

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: 08/30/17

REPORT NO. 118

CONTRACT #:

CABRERA PROJECT #: 10-1007.00

TASK #: 016

FIELD SITE MANAGER: Mike Plonski

PROJECT MANAGER: Rob Flowers

2. WEATHER

TEMPERATURE RANGE: 57-80 degrees F

WIND SPEED/DIRECTION: 5-20 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.
- Completed overhead/wall surveys in central/western corridor of 6H.
- Shipped remaining 4 IMC's to rail facility.
- Retrieved two physical media samples from 3H and 6H. Internal pipe samples from 6H laboratory and 3H storage area.
- Surveys of equipment for release.

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)

TotalsATTACH 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? ☐ 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	
SAFETY BRIEFINGS	
WAS A SAFETY MEETING HELD? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	TOPIC DISCUSSED: Slips-trips-falls, slippery conditions
SAFETY INSPECTIONS	
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:
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, safety vest
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 DATE: 08/31/17	SIGNATURE:

18. PROJECT MANAGER REVIEW & ACCEPTANCE	
REMARKS AND/OR EXCEPTIONS TO REPORT:	
ACCEPTANCE	
NAME/TITLE: Greg Bright, Deputy Project Manager DATE: 08/31/17	SIGNATURE:

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 Ham

PROJECT NO.

10-1007.00

DATE/TIME

8/30/17

WEATHER CONDITIONS

70's Humid

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
Bethany Galvin	
Robert Gionfriddo	
Ginger Sparks	
Al Craig	

Safety Meeting Leader

Mike Planski	
Name of Meeting Leader	Signature