

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: 07/11/16

REPORT NO. 020

CONTRACT #:

CABRERA PROJECT #: 10-1007.00

TASK #: 015

FIELD SITE MANAGER: Al Craig

PROJECT MANAGER: Rob Flowers

2. WEATHER

TEMPERATURE RANGE: 66-85 degrees F

WIND SPEED/DIRECTION: South, 5 to 10 mph

PRECIPITATION LAST 24 HOURS: ☐ YES ☒ NO

TYPE: N/A

AMOUNT: 0.00"

BAROMETRIC PRESSURE: 29.89"-30.01"

HUMIDITY: 70%-100%

HEAT INDEX RANGE: N/A

WEATHER DELAYS: ☐ YES ☒ NO

DELAY TIME (HOURS): N/A

3. SUMMARY OF WORK

- 1) Training of CEI workers for site specific and general radiation worker awareness.
- 2) Core bore sampling (6-locations)

4. MATERIALS & EQUIPMENT BROUGHT ON-SITE

CEI-DPT Drill Rig.

Receipt inspection required & completed? ☒ Yes ☐ No

5. INSPECTIONS

TYPE	DESCRIPTION	ACTION
PREPARATORY		
INITIAL	Initial inspection per OP-588 Drilling & Boring	None
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? ☐ YES ☐ NO ☒ NA – IF NO, EXPLAIN:

8. CABRERA PERSONNEL ON-SITE		
EMPLOYEE NAME	TITLE	TASK(S) PERFORMED
Mike Plonski	Site Radiation Safety Lead (SRSL)	See Section 3 “Summary of Work” (8 Hrs)
Alfred Craig	Site Safety and Health Officer (SSHO)	See Section 3 “Summary of Work” (8 Hrs)

9. SUBCONTRACTOR PERSONNEL ON-SITE				
SUBCONTRACTOR NAME	JOB DUTY	TASK(S) PERFORMED	# OF PERSONNEL	MAN-HOURS
CEI	Core Drilling	Core Drilling	3	8
TOTALS			3	24

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	Removed from Site	6/13/16	6/27/16
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 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
			Idle	6/24/16	
Williams Scotsman	1 8' by 20' connex box		Active	6/22/16	
Cabrera	1 Bicron G-1/w meter	1349	Active	7/11/16	

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 #
B-2016-01 Thru 06	Soil	MP	Off	N/A	N/A	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? <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

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: Mike Plonski, SRSL	SIGNATURE:
DATE: 07/11/16	

18. PROJECT MANAGER REVIEW & ACCEPTANCE	
REMARKS AND/OR EXCEPTIONS TO REPORT:	
ACCEPTANCE	
NAME/TITLE: Greg Bright, Deputy Project Manager	SIGNATURE:
DATE: 07/11/16	

OP 588 - Drilling & Boring



Drill Rig Inspection Form

Competent Person must inspect/document equipment daily, using this form.

Project Name: LINE

Project Number:

Date: 7/11/16

Operator: BOB MILLON

Make/Model: GEOPROBE 7820 DT

Inspection

Rig Inspection	Good	Fair	Repair
Structural Damage, Loose Bolts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loose or missing guards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Damaged or leaking hoses	<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"/>
Gauges and pressure relief valves operational	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency shut off switches operational (min 2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Control levers functional	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Warning lights/alarms functional	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wire rope and hardware (safety latches intact)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outriggers deployed and stable	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pipes, casing, rods, augers stacked to prevent rolling/sliding	<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"/>
Utilities			
Underground utilities identified and marked	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Copy of utility clearance (dig permit) on-site	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safe distance from overhead lines (min 10 feet)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Area			
Work zone demarcated and barriers erected	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-essential personnel behind barriers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Open holes capped/flagged	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dust and odour control addressed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decontamination area established	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housekeeping (on rig and general work area) satisfactory	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Protective Equipment			
Proper PPE, including hearing protection available	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No loose clothing or jewellery worn by rig crew/workers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

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

7-18-2016

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 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

Thomas, Bernhart

Roscoe Miller

Jason Lisevich

Michael Plonsky

Signature

[Signature]

[Signature]

[Signature]

Safety Meeting Leader

Al Craig / SSHO

[Signature]

Print Name

Signature