

FP-83 (11/83) 13-131-1264

0904/1998

FIRE DEPARTMENT • CITY OF NEW YORK
BUREAU OF FIRE PREVENTION
STANDPIPE FLOW TEST

Folder No.

165630.01?

Batt.

1/E-10

Premises Address

7 World Trade Center

Boro.

MANH

Zip

10048

Owner's Name and Address

SILVERSTEIN Properties
25 above

Classification

COMM

Nature of Occupancy

OFFICE SPACE

Number of Stories

48th

Area, Ft.

170 x 200

Construction

FR

Number of Siamese Connections: Standpipe

3 COMBO

Sprinkler

N/A

Type of System:

☒ Wet☐ Dry☐ Auto-Dry

80014

856-00-01

857-00-01

410 = MINS

Test: Performed by

Reliable Mechanical Plumb

Company/Owner

Witnessed by

MR. FRANK Biondi

ENG

of Owner

C. of F. Holder

MR. ANTHONY RUBINO

Number

P11

Exps

10-31-01

The test was begun at

900

and finished at

420

The test consisted of:

① Closing stop valve under tank and draining standpipe riser.

Result

UNSAT & RF STOP SIAMESE Piping on Washington St side

2. Removing flap of lower check valve at each siamese connection.

Result

Pending

3. Opening stop valve under tank and washing through each siamese connection until water ran clear.

Result

Pending

4. A test of 50 lbs. in excess of the pressure due to the water in the standpipe, testing upper check and siamese connections.

Result

Pending

5. Flap on each lower check valve was replaced and did not leak.

N/A

The standpipe system consists of

3

risers

5

cross connections

2

tanks

3

siamese

12 checks

23

gate valves

2

F

pumps

156

outlets

1 1/2

hose on outlet

1/2

pr. red. valves

N/A

High and low water alarm.

YES

fill pump automatic.

YES

reserve

15000

electric inspection

N/A

non-automatic

1

I noted the condition of hose, checks, drips, siamese, hangers, foreign matter washed out, high and low water alarm, pumps, obstructions (if any) to outlets, tank overflow, Q.E. valve, heating, frost proofing, fire-proofing, and roof outlet. I inquired if elevator is kept in readiness at all times, if operator is certified, if required inspections are being made, records kept and employees instructed.

Recommendations:

STP TEST UNSAT/Unable to stop water as required Contractor unprepared. Only two siamese tested. Issued NOV-10676530 H for repair & retest. Issued NOV-10676529 K for 2 SPF Dry Valve Test. Test Failed

TEST ENTERED

By

Date

Inspector (PRINT)

Inspector (SIGN)

Date of Test

Tested in Compliance with Dept. Order No.

Galarza

galarza/wm

9-2-99

10672479 N

FP-83 (11/83) 13-131-1264

**FIRE DEPARTMENT • CITY OF NEW YORK
BUREAU OF FIRE PREVENTION
STANDPIPE FLOW TEST**

71
Folder No. T.B.C.
Batt. E10

Premises Address 7 World Trade Center Boro. MAN. Zip 10048
Owner's Name and Address Silverstein Properties
Same as above
Classification Comm. Nature of Occupancy offices
Number of Stories 47 Area, Ft. 250' x 150' Construction F.R.
Number of Siamese Connections: Standpipe 3 Sprinkler X ~~800~~
Type of System: ☒ Wet ☐ Dry ☐ Auto-Dry
Combo 50033 210 mins.

Test: Performed by American Contracting Company/Owner

Witnessed by _____ of Owner

C. of F. Holder _____ Number _____ Exps. _____

The test was begun at 9:00 and finished at _____. The test consisted of:

1. Closing stop valve under tank and draining standpipe riser.

Result _____

2. Removing flap of lower check valve at each siamese connection.

Result _____

3. Opening stop valve under tank and washing through each siamese connection until water ran clear.

Result _____

4. A test of 50 lbs. in excess of the pressure due to the water in the standpipe, testing upper check and siamese connections.

Result _____

5. Flap on each lower check valve was replaced and did not leak.

The standpipe system consists of 3 risers 5 cross connections 2 tanks 3 siamese
12 checks 23 gate valves 7 pumps 156 outlets YES hose on outlet YES pr. red. valves
High and low water alarm, YES fill pump automatic, YES reserve 15,000 electric inspection N/A
non-automatic N/A

I noted the condition of hose, checks, drips, siamese, hangers, foreign matter washed out, high and low water alarm, pumps, obstructions (if any) to outlets, tank overflow, Q.E. valve, heating, frost proofing, fire-proofing, and roof outlet. I inquired if elevator is kept in readiness at all times, if operator is certified, if required inspections are being made, records kept and employees instructed.

Recommendations: SP test Cancelled issued N.O.V. #10672479 N
for rule 20, also issued N.O.V. #10672480K for misc. rules 6

TEST ENTERED	
By _____	
Date _____	

Inspector (PRINT) Joseph Cole

Inspector (SIGN) Joseph Cole

Date of Test 6-9-99

Tested in Compliance with Dept. Order No. Vol. 1 letter

RECEIVED: 3-29-99; 9:59AM; 2124651734 -> FIRE DEPT; #1
MAR 29 '99 08:57 FR AMERICAN PIPE -TANK 2124651734 TO 1-89992891 P.01/01

Richard Silver
Licensed Master Plumber #741



AMERICAN CONTRACTING CO., INC.
538 West 35th Street, New York, N.Y. 10001
(212) 736-6618 • FAX # (212) 465-1734

VIA FAX TRANSMISSION

Date: March 29, 1999

To: Ms. Ashley
NYFD
Fax#: 718-999-2891

From: Richard Silver
American Contracting Co., Inc.
Master Plumber License # 741

RE: 7 World Trade Center, NYC
Standpipe System

Dear Ms. Ashley:

We would like to schedule a date with one of your inspectors to perform a test at the above address. There are a total of three (3) siamese connections.

Please call us at your earliest convenience at (212) 736-6618.

Sincerely,
AMERICAN CONTRACTING CO., INC.

Richard Silver
Richard Silver
RS/ap

OK to Book

165630²¹?

A 45 (3/68) 90-830001-1-110

FIRE DEPARTMENT

APPOINTMENT FOR SYSTEM	35TP
PREMISES	7 World Trade Center
	MAN

Joint App't. ☐

Batt. No. _____ Inspector Cole

Date of Appointment June 9 Time 900

Contractors Application No. _____ H & B Plan No. _____

Order No. Voluntary Building Letter No. _____

Contractor American Contracting

Address _____ Boro _____

Elect. Contractor _____

Telephone No. 212 734-4618

REMARKS

Date _____

F.P.I.M.S. Account No. _____	Unit: _____/DO _____	ADMIN. CO. _____	C.B. # _____	Agency Code No. _____	UNIT PHONE # _____
ENVIRONMENTAL CONTROL BOARD CITY OF NEW YORK		NOTICE OF VIOLATION AND HEARING		VIOLATION NO. 10672480 K	
Fire Commissioner of the City of New York, Petitioner vs Respondent:					
Respondent is: ☒ owner ☐ managing agent ☐ tenant ☐ city agency ☐ daycare center					
Place of Occurrence (Premises Address)					
Street Number _____		Prefix _____		Street Name _____	
Type _____	Suffix _____	Zip Code _____	Boro Code _____	1=Man; 2=Bx; 3=SI; 4=Bklyn; 5=Qns	
AKA _____					
Mailing Address (if different from premises address)					
Street Number _____		Prefix _____		Street Name _____	
Type _____	Suffix _____	Zip Code _____	Boro Code _____	1=Man; 2=Bx; 3=SI; 4=Bklyn; 5=Qns; 6=Out of City	
Add Info _____					

Notice of Violation and Order to Correct and Certify Correction:

PLEASE TAKE NOTICE that the premises cited above is in violation of the requirements of law. It is further ORDERED by the FIRE COMMISSIONER that these violations be corrected and certified to be in compliance with the requirements of law within 35 days of the date of issuance. Certification must be made on the Certificate of Correction (Gold Copy)

The Certificate of Correction and all proof of compliance MUST BE RECEIVED by the Bureau of Fire Prevention, Enforcement Unit, 9 Metro Tech East, Brooklyn, New York 11201-3857, (718) 999-2392 by close of business on 11/11/04. First offenders who properly certify correction shall avoid a hearing and penalty. All other respondents must appear at the Environmental Control Board (ECB) hearing indicated below.

Notice of Hearing:

If the Certificate of Correction IS NOT RECEIVED by the date indicated above OR if no date is indicated above, the respondent MUST APPEAR at a hearing on 11/11/04 at 10:30am, 11:30am, 1:30pm, 3:00pm at the ECB Hearing Office located in Brooklyn Manhattan Queens Staten Island Bronx. (The address for each location is provided on the reverse side of this form.) This hearing is your opportunity to answer and defend the allegations set forth below. If you do not appear, you will be held in default and subject to maximum penalties.

REPEAT OFFENDERS MUST appear at the hearing on the scheduled date.

Upon investigation, it has been determined by the above named Petitioner that there is reasonable cause to believe that the above named Respondent is in violation of the Administrative Code and/or Fire Department Rule(s), "3 RCNY §§16-01, 16-02, 16-03:"

- | | |
|--|--|
| <p>Rule 1 Buckets and/or Fire Extinguishers
☐ Failed to provide _____ fire buckets filled with (sand/water) and/or approved, operative fire extinguishers at _____ as required.</p> <p>Rule 2 Waste Receptacles
☐ Failed to provide _____ approved receptacles for waste at _____ as required.</p> <p>Rule 3 No Permit
☐ (Sold/Stored/Used/Manufactured/Transported) (combustibles/flammables/explosives) without required valid permit.</p> <p>Rule 4 Quantities in Excess of Permit
☐ (Sold/Stored/Used/Manufactured/Transported) _____ of _____ in excess of amount stated on permit.</p> <p>Rule 5 Produce Permit and/or Record
☐ Failed to produce (permit/record) regarding _____ at _____ as required.</p> <p>Rule 6 Signs/Postings/Instructions
☒ Failed to provide (Signs/Postings/Instructions) for _____ at _____ as required.</p> <p>Rule 7 Labels/Marks/Stamped
☐ Failed to provide (Labels/Marks/Stamped) for _____ at _____ as required.</p> <p>Rule 8 Obstructions/Accumulations
☐ Failed to remove all (obstructions/accumulations of rubbish or storage) of _____ as required.</p> <p>Rule 9 Adequate Egress/Aisle Space/Clearance
☐ Failed to provide adequate (egress/aisle space/clearance) at _____ as required.</p> <p>Rule 10 Operating Contrary to C of O
☐ Operated _____ contrary to the certificate of occupancy.</p> <p>Rule 11 General Maintenance
☐ Failed to maintain _____ in a proper condition as required.</p> <p>Rule 12 Maintenance of Sprinkler, Standpipe, Alarm, Suppression Systems
☐ Failed to properly (provide/maintain) _____ system or part thereof as required. Describe below.</p> <p>Rule 13 Fire Retardant Material
☐ Failed to provide/maintain non-combustible material _____ at _____ or provide affidavit that combustible material has been treated with flame retardant as required.</p> <p>Rule 14 Fireproof Doors/Windows
☐ Failed to (provide/maintain) (self-closing fireproof doors/windows) at _____ as required.</p> <p>Rule 15 Fireproof Partitions or Walls
☐ Failed to (provide/maintain) fireproof partitions or walls at _____ as required.</p> <p>Rule 16 Ventilation
☐ Failed to provide (approved vents/adequate ventilation) at _____ as required.</p> | <p>Rule 17 Certificates of Fitness
☐ Failed to (obtain/provide) a (Certificate of Fitness/Certificate Holder on Duty) for _____ as required.</p> <p>Rule 18 Certificates of Approval/Qualification/License
☐ Failed to (obtain/provide) a Certificate of (Approval/Qualification/License) for _____ as required.</p> <p>Rule 19 Certificate of Occupancy/Public Assembly Permit/Affidavits/Documentation/Plans/Applications
☐ Failed to provide for _____ from _____ as required.</p> <p>Rule 20 Test/Inspection
☐ Failed to conduct required (equipment/system) (test/inspection) of _____ as required.</p> <p>Rule 21 Containers
☐ Failed to provide approved containers for _____ as required.</p> <p>Rule 22 Tanks/Supports
☐ Failed to (provide/maintain) approved tanks/supports for _____ as required.</p> <p>Rule 23 Storage
☐ Failed to provide (vaults/cabinets/room/area) for the storage of _____ as required.</p> <p>Rule 24 Racks
☐ Failed to provide appropriate racks at _____ as required.</p> <p>Rule 25 Electrical Equipment
☐ Failed to (provide/protect/maintain) _____ electrical equipment as required.</p> <p>Rule 26 Approved Refrigeration/Heating Devices or Units
☐ Failed to (provide/protect/maintain) (refrigeration/heating) devices as required.</p> <p>Rule 27 Approved Lighting Devices
☐ Failed to (provide/protect/maintain) _____ lighting devices as required. Specify type of protection required: _____</p> <p>Rule 28 Exposed Flames or Sparks
☐ (Unlawfully allowed/failed to protect) exposed flame or spark at _____ as required.</p> <p>Rule 29 Designated Areas
☐ Failed to (provide/maintain) designated area/premises for _____ as required.</p> <p>Rule 30 Fire Safety in Office Buildings/Hotels/Motels
☐ Failed to comply with the fire safety requirements for (office buildings/hotels/motels). Specify: _____</p> |
|--|--|

Description of Violation: _____

I personally observed the commission of the above offense(s) or personally reviewed the office records indicating the offense(s) charged above.
All statements made herein are affirmed under penalty of perjury. Date of Offense: _____ Time: _____ a.m./p.m.

INSPECTOR'S SIGNATURE _____

PRINT NAME _____

Inspector's Tax Registry Number _____

M25-18 H1912711-112

**AFFIDAVIT (CERTIFICATE) OF SERVICE (COMPLETE REVERSE SIDE)
ISSUING UNIT'S COPY**

A 08457301

AFFIDAVIT (CERTIFICATE*) OF SERVICE

STATE OF NEW YORK)
) ss.:
 COUNTY OF _____)

The undersigned being duly sworn*, deposes and says, that s/he is not a party to the action and is over eighteen (18) years of age, that on _____, 19____, at _____ p.m./a.m. at [address:] _____,

s/he served the attached Notice of Violation and Hearing on the Respondent named herein, as follows:

1. Individual Respondent

☐ by delivering a true copy to [insert name:] _____, who is the respondent.

2. Partnership Respondent

☐ by delivering a true copy to [insert name:] _____ who is the [insert position:] _____ of said respondent.

3. Corporate Respondent

☐ by delivering a true copy to [insert name:] _____ who is the [insert position:] _____ of said respondent.

4. Affixing of Notice of Violation and Hearing

A. I attempted to personally serve the attached Notice of Violation and Hearing on the respondent named herein but was unable to do so because, having entered the premises and having identified myself, I was:

1. ☐ advised by [insert name:] _____ that the respondent was not present;

2. ☐ advised by [insert name:] _____ that an appropriate representative of the partnership respondent or corporate respondent was not present;

3. ☐ unable to secure identification of the person(s) present;

4. ☐ advised by [insert name:] _____ that no officer, director, managing agent, agent, or partner of respondent partnership/corporation was present.

B. ☐ Thereupon, I affixed the Notice of Violation and Hearing at the foregoing location in the following place: _____

[The following is to be completed if a person was served with the Notice of Violation and Hearing.]

Description of Individual. Deponent describes the individual served as follows:

☐ Male	☐ White Skin	☐ Black Hair	☐ 14-20 yrs	☐ Under 5'	☐ Under 100 lbs
☐ Female	☐ Black Skin	☐ Brown Hair	☐ 21-35 yrs	☐ 5'0"-5'3"	☐ 100-130 lbs
	☐ Yellow Skin	☐ Blond Hair	☐ 36-50 yrs	☐ 5'4"-5'8"	☐ 131-160 lbs
	☐ Brown Skin	☐ Gray Hair	☐ 51-65 yrs	☐ 5'9"-6'0"	☐ 161-200 lbs
	☐ Red Skin	☐ White Hair	☐ Over 65 yrs	☐ Over 6'	☐ Over 200 lbs
		☐ Balding			

Other identifying characteristics: _____

Signature: _____

Printed Name: _____

Tax Registry Number: _____

Sworn to before me on _____, 19____.

Signature of Certifying Officer _____

*If not sworn, this statement shall constitute a certificate of service.

SUPPLEMENTARY INFORMATION FORM

NYC-WTC_000166111

INSPECTION ORDER

PLEASE INDICATE ANY OF
THESE COLUMN CHANGES
AT RIGHT _____

The diagram consists of four rectangular boxes, each labeled "CHANGES" at the top. From the bottom center of each "CHANGES" box, a downward-pointing arrow originates. These four arrows point towards a horizontal row of five empty rectangular boxes. The first arrow points to the first box, the second to the second, the third to the third, and the fourth to the fourth. The fifth box in the row has no arrow pointing to it.

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

AKA ADDRESS

MAILING ADDRESS

ACCOUNT NAME

7 WORLD TRADE COMPANY

COMMENTS (CIC)[illegible][illegible][illegible]STATUS CHECK AND COMPLETE

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

NYC-WTC 000166112

INSPECTOR: _____

ADDRESS _____ NO. OF STORIES _____ HT. IN FT. _____ TOTAL SQ. FT. _____
 OWNER/AGENT _____ PREMISE TEL. NO. _____
 CLASS "E" FACS; MANUFACTURER _____ MODEL NO. _____
 APPROVED CENTRAL STATION ALARM CO. _____ # OF SMOKE DETECTORS _____
 F.S.D. ON DUTY _____ C OF F NO. _____ EXPIRES _____
 SPRINKLER SYSTEM: FULLY _____ PARTIAL (AREA PROTECTED) _____
 CENTRAL A/C _____ STAIR PRESSURIZATION _____ ACCESS STAIRS (FLS) _____
 ADDITIONAL INFO (MAIL CONVEYORS, SPECIAL OCCUPANCIES, ETC.) _____

NYC-WTC 000166114

F. RECORDS:

	N/A	YES	NO	SUMMONS/ NOV #
1. FIRE DRILLS CONDUCTED AND RECORDED (DATE OF LAST)				
2. SMOKE DETECTORS CLEANED AND TESTED, LOG MAINTAINED				
3. ALARM LOG BOOK MAINTAINED				
4. MONTHLY TEST RECORD OF FIREMEN'S SERVICE ELEVATORS				
5. MONTHLY TEST RECORD OF CLASS "E" F.A.C.S.				
6. MONTHLY TEST RECORD OF FIRE PUMPS (IF REQUIRED)				
7. MONTHLY TEST RECORD OF EMERGENCY GENERATOR (IF REQUIRED)				
8. MONTHLY RECORD OF SPRINKLER INSPECTION				
9. MONTHLY RECORD OF STANDPIPE INSPECTION				

G. FIRE PROTECTION SYSTEMS:

1. C OF F SPRINKLER () NAME NO.				
2. SPRINKLER VALVE SEALED OPEN (SUMMONS IF CLOSED)				
3. SPRINKLER SIAMESE SWIVEL () UNOBSTRUCTED () SIGN IF REQUIRED ()				
4. C OF F STANDPIPE () NAME NO.				
5. STANDPIPE VALVES SEALED OPEN				
6. STANDPIPE SIAMESE: SWIVELS () UNOBSTRUCTED ()				
7. EXTINGUISHERS PROPERLY HUNG AND DISTRIBUTED				
8. EXTINGUISHERS TAGGED: DATE OF LAST INSPECTION ()				

H. SIGNS:

1. ELEVATOR: LETTER DESIGNATION () FL. DIAGRAM () "IN CASE OF FIRE USE STAIRS" ()				
2. STAIR: FLOOR NO. () LETTER DESIGNATION—OCCUPANCY SIDE () STAIR SIDE ()				
3. RE-ENTRY SIGNS POSTED				
4. EXIT AND DIRECTIONAL SIGNS ILLUMINATED				
5. ORGANIZATIONAL CHARTS POSTED AND ACCURATE				

I. GENERAL:

1. CERTIFICATE OF OCCUPANCY POSTED				
2. ALL AREAS FREE OF RUBBISH				
3. PAPER RECYCLING HAMPERS STORED IN PROPER LOCATION (NOT IN HALLWAYS OR ELEVATOR LOBBIES)				
4. STAIRWAY DOORS OPENABLE AT ALL TIMES (OCCUPANT SIDE) (IF NO: APPROVED BY D.O.B. CONNECTED TO CLASS "E"				
5. RE-ENTRY PROVIDED WHERE REQUIRED				
a. FAIL SAFE SYSTEM () INDICATE FLS. ()				
6. IF SHAFTS PRESENT (i.e., ELEC. CLOSETS) ARE THEY FIRESTOPPED				
7. FLOOR WARDENS, DEPUTY WARDENS, AND SEARCHERS TRAINED				
a. FLOORS CHECKED ()				
8. FLAMMABLES/COMBUSTIBLES PROPERLY STORED				
a. LOCATION				

REMARKS: _____

NOV	TOTAL	SUMMONS
TOTAL	ITEMS	TOTAL

INSPECTOR'S SIGNATURE _____

INSPECTIONS

[illegible]

Instructions to Inspectors—All boxes on this form must have an answer. Answers with a "NO" answers to a "V" mandate a Violation Order, "NO" answers to a "*" mandate automatic failure. Check "YES" "NO" or "N/A".

