

## Asbestos Inspection Report

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| Premise No.<br>30 West Broadway                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              |                          |       |                                                     | Inspection Date:<br>08/08/02 |                     |
| Floor<br>Exterior, 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Zip<br>10013 | Borough<br>(1) Manhattan | Block | Lot                                                 | Squad #<br>N/A               | Badge #<br>A019     |
| Inspector<br>Penny Theodorellys                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              | Building Type<br>College |       | Basis of Inspection<br>WTC Survey                   |                              | Photos Taken<br>Yes |
| Contractor's Name<br>Fiber Control                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |              |                          |       | Sample Number<br>N/A                                |                              |                     |
| Address      City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |              |                          |       | Sample Number                                       |                              |                     |
| State      Zip      Phone                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              |                          |       | Sample Number                                       |                              |                     |
| Laboratory Name<br>Warren & Panzer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |              |                          |       | Owner's Name<br>Dormitory Authority                 |                              |                     |
| Address      City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |              |                          |       | Address      City                                   |                              |                     |
| State      Zip      Phone                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              |                          |       | State      Zip      Phone                           |                              |                     |
| Contact Person                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                          |       | Time of Inspection from:<br>10:00 A.M. – 12:00 P.M. |                              |                     |
| <p>At the above referenced site, I met and spoke with Narinder Sarin, Larry Goodwan, and Israel Ruiz, Jr. of the Dormitory Authority. Alphonso Plumptre was also present. Representatives of Fiber Control (Action Environmental) were also present and provided equipment for inspection of the exterior façade.</p> <p>The building exterior was examined from the street and the setback on the north side of the building. The south side of the building was draped due to damage to the building sustained as a result of the WTC. The east side of the building was examined from a boom truck operated by Fiber Control. Alphonso Plumptre and I both went up in the boom truck.</p> <p>Inspection of the exterior surfaces disclosed visible accumulations of material on windowsills and windows. The first floor façade on the east side of the building also had significant amounts of debris from the WTC. The exterior bricks have a glaze finish and did not have an accumulation of debris. Hanging scaffolding was present on the west façade and cleaning activities were in progress.</p> <p>Photographs were taken and are attached.</p> |              |                          |       |                                                     |                              |                     |

ASBESTOS INSPECTION REPORT

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|                              |     |               |                  |                              |            |                 |  |
|------------------------------|-----|---------------|------------------|------------------------------|------------|-----------------|--|
| PREMISE NO.                  |     | STREET        |                  |                              |            | INSPECTION DATE |  |
| 30                           |     | WEST BROADWAY |                  |                              |            | 6/24/02         |  |
| FLOOR                        | ZIP | BORO CODE     | BLOCK            | LOT                          | SQUAD #    | BADGE #         |  |
| R.F.S                        |     | 1             | 127              | 1                            | 1          | A010            |  |
| INSPECTOR                    |     | BLDG TYPE     | BASIS OF INSPECT |                              |            | PHOTOS TAKEN    |  |
| Alphonsa Plumptre            |     | A             | TRU0908MNO2      |                              |            | YES/NO          |  |
| CONTRACTORS NAME             |     |               |                  | SAMPLE NO.                   |            |                 |  |
| FIBER CONTROL                |     |               |                  |                              |            |                 |  |
| ADDRESS                      |     |               |                  | CITY                         |            |                 |  |
| 3010 Burns Avenue            |     |               |                  | WANTAGH                      |            |                 |  |
| STATE                        |     | ZIP           | PHONE            |                              | SAMPLE NO. |                 |  |
| N.Y                          |     | 11793         | (516) 781-3000   |                              |            |                 |  |
| LABORATORY NAME              |     |               |                  | OWNERS NAME                  |            |                 |  |
| WARREN & PANZER ENGINEERS PC |     |               |                  | CUNT                         |            |                 |  |
| ADDRESS                      |     | CITY          |                  | ADDRESS                      |            | CITY            |  |
| 228 E. 45TH ST               |     | N.Y           |                  |                              |            |                 |  |
| STATE                        |     | ZIP           | PHONE            |                              | PHONE      |                 |  |
| N.Y                          |     | 10017         | (212) 922-0077   |                              |            |                 |  |
| CONTACT PERSON:              |     |               |                  | TIME OF INSPECTION FROM: TO: |            |                 |  |
| Mr. SARIN (NYSDA)            |     |               |                  | am/pm TO: am/pm              |            |                 |  |
| INSPECTION DISCLOSED:        |     |               |                  |                              |            |                 |  |

We arrived to start cleaning of the roof and setback on 6/24/02 but unfortunately there was no water in the building due to the wooden tank leaking water and made the entire roof flooded.

later on I had a meeting with Niles Miller and Mr. Nasir Sarin who promised to fix the tank as soon as possible. Within one week we started cleaning the 15th floor setback which contain gravels. The gravels were washed and the floor cleaned which were later put back on the setback roof.

on 7/10/02 Amy Wilson from U.S OSHA came to site to check respiratory and medical surveillance of each workers and finished her inspections on 7/11/02. on 7/16/02 the 15th floor setback was completed and on 7/17/02 the Contractor started cleaning the gravel roof on the 16th floor after the water had been removed from the roof floor.

late of July the Contractor started cleaning the 6th floor setback which was completed within

|       |             |                      |
|-------|-------------|----------------------|
| NOV # | INFRACTIONS | RESULT CODE          |
|       |             | 5                    |
| NOV # |             | SUPERVISORS INITIALS |
|       |             | PI                   |

