

## WTC Visual Survey Form

1001104

|                                                                                                 |                                                                          |                                 |
|-------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|---------------------------------|
| <b>Premise Address:</b> <u>20 John St</u>                                                       |                                                                          |                                 |
| <b>Block:</b> <u>65</u>                                                                         | Residential <input type="checkbox"/> Commercial <input type="checkbox"/> | <b>Name of Building:</b>        |
| <b>Lot:</b> <u>22</u>                                                                           | Mix Use <input type="checkbox"/> Other <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>                                                     |                                                                          |                                 |
| Interior Survey Performed <input type="checkbox"/> Yes <input type="checkbox"/> No              |                                                                          |                                 |
| Exterior Survey Performed <input type="checkbox"/> Yes <input type="checkbox"/> No              |                                                                          |                                 |
| General Clean Up <input type="checkbox"/> Yes <input type="checkbox"/> No      Locations: _____ |                                                                          |                                 |
| ACM Clean Up <input type="checkbox"/> Yes <input type="checkbox"/> No      Locations: _____     |                                                                          |                                 |
| Air Monitoring <input type="checkbox"/> Yes <input type="checkbox"/> No      Locations: _____   |                                                                          |                                 |
| <b>Copies of All Reports and Data Requested</b> <input type="checkbox"/> Yes                    |                                                                          |                                 |

**Visual Inspection Results:**

|                                                                                                                                                |                                                        |                              |                                  |                                                |                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|------------------------------|----------------------------------|------------------------------------------------|----------------------------------------------------------------|
| <b>Facade:</b>                                                                                                                                 |                                                        |                              |                                  |                                                |                                                                |
|                                                                                                                                                |                                                        | <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" |
| <b>Facade Description:</b> <u>Broken windows etc upper facades and windows are still dirty</u>                                                 |                                                        |                              |                                  |                                                |                                                                |
| <b>Roof</b>                                                                                                                                    |                                                        |                              |                                  |                                                |                                                                |
| <b>Debris:</b> <input type="checkbox"/> No Visible /Fine Layer <input type="checkbox"/> ½ to 1" of dust <input type="checkbox"/> > 1" of dust. |                                                        |                              |                                  |                                                |                                                                |
| <b>Description:</b> <u>Light dust</u><br><u>No Access to roof</u>                                                                              |                                                        |                              |                                  |                                                |                                                                |
| <b>Setbacks</b> N/A <input type="checkbox"/>                                                                                                   |                                                        |                              |                                  |                                                |                                                                |
| Floor: _____                                                                                                                                   | Debris: <input type="checkbox"/> No Visible/Fine Layer |                              | <input type="checkbox"/> ½ to 1" |                                                | <input type="checkbox"/> > 1"                                  |
| Floor: _____                                                                                                                                   | Debris: <input type="checkbox"/> No Visible/Fine Layer |                              | <input type="checkbox"/> ½ to 1" |                                                | <input type="checkbox"/> > 1"                                  |
| Floor: _____                                                                                                                                   | Debris: <input type="checkbox"/> No Visible/Fine Layer |                              | <input type="checkbox"/> ½ to 1" |                                                | <input type="checkbox"/> > 1"                                  |
| Floor: _____                                                                                                                                   | Debris: <input type="checkbox"/> No Visible/Fine Layer |                              | <input type="checkbox"/> ½ to 1" |                                                | <input type="checkbox"/> > 1"                                  |
| Floor: _____                                                                                                                                   | Debris: <input type="checkbox"/> No Visible/Fine Layer |                              | <input type="checkbox"/> ½ to 1" |                                                | <input type="checkbox"/> > 1"                                  |
| <b>Comments</b> <u>The entire bldg is closed except the store on the street level is opened.</u>                                               |                                                        |                              |                                  |                                                |                                                                |

Date: 3/12/2002Inspection Team: Name: AIAgency: \_\_\_\_\_  
Agency: \_\_\_\_\_