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| NYSDEC  Division of Environmental Remediation | | | | | | | | | | | | | | | | | **NYSDEC Contract No. D011107**  Superintendent:  NYSDEC PM:  Consultant PM:  Consultant Site Inspectors: | | | | | | | | |
| **Site Location:** East Aurora, New York | | | | | | | | | | | | | | | | |
| **Weather Conditions** | | | | | | | | | | | | | | | | |
| **General Description** | Cloudy | | | | | | | AM |  | | | | | | PM | |
| **Temperature** | Low 60’s | | | | | | | AM |  | | | | | | PM | |
| **Wind** | East 11 MPH | | | | | | | AM |  | | | | | | PM | |
| 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 | | No x | | | | NA | |
| Were there any exceedances of the perimeter air monitoring reported on this date? | | | | | | | | | | | | | | | | | | \*Yes | | No x | | | | NA | |
| Were there any nuisance issues reported/observed on this date? | | | | | | | | | | | | | | | | | | \*Yes | | No x | | | | NA | |
| **Health & Safety Comments** | | | | | | | | | | | | | | | | | | | | | | | | | |
| Face coverings to be worn at all times on the site. | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Summary of Work Performed** | | | | | | Arrived at site: | | | | | | 0815 | | | | Departed Site: | | | | | | 1315 | | | |
| Weekly O&M, Quarterly Pumping Well Sampling, Hang new sign on site door | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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 x | | | | NA | |
| Were there any vehicles which were not tarped? | | | | | | | | | | | | | | | | | | \* Yes | | No | | | | NA x | |
| Were there any vehicles which were not decontaminated prior to exiting the work site? | | | | | | | | | | | | | | | | | | \* Yes | | No | | | | NA x | |
| **Personnel and Equipment** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Individual** | | | **Company** | | | | | | | | | | **Trade** | | | | | | | | **Total Hours** | | | | |
| Brandon Mikolin | | | GES | | | | | | | | | | Geologist | | | | | | | | 8 | | | | |
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| **Equipment Description** | | | | **Contractor/Vendor** | | | | | | | | | | | | | | | **Quantity** | | **Used** | | | | |
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| **Material Description** | | **Imported/Delivered to Site** | | | **Exported off Site** | | | | | **Waste Profile**  **(If Applicable)** | | | | **Source or Disposal Facility (If Applicable)** | | | | | | | | | **Daily Loads** | | **Daily Weight (tons)\*** |
| NA | |  | | |  | | | | |  | | | |  | | | | | | | | |  | |  |
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| \*On-Site scale for off-site shipment, delivery ticket for material received | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Equipment/Material Tracking Comments:**  **N/A** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Visitors to Site** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name** | | | | | | | **Representing** | | | | | | | | | | | **Entered Exclusion/CRZ Zone** | | | | | | | |
| **None** | | | | | | |  | | | | | | | | | | | **Yes** | | | | | **No** | | |
|  | | | | | | |  | | | | | | | | | | | **Yes** | | | | | **No** | | |
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|  | | | | | | |  | | | | | | | | | | | **Yes** | | | | | **No** | | |
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| **Site Representatives** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name** | | | | | | | | | | | **Representing** | | | | | | | | | | | | | | |
| **Brandon Mikolin** | | | | | | | | | | | **GES** | | | | | | | | | | | | | | |
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| **Project Schedule Comments** | | | | | | | | | | | | | | | | | | | | | | | | | |
| Weekly O&M visit and quarterly pumping well sampling. | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Issues Pending** | | | | | | | | | | | | | | | | | | | | | | | | | |
| Waste Disposal needed for 2 sludge drums. In work soliciting the bids. | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Interaction with Public, Property Owners, Media, etc.** | | | | | | | | | | | | | | | | | | | | | | | | | |
| None. No visitors to the site. | | | | | | | | | | | | | | | | | | | | | | | | | |

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

|  |  |
| --- | --- |
| **Site Photographs (Descriptions Below)** | |
| New DEC COVID-19 Required Posters have been posted at the site. Site access is controlled and requires a key. |  |
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| **Comments** | | |
|  | | |
| **Site Inspector(s):** | | **Date:** |

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 |
| 1. Is anyone at this location isolated or quarantined for COVID-19? | Yes | No |
| 1. Has anyone at this locaton had contact with anyone known to have COVID-19 in the past 14 days? | Yes | No |
| 1. Does anyone at this locaton have any symptoms of a respiratory infection (e.g., cough, sore throat, fever, or shortness of breath)? | Yes | No |
| 1. Does the Department and its contractors have your permission to enter the property at this time? | Yes | No |
| If Yes to any of 1-4 above: N/A   * If it is not 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 is 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 |
| Comments:  We are using social distancing and face coverings, gloves, and hand sanitizer to safely complete the O&M visit. | | |

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:  No issues noted. | | | |