbers and plac	ards? ork site? Tr	*Yes *Yes *Yes *Yes	No           No           No           No           To	NA NA NA	
If any box below is a Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi	checked "Yes", s which did not dis s which were not t s which were not c	play proper D.O.T r arped? lecontaminated pric	numbers and plac	ards? ork site? Tr	*Yes *Yes *Yes *Yes	No           No           No           No           To	NA NA NA	
If any box below is of Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi	checked "Yes", s which did not dis s which were not t s which were not c	play proper D.O.T r arped? lecontaminated pric	numbers and plac	ards? ork site? Tr	*Yes *Yes *Yes *Yes	No           No           No           No           To	NA NA NA	
If any box below is of Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi	checked "Yes", s which did not dis s which were not t s which were not c	play proper D.O.T r arped? lecontaminated pric	numbers and plac	ards? ork site? Tr	*Yes *Yes *Yes *Yes	No           No           No           No           To	NA NA NA	
If any box below is of Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi	checked "Yes", s which did not dis s which were not t s which were not c	play proper D.O.T r arped? lecontaminated pric	numbers and plac	ards? ork site? Tr	*Yes *Yes *Yes *Yes	No           No           No           No           To	NA NA NA	
If any box below is a Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi	checked "Yes", s which did not dis s which were not t s which were not c	play proper D.O.T r arped? lecontaminated pric	numbers and plac	ards? ork site? Tr	*Yes *Yes *Yes *Yes	No           No           No           No           To	NA NA NA	
If any box below is a Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi	checked "Yes", s which did not dis s which were not t s which were not c	play proper D.O.T r arped? lecontaminated pric	numbers and plac	ards? ork site? Tr	*Yes *Yes *Yes *Yes	No           No           No           No           To	NA NA NA	
If any box below is a Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi	checked "Yes", s which did not dis s which were not t s which were not c	play proper D.O.T r arped? lecontaminated pric	numbers and plac	ards? ork site? Tr	*Yes *Yes *Yes *Yes	No           No           No           No           To	NA NA NA	
If any box below is a Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi	checked "Yes", s which did not dis s which were not t s which were not c	play proper D.O.T r arped? lecontaminated pric	numbers and plac	ards? ork site? Tr	*Yes *Yes *Yes *Yes	No           No           No           No           To	NA NA NA	
If any box below is a Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi	checked "Yes", s which did not dis s which were not t s which were not c	play proper D.O.T r arped? lecontaminated pric	numbers and plac	ards? ork site? Tr	*Yes *Yes *Yes *Yes	No           No           No           No	NA NA NA	
If any box below is a Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi	checked "Yes", s which did not dis s which were not t s which were not c	play proper D.O.T r arped? lecontaminated pric	numbers and plac	ards? ork site? Tr	*Yes *Yes *Yes *Yes	No           No           No           No	NA NA NA	
If any box below is a Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi	checked "Yes", s which did not dis s which were not t s which were not c	play proper D.O.T r arped? lecontaminated pric	numbers and plac	ards? ork site? Tr	*Yes *Yes *Yes *Yes	No           No           No           No	NA NA NA	



## DAILY INSPECTION REPORT Page 2 of 9 Report No. Franklin Cleaners - NYSDEC Site No. Date: 9(15)

Equipment Description	on		Contractor/Vendor		Quantity	Use	∋d
			· · · · · · · · · · · · · · · · · · ·		•		
			·····				
						· · ·	
			· · · · · · · · · · · · · · · · · · ·				
Material Description	Imported/ Delivered to Site	Exported off Site	Waste Profile (If Applicable)	Source or Facility (If	<sup>.</sup> Disposal Applicable)	Daily Loads	Daily Weight (tons)*
-							
*On-Site scale for off-site shipn	nent, delivery t	icket for materia	I received				
Equipment/Material Track							



 Report No.
 Franklin Cleaners - NYSDEC Site No.
 Date:
 Page 3 of 9

Visitors to Site			
Name	Representing	Entered	Exclusion/CRZ Zone
		Yes	No
Site Representatives			
Name	Representing		
			an at 1927 7 97 97 99 99 99 99 99 99 99 99 99 99
Project Schedule Comments			
Issues Pending		<u>,</u>	
Internation with Dublic Draws (	Numero Modia ata		
Interaction with Public, Property C	whers, weula, etc.		



Include (insert) figures with markups showing location of work and job progress





Site Photographs (Descriptions Below)	
before	before
after	after



DAILY INSPE	<b>CTION REPORT</b>	
Depart No	Eronklin Cleanara	NVODEC Site

Report No. Franklin Cleaners - NYSDEC Site No.

