

## WTC Visual Survey Form

1001196

|                                                                                            |                                                                                                                                             |                              |
|--------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|
| <b>Premise Address:</b> 102-104 Fulton St                                                  |                                                                                                                                             |                              |
| <b>Block:</b> 78                                                                           | Residential <input type="checkbox"/> Commercial <input type="checkbox"/><br>Mix Use <input type="checkbox"/> Other <input type="checkbox"/> | <b>Name of Building:</b>     |
| <b>Lot:</b> 21                                                                             |                                                                                                                                             |                              |
| <b># of Stories:</b>                                                                       | <b>AKA's:</b>                                                                                                                               |                              |
| <b>Building Owner/Management:</b>                                                          |                                                                                                                                             | <b>Telephone Number:</b> ( ) |
| <b>Name:</b>                                                                               |                                                                                                                                             | <b>FAX:</b> ( )              |
| <b>Address:</b>                                                                            |                                                                                                                                             |                              |
| <b>On Site Contact:</b>                                                                    |                                                                                                                                             | <b>Telephone Number:</b> ( ) |
| <b>Name:</b>                                                                               |                                                                                                                                             |                              |
| <b>Building Owner Management Activities</b>                                                |                                                                                                                                             |                              |
| Interior Survey Performed <input type="checkbox"/> Yes <input type="checkbox"/> No         |                                                                                                                                             |                              |
| Exterior Survey Performed <input type="checkbox"/> Yes <input type="checkbox"/> No         |                                                                                                                                             |                              |
| General Clean Up <input type="checkbox"/> Yes <input type="checkbox"/> No Locations: _____ |                                                                                                                                             |                              |
| ACM Clean Up <input type="checkbox"/> Yes <input type="checkbox"/> No Locations: _____     |                                                                                                                                             |                              |
| Air Monitoring <input type="checkbox"/> Yes <input type="checkbox"/> No Locations: _____   |                                                                                                                                             |                              |
| <b>Copies of All Reports and Data Requested</b> <input type="checkbox"/> Yes               |                                                                                                                                             |                              |

## Visual Inspection Results:

|                                                                                                                                                                      |                                                        |                                                                     |                                                |                                             |                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|---------------------------------------------------------------------|------------------------------------------------|---------------------------------------------|-------------------------------|
| <b>Facade:</b>                                                                                                                                                       |                                                        |                                                                     |                                                |                                             |                               |
|                                                                                                                                                                      |                                                        | <b>Inspected</b>                                                    | <b>Debris</b>                                  |                                             |                               |
| North                                                                                                                                                                | <input type="checkbox"/> N/A                           | <input type="checkbox"/> Yes <input type="checkbox"/> No            | <input type="checkbox"/> No Visible/Fine Layer | <input type="checkbox"/> ½ to 1"            | <input type="checkbox"/> > 1" |
| South                                                                                                                                                                | <input checked="" type="checkbox"/> N/A                | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> No Visible/Fine Layer | <input checked="" type="checkbox"/> ½ to 1" | <input type="checkbox"/> > 1" |
| East                                                                                                                                                                 | <input type="checkbox"/> N/A                           | <input type="checkbox"/> Yes <input type="checkbox"/> No            | <input type="checkbox"/> No Visible/Fine Layer | <input type="checkbox"/> ½ to 1"            | <input type="checkbox"/> > 1" |
| West                                                                                                                                                                 | <input type="checkbox"/> N/A                           | <input type="checkbox"/> Yes <input type="checkbox"/> No            | <input type="checkbox"/> No Visible/Fine Layer | <input type="checkbox"/> ½ to 1"            | <input type="checkbox"/> > 1" |
| <b>Facade Description:</b> broken windows etc ..                                                                                                                     |                                                        |                                                                     |                                                |                                             |                               |
| <hr/>                                                                                                                                                                |                                                        |                                                                     |                                                |                                             |                               |
| <b>Roof</b>                                                                                                                                                          |                                                        |                                                                     |                                                |                                             |                               |
| <b>Debris:</b> <input type="checkbox"/> No Visible /Fine Layer <sup>light dust</sup> <input type="checkbox"/> ½ to 1" of dust <input type="checkbox"/> > 1" of dust. |                                                        |                                                                     |                                                |                                             |                               |
| <b>Description:</b> _____                                                                                                                                            |                                                        |                                                                     |                                                |                                             |                               |
| <hr/>                                                                                                                                                                |                                                        |                                                                     |                                                |                                             |                               |
| <b>Setbacks</b> N/A <input type="checkbox"/>                                                                                                                         |                                                        |                                                                     |                                                |                                             |                               |
| Floor: _____                                                                                                                                                         | Debris: <input type="checkbox"/> No Visible/Fine Layer | <input type="checkbox"/> ½ to 1"                                    | <input type="checkbox"/> > 1"                  |                                             |                               |
| Floor: _____                                                                                                                                                         | Debris: <input type="checkbox"/> No Visible/Fine Layer | <input type="checkbox"/> ½ to 1"                                    | <input type="checkbox"/> > 1"                  |                                             |                               |
| Floor: _____                                                                                                                                                         | Debris: <input type="checkbox"/> No Visible/Fine Layer | <input type="checkbox"/> ½ to 1"                                    | <input type="checkbox"/> > 1"                  |                                             |                               |
| Floor: _____                                                                                                                                                         | Debris: <input type="checkbox"/> No Visible/Fine Layer | <input type="checkbox"/> ½ to 1"                                    | <input type="checkbox"/> > 1"                  |                                             |                               |
| Floor: _____                                                                                                                                                         | Debris: <input type="checkbox"/> No Visible/Fine Layer | <input type="checkbox"/> ½ to 1"                                    | <input type="checkbox"/> > 1"                  |                                             |                               |
| <b>Comments</b> Bldg is padlocked with chains and the entire Bldg have not been cleaned.                                                                             |                                                        |                                                                     |                                                |                                             |                               |
| _____                                                                                                                                                                |                                                        |                                                                     |                                                |                                             |                               |
| _____                                                                                                                                                                |                                                        |                                                                     |                                                |                                             |                               |

Date: 3/2/2002

Inspection Team: Name: \_\_\_\_\_

Name: \_\_\_\_\_

Agency: \_\_\_\_\_

Agency: \_\_\_\_\_