

# OP 359, Field Activity Documentation



## CABRERA DAILY REPORT

### 1. PROJECT INFORMATION

PROJECT NAME/LOCATION: SUPPLEMENTAL RADIOLOGICAL SURVEY

DATE: 02/23/17

Former UNC Manufacturing Facility, New Haven, CT

REPORT No. 002

CONTRACT #:

CABRERA PROJECT #: 10-1007.00

TASK #: 016

FIELD SITE MANAGER: Al Craig

PROJECT MANAGER: Rob Flowers

### 2. WEATHER

TEMPERATURE RANGE: 36-52degrees F

WIND SPEED/DIRECTION: 1-7 mph S

PRECIPITATION LAST 24 HOURS: ☐ YES ☒ NO

TYPE: N/A

AMOUNT: N/A

BAROMETRIC PRESSURE: 29.88"

HUMIDITY: 80-100%

HEAT INDEX RANGE: N/A

WEATHER DELAYS: ☐ YES ☒ NO

DELAY TIME (HOURS): N/A

### 3. SUMMARY OF WORK

Conducted safety meeting. Continuing to set up containment to prep for abatement. Set up generator inside the building. Received two IMCs.

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

2 IMCs

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? ☐ YES ☐ NO ☒ NA – IF NO, EXPLAIN:

8. CABRERA PERSONNEL ON-SITE		
EMPLOYEE NAME	TITLE	TASK(S) PERFORMED
Nicholas Berliner	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)
Ann Jacobs	Environmental Scientist	See Section 3 “Summary of Work” (8 Hrs)

9. SUBCONTRACTOR PERSONNEL ON-SITE				
SUBCONTRACTOR NAME	JOB DUTY	TASK(S) PERFORMED	# OF PERSONNEL	MAN-HOURS
AIG	Asbestos abatement	Site Prep	4	32
TOTALS			4	32

10. EQUIPMENT & MATERIALS ON-SITE					
VENDOR	EQUIPMENT	SERIAL #.	ACTIVE OR IDLE	DATE RECEIVED	DATE RETURNED
ERG	1 Ludlum 2360 scaler/rate meter with 43-93 Zinc sulphide scintillation probe	184909/ PR298426	Active	02/21/2017	
ERG	1 Ludlum 2360 scaler/rate meter with 43-93 zinc sulphide scintillation probe	193638/ PR199836	Active	02/21/2017	
ERG	1 Ludlum 2360 scaler/rate meter	220242	Active	02/21/2017	
ERG	1 Ludlum 2221 scaler/ digital rate meter with FIDLER sodium iodide scintillation probe	190205/ PR01807D	Active	02/21/2017	
ERG	1 Ludlum 2929 scaler sample counter with 43-10-1 zinc sulphide scintillation probe	200051/ PR215948	Active	02/21/2017	
ERG	1 Ludlum model 12 meter with 44-9 Geiger-Mueller probe	276863/ PR147787	Active	02/21/2017	
ERG	Escort ELF Lapel Air sampler	A3-48588		02/21/2017	
ERG	1 MircoRem meter	2079		02/21/2017	
ERG	1 Low volume air sampler			02/21/2017	
ERG	1 Low volume air sampler			02/21/2017	
Cabrera	1 Th-230 check source	5648-06	Active	02/21/2017	
Cabrera	1 Tc-99 check source	5634-05	Active	02/21/2017	
Cabrera	1 Co-60 check source	267D21	Active	02/21/2017	
Cabrera	1 Ludlum model 2224-1 scaler/rate meter with 43-93 Zinc sulphide scintillation probe	227246/ PR244549	Active	02/21/2017	
Cabrera	1 Ludlum Model 3 rate meter with 44-9 Geiger-Mueller probe	219266/ PR	Active	02/21/2017	
United Rentals	1 Bobcat T5 90 Skid Steer		Active	02/21/2017	
United Rentals	1 set of forks, and 1 grapple bucket for Skid Steer		Active	02/21/2017	
United Rentals	1 Magnum 130 tow behind generator			02/21/2017	
NEMF	Wheel Scale			02/21/2017	
Williams Scotsman	1 8' by 20' connex box		Active	06/22/2016	

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? <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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:

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

<b>16. REMARKS</b>

<b>17. VERIFICATION STATEMENT</b>	
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.	
<b>NAME/TITLE:</b> Ann Jacobs	<b>SIGNATURE:</b>
<b>DATE:</b> 02/24/17	

<b>18. PROJECT MANAGER REVIEW &amp; ACCEPTANCE</b>	
<b>REMARKS AND/OR EXCEPTIONS TO REPORT:</b>	
<b>ACCEPTANCE</b>	
<b>NAME/TITLE:</b> Greg Bright, Deputy Project Manager	<b>SIGNATURE:</b>
<b>DATE:</b> 02/24/17	
for Greg Bright	



## Photos



# 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

10.1007.00	DATE/TIME	WEATHER CONDITIONS
	2-23-2017	

### 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	Eqmt. Inspections/Safety Checklists	<input type="checkbox"/> yes <input type="checkbox"/> n/a

**OTHER/COMMENTS** Sign RWP for daily access remaining areas at the entrance. Inspect any ladders before use. Inspections of Aerial lift and fall protection must be performed daily.

### Safety Meeting Attendees

Print Name	Signature
Ann Jacobs	
Fred Paredes	
Alexandro Coste	
RORY GRAY	
Chris Powers	
Nick Berliner	

### Safety Meeting Leader

Al Craig / SSHO

Print Name

Signature