Site Inspector(s):	Date:
Comments	



Page 8 of 9 Date: 9115120

### DAILY HEALTH CHECKLIST

Is social distancing being practiced?	Yes 🖾	No 🗆
Is the tail gate safety meeting held outdoors?	Yes 🖾	No 🗆
Are remote/call in job meetings being held in lieu of meeting in person where possible?	Yes 🖾	No 🗆
Were personal protective gloves, masks, and eye protection being used?	Yes 🖾	No 🗆
Are sanitizing wipes, wash stations or spray available?	Yes 🕅	No 🗆
Have any workers/visitors been excluded based on close contact with individuals diagnosed with COVID-19, have recently traveled to restricted areas or countries, or are symptomatic (fever, chills, cough/shortness of breath)?	Yes 🖾	No 🗆
Comments:		-

### REMEDIAL ACTIVITIES AT PROPERTIES

1.	Have anyone at this location been tested and confirmed to have COVID-19?	Yes 🗆	No 🖄
2.	Is anyone at this location isolated or quarantined for COVID-19?	Yes 🗆	No 🖾
3.	Has anyone at this locaton had contact with anyone known to have COVID-19 in the past 14 days?	Yes 🗆	No 🖾
4.	Does anyone at this locaton have any symptoms of a respiratory infection (e.g., cough, sore throat, fever, or shortness of breath)?	Yes 🗆	No ᡇ
5.	Does the Department and its contractors have your permission to enter the property at this time?	Yes 🖾	No 🗆
If Yes • •	to <u>any</u> of 1-4 above: If it is <u>not</u> critical that service/entry be carried out immediately and can be postponed until the risk of COVID-19 is lower, or can be accomplished remotely/without entry, postpone or conduct service without entry. If it <u>is</u> critical that service/entry be carried out immediately, advise occupants that as a precaution and for our own protection, project personnel will be donning appropriate PPE* (including respiratory protection) - and do so prior to entry.	Yes 🗆	No 🗆



,

### NUISANCE CHECKLIST

Were there any community complaints related to work on this date?	Yes 🗆	No 🖾	N/A□
Were there any odors detected on this date?	Yes 🗆	No 🖾	N/A□
Was noise outside specification and/or above background on this date?	Yes 🗆	No 🖾	N/A□
Were vibration readings outside specification and/or above background on this date?	Yes 🗆	No 🖾	N/A□
Any visible dust observed beyond the work perimeter on this date?	Yes 🗆	No 🖄	N/A□
Any visible contrast (turbidity) beyond engineering controls observed on this date?	Yes 🗆	No 🛱	N/A□
Was turbidity checked at the Montauk Highway outfall?	AM 🗆	PM 🗆	N/A
Were any property owners NOT provided advance notice for work performed on this property on this date?	Yes 🗆	No 🗷	N/A□
Was the temporary fabric structure closed at the end of the day?	Yes 🗆	No 🗆	N/A
Has Contractor failed to protect all foundations and structures adjacent to and adjoining the site which are affected by the excavations or other operations connected with performance of the Work?	Yes 🗆	No 🗆	N/A
If yes, has Contractor been notified?	Yes 🗆	No 🗆	N/A□
Comments:			



### DAILY INSPECTION REPORT Report No. Franklin Cleaners - NYSDEC Site No.

28	SEP 20	Page '	1 of 9

Site Location: Hem	ental Remedia		W Depar RK Enviro Conse	rtment of onmental ervation	56		NYSDEC C C100611 Superintender	nt:	
	-						NYSDEC PM	Payson	Long
Ormanal Description		r Condition	S				Consultant PM	A: Trisha	a Vicale
General Description	OVEST								
Temperature Wind	70N WNW	AM AM			PI PI		Consultant Sh	le inspec	.015.
Health & Safety	WRITE								
If any box below is	checked "Yes	s". provide	explana	ation unde	er "Healt	h &	Safety Com	ments"	l.
Were there any change							*Yes	NO	NA
Were there any exceed				reported on	this date?	?	*Yes	No	(NA)
Were there any nuisand							*Yes	No	NA
Health & Safety Con									
MAINT. CA	NN ER.								
If any box below is a Were there any vehicles	<b>checked "Yes</b> s which did not c	display prope					*Yes	No	NA
If any box below is a Were there any vehicles Were there any vehicles	checked "Yes s which did not c s which were no	display prope t tarped?	r D.O.T n	numbers and	d placards	s?	*Yes * Yes	No No	NA NA
If any box below is a Were there any vehicles Were there any vehicles Were there any vehicles	checked "Yes s which did not c s which were no s which were no	display prope t tarped?	r D.O.T n	numbers and	d placards	s?	*Yes * Yes	No	NA
Equipment/Material If any box below is of Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi	checked "Yes s which did not c s which were no s which were no	lisplay prope t tarped? t decontamin	r D.O.T n ated prio	numbers and	d placards	s? site?	*Yes * Yes * Yes	20 20 20 20	NA NA NA
If any box below is of Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi Individual	checked "Yes s which did not c s which were no s which were no pment	display proper t tarped? t decontamin Co	r D.O.T n ated prio mpany	numbers and	d placards	site?	*Yes * Yes * Yes /		NA NA NA NA
If any box below is a Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi	checked "Yes s which did not c s which were no s which were no pment	lisplay prope t tarped? t decontamin	r D.O.T n ated prio mpany	numbers and	d placards	site?	*Yes * Yes * Yes /		NA NA NA
If any box below is of Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi Individual	checked "Yes s which did not c s which were no s which were no pment	display proper t tarped? t decontamin Co	r D.O.T n ated prio mpany	numbers and	d placards	site?	*Yes * Yes * Yes /		NA NA NA NA
If any box below is of Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi Individual	checked "Yes s which did not c s which were no s which were no pment	display proper t tarped? t decontamin Co	r D.O.T n ated prio mpany	numbers and	d placards	site?	*Yes * Yes * Yes /		NA NA NA NA
If any box below is of Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi Individual	checked "Yes s which did not c s which were no s which were no pment	display proper t tarped? t decontamin Co	r D.O.T n ated prio mpany	numbers and	d placards	site?	*Yes * Yes * Yes /		NA NA NA Dtal Hours
If any box below is of Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi Individual	checked "Yes s which did not c s which were no s which were no pment	display proper t tarped? t decontamin Co	r D.O.T n ated prio mpany	numbers and	d placards	site?	*Yes * Yes * Yes /		NA NA NA Dtal Hours
If any box below is of Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi Individual	checked "Yes s which did not c s which were no s which were no pment	display proper t tarped? t decontamin Co	r D.O.T n ated prio mpany	numbers and	d placards	site?	*Yes * Yes * Yes /		NA NA NA Dtal Hours
If any box below is of Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi Individual	checked "Yes s which did not c s which were no s which were no pment	display proper t tarped? t decontamin Co	r D.O.T n ated prio mpany	numbers and	d placards	site?	*Yes * Yes * Yes /		NA NA NA Dtal Hours
If any box below is a Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi Individual	checked "Yes s which did not c s which were no s which were no pment	display proper t tarped? t decontamin Co	r D.O.T n ated prio mpany	numbers and	d placards	site?	*Yes * Yes * Yes /		NA NA NA Dtal Hours
If any box below is of Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi Individual	checked "Yes s which did not c s which were no s which were no pment	display proper t tarped? t decontamin Co	r D.O.T n ated prio	numbers and	d placards	site?	*Yes * Yes * Yes /		NA NA NA Dtal Hours
If any box below is of Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi Individual	checked "Yes s which did not c s which were no s which were no pment	display proper t tarped? t decontamin Co	r D.O.T n ated prio	numbers and	d placards	site?	*Yes * Yes * Yes /		NA NA NA NA
If any box below is of Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi Individual	checked "Yes s which did not c s which were no s which were no pment	display proper t tarped? t decontamin Co	r D.O.T n ated prio	numbers and	d placards	site?	*Yes * Yes * Yes /		NA NA NA NA
If any box below is of Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi Individual	checked "Yes s which did not c s which were no s which were no pment	display proper t tarped? t decontamin Co	r D.O.T n ated prio	numbers and	d placards	site?	*Yes * Yes * Yes /		NA NA NA NA
If any box below is of Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi Individual	checked "Yes s which did not c s which were no s which were no pment	display proper t tarped? t decontamin Co	r D.O.T n ated prio	numbers and	d placards	site?	*Yes * Yes * Yes /		NA NA NA NA
If any box below is of Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi Individual	checked "Yes s which did not c s which were no s which were no pment	display proper t tarped? t decontamin Co	r D.O.T n ated prio	numbers and	d placards	site?	*Yes * Yes * Yes /		NA NA NA NA



