

WTC Visual Survey Form

59 Murray

Premise Address: 61 Warren St		
Block:	Residential ☒ Commercial ☒	Name of Building:
Lot:	Mix Use ☐ Other ☐	
# of Stories: 6	AKA's:	
Building Owner/Management:		Telephone Number: ()
Name:		FAX: ()
Address:		
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	Inspected	Debris	☐ 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: 5/11/2002

Inspection Team: Name: _____

Agency: _____

Name: _____ Agency: _____

WTC Visual Survey Form

59 Murray

Premise Address: 59 Warren St		
Block:	Residential ☒ Commercial ☒	Name of Building:
Lot:	Mix Use ☐ Other ☐	
# of Stories:	AKA's:	
Building Owner/Management:		Telephone Number: ()
Name:		FAX: ()
Address:		
On Site Contact:		
Name:		Telephone Number: ()
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	Debris	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	Debris: ☐ ½ to 1"	Debris: ☐ > 1"
Floor: _____	Debris: ☐ No Visible/Fine Layer	Debris: ☐ ½ to 1"	Debris: ☐ > 1"
Floor: _____	Debris: ☐ No Visible/Fine Layer	Debris: ☐ ½ to 1"	Debris: ☐ > 1"
Floor: _____	Debris: ☐ No Visible/Fine Layer	Debris: ☐ ½ to 1"	Debris: ☐ > 1"
Floor: _____	Debris: ☐ No Visible/Fine Layer	Debris: ☐ ½ to 1"	Debris: ☐ > 1"

Comments

Date: ____/____/2002

Inspection Team: Name: _____

Agency: _____

Name: _____

Agency: _____

WTC Visual Survey Form

Premise Address: <u>57 Murray St</u>		
Block:	Residential ☐ Commercial ☒	Name of Building: <u>ROAD House</u>
Lot:	Mix Use ☐ Other ☐	
# of Stories: <u>3</u>	AKA's:	
Building Owner/Management:		Telephone Number: (212) 619 4633
Name:		FAX: (cell) 914 263-4307
Address:		
On Site Contact:		Telephone Number: ()
Name: <u>None</u>		
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 ☐ ½ to 1" ☒ No Visible/Fine Layer ☐ ½ to 1" ☐ No Visible/Fine Layer ☐ ½ to 1" ☐ No Visible/Fine Layer ☐ ½ to 1"		
			☒ > 1" ☐ > 1" ☐ > 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: 5/16/2002 **Inspection Team: Name:** C. H. ... **Agency:** _____
Name: _____ **Agency:** _____

WTC Visual Survey Form

Premise Address: <u>59 Murray St.</u>		
Block:	Residential ☐ Commercial ☒	Name of Building: <u>NY DOLLS !!!</u>
Lot:	Mix Use ☐ Other ☐	
# of Stories:	AKA's:	
Building Owner/Management Name:		Telephone Number: ()
		FAX: ()
Address:		
On Site Contact Name:		Telephone Number: ()
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: 5/16 /2002Inspection Team: Name: CARL

Agency: _____

Name: _____ Agency: _____

WTC Visual Survey Form

Premise Address: <u>61 - 75 Broadway</u>		
Block:	Residential ☒ Commercial ☒	Name of Building:
Lot:	Mix Use ☐ Other ☐	
# of Stories: <u>6</u>	AKA's:	
Building Owner/Management:		Telephone Number: ()
Name:		FAX: ()
Address:		
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"
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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: 2/15 /2002

Inspection Team: Name: C. Miller

Name: _____

Agency: _____

Agency: _____