ON SITE EXAM FOR FIRE SAFETY DIRECTOR—OFFICE

Name of Candidate Rivera, Miguel (Print last name, first name) PII Z 01 Inspector J. Motyka Office Address 7 WTC Date of Examination 7/24/08
NY NY 10048

A:

Instructions to Inspectors—If any asterisk (*) items are marked "NO", terminate the test immediately. See Section VIII for further information.			YES	NO	N/A
I. Physical Requirements—Does candidate have ability to:					
*A. Speak and understand English? Yes ☒ No ☐	*B. Hear spoken words over a telephone? (with corrective devices) Yes ☒ No ☐	*C. Possess necessary vision? (corrective devices acceptable) Yes ☒ No ☐			

B: Building

Instructions to Inspector—If any violation (V) items are marked "NO", issue a Violation Order at the end of the Test. Test must proceed.			YES	NO	N/A
II. Records:					
v. A. Fire drill records current? Yes ☐ No ☐	v. B. Firemen's Service Elevator Test Records current? Yes ☐ No ☐ N/A ☐	v. C. Keys kept at Fire Command Station? Yes ☐ No ☐ N/A ☐			3
v. D. Fire Safety Plan and building floor plan at Fire Command Station? Yes ☐ No ☐	v. E. A current list of all floor Wardens and phone numbers at Fire Command Station? Yes ☐ No ☐	v. F. Master window keys available? Yes ☐ No ☐ N/A ☐			3
v. G. Building current in actual Fire Drills? (*if over 3 months) Yes ☐ No ☐					1
TOTAL (7)					7
Instructions to Inspector—If any violation (V) items are marked "NO", issue a Violation Order at the end of the Test. Test must Proceed.					
III. a. Specific Building Inspection:					
Special Instructions—Choose one floor for the general floor inspection _____ FLOOR _____					
Building Inspection—Signs and Charts					
v. A. Are stairways properly lettered? Yes ☐ No ☐	v. B. Are floors properly numbered? Yes ☐ No ☐ N/A ☐	v. C. Is floor diagram posted? Yes ☐ No ☐			3
v. D. Are stairways re-entry signs posted? Yes ☐ No ☐ N/A ☐	v. E. Are elevators properly lettered on each elevator bank? Yes ☐ No ☐ N/A ☐	v. F. Is floor diagram properly oriented? Yes ☐ No ☐			3
v. G. Is elevator sign "In Case of Fire, Use Stairs" posted? Yes ☐ No ☐ N/A ☐	v. H. Are exit doors unlocked, closed and unobstructed? Yes ☐ No ☐	v. I. Fire Drill Organization Charts posted and current? Yes ☐ No ☐			3
TOTAL (9)					9
III. b. Building Inspection—Signs and Charts—Choose one floor for the general floor inspection _____ FLOOR _____					
v. A. Are stairways properly lettered? Yes ☒ No ☐	v. B. Are floors properly numbered? Yes ☒ No ☐	v. C. Is floor diagram posted? Yes ☒ No ☐			3
v. D. Are stairways re-entry signs posted? Yes ☒ No ☐ N/A ☐	v. E. Are elevators properly lettered on each elevator bank? Yes ☒ No ☐ N/A ☐	v. F. Is floor diagram properly oriented? Yes ☒ No ☐			3
v. G. Is elevator sign "In Case of Fire, Use Stairs" posted? Yes ☒ No ☐ N/A ☐	v. H. Are exit doors unlocked, closed and unobstructed? Yes ☒ No ☐	v. I. Fire Drill Organization Charts posted and current? Yes ☒ No ☐			3
TOTAL (9)					9
IV. Instructions to Inspector—If four (4) or more items below are marked "NO", the inspector must issue a Violation Order at the end of the test. Test must proceed.					
This next part must proceed with contacting a Floor Warden within the Building. Read the following statement to the Warden—"In the event of a fire on this floor, explain which specific actions must be taken by you."					
FLOOR WARDENS: <u>Joseph Graziano</u> NAME OF FLOOR WARDEN CONTACTED					
		12 FLOOR CHOSEN		748-8033 TELEPHONE NUMBER	
Does Floor Warden have knowledge of:					
A. Position during fire drill or emergency? Yes ☒ No ☐	B. Notification procedures? Yes ☒ No ☐	C. Location of alarm boxes? Yes ☒ No ☐ N/A ☐			3
D. Evacuation location? Yes ☒ No ☐	E. Evacuation procedures? Yes ☒ No ☐	F. Number of exits on floor? Yes ☒ No ☐	G. Examining for exits on floor? Yes ☒ No ☐		4
H. Reporting whether smoke or fire? Yes ☒ No ☐	I. Duties of Deputy Fire Warden and Searchers? Yes ☒ No ☐	v. J. Were fire drills conducted? Yes ☒ No ☐			3
*K. Floor wardens in numerous floors properly trained? Yes ☒ No ☐					1
TOTAL (11)					11
Section B: (II, III, IV) 8 or more answered "NO" in Section B fails. SECTION B TOTAL (36)					
Number of correct answers in this section is <u>20</u> Number of incorrect answers is <u>0</u> Number of N/A answers is <u>16</u>					

C: Candidate

Instructions to Inspector—If any asterisk (*) items are marked "NO", terminate the test immediately. See Section VIII for further information:				YES	NO	N
V. Fire Emergencies and Class E. System Operations (if system inoperative, see Comments VII): Examiner —Read this statement to the candidate "You are the Fire Safety Director of the building. You receive notice during normal operational hours that an actual fire is occurring above on a floor in this building. Explain all steps of what actions must be taken. Again make no assumptions of any actions taken and start at the beginning." Did FSD have knowledge to:						
*A. Report to Fire Command? Yes ☒ No ☐	B. Check board status? Yes ☒ No ☐ N/A ☐	*C. Notify Fire Department? Yes ☒ No ☐	D. Send runner to Alarm Box? Yes ☒ No ☐	4		
*E. Make contact with floor Wardens on fire floor immediately above? Yes ☒ No ☐ N/A ☐		*F. Make announcements on PA System? Yes ☒ No ☐ N/A ☐		3		
*H. Evacuate fire floor and floor above? Yes ☒ No ☐	I. Instruct FW to re-contact in safe area? Yes ☒ No ☐		*J. Activate fire brigade? Yes ☒ No ☐	3		
*K. Ensure elevators recall? Yes ☒ No ☐ N/A ☐	L. Shut down A/C? Yes ☒ No ☐ N/A ☐	M. Keep lobby clear and entrance doors unlocked? Yes ☒ No ☐		3		
*N. Reset Notification System or if System out-of-service? Yes ☒ No ☐ N/A ☐		*O. Perform—Make available Fire Safety Plan, Floor Plans, Keys, engineer to NYCFD? Yes ☒ No ☐		*P. Describe—Silence Alarm? Yes ☒ No ☐ N/A ☐		3
*Q. Perform—The FSD Candidate uses the PA System on one floor states "This is only a test of the P.A. System. The Floor Warden should call back on the Floor Phone immediately to confirm that this message is clear." Yes ☒ No ☐ N/A ☐				1		
TOTAL (17)				17		

VI. Building

Instructions to Examiner—Verify all information stated by the candidate by comparison with the Fire Safety Plan or visual inspection. A "NO" answer does not mandate failure.

ELEVATOR—(Page 13, Q 7 of F.S. Guidelines):

Does candidate know location/type of:

- A. Elevators with common shafts? Yes ☐ No ☐ N/A ☒
 B. Elevator machinery room? Yes ☒ No ☐ N/A ☐
 C. Operation of control necessary to deactivate elevator circuits? Yes ☒ No ☐ N/A ☐
 D. Identification of elevators and elevator bank? Yes ☒ No ☐ N/A ☐
 E. Firemen's service elevators? Yes ☒ No ☐ N/A ☐

Air Conditioning and Heating—(Page 15, of F.S. Guidelines):

- A. Type of air conditioning system? Yes ☒ No ☐ N/A ☐
 B. Zones serviced by systems? Yes ☒ No ☐ N/A ☐
 C. Controls to activate movement? Yes ☒ No ☐ N/A ☐
 D. Electronic automatic detection controls? Yes ☒ No ☐ N/A ☐
 E. Type, location and controls of heating systems? Yes ☒ No ☐ N/A ☐
 F. Smoke shaft location and operation? Yes ☒ No ☐ N/A ☐

Sprinkler System (Page 14 Q 11) of F.S. Guidelines:

Does candidate know location/type of:

- A. Automatic or non-automatic systems? Yes ☒ No ☐ N/A ☐
 B. Main shut off? Yes ☒ No ☐ N/A ☐
 C. Valves each floor? Yes ☒ No ☐ N/A ☐
 D. Valves for more than one floor? Yes ☒ No ☐ N/A ☐
 E. Area controlled by sprinkler system? Yes ☒ No ☐ N/A ☐
 F. Primary source of water? Yes ☒ No ☐ N/A ☐
 G. Fire pump? Yes ☒ No ☐ N/A ☐
 H. Six (6) extra sprinkler heads and wrench? Yes ☒ No ☐ N/A ☐

Alarm System:

Does candidate know location/type of:

- A. Various alarm sending station? Yes ☒ No ☐ N/A ☐
 B. Various Warden phones? Yes ☒ No ☐ N/A ☐
 C. Street fire alarm box? Yes ☒ No ☐ N/A ☐

TOTAL (22) 21 0 1
Yes No N/A

Special Extinguishing System (P. 14, Q. 2) & Lighting Equipment (P. 15, Q. 2) of F.S. Guidelines:

Does candidate know location/type of:

- A. Special extinguishing systems within building? Yes ☒ No ☐ N/A ☐
 B. Extinguishing systems location(s)? Yes ☒ No ☐ N/A ☐
 C. Auxiliary sources of lights or power? Yes ☒ No ☐ N/A ☐

Standpipe systems (P. 14, Q. 10) of F.S. Guidelines:

Does candidate know location/type of:

- A. Risers and control valves? Yes ☒ No ☐ N/A ☐
 B. Procedure should system become inoperable? Yes ☒ No ☐ N/A ☐
 C. Pump rooms? Yes ☒ No ☐ N/A ☐
 D. Water supply controls? Yes ☒ No ☐ N/A ☐

Stairways (P. 13, Q. 5) of F.S. Guidelines:

Does candidate know location/type of:

- A. Identification/location? Yes ☒ No ☐ N/A ☐
 B. Floors served? Yes ☒ No ☐ N/A ☐
 C. Pressurized stairs? Yes ☐ No ☐ N/A ☐
 D. Access stairs (Open or Closed)? Yes ☒ No ☐ N/A ☐

Other (Special Features, i.e. Atrium) (write question):

- A. Ansul + Halon on 4 Yes ☒ No ☐ N/A ☐
 B. Parking Garage + Yes ☒ No ☐ N/A ☐
 C. Loading Dock w/DM system Yes ☒ No ☐ N/A ☐

TOTAL (11) 13 0 1
Yes No N/A

Section C: (V, VI)

12 or more answered "NO" in Section C fails.

SECTION C TOTAL (53)

Number of correct answers in this section is 51. Number of incorrect answers is 2. Number of N/A answers is 2.

FIRE SAFETY DIRECTOR ON SITE EXAMINATION—OFFICE

Section D:

VII. Comments by Examiner:

()
Check if
applicable

The Class E system was inoperative, candidate was advised to send in an affidavit indicating proper instruction has been provided and system is operative. If so, state why system was inoperative.

VIII. Determination of Passing:

- A. If the candidate failed to answer satisfactorily the essential questions marked (*), advise the candidate that a new appointment should be requested by contacting the High Rise Unit. The examiner should also give the applicant a bill for the inspections/examination.
- B. If the candidate satisfactorily answered the mandatory parts, but by totalling all answers, the number of NO answers were below 80%, the candidate fails the practical test. See Chart.

IX. On Site Office Building Test—(Print ALL information):

Candidate Name Miguel A. Rivera

Social Security No. PII

Date of Examination 7-28-00

Number of correct answers are 71 on this test. Number of incorrect answers are 0. Number of N/A answers are 18

Summary of Results:

A. PASSED

(CHECK)

or

B. FAILED—(reason)

C. Violation numbers issued as result of examination and inspection:

White copy must be given to the Candidate.
Canary copy must be submitted to the High Rise Unit.
Pink copy must be submitted to Cashier's office.

C. of F. Z 01 80283045 No. of On Site Tests 1

Premise Address 7 World Trade Center

NY NY 10048

Total Number of Items Answered 89

CANDIDATE

BUILDING

Those candidates failing should contact the High Rise Unit for another appointment when building correction and/or additional knowledge is obtained.

D. I hereby certify all information contained in this report is accurate.

[Signature] INSPECTOR 7/28/00 DATE

Joe M. 4KA
INSPECTORS ARE ONLY PERMITTED TO PROVIDE CANDIDATES WITH SECTION D.

2-50/ Office

INSPECTION ORDER

PLEASE INDICATE ANY OF
THESE COLUMN CHANGES
AT RIGHT _____

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

AKA ADDRESS

MAILING ADDRESS

ACCOUNT NAME

7 WORLD TRADE COMPANY
7 WORLD TRADE CENTER
NEW YORK, NY 10048

7 WORLD TRADE COMPANY

COMMENTS (CIC)

[illegible][illegible][illegible]

STATUS CHECK AND COMPLETE

ENTER CODE

--	--	--	--

NYC-WTC 000166121

H' RISE UNIT OFFICE INSPECTION/SURVEY

DATE: 7/28/00 192000

INSPECTOR: J. MOTYKA

BUILDING PROFILE

ADDRESS 7 WTC NYC 10048 NO. OF STORIES 47 HT. IN FT. 618 TOTAL SQ. FT. 2 Mil
 OWNER/AGENT World Trade Co. 10 SILVERSTEIN BLDG. PREMISE TEL. NO. 619-6567
 CLASS "E" FACS; MANUFACTURER FIRECOM MODEL NO. 8500
 APPROVED CENTRAL STATION ALARM CO. AFA # OF SMOKE DETECTORS 220
 F.S.D. ON DUTY MICHEL RIVERA C OF F NO. P11 EXPIRES 7-28-03
 SPRINKLER SYSTEM: FULLY YES PARTIAL (AREA PROTECTED) _____
 CENTRAL A/C YES STAIR PRESSURIZATION _____ ACCESS STAIRS (FLS) ✓ see F.S.P.
 ADDITIONAL INFO (MAIL CONVEYORS, SPECIAL OCCUPANCIES, ETC.) ESCALATORS

A. FIRE SAFETY DIRECTOR AND DEPUTY FIRE SAFETY DIRECTORS:

1. ON DUTY (SUMMONS IF NO 27-4267) _____
2. DEPUTY FSD(S) NO. CERTIFIED FOR PREMISE (7) _____
3. BUILDING EVACUATION SUPERVISOR (DESIGNATED AND TRAINED AS PER FSP) FSD'S 24/7 _____
4. FIRE BRIGADE (PRESENT IN BUILDING AND TRAINED) _____

B. CLASS "E" ALARM SYSTEM:

1. INSTALLED (27-4267.1) (✓) MAINTAINED (27-4265) (✓) _____
2. IF 100' OR MORE, LETTER OF APPROVAL (FD ELEC. UNIT) Part Auth. _____

C. ALARM TEST (NOTIFY BORO DISP. BEFORE TRANSMITTING ALARM):

1. SYSTEM ON-LINE _____
 IF OFF-LINE FOR APPROVED REASON:
 a. FIRE COMMAND STATION MANNED AT ALL TIMES yes _____
 b. LOG BOOK MAINTAINED _____
2. FLOOR WARDEN PHONE OPERATIONAL (FL. NO. 6) _____
3. P.A. SYSTEM AUDIBLE (FL. NO. 5+6) _____
4. MANUAL ALARM TRANSMITTED TO BORO CENTRAL OFFICE _____
 DISP. NO. (408) ELAPSED TIME (IN MINUTES) TO RECEIVE (1) _____
 IF ALARM IS NOT RECEIVED BY BORO CENTRAL OFFICE OR IF CENTRAL STATION COMPANY CALLS PREMISE BEFORE TRANSMITTING ALARM TO BORO CENTRAL OFFICE, FORWARD REPORT TO CHIEF IN CHARGE OF BUR. OF COMMUNICATIONS.
5. F.S.D. PROFICIENT IN OPERATION OF F.A.C.S. SYSTEM _____

D. FIRE SAFETY PLAN:

1. APPROVED F.S.P. _____
2. ALL SECTIONS CURRENT AND CORRECT _____
3. COPY KEPT AT FCS _____
4. COPY OF FLOOR PLANS ATTACHED TO FSP _____
5. APPLICABLE PARTS OF FSP DISTRIBUTED TO TENANTS _____

E. FIRE COMMAND STATION:

1. ELEVATOR KEYS (6) _____
2. WINDOW KEYS (12 IF APPLICABLE) _____
3. LIST OF FLOOR WARDENS AND TELEPHONE NO.'s _____
4. SYSTEM OF DAILY NOTIFICATION OF WARDENS _____
5. COMMUNICATION FROM FCS TO: MER (✓) ELEV. MACH. ROOM (✓)
 TO REGULARLY ASSIGNED LOCATION OF FSD (✓) _____

RADIO'S / WALKIE-TALKIES

F. RECORDS:

1. FIRE DRILLS CONDUCTED AND RECORDED (DATE OF LAST 6/00)
2. SMOKE DETECTORS CLEANED AND TESTED, LOG MAINTAINED
3. ALARM LOG BOOK MAINTAINED CURRENT
4. MONTHLY TEST RECORD OF FIREMEN'S SERVICE ELEVATORS
5. MONTHLY TEST RECORD OF CLASS "E" F.A.C.S.
6. MONTHLY TEST RECORD OF FIRE PUMPS (IF REQUIRED) 6/25/00
7. MONTHLY TEST RECORD OF EMERGENCY GENERATOR (IF REQUIRED)
8. MONTHLY RECORD OF SPRINKLER INSPECTION 6/25/00
9. MONTHLY RECORD OF STANDPIPE INSPECTION 6/25/00

G. FIRE PROTECTION SYSTEMS:

1. C OF F SPRINKLER (✓) NAME A. Rubino NO. 61029561 X10/01
2. SPRINKLER VALVE SEALED OPEN (SUMMONS IF CLOSED) DAMPERS
3. SPRINKLER SIAMESE SWIVEL (✓) UNOBSTRUCTED (✓) SIGN IF REQUIRED (✓) X10/01
4. C OF F STANDPIPE (✓) NAME A. Rubino NO. 60680659
5. STANDPIPE VALVES SEALED OPEN WATER FLOW SWITCHES
6. STANDPIPE SIAMESE: SWIVELS (✓) UNOBSTRUCTED (✓)
7. EXTINGUISHERS PROPERLY HUNG AND DISTRIBUTED
8. EXTINGUISHERS TAGGED: DATE OF LAST INSPECTION (2/00)

H. SIGNS:

1. ELEVATOR: LETTER DESIGNATION (✓) FL. DIAGRAM (✓) "IN CASE OF FIRE USE STAIRS" (✓)
2. STAIR: FLOOR NO. (✓) LETTER DESIGNATION—OCCUPANCY SIDE (✓) STAIR SIDE (✓)
3. RE-ENTRY SIGNS POSTED
4. EXIT AND DIRECTIONAL SIGNS ILLUMINATED
5. ORGANIZATIONAL CHARTS POSTED AND ACCURATE

I. GENERAL:

1. CERTIFICATE OF OCCUPANCY POSTED Port Authority
2. ALL AREAS FREE OF RUBBISH
3. PAPER RECYCLING HAMPER STORED IN PROPER LOCATION (NOT IN HALLWAYS OR ELEVATOR LOBBIES)
4. STAIRWAY DOORS OPENABLE AT ALL TIMES (OCCUPANT SIDE) (IF NO: APPROVED BY D.O.B. N/A CONNECTED TO CLASS "E")
5. RE-ENTRY PROVIDED WHERE REQUIRED
- a. FAIL SAFE SYSTEM (✓) INDICATE FLS. (ALL)
6. IF SHAFTS PRESENT (i.e., ELEC. CLOSETS) ARE THEY FIRESTOPPED
7. FLOOR WARDENS, DEPUTY WARDENS, AND SEARCHERS TRAINED
- a. FLOORS CHECKED (25, 13, 12, Lobby)
8. FLAMMABLES/COMBUSTIBLES PROPERLY STORED
- a. LOCATION DIESEL FOR GENERATORS

REMARKS:

OK

NOV	TOTAL	SUMMONS
	TOTAL ITEMS	TOTAL

INSPECTOR'S SIGNATURE

J. Motylka

INSPECTION REPORT

NYC-WTC_000166126

Instructions to Inspectors—All boxes on this form must have an answer. Answer with a "NO" answers to a "V" mandate a Violation Order, "NO" answers to a "*" mandate automatic failure. Check "YES" "NO" or "N/A".

