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

INSPECTION ORDER

F# 165630 01

DATE	ACCOUNT	TYPE	ALPHA PREFIX	D.O.	ADM CO	NO FEE ACT	SEE ATT. LIST	CURRENT PERMIT EXPIRES
09/15/93	92051119	11	G	35	RC12	X		12/93

PLEASE INDICATE ANY OF THESE COLUMN CHANGES AT RIGHT →

CHANGES	CHANGES	CHANGES	CHANGES

☒ CHECK HERE FOR ANY CHANGES AND INDICATE BELOW OR ON REVERSE CIO ☐ CIC ☐ CIMA ☐ CIN ☐

INSPECTION TYPE: 1
1 - SCHEDULED
2 - RE-INSPECTED
3 - REQUESTED
4 - COMPLAINT

PREMISES ADDRESS	AKA ADDRESS
C/O JAY SILVERSTEIN 5 WORLD TRADE CENTER NEW YORK, NY 10048	
BILLING ADDRESS	**ACCOUNT NAME**
5 WORLD TRADE CENTER NEW YORK, NY 10048	FIRST BOSTON CAFETERIA

ITEM CODE	SUB CODE	QTY	DESCRIPTION	FLOOR NO.
858	00	1	RANGEHOOD SYSTEM	90

	HOOD A FL 09	*HOOD B FL 09	*HOOD C FL	*HOOD D FL	*HOOD E FL	*HOOD F FL
	APP NZ:	APP NZ:	APP NZ:	APP NZ:	APP NZ:	APP NZ:
SAL	2 :	*HTP 1 :	* :	* :	* :	* :
GRL	1 :	*SKT 0 :	* :	* :	* :	* :
FFR	1 :	* :	* :	* :	* :	* :
FFR	1 :	* :	* :	* :	* :	* :
DVN	0 :	* :	* :	* :	* :	* :

COMMENTS (CIC)

ANSUL 3GAL S/& 20LBS/F#165630/

SAME

TAG#16721/FDP#1798-92/HRS OP 8AM-5PM/TEL#212-322-1015/

SAME

SAME

ITEMS TO BE ADDED OR DELETED (CIC)

	ITEM CODE	ITEM SUB-CODE	NEW QTY.	DESCRIPTION	FLOOR NO.
1	864	00	01	RH ANNUAL S/INSP	09
2					
3					
4					
5					
6					

STATUS CHECK AND COMPLETE

☒ APPROVED FOR PERMIT
☐ MINOR VIOLATIONS REPORTED

☐ VOID WITH REASON _____
ENTER CODE ☐☐☐☐

☐ NOT APPROVED WITH REASON _____
ENTER CODE ☐☐☐☐

NEXT INSPECTION SCHEDULED DATE

INDICATE CHANGES BELOW

PLEASE **PRINT** ALL INFORMATION

PREMISES ADDRESS

ADDITIONAL PREMISES INFO

STREET NUMBER PREFIX

STREET NAME

TYPE SUFFIX ZIP BORO

AKA ADDRESS

STREET NUMBER PREFIX

STREET NAME

TYPE SUFFIX

ACCOUNT NAME (CIN) - OWNER NAME (CIO)

X - IF CHANGE IN NAME ONLY

X - IF CHANGE IN OWNER

DATE OF OWNER CHANGE

MAILING ADDRESS (CIMA)

ADDITIONAL MAILING INFO

STREET NUMBER PREFIX

STREET NAME

TYPE SUFFIX ZIP BORO

ENTER HERE FOR OUT OF TOWN ADDRESS (CIMA)

CITY STATE ZIP

REMARKS

INSPECTOR	R. Das	DATE 03/16/94	INSPECTOR I.D. 512340	COMMENTS System Conforms to FD Plan.
EXAMINER		DATE MAR 21 1994		
ENTRY CLERK		DATE 3/24/94		
AUDITOR		DATE		

SECOND INSPECTION

INSPECTOR	DATE	INSPECTOR I.D.	COMMENTS
EXAMINER	DATE		
ENTRY CLERK	DATE		
AUDITOR	DATE		

T-1

RANGE HOOD INSPECTION REPORT

Inspection Date: 03/16/94

BATTALION NO. _____

FOLDER NO. 165630 Q2

Restaurant Name: First Boston Cafeteria

Premise Address: 5 World Trade Center

Boro/Zip: Manhattan 10048

****

Name of system: Ansul

Model No. R102-3G + R101-20 (Lbs./Gals.) 3gal and 20 lbs

System approved? ☒ Yes ☐ No F.D. Tag No. 16721

Type of inspection: 106 Initial _____ 106 Reinspection ✓

With plans _____ Without plans I.O.C Referral _____ V.O. _____

Does installation conform to F.D. approval plan? ☒ Yes ☐ No

V.O. Issued: No. _____

Semi-annual service conducted by an authorized contractor? ☒ Yes ☐ No

N.O.V. Issued: No. _____

Approved grease filters? ☒ Yes ☐ No

Maintained properly? ☒ Yes ☐ No

N.O.V. Issued: No. _____

Invoice No. A-324

Comments: Inspected premise - System conforms to FD Plan.

Sentinel

SVC March/94 ✓ Tested 9/30/92

Dtl 1/24/94 ✓

Dsktps ✓

FireExt ✓

A

SAL - 2

QRL - 1

2FFR - 2

CVN - 0

B

CVN - 0

HTP - 1

SKT - 0

R. DAS

PRINT INSPECTOR'S NAME

R. Das

SIGN INSPECTOR'S NAME

Kathrina O'Mahony

(212) 322-1015

7:30 to 5 Am - 5 Pm

RHINSP (11/90) 78-903202-117