

# 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:** 08/22/17

**REPORT NO.** 112

**CONTRACT #:**

**CABRERA PROJECT #:** 10-1007.00

**TASK #:** 016

**FIELD SITE MANAGER:** Mike Plonski

**PROJECT MANAGER:** Rob Flowers

### 2. WEATHER

**TEMPERATURE RANGE:** 63-91 degrees F

**WIND SPEED/DIRECTION:** 5-15 mph E

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

**TYPE:** N/A

**AMOUNT:** 0.00"

**BAROMETRIC PRESSURE:** 29.71"

**HUMIDITY:** 70-100%

**HEAT INDEX RANGE:** N/A

**WEATHER DELAYS:** ☐ YES ☒ NO

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

### 3. SUMMARY OF WORK

- Conducted safety meeting prior to beginning field activities.
- Completed daily quality control checks on radiological counting instrumentation.
- Continued wall surveys in the central/western portion of 3H.
- Started wall surveys in 6H.

### 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? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |             |        |

| 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                       |
| Mike Plonski                 | SRSL/OSLM | See Section 3 “Summary of Work” (8 Hrs) |
| Bethany Galivon              | HPT       | See Section 3 “Summary of Work” (8 Hrs) |
| Ginger Sparks                | HPT       | See Section 3 “Summary of Work” (8 Hrs) |
| Rob Gionfriddo               | HPT       | See Section 3 “Summary of Work” (8 Hrs) |
| Al Craig                     | HPT       | See Section 3 “Summary of Work” (8 Hrs) |

| 9. SUBCONTRACTOR PERSONNEL ON-SITE |          |                   |                |           |
|------------------------------------|----------|-------------------|----------------|-----------|
| SUBCONTRACTOR NAME                 | JOB DUTY | TASK(S) PERFORMED | # OF PERSONNEL | MAN-HOURS |
|                                    |          |                   |                |           |
| TOTALS                             |          |                   |                |           |

## 10. EQUIPMENT & MATERIALS ON-SITE

[illegible]

| 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) |
| ERRU000312                            | Solid                   | Soil/ Garbage/ Debris/ ACM | Intermodal     | Building 3H                         | ~12.34 Tons          |
| MHFU-002362                           | Solid                   | Soil/ Garbage/ Debris/ ACM | Intermodal     | Building 3H                         | ~11.38 Tons          |
| GFLU002079                            | Solid                   | Soil/ Garbage/ Debris/ ACM | Intermodal     | Building 6H                         | ~12.74 Tons          |
| GFLU-001032                           | Solid                   | Soil/ Garbage/ Debris/ ACM | Intermodal     | Building 3H                         | ~11.26 Tons          |
| EERU-000310                           | Solid                   | Soil/ Garbage/ Debris/ ACM | Intermodal     | Building 3H                         | ~12.09 Tons          |
| GFLU-001742                           | Solid                   | Soil/ Garbage/ Debris/ ACM | Intermodal     | Building 3H                         | ~9.79 Tons           |
| GFLU-002123                           | Solid                   | Soil/ Garbage/ Debris/ ACM | Intermodal     | Building 3H                         | ~10.93 Tons          |
|                                       |                         |                            |                |                                     |                      |
| <b>Totals</b>                         |                         |                            |                |                                     | ~80.53 Tons          |

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 (min) 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? <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**

|                                                                                                       |                                                                |
|-------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|
| <b>WAS A SAFETY MEETING HELD?</b> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | <b>TOPIC DISCUSSED:</b> Slips-trips-falls, slippery conditions |
|-------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|

**SAFETY INSPECTIONS**

|                                                                                                               |
|---------------------------------------------------------------------------------------------------------------|
| <b>WAS A SAFETY INSPECTION CONDUCTED?</b> <input type="checkbox"/> YES <input checked="" 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> |
|------------------------------------------------------------------------------------------------------|------------------|

**SUMMARY OF WORK PERFORMED**

|                        |                                                          |
|------------------------|----------------------------------------------------------|
| <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, safety vest |

**INCIDENT & NEAR MISS/OBSERVATION REPORTING**

|                                                                                                         |                     |
|---------------------------------------------------------------------------------------------------------|---------------------|
| <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> |
|------------------------------------------------------------------------------------------------------------------------|---------------------|

**H&S RECOMMENDATIONS**

|  |
|--|
|  |
|--|

**16. REMARKS**

|  |
|--|
|  |
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**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. |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|

|                                 |                   |
|---------------------------------|-------------------|
| <b>NAME/TITLE:</b> Mike Plonski | <b>SIGNATURE:</b> |
| <b>DATE:</b> 08/23/17           |                   |

## 18. PROJECT MANAGER REVIEW & ACCEPTANCE

REMARKS AND/OR EXCEPTIONS TO REPORT:

## ACCEPTANCE

**NAME/TITLE:** Greg Bright, Deputy Project Manager

**DATE:** 08/23/17

**SIGNATURE:**

for Greg Bright

# 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

### PROJECT NO.

UNC - 10-1007

### DATE/TIME

3/22/17

### WEATHER CONDITIONS

Hot sunny 90°

### 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:

## Safety Meeting Attendees

| Print Name        | Signature |
|-------------------|-----------|
| Robert Gianfriddo |           |
| Bethany Galovin   |           |
| Chris Powers      |           |
| Eduardo Leon      |           |
| Raul E Canales    |           |
| Ginger Sparks     |           |

## Safety Meeting Leader

|                        |           |
|------------------------|-----------|
| Al Craig               |           |
| Name of Meeting Leader | Signature |

Mike Plonka