ON SITE EXAM FOR FIRE SAFETY DIRECTOR—OFFICE

Z 01

Inspector

Name of Candidate WILLIAMS NATHANIEL Office Address 7 WORLD TRADE CENTER, N.Y. 10048 Date of Examination 8-26-99

(Print last name, first name)

A:

Instructions to Inspectors—If any asterisk (*) items are marked "NO", terminate the test immediately. See Section VIII for further information.			YES	NO	N/A
I. Physical Requirements—Does candidate have ability to:					
*A. Speak and understand English? Yes ☒ No ☐	*B. Hear spoken words over a telephone? (with corrective devices) Yes ☒ No ☐	*C. Possess necessary vision? (corrective devices acceptable) Yes ☒ No ☐			

B: Building

Instructions to Inspector—If any violation (V) items are marked "NO", issue a Violation Order at the end of the Test. Test must proceed.			YES	NO	N/A
II. Records:					
v. A. Fire drill records current? Yes ☐ No ☐	v. B. Firemen's Service Elevator Test Records current? Yes ☐ No ☐ N/A ☐	v. C. Keys kept at Fire Command Station? Yes ☐ No ☐ N/A ☐			3
v. D. Fire Safety Plan and building floor plan at Fire Command Station? Yes ☐ No ☐	v. E. A current list of all floor Wardens and phone numbers at Fire Command Station? Yes ☐ No ☐	v. F. Master window keys available? Yes ☐ No ☐ N/A ☐			3
v. G. Building current in actual Fire Drills? (*if over 3 months) Yes ☐ No ☐					1
TOTAL (7)					7
Instructions to Inspector—If any violation (V) items are marked "NO", issue a Violation Order at the end of the Test. Test must Proceed.					
III. a. Specific Building Inspection:					
Special Instructions—Choose one floor for the general floor inspection <u>6</u> FLOOR					
Building Inspection—Signs and Charts—					
v. A. Are stairways properly lettered? Yes ☒ No ☐	v. B. Are floors properly numbered? Yes ☒ No ☐	v. C. Is floor diagram posted? Yes ☒ No ☐			3
v. D. Are stairways re-entry signs posted? Yes ☐ No ☐ N/A ☐	v. E. Are elevators properly lettered on each elevator bank? Yes ☒ No ☐ N/A ☐	v. F. Is floor diagram properly oriented? Yes ☒ No ☐			3
v. G. Is elevator sign "In Case of Fire, Use Stairs" posted? Yes ☒ No ☐ N/A ☐	v. H. Are exit doors unlocked, closed and unobstructed? Yes ☒ No ☐	v. I. Fire Drill Organization Charts posted and current? Yes ☒ No ☐			3
TOTAL (9)					9
III. b. Building Inspection—Signs and Charts—Choose one floor for the general floor inspection <u>13</u> FLOOR					
v. A. Are stairways properly lettered? Yes ☒ No ☐	v. B. Are floors properly numbered? Yes ☒ No ☐	v. C. Is floor diagram posted? Yes ☒ No ☐			3
v. D. Are stairways re-entry signs posted? Yes ☒ No ☐ N/A ☐	v. E. Are elevators properly lettered on each elevator bank? Yes ☒ No ☐ N/A ☐	v. F. Is floor diagram properly oriented? Yes ☒ No ☐			3
v. G. Is elevator sign "In Case of Fire, Use Stairs" posted? Yes ☒ No ☐ N/A ☐	v. H. Are exit doors unlocked, closed and unobstructed? Yes ☒ No ☐	v. I. Fire Drill Organization Charts posted and current? Yes ☒ No ☐			3
TOTAL (9)					9
IV. Instructions to Inspector—If four (4) or more items below are marked "NO", the inspector must issue a Violation Order at the end of the test. Test must proceed.					
This next part must proceed with contacting a Floor Warden within the Building. Read the following statement to the Warden—"In the event of a fire on this floor, explain which specific actions must be taken by you."					
FLOOR WARDENS:					
NAME OF FLOOR WARDEN CONTACTED <u>JOE GRAZIANO</u>			FLOOR CHOSEN <u>12TH</u> TELEPHONE NUMBER <u>(212) 943-8033</u>		
Does Floor Warden have knowledge of:					
A. Position during fire drill or emergency? Yes ☒ No ☐	B. Notification procedures? Yes ☒ No ☐	C. Location of alarm boxes? Yes ☒ No ☐ N/A ☐			3
D. Evacuation location? Yes ☒ No ☐	E. Evacuation procedures? Yes ☐ No ☐	F. Number of exits on floor? Yes ☒ No ☐	G. Examining for exits on floor? Yes ☐ No ☐		4
H. Reporting whether smoke or Fire? Yes ☒ No ☐	I. Duties of Deputy Fire Warden and Searchers? Yes ☐ No ☐	v. J. Were fire drills conducted? Yes ☐ No ☐			3
*K. Floor wardens in numerous floors properly trained? Yes ☒ No ☐					
TOTAL (11)			11		
Section B: (II, III, IV)			8 or more answered "NO" in Section B fails.		
SECTION B TOTAL (36)			7		
Number of correct answers in this section is <u>29</u> Number of incorrect answers is _____ Number of N/A answers is _____					

C: Candidate

Instructions to Inspector—If any asterisk (*) items are marked "NO", terminate the test immediately. See Section VIII for further information:				YES	NO	N/A
V. Fire Emergencies and Class E. System Operations (if system inoperative, see Comments VII): Examiner —Read this statement to the candidate "You are the Fire Safety Director of the building. You receive notice during normal operational hours that an actual fire is occurring above on a floor in this building. Explain all steps of what actions must be taken. Again make no assumptions of any actions taken and start at the beginning." Did FSD have knowledge to:						
*A. Report to Fire Command? Yes ☒ No ☐	B. Check board status? Yes ☒ No ☐ N/A ☐	*C. Notify Fire Department? Yes ☒ No ☐	D. Send runner to Alarm Box? Yes ☒ No ☐	4		
*E. Make contact with floor Wardens on fire floor immediately above? Yes ☒ No ☐ N/A ☐		*F. Make announcements on PA System? Yes ☒ No ☐ N/A ☐	G. Record information—all? Yes ☒ No ☐	3		
*H. Evacuate fire floor and floor above? Yes ☒ No ☐	I. Instruct FW to re-contact in safe area? Yes ☒ No ☐		*J. Activate fire brigade? Yes ☒ No ☐	3		
*K. Ensure elevators recall? Yes ☒ No ☐ N/A ☐	L. Shut down A/C? Yes ☒ No ☐ N/A ☐	M. Keep lobby clear and entrance doors unlocked? Yes ☒ No ☐		3		
*N. Reset Notification System or if System out-of-service? Yes ☒ No ☐ N/A ☐		O. Perform—Make available Fire Safety Plan, Floor Plans, Keys, engineer to NYCFD? Yes ☒ No ☐	*P. Describe—Silence Alarm? Yes ☒ No ☐ N/A ☐	3		
*Q. Perform—The FSD Candidate uses the PA System on one floor states "This is only a test of the P.A. System. The Floor Warden should call back on the Floor Phone immediately to confirm that this message is clear." Yes ☒ No ☐ N/A ☐				1		
TOTAL (17)				17		
VI. Building Instructions to Examiner —Verify all information stated by the candidate by comparison with the Fire Safety Plan or visual inspection. A "NO" answer does not mandate failure.						
ELEVATOR —(Page 13, Q 7 of F.S. Guidelines): Does candidate know location/type of:						
A. Elevators with common shafts? Yes ☒ No ☐ N/A ☐ B. Elevator machinery room? Yes ☒ No ☐ N/A ☐ C. Operation of control necessary to deactivate elevator circuits? Yes ☒ No ☐ N/A ☐ D. Identification of elevators and elevator bank? Yes ☒ No ☐ N/A ☐ E. Firemen's service elevators? Yes ☒ No ☐ N/A ☐						
Air Conditioning and Heating —(Page 15, of F.S. Guidelines): A. Type of air conditioning system? Yes ☒ No ☐ N/A ☐ B. Zones serviced by systems? Yes ☒ No ☐ N/A ☐ C. Controls to activate movement? Yes ☒ No ☐ N/A ☐ D. Electronic automatic detection controls? Yes ☒ No ☐ N/A ☐ E. Type, location and controls of heating systems? Yes ☒ No ☐ N/A ☐ F. Smoke shaft location and operation? Yes ☒ No ☐ N/A ☐						
Sprinkler System (Page 14 Q 11) of F.S. Guidelines: Does candidate know location/type of:						
A. Automatic or non-automatic systems? Yes ☒ No ☐ N/A ☐ B. Main shut off? Yes ☒ No ☐ N/A ☐ C. Valves each floor? Yes ☒ No ☐ N/A ☐ D. Valves for more than one floor? Yes ☒ No ☐ N/A ☐ E. Area controlled by sprinkler system? Yes ☒ No ☐ N/A ☐ F. Primary source of water? Yes ☒ No ☐ N/A ☐ G. Fire pump? Yes ☒ No ☐ N/A ☐ H. Six (6) extra sprinkler heads and wrench? Yes ☒ No ☐ N/A ☐						
Alarm System: Does candidate know location/type of:						
A. Various alarm sending station? Yes ☒ No ☐ N/A ☐ B. Various Warden phones? Yes ☒ No ☐ N/A ☐ C. Street fire alarm box? Yes ☒ No ☐ N/A ☐						
TOTAL (22)				20	2	N/A
Special Extinguishing System (P. 14, Q. 2) & Lighting Equipment (P. 15, Q. 16) of F.S. Guidelines: Does candidate know location/type of:						
A. Special extinguishing systems within building? Yes ☒ No ☐ N/A ☐ B. Extinguishing systems location(s)? Yes ☒ No ☐ N/A ☐ C. Auxiliary sources of lights or power? Yes ☒ No ☐ N/A ☐						
Standpipe systems (P. 14, Q. 10) of F.S. Guidelines: Does candidate know location/type of:						
A. Risers and control valves? Yes ☒ No ☐ N/A ☐ B. Procedure should system become inoperable? Yes ☒ No ☐ N/A ☐ C. Pump rooms? Yes ☒ No ☐ N/A ☐ D. Water supply controls? Yes ☒ No ☐ N/A ☐						
Stairways (P. 13, Q. 5) of F.S. Guidelines: Does candidate know location/type of:						
A. Identification/location? Yes ☒ No ☐ N/A ☐ B. Floors served? Yes ☒ No ☐ N/A ☐ C. Pressurized stairs? Yes ☒ No ☐ N/A ☐ D. Access stairs (Open or Closed)? Yes ☒ No ☐ N/A ☐						
Other (Special Features, i.e. Atrium) (write question):						
A. <u>SAFET</u> Yes ☒ No ☐ N/A ☐ B. <u>AUDOTR.</u> Yes ☒ No ☐ N/A ☐ C. _____ Yes ☐ No ☐ N/A ☒						
TOTAL (11)				13	1	N/A
Section C: (V, VI)						
12 or more answered "NO" in Section C fails.						
SECTION C TOTAL (53)						
Number of correct answers in this section is <u>49</u> . Number of incorrect answers is <u>3</u> . Number of N/A answers is <u>1</u> .						

FIRE SAFETY DIRECTOR ON SITE EXAMINATION—OFFICE

Section D:

VII. Comments by Examiner:

()
Check if
applicable

The Class E system was inoperative, candidate was advised to send in an affidavit indicating proper instruction has been provided and system is operative. If so, state why system was inoperative.

VIII. Determination of Passing:

- A. If the candidate failed to answer satisfactorily the essential questions marked (*), advise the candidate that a new appointment should be requested by contacting the High Rise Unit. The examiner should also give the applicant a bill for the inspections/examination.
- B. If the candidate satisfactorily answered the mandatory parts, but by totalling all answers, the number of NO answers were below 80%, the candidate fails the practical test. See Chart.

IX. On Site Office Building Test—(Print ALL information):

Candidate Name WILLIAM NATHANIEL

Social Security No. PII

Date of Examination 8-26-99

Number of correct answers are 78 on this test. Number of incorrect answers are 3. Number of N/A answers are 8.

Summary of Results:

A. PASSED (CHECK)

or

B. FAILED—(reason)

C. Violation numbers issued as result of examination and inspection:

White copy must be given to the Candidate.

Canary copy must be submitted to the High Rise Unit.

Pink copy must be submitted to Cashier's office.

C. of F. Z 01 NEW No. of On Site Tests 1

Premise Address 7 WORLD TRADE CENTER

N.Y., N.Y., 10048

Total Number of Items Answered 89

CANDIDATE

BUILDING

Those candidates failing should contact the High Rise Unit for another appointment when building correction and/or additional knowledge is obtained.

D. I hereby certify all information contained in this report is accurate.

INSPECTOR

DATE

INSPECTORS ARE ONLY PERMITTED TO PROVIDE CANDIDATES WITH SECTION D.



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

INSPECTION ORDER

DATE	ACCOUNT	TYPE	ALPHA PREFIX	D.O.	ADM CO	NO FEE ACT	SEE ATT. LIST	CURRENT PERMIT EXPIRE
06/16/99	89062259	14	B	36	H027	X		07/99

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

11 - SCHEDULED
2 - RE-INSPECTED
3 - REQUESTED
4 - COMPLAINT

PREMISES ADDRESS

AKA ADDRESS

7 WORLD TRADE CENTER
NEW YORK, NY 10048

MAILING ADDRESS

ACCOUNT NAME

7 WORLD TRADE COMPANY
7 WORLD TRADE CENTER
NEW YORK, NY 10048

7 WORLD TRADE COMPANY

ITEM CODE	SUB CODE	QTY	DESCRIPTION	FLOOR NO.
890	02	1	OFFICE BLDG ANNUAL INSPECTION	0

COMMENTS (CIC)

MOD CLASS E

Approved Date 10.1.01 A

ITEMS TO BE ADDED OR DELETED (CIC)

ITEM CODE	ITEM SUB-CODE	NEW QTY.	DESCRIPTION	FLOOR NO.
1				
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 A. Aly DATE 08/26/99 INSPECTOR I.D. 1732 COMMENTS 135 mins

EXAMINER [Signature] DATE 08/30/99

ENTRY CLERK DATE

AUDITOR DATE

INSPECTOR DATE INSPECTOR I.D. COMMENTS

EXAMINER DATE

ENTRY CLERK DATE

AUDITOR DATE

NY 117-S 01-071448-0

RISE UNIT OFFICE INSPECTION/SURV

DATE: 8-26 19 99

INSPECTOR: A. Ali

BUILDING PROFILE

ADDRESS 7 WORLD TRADE STR NO. OF STORIES 47 HT. IN FT. 618 TOTAL SQ. FT. 2,000,000
 OWNER/AGENT 7 WORLD TRADE COMPANY PREMISE TEL. NO. (212) 619-6569
 CLASS "E" FACS; MANUFACTURER FIRE COM MODEL NO. _____
 APPROVED CENTRAL STATION ALARM CO. AAA # OF SMOKE DETECTORS _____
 F.S.D. ON DUTY JAMES CORRIGAN C OF F NO. 62713928 EXPIRES 3-20-01
 SPRINKLER SYSTEM: FULLY YES PARTIAL (AREA PROTECTED) NA
 CENTRAL A/C YES STAIR PRESSURIZATION NA ACCESS STAIRS (FLS) 2-3, 9-10, 42-43
 ADDITIONAL INFO (MAIL CONVEYORS, SPECIAL OCCUPANCIES, ETC.) _____

	N/A	YES	NO	SUMMONS/ NOV #
A. FIRE SAFETY DIRECTOR AND DEPUTY FIRE SAFETY DIRECTORS:				
1. ON DUTY (SUMMONS IF NO 27-4267)		☒		
2. DEPUTY FSD(S) NO. CERTIFIED FOR PREMISE (<u>5</u>)		☒		
3. BUILDING EVACUATION SUPERVISOR (DESIGNATED AND TRAINED AS PER FSP) <u>24 HRS F.S.D. ON DUTY</u>		☒		
4. FIRE BRIGADE (PRESENT IN BUILDING AND TRAINED)		☒		
B. CLASS "E" ALARM SYSTEM:				
1. INSTALLED (27-4267.1) () MAINTAINED (27-4265) ()		☒		
2. IF 100' OR MORE, LETTER OF APPROVAL (FD ELEC. UNIT)	☒			
C. ALARM TEST (NOTIFY BORO DISP. BEFORE TRANSMITTING ALARM):				
1. SYSTEM ON-LINE <u>DUE TO SPRINKLER</u>			☒	
IF OFF-LINE FOR APPROVED REASON: <u>DRINKING (CONSTRUCTION)</u> (3, 3, 41, 42)				
a. FIRE COMMAND STATION MANNED AT ALL TIMES		☒		
b. LOG BOOK MAINTAINED		☒		
2. FLOOR WARDEN PHONE OPERATIONAL (FL. NO. <u>12/13/14</u>)		☒		
3. P.A. SYSTEM AUDIBLE (FL. NO. <u>12/13/14</u>)		☒		
4. MANUAL ALARM TRANSMITTED TO BORO CENTRAL OFFICE		☒		
DISP. NO. (<u>187</u>) ELAPSED TIME (IN MINUTES) TO RECEIVE (<u>3</u>)		☒		
IF ALARM IS NOT RECEIVED BY BORO CENTRAL OFFICE OR IF CENTRAL STATION COMPANY CALLS PREMISE BEFORE TRANSMITTING ALARM TO BORO CENTRAL OFFICE, FORWARD REPORT TO CHIEF IN CHARGE OF BUR. OF COMMUNICATIONS.				
5. F.S.D. PROFICIENT IN OPERATION OF F.A.C.S. SYSTEM		☒		
D. FIRE SAFETY PLAN:				
1. APPROVED F.S.P.		☒		
2. ALL SECTIONS CURRENT AND CORRECT		☒		
3. COPY KEPT AT FCS		☒		
4. COPY OF FLOOR PLANS ATTACHED TO FSP		☒		
5. APPLICABLE PARTS OF FSP DISTRIBUTED TO TENANTS		☒		
E. FIRE COMMAND STATION:				
1. ELEVATOR KEYS (6)		☒		
2. WINDOW KEYS (12 IF APPLICABLE)		☒		
3. LIST OF FLOOR WARDENS AND TELEPHONE NO.'s		☒		
4. SYSTEM OF DAILY NOTIFICATION OF WARDENS			☒	
5. COMMUNICATION FROM FCS TO: MER () ELEV. MACH. ROOM ()				
TO REGULARLY ASSIGNED LOCATION OF FSD ()				

