

OP 359, Field Activity Documentation



CABRERA SERVICES
RADIOLOGICAL • ENVIRONMENTAL • REMEDIATION

CABRERA DAILY REPORT

1. PROJECT INFORMATION

PROJECT NAME/LOCATION: SUPPLEMENTAL RADIOLOGICAL SURVEY

DATE: 06/13/16

Former UNC Manufacturing Facility, New Haven, CT

REPORT NO. 001

CONTRACT #:

CABRERA PROJECT #: 10-1007.00

TASK #: 015

FIELD SITE MANAGER: Al Craig

PROJECT MANAGER: ROB FLOWERS

2. WEATHER

TEMPERATURE RANGE: 54-73

WIND SPEED/DIRECTION: Northwest, 6-15, gusts to 28 mph

PRECIPITATION LAST 24 HOURS: ☐ YES ☒ NO

TYPE: NONE

AMOUNT: N/A

BAROMETRIC PRESSURE: 29.74"-29.83"

HUMIDITY: 41-67%

HEAT INDEX RANGE: N/A

WEATHER DELAYS: ☐ YES ☒ NO

DELAY TIME (HOURS): N/A

3. SUMMARY OF WORK

- 1) Mobilization
- 2) Equipment and instrument deliveries
- 3) Instrument set-up and initial quality control measurements
- 4) Building walk-through and inspection

4. MATERIALS & EQUIPMENT BROUGHT ON-SITE

1 Ludlum 2360 scaler/rate meter with 43-37 gas proportional probe and 239-1F floor monitor cart
1 Ludlum 2360 scaler/rate meter with 43-93 zinc sulphide scintillation probe
1 Ludlum 2929 scaler sample counter with 43-10-1 zinc sulphide scintillation probe
1 Ludlum 2221 scaler/ digital rate meter with Bicron G-5 sodium iodide scintillation probe
1 Th-230 check source
1 Tc-99 check source
1 Co-60 check source
1 Th-230 large-area calibration source
1 Tc-99 large-area calibration source
1 Cl-36 large-area calibration source
1 Sr-90 large-area calibration source
1 Escort ELF lapel air sampler
1 Honda EB 6500 generator
1 set of six foot by 30 inch rolling scaffold
miscellaneous hand tools and consumable supplies

Receipt inspection required & completed? ☐ Yes ☒ No

5. INSPECTIONS		
TYPE	DESCRIPTION	ACTION
PREPARATORY		
INITIAL		
FOLLOW-UP		
ARE ANY DEFICIENCIES NOTED IN FOLLOW-UP INSPECTIONS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO – IF YES, EXPLAIN:		

6. DEFICIENCIES CORRECTED			
DEFICIENCY #	REPORT REFERENCE	DESCRIPTION	ACTION

7. TESTS PERFORMED		
SPECIFICATION REFERENCE	TYPE	TEST & RESULT
ARE TEST RESULTS ATTACHED? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA – IF NO, EXPLAIN:		

8. CABRERA PERSONNEL ON-SITE		
EMPLOYEE NAME	TITLE	TASK(S) PERFORMED
Nicholas Berliner	Site Radiation Safety Lead (SRSL)	Sections 3 for tasks (8 Hrs)
Alfred Craig	Site Safety and Health Officer (SSHO)	Sections 3 for tasks (8 Hrs)

9. SUBCONTRACTOR PERSONNEL ON-SITE				
SUBCONTRACTOR NAME	JOB DUTY	TASK(S) PERFORMED	# OF PERSONNEL	MAN-HOURS
TOTALS			1	10

10. EQUIPMENT & MATERIALS ON-SITE					
VENDOR	EQUIPMENT	SERIAL #.	ACTIVE OR IDLE	DATE RECEIVED	DATE RETURNED
ERG	1 Ludlum 2360 scaler/rate meter with 43-37 gas proportional probe and 239-1F floor monitor cart	145481 PR178371	Active	6/13/16	
ERG	1 Ludlum 2360 scaler/rate meter with 43-93 zinc sulphide scintillation probe	184913 PR199839	Active	6/13/16	
ERG	1 Ludlum 2929 scaler sample counter with 43-10-1 zinc sulphide scintillation probe	157320 PR157821	Active	6/13/16	
ERG	1 Ludlum 2221 scaler/ digital rate meter with Bicron G-5 sodium iodide scintillation probe	108859 010807B	Active	6/13/16	
Cabrera	1 Th-230 check source	5205-04	Active	6/13/16	
Cabrera	1 Tc-99 check source	5649-06	Active	6/13/16	
Cabrera	1 Co-60 check source	277D161	Active	6/13/16	
Cabrera	1 CI-36 large-area calibration source	AC-2449	Active	6/13/16	
Cabrera	1 Sr-90 large-area calibration source	AC-2450	Active	6/13/16	
Cabrera	1 Tc-99 large-area calibration source	AC-2448	Active	6/13/16	
Cabrera	1 Th-230 large-area calibration source	AC-2446	Active	6/13/16	
Cabrera	1 Escort ELF lapel air sampler	A2-32568	Idle	6/13/16	
Cabrera	1 Honda EB 6500 generator	EBLC- 1020473	Idle	6/13/16	
Cabrera	1 set of six foot by 30 inch rolling scaffold		Idle	6/13/16	

11. MATERIAL GENERATED/STORED ON-SITE					
MATERIAL ID	SOLID, LIQUID, OR MIXED	DESCRIPTION OF MATERIAL	CONTAINER TYPE	DISPOSITION OR LOCATION OF MATERIAL	AMOUNT* (CY OR TONS)
Totals					

