

# OP 359, Field Activity Documentation



**CABRERA SERVICES**  
RADIOLOGICAL • ENVIRONMENTAL • REMEDIATION

## CABRERA DAILY REPORT

### 1. PROJECT INFORMATION

<b>PROJECT NAME/LOCATION:</b> SUPPLEMENTAL RADIOLOGICAL SURVEY Former UNC Manufacturing Facility, New Haven, CT		<b>DATE:</b> 07/08/16
		<b>REPORT No.</b> 019
<b>CONTRACT #:</b>	<b>CABRERA PROJECT #:</b> 10-1007.00	<b>TASK #:</b> 015
<b>FIELD SITE MANAGER:</b> Al Craig		<b>PROJECT MANAGER:</b> Rob Flowers

### 2. WEATHER

<b>TEMPERATURE RANGE:</b> 66-95 degrees F		<b>WIND SPEED/DIRECTION:</b> South, 5 to 10 mph	
<b>PRECIPITATION LAST 24 HOURS:</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<b>TYPE:</b> N/A	<b>AMOUNT:</b> 0.00"
<b>BAROMETRIC PRESSURE:</b> 29.89"-30.01"	<b>HUMIDITY:</b> 84-100%	<b>HEAT INDEX RANGE:</b> N/A	
<b>WEATHER DELAYS:</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<b>DELAY TIME (HOURS):</b> N/A	

### 3. SUMMARY OF WORK

- 1) Process smear measurement data
- 2) Prep area for drilling operations

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

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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:

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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
Alfred Craig	Site Safety and Health Officer (SSHO)	See Section 3 "Summary of Work" (8 Hrs)

9. SUBCONTRACTOR PERSONNEL ON-SITE				
SUBCONTRACTOR NAME	JOB DUTY	TASK(S) PERFORMED	# OF PERSONNEL	MAN-HOURS
<b>TOTALS</b>			<b>0</b>	<b>0</b>

10. EQUIPMENT & MATERIALS ON-SITE					
VENDOR	EQUIPMENT	SERIAL #.	ACTIVE OR IDLE	DATE RECEIVED	DATE RETURNED
ERG	1 Ludlum 2360 scaler/rate meter with 43-37 gas proportional probe and 239-1F floor monitor cart	145481 PR178371	Active	6/13/16	
ERG	1 Ludlum 2360 scaler/rate meter with 43-93 zinc sulphide scintillation probe	184913 PR199839	Active	6/13/16	
ERG	1 Ludlum 2929 scaler sample counter with 43-10-1 zinc sulphide scintillation probe	157320 PR157821	Active	6/13/16	
ERG	1 Ludlum 2221 scaler/ digital rate meter with Bicron G-5 sodium iodide scintillation probe	108859 010807B	Active	6/13/16	
Cabrera	1 Th-230 check source	5205-04	Active	6/13/16	
Cabrera	1 Tc-99 check source	5649-06	Active	6/13/16	
Cabrera	1 Co-60 check source	277D161	Active	6/13/16	
Cabrera	1 Ci-36 large-area calibration source	AC-2449	Removed from Site	6/13/16	6/17/16
Cabrera	1 Sr-90 large-area calibration source	AC-2450	Removed from Site	6/13/16	6/17/16
Cabrera	1 Tc-99 large-area calibration source	AC-2448	Removed from Site	6/13/16	6/17/16
Cabrera	1 Th-230 large-area calibration source	AC-2446	Removed from Site	6/13/16	6/17/16
ERG	1 Escort ELF lapel air sampler	A2-32568	Idle	6/13/16	
United Rentals	1 Honda EB 6500 generator	EBLC-1020473	Removed from Site	6/13/16	6/27/16
United Rentals	1 set of six foot by 30 inch rolling scaffold		Idle	6/13/16	
United Rentals	1 Skyjack SJIII 4626 electric scissor lift	10149481	Removed from Site	6/14/16	6/22/16
Cabrera	1 Ludlum 2360 scaler/rate meter with 43-93 zinc sulphide scintillation probe	227246 PR244549	Active	6/15/16	
Cabrera	1 Ludlum 2221 scaler/ digital rate meter with Bicron G-5 sodium iodide scintillation probe	161580 061810A	Active	6/15/16	
Cabrera	1 Ludlum Model 3 rate meter with 44-9 Geiger-Mueller probe	218266 PR299268	Active	6/15/16	
Cabrera	1 Bicron MicroRem meter	1844	Active	6/15/16	
Cabrera	1 Canberra FALCON detector	13000012	Removed from Site	6/17/16	6/17/16
			Idle	6/24/16	
Williams Scotsman	1 8' by 20' connex box		Active	6/22/16	

**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)
<b>Totals</b>					

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:**

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15. HEALTH & SAFETY SUMMARY	
<b>SAFETY BRIEFINGS</b>	
WAS A SAFETY MEETING HELD? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	TOPIC DISCUSSED: Safe completion of tasks described in Section 3
<b>SAFETY INSPECTIONS</b>	
WAS A SAFETY INSPECTION CONDUCTED? <input checked="" type="checkbox"/> YES <input 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
<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: Mike Plonski, SRSL	SIGNATURE:
DATE: 07/08/16	

18. PROJECT MANAGER REVIEW & ACCEPTANCE	
REMARKS AND/OR EXCEPTIONS TO REPORT:	
<b>ACCEPTANCE</b>	
NAME/TITLE: Greg Bright, Deputy Project Manager	SIGNATURE:
DATE: 07/08/16	

# 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 CT**

<b>10-1007.00</b>	<b>DATE/TIME</b> 7-8-2016	<b>WEATHER CONDITIONS</b>
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### Topic *Discussion – check one*

Today's Scope of Work (All tasks)	x <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**    Building access Surveys

## Safety Meeting Attendees

Print Name	Signature
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

## Safety Meeting Leader

AI Craig / SSOH

**Print Name**

**Signature**