

WTC Visual Survey Form

1002081

✓

Premise Address: 20 Harrison St.

Block: 181 Residential ☒ Commercial ☒ Name of Building: LANDMARK
 Lot: 40 Mix Use ☐ Other ☐

of Stories: 8 AKA's: _____

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

Address: _____ PII _____

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:

		Inspected	Debris		
North	☐ N/A	☐ Yes ☐ No	☐ No Visible/Fine Layer	☐ ½ to 1"	☐ > 1"
South	☐ N/A	☒ Yes ☐ No	☒ No Visible/Fine Layer	☐ ½ to 1"	☐ > 1"
East	☐ N/A	☐ Yes ☐ No	☐ No Visible/Fine Layer	☐ ½ to 1"	☐ > 1"
West	☐ N/A	☐ Yes ☐ No	☐ No Visible/Fine Layer	☐ 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: 5/11/2002Inspection Team: Name: CARL

Agency: _____

Name: _____ Agency: _____

ENTERED