

WTC Visual Survey Form

1066 435

✓

Premise Address: 11 Harrison St.

Block: 180 Residential ☐ Commercial ☐ Name of Building: _____
 Lot: 7504 Mix Use ☐ Other ☐

of Stories: _____ AKA's: _____

Building Owner/Management: _____ Telephone Number: () _____
 Name: _____ FAX: () _____

Address: 11 Harrison St. NY NY 10013-2837

On Site Contact: _____ Telephone Number: () _____
 Name: _____

Building Owner Management Activities

Interior Survey Performed ☐ Yes ☐ No
 Exterior Survey Performed ☐ Yes ☐ No
 General Clean Up ☐ Yes ☐ No Locations: _____
 ACM Clean Up ☐ Yes ☐ No Locations: _____
 Air Monitoring ☐ Yes ☐ No Locations: _____

Copies of All Reports and Data Requested ☐ Yes

Visual Inspection Results:

Facade:

North ☐ N/A
 South ☐ N/A
 East ☐ N/A
 West ☐ N/A

Inspected

☒ Yes ☐ No
☐ Yes ☐ No
☐ Yes ☐ No
☐ Yes ☐ No

Debris

☒ No Visible/Fine Layer
☐ No Visible/Fine Layer
☐ No Visible/Fine Layer
☐ No Visible/Fine Layer

☐ ½ to 1" ☐ > 1"
☐ ½ to 1" ☐ > 1"
☐ ½ to 1" ☐ > 1"
☐ ½ to 1" ☐ > 1"

Facade Description: _____

Roof

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

Setbacks N/A ☐

Floor: _____	Debris: ☐ No Visible/Fine Layer	☐ ½ to 1"	☐ > 1"
Floor: _____	Debris: ☐ No Visible/Fine Layer	☐ ½ to 1"	☐ > 1"
Floor: _____	Debris: ☐ No Visible/Fine Layer	☐ ½ to 1"	☐ > 1"
Floor: _____	Debris: ☐ No Visible/Fine Layer	☐ ½ to 1"	☐ > 1"
Floor: _____	Debris: ☐ No Visible/Fine Layer	☐ ½ to 1"	☐ > 1"

Comments

Date: 5/1/2002

Inspection Team: Name: CARE
 Name: _____

Agency: _____
 Agency: _____

ENTERED