

# OP 359, Field Activity Documentation



**CABRERA SERVICES**  
RADIOLOGICAL • ENVIRONMENTAL • REMEDIATION

## CABRERA DAILY REPORT

### 1. PROJECT INFORMATION

**PROJECT NAME/LOCATION:** SUPPLEMENTAL RADIOLOGICAL SURVEY

Former UNC Manufacturing Facility, New Haven, CT

**DATE:** 06/22/16

**REPORT No.** 008

**CONTRACT #:**

**CABRERA PROJECT #:** 10-1007.00

**TASK #:** 015

**FIELD SITE MANAGER:** Al Craig

**PROJECT MANAGER:** Rob Flowers

### 2. WEATHER

**TEMPERATURE RANGE:** 57-82 degrees F

**WIND SPEED/DIRECTION:** Northwest, calm to 13, gusts to 22 mph

**PRECIPITATION LAST 24 HOURS:** ☒ YES ☐ NO

**TYPE:** none

**AMOUNT:** N/A

**BAROMETRIC PRESSURE:** 29.79"-29.93"

**HUMIDITY:** 26-93%

**HEAT INDEX RANGE:** N/A

**WEATHER DELAYS:** ☐ YES ☒ NO

**DELAY TIME (HOURS):** N/A

### 3. SUMMARY OF WORK

- 1) Continued indoor gamma walkover surveys within western half of Building 6H
- 2) Incoming survey of conex box (refer to attached photo)
- 3) Met with fencing contractor for securing east end of Building 3H
- 4) Isolated radioactive item of interest from clumps of mossy earth recovered on Monday 6/20/16

### 4. MATERIALS & EQUIPMENT BROUGHT ON-SITE

Conex box measuring eight feet by twenty feet

**Receipt inspection required & completed?** ☐ Yes ☒ No

### 5. INSPECTIONS

TYPE	DESCRIPTION	ACTION
PREPARATORY		
INITIAL		
FOLLOW-UP		
<b>ARE ANY DEFICIENCIES NOTED IN FOLLOW-UP INSPECTIONS?</b> <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? ☐ YES ☐ NO ☒ 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
Charlie Hemstock Total Fence LLC	Fencing installation	Fencing measurements	1	1
TOTALS			1	1

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	Removed from Site	6/13/16	6/17/16
Cabrera	1 Sr-90 large-area calibration source	AC-2450	Removed from Site	6/13/16	6/17/16
Cabrera	1 Tc-99 large-area calibration source	AC-2448	Removed from Site	6/13/16	6/17/16
Cabrera	1 Th-230 large-area calibration source	AC-2446	Removed from Site	6/13/16	6/17/16
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	Idle	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 2221 scaler/ digital rate meter with Bicron G-5 sodium iodide scintillation probe	161580 061810A	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	
Cabrera	1 Canberra FALCON detector	13000012	Removed from Site	6/17/16	6/17/16
Williams Scotsman	1 8' by 20' conex box		Active	6/22/16	

**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? ☐ YES ☒ NO

IF YES, EXPLAIN:

DID A DELAY OR WORK STOPPAGE OCCUR TODAY? ☐ YES ☒ NO

IF YES, EXPLAIN:

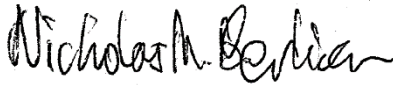
HAS ANYTHING DEVELOPED IN THE WORK WHICH MAY LEAD TO A CHANGE? ☐ YES ☒ NO

IF YES, EXPLAIN:

**14. VERBAL INSTRUCTIONS RECEIVED:**

15. HEALTH & SAFETY SUMMARY	
<b>SAFETY BRIEFINGS</b>	
WAS A SAFETY MEETING HELD? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	TOPIC DISCUSSED: Safe completion of tasks described in Section 3
<b>SAFETY INSPECTIONS</b>	
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:
<b>SUMMARY OF WORK PERFORMED</b>	
TYPE OF WORK:	Refer to description provided in Section 3
CHEMICALS USED:	None
PPE LEVEL:	Safety shoes, hard hats, and eye protection
<b>INCIDENT &amp; NEAR MISS/OBSERVATION REPORTING</b>	
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:
<b>H&amp;S RECOMMENDATIONS</b>	

16. REMARKS
Mike Firsick from CT DEEP was on-site to check elevated spots on the floor within Building 3H and to examine the radioactive items of interest.

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: 06/22/16	

18. PROJECT MANAGER REVIEW & ACCEPTANCE	
REMARKS AND/OR EXCEPTIONS TO REPORT:	
<b>ACCEPTANCE</b>	
NAME/TITLE: Greg Bright, Deputy Project Manager	SIGNATURE:
DATE: 06/22/16	

# 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**

6-22-2016

**WEATHER CONDITIONS**

## Topic

*Discussion – check one*

Today's Scope of Work (All tasks)	<input checked="" type="checkbox"/> yes <input type="checkbox"/> n/a	Access / Egress / Slips, Trips, & Falls	<input 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** Building access Surveys

## Safety Meeting Attendees

**Print Name**

Nick Berhner  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Safety Meeting Leader

Al Craig / SSHO

\_\_\_\_\_

\_\_\_\_\_

**Print Name**

**Signature**





SPACE BY  
WILLIAMS  
COTSMAN  
800-782-1500  
www.willscot.com

CAUTION  
DO NOT OPEN DOOR UNTIL ALL  
PRESSURE HAS BEEN RELEASED  
DO NOT OPEN DOOR UNTIL ALL  
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SEE  
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