#### DAILY INSPECTION REPORT Franklin Cleaners - NYSDEC Site No. Report No.

Equipment Descrip	tion		Contractor/Vendor		Quantity	Use	ed
۰ میں میں میں میں ایک				1.00Me.00.00			
				i			
······································							
*****							
			··· ·				
The second se							
Material Description	Imported/ Delivered to Site	Exported off Site	Waste Profile (If Applicable)	Source or Facility (If <i>J</i>	<sup>.</sup> Disposal Applicable)	Daily Loads	Daily Weight (tons)*
	· · · · · · · · · · · · · · · · · · ·						
On-Site scale for off-site ship	ment, delivery t	ticket for materia	I received				
Equipment/Material Trac							
	_						

## Report No.Franklin Cleaners - NYSDEC Site No.Date: 28 SEP20Page 3 of 9

Name		Representing	Entered	Exclusion/CRZ Zone
			Yes	No
Site Representatives		••••••••••••••••••••••••••••••••••••••		
Name		Representing		
			410-11-	
				00-19 (J-11 (J-16 - 16 - 16 - 17 - 17 - 17 - 17 - 17 -
Project Schedule Comments				
Floject Schedule Comments				
Issues Pending				
Interaction with Public, Property	v Owners, Med	lia, etc.		
Interaction with Public, Property	v Owners, Med	lia, etc.		
Interaction with Public, Property	v Owners, Med	lia, etc.		
Interaction with Public, Property	⁄ Owners, Med	lia, etc.		



Include (insert) figures with markups showing location of work and job progress





DAILY INSPE	CTION REPORT	
Report No.	Franklin Cleaners - NYSDEC Site N	0

Comments	
Site Inspector(s):	Date:



# Date: 28 SEP 20 Page 7 of 9

Date: 26 56 20 Page 8 of 9

### DAILY HEALTH CHECKLIST

	/	•	_
Is social distancing being practiced?	Yes 🗹	No 🗆	
Is the tail gate safety meeting held outdoors?	Yes 🗆	No 🗆	NA
Are remote/call in job meetings being held in lieu of meeting in person where possible?	Yes 🗆 🍃	No 🗆	NA
Were personal protective gloves, masks, and eye protection being used?	Yes 🗹	No 🗆	
Are sanitizing wipes, wash stations or spray available?	Yes 🔽	No 🗆	
Have any workers/visitors been excluded based on close contact with individuals diagnosed with COVID-19, have recently traveled to restricted areas or countries, or are symptomatic (fever, chills, cough/shortness of breath)?	Yes 🗆	No 🗹	
Comments:			