ATTACH SEPARATE PAGES AS NEEDED. SEPARATE PAGES INCLUDED? ☐ YES ☒ NO

12. SAMPLE COLLECTION & ANALYSIS						
Sample ID/Spectrum ID	Media (Soil Water, Other)	Sampler Initials	On-Site or Off-Site Lab	Analyses / Type	Count time (sec) Does not include setup	Photo File #

ATTACH SEPARATE PAGES AS NEEDED. SEPARATE PAGES INCLUDED? ☐ YES ☒ NO

13. CHANGES/DELAYS/CONFLICTS
ANY CHANGES IN SITE CONDITIONS OCCUR TODAY? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
IF YES, EXPLAIN:
DID A DELAY OR WORK STOPPAGE OCCUR TODAY? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
IF YES, EXPLAIN:
HAS ANYTHING DEVELOPED IN THE WORK WHICH MAY LEAD TO A CHANGE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
IF YES, EXPLAIN:

14. VERBAL INSTRUCTIONS RECEIVED:

15. HEALTH & SAFETY SUMMARY	
SAFETY BRIEFINGS	
WAS A SAFETY MEETING HELD? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	TOPIC DISCUSSED:
SAFETY INSPECTIONS	
WAS A SAFETY INSPECTION CONDUCTED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
DEFICIENCIES NOTED: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	DESCRIBE:
CORRECTIVE ACTIONS TAKEN: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	DESCRIBE:
SUMMARY OF WORK PERFORMED	
TYPE OF WORK:	Refer to description provided in Section 3
CHEMICALS USED:	None
PPE LEVEL:	Safety shoes, hard hats, and eye protection
INCIDENT & NEAR MISS/OBSERVATION REPORTING	
ANY INCIDENTS ON-SITE TODAY? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	DESCRIPTION:
CABRERA INCIDENT REPORTING FORM ATTACHED: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
CLIENT SPECIFIC INCIDENT REPORTING FORM ATTACHED: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
ANY NEAR MISSES/OBSERVATIONS ON-SITE TODAY? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	DESCRIPTION:
H&S RECOMMENDATIONS	

16. REMARKS

Building 3H/6H remains in about the same condition as when we were last on-site on March 1, 2016. Debris remains in floor areas to be surveyed during this work evolution which prevents access to 100% of the floors.

17. VERIFICATION STATEMENT

This report is complete and correct and all materials and equipment used and work performed during this reporting period are in compliance with the contract plans and specifications except as noted above.

NAME/TITLE: Nicholas Berliner, SRSL

DATE: 06/14/16

SIGNATURE:

**18. PROJECT MANAGER REVIEW & ACCEPTANCE**

REMARKS AND/OR EXCEPTIONS TO REPORT:

ACCEPTANCE

NAME/TITLE: Rob Flowers, Project Manager

DATE: 06/14/16

SIGNATURE:

OP 555 - Safety Meetings



CABRERA SERVICES
RADIOLOGICAL • ENGINEERING • REMEDIATION

SAFETY MEETING FORM

SIX QUESTIONS FOR SUCCESS – Take two minutes to think through and answer these questions:

1. What are we about to do?
2. What equipment are we going to use?
3. Have I/we been trained to use this equipment?
4. Have I/we been trained to do this job?
5. How can I/we be hurt?
6. How can I/we prevent this incident?

If you and your team aren't prepared to do the assigned work, *STOP WORK*, and take time to properly prepare.

Project Information

This sign-in log documents the topics of the safety meeting and individual attendance. Personnel who perform work operations onsite are required to attend and acknowledge their ability to ask questions and receipt of such briefings daily. Please provide a brief narrative of the selected topics as applicable to the Project in the comment box (ex. Name of AHA reviewed).

PROJECT NAME & LOCATION
UNC New Haven CT

10-1007.00

DATE/TIME

6-13 -2016

WEATHER CONDITIONS

Sunny 80

Topic

Discussion – check one

Today's Scope of Work (All tasks)	<input type="checkbox"/> yes <input type="checkbox"/> n/a	Access / Egress / Slips, Trips, & Falls	<input checked="" type="checkbox"/> yes <input type="checkbox"/> n/a
Schedule / New Work / Scope Changes	<input type="checkbox"/> yes <input type="checkbox"/> n/a	Smoking, Eating, & Drinking	<input type="checkbox"/> yes <input type="checkbox"/> n/a
Reviewed Procedures, AHA, etc.	<input type="checkbox"/> yes <input type="checkbox"/> n/a	Washroom / Facilities Location	<input type="checkbox"/> yes <input type="checkbox"/> n/a
Emergency Action Plan & Procedures	<input type="checkbox"/> yes <input type="checkbox"/> n/a	Heat/Cold Stress	<input type="checkbox"/> yes <input type="checkbox"/> n/a
Communications Protocol	<input type="checkbox"/> yes <input type="checkbox"/> n/a	Exclusion Areas Barricades / Cones	<input type="checkbox"/> yes <input type="checkbox"/> n/a
Required PPE	<input type="checkbox"/> yes <input type="checkbox"/> n/a	Required Permits, Passes, Keys, etc.	<input type="checkbox"/> yes <input type="checkbox"/> n/a
Required Monitoring / Instruments	<input type="checkbox"/> yes <input type="checkbox"/> n/a	Decon Procedures / IDW Mgmt.	<input type="checkbox"/> yes <input type="checkbox"/> n/a
Site Control / Work Zones / Security	<input type="checkbox"/> yes <input type="checkbox"/> n/a	Eqpmt. Inspections/Safety Checklists	<input type="checkbox"/> yes <input type="checkbox"/> n/a

OTHER/COMMENTS Mobilization Instrument QC Office set up

Safety Meeting Attendees

Print Name

Nicholas Berliner

Signature

Safety Meeting Leader

Al Craig / SSHO

Print Name

Signature



















