

CLIENT: _____

PROJECT NUMBER:

--	--	--	--	--	--	--	--

SITE: _____

LAB BATCH NUMBER:

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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 #	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 #
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	
		COMMENTS:

JLC ENVIRONMENTAL CONSULTANTS, INC.

PROJECT MONITOR'S DAILY DATA SHEET

Project # _____

Date: _____

Work Site:	Bldg.#	Address:	Apartment #
Project Monitor:		License#	Expiration: <u>PM Contract:</u> _____
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 #: _____	<i>Quantity Abated for the day</i>		
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:

TIME LINE

<p>1. DEP/DOL/EPA filings are on site and valid. (If not contact EIU) Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>2. Electric power to the abatement area is supplied as required. (GFCI) Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>3. Worker Decontamination system set up as per NYCDEP requirements. Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>4. Waste Decontamination system set up as per NYCDEP requirements. Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>5. Negative pressure ventilation system set up as per NYCDEP requirements. Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>6. Abatement Signs, regulations, and emergency procedures are posted as required. Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>7. HVAC shut down and air vents sealed off. Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>8. Movable objects are HEPA vacuumed, wet cleaned and removed from work site. Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>9. All surfaces and non-movable objects are cleaned and properly plasticized. Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>10. Isolation barriers erected such that openings are properly sealed off. Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>11. Abatement area is separated from other area using isolation barrier/ Partitions. Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>12. Number of floor drains in the abatement area _____. Drains are properly sealed. Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>13. Emergency exits from the work site are properly marked. Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>14. Integrity of the barriers checked using smoke tests while negative air pressure inside. Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>15. Work area preparation was inspected and found to be ready for removal Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p>	<p>PM on Site:</p> <p>Contractor on Site:</p> <p>Preparation Started:</p> <p>Abatement Started:</p> <p>First Visual:</p> <p>Second Visual:</p> <p>PM Lunch Out:</p> <p>PM Lunch In:</p> <p>Contractor Lunch Out:</p> <p>Contractor Lunch In:</p> <p>Left to the Lab:</p> <p>Delivery at the Lab:</p> <p>Back at the Site:</p> <p>Start of Breakdown:</p> <p>Breakdown Complete:</p> <p>Bag out completed:</p> <p>Work Area Secured:</p> <p>PM left site:</p> <p>Weather Conditions:</p> <p>Sunny <input type="checkbox"/></p> <p>Cloudy <input type="checkbox"/></p> <p>Rainy <input type="checkbox"/></p> <p>Temperature:</p>
<p><u>DURING REMOVAL:</u></p> <p>16. The integrity of the barriers verified. They are performing well. Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>17. Random fit checks on contractor's respirators performed. They are functioning well. Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>18. Abatement crew followed proper procedures entering and leaving work site. Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>19. Sufficient foam/ Amended water is used during removal. Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>20. ACM removed and bagged/containerized as per NYCDEP regulations. Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>21. All surfaces are cleaned of any visible residues following the removal of ACM. Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>22. Worker DECON wet cleaned/HEPA vacuumed after each shift/meal break. Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p>	
<p><u>POST ABATEMENT:</u></p> <p>23. Abated surfaces are clean and free of visible ACM. Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>24. First clean-up as per DEP performed. Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>25. Second clean-up as per DEP performed. Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>26. Third clean-up as per DEP performed. Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>27. Work area free of visible ACM and work area approved Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>28. Waste bags are properly labeled. (Attach a label to the back of page 3) Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>29. All the removed ACM were transported from the development at the end of the day. Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>30. The work site secured. Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p>	
<p><u>GENERAL</u></p> <p>31. Samples failed during the day. Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>33. Violations were issued at the site. Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>34. Damages to the property observed/reported. Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>35. Any type of visitors came to the site today? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p>	

