

## WTC Visual Survey Form

1001972

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                   |                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|------------------------------|
| <b>Premise Address:</b> 57 Leonard St                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                   |                              |
| <b>Block:</b> 177                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>Residential</b> <input checked="" type="checkbox"/> <b>Commercial</b> <input type="checkbox"/> | <b>Name of Building:</b>     |
| <b>Lot:</b> 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>Mix Use</b> <input type="checkbox"/> <b>Other</b> <input type="checkbox"/>                     |                              |
| <b># of Stories:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>AKA's:</b>                                                                                     |                              |
| <b>Building Owner/Management:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                   | <b>Telephone Number:</b> ( ) |
| <b>Name:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                   | <b>FAX:</b> ( )              |
| <b>Address:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                   |                              |
| <b>On Site Contact:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                   |                              |
| <b>Name:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                   | <b>Telephone Number:</b> ( ) |
| <b>Building Owner Management Activities</b><br>Interior Survey Performed <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Exterior Survey Performed <input type="checkbox"/> Yes <input type="checkbox"/> No<br>General Clean Up <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Locations:</b> _____<br>ACM Clean Up <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Locations:</b> _____<br>Air Monitoring <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Locations:</b> _____ |                                                                                                   |                              |
| <b>Copies of All Reports and Data Requested</b> <input type="checkbox"/> Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                   |                              |

**Visual Inspection Results:****Facade:**

|       |                              | <b>Inspected</b>                                         | <b>Debris</b>                                  |                                  |                               |
|-------|------------------------------|----------------------------------------------------------|------------------------------------------------|----------------------------------|-------------------------------|
| North | <input type="checkbox"/> N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> No Visible/Fine Layer | <input type="checkbox"/> ½ to 1" | <input type="checkbox"/> > 1" |
| South | <input type="checkbox"/> N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> No Visible/Fine Layer | <input type="checkbox"/> ½ to 1" | <input type="checkbox"/> > 1" |
| East  | <input type="checkbox"/> N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> No Visible/Fine Layer | <input type="checkbox"/> ½ to 1" | <input type="checkbox"/> > 1" |
| West  | <input type="checkbox"/> N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> No Visible/Fine Layer | <input type="checkbox"/> ½ to 1" | <input type="checkbox"/> > 1" |

**Facade Description:** Cleared

**Roof**

**Debris:** ☒ No Visible /Fine Layer ☐ ½ to 1" ☐ > 1"

**Description:** \_\_\_\_\_

**Setbacks** N/A ☒

|                     |                                                               |                                  |                               |
|---------------------|---------------------------------------------------------------|----------------------------------|-------------------------------|
| <b>Floor:</b> _____ | <b>Debris:</b> <input type="checkbox"/> No Visible/Fine Layer | <input type="checkbox"/> ½ to 1" | <input type="checkbox"/> > 1" |
| <b>Floor:</b> _____ | <b>Debris:</b> <input type="checkbox"/> No Visible/Fine Layer | <input type="checkbox"/> ½ to 1" | <input type="checkbox"/> > 1" |
| <b>Floor:</b> _____ | <b>Debris:</b> <input type="checkbox"/> No Visible/Fine Layer | <input type="checkbox"/> ½ to 1" | <input type="checkbox"/> > 1" |
| <b>Floor:</b> _____ | <b>Debris:</b> <input type="checkbox"/> No Visible/Fine Layer | <input type="checkbox"/> ½ to 1" | <input type="checkbox"/> > 1" |
| <b>Floor:</b> _____ | <b>Debris:</b> <input type="checkbox"/> No Visible/Fine Layer | <input type="checkbox"/> ½ to 1" | <input type="checkbox"/> > 1" |

**Comments**

Date: 5/17/2002

Inspection Team: Name: \_\_\_\_\_

Agency: \_\_\_\_\_

Name: \_\_\_\_\_

Agency: \_\_\_\_\_

ENTERED