BORO 1 = MANHATTAN 2 = BRONX 3 = BROOKLYN 4 = QUEENS 5 = RICHMOND

BLDG TYPE A > 6 Stories B < 6 Stories C Single Family  
D School E Hospital F Public Owned Property

RESULT CODES 1 = Violation Issued 2 = No Violations Issued 3 = No Access  
4 = Project not Started (No NOV) 5 = Project Completed (No NOV)

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|                       |     |               |                   |                                          |         |                 |  |
|-----------------------|-----|---------------|-------------------|------------------------------------------|---------|-----------------|--|
| PREMISE NO.           |     | STREET        |                   |                                          |         | INSPECTION DATE |  |
| 30.                   |     | WEST Broadway |                   |                                          |         | 6/24/02         |  |
| FLOOR                 | ZIP | BORO CODE     | BLOCK             | LOT                                      | SQUAD # | BADGE #         |  |
| L.F.S                 |     | 1             | 127               | 1                                        | 1       | A010            |  |
| INSPECTOR             |     | BLDG TYPE     | BASIS OF INSPECT. |                                          |         | PHOTOS TAKEN    |  |
| Alfonso Plumptre      |     | A             | TR0908MN02        |                                          |         | YES NO          |  |
| CONTRACTORS NAME      |     |               |                   | SAMPLE NO.                               |         |                 |  |
| ADDRESS               |     |               |                   | CITY                                     |         |                 |  |
| STATE                 |     |               |                   | ZIP                                      |         |                 |  |
| PHONE                 |     |               |                   | SAMPLE NO.                               |         |                 |  |
| LABORATORY NAME       |     |               |                   | OWNERS NAME                              |         |                 |  |
| ADDRESS               |     |               |                   | CITY                                     |         |                 |  |
| STATE                 |     |               |                   | ZIP                                      |         |                 |  |
| PHONE                 |     |               |                   | SAMPLE NO.                               |         |                 |  |
| CONTACT PERSON:       |     |               |                   | TIME OF INSPECTION FROM: am/pm TO: am/pm |         |                 |  |
| INSPECTION DISCLOSED: |     |               |                   |                                          |         |                 |  |

one week later on, we had to be idle on the site for more than 2 weeks due to inability to obtain license for the scaffold. Finally the permit came in about 2 1/2 weeks and the scaffold was set up starting from the South side of the building and the ~~WEST~~ Westside. later on the Northside facade cleaning started after ~~one~~ weeks of the South and North facade.

on 8/8/02 we had a meeting with DSNY → Mr. Ruiz, Mr. Serrin, Penny Theodorely (NCEP) and Tony Costa (Fiber Control). Their request was the entire facade washed including the glaze walls. I and Ms. ~~Penny~~ Theodorely went up and inspected the Eastside walls and we did not see visible debris on the walls except dusts. Ms. Theodorely informed Mr. Serrin of DSNY that we will continue to clean the windows and the ledges as was planned but not the walls.

The Contractor later decided to ~~the~~ clean the walls and Bob Fitzpatrick came to visit on 8/13/02 and inspected the ongoing Eastside facade cleaning.

|       |             |  |  |  |  |                      |
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| NOV # | INFRACTIONS |  |  |  |  | RESULT CODE          |
|       |             |  |  |  |  | 5                    |
| NOV # |             |  |  |  |  | SUPERVISORS INITIALS |
|       |             |  |  |  |  |                      |

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| PREMISE NO.<br>30                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              | STREET<br>W. BROADWAY |                                    |                                          |              | INSPECTION DATE<br>6/24/02   |  |
| FLOOR<br>R.F.S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ZIP<br>10007 | BORO CODE<br>1        | BLOCK<br>127                       | LOT<br>1                                 | SQUAD #<br>1 | BADGE #<br>A010              |  |
| INSPECTOR<br>Alphons Plumpton                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              | BLDG TYPE<br>A        | BASIS OF INSPECT.<br>True asbestos |                                          |              | PHOTOS TAKEN YES / NO<br>YES |  |
| CONTRACTORS NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |              |                       |                                    | SAMPLE NO.                               |              |                              |  |
| ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |              |                       |                                    | CITY                                     |              |                              |  |
| STATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |              |                       |                                    | ZIP                                      |              |                              |  |
| LABORATORY NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |              |                       |                                    | OWNERS NAME                              |              |                              |  |
| ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |              |                       |                                    | CITY                                     |              |                              |  |
| STATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |              |                       |                                    | ZIP                                      |              |                              |  |
| CONTACT PERSON:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |              |                       |                                    | TIME OF INSPECTION FROM: am/pm TO: am/pm |              |                              |  |
| INSPECTION DISCLOSED:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |              |                       |                                    |                                          |              |                              |  |
| <p>On 8/20/02, the cleaning of the main floor was amended to clean all the entrance doors, floors, walls including the neon signs at the school entrance and the pillars and granite steps. This cleanup was done till 8/26/02 but failed inspection at the entrance neon light which was recleaned and the entrance floor and the entire cleanup was completed on 8/28/02. Mr. Hutchinsdale inspected the building on 8/27/02 and was impressed of the entire cleaning.</p> <p>There was no visible debris observed on the windows, roof and the setbacks after the cleanup.</p> |              |                       |                                    |                                          |              |                              |  |

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|-------|-------------|----------------------|
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