

WTC Visual Survey Form

Premise Address: 75 West St - Closed		
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:		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:					
North	☐ N/A	Inspected	☒ Yes ☐ No	Debris	☒ No Visible/Fine Layer ☐ ½ to 1" ☐ > 1"
South	☐ N/A	☒ Yes ☐ No	☒ Yes ☐ No	☒ No Visible/Fine Layer ☐ ½ to 1" ☐ > 1"	
East	☒ N/A	☐ Yes ☐ No	☐ Yes ☐ No	☐ No Visible/Fine Layer ☐ ½ to 1" ☐ > 1"	
West	☐ N/A	☒ Yes ☐ No	☒ Yes ☐ No	☒ No Visible/Fine Layer ☐ ½ to 1" ☐ > 1"	
Facade Description:					
Roof					
Debris: ☒ No Visible /Fine Layer ☐ ½ to 1" ☐ > 1"					
Description: GRAYEL ROOF					
inspected from 85 West St					
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: 1/26/2002

Inspection Team: Name: CARL

Name: _____

Agency: DCF

Agency: _____

WTC Visual Survey Form

1001060

Premise Address: 110 Washington St - Closest		
Block: 155	Residential ☐ Commercial ☒	Name of Building:
Lot: 195	Mix Use ☐ Other ☐	
# of Stories: 20	AKA's:	
Building Owner/Management:		Telephone Number: ()
Name:		FAX: ()
Address:		
On Site Contact:		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:					
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: Gravel Roof - Inspected for Roofing 85 West St					

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: 1/26/2002

Inspection Team: Name: (Arc)

Agency: Don