### REMEDIAL ACTIVITIES AT PROPERTIES

1. Have anyone at this location been tested and confirmed to have COVID-19?	Yes 🗆	No 🗸	
2. Is anyone at this location isolated or quarantined for COVID-19?	Yes 🗆	No 🔽	
3. Has anyone at this locaton had contact with anyone known to have COVID-19 in the past 14 days?	Yes 🗆	No 🔍	
4. Does anyone <u>at this locaton</u> have any symptoms of a respiratory infection (e.g., cough, sore throat, fever, or shortness of breath)?	Yes 🗆	No 🕞	
5. Does the Department and its contractors have your permission to enter the property at this time?	Yes 🗆	No 🗆	NP
If Yes to <u>any</u> of 1-4 above:			
<ul> <li>If it is <u>not</u> critical that service/entry be carried out immediately and can be postponed until the risk of COVID-19 is lower, or can be accomplished remotely/without entry, postpone or conduct service without entry.</li> <li>If it <u>is</u> critical that service/entry be carried out immediately, advise occupants that as a precaution and for our own protection, project personnel will be donning appropriate PPE* (including respiratory protection) - and do so prior to entry.</li> </ul>	Yes 🗆	No 🗆	
Comments:	1	-L	
			_ <b>_</b>



#### DAILY INSPECTION REPORT Report No. Franklin Cleaners - NYSDEC Site No.

## Date: 28 5 20 Page 9 of 9

### NUISANCE CHECKLIST

Were there any community complaints related to work on this date?	Yes 🗆	No 🗹	N/A□
Were there any odors detected on this date?	Yes 🗆	No 🗹	N/A□
Was noise outside specification and/or above background on this date?	Yes 🗆	No 🗹	N/A□
Were vibration readings outside specification and/or above background on this date?	Yes 🗆	No 🗹	N/A□
Any visible dust observed beyond the work perimeter on this date?	Yes 🗆	No 🔽	N/A□
Any visible contrast (turbidity) beyond engineering controls observed on this date?	Yes 🗆	No 🗹	N/A□
Was turbidity checked at the Montauk Highway outfall?	AM 🗆	PM 🗆	N/A⊠∕
Were any property owners NOT provided advance notice for work performed on this property on this date?	Yes 🗆	No 🗆	N/A⊡∕
Was the temporary fabric structure closed at the end of the day?	Yes 🗆	No 🗆	N/A
Has Contractor failed to protect all foundations and structures adjacent to and adjoining the site which are affected by the excavations or other operations connected with performance of the Work?	Yes 🗆	No 🗆	N/A
If yes, has Contractor been notified?	Yes 🗆	No 🗆	N/A
Comments:			



### DAILY INSPECTION REPORT Report No. Franklin Cleaners - NYSDEC Site No.

NYSDEC Division of Environm			W Depar RK Enviro Conse	tment of onmental rvation		NYSDEC C100611 Superintenc		t No.
Site Location: Herr	ipstead, New	YOrk				NYSDEC P	M: Payson I	Long
	Weather	Condition	S			Consultant	•	Ū.
General Description	1.911+ direz)				PM			
Temperature	00	AM			PM	Consultant	Site Inspect	or: MF
Wind	NNE NOT	MA M			PM			
Health & Safety If any box below is	checked "Yes	", provide	explana	ation under "H	lealth &	& Safety Co	mments".	
Were there any change	es to the Health &	Safety Plan	?			*Yes	No	NA
Were there any exceed	lances of the peri	meter air mo	nitoring r	eported on this	date?	*Yes	No	(MAR)
Were there any nuisan	ce issues reported	d/observed o	on this da	ite?		*Yes	No	NA)
Health & Safety Cor								
1 LULE V	laintena							
Equipment/Material If any box below is Were there any vehicle	checked "Yes"					Tracking C	and the second s	
	checked "Yes" s which did not di	splay proper					omments'	". NA NA
If any box below is Were there any vehicle	checked "Yes" s which did not di s which were not	splay proper tarped?	D.O.T n	umbers and plac	cards?	*Yes * Yes	No	NA
If any box below is Were there any vehicle Were there any vehicle	checked "Yes" s which did not di s which were not s which were not	splay proper tarped?	D.O.T n	umbers and plac	cards?	*Yes * Yes	No No	NA NA
If any box below is Were there any vehicle Were there any vehicle Were there any vehicle	checked "Yes" s which did not di s which were not s which were not pment	splay proper tarped? decontamina	<sup>-</sup> D.O.T n ated prior	umbers and plac	cards? ork site?	*Yes * Yes ? * Yes	No No	NA NA NA
If any box below is Were there any vehicle Were there any vehicle Were there any vehicle Personnel and Equi	checked "Yes" s which did not di s which were not s which were not pment	splay proper tarped? decontamina	D.O.T n ated prior	umbers and place r to exiting the w	cards? ork site?	*Yes *Yes *Yes	No No No To	NA NA
If any box below is Were there any vehicle Were there any vehicle Were there any vehicle Personnel and Equi Individual	checked "Yes" s which did not di s which were not s which were not pment	splay proper tarped? decontamina Co	D.O.T n ated prior	umbers and place r to exiting the w	cards? vork site? Ti	*Yes *Yes *Yes	No No No To	NA NA NA tal Hours
If any box below is Were there any vehicle Were there any vehicle Were there any vehicle Personnel and Equi Individual	checked "Yes" s which did not di s which were not s which were not pment	splay proper tarped? decontamina Co	D.O.T n ated prior	umbers and place r to exiting the w	cards? vork site? Ti	*Yes *Yes *Yes	No No No To	NA NA NA tal Hours



