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
1/13/97	92051127	11	G	35	R012	X		12/97

PLEASE INDICATE ANY OF THESE COLUMN CHANGES AT RIGHT →

	CHANGES	CHANGES	CHANGES	CHANGES

160

☐ CHECK HERE FOR ANY CHANGES AND INDICATE BELOW OR ON REVERSE

CIO ☐ CIC ☐ CIMA ☐ CIN ☐

INSPECTION TYPE1
1 - SCHEDULED
2 - RE-INSPECTED
3 - REQUESTED
4 - COMPLAINT

VIO # D65835A
MORE VIOLATIONS EXIST

PREMISES ADDRESS	AKA ADDRESS
C/O WALTER LORENZETTI 7 WORLD TRADE CENTER NEW YORK, NY 10048	

MAILING ADDRESS	ACCOUNT NAME
7 WORLD TRADE CENTER NEW YORK, NY 10048	SALOMON BROS. CAFETERIA ✓

ITEM CODE	SUB CODE	QTY	DESCRIPTION	FLOOR NO.
864	30	2	RANGEHOOD ANNUAL INSPECTION	4

A FL 04*HOOD	B FL 04*HOOD	C FL 04*HOOD	D FL 04*HOOD	E FL 04*HOOD	F FL
NZ:APP NZ*APP	NZ:APP NZ*APP	NZ:APP NZ*APP	NZ:APP NZ*APP	NZ:APP NZ*APP	NZ:APP NZ
2 : *RAN 1	: *OVN	0 : *CBL 4	: *	: *	:
2 : *HTP 2	: *STM	0 : *RAN 2	: *	: *	:
0 : *FFR 1	: *OVN	0 : *FFR 2	: *	: *	:
0 : *FFR 0	: *GRL	2 : *	: *	: *	:
0 : *FFR 1	: *RAN	1 : *	: *	: *	:

COMMENTS (CIC)

R102-3GX2/OP HRS 7AM-8PM/TAG#

TEL#212-783-5514/FDP# /

APIC J. ALESSI/F# /

ITEMS TO BE ADDED OR DELETED (CIC)

	ITEM CODE	ITEM SUB-CODE	NEW QTY.	DESCRIPTION	FLOOR NO.
1				R/FLAG	
2					
3					
4					
5					
6					

STATUS CHECK AND COMPLETE

☑ APPROVED FOR PERMIT
☐ MINOR VIOLATIONS REPORTED

NEXT INSPECTION SCHEDULED DATE

☐ VOID WITH REASON ENTER CODE
☐ NOT APPROVED WITH REASON ENTER CODE

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	V. Poydatsky	DATE	02 / 17 / 98	*INSPECTOR I.D.* 30049
EXAMINER		DATE		
ENTRY CLERK	L. Veras	DATE	4 / 7 / 98	
AUDITOR		DATE		

COMMENTS

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

COMMENTS

RANGEHOOD UNIT INSPECTION REPORT

Inspection Date: 02/7/98 Account No. 9205127

Folder No. _____

Restaurant Name: SALOMON BROS CAFETERIA

Premise Address: 7 WORLD TRADE CENTER 4. Floor

Boro: MAN Zip: 10048

==========

Name of System: ANSUL Model No. R102

No. of Cylinders: 6 Gals./Lbs. 6x3

System Approved? ☐ Yes ☐ No F.D. Tag No. _____

Type of Inspection: ☐ 106 Initial ☐ Reinspection

With Plans: ___ I.O.C.: ___ Referral: ___ V.O. No.: V65835

Installation Conforms to Tag/Plans? ☐ Yes ☑ No

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 Insructions? ☑ Yes ☐ No

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

==========

Comments: SATISFACTORY

VADIM POVOLOTSKIY
Print Inspector's Name

Vadim Povolotskiy
Sign Inspecor's Name

RHINSP (11/90)

Louis Trotta
Vice President

Salomon Brothers

Salomon Brothers Inc
Seven World Trade Center
New York, New York 10048

212-783-6548
FAX: 212-783-3874

The City of New York

FIRE DEPARTMENT
250 LIVINGSTON STREET BROOKLYN, N.Y. 11201-5884

BUREAU OF FIRE PREVENTION

July 25, 1997

Mr. Walter Lorenzetta
Salomon Brothers
7 World Trade Center
New York, New York 10048

Dear Mr. Lorenzette,

Regarding violation orders D-65835 and D-65836 issued on April 11,1997 for the cafeterias located on the 4th and 45th floors, be advised that these orders have been rescinded. We regret any inconvenience this may have caused.

Should you require any further information, you may contact me at (718) 694-2501.

Very truly yours,

Charles Holzinger
Supervising Inspector
Rangehood Unit.

