WTC Visual Survey Form

1000806

Premise Address: 49 BROADWAY

Block: 83 **Lot:** 13	Residential ☐ Commercial ☐ Mix Use ☐ Other ☐ ___	**Name of Building:**
# of Stories:	**AKA's:**	

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:

		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: ____/____/2002 Inspection by: Name: _____ Agency: _____
Name: _____ Agency: _____

WTC Visual Survey Form 1000806

Premise Address: 49 [redacted] Broadway

Block: 30 **Lot:** 13 | Residential ☐ Commercial ☐ Mix Use ☐ Other ☐ | **Name of Building:**

# of Stories: | **AKA's:** 25 Trinity Place

Building Owner/Management:
Name: Telephone Number: ( )
Address: FAX: ( )

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:

		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 1st Floor Store manager staff cleaned interior.

Date: 3/5/2002 Inspection by: Name: CAR Agency:
Name: Agency: