WTC Visual Survey Form

Premise Address: 17 Battery Place

Block: **Lot:**	Residential ☐ Commercial ☒ Mix Use ☐ Other ☐ _____	**Name of Building:**
# of Stories:	**AKA's:**	

Building Owner/Management:
Name: Newmark LLC
Telephone Number: (212) 425 - 5360
FAX: ( ) Denis Egan
Address:

On Site Contact:
Name: Dean Engineer
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: No Cleaning done

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 Awaiting Insurance Claim

Date: 1/29/2002
Inspection Team: Name: CARC Agency: DEP
Name: _____ Agency: _____