

WTC Visual Survey Form

Premise Address: 33 PARK Row		
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: ()
Name: Michael Eid		
Building Owner Management Activities		
Interior Survey Performed	☐ Yes ☐ No	Re-Inspection
Exterior Survey Performed	☐ Yes ☐ No	
General Clean Up	☐ Yes ☐ No	
ACM Clean Up	☐ Yes ☐ No	
Air Monitoring	☐ Yes ☐ No	
		Locations: _____
		Locations: _____
		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: 4/13/2002 **Inspection Team: Name:** CHL **Agency:** _____

Name: _____ **Agency:** _____

ENTERED