## DAILY INSPECTION REPORTReport No.Franklin Cleaners - NYSDEC Site No.Date: \\[]\]]∂]∂

Equipment Description			Contractor/Vendor		Quantity	Use	ed
			······································		-		
					ļ		
						,	
······							
			······································				
Material Description	Imported/ Delivered to Site	Exported off Site	Waste Profile (If Applicable)	Source o Facility (If	r Disposal Applicable)	Daily Loads	Dail Weig (tons
			· · · · · · · · · · · · · · · · · · ·				
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Warman Contraction Contraction						_	
NO MARK MARKANA PARA PARA PARA PARA PARA PARA PARA P		++			- 19 H F F, F		
		1 1				-	
		ticket for materia	I received				
n-Site scale for off-site ship							
n-Site scale for off-site ship uipment/Material Trac							

NEW OBCASTORIA Department of STATE Environmental Conservation

### DAILY INSPECTION REPORT Report No. Franklin Cleaners - NYSDEC Site No. Date: 10/13/20

Visitors to Site				
Name	Re	presenting	Entered	Exclusion/CRZ Zone
		p	Yes	No
			Yes	Νο
			Yes	Νο
			Yes	No
Site Representatives			I	
Name		Representing		
			·····	
	<u>,</u>			
Project Schedule Comments				
Issues Pending				
Interaction with Public, Property C	)wners, Media, e	tc.		



Date: 10/13/20

Page **4** of **9** 

Include (insert) figures with markups showing location of work and job progress



### DAILY INSPECTION REPORT

### Report No. Franklin Cleaners - NYSDEC Site No. Date: 10/13/20

Site Photographs (Descriptions Below)						



Report No. Franklin Cleaners - NYSDEC Site No. Date: 10/13/30

Comments	
Site Inspector(s):	Date:



Date:1013120

### DAILY HEALTH CHECKLIST

Is social distancing being practiced?	Yes 🗹	No 🗆	
Is the tail gate safety meeting held outdoors?	Yes 🗆	No 🗆	ALA
Are remote/call in job meetings being held in lieu of meeting in person where possible?	Yes 🗆	No 🗆	NA
Were personal protective gloves, masks, and eye protection being used?	Yes 🗹	No 🗆	
Are sanitizing wipes, wash stations or spray available?	Yes 🗹	No 🗆	
Have any workers/visitors been excluded based on close contact with individuals diagnosed with COVID-19, have recently traveled to restricted areas or countries, or are symptomatic (fever, chills, cough/shortness of breath)?	Yes 🗆	No 🗹	
Comments:			

### REMEDIAL ACTIVITIES AT PROPERTIES

1	Have anyone at this location been tested and confirmed to have COVID-19?	Yes 🗆	No 🗹	
2.	Is anyone at this location isolated or quarantined for COVID-19?	Yes 🗆	No 🗗	
	Has anyone at this locaton had contact with anyone known to have COVID-19 in the past 14 days?	Yes 🗆	No 🗹	
	Does anyone at this locaton have any symptoms of a respiratory infection (e.g., cough, sore throat, fever, or shortness of breath)?	Yes 🗆	No 🗹	
	Does the Department and its contractors have your permission to enter the property at this time?	Yes 🗆	No 🗆	NA
•	to <u>any</u> of 1-4 above: If it is <u>not</u> critical that service/entry be carried out immediately and can be postponed until the risk of COVID-19 is lower, or can be accomplished remotely/without entry, postpone or conduct service without entry. If it <u>is</u> critical that service/entry be carried out immediately, advise occupants that as a precaution and for our own protection, project personnel will be donning appropriate PPE* (including respiratory protection) - and do so prior to entry.	Yes 🗆	No 🗆	



Date: 10/13/20

### NUISANCE CHECKLIST

Were there any community complaints related to work on this date?	Yes 🗆	No 🗹	N/A□
Were there any odors detected on this date?	Yes 🗆	No 🗹 🎾	N/A□
Was noise outside specification and/or above background on this date?	Yes 🗆	No 🗹	N/A□
Were vibration readings outside specification and/or above background on this date?	Yes 🗆	No 🖌	N/A□
Any visible dust observed beyond the work perimeter on this date?	Yes 🗆	No 🗹	N/A□
Any visible contrast (turbidity) beyond engineering controls observed on this date?	Yes 🗆	No 🗹	N/A□
Was turbidity checked at the Montauk Highway outfall?	AM 🗆	PM 🗆	N/A∏∕
Were any property owners NOT provided advance notice for work performed on this property on this date?	Yes 🗆	No 🗆	N/A 🗹
Was the temporary fabric structure closed at the end of the day?	Yes 🗆	No 🗆	N/A
Has Contractor failed to protect all foundations and structures adjacent to and adjoining the site which are affected by the excavations or other operations connected with performance of the Work?	Yes 🗆	No 🗆	N/AQ/
If yes, has Contractor been notified?	Yes 🗆	No 🗆	N/A□
Comments:			

