A-10(D) (1/91) 72-910143-117-P

CROSS STREETS

CITY OF NEW YORK
FIRE DEPARTMENT
BUREAU OF FIRE PREVENTION
VIOLATION ORDER

BATTALION
D.O. 35
D 65836

To 7 World Trade Center N.Y. 10048 (ADDRESS) Salomon Bros. Cafe. (NAME OF OWNER, LEASEE, OCCUPANT, ETC.)
45th fl. (ROOM NO. OR FLOOR) Comm. / Rest. (TYPE OF OCCUPANCY) 2051077 (ACCOUNT NO.)

Sir: An inspection this date of the above premises indicates the existence of the following violations under the enforcement jurisdiction of this Department. You are hereby directed to correct such violations by compliance with the following order:

RH-2

STANDARD ORDER FORM NO.	ITEM NO.	
RH	X	Legalize the Fire Extinguishing System by filing plans with the Dept of Buildings. Plans to be stamped by a Registered Architect or licensed professional Engineer. Submit 3 plans & 3 applications from the Dept of Buildings to the Bureau of Fire Prevention, Longhead Unit for review and approval.
RH	2	Arrange for an inspection and test of the Fire Extinguishing System to be witnessed by a member of this department.

Note: To record in F.D. Files.

If this order has not been complied with in, 30 days of the issuance date, A SUMMONS will be served for violations of the Administrative Code of the City of New York.

TO 25 FOR –NUMBERING | **TO 24 FOR DISMISSAL**

Thomas Von Essen
Thomas M. Von Essen
Fire Commissioner

This is to certify that I have made an inspection of said premises and have issued the above order to:

Walter Lorenzette Apic 212-783-5514
NAME OF PERSON WHO RECEIVED THIS ORDER — TITLE — PHONE #

M. Lundy
INSPECTOR

4-11-97
DATE

Suppression
UNIT

Unit Address 250 Livingston St Unit Telephone 718-694-2508

FIRE DEPARTMENT, CITY OF NEW YORK • BUREAU OF FIRE PREVENTION

A-324 R 92-931511-9-110

INSPECTION REPORT

165630 C

FOLDER NO. _____

ACCOUNT	ADM CO	START DATE	D.O.	TYPE
4305077		06/11/97		1601

RESTAURANT NAME: SECOND AVENUE

PREMISE ADDRESS

AKA:
STREET NUMBER | PREFIX → | STREET NAME
TYPE → | SUFFIX → | ZIP CODE | BORO CODE →

BILLING ADDRESS

APIC: WALTER LOREN CATT
STREET NUMBER: 2 | PREFIX → | STREET NAME: WORLD TRADE
TYPE → | SUFFIX → | ZIP CODE: 10048 | BORO CODE → 1

ENTER HERE IF OUT OF TOWN

STATE → | ZIP CODE →

PUT X IF GOES TO OWNER

ALPHA PREFIX	INSPECTOR NAME	EXAMINER NAME	DATE
G	M. Sunday-Smith		

	ITEM CODE	ITEM SUB-CODE	QTY	DESCRIPTION	FLOOR NO
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

COMMENTS

PUT X IF SEE ATTACHED LIST

STATUS - CHECK AND COMPLETE

☐ APPROVED FOR PERMIT

☒ VIOLATIONS REPORTED

INSPECTION DATE: 06/11/97

INSPECTOR - I D: 500288/30

V.O. ISSUED	V.O. DISMISSAL / RESCIND	NOV. ISSUED
D.C. 5836 AH-7	/ /	
	/ /	
	/ /	
	/ /	
	/ /	

TRY CLERK _____ DATE 6/11/97 AUDITOR _____ DATE _____

INSPECTIONS

Date	Type	Status	Reason/Code	Next Inspection
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ACCOUNT NUMBER : **ADM. CO.** **D.O. : 00** **INSP. DATE :**

OWNER NAME :

RANGEHOOD ADDITIONAL INFO SCREEN

FLOORS : **A :** ___ **B :** ___ **C :** ___ **D :** ___ **E :** ___ **F :** ___

	APPL	NOZ	APPL	NOZ	APPL	NOZ	APPL	NOZ	APPL	NOZ
HOOD A :	___	___	___	___	___	___	___	___	___	___
	___	___	___	___	___	___	___	___	___	___
	___	___	___	___	___	___	___	___	___	___
HOOD B :	___	___	___	___	___	___	___	___	___	___
	___	___	___	___	___	___	___	___	___	___
	___	___	___	___	___	___	___	___	___	___
HOOD C :	___	___	___	___	___	___	___	___	___	___
	___	___	___	___	___	___	___	___	___	___
	___	___	___	___	___	___	___	___	___	___
HOOD D :	___	___	___	___	___	___	___	___	___	___
	___	___	___	___	___	___	___	___	___	___
	___	___	___	___	___	___	___	___	___	___
HOOD E :	___	___	___	___	___	___	___	___	___	___
	___	___	___	___	___	___	___	___	___	___
	___	___	___	___	___	___	___	___	___	___
HOOD F :	___	___	___	___	___	___	___	___	___	___
	___	___	___	___	___	___	___	___	___	___
	___	___	___	___	___	___	___	___	___	___

RANGEHOOD UNIT INSPECTION REPORT

Inspection Date: 6/11/97 **Account No.** 9 9051077

Folder No.

Restaurant Name: Salomon Brothers

Premise Address: 7 World Trade Center

Boro: Manhattan **Zip:** 10048

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Name of System: Ansul **Model No.** R102

No. of Cylinders: 1 **Gals./Lbs.** 3

System Approved? ☐ Yes ☒ No **F.D. Tag No.** None

Type of Inspection: ☐ 106 Initial ☒ Reinspection

With Plans: ___ **I.O.C.:** ___ **Referral:** ___ **V.O. No.:** X

Installation Conforms to Tag/Plans? ☐ Yes ☒ No tag

V.O.(s) Issued: **RH Code:**

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Approved Filters? ☒ Yes ☐ No **Quarterly Cleaning?** ☒ Yes ☐ No

Semi Annual Service By Authorized Contractor? ☒ Yes ☐ No

Sketch / Cleaning & Operating Insructions? ☒ Yes ☐ No

N.O.V.(s) Issued: No.(s)

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Comments: Issued progress and inspection. Conditions satisfactory at time of inspection.

Closed for V.O.

Marylund Sudy Price

Print Inspector's Name

[signature]

Sign Inspecor's Name

RHINSP (11/90)