

North East Alloys & Metals
Operations and Maintenance Sheet

Date: 7-9-20 Personnel: Pet Sokolowski (PES)

Weather: Sunny, Humid, 80s

Temperature:	Inside	Outside
Min:	<u>-</u>	<u>83</u>
Max:	<u>-</u>	<u>85</u>

Is system running upon arrival? ON (STANDBY)

If yes what is the GPM of: P-101 ~~ON STAN~~ 29.3
P-102 29.2

If yes what blower was running? B-101

B-101 Status? ~~CO-5~~

B-102 Status? OFF

P-101 Total flow (gal) 16655040

P-102 Total flow (gal) 13691227

Any alarms or observations or problem noticed?
NONE

System Effluent water sampled? NO

Monitoring wells sampled? NO

Maintenance Performed, if any:
Reset modem due to notes sending out alarms
LT-101 @ B.7 so tripped system to turn on to get readings

DAILY INSPECTION REPORT

Report No. _____ (Site Name) - NYSDEC Site No. 633045 Date: 7-9-20

Northeast Albany

NYSDEC
Division of Environmental Remediation



Department of
Environmental
Conservation



NYSDEC Contract No.
D011107

Site Location: ^{City} West Islip, New York

Superintendent:

NYSDEC PM: Ryan Long

Consultant PM: John Johnson

Consultant Site Inspectors:
Pat Sokolowski

Weather Conditions

General Description	AM	PM
<u>Sunny</u>		
Temperature	<u>83</u>	
Wind	<u>NONE</u>	

Health & Safety

If any box below is checked "Yes", provide explanation under "Health & Safety Comments".

Were there any changes to the Health & Safety Plan?	*Yes	<input checked="" type="radio"/> <u>NO</u>	NA
Were there any exceedances of the perimeter air monitoring reported on this date?	*Yes	No	<input checked="" type="radio"/> <u>NA</u>
Were there any nuisance issues reported/observed on this date?	*Yes	No	<input checked="" type="radio"/> <u>NA</u>

Health & Safety Comments

NONE

Summary of Work Performed

Arrived at site:

1030

Departed Site:

1200

- Mob to site to respond to system not sending out status emails
- Reset modem

Equipment/Material Tracking

If any box below is checked "Yes", provide explanation under "Material Tracking Comments".

Were there any vehicles which did not display proper D.O.T numbers and placards?	*Yes	No	<input checked="" type="radio"/> <u>NA</u>
Were there any vehicles which were not tarped?	*Yes	No	<input checked="" type="radio"/> <u>NA</u>
Were there any vehicles which were not decontaminated prior to exiting the work site?	*Yes	No	<input checked="" type="radio"/> <u>NA</u>

Personnel and Equipment

Individual	Company	Trade	Total Hours
<u>Patrick Sokolowski</u>	<u>PES</u>	<u>Tech</u>	<u>1.5</u>

DAILY INSPECTION REPORT

Report No. (Site Name) - NYSDEC Site No. 633045 Date: 7-9-20

Northeast Alley

Equipment Description	Contractor/Vendor	Quantity	Used
/			

Material Description	Imported/ Delivered to Site	Exported off Site	Waste Profile (If Applicable)	Source or Disposal Facility (If Applicable)	Daily Loads	Daily Weight (tons)*
/						

*On-Site scale for off-site shipment, delivery ticket for material received

Equipment/Material Tracking Comments:

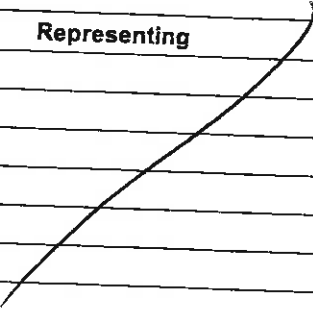
/

DAILY INSPECTION REPORT

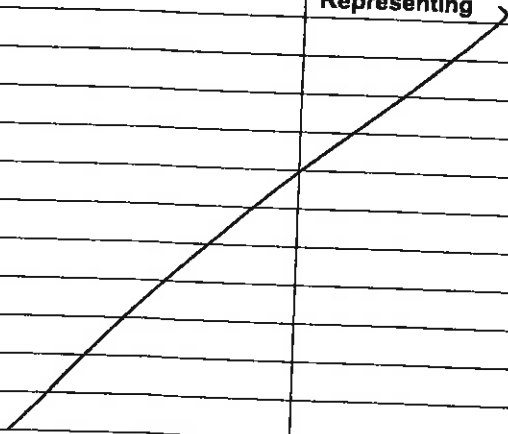
Report No. (Site Name) - NYSDEC Site No. C33045 Date: 7-9-20

Northeast Alley


Visitors to Site

Name	Representing	Entered Exclusion/CRZ Zone	
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No


Site Representatives

Name	Representing
	

Project Schedule Comments



Issues Pending



Interaction with Public, Property Owners, Media, etc.



DAILY INSPECTION REPORT

Report No. _____ (Site Name) - NYSDEC Site No. 633045 Date: 7-9-20

Northwest Alley

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

DAILY INSPECTION REPORT

Report No. _____ (Site Name) - NYSDEC Site No. 633045 Date: 7-9-20

Northeast Alley

DAILY INSPECTION REPORT

Report No. _____ (Site Name) - NYSDEC Site No. 63304S Date: 7-9-2

Northwest Alley

Site Photographs (Descriptions Below)	

DAILY INSPECTION REPORT

Report No. _____ (Site Name) - NYSDEC Site No. 633645 Date: 7-9-20

Northeast Alloy

Comments	
Site Inspector(s):	Date:

DAILY INSPECTION REPORT

Report No. _____ (Site Name) - NYSDEC Site No. 633045 Date: 7-9-20

Northeast Alley

DAILY HEALTH CHECKLIST

Is social distancing being practiced?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<i>NA</i> <input checked="" type="checkbox"/>
Is the tail gate safety meeting held outdoors?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<i>NA</i> <input checked="" type="checkbox"/>
Are remote/call in job meetings being held in lieu of meeting in person where possible?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
Were personal protective gloves, masks, and eye protection being used?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
Are sanitizing wipes, wash stations or spray available?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
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 <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
<u>Comments:</u>			

REMEDIAL ACTIVITIES AT PROPERTIES

1. Have anyone at this location been tested and confirmed to have COVID-19?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2. Is anyone at this location isolated or quarantined for COVID-19?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
3. Has anyone at this locaton had contact with anyone known to have COVID-19 in the past 14 days?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
4. Does anyone at this locaton have any symptoms of a respiratory infection (e.g., cough, sore throat, fever, or shortness of breath)?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
5. Does the Department and its contractors have your permission to enter the property at this time?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<p>If Yes to <u>any</u> of 1-4 above:</p> <ul style="list-style-type: none"> 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 <input type="checkbox"/>	No <input type="checkbox"/>
<u>Comments:</u>		

DAILY INSPECTION REPORT

Report No. _____ (Site Name) - NYSDEC Site No. 633045 Date: 7-9-20

Northeast Allbys

NUISANCE CHECKLIST

Were there any community complaints related to work on this date?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Were there any odors detected on this date?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Was noise outside specification and/or above background on this date?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Were vibration readings outside specification and/or above background on this date?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Any visible dust observed beyond the work perimeter on this date?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Any visible contrast (turbidity) beyond engineering controls observed on this date?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Was turbidity checked at the Montauk Highway outfall?	AM <input type="checkbox"/>	PM <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Were any property owners NOT provided advance notice for work performed on this property on this date?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Was the temporary fabric structure closed at the end of the day?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
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 <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
If yes, has Contractor been notified?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
<u>Comments:</u>			