ACTUAL
1503
RECEIVED
1503

F. RECORDS:

- | | N/A | YES | NO | SUMMONS/
NOV # |
|---|-----|-------------------------------------|----|-------------------|
| 1. FIRE DRILLS CONDUCTED AND RECORDED (DATE OF LAST <u>6/99</u>) | | ☒ | | |
| 2. SMOKE DETECTORS CLEANED AND TESTED, LOG MAINTAINED <u>6-99</u> | | ☒ | | |
| 3. ALARM LOG BOOK MAINTAINED | | ☒ | | |
| 4. MONTHLY TEST RECORD OF FIREMEN'S SERVICE ELEVATORS | | ☒ | | |
| 5. MONTHLY TEST RECORD OF CLASS "E" F.A.C.S. | | ☒ | | |
| 6. MONTHLY TEST RECORD OF FIRE PUMPS (IF REQUIRED) | | ☒ | | |
| 7. MONTHLY TEST RECORD OF EMERGENCY GENERATOR (IF REQUIRED) | | ☒ | | |
| 8. MONTHLY RECORD OF SPRINKLER INSPECTION | | ☒ | | |
| 9. MONTHLY RECORD OF STANDPIPE INSPECTION | | ☒ | | |

G. FIRE PROTECTION SYSTEMS:

- | | | | | |
|---|--|-------------------------------------|--|--|
| 1. C OF F SPRINKLER (<u>F21</u>) NAME <u>RUBIN, ANTHONY</u> <u>61084561</u> | | ☒ | | |
| 2. SPRINKLER VALVE SEALED OPEN (SUMMONS IF CLOSED) <u>10-01</u> | | ☒ | | |
| 3. SPRINKLER SIAMESE SWIVEL () UNOBSTRUCTED ()
SIGN IF REQUIRED () | | ☒ | | |
| 4. C OF F STANDPIPE (<u>F4</u>) NAME <u>RUBIN, ANTHONY</u> <u>60680659</u> | | ☒ | | |
| 5. STANDPIPE VALVES SEALED OPEN (<u>COMBINATION</u>) <u>10-01</u> | | ☒ | | |
| 6. STANDPIPE SIAMESE: SWIVELS () UNOBSTRUCTED () | | ☒ | | |
| 7. EXTINGUISHERS PROPERLY HUNG AND DISTRIBUTED | | ☒ | | |
| 8. EXTINGUISHERS TAGGED: DATE OF LAST INSPECTION (<u>7-99</u>) | | ☒ | | |

H. SIGNS:

- | | | | | |
|---|--|-------------------------------------|--|--|
| 1. ELEVATOR: LETTER DESIGNATION () FL. DIAGRAM ()
"IN CASE OF FIRE USE STAIRS" () | | ☒ | | |
| 2. STAIR: FLOOR NO. ()
LETTER DESIGNATION—OCCUPANCY SIDE () STAIR SIDE () | | ☒ | | |
| 3. RE-ENTRY SIGNS POSTED | | ☒ | | |
| 4. EXIT AND DIRECTIONAL SIGNS ILLUMINATED | | ☒ | | |
| 5. ORGANIZATIONAL CHARTS POSTED AND ACCURATE | | ☒ | | |

I. GENERAL:

- | | | | | |
|--|--|-------------------------------------|--|--|
| 1. CERTIFICATE OF OCCUPANCY POSTED | | ☒ | | |
| 2. ALL AREAS FREE OF RUBBISH | | ☒ | | |
| 3. PAPER RECYCLING HAMPERS STORED IN PROPER LOCATION
(NOT IN HALLWAYS OR ELEVATOR LOBBIES) | | ☒ | | |
| 4. STAIRWAY DOORS OPENABLE AT ALL TIMES (OCCUPANT SIDE)
(IF NO: APPROVED BY D.O.B. _____ CONNECTED TO CLASS "E" | | ☒ | | |
| 5. RE-ENTRY PROVIDED WHERE REQUIRED | | ☒ | | |
| a. FAIL SAFE SYSTEM (☒) INDICATE FLS. (<u>ALL</u>) | | ☒ | | |
| 6. IF SHAFTS PRESENT (i.e., ELEC. CLOSETS) ARE THEY FIRESTOPPED | | ☒ | | |
| 7. FLOOR WARDENS, DEPUTY WARDENS, AND SEARCHERS TRAINED | | ☒ | | |
| a. FLOORS CHECKED () | | ☒ | | |
| 8. FLAMMABLES/COMBUSTIBLES PROPERLY STORED | | ☒ | | |
| a. LOCATION | | ☒ | | |

REMARKS:

NOV TOTAL	TOTAL ITEMS	SUMMONS TOTAL

INSPECTOR'S SIGNATURE

[Signature]

INSPECTION ORDER

PLEASE INDICATE ANY OF THESE COLUMN CHANGES AT RIGHT

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

ITEM CODE	SUB CODE	QTY	DESCRIPTION	FLOOR NO
590	02	1	OFFICE BLDG ANNUAL INSPECTION	0

MOD CLASS E

[illegible]

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

☐ VOID WITH REASON _____
ENTER CODE

☐ NOT APPROVED WITH REASON _____
ENTER CODE

NYC-WTC 000166134

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 A. PESTIGACOMO DATE 07/23/98 INSPECTOR I.D. 10034 COMMENTS 150 MIN.

EXAMINER ALC DATE 07/20/98

ENTRY CLERK ALC DATE

AUDITOR ALC DATE

INSPECTOR DATE INSPECTOR I.D. COMMENTS

EXAMINER DATE

ENTRY CLERK DATE

AUDITOR DATE

INSPECTOR: A. KRISTIAN

ADDRESS 7 WORLD TRADE CENTER NO. OF STORIES 47 HT. IN FT. 618 TOTAL SQ. FT. 2,000,000
OWNER/AGENT 7 WORLD TRADE CO. % SILVERSTEIN PREMISE TEL. NO. (212) 619-6569
CLASS "E" FACS; MANUFACTURER FIREWORK PROPERTIES MODEL NO. 8500
APPROVED CENTRAL STATION ALARM CO. AFA # OF SMOKE DETECTORS 500
F.S.D. ON DUTY CORRIGAN, JAMES, J. (RET.) C OF F NO. 62713938 EXPIRES 3-20-01
SPRINKLER SYSTEM: FULLY YES PARTIAL (AREA PROTECTED) N/A
CENTRAL A/C YES STAIR PRESSURIZATION N/A ACCESS STAIRS (FLS) 9-10/11-12/
ADDITIONAL INFO (MAIL CONVEYORS, SPECIAL OCCUPANCIES, ETC.) OFFICE/2-3 ESCALATORS (4)
35-44 ENCLOSED STAIRS

NYC-WTC 000166136

F. RECORDS:

1. FIRE DRILLS CONDUCTED AND RECORDED (DATE OF LAST 6-19-98)
2. SMOKE DETECTORS CLEANED AND TESTED, LOG MAINTAINED 6-20-98
3. ALARM LOG BOOK MAINTAINED _____
4. MONTHLY TEST RECORD OF FIREMEN'S SERVICE ELEVATORS 6-28-98
5. MONTHLY TEST RECORD OF CLASS "E" F.A.C.S. _____
6. MONTHLY TEST RECORD OF FIRE PUMPS (IF REQUIRED) 6-28-98
7. MONTHLY TEST RECORD OF EMERGENCY GENERATOR (IF REQUIRED) _____
8. MONTHLY RECORD OF SPRINKLER INSPECTION 750 KVA GENERATOR 6-28-98
9. MONTHLY RECORD OF STANDPIPE INSPECTION 6-28-98

G. FIRE PROTECTION SYSTEMS:

1. C OF F SPRINKLER (☒) NAME BARONE AMEDIO NO. 62978945
2. SPRINKLER VALVE SEALED OPEN (SUMMONS IF CLOSED) EXP-3-27-99
3. SPRINKLER SIAMESE SWIVEL (☒) UNOBSTRUCTED (☒)
SIGN IF REQUIRED (☒) _____
4. C OF F STANDPIPE (☒) NAME BARONE AMEDIO NO. 62978937
5. STANDPIPE VALVES SEALED OPEN EXP-3-27-99
6. STANDPIPE SIAMESE: SWIVELS (☒) UNOBSTRUCTED (☒)
7. EXTINGUISHERS PROPERLY HUNG AND DISTRIBUTED _____
8. EXTINGUISHERS TAGGED: DATE OF LAST INSPECTION (7/98)

H. SIGNS:

1. ELEVATOR: LETTER DESIGNATION (☒) FL. DIAGRAM (☒)
"IN CASE OF FIRE USE STAIRS" (☒)
2. STAIR: FLOOR NO. (☒)
LETTER DESIGNATION—OCCUPANCY SIDE (☒) STAIR SIDE (☒)
3. RE-ENTRY SIGNS POSTED _____
4. EXIT AND DIRECTIONAL SIGNS ILLUMINATED _____
5. ORGANIZATIONAL CHARTS POSTED AND ACCURATE _____

I. GENERAL:

1. CERTIFICATE OF OCCUPANCY POSTED _____
2. ALL AREAS FREE OF RUBBISH _____
3. PAPER RECYCLING HAMPERS STORED IN PROPER LOCATION
(NOT IN HALLWAYS OR ELEVATOR LOBBIES) _____
4. STAIRWAY DOORS OPENABLE AT ALL TIMES (OCCUPANT SIDE)
(IF NO: APPROVED BY D.O.B. N/A CONNECTED TO CLASS "E" _____)
5. RE-ENTRY PROVIDED WHERE REQUIRED _____
 - a. FAIL SAFE SYSTEM (☒) INDICATE FLS. (ALL)
6. IF SHAFTS PRESENT (i.e., ELEC. CLOSETS) ARE THEY FIRESTOPPED _____
7. FLOOR WARDENS, DEPUTY WARDENS, AND SEARCHERS TRAINED _____
 - a. FLOORS CHECKED (39, 23, 4, B, —)
8. FLAMMABLES/COMBUSTIBLES PROPERLY STORED _____
 - a. LOCATION _____

REMARKS: _____

NOV TOTAL	TOTAL ITEMS	SUMMONS TOTAL
—	—	—

INSPECTOR'S SIGNATURE: [Signature]

Instructions to Inspectors—All boxes on this form must have an answer. Answers with a "NO" answers to a "V" mandate a Violation Order, "NO" answers to a "*" mandate automatic failure. Check "YES" "NO" or "N/A".

ON SITE EXAM FOR FIRE SAFETY DIRECTOR—OFFICE

Name of Candidate Kasell, Patrick Office Address 7 WTC Date of Examination 10-01-91
(Print last name, first name) New York NY 10001

A:

Instructions to Inspectors—If any asterisk (*) items are marked "NO", terminate the test immediately. See Section VIII for further information.			YES	NO	N/A
I. Physical Requirements—Does candidate have ability to:					
*A. Speak and understand English? Yes ☒ No ☐	*B. Hear spoken words over a telephone? (with corrective devices) Yes ☒ No ☐	*C. Possess necessary vision? (corrective devices acceptable) Yes ☒ No ☐			

B: Building

Instructions to Inspector—If any violation (V) items are marked "NO", issue a Violation Order at the end of the Test. Test must proceed.			YES	NO	N/A
II. Records:					
v. A. Fire drill records current? Yes ☐ No ☐	v. B. Firemen's Service Elevator Test Records current? Yes ☐ No ☐ N/A ☐	v. C. Keys kept at Fire Command Station? Yes ☐ No ☐ N/A ☐			
v. D. Fire Safety Plan and building floor plan at Fire Command Station? Yes ☐ No ☐	v. E. A current list of all floor Wardens and phone numbers at Fire Command Station? Yes ☐ No ☐	v. F. Master window keys available? Yes ☐ No ☐ N/A ☐			
v. G. Building current in actual Fire Drills? (*if over 3 months) Yes ☐ No ☐					
TOTAL (7)			0	0	7
Instructions to Inspector—If any violation (V) items are marked "NO", issue a Violation Order at the end of the Test. Test must Proceed.					
III. a. Specific Building Inspection:					
Special Instructions—Choose one floor for the general floor inspection <u>15</u> FLOOR					
Building Inspection—Signs and Charts—					
v. A. Are stairways properly lettered? Yes ☒ No ☐	v. B. Are floors properly numbered? Yes ☒ No ☐	v. C. Is floor diagram posted? Yes ☒ No ☐	3		
v. D. Are stairways re-entry signs posted? Yes ☒ No ☐ N/A ☐	v. E. Are elevators properly lettered on each elevator bank? Yes ☒ No ☐ N/A ☐	v. F. Is floor diagram properly oriented? Yes ☒ No ☐	3		
v. G. Is elevator sign "In Case of Fire, Use Stairs" posted? Yes ☒ No ☐ N/A ☐	v. H. Are exit doors unlocked, closed and unobstructed? Yes ☒ No ☐	v. I. Fire Drill Organization Charts posted and current? Yes ☒ No ☐	3		
TOTAL (9)			9		
III. b. Building Inspection—Signs and Charts—Choose one floor for the general floor inspection <u>12</u> FLOOR					
v. A. Are stairways properly lettered? Yes ☒ No ☐	v. B. Are floors properly numbered? Yes ☒ No ☐	v. C. Is floor diagram posted? Yes ☒ No ☐	3		
v. D. Are stairways re-entry signs posted? Yes ☒ No ☐ N/A ☐	v. E. Are elevators properly lettered on each elevator bank? Yes ☒ No ☐ N/A ☐	v. F. Is floor diagram properly oriented? Yes ☒ No ☐	3		
v. G. Is elevator sign "In Case of Fire, Use Stairs" posted? Yes ☒ No ☐ N/A ☐	v. H. Are exit doors unlocked, closed and unobstructed? Yes ☒ No ☐	v. I. Fire Drill Organization Charts posted and current? Yes ☒ No ☐	3		
TOTAL (9)			9		
IV. Instructions to Inspector—If four (4) or more items below are marked "NO", the inspector must issue a Violation Order at the end of the test. Test must proceed.					
This next part must proceed with contacting a Floor Warden within the Building. Read the following statement to the Warden—"In the event of a fire on this floor, explain which specific actions must be taken by you."					
FLOOR WARDENS: <u>Shannon Lawless</u> <u>11</u> TELEPHONE NUMBER					
NAME OF FLOOR WARDEN CONTACTED FLOOR CHOSEN					
Does Floor Warden have knowledge of:					
A. Position during fire drill or emergency? Yes ☒ No ☐	B. Notification procedures? Yes ☒ No ☐	C. Location of alarm boxes? Yes ☒ No ☐ N/A ☐	3		
D. Evacuation location? Yes ☒ No ☐	E. Evacuation procedures? Yes ☒ No ☐	F. Number of exits on floor? Yes ☒ No ☐	4		
H. Reporting whether smoke or Fire? Yes ☒ No ☐	I. Duties of Deputy Fire Warden and Searchers? Yes ☒ No ☐	v. J. Were fire drills conducted? Yes ☒ No ☐	3		
*K. Floor wardens in numerous floors properly trained? Yes ☒ No ☐			1		
TOTAL (11)			11		
Section B: (II, III, IV) 8 or more answered "NO" in Section B fails.			SECTION B TOTAL (36)		
Number of correct answers in this section is <u>29</u>			Number of incorrect answers is <u>4</u> Number of N/A answers is <u>7</u>		

C: Candidate

Instructions to Inspector—If any asterisk (*) items are marked "NO", terminate the test immediately. See Section VIII for further information:				YES	NO	N/A
V. Fire Emergencies and Class E. System Operations (if system inoperative, see Comments VII): Examiner—Read this statement to the candidate "You are the Fire Safety Director of the building. You receive notice during normal operational hours that an actual fire is occurring above on a floor in this building. Explain all steps of what actions must be taken. Again make no assumptions of any actions taken and start at the beginning." Did FSD have knowledge to:						
*A. Report to Fire Command? Yes ☒ No ☐	B. Check board status? Yes ☒ No ☐ N/A ☐	*C. Notify Fire Department? Yes ☒ No ☐	D. Send runner to Alarm Box? Yes ☒ No ☐	4		
*E. Make contact with floor Wardens on fire floor immediately above? Yes ☒ No ☐ N/A ☐		*F. Make announcements on PA System? Yes ☒ No ☐ N/A ☐	G. Record information—all? Yes ☒ No ☐	3		
*H. Evacuate fire floor and floor above? Yes ☒ No ☐	I. Instruct FW to re-contact in safe area? Yes ☒ No ☐		*J. Activate fire brigade? Yes ☒ No ☐	3		
*K. Ensure elevators recall? Yes ☒ No ☐ N/A ☐	L. Shut down A/C? Yes ☒ No ☐ N/A ☐	M. Keep lobby clear and entrance doors unlocked? Yes ☒ No ☐		3		
*N. Reset Notification System or if System out-of-service? Yes ☒ No ☐ N/A ☐		O. Perform—Make available Fire Safety Plan, Floor Plans, Keys, engineer to NYCFD? Yes ☒ No ☐	*P. Describe—Silence Alarm? Yes ☒ No ☐ N/A ☐	3		
*Q. Perform—The FSD Candidate uses the PA System on one floor states "This is only a test of the P.A. System. The Floor Warden should call back on the Floor Phone immediately to confirm that this message is clear." Yes ☒ No ☐ N/A ☐				1		
TOTAL (17)				17		
VI. Building Instructions to Examiner—Verify all information stated by the candidate by comparison with the Fire Safety Plan or visual inspection. A "NO" answer does not mandate failure.						
ELEVATOR —(Page 13, Q 7 of F.S. Guidelines): Does candidate know location/type of: <i>6th floor</i>						
A. Elevators with common shafts? Yes ☒ No ☐ N/A ☐		B. Elevator machinery room? Yes ☒ No ☐ N/A ☐		C. Operation of control necessary to deactivate elevator circuits? Yes ☒ No ☐ N/A ☐		
D. Identification of elevators and elevator bank? Yes ☒ No ☐ N/A ☐		E. Firemen's service elevators? Yes ☒ No ☐ N/A ☐				
Air Conditioning and Heating —(Page 15, of F.S. Guidelines): Does candidate know location/type of: <i>Cent. Heat</i>						
A. Type of air conditioning system? Yes ☒ No ☐ N/A ☐		B. Zones serviced by systems? Yes ☒ No ☐ N/A ☐		C. Controls to activate movement? Yes ☒ No ☐ N/A ☐		
D. Electronic automatic detection controls? Yes ☒ No ☐ N/A ☐		E. Type, location and controls of heating systems? Yes ☒ No ☐ N/A ☐		F. Smoke shaft location and operation? Yes ☒ No ☐ N/A ☐		
Sprinkler System (Page 14 Q 11) of F.S. Guidelines: Does candidate know location/type of: <i>2nd floor</i>						
A. Automatic or non-automatic systems? Yes ☒ No ☐ N/A ☐		B. Main shut off? Yes ☒ No ☐ N/A ☐		C. Valves each floor? Yes ☒ No ☐ N/A ☐		
D. Valves for more than one floor? Yes ☒ No ☐ N/A ☐		E. Area controlled by sprinkler system? Yes ☒ No ☐ N/A ☐		F. Primary source of water? Yes ☒ No ☐ N/A ☐		
G. Fire pump? Yes ☒ No ☐ N/A ☐		H. Six (6) extra sprinkler heads and wrench? Yes ☒ No ☐ N/A ☐				
Alarm System: Does candidate know location/type of:						
A. Various alarm sending station? Yes ☒ No ☐ N/A ☐		B. Various Warden phones? Yes ☒ No ☐ N/A ☐		C. Street fire alarm box? Yes ☒ No ☐ N/A ☐		
TOTAL (22)				21	1	
Special Extinguishing System (P. 14, Q. 2) & Lighting Equipment (P. 15, Q. 16) of F.S. Guidelines: Does candidate know location/type of:						
A. Special extinguishing systems within building? Yes ☒ No ☐ N/A ☐		B. Extinguishing systems location(s)? Yes ☒ No ☐ N/A ☐		C. Auxiliary sources of lights or power? Yes ☒ No ☐ N/A ☐		
Standpipe systems (P. 14, Q. 10) of F.S. Guidelines: Does candidate know location/type of: <i>A+B Standwell</i>						
A. Risers and control valves? Yes ☒ No ☐ N/A ☐		B. Procedure should system become inoperable? Yes ☒ No ☐ N/A ☐		C. Pump rooms? Yes ☒ No ☐ N/A ☐		
D. Water supply controls? Yes ☒ No ☐ N/A ☐						
Stairways (P. 13, Q. 5) of F.S. Guidelines: Does candidate know location/type of:						
A. Identification/location? Yes ☒ No ☐ N/A ☐		B. Floors served? Yes ☒ No ☐ N/A ☐		C. Pressurized stairs? Yes ☒ No ☐ N/A ☐		
D. Access stairs (Open or Closed)? Yes ☒ No ☐ N/A ☐						
Other (Special Features, i.e. Atrium) (write question):						
A. <i>Answer key</i> Yes ☒ No ☐ N/A ☐		B. <i>Dry sys.</i> Yes ☒ No ☐ N/A ☐		C. <i>Pressure</i> Yes ☒ No ☐ N/A ☐		
TOTAL (11)				13	1	
Section C: (V, VI) 12 or more answered "NO" in Section C fails. SECTION C TOTAL (53)						
Number of correct answers in this section is <u>51</u> . Number of incorrect answers is <u>0</u> . Number of N/A answers is <u>2</u> .						

