OP 359, Field Activity Documentation

CABRERA SERVICES
CHALLENGE ACCEPTED

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 physicial 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? ☐ Yes ☒ No

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
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					
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/ PR298426	Active	02/21/2017	
ERG	1 Ludlum 2360 scaler/rate meter with 43-93 zinc sulphide scintillation probe	193638/ 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/ PR01807D	Active	02/21/2017	
ERG	1 Ludlum 2929 scaler sample counter with 43-10-1 zinc sulphide scintillation probe	200051/ PR215948	Active	02/21/2017	
ERG	1 Ludlum model 12 meter with 44-9 Geiger-Mueller probe	276863/ PR147787	Active	02/21/2017	
ERG	Escort ELF Lapel Air sampler	A3-48588		02/21/2017	
ERG	1 MircoRem meter	2079		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/ PR244549	Active	02/21/2017	
Cabrera	1 Ludlum Model 3 rate meter with 44-9 Geiger-Mueller probe	219266/ PR	Active	03/06/2017	
Canberra	Gamma Spectroscopy Instrument (Canberra REGe)	SN 8381	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		
Williams Scotsman	1 8′ by 20′ connex box		Active		
Cabrera	1 heater				
United Rentals	2 Scissor Lifts	N80011/N8 9812	Active	8/14/2017	

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 (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? ☒ Yes ☐ No	**Topic Discussed:** Slips-trips-falls, slippery conditions

Safety Inspections

Was a Safety Inspection Conducted? ☐ Yes ☒ No	
Deficiencies Noted: ☐ Yes ☒ No	**Describe:**
Corrective Actions Taken: ☐ Yes ☒ 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? ☐ Yes ☒ No	**Description:**
Cabrera Incident Reporting Form Attached: ☐ Yes ☒ No **Client Specific Incident Reporting Form Attached:** ☐ Yes ☒ No	
Any Near Misses/Observations On-site Today? ☐ Yes ☒ 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	**Signature:** Mike Plonski Digitally signed by Mike Plonski DN: cn=Mike Plonski, o=Cabrera Services, ou, email=mplonski@cabreraservices.com, c=US Date: 2017.08.31 20:20:39 -04'00'
Date: 08/31/17	

18. Project Manager Review & Acceptance

Remarks and/or Exceptions to Report:

Acceptance

Name/Title: Greg Bright, Deputy Project Manager	**Signature:**
Date: 08/31/17	

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.	DATE/TIME	WEATHER CONDITIONS
10-1007.00	8/30/17	70's Humid

Topic

Discussion – check one

Today's Scope of Work (All tasks)	☒ yes	☐ n/a	Access / Egress / Slips, Trips, & Falls	☐ yes	☐ n/a
Schedule / New Work / Scope Changes	☐ yes	☐ n/a	Smoking, Eating, & Drinking	☐ yes	☐ n/a
Reviewed Procedures, AHA, etc.	☐ yes	☐ n/a	Washroom / Facilities Location	☐ yes	☐ n/a
Emergency Action Plan & Procedures	☐ yes	☐ n/a	Heat/Cold Stress	☐ yes	☐ n/a
Communications Protocol	☐ yes	☐ n/a	Exclusion Areas Barricades / Cones	☐ yes	☐ n/a
Required PPE	☐ yes	☐ n/a	Required Permits, Passes, Keys, etc.	☐ yes	☐ n/a
Required Monitoring / Instruments	☐ yes	☐ n/a	Decon Procedures / IDW Mgmt.	☐ yes	☐ n/a
Site Control / Work Zones / Security	☐ yes	☐ n/a	Eqpmt. Inspections/Safety Checklists	☐ yes	☐ n/a

OTHER/COMMENTS:

Safety Meeting Attendees

Print Name	Signature
Bethany Galvin	
Robert Gianfriddo	
Ginger Sparks	
M Craig	

Safety Meeting Leader

Mike Plonski

Name of Meeting Leader **Signature**