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

REQUESTED

INSPECTION ORDER

DATE	ACCOUNT	TYPE	ALPHA PREFIX	D.O.	ADM CO	NO FEE ACT	SEE ATT. LIST	CURRENT PERMIT EXPIRES
09/13/96	2051127	11	3	35	R012	X		12/96

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

VIO # D22351C
MORE VIOLATIONS EXIST

PREMISES ADDRESS	AKA ADDRESS
C/O WALTER LORENZETTI 7 WORLD TRADE CENTER NEW YORK, NY 10048	

BILLING ADDRESS	ACCOUNT NAME
7 WORLD TRADE CENTER NEW YORK, NY 10048	SALOMON BROS. CAFETERIA

ITEM CODE	SUB CODE	QTY	DESCRIPTION	FLOOR NO.
864	00	2	RANGEHOOD ANNUAL INSPECTION	4

A FL 04*HOOD	B FL 04*HOOD	C FL 04*HOOD	D FL 04*HOOD	E FL 04*HOOD	F FL
NZ:APP NZ*APP	NZ:APP NZ*APP	NZ:APP NZ*APP	NZ*APP NZ:APP	NZ*APP NZ:APP	NZ*APP NZ:APP NZ
2 : *RAN 2	: *OVN 0	: *CBL 4	* : *	: *	:
2 : *HTP 2	: *STM 0	: *RAN 2	* : *	: *	:
0 : *FFR 1	: *OVN 0	: *FFR 2	* : *	: *	:
0 : *FFR 0	: *GRL 2	* :	* : *	: *	:
0 : *FFR 1	: *RAN 1	* :	* : *	: *	:

COMMENTS (CIC)

R102-3GX2/OP HRS 7AM-8PM/TAG#

TEL#212-783-5514/FDP# /

APIC J. ALESSI/F# /

ITEMS TO BE ADDED OR DELETED (CIC)

	ITEM CODE	ITEM SUB-CODE	NEW QTY.	DESCRIPTION	FLOOR NO.
1	864	00	02	RH ANNUAL INSP	04
2					
3					
4					
5					
6					

STATUS CHECK AND COMPLETE

☐ APPROVED FOR PERMIT

☐ MINOR VIOLATIONS REPORTED

☐ VOID WITH REASON ENTER CODE

V.O. #D65835 RH-2

☒ NOT APPROVED WITH REASON ENTER CODE

Hood VIO #D22351

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 [signature]	DATE 04/01/97	INSPECTOR I.D. 50078/30	COMMENTS Insp. Wasat
EXAMINER	DATE		
ENTRY CLERK	DATE		
AUDITOR	DATE		

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

RANGEHOOD UNIT INSPECTION REPORT

Inspection Date: 4/1/97 **Account No.** 92051127

Folder No. ______

Restaurant Name: Salomon Brothers Cafeteria

Premise Address: 7 World Trade Center

Boro: Manhattan **Zip:** 10048

==

Name of System: Ansul **Model No.** R-102

No. of Cylinders: 2 (Gals.)/Lbs. 3

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

Type of Inspection: ☒ 106 Initial ☐ Reinspection

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

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 Insructions? ☒ Yes ☐ No

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

==

Comments: Inspection unsatisfactory at time of inspection. No tags

04-11-97 Checked records issue V.O. to legalize RH 2 inspection unsat. Recind V.O. #D 22351C and issue D.65835 RH.

Mary Ann Sunday Smith
Print Inspector's Name

[signature]
Sign Inspecor's Name

RHINSP (11/90)

CROSS STREETS

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

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

BATTALION

D.O.

D 65835

To _____
ADDRESS — NAME OF OWNER, LEASEE, OCCUPANT, ETC.

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:

STANDARD ORDER FORM NO.	ITEM NO.	

If this order has not been complied with in, _____ 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

Fire Commissioner

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

NAME OF PERSON WHO RECEIVED THIS ORDER — TITLE — PHONE #

INSPECTOR — DATE — UNIT

Unit Address _____ Unit Telephone _____

CROSS STREETS

CITY OF NEW YORK

FIRE DEPARTMENT

BUREAU OF FIRE PREVENTION

VIOLATION ORDER

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

BATTALION ______

D.O. [illegible]

D 65835

To [illegible] ADDRESS ______ NAME OF OWNER, LEASEE, OCCUPANT, ETC. [illegible]

[illegible] ROOM NO. OR FLOOR ______ [illegible] TYPE OF OCCUPANCY ______ [illegible] 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: [illegible]

STANDARD ORDER FORM NO.	ITEM NO.	
[illegible]	1	[illegible]
[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]

If this order has not been complied with in, [illegible] 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

Fire Commissioner

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

[illegible] NAME OF PERSON WHO RECEIVED THIS ORDER ______ TITLE ______ PHONE #

[illegible] INSPECTOR ______ DATE ______ UNIT

Unit Address [illegible] Unit Telephone [illegible]