FIRE SAFETY DIRECTOR ON SITE EXAMINATION OFFICE

Section D:

VII. Comments by Examiner:

()
Check if
applicable

The Class E system was inoperative, candidate was advised to send in an affidavit indicating proper instruction has been provided and system is operative. If so, state why system was inoperative.

VIII. Determination of Passing:

- A. If the candidate failed to answer satisfactorily the essential questions marked (*), advise the candidate that a new appointment should be requested by contacting the High Rise Unit. The examiner should also give the applicant a bill for the inspections/examination.
- B. If the candidate satisfactorily answered the mandatory parts, but by totalling all answers, the number of NO answers were below 80%, the candidate fails the practical test. See Chart.

IX. On Site Office Building Test—(Print ALL information):

Candidate Name Patrick Kinselli
Social Security No. PII
Date of Examination 10-01-97
Number of correct answers are 80 on this test. Number of incorrect answers are 0. Number of N/A answers are 9.

C. of F. Z 01 63191316 No. of On Site Tests 1
Premise Address 7 World Trade Ctr
New York NY 10021
Total Number of Items Answered 89

Summary of Results:

A. PASSED ✓
(CHECK)

or

B. FAILED—(reason)

C. Violation numbers issued as result of examination and inspection:

White copy must be given to the Candidate.

Canary copy must be submitted to the High Rise Unit.

Pink copy must be submitted to Cashier's office.

CANDIDATE BUILDING

Those candidates failing should contact the High Rise Unit for another appointment when building correction and/or additional knowledge is obtained.

D. I hereby certify all information contained in this report is accurate.

Fincha Will 10-01-97
INSPECTOR DATE

INSPECTORS ARE ONLY PERMITTED TO PROVIDE CANDIDATES WITH SECTION D.



Silverstein Properties, Inc.
7 World Trade Center
New York, N.Y. 10048
Telephone: 212-619-6569
Fax: 212-732-5190

FLOOR WARDEN'S EMERGENCY DUTIES

In the event of a fire emergency, a floor warden at 7 World Trade Center shall:

1. Make certain that an alarm has been transmitted to the Fire Command Station on the 3rd floor lobby.
2. Make certain that all Deputy Floor Wardens on his/her floor have been informed of the fire and that all occupants of the floor are notified and proceed immediately to the nearest stairway.
3. Proceed to and remain at the warden phone in the corridor. From there he/she will maintain communication with the Fire Safety Director and receive, coordinate and give instructions.
4. Supervise the evacuation of all occupants of the floor via stairway, unless otherwise instructed by the Fire Department (with assistance of Deputy Floor Warden) to a safe area of refuge at least three (3) floors below the fire floor.
5. In the evacuation of handicapped persons, insure that they are assisted from the office area to a safe stairwell. At that point members of the responding fire brigade and evacuation coordinators will remove these individuals to at least three floors below the fire floor.
6. To insure that all known occupants have been evacuated from the floor, use a check list indicating each deputy floor warden and searcher and his/her area of responsibility. Check each Deputy Floor Warden and Searcher as his/her office is evacuated.

Should additional training be required, please contact me at 619-6569.

Cynthia Rice
General Manager



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

INSPECTION ORDER

DATE	ACCOUNT	TYPE	ALPHA PREFIX	D.O.	ADM CO	NO FEE ACT	SEE ATT. LIST	CURRENT PERMIT EXPIRES
04/17/97	89062269	14	B	36	H007	X		07/96

PLEASE INDICATE ANY OF
THESE COLUMN CHANGES
AT RIGHT →

CHANGES	CHANGES	CHANGES	CHANGES
☐	☐	☐	☐

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

INSPECTION TYPE ¹

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

PREMISES ADDRESS

AKA ADDRESS

7 WORLD TRADE CENTER
NEW YORK, NY 10048

BILLING ADDRESS

ACCOUNT NAME

7 WORLD TRADE COMPANY
7 WORLD TRADE CENTER
NEW YORK, NY 10048

7 WORLD TRADE COMPANY

ITEM CODE	SUB CODE	QTY	DESCRIPTION	FLOOR NO.
890	02	1	OFFICE BLDG ANNUAL INSPECTION	0

COMMENTS (CIC)

MODIFIED CLASS "E"

ITEMS TO BE ADDED OR DELETED (CIC)

ITEM CODE	ITEM SUB-CODE	NEW QTY.	DESCRIPTION	FLOOR NO.
2				
4				
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

3:51

NY117-S 91-931440-8

HI-RISE UNIT OFFICE INSPECTION/SURVEY

DATE: 9/4/ 1997

INSPECTOR: H. Nelson

BUILDING PROFILE

ADDRESS 7 World Trade Center NO. OF STORIES 47 HT. IN FT. 618 TOTAL SQ. FT. 2,600,600
 OWNER/AGENT 7 World Trade Company PREMISE TEL. NO. (212) 619-6569
 CLASS "E" FACS; MANUFACTURER Firecon MODEL NO. 8500
 APPROVED CENTRAL STATION ALARM CO. AFA # OF SMOKE DETECTORS 500
 F.S.D. ON DUTY JAMES CONRAN C OF F NO. 62713938 EXPIRES 3/98
 SPRINKLER SYSTEM: FULLY Yes PARTIAL (AREA PROTECTED) _____
 CENTRAL A/C Yes STAIR PRESSURIZATION None ACCESS STAIRS (FLS) 2-3/9-10/11-12/35-47
 ADDITIONAL INFO (MAIL CONVEYORS, SPECIAL OCCUPANCIES, ETC.) _____

	N/A	YES	NO	SUMMONS/ NOV #
A. FIRE SAFETY DIRECTOR AND DEPUTY FIRE SAFETY DIRECTORS:				
1. ON DUTY (SUMMONS IF NO 27-4267) _____		☒		
2. DEPUTY FSD(S) NO. CERTIFIED FOR PREMISE (<u>7</u>) _____		☒		
3. BUILDING EVACUATION SUPERVISOR (DESIGNATED AND TRAINED AS PER FSP) <u>FSD on duty 24 hours</u>		☒		
4. FIRE BRIGADE (PRESENT IN BUILDING AND TRAINED) _____		☒		
B. CLASS "E" ALARM SYSTEM:				
1. INSTALLED (27-4267.1) (☒) MAINTAINED (27-4265) (☒)		☒		
2. IF 100' OR MORE, LETTER OF APPROVAL (FD ELEC. UNIT) _____	☒			<u>Permit Authority</u>
C. ALARM TEST (NOTIFY BORO DISP. BEFORE TRANSMITTING ALARM):				
1. SYSTEM ON-LINE _____		☒		
IF OFF-LINE FOR APPROVED REASON:				
a. FIRE COMMAND STATION MANNED AT ALL TIMES _____		☒		
b. LOG BOOK MAINTAINED _____		☒		
2. FLOOR WARDEN PHONE OPERATIONAL (FL. NO. <u>23</u>) _____		☒		
3. P.A. SYSTEM AUDIBLE (FL. NO. <u>23</u>) _____		☒		
4. MANUAL ALARM TRANSMITTED TO BORO CENTRAL OFFICE _____		☒		
DISP. NO. (<u>417</u>) ELAPSED TIME (IN MINUTES) TO RECEIVE (<u>4</u>)				
IF ALARM IS NOT RECEIVED BY BORO CENTRAL OFFICE OR IF CENTRAL STATION COMPANY CALLS PREMISE BEFORE TRANSMITTING ALARM TO BORO CENTRAL OFFICE, FORWARD REPORT TO CHIEF IN CHARGE OF BUR. OF COMMUNICATIONS.				
5. F.S.D. PROFICIENT IN OPERATION OF F.A.C.S. SYSTEM _____		☒		
D. FIRE SAFETY PLAN:				
1. APPROVED F.S.P. _____		☒		
2. ALL SECTIONS CURRENT AND CORRECT _____		☒		
3. COPY KEPT AT FCS _____		☒		
4. COPY OF FLOOR PLANS ATTACHED TO FSP _____		☒		
5. APPLICABLE PARTS OF FSP DISTRIBUTED TO TENANTS _____		☒		
E. FIRE COMMAND STATION:				
1. ELEVATOR KEYS (6) _____		☒		
2. WINDOW KEYS (12 IF APPLICABLE) _____		☒		
3. LIST OF FLOOR WARDENS AND TELEPHONE NO.'s _____		☒		
4. SYSTEM OF DAILY NOTIFICATION OF WARDENS _____		☒		
5. COMMUNICATION FROM FCS TO: MER (☒) ELEV. MACH. ROOM (☒)		☒		
TO REGULARLY ASSIGNED LOCATION OF FSD (☒)		☒		

F. RECORDS:

1. FIRE DRILLS CONDUCTED AND RECORDED (DATE OF LAST 6/13/97)
2. SMOKE DETECTORS CLEANED AND TESTED, LOG MAINTAINED
3. ALARM LOG BOOK MAINTAINED
4. MONTHLY TEST RECORD OF FIREMEN'S SERVICE ELEVATORS
5. MONTHLY TEST RECORD OF CLASS "E" F.A.C.S.
6. MONTHLY TEST RECORD OF FIRE PUMPS (IF REQUIRED)
7. MONTHLY TEST RECORD OF EMERGENCY GENERATOR (IF REQUIRED)
8. MONTHLY RECORD OF SPRINKLER INSPECTION
9. MONTHLY RECORD OF STANDPIPE INSPECTION

G. FIRE PROTECTION SYSTEMS:

1. C OF F SPRINKLER (☒) NAME John Lindstrom NO. 62274212 ^{4/99}
2. SPRINKLER VALVE SEALED OPEN (SUMMONS IF CLOSED)
3. SPRINKLER SIAMESE SWIVEL (☒) UNOBSTRUCTED (☒)
SIGN IF REQUIRED (☒) Combination System ^{4/99}
4. C OF F STANDPIPE (☒) NAME J. Lindstrom NO. 62274220
5. STANDPIPE VALVES SEALED OPEN
6. STANDPIPE SIAMESE: SWIVELS (☒) UNOBSTRUCTED (☒) Combination System
7. EXTINGUISHERS PROPERLY HUNG AND DISTRIBUTED
8. EXTINGUISHERS TAGGED: DATE OF LAST INSPECTION (Aug 97)

H. SIGNS:

1. ELEVATOR: LETTER DESIGNATION (☒) FL. DIAGRAM (☒)
"IN CASE OF FIRE USE STAIRS" (☒)
2. STAIR: FLOOR NO. (☒)
LETTER DESIGNATION—OCCUPANCY SIDE (☒) STAIR SIDE (☒)
3. RE-ENTRY SIGNS POSTED
4. EXIT AND DIRECTIONAL SIGNS ILLUMINATED
5. ORGANIZATIONAL CHARTS POSTED AND ACCURATE

I. GENERAL:

1. CERTIFICATE OF OCCUPANCY POSTED
2. ALL AREAS FREE OF RUBBISH
3. PAPER RECYCLING HAMPERS STORED IN PROPER LOCATION
(NOT IN HALLWAYS OR ELEVATOR LOBBIES)
4. STAIRWAY DOORS OPENABLE AT ALL TIMES (OCCUPANT SIDE)
(IF NO: APPROVED BY D.O.B. _____ CONNECTED TO CLASS "E")
5. RE-ENTRY PROVIDED WHERE REQUIRED
 - a. FAIL SAFE SYSTEM (☒) INDICATE FLS. ()
6. IF SHAFTS PRESENT (i.e., ELEC. CLOSETS) ARE THEY FIRESTOPPED
7. FLOOR WARDENS, DEPUTY WARDENS, AND SEARCHERS TRAINED
 - a. FLOORS CHECKED (6, 18 & 36)
8. FLAMMABLES/COMBUSTIBLES PROPERLY STORED
 - a. LOCATION Loading Dock Area

REMARKS:

NOV TOTAL	TOTAL ITEMS	SUMMONS TOTAL

INSPECTOR'S SIGNATURE

Harman B. Nelson

RISE UNIT OFFICE INSPECTION/SURVEILLANCE

DATE: Nov 16 1994

INSPECTOR: Wesley Barney

~~252~~
252
246
246

BUILDING PROFILE

ADDRESS World Trade Ctr NO. OF STORIES 47 HT. IN FT. 618 TOTAL SQ. FT. 95,000
OWNER/AGENT Silverstein Properties PREMISE TEL. NO. 619-6569
CLASS "E" FACS; MANUFACTURER Fire Comm MODEL NO. 850C
APPROVED CENTRAL STATION ALARM CO. AFA # OF SMOKE DETECTORS _____
F.S.D. ON DUTY Corrigan James C OF F NO. 62713938 EXPIRES 3-20-98
SPRINKLER SYSTEM: FULLY yes PARTIAL (AREA PROTECTED) _____
CENTRAL A/C yes STAIR PRESSURIZATION NA ACCESS STAIRS (FLS) 23 9/16
ADDITIONAL INFO (MAIL CONVEYORS, SPECIAL OCCUPANCIES, ETC.) _____ -11-12-35-44

44-45

A. FIRE SAFETY DIRECTOR AND DEPUTY FIRE SAFETY DIRECTORS:

1. ON DUTY (SUMMONS IF NO 27-4267) _____
2. DEPUTY FSD(S) NO. CERTIFIED FOR PREMISE (7) _____
3. BUILDING EVACUATION SUPERVISOR (DESIGNATED AND TRAINED AS PER FSP) 24 hrs 7 days week FSD _____
4. FIRE BRIGADE (PRESENT IN BUILDING AND TRAINED) _____

B. CLASS "E" ALARM SYSTEM:

1. INSTALLED (27-4267.1) () MAINTAINED (27-4265) ()
2. IF 100' OR MORE, LETTER OF APPROVAL (FD ELEC. UNIT) _____

C. ALARM TEST (NOTIFY BORO DISP. BEFORE TRANSMITTING ALARM):

1. SYSTEM ON-LINE _____
IF OFF-LINE FOR APPROVED REASON:
a. FIRE COMMAND STATION MANNED AT ALL TIMES _____
b. LOG BOOK MAINTAINED _____

2. FLOOR WARDEN PHONE OPERATIONAL (FL. NO. 23)
3. P.A. SYSTEM AUDIBLE (FL. NO. 23) _____

- 4.) MANUAL ALARM TRANSMITTED TO BORO CENTRAL OFFICE _____
DISP. NO. (344) ELAPSED TIME (IN MINUTES) TO RECEIVE (4 min)
IF ALARM IS NOT RECEIVED BY BORO CENTRAL OFFICE OR IF
CENTRAL STATION COMPANY CALLS PREMISE BEFORE TRANSMITTING
ALARM TO BORO CENTRAL OFFICE, FORWARD REPORT TO CHIEF IN
CHARGE OF BUR. OF COMMUNICATIONS.

5. F.S.D. PROFICIENT IN OPERATION OF F.A.C.S. SYSTEM C Kette Shawn N

D. FIRE SAFETY PLAN:

1. APPROVED F.S.P. _____
2. ALL SECTIONS CURRENT AND CORRECT _____
3. COPY KEPT AT FCS _____
4. COPY OF FLOOR PLANS ATTACHED TO FSP _____
5. APPLICABLE PARTS OF FSP DISTRIBUTED TO TENANTS _____

E. FIRE COMMAND STATION:

1. ELEVATOR KEYS (6) _____
2. WINDOW KEYS (12 IF APPLICABLE) _____
3. LIST OF FLOOR WARDENS AND TELEPHONE NO's _____
4. SYSTEM OF DAILY NOTIFICATION OF WARDENS _____
5. COMMUNICATION FROM FCS TO: MER (☒) ELEV. MACH. ROOM (☒)
TO REGULARLY ASSIGNED LOCATION OF FSD (☒) _____

F. RECORDS:

	N/A	YES	NO	SUMMONS/ NOV #
1. FIRE DRILLS CONDUCTED AND RECORDED (DATE OF LAST <u>6-14-95</u>)		X		
2. SMOKE DETECTORS CLEANED AND TESTED, LOG MAINTAINED <u>10-95</u>		X		
3. ALARM LOG BOOK MAINTAINED <u>CONSOLE</u>		X		
4. MONTHLY TEST RECORD OF FIREMEN'S SERVICE ELEVATORS <u>OTIS</u>		X		
5. MONTHLY TEST RECORD OF CLASS "E" F.A.C.S.		X		
6. MONTHLY TEST RECORD OF FIRE PUMPS (IF REQUIRED) <u>1st Floor</u>		X		2729011
7. MONTHLY TEST RECORD OF EMERGENCY GENERATOR (IF REQUIRED)	X	X		255 Day Tank
8. MONTHLY RECORD OF SPRINKLER INSPECTION		X		
9. MONTHLY RECORD OF STANDPIPE INSPECTION		X		

G. FIRE PROTECTION SYSTEMS:

1. C OF F SPRINKLER () NAME <u>Charles McGee</u> NO. <u>61481602</u>		X		
2. SPRINKLER VALVE SEALED OPEN (SUMMONS IF CLOSED)		X		
3. SPRINKLER SIAMESE SWIVEL () UNOBSTRUCTED (<u>✓</u>) SIGN IF REQUIRED ()		X		
4. C OF F STANDPIPE () NAME <u>Charles McGee</u> NO. <u>61481610</u>		X		
5. STANDPIPE VALVES SEALED OPEN		X		
6. STANDPIPE SIAMESE: SWIVELS (<u>✓</u>) UNOBSTRUCTED (<u>✓</u>)		X		
7. EXTINGUISHERS PROPERLY HUNG AND DISTRIBUTED		X		
8. EXTINGUISHERS TAGGED: DATE OF LAST INSPECTION (<u>10-27-95</u>)		X		

H. SIGNS:

1. ELEVATOR: LETTER DESIGNATION (<u>C</u>) FL. DIAGRAM <u>YES</u> "IN CASE OF FIRE USE STAIRS" (<u>YES</u>)		X		
2. STAIR: FLOOR NO. (<u>25</u>) LETTER DESIGNATION—OCCUPANCY SIDE (<u>B</u>) STAIR SIDE (<u>B</u>)		X		
3. RE-ENTRY SIGNS POSTED		X		
4. EXIT AND DIRECTIONAL SIGNS ILLUMINATED		X		
5. ORGANIZATIONAL CHARTS POSTED AND ACCURATE		X		

I. GENERAL:

1. CERTIFICATE OF OCCUPANCY POSTED	X			
2. ALL AREAS FREE OF RUBBISH <u>S</u>		X		
3. PAPER RECYCLING HAMPERS STORED IN PROPER LOCATION (NOT IN HALLWAYS OR ELEVATOR LOBBIES)		X		
4. STAIRWAY DOORS OPENABLE AT ALL TIMES (OCCUPANT SIDE) (IF NO: APPROVED BY D.O.B. _____ CONNECTED TO CLASS "E" _____)		X		
5. RE-ENTRY PROVIDED WHERE REQUIRED		X		
a. FAIL SAFE SYSTEM (<u>✓</u>) INDICATE FLS. (<u>Thru-out Building</u>)		X		
6. IF SHAFTS PRESENT (i.e., ELEC. CLOSETS) ARE THEY FIRESTOPPED		X		
7. FLOOR WARDENS, DEPUTY WARDENS, AND SEARCHERS TRAINED		X		
a. FLOORS CHECKED (<u>Charles McGee</u>)		X		
8. FLAMMABLES/COMBUSTIBLES PROPERLY STORED		X		
a. LOCATION <u>Burned Tank - Loading Dock -</u> <u>- for Diesel Power -</u>		X		

REMARKS:

40/41 SPK Heads / Burned Installation *
should be tested confirmed

INSPECTOR'S SIGNATURE

Alas Baum

NOV TOTAL	TOTAL ITEMS	SUMMONS TOTAL

subduction system

Warden
Phone

FIRE S-TY DIRECTOR ON SITE EXAMINATION—OFFICE

Section D:

VII. Comments by Examiner:

()
Check if
applicable

The Class E system was inoperative, candidate was advised to send in an affidavit indicating proper instruction has been provided and system is operative. If so, state why system was inoperative.