### DAILY INSPECTION REPORT Report No. Franklin Cleaners - NYSDEC Site No.

NYSDEC Division of Environm	ental Remediat	ion	EW Depa ORK Envir Conse	rtment of onmental ervation	5		NYSDEC ( C100611	Contra	act N	lo.
Otto Langetti an Llang	wate ad Niew	Varla					Superintende	ent:		
Site Location: Hem							NYSDEC PM	: Payso	n Lor	ng
	A	Conditio	ns				Consultant P	M: Tris	ha Vi	cale
General Description Temperature	PREZZLE					PM				
Wind	E IO MPH	AM AM				PM PM	Consultant Si	ite inspe	ectors	S:
Health & Safety	COMPI					FIVI				
If any box below is	checked "Yes	", provide	explan	ation un	der "He	alth a	& Safetv Con	nments	s". /	~
Were there any change							*Yes	No		NA
Were there any exceed	lances of the peri	imeter air m	onitoring	reported of	on this da	ate?	*Yes	No		NA 🗸
Were there any nuisand	ce issues reporte	d/observed	on this da	ate?			*Yes	No v		NA
Health & Safety Cor										
		1				1			_	
Summary of Work F	Performed	Arrived a	it site:	11:15	6	D	eparted Site:		13:	45
Equipment/Material		·		4:			Table 0			
If any box below is	checked "Yes'	-	-						ts".	
If any box below is a Were there any vehicles	checked "Yes' s which did not di	isplay prope	-				*Yes	No ;	ts".	NA
If any box below is a Were there any vehicles Were there any vehicles	checked "Yes' s which did not di s which were not	isplay prope tarped?	er D.O.T r	numbers a	and placa	ards?	*Yes * Yes	No ; No	ts".	NA
If any box below is a Were there any vehicles Were there any vehicles Were there any vehicles	checked "Yes' s which did not di s which were not s which were not	isplay prope tarped?	er D.O.T r	numbers a	and placa	ards?	*Yes * Yes	No ;	ts"	/
If any box below is a Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi	checked "Yes' s which did not di s which were not s which were not pment	isplay prope tarped? decontamin	er D.O.T r	numbers a	and placa	ards? rk site	*Yes * Yes ? * Yes	No ; No No	$\overline{\mathcal{V}}$	NA NA V
If any box below is a Were there any vehicles Were there any vehicles Were there any vehicles	checked "Yes' s which did not di s which were not s which were not pment	isplay prope tarped? decontamin	er D.O.T r nated prio	numbers a	and placa	ards? rk site' Ti	*Yes *Yes ? *Yes rade	No ; No No	$\overline{\mathcal{V}}$	NA
If any box below is a Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi Individual	checked "Yes' s which did not di s which were not s which were not pment	isplay prope tarped? decontamin	er D.O.T r nated prio	numbers a	and placa	ards? rk site' Ti	*Yes * Yes ? * Yes	No ; No No	$\overline{\mathcal{V}}$	NA NA V
If any box below is a Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi Individual	checked "Yes' s which did not di s which were not s which were not pment	isplay prope tarped? decontamin	er D.O.T r nated prio	numbers a	and placa	ards? rk site' Ti	*Yes *Yes ? *Yes rade	No ; No No	$\overline{\mathcal{V}}$	NA NA V
If any box below is a Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi Individual	checked "Yes' s which did not di s which were not s which were not pment	isplay prope tarped? decontamin	er D.O.T r nated prio	numbers a	and placa	ards? rk site' Ti	*Yes *Yes ? *Yes rade	No ; No No	$\overline{\mathcal{V}}$	NA NA V
If any box below is a Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi Individual	checked "Yes' s which did not di s which were not s which were not pment	isplay prope tarped? decontamin	er D.O.T r nated prio	numbers a	and placa	ards? rk site' Ti	*Yes *Yes ? *Yes rade	No ; No No	$\overline{\mathcal{V}}$	NA NA V
If any box below is a Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi Individual	checked "Yes' s which did not di s which were not s which were not pment	isplay prope tarped? decontamin	er D.O.T r nated prio	numbers a	and placa	ards? rk site' Ti	*Yes *Yes ? *Yes rade	No ; No No	$\overline{\mathcal{V}}$	NA NA V
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If any box below is a Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi Individual	checked "Yes' s which did not di s which were not s which were not pment	isplay prope tarped? decontamin	er D.O.T r nated prio	numbers a	and placa	ards? rk site' Ti	*Yes *Yes ? *Yes rade	No ; No No	$\overline{\mathcal{V}}$	NA NA V
If any box below is a Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi Individual	checked "Yes' s which did not di s which were not s which were not pment	isplay prope tarped? decontamin	er D.O.T r nated prio	numbers a	and placa	ards? rk site' Ti	*Yes *Yes ? *Yes rade	No ; No No	$\overline{\mathcal{V}}$	NA NA V
If any box below is a Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi Individual	checked "Yes' s which did not di s which were not s which were not pment	isplay prope tarped? decontamin	er D.O.T r nated prio	numbers a	and placa	ards? rk site' Ti	*Yes *Yes ? *Yes rade	No ; No No	$\overline{\mathcal{V}}$	NA NA V
If any box below is a Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi Individual	checked "Yes' s which did not di s which were not s which were not pment	isplay prope tarped? decontamin	er D.O.T r nated prio	numbers a	and placa	ards? rk site' Ti	*Yes *Yes ? *Yes rade	No ; No No	$\overline{\mathcal{V}}$	NA NA V
If any box below is a Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi Individual	checked "Yes' s which did not di s which were not s which were not pment	isplay prope tarped? decontamin	er D.O.T r nated prio	numbers a	and placa	ards? rk site' Ti	*Yes *Yes ? *Yes rade	No ; No No	$\overline{\mathcal{V}}$	NA NA V
If any box below is a Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi Individual	checked "Yes' s which did not di s which were not s which were not pment	isplay prope tarped? decontamin	er D.O.T r nated prio	numbers a	and placa	ards? rk site' Ti	*Yes *Yes ? *Yes rade	No ; No No	$\overline{\mathcal{V}}$	NA NA V
If any box below is a Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi Individual	checked "Yes' s which did not di s which were not s which were not pment	isplay prope tarped? decontamin	er D.O.T r nated prio	numbers a	and placa	ards? rk site' Ti	*Yes *Yes ? *Yes rade	No ; No No	$\overline{\mathcal{V}}$	NA NA V
If any box below is a Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi Individual	checked "Yes' s which did not di s which were not s which were not pment	isplay prope tarped? decontamin	er D.O.T r nated prio	numbers a	and placa	ards? rk site' Ti	*Yes *Yes ? *Yes rade	No ; No No	$\overline{\mathcal{V}}$	NA NA V
If any box below is a Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi Individual	checked "Yes' s which did not di s which were not s which were not pment	isplay prope tarped? decontamin	er D.O.T r nated prio	numbers a	and placa	ards? rk site' Ti	*Yes *Yes ? *Yes rade	No ; No No	$\overline{\mathcal{V}}$	NA NA V
If any box below is a Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi Individual	checked "Yes' s which did not di s which were not s which were not pment	isplay prope tarped? decontamin	er D.O.T r nated prio	numbers a	and placa	ards? rk site' Ti	*Yes *Yes ? *Yes rade	No ; No No	$\overline{\mathcal{V}}$	NA NA V
If any box below is a Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi Individual	checked "Yes' s which did not di s which were not s which were not pment	isplay prope tarped? decontamin	er D.O.T r nated prio	numbers a	and placa	ards? rk site' Ti	*Yes *Yes ? *Yes rade	No ; No No	$\overline{\mathcal{V}}$	NA NA V
If any box below is a Were there any vehicles Were there any vehicles Were there any vehicles Personnel and Equi Individual	checked "Yes' s which did not di s which were not s which were not pment	isplay prope tarped? decontamin	er D.O.T r nated prio	numbers a	and placa	ards? rk site' Ti	*Yes *Yes ? *Yes rade	No ; No No	$\overline{\mathcal{V}}$	NA NA V



