

# 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:** 08/29/17

**REPORT NO.** 117

**CONTRACT #:**

**CABRERA PROJECT #:** 10-1007.00

**TASK #:** 016

**FIELD SITE MANAGER:** Mike Plonski

**PROJECT MANAGER:** Rob Flowers

### 2. WEATHER

**TEMPERATURE RANGE:** 57-76 degrees F

**WIND SPEED/DIRECTION:** 5-25 mph E

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

**TYPE:** NA

**AMOUNT:** 0.00"

**BAROMETRIC PRESSURE:** 30.04"

**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 overhead surveys in central corridor of 6H.
- Shipped 3 IMC's to rail facility.
- Completed 6 In-Situ NDA measurement in 3H and 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)
Wade Fillingame	WASTE BROKER	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
Totals					~47.72 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:**

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**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
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**SAFETY INSPECTIONS**

<b>WAS A SAFETY INSPECTION CONDUCTED?</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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<b>DEFICIENCIES NOTED:</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<b>DESCRIBE:</b>
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<b>CORRECTIVE ACTIONS TAKEN:</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<b>DESCRIBE:</b>
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**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>
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<b>CABRERA INCIDENT REPORTING FORM ATTACHED:</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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<b>CLIENT SPECIFIC INCIDENT REPORTING FORM ATTACHED:</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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<b>ANY NEAR MISSES/OBSERVATIONS ON-SITE TODAY?</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<b>DESCRIPTION:</b>
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**H&S RECOMMENDATIONS**

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**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.	
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<b>NAME/TITLE:</b> Mike Plonski	<b>SIGNATURE:</b>
<b>DATE:</b> 08/30/17	

18. PROJECT MANAGER REVIEW & ACCEPTANCE	
REMARKS AND/OR EXCEPTIONS TO REPORT:	
ACCEPTANCE	
NAME/TITLE: Greg Bright, Deputy Project Manager	SIGNATURE:
DATE: 08/30/17	

# OP 555 - Safety Meetings



## 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.	DATE/TIME	WEATHER CONDITIONS
10-1007-00	8/29/17	70's sun/bz, n

### 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
Wade FILLINGAME	
Robert Gionfriddo	
Bethany Galorin	
Ginger Sparks	

## Safety Meeting Leader

Mike Plasko	
Name of Meeting Leader	Signature