



# INSPECTION REPORT

165630 <sup>01</sup>

FOLDER NO.

| ACCOUNT | ADM CO | START DATE | D.O. | TYPE |
|---------|--------|------------|------|------|
|---------|--------|------------|------|------|

9209925       06/11/97    35    160

RESTAURANT NAME

[illegible]**PREMISE ADDRESS**

**AKA:**

|               |  |  |  |          |             |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |
|---------------|--|--|--|----------|-------------|--|--|--|--|--|--|--|--|--|--|--|-------------|--|--|--|
| STREET NUMBER |  |  |  | PREFIX → | STREET NAME |  |  |  |  |  |  |  |  |  |  |  | BORO CODE → |  |  |  |
| TYPE →        |  |  |  | SUFFIX → | ZIP CODE    |  |  |  |  |  |  |  |  |  |  |  |             |  |  |  |

**BILLING ADDRESS**

**APIC:**

[illegible]

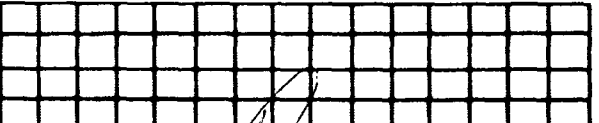
ENTER HERE IF OUT OF TOWN

[illegible]

ZIP CODE →

|  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|

| ALPHA<br>PREFIX                   | INSPECTOR NAME        | EXAMINER NAME | DATE |
|-----------------------------------|-----------------------|---------------|------|
| <input type="checkbox"/> <b>G</b> | <i>W. Lee - Smith</i> |               |      |

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

## COMMENTS

[illegible]**STATUS - CHECK AND COMPLETE**

☐ APPROVED FOR PERMIT  
☒ VIOLATIONS REPORTED

INSPECTION DATE

|    |    |    |
|----|----|----|
| 06 | 11 | 97 |
|----|----|----|

INSPECTOR - I.D

|   |   |   |   |   |   |   |   |  |
|---|---|---|---|---|---|---|---|--|
| 5 | 0 | 0 | 0 | 8 | / | 1 | 5 |  |
|---|---|---|---|---|---|---|---|--|

**V.O. ISSUED**

**V.O. DISMISSAL / RESCIND**

NOV. ISSUED

D. 65837 R.H-7

1951

ENTRY  
CLERK

DATE \_\_\_\_\_

AUDITOR

DATE \_\_\_\_\_



**RANGEHOOD UNIT INSPECTION REPORT**

Inspection Date: 06/11/97 Account No. 93049728  
 Restaurant Name: Sbarro Pizzeria Folder No. \_\_\_\_\_  
 Premise Address: 5 World Trade Ctr.  
 Boro: Manhattan Zip: 10048

=====

Name of System: KIDDE Model No. WHDE  
 No. of Cylinders: 1 Gals./Lbs. 250  
 System Approved? ☐ Yes ☒ No F.D. Tag No. None  
 Type of Inspection: ☐ 106 Initial ☒ Reinspection  
 With Plans: \_\_\_\_\_ I.O.C.: \_\_\_\_\_ Referral: \_\_\_\_\_ V.O. No.: 7  
 Installation Conforms to Tag/Plans? ☐ Yes ☒ No tag  
 V.O.(s) Issued: \_\_\_\_\_ RH Code: \_\_\_\_\_

=====

Approved Filters? ☒ Yes ☐ No Quarterly Cleaning? ☒ Yes ☐ No  
 Semi Annual Service By Authorized Contractor? ☒ Yes ☐ No  
 Sketch / Cleaning & Operating Instructions? ☒ Yes ☐ No  
 N.O.V.(s) Issued: No.(s) \_\_\_\_\_

=====

Comments: Inspection unsatisfactory RH-7  
pending. Progress system removed

Available to Issue V.O.

Maryland Audrey Burt  
 Print Inspector's Name

Maryland Audrey Burt  
 Sign Inspector's Name

RHINSP (11/90)

92051127

92051101

92051077



CROSS STREETS

CITY OF NEW YORK  
FIRE DEPARTMENT  
BUREAU OF FIRE PREVENTION

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

BATTALION

D.O. 35

VIOLATION ORDER

D 65837

To 5 World Trade Center Sparro Pizza  
ADDRESS NAME OF OWNER, LEASEE/OCCUPANT, ETC  
Concourse Commercial / Rest 92049925  
ROOM NO. OR FLOOR TYPE OF OCCUPANCY 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. |                                                                                                                                                                                                                                                                                                                          |
|-------------------------|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>RH</i>               | <i>1</i> | <i>Legalize the Longwood Fire Extinguishing System by filing plans with the Dept of Buildings. Submit 3 plans and 3 applications from the Dept of Building to the Bureau of Fire Prevention, Longwood Unit for review and approval. Plans to be stamped by a registered architect or licensed professional engineer.</i> |
| <i>RH</i>               | <i>2</i> | <i>Arrange for an inspection and test of the Fire Extinguishing System to be witnessed by a member of this department.</i>                                                                                                                                                                                               |

*Note: no tags or approval letter at time of inspection.*

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*  
*Chief of Bureau*

Fire Commissioner

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

*Benny Lo Manto* *Gen. Manager* *212-488-6800*  
NAME OF PERSON WHO RECEIVED THIS ORDER TITLE PHONE NO.  
*M. Sunday Smith* *4-11-97* *Suppression*  
INSPECTOR DATE UNIT

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