

WTC Visual Survey Form

Premise Address: <u>5-9-11 Broadway</u>		
Block:	Residential ☐ Commercial ☒	Name of Building:
Lot:	Mix Use ☐ Other ☐	
# of Stories: <u>22</u>	AKA's:	
Building Owner/Management:		Telephone Number: (212) <u>344 1145</u>
Name: <u>Mindy Braun</u>		FAX: ()
Address:		
On Site Contact:		
Name: <u>GIL-Engner</u>		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: broken windows etc.

Roof

Debris: ☒ No Visible /Fine Layer ^{light dust} ☐ ½ to 1" of dust ☐ > 1" of dust.

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: 1/24/2002

Inspection Team: Name: Carol Hutchinson

Agency: DCP

Name: _____

Agency: _____

WTC Visual Survey Form

Premise Address: <u>5-9-11 Broadway</u>		
Block: Lot:	Residential ☐ Commercial ☒ Mix Use ☐ Other ☐	Name of Building:
# of Stories: <u>22</u>	AKA's:	
Building Owner/Management: Name: <u>Mendy Braun</u>		Telephone Number: <u>(212) 344 1145</u> FAX: ()
Address:		
On Site Contact: Name: <u>Gil Freuer</u>		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 South ☒ N/A East ☐ N/A West ☐ N/A	Inspected ☐ Yes ☐ No ☐ Yes ☐ No ☒ Yes ☐ No ☒ Yes ☐ No	Debris ☐ No Visible/Fine Layer ☐ ½ to 1" ☐ > 1" ☐ No Visible/Fine Layer ☐ ½ to 1" ☐ > 1" ☒ No Visible/Fine Layer ☐ ½ to 1" ☐ > 1" ☒ No Visible/Fine Layer ☐ ½ to 1" ☐ > 1"
Facade Description: <u>Smudges, windows etc.</u>		
Roof		
Debris: ☒ No Visible /Fine Layer <u>light dust</u> ☐ ½ to 1" of dust ☐ > 1" of dust.		
Description: _____		
Setbacks <u>N/A</u>		
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: 1/24/2002

Inspection Team: Name: Chris Lutchmedjian

Agency: DCP

Name: _____ Agency: _____

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