NYC 9/11 Public Portal Document

2.5 Other Ventilation System Visual Inspection Form

Note: complete this form only if a ventilation system is located that is not described on forms 2.1 – 2.4

Other Ventilation System Identification:			
Location:	Area Served:		
Associated mechanical room: clean___Y___N dry___Y___N stored chemicals/refuse___Y___N			
System Components [NOTE: if component is located but is inaccessible (I) please indicate in last column]	**Surface Dust/ Debris Present?**	**WTC Dust Present?**	**Component inaccessible?**

Other Information:

General impression (indicate recommendations for cleaning based on finding of WTC dust):

KEY: NP = not present; NF = not found; I = inaccessible; U = unknown