

# OP 359, Field Activity Documentation



## CABRERA DAILY REPORT

### 1. PROJECT INFORMATION

**PROJECT NAME/LOCATION:** SUPPLEMENTAL RADIOLOGICAL SURVEY  
Former UNC Manufacturing Facility, New Haven, CT

**DATE:** 02/27/17

**REPORT NO.** 005

**CONTRACT #:**

**CABRERA PROJECT #:** 10-1007.00

**TASK #:** 016

**FIELD SITE MANAGER:** Al Craig

**PROJECT MANAGER:** Rob Flowers

### 2. WEATHER

**TEMPERATURE RANGE:** 34-46 degrees F

**WIND SPEED/DIRECTION:** 6-12 mph SW

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

**TYPE:** N/A

**AMOUNT:** N/A

**BAROMETRIC PRESSURE:** 30.36"

**HUMIDITY:** 44-79%

**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 prepare for abatement.

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

Receipt inspection required & completed? ☐ Yes ☒ No

### 5. INSPECTIONS

| TYPE        | DESCRIPTION | ACTION |
|-------------|-------------|--------|
| PREPARATORY |             |        |
| INITIAL     |             |        |
| FOLLOW-UP   |             |        |

**ARE ANY DEFICIENCIES NOTED IN FOLLOW-UP INSPECTIONS?** ☐ YES ☒ 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) |
| Stephan Owe                  | 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         | 7              | 56        |
|                                    |                    |                   |                |           |
|                                    |                    |                   |                |           |
| TOTALS                             |                    |                   | 7              | 56        |

| 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/<br>PR298426 | Active         | 02/21/2017    |               |
| ERG                               | 1 Ludlum 2360 scaler/rate meter with 43-93 zinc sulphide scintillation probe           | 193638/<br>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/<br>PR01807D | Active         | 02/21/2017    |               |
| ERG                               | 1 Ludlum 2929 scaler sample counter with 43-10-1 zinc sulphide scintillation probe     | 200051/<br>PR215948 | Active         | 02/21/2017    |               |
| ERG                               | 1 Ludlum model 12 meter with 44-9 Geiger-Mueller probe                                 | 276863/<br>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/<br>PR244549 | Active         | 02/21/2017    |               |
| Cabrera                           | 1 Ludlum Model 3 rate meter with 44-9 Geiger-Mueller probe                             | 219266/<br>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? ☐ 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: PPE, scissor lift, slips-trips-falls    |
| <b>SAFETY INSPECTIONS</b>   |  |
| WAS A SAFETY INSPECTION CONDUCTED? <input type="checkbox"/> YES <input checked="" 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, safety vest |
| <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 |
|-------------|
|             |

| 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: Stephan Owe  | SIGNATURE:<br> |
| DATE: 02/28/17   |  |

| 18. PROJECT MANAGER REVIEW & ACCEPTANCE         |                                       |
|---|---------------------------------------|
| REMARKS AND/OR EXCEPTIONS TO REPORT:            |                                       |
|   |                                       |
| <b>ACCEPTANCE</b>                               |                                       |
| NAME/TITLE: Greg Bright, Deputy Project Manager | SIGNATURE:<br><br><br>for Greg Bright |
| DATE: 02/28/17                                  |                                       |

## 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

2-27-2017

### WEATHER CONDITIONS

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

## Safety Meeting Attendees

### Print Name

RORY GRAY  
Will Luthi  
Chris Farris  
Zonia Aguilar  
Fred Parades  
Alejandro Costa

### Signature

## Safety Meeting Leader

Al Craig / SSHO

Print Name

Signature

# OP 555 - Safety Meetings



**CABRERA SERVICES**  
RADIOLOGICAL · ENGINEERING · REMEDIATION

Stephan Owe

Nick Berliner

RICHARD Flores

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*[Handwritten signature]*