

WTC Visual Survey Form

Premise Address: <u>15 Stone St</u>		
Block:	Residential ☐ Commercial ☒	Name of Building:
Lot:	Mix Use ☐ Other ☐	
# of Stories: <u>5</u>	AKA's:	
Building Owner/Management:		Telephone Number: ()
Name:		FAX: ()
Address:		
On Site Contact:		Telephone Number: ()
Name: <u>State Manager</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:

		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: 7/23/2002

Inspection Team: Name: CAK

Name: _____

Agency: _____

Agency: _____