VIII. Determination of Passing:

- A. If the candidate failed to answer satisfactorily the essential questions marked (*), advise the candidate that a new appointment should be requested by contacting the High Rise Unit. The examiner should also give the applicant a bill for the inspections/examination.
- B. If the candidate satisfactorily answered the mandatory parts, but by totalling all answers, the number of NO answers were below 80%, the candidate fails the practical test. See Chart.

IX. On Site Office Building Test—(Print ALL information):

Candidate Name Mark A Torre

Social Security No. PII

Date of Examination 4-12-96

Number of correct answers are 75 on this test. Number of incorrect answers are 4. Number of N/A answers are 3.

Summary of Results:

A. PASSED ✓
(CHECK)

or

B. FAILED—(reason)

C. Violation numbers issued as result of examination and inspection:

White copy must be given to the Candidate.
Canary copy must be submitted to the High Rise Unit.
Pink copy must be submitted to Cashier's office.

C. of F. Z 01 62779062 No. of On Site Tests 1

Premise Address 7 World Trade

NYC, NY 10098

Total Number of Items Answered 86

CANDIDATE BUILDING

Those candidates failing should contact the High Rise Unit for another appointment when building correction and/or additional knowledge is obtained.

D. I hereby certify all information contained in this report is accurate.

Frank Willet 4-12-96
INSPECTOR DATE

INSPECTORS ARE ONLY PERMITTED TO PROVIDE CANDIDATES WITH SECTION D.

FIRE SAFETY DIRECTOR ON SITE EXAMINATION OFFICE

Section D:

VII. Comments by Examiner:

()
Check if
applicable

The Class E system was inoperative, candidate was advised to send in an affidavit indicating proper instruction has been provided and system is operative. If so, state why system was inoperative.

VIII. Determination of Passing:

- A. If the candidate failed to answer satisfactorily the essential questions marked (*), advise the candidate that a new appointment should be requested by contacting the High Rise Unit. The examiner should also give the applicant a bill for the inspections/examination.
- B. If the candidate satisfactorily answered the mandatory parts, but by totalling all answers, the number of NO answers were below 80%, the candidate fails the practical test. See Chart.

IX. On Site Office Building Test—(Print ALL information):

Candidate Name HERTOR FERRERA

Social Security No. PII

Date of Examination 4-12-96

Number of correct answers are 82 on this test. Number of incorrect answers are 1. Number of N/A answers are 3.

C. of F. Z 01

62817218

No. of On Site Tests

1

Premise Address

7 World Trade

NYC, NY, 10048

Total Number of Items Answered

86

Summary of Results:

A. PASSED

(CHECK)

or

B. FAILED—(reason)

C. Violation numbers issued as result of examination and inspection:

White copy must be given to the Candidate.
Canary copy must be submitted to the High Rise Unit.
Pink copy must be submitted to Cashier's office.

CANDIDATE

BUILDING

Those candidates failing should contact the High Rise Unit for another appointment when building correction and/or additional knowledge is obtained.

D. I hereby certify all information contained in this report is accurate.

[Signature]
INSPECTOR

4-12-96
DATE

INSPECTORS ARE ONLY PERMITTED TO PROVIDE CANDIDATES WITH
SECTION D.

INSPECTION REF ID: A78787

88 110 89 72 ~~29~~ ~~12~~ ~~96~~ 36

OWNER NAME

7 WORLD TRADE CENTER

PREMISE ADDRESS

ADD INFO										
STREET NUMBER			PREFIX →	STREET NAME		WORLD TRADE				
TYPE →	CITY		SUFFIX →	ZIP CODE		10008		BORO CODE →		

BILLING ADDRESS[illegible]

ENTER HERE IF OUT OF TOWN

[illegible]ZIP CODE →

--	--	--	--	--	--	--	--

PUT X IF
NON FEE ACC

ALPHA
PREFIX

INSPECTOR NAME

EXAMINER NAME

DATE _____

--	--

Linda Williams

ITEM CODE		ITEM SUB-CODE	QTY	DESCRIPTION	FLOOR NO.
1	893	99	02	OPS - OFFICE - 1st	
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

COMMENTS

[illegible]

PUT X
SEE ATTACHE

STATUS - CHECK AND COMPLETE

☒ APPROVED FOR PERMIT

INSPECTION DATE

INSPECTOR - I.D.

☐ VIOLATIONS REPORTED☐ NOT APPROVED WITH REASON

ENTER CODE

--	--	--	--

NEXT INSPECTION SCHEDULED: _____ DATE: _____

AKA ADDRESS

[illegible]

TYPE .

--	--	--	--

 PREFIX .

--	--

 SUFFIX .

--	--

ENTRY CLERK J.H. DATE 4/16/92 AUDITOR _____ DATE _____

Instructions to Inspectors—All boxes on this form must have an answer. Answer "YES" to a "V" mandate a Violation Order, "NO" answers to a "*" mandate automatic failure. Check "YES" "NO" or "N/A".

ON SITE EXAM FOR FIRE SAFETY DIRECTOR—OFFICE

Z 01 62817218 Inspector Linde, Williams

Name of Candidate FERRERA Hector Office Address NYC, N.Y. 10048 Date of Examination 4-12-96
(Print last name, first name) NYC, N.Y. 10048

A:

Instructions to Inspectors—If any asterisk (*) items are marked "NO", terminate the test immediately. See Section VIII for further information.			YES	NO	N/A
I. Physical Requirements—Does candidate have ability to:					
*A. Speak and understand English? Yes ☒ No ☐	*B. Hear spoken words over a telephone? (with corrective devices) Yes ☒ No ☐	*C. Possess necessary vision? (corrective devices acceptable) Yes ☒ No ☐			

B: Building

Instructions to Inspector—If any violation (V) items are marked "NO", issue a Violation Order at the end of the Test. Test must proceed.			YES	NO	N/A
II. Records:					
v. A. Fire drill records current? Yes ☒ No ☐	v. B. Firemen's Service Elevator Test Records current? Yes ☒ No ☐ N/A ☐	v. C. Keys kept at Fire Command Station? Yes ☒ No ☐ N/A ☐	3		
v. D. Fire Safety Plan and building floor plan at Fire Command Station? Yes ☒ No ☐	v. E. A current list of all floor Wardens and phone numbers at Fire Command Station? Yes ☒ No ☐	v. F. Master window keys available? Yes ☐ No ☐ N/A ☒	2		1
v. G. Building current in actual Fire Drills? (*if over 3 months) Yes ☒ No ☐			1		
TOTAL (7)			6		1
Instructions to Inspector—If any violation (V) items are marked "NO", issue a Violation Order at the end of the Test. Test must Proceed. III. a. Specific Building Inspection: Special Instructions—Choose one floor for the general floor inspection <u>12</u> Building Inspection—Signs and Charts—					
v. A. Are stairways properly lettered? Yes ☒ No ☐	v. B. Are floors properly numbered? Yes ☒ No ☐	v. C. Is floor diagram posted? Yes ☒ No ☐	3		
v. D. Are stairways re-entry signs posted? Yes ☒ No ☐ N/A ☐	v. E. Are elevators properly lettered on each elevator bank? Yes ☒ No ☐ N/A ☐	v. F. Is floor diagram properly oriented? Yes ☒ No ☐	3		
v. G. Is elevator sign "In Case of Fire, Use Stairs" posted? Yes ☒ No ☐ N/A ☐	v. H. Are exit doors unlocked, closed and unobstructed? Yes ☒ No ☐	v. I. Fire Drill Organization Charts posted and current? Yes ☒ No ☐	3		
TOTAL (9)			9		
III. b. Building Inspection—Signs and Charts—Choose one floor for the general floor inspection <u>19</u> FLOOR					
v. A. Are stairways properly lettered? Yes ☒ No ☐	v. B. Are floors properly numbered? Yes ☒ No ☐	v. C. Is floor diagram posted? Yes ☒ No ☐	3		
v. D. Are stairways re-entry signs posted? Yes ☒ No ☐ N/A ☐	v. E. Are elevators properly lettered on each elevator bank? Yes ☒ No ☐ N/A ☐	v. F. Is floor diagram properly oriented? Yes ☒ No ☐	3		
v. G. Is elevator sign "In Case of Fire, Use Stairs" posted? Yes ☒ No ☐ N/A ☐	v. H. Are exit doors unlocked, closed and unobstructed? Yes ☒ No ☐	v. I. Fire Drill Organization Charts posted and current? Yes ☒ No ☐	3		
TOTAL (9)			9		
IV. Instructions to Inspector—If four (4) or more items below are marked "NO", the inspector must issue a Violation Order at the end of the test. Test must proceed. This next part must proceed with contacting a Floor Warden within the Building. Read the following statement to the Warden—"In the event of a fire on this floor, explain which specific actions must be taken by you."					
FLOOR WARDENS: NAME OF FLOOR WARDEN CONTACTED <u>Steve Williams</u> FLOOR CHOSEN <u>25</u> TELEPHONE NUMBER <u>264-6261</u>					
Does Floor Warden have knowledge of:					
A. Position during fire drill or emergency? Yes ☒ No ☐	B. Notification procedures? Yes ☒ No ☐	C. Location of alarm boxes? Yes ☒ No ☐ N/A ☐	3		
D. Evacuation location? Yes ☒ No ☐	E. Evacuation procedures? Yes ☒ No ☐	F. Number of exits on floor? Yes ☒ No ☐	G. Examining for exits on floor? Yes ☒ No ☐	4	
H. Reporting whether smoke or Fire? Yes ☒ No ☐	I. Duties of Deputy Fire Warden and Searchers? Yes ☒ No ☐	v. J. Were fire drills conducted? Yes ☒ No ☐	3		
*K. Floor wardens in numerous floors properly trained? Yes ☒ No ☐			1		
TOTAL (11)			11		
Section B: (II, III, IV) 8 or more answered "NO" in Section B fails. SECTION B TOTAL (36) Number of correct answers in this section is _____ Number of incorrect answers is _____ Number of N/A answers is _____					

Instructions to Inspectors—All boxes on this form must have an answer. Answer with a "NO" answers to a "V" mandate a Violation Order, "NO" answers to a "*" mandate automatic failure. Check "YES" "NO" or "N/A".

ON SITE EXAM FOR FIRE SAFETY DIRECTOR—OFFICE

Name of Candidate TORRE MARK Office Address 7 World Trade Center Date of Examination 4-12-80
(Print last name, first name) NYC, NY 10038

Instructions to Inspectors—If any asterisk (*) items are marked "NO", terminate the test immediately. See Section VIII for further information.			YES	NO	N/A
I. Physical Requirements—Does candidate have ability to:					
*A. Speak and understand English? Yes ☐ No ☐	*B. Hear spoken words over a telephone? (with corrective devices) Yes ☐ No ☐	*C. Possess necessary vision? (corrective devices acceptable) Yes ☐ No ☐			

Instructions to Inspector—If any violation (V) items are marked "NO", issue a Violation Order at the end of the Test. Test must proceed.			YES	NO	N/A
II. Records:					
v. A. Fire drill records current? Yes ☒ No ☐	v. B. Firemen's Service Elevator Test Records current? Yes ☒ No ☐ N/A ☐	v. C. Keys kept at Fire Command Station? Yes ☒ No ☐ N/A ☐	3		
v. D. Fire Safety Plan and building floor plan at Fire Command Station? Yes ☒ No ☐	v. E. A current list of all floor Wardens and phone numbers at Fire Command Station? Yes ☒ No ☐	v. F. Master window keys available? Yes ☐ No ☐ N/A ☒	2		1
v. G. Building current in actual Fire Drills? (*if over 3 months) Yes ☒ No ☐			1		
TOTAL (7)			6		1

Instructions to Inspector—If any violation (V) items are marked "NO", issue a Violation Order at the end of the Test. Test must proceed.			YES	NO	N/A
III. a. Specific Building Inspection:					
Special Instructions—Choose one floor for the general floor inspection <u>11</u> FLOOR					
Building Inspection—Signs and Charts—					
v. A. Are stairways properly lettered? Yes ☒ No ☐	v. B. Are floors properly numbered? Yes ☒ No ☐	v. C. Is floor diagram posted? Yes ☒ No ☐	3		
v. D. Are stairways re-entry signs posted? Yes ☒ No ☐ N/A ☐	v. E. Are elevators properly lettered on each elevator bank? Yes ☒ No ☐ N/A ☐	v. F. Is floor diagram properly oriented? Yes ☒ No ☐	3		
v. G. Is elevator sign "In Case of Fire, Use Stairs" posted? Yes ☒ No ☐ N/A ☐	v. H. Are exit doors unlocked, closed and unobstructed? Yes ☒ No ☐	v. I. Fire Drill Organization Charts posted and current? Yes ☒ No ☐	3		
TOTAL (9)			9		

III. b. Building Inspection—Signs and Charts—Choose one floor for the general floor inspection <u>11</u> FLOOR					
v. A. Are stairways properly lettered? Yes ☒ No ☐	v. B. Are floors properly numbered? Yes ☒ No ☐	v. C. Is floor diagram posted? Yes ☒ No ☐	3		
v. D. Are stairways re-entry signs posted? Yes ☒ No ☐ N/A ☐	v. E. Are elevators properly lettered on each elevator bank? Yes ☒ No ☐ N/A ☐	v. F. Is floor diagram properly oriented? Yes ☒ No ☐	3		
v. G. Is elevator sign "In Case of Fire, Use Stairs" posted? Yes ☒ No ☐ N/A ☐	v. H. Are exit doors unlocked, closed and unobstructed? Yes ☒ No ☐	v. I. Fire Drill Organization Charts posted and current? Yes ☒ No ☐	3		
TOTAL (9)			9		

IV. Instructions to Inspector—If four (4) or more items below are marked "NO", the inspector must issue a Violation Order at the end of the test. Test must proceed.					
This next part must proceed with contacting a Floor Warden within the Building. Read the following statement to the Warden—"In the event of a fire on this floor, explain which specific actions must be taken by you."					
FLOOR WARDENS: <u>LENNY ROBERTO</u> <u>21</u> <u>553-5733</u>					
NAME OF FLOOR WARDEN CONTACTED FLOOR CHOSEN TELEPHONE NUMBER					
Does Floor Warden have knowledge of:					
A. Position during fire drill or emergency? Yes ☒ No ☐	B. Notification procedures? Yes ☒ No ☐	C. Location of alarm boxes? Yes ☒ No ☐ N/A ☐	3		
D. Evacuation location? Yes ☒ No ☐	E. Evacuation procedures? Yes ☒ No ☐	F. Number of exits on floor? Yes ☒ No ☐	4		
H. Reporting whether smoke or Fire? Yes ☒ No ☐	I. Duties of Deputy Fire Warden and Searchers? Yes ☒ No ☐	v. J. Were fire drills conducted? Yes ☒ No ☐	3		
*K. Floor wardens in numerous floors properly trained? Yes ☒ No ☐			1		
TOTAL (11)			11		
Section B: (II, III, IV) 8 or more answered "NO" in Section B fails. SECTION B TOTAL (36)					
Number of correct answers in this section is _____ Number of incorrect answers is _____ Number of N/A answers is _____					

INSPECTION REPORT

ACCOUNT	ADM CO	START DATE	D.O.	TYPE
88108972		02/01/95	36	

OWNER NAME

5	N	O	R	d	T	r	a	d	e	C	T	R								
---	---	---	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--

PREMISE ADDRESS

ADD INFO														
STREET NUMBER		7		PREFIX →		STREET NAME		WAC						
TYPE →				SUFFIX →		ZIP CODE		BORO CODE →						

BILLING ADDRESS

ADD INFO										
STREET NUMBER						PREFIX →		STREET NAME		
TYPE →						SUFFIX →		ZIP CODE		
								BORO CODE →		

ENTER HERE IF OUT OF TOWN

[illegible]ZIP CODE •

--	--	--	--	--	--	--	--	--

PUT X IF
NON-FEE ACCT

ALPHA PREFIX	INSPECTOR NAME	EXAMINER NAME	DATE
☐ ☐	W. Barner		

ITEM CODE		ITEM SUB-CODE	QTY	DESCRIPTION	FLOOR NO.
1	895	99	01	015 office HI RISE	
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

COMMENTS

Robert Hawkins

PUT X IF
SEE ATTACHED LIST

STATUS - CHECK AND COMPLETE

☒ APPROVED FOR PERMIT

INSPECTION DATE

INSPECTOR - I.D.

VIOLATIONS REPORTED

12 01 95 #0039

☐ NOT APPROVED WITH REASON

ENTER CODE

NEXT INSPECTION SCHEDULED:

DATE _____

AKA ADDRESS

STREET NUMBER PREFIX TYPE SUFFIX

ENTRY
CLERK

ENTRY
CLERK

DATE _____

AUDITOR

DATA

Instructions to Inspectors—All boxes on this form must have an answer. Answers with a "NO" answers to a "V" mandate a Violation Order, "NO" answers to a "*" mandate automatic failure. Check "YES" "NO" or "N/A".