#### DAILY INSPECTION REPORT Report No. Franklin Cleaners - NYSDEC Site No. Date: 10/2/2/20

Equipment Descripti	on		Contractor/Vendor		Quantity	Use	ed
· · · · · · · · · · · · · · · · · · ·							
		<u></u>					
			1873 /				
Material Description	Imported/ Delivered to Site	Exported off Site	Waste Profile (If Applicable)	Source or Facility (If <i>J</i>	r Disposal Applicable)	Daily Loads	Daily Weight (tons)*
Material Description	Imported/ Delivered to Site	Exported off Site		Source of Facility (If <i>J</i>	r Disposal Applicable)	Daily Loads	Daily Weight (tons)*
Material Description	Imported/ Delivered to Site	Exported off Site		Source or Facility (If	r Disposal Applicable)	Daily Loads	Daily Weight (tons)*
Material Description	Imported/ Delivered to Site	Exported off Site		Source of Facility (If /	r Disposal Applicable)	Daily Loads	Daily Weight (tons)*
Material Description	Imported/ Delivered to Site	Exported off Site		Source or Facility (If /	r Disposal Applicable)	Daily Loads	Daily Weight (tons)*
Material Description	Imported/ Delivered to Site	Exported off Site		Source of Facility (If /	r Disposal Applicable)	Daily Loads	Daily Weight (tons)*
Material Description	Imported/ Delivered to Site	Exported off Site		Source or Facility (If /	r Disposal Applicable)	Daily Loads	Daily Weight (tons)*
Material Description	Imported/ Delivered to Site	Exported off Site		Source or Facility (If /	r Disposal Applicable)	Daily Loads	Daily Weight (tons)*
Material Description	Imported/ Delivered to Site	Exported off Site		Source of Facility (If /	r Disposal Applicable)	Daily Loads	Daily Weight (tons)*
Material Description	Imported/ Delivered to Site	Exported off Site		Source or Facility (If /	r Disposal Applicable)	Daily Loads	Daily Weight (tons)*
Material Description	Imported/ Delivered to Site	Exported off Site		Source of Facility (If A	r Disposal Applicable)	Daily Loads	Daily Weight (tons)*
Material Description	Imported/ Delivered to Site	Exported off Site		Source of Facility (If A	r Disposal Applicable)	Daily Loads	Daily Weight (tons)*
			(If Applicable)	Source or Facility (If /	r Disposal Applicable)	Daily Loads	Daily Weight (tons)*
*On-Site scale for off-site shipr	to Site	Licket for mate	(If Applicable)	Source of Facility (If A	r Disposal Applicable)	Daily Loads	Daily Weight (tons)*
	to Site	Licket for mate	(If Applicable)	Source of Facility (If A	r Disposal Applicable)	Daily Loads	Daily Weight (tons)*
*On-Site scale for off-site shipr	to Site	Licket for mate	(If Applicable)	Source or Facility (If /	r Disposal Applicable)	Daily Loads	Daily Weight (tons)*
*On-Site scale for off-site shipr	to Site	Licket for mate	(If Applicable)	Source of Facility (If A	r Disposal Applicable)	Daily Loads	Daily Weight (tons)*
*On-Site scale for off-site shipr	to Site	Licket for mate	(If Applicable)	Source of Facility (If A	r Disposal Applicable)	Daily Loads	Daily Weight (tons)*
*On-Site scale for off-site shipr	to Site	Licket for mate	(If Applicable)	Source of Facility (If A	r Disposal Applicable)	Daily Loads	Daily Weight (tons)*
*On-Site scale for off-site shipr	to Site	Licket for mate	(If Applicable)	Source of Facility (If A	r Disposal Applicable)	Daily Loads	Daily Weight (tons)*
*On-Site scale for off-site shipr	to Site	Licket for mate	(If Applicable)	Source of Facility (If A	r Disposal Applicable)	Daily Loads	Daily Weight (tons)*



