

WTC Visual Survey Form

Premise Address: ONE PARK ROW		
Block:	Residential ☐ Commercial ☒	Name of Building:
Lot:	Mix Use ☐ Other ☐	J & R.
# of Stories: 6	AKA's: J & R MUSIC WORLD.	
Building Owner/Management:		Telephone Number: ()
Name: United Enterprises LTD.		FAX: ()
Address: 15 Park Row		
On Site Contact: Property Manager		Telephone Number: ()
Name: Alan Niskin.		
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	☒ Yes ☐ No	Debris	☒ 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: Visible debris observed on several ledges & windows					
Roof					
Debris: ☐ No Visible /Fine Layer ☒ ½ to 1" ☐ > 1"					
Description: AC units also with debris.					
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: 01/07/2003

Inspection Team: Name: R. RAMMOHAN

Agency: NYCDER

Name: _____ Agency: _____

ENTERED

WTC Visual Survey Form

Premise Address: <u>1 PARK ROW</u>		
Block:	Residential ☐ Commercial ☒	Name of Building:
Lot:	Mix Use ☐ Other ☐	
# of Stories: <u>5</u>	AKA's:	
Building Owner/Management Name: <u>Michael Eid</u>		Telephone Number: <u>(212) 238 9005</u>
Address:		FAX: <u>()</u>
On Site Contact Name: <u>Michael Eid</u>		Telephone Number: <u>()</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		

Re - INSPECTION

Visual Inspection Results:

Facade:					
North	☐ N/A	Inspected	☐ Yes ☐ No	Debris	☒ No Visible/Fine Layer
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: _____					
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 <u>Needs to be re-cleaned.</u>					

 Date: 4/13/2002
ENTERED

 Inspection Team: Name: CARL
 Name: _____

 Agency: _____
 Agency: _____

WTC Visual Survey Form

1085949

Premise Address: <u>1 PARK ROW</u>		
Block: <u>90</u>	Residential ☐ Commercial ☐	Name of Building:
Lot: <u>1</u>	Mix Use ☐ Other ☐	
# of Stories:	AKA's: <u>1-11 ANN ST.</u>	
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:					
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: <u>LOCATIONS WHERE ADDITIONAL CLEANING NEC.</u>					
<u>WERE IDENTIFIED, OWNER TO PERFORM CLEANING</u>					
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					
<u>RESULT OF INSP. REPORTED VIA TELEPHONE FORM</u>					
<u>COMPLETED BY AD19</u>					

Date: 10/17/2002Inspection Team: Name: D.A. #A020Agency: NYCDEP

Name: _____ Agency: _____

ENTERED