ON SITE EXAM FOR FIRE SAFETY DIRECTOR—OFFICE

Name of Candidate Hawkin Robert Office Address 7 World Trade Ctr Date of Examination Dec 1-95
(Print last name, first name) NY NY

A:

Instructions to Inspectors—If any asterisk (*) items are marked "NO", terminate the test immediately. See Section VIII for further information.			YES	NO	N/A
I. Physical Requirements—Does candidate have ability to:					
*A. Speak and understand English? Yes ☒ No ☐	*B. Hear spoken words over a telephone? (with corrective devices) Yes ☒ No ☐	*C. Possess necessary vision? (corrective devices acceptable) Yes ☒ No ☐			

B: Building

Instructions to Inspector—If any violation (V) items are marked "NO", issue a Violation Order at the end of the Test. Test must proceed.			YES	NO	N/A
II. Records:					
v. A. Fire drill records current? Yes ☒ No ☐	v. B. Firemen's Service Elevator Test Records current? Yes ☒ No ☐ N/A ☐	v. C. Keys kept at Fire Command Station? Yes ☒ No ☐ N/A ☐	3		
v. D. Fire Safety Plan and building floor plan at Fire Command Station? Yes ☒ No ☐	v. E. A current list of all floor Wardens and phone numbers at Fire Command Station? Yes ☒ No ☐	v. F. Master window keys available? Yes ☐ No ☐ N/A ☒	2		1
v. G. Building current in actual Fire Drills? (*if over 3 months) Yes ☒ No ☐			1		
TOTAL (7)			6		1
Instructions to Inspector—If any violation (V) items are marked "NO", issue a Violation Order at the end of the Test. Test must Proceed.					
III. a. Specific Building Inspection:					
Special Instructions—Choose one floor for the general floor inspection <u>13 F</u> Building Inspection—Signs and Charts—					
v. A. Are stairways properly lettered? Yes ☒ No ☐	v. B. Are floors properly numbered? Yes ☒ No ☐	v. C. Is floor diagram posted? Yes ☐ No ☒	2	1	
v. D. Are stairways re-entry signs posted? Yes ☐ No ☐ N/A ☐	v. E. Are elevators properly lettered on each elevator bank? Yes ☒ No ☐ N/A ☐	v. F. Is floor diagram properly oriented? Yes ☒ No ☐	3		
v. G. Is elevator sign "In Case of Fire, Use Stairs" posted? Yes ☒ No ☐ N/A ☐	v. H. Are exit doors unlocked, closed and unobstructed? Yes ☒ No ☐	v. I. Fire Drill Organization Charts posted and current? Yes ☒ No ☐	3		
TOTAL (9)			8	1	
III. b. Building Inspection—Signs and Charts—Choose one floor for the general floor inspection <u>11</u> FLOOR					
v. A. Are stairways properly lettered? Yes ☒ No ☐	v. B. Are floors properly numbered? Yes ☒ No ☐	v. C. Is floor diagram posted? Yes ☒ No ☐	3		
v. D. Are stairways re-entry signs posted? Yes ☒ No ☐ N/A ☐	v. E. Are elevators properly lettered on each elevator bank? Yes ☒ No ☐ N/A ☐	v. F. Is floor diagram properly oriented? Yes ☒ No ☐	3		
v. G. Is elevator sign "In Case of Fire, Use Stairs" posted? Yes ☐ No ☐ N/A ☐	v. H. Are exit doors unlocked, closed and unobstructed? Yes ☒ No ☐	v. I. Fire Drill Organization Charts posted and current? Yes ☒ No ☐	3		
TOTAL (9)			9		
IV. Instructions to Inspector—If four (4) or more items below are marked "NO", the inspector must issue a Violation Order at the end of the test. Test must proceed.					
This next part must proceed with contacting a Floor Warden within the Building. Read the following statement to the Warden—"In the event of a fire on this floor, explain which specific actions must be taken by you."					
FLOOR WARDENS: <u>JACKIE CALABRESE</u> <u>13th</u> <u>962-3900</u> NAME OF FLOOR WARDEN CONTACTED FLOOR CHOSEN TELEPHONE NUMBER					
Does Floor Warden have knowledge of:					
A. Position during fire drill or emergency? Yes ☒ No ☐	B. Notification procedures? Yes ☒ No ☐	C. Location of alarm boxes? Yes ☒ No ☐ N/A ☐	3		
D. Evacuation location? Yes ☒ No ☐	E. Evacuation procedures? Yes ☒ No ☐	F. Number of exits on floor? Yes ☒ No ☐	4		
H. Reporting whether smoke or fire? Yes ☒ No ☐	I. Duties of Deputy Fire Warden and Searchers? Yes ☒ No ☐	J. Were fire drills conducted? Yes ☒ No ☐	3		
*K. Floor wardens in numerous floors properly trained? Yes ☒ No ☐			1		
TOTAL (11)			11		
Section B: (II, III, IV)			8 or more answered "NO" in Section B fails.		
Section B TOTAL (36)			0		
Number of correct answers in this section is <u>34</u>			Number of incorrect answers is <u>7</u>		
			Number of N/A answers is <u>2</u>		

SECTION D: HIGH RISE UNIT DIRECTOR ON SITE EXAMINATION OFFICE

Section D:

VII. Comments by Examiner:

()
Check if
applicable

The Class E system was inoperative, candidate was advised to send in an affidavit indicating proper instruction has been provided and system is operative. If so, state why system was inoperative.

VIII. Determination of Passing:

- A. If the candidate failed to answer satisfactorily the essential questions marked (*), advise the candidate that a new appointment should be requested by contacting the High Rise Unit. The examiner should also give the applicant a bill for the inspections/examination.
- B. If the candidate satisfactorily answered the mandatory parts, but by totalling all answers, the number of NO answers were below 80%, the candidate fails the practical test. See Chart.

IX. On Site Office Building Test—(Print ALL information):

Candidate Name X ROBERT HAWKINS

Social Security No. PII

Date of Examination X 12/1/95

Number of correct answers are 80 on this test.

Summary of Results:

A. PASSED ✓
(CHECK)

or

C. of E. Z 01 62817093 No. of On Site Tests

Premise Address X 7 WORLD TRADE CENTER

X NEW YORK NY 10048

Total Number of Items Answered 89

Number of incorrect answers are 2 . Number of N/A answers are 4 .

B. FAILED—(reason)

C. Violation numbers issued as result of examination and inspection:

White copy must be given to the Candidate.

Canary copy must be submitted to the High Rise Unit.

Pink copy must be submitted to Cashier's office.

CANDIDATE

BUILDING

Those candidates failing should contact the High Rise Unit for another appointment when building correction and/or additional knowledge is obtained.

D. I hereby certify all information contained in this report is accurate.

N. P. J. [Signature] 12-1-95
INSPECTOR DATE

INSPECTORS ARE ONLY PERMITTED TO PROVIDE CANDIDATES WITH SECTION D.



FIRE DEPARTMENT CITY OF NEW YORK - BUREAU OF FIRE PREVENTION

INSPECTION ORDER

DATE	ACCOUNT	TYPE	ALPHA PREFIX	D.O.	ADM CO	NO FEE ACT	SEE ATT. LIST	CURRENT PERMIT EXPIRES
07/31/05	3752030	14	3	56	111	X		11/10

PLEASE INDICATE ANY OF THESE COLUMN CHANGES AT RIGHT →

☐ 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

7 WORLD TRADE CENTER
NEW YORK, NY 10143

BILLING ADDRESS

ACCOUNT NAME

7 WORLD TRADE COMPANY
7 WORLD TRADE CENTER
NEW YORK, NY 10143

7 WORLD TRADE COMPANY

ITEM CODE	SUB CODE	QTY	DESCRIPTION	FLOOR NO.
392	32	1	OFFICE BLDG ANNUAL INSPECTION	0

COMMENTS (CIC)

(Original Dated 7/31/05)

ITEMS TO BE ADDED OR DELETED (CIC)

ITEM CODE	ITEM SUB-CODE	NEW QTY.	DESCRIPTION	FLOOR NO.
1				
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

INSPECTOR: L. O. Doherty

ADDRESS 1700 WORLD TRADE NO. OF STORIES 9 HT. IN FT. 618 TOTAL SQ. FT. 219,111
OWNER/AGENT SILVERSTEIN Properties EXCH. TEL. NO. _____
CLASS "E" FACS; MANUFACTURER FIRE COM MODEL NO. 8500
APPROVED CENTRAL STATION ALARM CO. AFA # OF SMOKE DETECTORS _____
F.S.D. ON DUTY Michael Lee C OF F NO. _____ EXPIRES _____
SPRINKLER SYSTEM: FULLY YES PARTIAL (AREA PROTECTED) _____
CENTRAL A/C HVAC STAIR PRESSURIZATION _____ ACCESS STAIRS (FLS) 2-31H12
ADDITIONAL INFO (MAIL CONVEYORS, SPECIAL OCCUPANCIES, ETC.) 42-43

1. ON DUTY (SUMMONS IF NO 27-4267)

2. DEPUTY FSD(S) NO. CERTIFIED FOR PREMISE (☐)

3. **BUILDING EVACUATION SUPERVISOR (DESIGNATED AND TRAINED AS PER FSP)** _____

4. FIRE BRIGADE (PRESENT IN BUILDING AND TRAINED)

1. INSTALLED (27-4267.1) () MAINTAINED (27-4265) ()

2. IF 100' OR MORE, LETTER OF APPROVAL (FD ELEC. UNIT)

1. SYSTEM ON-LINE

IF OFF-LINE FOR APPROVED REASON:

a. FIRE COMMAND STATION MANNED AT ALL TIMES _____

b. LOG BOOK MAINTAINED

2. FLOOR WARDEN PHONE OPERATIONAL (FL. NO. 9)

3. P.A. SYSTEM AUDIBLE (FL. NO. 9)

4. MANUAL ALARM TRANSMITTED TO BORO CENTRAL OFFICE

DISP. NO. (343) ELAPSED TIME (IN MINUTES) TO RECEIVE (3)
IF ALARM IS NOT RECEIVED BY BORO CENTRAL OFFICE OR IF
CENTRAL STATION COMPANY CALLS PREMISE BEFORE TRANSMITTING
ALARM TO BORO CENTRAL OFFICE, FORWARD REPORT TO CHIEF IN
CHARGE OF BUR. OF COMMUNICATIONS.

5. F.S.D. PROFICIENT IN OPERATION OF F.A.C.S. SYSTEM

1. APPROVED F.S.P.

2. ALL SECTIONS CURRENT AND CORRECT

2. ALL SECTIONS CURRENT AND CORRECT

3. COPY KEPT AT FCS

4. COPY OF FLOOR PLANS ATTACHED TO FSP

5. APPLICABLE PARTS OF FSP DISTRIBUTED TO TENANTS

1. ELEVATOR KEYS (6)

2. WINDOW KEYS (12 IF APPLICABLE)

3. LIST OF FLOOR WARDENS AND TELEPHONE NO.'s

4. SYSTEM OF DAILY NOTIFICATION OF WARDENS

5. COMMUNICATION FROM FCS TO: MER () ELEV. MACH. ROOM ()
TO REGULARLY ASSIGNED LOCATION OF FSD ()

Instructions to Inspectors—All boxes on this form must have an answer. Answers with a "NO" answers to a "V" mandate a Violation Order, "NO" answers to a "*" mandate automatic failure. Check "YES" "NO" or "N/A".

ON SITE EXAM FOR FIRE SAFETY DIRECTOR—OFFICE

Name of Candidate CORRIGAN, JAMES J Office Address 7 WORLD TRADE CENTER Date of Examination 03-16-95
(Print last name, first name)

Z 01 02575188

Inspector KOENIGMUND

NYC NY 10048

A:

Instructions to Inspectors—If any asterisk (*) items are marked "NO", terminate the test immediately. See Section VIII for further information.			YES	NO	N/A
I. Physical Requirements—Does candidate have ability to:					
*A. Speak and understand English? Yes ☒ No ☐	*B. Hear spoken words over a telephone? (with corrective devices) Yes ☒ No ☐	*C. Possess necessary vision? (corrective devices acceptable) Yes ☒ No ☐			

B: Building

Instructions to Inspector—If any violation (V) items are marked "NO", issue a Violation Order at the end of the Test. Test must proceed.			YES	NO	N/A
II. Records: 12-15-94					
v. A. Fire drill records current? Yes ☒ No ☐	v. B. Firemen's Service Elevator Test Records current? Yes ☒ No ☐ N/A ☐	v. C. Keys kept at Fire Command Station? Yes ☒ No ☐ N/A ☐	3	-	-
v. D. Fire Safety Plan and building floor plan at Fire Command Station? Yes ☒ No ☐	v. E. A current list of all floor Wardens and phone numbers at Fire Command Station? Yes ☒ No ☐	v. F. Master window keys available? Yes ☐ No ☐ N/A ☒	3	-	-
v. G. Building current in actual Fire Drills? (*if over 3 months) Yes ☒ No ☐			1	-	-
TOTAL (7)			7	0	0
Instructions to Inspector—If any violation (V) items are marked "NO", issue a Violation Order at the end of the Test. Test must proceed.					
III. a. Specific Building Inspection:					
Special Instructions—Choose one floor for the general floor inspection <u>34</u> FLOOR					
Building Inspection—Signs and Charts—					
v. A. Are stairways properly lettered? Yes ☒ No ☐	v. B. Are floors properly numbered? Yes ☒ No ☐	v. C. Is floor diagram posted? Yes ☒ No ☐	3	-	-
v. D. Are stairways re-entry signs posted? Yes ☒ No ☐ N/A ☐	v. E. Are elevators properly lettered on each elevator bank? Yes ☒ No ☐ N/A ☐	v. F. Is floor diagram properly oriented? Yes ☒ No ☐	3	-	-
v. G. Is elevator sign "In Case of Fire, Use Stairs" posted? Yes ☒ No ☐ N/A ☐	v. H. Are exit doors unlocked, closed and unobstructed? Yes ☒ No ☐	v. I. Fire Drill Organization Charts posted and current? Yes ☒ No ☐	3	-	-
TOTAL (9)			9	0	0
III. b. Building Inspection—Signs and Charts—Choose one floor for the general floor inspection <u>7</u> FLOOR					
v. A. Are stairways properly lettered? Yes ☒ No ☐	v. B. Are floors properly numbered? Yes ☒ No ☐	v. C. Is floor diagram posted? Yes ☒ No ☐	3	-	-
v. D. Are stairways re-entry signs posted? Yes ☒ No ☐ N/A ☐	v. E. Are elevators properly lettered on each elevator bank? Yes ☒ No ☐ N/A ☐	v. F. Is floor diagram properly oriented? Yes ☒ No ☐	3	-	-
v. G. Is elevator sign "In Case of Fire, Use Stairs" posted? Yes ☒ No ☐ N/A ☐	v. H. Are exit doors unlocked, closed and unobstructed? Yes ☒ No ☐	v. I. Fire Drill Organization Charts posted and current? Yes ☒ No ☐	3	-	-
TOTAL (9)			9	0	0
IV. Instructions to Inspector—If four (4) or more items below are marked "NO", the inspector must issue a Violation Order at the end of the test. Test must proceed.					
This next part must proceed with contacting a Floor Warden within the Building. Read the following statement to the Warden—"In the event of a fire on this floor, explain which specific actions must be taken by you."					
FLOOR WARDENS:					
NAME OF FLOOR WARDEN CONTACTED <u>COLINS, JEREMIAH</u>			FLOOR CHOSEN <u>34</u>	TELEPHONE NUMBER <u>783-5512</u>	
Does Floor Warden have knowledge of:					
A. Position during fire drill or emergency? Yes ☒ No ☐	B. Notification procedures? Yes ☒ No ☐	C. Location of alarm boxes? Yes ☒ No ☐ N/A ☐	3	-	-
D. Evacuation location? Yes ☒ No ☐	E. Evacuation procedures? Yes ☒ No ☐	F. Number of exits on floor? Yes ☒ No ☐	4	-	-
H. Reporting whether smoke or Fire? Yes ☒ No ☐	I. Duties of Deputy Fire Warden and Searchers? Yes ☒ No ☐	J. Were fire drills conducted? Yes ☒ No ☐	3	-	-
*K. Floor wardens in numerous floors properly trained? Yes ☒ No ☐			1	-	-
TOTAL (11)			11		
Section B: (II, III, IV) 8 or more answered "NO" in Section B fails. SECTION B TOTAL (36)					
Number of correct answers in this section is <u>36</u> Number of incorrect answers is <u>0</u> Number of N/A answers is <u>0</u>					

FIRE SAFETY DIRECTOR ON SITE EXAMINATION OFFICE

Section D:

VII. Comments by Examiner:

()
Check if
applicable

The Class E system was inoperative, candidate was advised to send in an affidavit indicating proper instruction has been provided and system is operative. If so, state why system was inoperative.

NA

VIII. Determination of Passing:

- A. If the candidate failed to answer satisfactorily the essential questions marked (*), advise the candidate that a new appointment should be requested by contacting the High Rise Unit. The examiner should also give the applicant a bill for the inspections/examination.
- B. If the candidate satisfactorily answered the mandatory parts, but by totalling all answers, the number of NO answers were below 80%, the candidate fails the practical test. See Chart.

IX. On Site Office Building Test—(Print ALL information):

Candidate Name CORRIGAN, JAMES J.

Social Security No. PII

Date of Examination 03-16-95

Number of correct answers are 86 on this test. Number of incorrect answers are 0. Number of N/A answers are 3.

Summary of Results:

A. PASSED ✓
(CHECK)

or

B. FAILED—(reason)

NA

C. Violation numbers issued as result of examination and inspection:

NONE

CANDIDATE BUILDING

Those candidates failing should contact the High Rise Unit for another appointment when building correction and/or additional knowledge is obtained.

D. I hereby certify all information contained in this report is accurate.

Jeffrey
INSPECTOR

03-16-95
DATE

White copy must be given to the Candidate.
Canary copy must be submitted to the High Rise Unit.
Pink copy must be submitted to Cashier's office.

INSPECTORS ARE ONLY PERMITTED TO PROVIDE CANDIDATES WITH SECTION D.

Address 7 WORLD TRADE CENTER Co. Dist. 5
 Ht. Ft. 615' Stories 117 Area _____ Date of 1/1
 Constr. 19

Owner/Agent _____

Address _____

Variance _____
 YES OR NO

	RECEIVED	APPROVED	DISAPPROVED
FIRE SAFETY PLAN		<u>4-15-91</u>	

FIRE SAFETY DIRECTOR

Number required for building _____

Number of school graduates _____

<u>BRIAN OSTROWSKI</u>	<u>11-29-94</u>
<u>Michael Lee</u>	
F S D NAMES	DATE OF O/S
<u>RIVERA</u>	<u>5-5-90</u>
<u>WASNISSE</u>	<u>5-8-90</u>
<u>MICHAEL ROGERS</u>	<u>3-12-91</u>
<u>WEINERT, KEN</u>	<u>10-22-91</u>
<u>PERSAUD, ALBERT</u>	<u>10-22-91</u>
<u>O'KEEFFE, SEAN</u>	<u>10-22-91</u>
<u>PRIMO REVELDEZ</u>	<u>6/22/92</u>
<u>STEVEN NATHAN</u>	<u>6/22/92</u>
<u>John Lindstrom</u>	<u>3/23/93</u>
<u>CORRICAN, JAMES</u>	<u>03-10-95</u>

A-42A-(3/89) H1-890269-040

4/19/88 O/S ^{MEMPHIS RUBING ILASTIEL KESSAN} PASSED LABASS
 10-6-88 A/E + O/S C. MILLERCK passed LT Buren
 Lt Pupino 11/25/88 A/E + O/S NOV 10 10 34 04/11/88
 5/8/90 O/S Lt DeLucca ^{Rosman River}
 12/27/90 A/I Lt Langle
 3/18/91 D/S T.O. O'Leary NOV 10 14 48 34 L
 10-22-91 O/S Lt DeLucca ^{Went, Cluffe Perand}
 6/22/92 2 O/S LT Buren
 12/22/92 A/I LT Buren
 3/23/93 D/S Lt O'Leary
 12-18-93 Marble n FE + O/S Gordon OK
 2-23-93 X 1075 O/S Paske / passed -
 11-24-94 O'Leary A/I 205 Stanski / passed -
 03-16-95 O/S A. KENNEDY JIL. ^{O/S PASSED CORRIGAN}

Address
 Height
 Ft. Story.
 Area
 Occupancy
 Co. Dist.

HIGH RISE BUILDING (100 FT. OR MORE IN HEIGHT)
 OTHER THAN OFFICE BUILDING OR CLASS "E" BUILDING

For E.U. Use Only FPIMS Date 12-22-94 Initials 8

Agency Code No. UNIT PHONE #

FPIMS Account No. Unit HO/DO 316 ADMIN. CO. CB #

ENVIRONMENTAL CONTROL BOARD CITY OF NEW YORK	NOTICE OF VIOLATION AND HEARING	VIOLATION NO. 10328047 F
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Fire Commissioner of the City of New York, Petitioner vs Respondent:
Silverstein Properties

Respondent is: ☐ owner ☐ managing agent ☒ tenant ☐ city agency ☐ daycare center

Place of Occurrence (Premises Address)

Street Number 7 Prefix Street Name World

Type TRIAPE Suffix Zip Code 10048 Boro Code 1 1=Man, 2=Bx, 3=SI, 4=Bklyn, 5=Qns

AKA

Mailing Address (if different from premises address)

Street Number Prefix Street Name

Type Suffix Zip Code Boro Code 1=Man, 2=Bx, 3=SI, 4=Bklyn, 5=Qns, 6=Out of City

Add Info

Notice of Violation and Order to Correct and Certify Correction:

PLEASE TAKE NOTICE that the premises cited above is in violation of the requirements of law. It is further ORDERED by the FIRE COMMISSIONER that these violations be corrected and certified to be in compliance with the requirements of law within 35 days of the date of issuance. Certification must be made on the Certificate of Correction (Gold Copy).

