WTC Visual Survey Form

Premise Address: 11 Wall St		
Block: **Lot:**	**Residential** ☐ **Commercial** ☐ **Mix Use** ☐ **Other** ☐	**Name of Building:** NYSC
# of Stories:	**AKA's:**	
Building Owner/Management Name:		**Telephone Number:** (212) 686 4579 **FAX:** ( )
Address:		
On Site Contact Name: BRUCE MOTTO		**Telephone Number:** (212) 686 4579

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

_____

_____

_____

_____

ENTERED

Date: 5/22/2002 **Inspection Team: Name:** CARL **Agency:** _____

Name: _____ **Agency:** _____