

OP 359, Field Activity Documentation



CABRERA SERVICES
RADIOLOGICAL • ENVIRONMENTAL • REMEDIATION

CABRERA DAILY REPORT

1. PROJECT INFORMATION

PROJECT NAME/LOCATION: SUPPLEMENTAL RADIOLOGICAL SURVEY

DATE: 06/24/16

Former UNC Manufacturing Facility, New Haven, CT

REPORT No. 010

CONTRACT #:

CABRERA PROJECT #: 10-1007.00

TASK #: 015

FIELD SITE MANAGER: Al Craig

PROJECT MANAGER: Rob Flowers

2. WEATHER

TEMPERATURE RANGE: 61-80 degrees F

WIND SPEED/DIRECTION: East, 3 to 12 mph

PRECIPITATION LAST 24 HOURS: ☐ YES ☒ NO

TYPE: none

AMOUNT: N/A

BAROMETRIC PRESSURE: 30.02"-30.14"

HUMIDITY: 37-81%

HEAT INDEX RANGE: N/A

WEATHER DELAYS: ☐ YES ☒ NO

DELAY TIME (HOURS): N/A

3. SUMMARY OF WORK

- 1) Completed outdoor gamma walkover surveys of historically-used entry/exit points to both Building 3H/6H and the 71 Shelton Avenue site
- 2) Continued indoor gamma walkover surveys within western half of Building 6H
- 3) Gamma spec counts of items of interest

4. MATERIALS & EQUIPMENT BROUGHT ON-SITE

1 Canberra FALCON detector

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 (9 Hrs)
Alfred Craig	Site Safety and Health Officer (SSHO)	Sections 3 for tasks (9 Hrs)
Michael Plonski	Alternate SRSL	Sections 3 for tasks (8 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 Bicorn 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	Removed from Site	6/14/16	6/22/16
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 Bicorn 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 Bicorn MicroRem meter	1844	Active	6/15/16	
Cabrera	1 Canberra FALCON detector	13000012	Removed from Site	6/17/16	6/17/16
			Active	6/24/16	
Williams Scotsman	1 8' by 20' connex 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 #
N/A	Metallic item of interest #1	MP	On-site	Gamma spec	30 minutes	N/A
N/A	Metallic item of interest #2	MP	On-site	Gamma spec	30 minutes	N/A
N/A	Metallic item of interest #3	MP	On-site	Gamma spec	30 minutes	N/A
N/A	Metallic item of interest #4	MP	On-site	Gamma spec	30 minutes	N/A
N/A	Metallic item of interest #5	MP	On-site	Gamma spec	30 minutes	N/A
N/A	Metallic item of interest #6	MP	On-site	Gamma spec	30 minutes	N/A

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? ☒ YES ☐ NO

TOPIC DISCUSSED: Safe completion of tasks described in Section 3

SAFETY INSPECTIONSWAS A SAFETY INSPECTION CONDUCTED? ☒ YES ☐ NODEFICIENCIES NOTED: ☐ YES ☒ NO

DESCRIBE:

CORRECTIVE ACTIONS TAKEN: ☐ YES ☒ 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 REPORTINGANY INCIDENTS ON-SITE TODAY? ☐ YES ☒ NO

DESCRIPTION:

CABRERA INCIDENT REPORTING FORM ATTACHED: ☐ YES ☒ NOCLIENT SPECIFIC INCIDENT REPORTING FORM ATTACHED: ☐ YES ☒ NOANY NEAR MISSES/OBSERVATIONS ON-SITE TODAY? ☐ YES ☒ NO

DESCRIPTION:

H&S RECOMMENDATIONS**16. REMARKS**

The items of interest were counted to provide accurate information for shipping and inventory purposes.

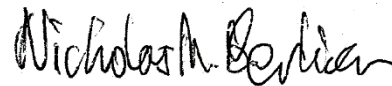
17. VERIFICATION STATEMENT

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: 06/24/16

SIGNATURE:



18. PROJECT MANAGER REVIEW & ACCEPTANCE	
REMARKS AND/OR EXCEPTIONS TO REPORT:	
ACCEPTANCE	
NAME/TITLE: Greg Bright, Deputy Project Manager	SIGNATURE:
DATE: 06/24/16	

OP 555 - Safety Meetings



CABRERA SERVICES
RADIOLOGICAL · ENGINEERING · REMEDIATION

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.

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

6-24-2016

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 Berlin

Michael Plonsky

Signature

Safety Meeting Leader

Al Craig / SSHO

Print Name

Signature