### DAILY INSPECTION REPORT Report No. Franklin Cleaners - NYSDEC Site No. Date: 10/20/20

Name		Representing	Entered	Exclusion/CRZ Zone
		-	Yes	No
			Yes	No
Site Representatives				
Name		Representing		
Project Schedule Comments				
Issues Pending				
Issues Pending		Ar-Ar-		
Issues Pending				
	ty Owners, Med	ia, etc.		
	rty Owners, Med	ia, etc.		
Issues Pending	rty Owners, Med	ia, etc.		
	ty Owners, Med	ia, etc.		
	rty Owners, Med	ia, etc.		

VORK STATE Environmental Conservation

Date: 10/24/20

### Page **4** of **9**

Include (insert) figures with markups showing location of work and job progress



Page 5 of 9

VIEW VORK VORK Environmental Conservation 50

Site Photographs (Descriptions Below)	
before	before
after	after



DAILY INSPECTION REPORT	DA	AIL	Y IN	SPE	стіо	N REP	ORT
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Report No. Franklin Cleaners - NYSDEC Site No. Date: \black ab

T	
Comments	
Site Inspector(s):	Date:
one mapeeron(a).	Date.



### DAILY HEALTH CHECKLIST

		r	
Is social distancing being practiced?	Yes 🗹	No 🗆	. FA
Is the tail gate safety meeting held outdoors?	Yes 🗆	No 🗆	NA
Are remote/call in job meetings being held in lieu of meeting in person where possible?	Yes 🗆	No 🗆	NA
Were personal protective gloves, masks, and eye protection being used?	Yes 🗹	No 🗆	Ĭ.
Are sanitizing wipes, wash stations or spray available?	Yes 🗆	No 🗆	WA
Have any workers/visitors been excluded based on close contact with individuals diagnosed with COVID-19, have recently traveled to restricted areas or countries, or are symptomatic (fever, chills, cough/shortness of breath)?	Yes 🗆	No 🗹	
Comments:			

### **REMEDIAL ACTIVITIES AT PROPERTIES**

1. Have anyone at this location been tested and confirmed to have COVID-19?	Yes 🗆	No	-
2. Is anyone at this location isolated or quarantined for COVID-19?	Yes 🗆	No 🔽	
<ol><li>Has anyone at this locaton had contact with anyone known to have COVID-19 in the past 14 days?</li></ol>	Yes 🗆	No 🗹	
4. Does anyone at this locaton have any symptoms of a respiratory infection (e.g., cough, sore throat, fever, or shortness of breath)?	Yes 🗆	No 🖻	
5. Does the Department and its contractors have your permission to enter the property at this time?	Yes 🗆	No 🗆	NA
If Yes to <u>any</u> of 1-4 above:			
<ul> <li>If it is <u>not</u> critical that service/entry be carried out immediately and can be postponed until the risk of COVID-19 is lower, or can be accomplished remotely/without entry, postpone or conduct service without entry.</li> <li>If it <u>is</u> critical that service/entry be carried out immediately, advise occupants that as a precaution and for our own protection, project personnel will be donning appropriate PPE* (including respiratory protection) - and do so prior to entry.</li> </ul>	Yes 🗆	No 🗆	
Comments:		<u> </u>	
			]



Date: 10 Jalobo

### NUISANCE CHECKLIST

Were there any community complaints related to work on this date?	Yes 🗆	No 🗹	N/A□
Were there any odors detected on this date?	Yes 🗆	No 🔽	N/A□
Was noise outside specification and/or above background on this date?	Yes 🗆	No 🗹	N/A□
Were vibration readings outside specification and/or above background on this date?	Yes 🗆	No 🔽	N/A□
Any visible dust observed beyond the work perimeter on this date?	Yes 🗆	No 🗹	N/A
Any visible contrast (turbidity) beyond engineering controls observed on this date?	Yes 🗆	No 🗆	N/A
Was turbidity checked at the Montauk Highway outfall?	AM 🗆	PM 🗆	N/A
Were any property owners NOT provided advance notice for work performed on this property on this date?	Yes 🗆	No 🗹	N/A
Was the temporary fabric structure closed at the end of the day?	Yes 🗆	No 🗆	N/A
Has Contractor failed to protect all foundations and structures adjacent to and adjoining the site which are affected by the excavations or other operations connected with performance of the Work?	Yes 🗆	No 🗆	N/A
If yes, has Contractor been notified?	Yes 🗆	No 🗆	N/A□
<u>Comments:</u>			

Page 9 of 9