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

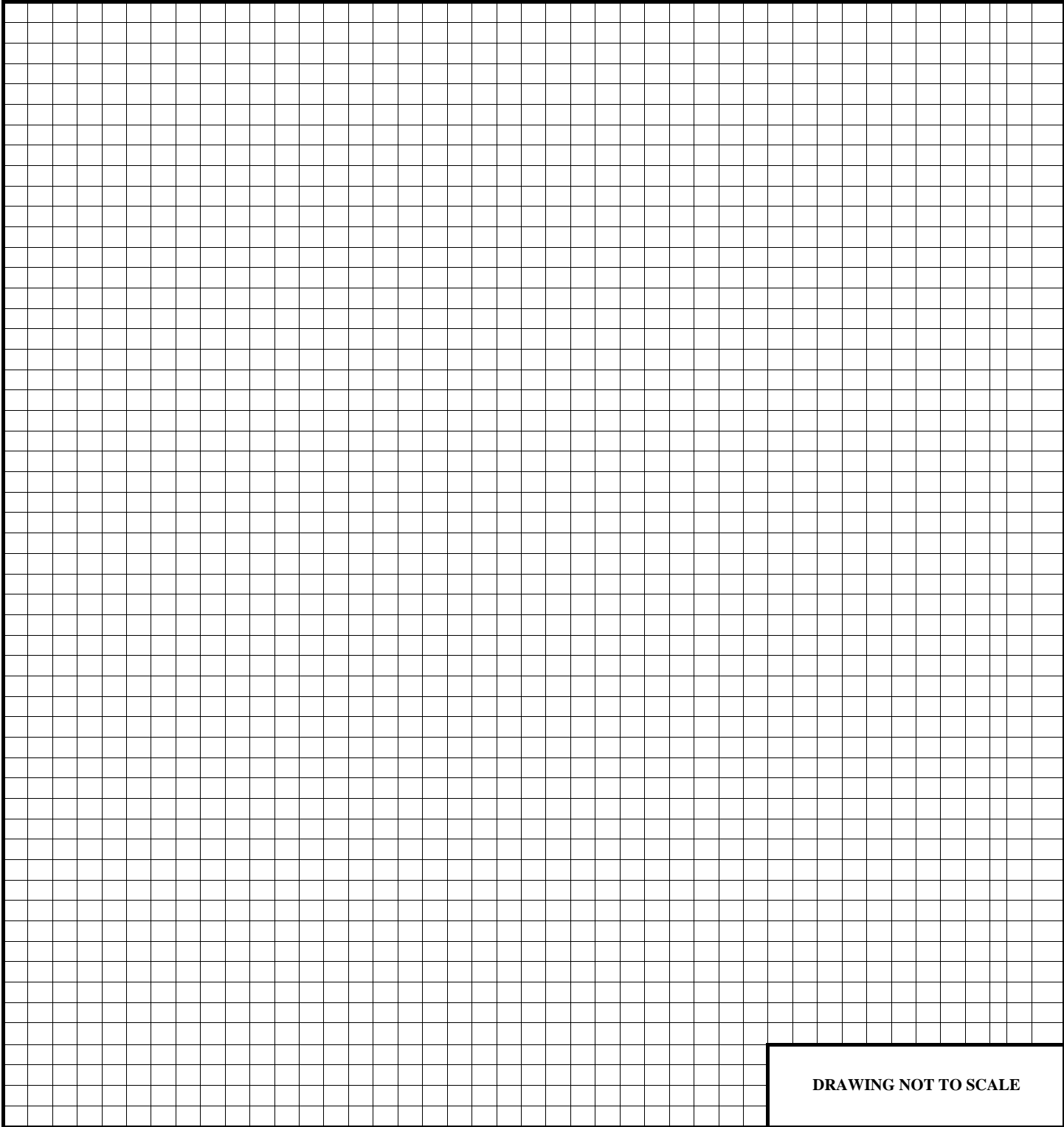
Project Monitor

Project Manager

JLC Environmental Consultants, Inc

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, 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: _____