

OP 359, Field Activity Documentation



CABRERA SERVICES
RADIOLOGICAL • ENVIRONMENTAL • REMEDIATION

CABRERA DAILY REPORT

1. PROJECT INFORMATION

PROJECT NAME/LOCATION: SUPPLEMENTAL RADIOLOGICAL SURVEY

DATE: 06/15/16

Former UNC Manufacturing Facility, New Haven, CT

REPORT No. 003

CONTRACT #:

CABRERA PROJECT #: 10-1007.00

TASK #: 015

FIELD SITE MANAGER: Al Craig

PROJECT MANAGER: Rob Flowers

2. WEATHER

TEMPERATURE RANGE: 59-78

WIND SPEED/DIRECTION: Southwest, calm-12, gusts to 18 mph

PRECIPITATION LAST 24 HOURS: ☐ YES ☒ NO

TYPE: NONE

AMOUNT: N/A

BAROMETRIC PRESSURE: 29.84"-29.96"

HUMIDITY: 33-87%

HEAT INDEX RANGE: N/A

WEATHER DELAYS: ☐ YES ☒ NO

DELAY TIME (HOURS): N/A

3. SUMMARY OF WORK

- 1) Continued equipment deliveries
- 2) Continued instrument set-up and initial quality control measurements
- 3) Incoming survey and inspection of scissor lift
- 4) Complete ductwork surveys in southern branch of ductwork inside "Hand Finish" area (refer to attached figure)

4. MATERIALS & EQUIPMENT BROUGHT ON-SITE

- 1 Ludlum 2360 scaler/rate meter with 43-93 zinc sulphide scintillation probe
- 1 Ludlum Model 3 rate meter with 44-9 Geiger-Mueller probe
- 1 Bicron MicroRem meter

Receipt inspection required & completed? ☐ Yes ☒ No

5. INSPECTIONS

TYPE	DESCRIPTION	ACTION
PREPARATORY		
INITIAL	Initial inspection of Skyjack SJIII 4626 electric scissor lift (inspection form attached)	Item deemed acceptable to use
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)
Michael Plonski	Alternate SRSL	Sections 3 for tasks (4.5 Hrs)

9. SUBCONTRACTOR PERSONNEL ON-SITE				
SUBCONTRACTOR NAME	JOB DUTY	TASK(S) PERFORMED	# OF PERSONNEL	MAN-HOURS
TOTALS			0	0

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	
ERG	1 Escort ELF lapel air sampler	A2-32568	Idle	6/13/16	
United Rentals	1 Honda EB 6500 generator	EBLC-1020473	Idle	6/13/16	
United Rentals	1 set of six foot by 30 inch rolling scaffold		Idle	6/13/16	
United Rentals	1 Skyjack SJIII 4626 electric scissor lift	10149481	Active	6/14/16	
Cabrera	1 Ludlum 2360 scaler/rate meter with 43-93 zinc sulphide scintillation probe	227246 PR244549	Active	6/15/16	
Cabrera	1 Ludlum Model 3 rate meter with 44-9 Geiger-Mueller probe	218266 PR299268	Active	6/15/16	
Cabrera	1 Bicron MicroRem meter	1844	Active	6/15/16	

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? <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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? ☐ Yes ☒ No

IF YES, EXPLAIN:

DID A DELAY OR WORK STOPPAGE OCCUR TODAY? ☐ Yes ☒ No

IF YES, EXPLAIN:

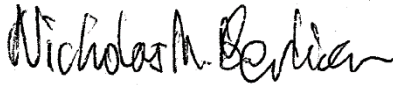
HAS ANYTHING DEVELOPED IN THE WORK WHICH MAY LEAD TO A CHANGE? ☐ Yes ☒ No

IF YES, EXPLAIN:

