

CLIENT: _____

PROJECT NUMBER: [REDACTED]

SITE: _____

LAB BATCH NUMBER: [REDACTED]
PROJECT MANAGER: _____

TECHNICIAN: _____ SIGNATURE: _____ DATE: _____

PAGE _____ OF _____

		SAMPLE INFORMATION						
SAMPLE I.D.	DESCRIPTION / LOCATION	TIME (military)		FLOW RATE		VOLUME (l)	FIBERS/ FIELD	RESULTS (f/cc)
		start/ end	min	start/ end	l/m			
SAMPLE #	FIELD #							
LAB #								
PUMP #								
SAMPLE #	FIELD #							
LAB #								
PUMP #								
SAMPLE #	FIELD #							
LAB #								
PUMP #								
SAMPLE #	FIELD #							
LAB #								
PUMP #								
SAMPLE #	FIELD #							
LAB #								
PUMP #								
SAMPLE #	FIELD #	FIELD BLANK						FB
LAB #								
SAMPLE #	FIELD #	FIELD BLANK						FB
LAB #								
		TECHNICIAN'S LOG						
CASSETTE	ROTOMETER	TURNAROUND TIME		TYPE		RESULTS TO		
<input type="checkbox"/> PCM (0.8 MICRON MCE)	ID# _____	<input type="checkbox"/> 2 HRS	<input type="checkbox"/> 24 HRS	<input type="checkbox"/> PRE-ABATE	<input type="checkbox"/> OSHA	NAME _____		
<input type="checkbox"/> TEM (0.45 MICRON MCE)	C.F. _____	<input type="checkbox"/> 4 HRS	<input type="checkbox"/> 48 HRS	<input type="checkbox"/> DURING	<input type="checkbox"/> ENVIRON	PH/PGR#(____) ____ - ____		
LOT #	CALIB. DATE / /	<input type="checkbox"/> 6 HRS	<input type="checkbox"/> OTHER	<input type="checkbox"/> POST-ABATE	<input type="checkbox"/> AMBIENT	DATE / / TIME : _____		
		CHAIN OF CUSTODY				DATE	TIME	
RELINQUISHED BY:(print) _____		(sign) _____				/ /	/ /	
RECEIVED BY:(print) _____		(sign) _____				/ /	/ /	
ENTERED BY:(print) _____		(sign) _____				/ /	/ /	
CORRECTED BY:(print) _____		(sign) _____				/ /	/ /	
		LAB INFORMATION						
LAB NAME:		METHODOLOGY		MICROSCOPE/SERIAL #		COMMENTS:		
ANALYZED BY:		<input type="checkbox"/> PCM - NIOSH 7400.A		<input type="checkbox"/> OLYMPUS BH2/204104				
DATE: / / TIME:		<input type="checkbox"/> TEM - AHERA		<input type="checkbox"/> OLYMPUS CHS/7C0021				
QC BY: DATE:		<input type="checkbox"/> TEM - EPA LEVEL II						

JLC ENVIRONMENTAL CONSULTANTS, INC.

PROJECT MONITOR'S DAILY DATA SHEET

Project # _____ Date: _____

Work Site:	Bldg.#	Address:		Apartment #
Project Monitor:		License#	Expiration:	P M Contract: _____
Abatement Firm:		Prime Contract #:		
Work Description(Scope/Floor/Room/Section):				Day _____ of _____ (Estimated)
Size of the Project: Minor <input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Total Size: _____ Sq.Ft _____ Ln.Ft.		Procedure: Full Containment <input type="checkbox"/> Tent <input type="checkbox"/> Glove Bag <input type="checkbox"/> Glove Bag in a Tent <input type="checkbox"/> Floor Tile Var <input type="checkbox"/> Roof Var <input type="checkbox"/> Other: _____		
TRU # : _____		Quantity Abated for the day		
VAR #: _____		(ln.ft.)	(sq.ft.)	(# of Bags)
				(cu.yd.)

ABATEMENT CREW

<u>NAME</u>	<u>TITLE</u>	<u>LICENSE# (DOL/DEP)</u>	<u>EXPIRATION</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10 _____	_____	_____	_____

Are there more abatement workers? Yes No (If Yes, list their information on the back of this page)

Type of respirator used Half Face Full Face PAPR

Are there adequate PPE on site ? Yes No Explain: _____

JLC ENVIRONMENTAL CONSULTANTS, INC.