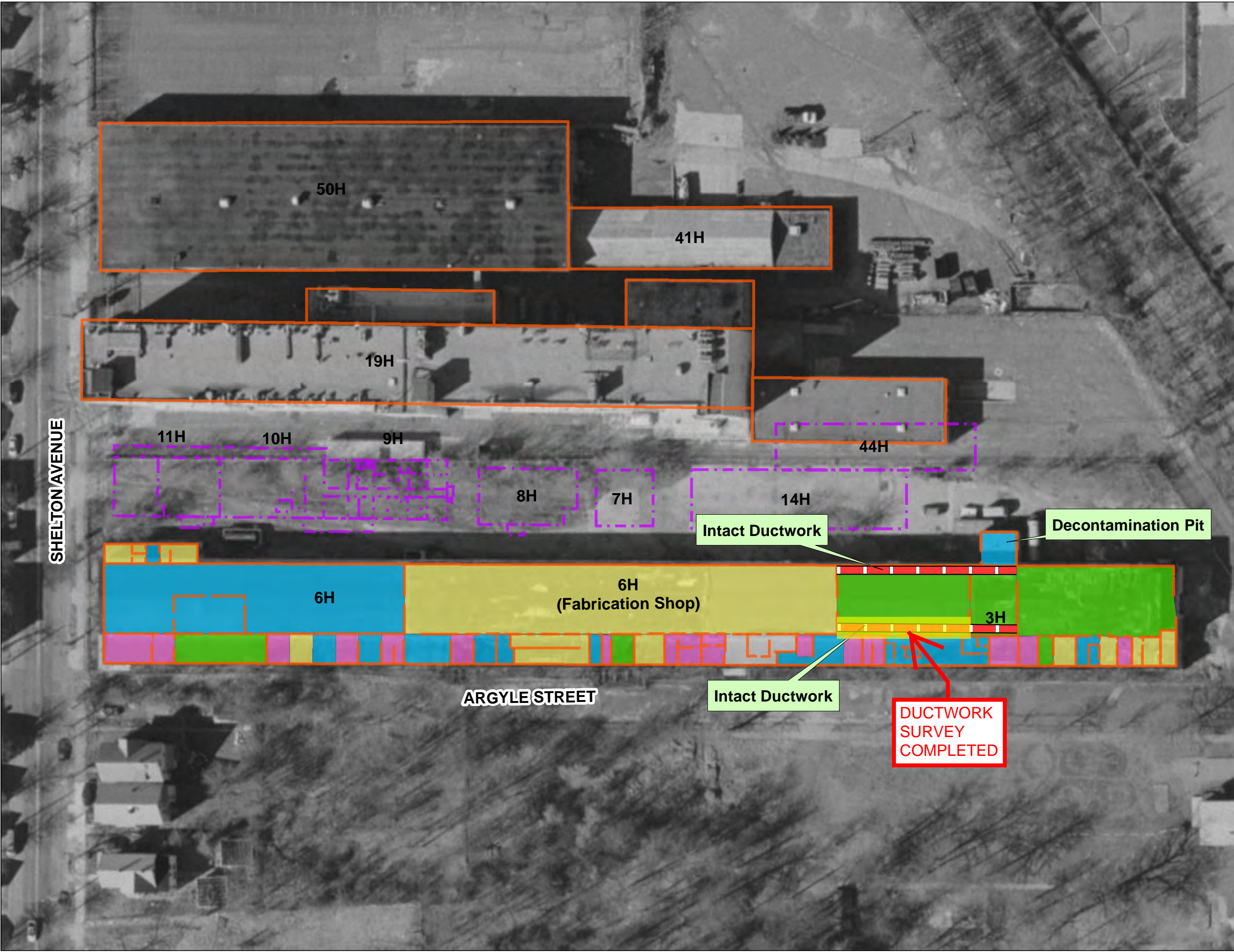
14. VERBAL INSTRUCTIONS RECEIVED:

15. HEALTH & SAFETY SUMMARY	
SAFETY BRIEFINGS	
WAS A SAFETY MEETING HELD? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	TOPIC DISCUSSED: Safe completion of tasks described in Section 3
SAFETY INSPECTIONS	
WAS A SAFETY INSPECTION CONDUCTED? <input checked="" type="checkbox"/> YES <input 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
Ductwork survey completed in most accessible areas. Debris on floor prevents access to most remaining portions of the ductwork. Therefore remaining ductwork surveys will be performed when floor debris has been removed to allow access to a higher percentage of the remaining ductwork.

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	SIGNATURE: 
DATE: 06/15/16	

18. PROJECT MANAGER REVIEW & ACCEPTANCE	
REMARKS AND/OR EXCEPTIONS TO REPORT:	
ACCEPTANCE	
NAME/TITLE: Rob Flowers, Project Manager	SIGNATURE:
DATE: 06/14/16	



Intact Ductwork

Buildings

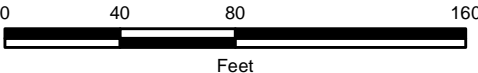
- Existing Building
- Demolished

Accessible Area

Percent


- 0 to 25%
- >25 to 50%
- >50 to 75%
- >75 to 100%
- Unknown

Note: Rooms labeled 'Unknown' were not accessible to assess during a site visit performed on March 1, 2016.



**SITE BUILDINGS
BUILDING 3H/6H
ACCESSIBLE AREA**

**FORMER UNC FACILITY
NEW HAVEN, CONNECTICUT**

2/2016	SMO	PROJECT NO. 10-1007.00	FIGURE 2
	Cabrera Services Baltimore, MD		

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

6-15 -2016

WEATHER CONDITIONS

Sunny

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 checked="" 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 Building access Surveys

Safety Meeting Attendees

Print Name

Nicholas Berlier


Signature

Safety Meeting Leader

Al Craig / SSHO

Print Name

Signature

OP 590, Elevated Work Platforms		 CABRERA SERVICES <small>RADIOLOGICAL - ENGINEERING - REMEDIATION</small>	
EWP Inspection Form			
EWP Operator must inspect/document equipment daily, using this form.			
Project Name: <u>UNC</u>	Project Number: <u>10-1007.00</u>	Date: <u>6/15/16</u>	
Operator: <u>AL</u>	Make/Model: <u>SKY JACK 4626</u>		
Inspection			
EWP Inspection	Satisfactory	Unsatisfactory	N/A
General appearance (hood, paint, undercarriage)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tires (adequate tread)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Batteries (tie-downs in place, corroded, leaking)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hydraulic Oil Levels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Engine Oil Levels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coolant Levels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Structural Arms (welds and paint condition)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Chain properly lubricated	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Outriggers deployed and stable	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Basket in sound condition (toe boards, flooring)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guardrails intact, swing gate functional	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Controls properly marked/labelled and functional	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ground controls (emergency override) functional	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motion Alarm functional	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire Extinguisher (min 5 lbs B:C)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Operators manual present	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utilities			
Safe distance from overhead lines (min 10 feet)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Work Area			
Work zone demarcated and barriers erected	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Non-essential personnel behind barriers	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Area clear of obstructions, holes, uneven surfaces	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Travel routes clear and demarcated	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overhead obstructions marked	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Personal Protective Equipment			
Fall protection (harness and lanyard) available and in use	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anchorage points intact	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			



SKYJACK

10149481

1-800-UR-RENTS

SJIII 4626

10149481

SJIII 4626 DC ELECTRIC



SJIII 4626 DC ELECTRIC SKYJACK

United Rentals