PROJECT MONITOR'S DAILY DATA SHEET

Project # _____

Date: _____

WORK AREA PREPARATION:

1. DEP/DOL/EPA filings are on site and valid. (If not contact EIU)
2. Electric power to the abatement area is supplied as required. (GFCI)
3. Worker Decontamination system set up as per NYCDEP requirements.
4. Waste Decontamination system set up as per NYCDEP requirements.
5. Negative pressure ventilation system set up as per NYCDEP requirements.
6. Abatement Signs, regulations, and emergency procedures are posted as required.
7. HVAC shut down and air vents sealed off.
8. Movable objects are HEPA vacuumed, wet cleaned and removed from work site.
9. All surfaces and non-movable objects are cleaned and properly plasticized.
10. Isolation barriers erected such that openings are properly sealed off.
11. Abatement area is separated from other area using isolation barrier/ Partitions.
12. Number of floor drains in the abatement area _____. Drains are properly sealed.
13. Emergency exits from the work site are properly marked.
14. Integrity of the barriers checked using smoke tests while negative air pressure inside.
15. Work area preparation was inspected and found to be ready for removal

Yes No N/A
 Yes No N/A

TIME LINE

PM on Site:
 Contractor on Site:
 Preparation Started:
 Abatement Started:
 First Visual:
 Second Visual:
 PM Lunch Out:
 PM Lunch In:
 Contractor Lunch Out:

DURING REMOVAL:

16. The integrity of the barriers verified. They are performing well.
17. Random fit checks on contractor's respirators performed. They are functioning well.
18. Abatement crew followed proper procedures entering and leaving work site.
19. Sufficient foam/ Amended water is used during removal.
20. ACM removed and bagged/containerized as per NYCDEP regulations.
21. All surfaces are cleaned of any visible residues following the removal of ACM.
22. Worker DECON wet cleaned/HEPA vacuumed after each shift/meal break.

Yes No N/A
 Yes No N/A

Contractor Lunch In:
 Left to the Lab:
 Delivery at the Lab:
 Back at the Site:
 Start of Breakdown:
 Breakdown Complete:

POST ABATEMENT:

23. Abated surfaces are clean and free of visible ACM.
24. First clean-up as per DEP performed.
25. Second clean-up as per DEP performed.
26. Third clean-up as per DEP performed.
27. Work area free of visible ACM and work area approved
28. Waste bags are properly labeled. (Attach a label to the back of page 3)
29. All the removed ACM were transported from the development at the end of the day.
30. The work site secured.

Yes No N/A
 Yes No N/A

Bag out completed:
 Work Area Secured:
 PM left site:
 Weather Conditions:
 Sunny
 Cloudy
 Rainy

GENERAL

31. Samples failed during the day.
33. Violations were issued at the site.
34. Damages to the property observed/reported.
35. Any type of visitors came to the site today?

Yes No N/A
 Yes No N/A
 Yes No N/A
 Yes No N/A

Temperature:

I certify that the information given on this report is correct. The abatement was performed as per all the applicable rules and regulations.

Abatement Contractor's Supervisor

Project Monitor

Project Manager

JLC ENVIRONMENTAL CONSULTANTS, INC.

PROJECT MONITOR'S DAILY DATA SHEET

Project # _____ Date: _____

Date:

ABATEMENT LOG: (Provide detailed report on an hourly basis, at a minimum. Report abatement process, PM's judgement about how abatement activity is progressing, safety issues, damages, complaints, visitors, violations, locations of abatement, amount of ACM removed, equipment/tools/materials (Quantity))

Total # of Samples for the day: _____ **Pre** _____ **Durings** _____ **Post** _____

JLC ENVIRONMENTAL CONSULTANTS, INC.

PROJECT MONITOR'S DAILY DATA SHEET

Project # _____ Date: _____

Date: _____

Project Monitor

Project Manager

JLC Environmental Consultants, Inc

Sample Location Diagram

Proj. No.	
Development	
Bldg	
Add.	
Drawn By	
Date	
Page	of

DRAWING NOT TO SCALE

New York State – Department of Labor

Division of Safety and Health
License and Certificate Unit
State Campus, Building 12
Albany, NY 12240

ASBESTOS HANDLING LICENSE

JLC Environmental Consultants, Inc.
Suite 701
243 West 30th Street
New York, NY 10001

FILE NUMBER: 99-0238
LICENSE NUMBER: 28617
LICENSE CLASS: RESTRICTED
DATE OF ISSUE: 06/29/2017
EXPIRATION DATE: 06/30/2018

Duly Authorized Representative – Jennifer L Carey:

This license has been issued in accordance with applicable provisions of Article 30 of the Labor Law of New York State and of the New York State Codes, Rules and Regulations (12 NYCRR Part 56). It is subject to suspension or revocation for a (1) serious violation of state, federal or local laws with regard to the conduct of an asbestos project, or (2) demonstrated lack of responsibility in the conduct of any job involving asbestos or asbestos material.

This license is valid only for the contractor named above and this license or a photocopy must be prominently displayed at the asbestos project worksite. This license verifies that all persons employed by the licensee on an asbestos project in New York State have been issued an Asbestos Certificate, appropriate for the type of work they perform, by the New York State Department of Labor.

Eileen M. Franko

Eileen M. Franko, Director
For the Commissioner of Labor

JLC Environmental Consultants, Inc.**Time & Expense Sheet**

Employee Name		Employee #		Office		Period		
Date	Project Name	Project #	Labor Code	Hours From	Hours To	Total Hours	Activity	Expenses
Regular Hours Worked	Overtime Hours Worked			Total Billable Hours		Total Non-Billable Hours		Total Expenses

List Your Current Field Equipment:

Employee Signature: _____
Approved by: _____

Date: _____
Date: _____