The Certificate of Correction and all proof of compliance MUST BE RECEIVED by the Bureau of Fire Prevention, Enforcement Unit, 250 Livingston Street, Brooklyn, New York 11201 5884 (TEL 718-694-2392) by close of business on 1-3-95. First offenders who properly certify correction shall avoid a hearing and penalty. All other respondents must appear at the Environmental Control Board (ECB) hearing indicated below.

Notice of Hearing:

If the Certificate of Correction IS NOT RECEIVED by the date indicated above OR if no date is indicated above, the respondent MUST APPEAR at a hearing on 1-19-95 at 8:30am, 10:30am, 1:30pm, 3:00pm at the ECB Hearing Office located in Brooklyn, Manhattan, Queens, Staten Island (The address for each location is provided on the reverse side of this form.) This hearing is your opportunity to answer and defend the allegations set forth below. If you do not appear, you will be held in default and subject to maximum penalties.

REPEAT OFFENDERS MUST appear at the hearing on the scheduled date.

Upon investigation, it has been determined by the above named Petitioner that there is reasonable cause to believe that the above named Respondent is in violation of the Administrative Code and/or Fire Department Rule(s), "3 RCNY §§16-01, 16-02, 16-03."

Rule 1 Buckets and/or Fire Extinguishers

☐ Failed to provide fire buckets filled with (sand/water) and/or approved, operative fire extinguishers at as required.

Rule 2 Waste Receptacles

☐ Failed to provide approved receptacles for waste at as required.

Rule 3 No Permit

☐ (Sold/Stored/Used/Manufactured/Transported) (combustibles/flammables/explosives) without required valid permit.

Rule 4 Quantities in Excess of Permit

☐ (Sold/Stored/Used/Manufactured/Trans,) in excess of amount stated on permit.

Rule 5 Produce Permit and/or Record

☐ Failed to produce (permit/record) regarding at as required.

Rule 6 Signs/Postings/Instructions

☒ Failed to provide (Signs/Postings/Instr,) at as required.

Rule 7 Labels/Marks/Stamped

☐ Failed to provide (Labels/Marks/Stamped) for at as required.

Rule 8 Obstructions/Accumulations

☐ Failed to remove all (obstructions/accumulations of rubbish or storage) of from as required.

Rule 9 Adequate Egress/Aisle Space/Clearance

☐ Failed to provide adequate (egress/aisle space/clearance) at as required.

Rule 10 Operating Contrary to C of O

☐ Operated contrary to the certificate of occupancy.

Rule 11 General Maintenance

☐ Failed to maintain in a proper condition as required.

Rule 12 Maintenance of Sprinkler, Standpipe, Alarm, Suppression Systems

☐ Failed to properly (provide/maintain) system or part thereof as required. Describe below.

Rule 13 Fire Retardant Material

☐ Failed to provide/maintain non-combustible material at or provide affidavit that combustible material has been treated with flame retardant as required.

Rule 14 Fireproof Doors/Windows

☐ Failed to (provide/maintain) (self-closing fireproof doors/windows) at as required.

Rule 15 Fireproof Partitions or Walls

☐ Failed to (provide/maintain) fireproof partitions or walls at as required.

Rule 16 Ventilation

☐ Failed to provide (approved vents/adequate ventilation) at as required.

Rule 17 Certificates of Fitness

☐ Failed to (obtain/provide) a (Certificate of Fitness/Certificate Holder on Duty) for as required.

Rule 18 Certificates of Approval/Qualification/License

☐ Failed to (obtain/provide) a Certificate of (Approval/Qualification/License) for as required.

Rule 19 Certificate of Occupancy/Public Assembly Permit/Affidavits/Documentation/Plans/Applications

☐ Failed to provide for from as required.

Rule 20 Test/Inspe

☐ Failed to conduct required (equipment/system) (test/inspection) of as required.

Rule 21 Containers

☐ Failed to provide approved containers for as required.

Rule 22 Tanks/Sup

☐ Failed to (p,) approved tanks/supports for as required.

Rule 23 Storage

☐ Failed to provide (vaults/cabinets/room/area) for the storage of as required.

Rule 24 Racks

☐ Failed to provide appropriate racks at as required.

Rule 25 Electrical Equipment

☐ Failed to (provide/protect/maintain) electrical equipment as required.

Rule 26 Approved Refrigeration/Heating Devices or Units

☐ Failed to (provide/protect/maintain) (refrigeration/heating) devices as required.

Rule 27 Approved Lighting Devices

☐ Failed to (provide/protect/maintain) lighting devices as required. Specify type of protection required.

Rule 28 Exposed Flames or Sparks

☐ (Unlawfully allowed/failed to protect) exposed flame or spark at as required.

Rule 29 Designated Areas

☐ Failed to (provide/maintain) designated area/premises for as required.

Rule 30 Fire Safety in Office Buildings/Hotels/Motels

☒ Failed to comply with the fire safety requirements for (office buildings/hotels/motels). Specify: SAFETY UPPELAIN FIREWDR

Repeat Violation (§15-229)

☐ Failed to correct Rule(s) as previously cited on NOV # (Respondent must appear at the hearing.)

False Certification (§15-220.1)

☐ Willfully falsified Certificate of Correction for NOV # (Respondent must appear at hearing.)

☐ Other Code Section/Rule Describe offense below.

Description of Violation:

All Access STAIRS, All TENANTS SPECIAL ELEVATORS include ELEVATOR BANKS SKYLOBBY FLOOR LOCATION

I personally observed the commission of the above offense(s) or personally reviewed the office records indicating the offense(s) charged above.

All statements made herein are affirmed under penalty of perjury. Date of Offense: 11-24-94 Time: a.m./p.m.

INSPECTOR'S SIGNATURE LT. G. O'Doherty

PRINT NAME LT. G. O'Doherty

Inspector's Tax Registry Number 1901114919

AFFIDAVIT (CERTIFICATE) OF SERVICE

City of New York, County of NEW YORK

DEPONENT

YOUNG IRADACKER

November 14

at _____ AM/PM

deponent served the within Notice of Violation and

on the respondent named herein.

Individual: Personal Service

☐ by delivering a true copy to said respondent personally.

Individual: Substituted Service

☐ by delivering a true copy to _____ a person of suitable age and discretion. Said premises is respondent's actual place of business, dwelling house or usual place of abode within the State.

Corporation:

by delivering a true copy to _____

Delivery to Employee at Premises

by delivering a true copy to respondent's employee at the above location (answer A and B)

and attempted to personally serve the herein Notice of Violation on the respondent named herein but was unable to do so because, having entered the premises and having identified myself, I was:

1. ☐ advised by _____ that the respondent was not then present, and premises is neither respondent's actual place of business nor dwelling house
2. ☐ unable to secure identification of the person(s) present;
3. ☐ advised by _____ that no officer, director, managing agent or agent of respondent corporation was present.

Thereupon, I delivered a copy of the herein Notice of Violation to Michael Ler

Michael Ler

ESP

whom I believe to be an employee of respondent at the premises because: (check 1, 2 or 3)

1. ☒ Employee so identified him/herself.
2. ☐ Employee was performing work consistent with being employed by the respondent; or
3. ☐ Other _____

Description of Individual. (This must be completed for all types of service except corporate, Number III, above.)
 I hereby describe the individual served as follows.

☒ White Skin	☐ Black Hair	☐ 14-20	☐ Under 5'	☐ Under 100 lbs
☐ Black Skin	☐ Brown Hair	☐ 21-35	☐ 5'0"-5'3"	☐ 100-130
☐ Yellow Skin	☐ Blond Hair	☐ 36-50	☐ 5'4"-5'8"	☐ 131-160
☐ Brown Skin	☐ Gray Hair	☒ 51-65	☐ 5'9"-6'0"	☒ 161-200
☐ Red Skin	☐ Red Hair	☐ Over 65	☒ Over 6'	☐ Over 200
	☐ White Hair			
	☐ Balding			

Verifying Character is as

Michael Ler
Michael Ler
01422

Subscribed before me on 12-7 1994

Michael Ler
 JURY OF CERTIFYING OFFICER

Wherefore, this statement shall constitute a certificate of service.

8412/28/44 For EAL Use Only: FPMS Date _____

Agency Code No. _____

FPMS Account No. _____ Unit: HQ/DO _____ ADMIN. _____ C.B. # _____ UNIT PHONE # _____

ENVIRONMENTAL CONTROL BOARD
CITY OF NEW YORK

NOTICE OF VIOLATION AND HEARING

VIOLATION NO. 10328047 R

Fire Commissioner of the City of New York, Petitioner vs Respondent:

Respondent is: ☒ Owner ☐ managing agent ☐ tenant ☐ city agency ☐ daycare center

Place of Occurrence (Premises Address)

Street Number _____ Prefix _____ Street Name _____

Type _____ Suffix _____ Zip Code _____ Boro Code _____ 1=Man; 2=Bx; 3=St; 4=Bklyn; 5=Qns

AKA _____

Mailing Address (if different from premises address)

Street Number _____ Prefix _____ Street Name _____

Type _____ Suffix _____ Zip Code _____ Boro Code _____ 1=Man; 2=Bx; 3=St; 4=Bklyn; 5=Qns; 6=Out of City

Add Info _____

Notice of Violation and Order to Correct and Certify Correction:

PLEASE TAKE NOTICE that the premises cited above is in violation of the requirements of law. It is further ORDERED by the FIRE COMMISSIONER that these violations be corrected and certified to be in compliance with the requirements of law within 35 days of the date of issuance. Certification must be made on the Certificate of Correction (Gold Copy).

The Certificate of Correction and all proof of compliance MUST BE RECEIVED by the Bureau of Fire Prevention, Enforcement Unit, 250 Livingston Street, Brooklyn, New York 11201-5884 (TEL 718-694-2392) by close of business on 12/28/44. First offenders who properly certify correction shall avoid a hearing and penalty. All other respondents must appear at the Environmental Control Board (ECB) hearing indicated below.

Notice of Hearing:

If the Certificate of Correction IS NOT RECEIVED by the date indicated above OR if no date is indicated above, the respondent MUST APPEAR at a hearing on 12/28/44 at 10:30am, 1:30pm, 3:00pm at the ECB Hearing Office located in Brooklyn Manhattan Queens Staten Island. (The address for each location is provided on the reverse side of this form.) This hearing is your opportunity to answer and defend the allegations set forth below. If you do not appear, you will be held in default and subject to maximum penalties.

REPEAT OFFENDERS MUST appear at the hearing on the scheduled date.

Upon investigation, it has been determined by the above named Petitioner that there is reasonable cause to believe that the above named Respondent is in violation of the Administrative Code and/or Fire Department Rule(s), "3 HCNV §§16-01, 16-02, 16-03."

Rule 1 Buckets and/or Fire Extinguishers

☐ Failed to provide _____ buckets filled with (sand/water) and/or _____ as required.

☐ Waste _____ approved receptacles for waste at _____ as required.

☐ No Permit (Sold/Stored/Used/Manufactured/Transported) (combustibles/flammables/explosives) without required valid permit.

☐ Quantities in Excess of Permit (Sold/Stored/Used/Manufactured/Transported) _____ as required.

☐ Produce Permit and/or Record Failed to produce (permit/record) regarding _____ as required.

☐ Signs/Postings/Instructions Failed to provide (Signs/Postings/Instructions) for _____ as required.

☐ Labels/Marks/Tags Failed to provide (Labels/Marks/Tags) for _____ as required.

☐ Obstructions/Accumulations Failed to remove all (obstructions/accumulations of rubbish or storage) of _____ as required.

☐ Adequate Egress/Aisle Space/Clearance Failed to provide adequate (egress/aisle space/clearance) at _____ as required.

☐ Operating Contrary to C of O Operated _____ contrary to the certificate of occupancy.

☐ General Maintenance Failed to maintain _____ in a proper condition as required.

☐ Maintenance of Sprinkler, Standpipe, Alarm, Suppression Systems Failed to properly (provide/maintain) _____ system or part thereof as required. Describe below.

☐ Fire Retardant Material Failed to provide/maintain non-combustible material _____ as required.

☐ Fireproof Doors/Windows Failed to (provide/maintain) (self-closing fireproof doors/windows) at _____ as required.

☐ Fireproof Partitions or Walls Failed to (provide/maintain) fireproof partitions or walls at _____ as required.

☐ Ventilation Failed to provide (approved vents/adequate ventilation) at _____ as required.

Rule 17 Certificates of Fitness

☐ Failed to (obtain/provide) a (Certificate of Fitness/Certificate Holder on Duty) for _____ as required.

Rule 18 Certificates of Approval/Qualification/License

☐ Failed to (obtain/provide) a Certificate of (Approval/Qualification/License) for _____ as required.

☐ Certificate of Occupancy/Public Assembly Permit/Affidavits/Documentation/Plans/Applications Failed to provide for _____ as required.

☐ Test/Inspect _____ Failed to co _____ required (equipment/system) (test/inspection) of _____ as required.

☐ Containers Failed to provide approved containers for _____ as required.

☐ Tanks/Supports Failed to (provide/maintain) approved tanks/supports for _____ as required.

☐ Storage Failed to provide (vaults/cabinets/room/area) for the storage of _____ as required.

☐ Racks Failed to provide appropriate racks at _____ as required.

☐ Electrical Equipment Failed to (provide/protect/maintain) electrical equipment as required.

☐ Approved Refrigeration/Heating Devices or Units Failed to (provide/protect/maintain) (refrigeration/heating) devices as required.

☐ Approved Lighting Devices Failed to (provide/protect/maintain) _____ as required. Specify type of protection required.

☐ Exposed Flames or Sparks (Unlawfully allowed/failed to protect) exposed flame or spark at _____ as required.

☐ Designated Areas Failed to (provide/maintain) designated area/premises for _____ as required.

☐ Fire Safety in Office Buildings/Hotels/Motels Failed to comply with the fire safety requirements for (office buildings/hotels/motels). Specify _____

☐ Repeat Violation (§15-229) Failed to correct Rule(s) _____ as previously cited on NOV # _____ (Respondent must appear at the hearing.)

☐ False Certification (§15-220.1) Willfully falsified Certificate of Correction for NOV # _____ (Respondent must appear at hearing.)

☐ Other Code Section/Rule _____ Describe offense below.

Description of Violation: ALL ACCESS STAIRS ALL WANTS SPECIAL
WANTS SPECIAL
WANTS SPECIAL

personally observed the commission of the above offense(s) or personally reviewed the office records indicating the offense(s) charged above. If statements made herein are affirmed under penalty of perjury. Date of Offense: 12/28/44 Time: _____ a.m./p.m.

INSPECTOR'S SIGNATURE _____

PRINT NAME _____

Inspector's Tax Registry Number _____

NY-012711-11-12

CERTIFICATE OF CORRECTION (COMPLETE REVERSE SIDE)

NYC-WTC_000166167

CERTIFICATE OF CORRECTION

State of New York)
 County of NEW YORK) SS:

I, MICHAEL J. LEE, being duly sworn, depose and say that I am the respondent cited in the Notice of Violation and that I admit the existence of the violation(s) described in the Notice of Violation.

Check one { ☒ I have corrected all said violations as ordered by the Commissioner
 or ☐ I have only corrected Rule Number(s) _____
 and will attend hearing on scheduled date.

(The respondent certifies that all violations have been corrected if no box is checked.)

I have attached legible copies of any and all bills, receipts and other proof of correction to this certification as required.

Michael J. Lee
 SIGNATURE
 (Sign only before a notary)

TO BE COMPLETED BY NOTARY

County of NEW YORK

Registration Number _____

Sworn to before me this 1st day of December 1994

Notary Number _____

Signature of Notary Barbara L. Sesto

Commission Expires 4/30/95

BARBARA L. SESTO - SEAL
 NOTARY PUBLIC, STATE OF NEW YORK
 NO. 30-352882
 QUALIFIED IN ORANGE COUNTY
 COMMISSION EXPIRES APRIL 30, 1995

The Fire Commissioner reserves the right to reject any Certificate of Correction that is incomplete. False certification is punishable by a fine of not less than \$1,000 nor more than \$5,000 and/or up to 6 months imprisonment pursuant to Administration Code Section 15-220.1

CERTIFICATION INSTRUCTIONS**For first offenses:**

1. ALL offenders must correct the violation(s) cited on the NOTICE OF VIOLATION.
2. All offenders must complete the Certificate of Correction above and have it notarized. *Do not* detach above certificate from this page.
3. Attach legible copies of any and all bills, receipts and/or other proof of compliance to this Certificate of Correction (see correction requirements on reverse of green copy) and submit them along with this Certificate.
4. Return the completed Certificate of Correction with all appropriate documentation attached to the **Bureau of Fire Prevention Enforcement Unit, 250 Livingston Street, Brooklyn, New York 11201-5884** by the close of business on the date indicated on the NOTICE OF VIOLATION for return of the certificate. (See reverse side for return date)
5. Respondents will be notified by mail if their Certificate of Correction has been disapproved and of the appropriate action to take to correct same.
6. If it is impossible to correct any or all violations within the time indicated, you may be eligible for a stipulation extending the time to correct. A request for a stipulation extending compliance time must be made at the hearing and is subject to the approval of the Fire Department and the ECB.
7. If you properly certify that ALL violations have been corrected, you will be excused from appearing at the scheduled ECB hearing and no penalty will be imposed.
8. If you fail to comply with (7) above or if you are a repeat offender, you will be required to attend the ECB hearing designated on the NOV and bring any and all proof of correction to the hearing.

ECB HEARING OFFICES

If you are required to attend an ECB hearing, check the location and time indicated on the face of the NOV and note the address below:

- ★ Manhattan/Bronx: 1250 Broadway, 7th Fl. (212) 971-3600
- ★ Brooklyn: 233 Schermerhorn St., 11th Fl. (718) 658-1305

- ★ Queens: 96-05 Horace Harding Expressway—Main Floor (718) 595-4584
- ★ Staten Island: 350 St. Marks Place, 4th Fl., St. George, SI (212) 971-3600

INSPECTION ORDER

DATE	ACCOUNT	TYPE	ALPHA PREFIX	D.O.	ADM CD	NO FEE ACT	SEE ATT. LIST	CURRENT PERMIT EXPIRES
03/17/94	59002259	14	B	36	H011	X		11/94

CHANGES	CHANGES	CHANGES	CHANGES

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

PREMISES ADDRESS	AKA ADDRESS
7 WORLD TRADE CENTER NEW YORK, NY 10048	

BILLING ADDRESS	ACCOUNT NAME
7 WORLD TRADE COMPANY 7 WORLD TRADE CENTER NEW YORK, NY 10048	7 WORLD TRADE COMPANY

ITEM CODE	SUB CODE	QTY	DESCRIPTION	FLOOR NO.
397	32	1	OFFICE BLDG ANNUAL INSPECTION	C

COMMENTS (CIC)

[illegible][illegible][illegible]

ITEMS TO BE ADDED OR DELETED (CIC)

WHS TO BE USED OR SELECTED (SIC)									
ITEM CODE	ITEM SUB-CODE	NEW QTY.	DESCRIPTION	FLOOR NO.					
1									
2									
3									
4									
5									
6									

STATUS CHECK AND COMPLETE

☐ 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 <i>St. O'Donoghue</i>	DATE <i>11/29/94</i>	INSPECTOR I.D. <i>H/25</i>	COMMENTS
EXAMINER <i>G.H.</i>	DATE <input type="text"/>	<input type="text"/>	<input type="text"/>
ENTRY CLERK <i>G.H.</i>	DATE <i>11/30/94</i>	<input type="text"/>	<input type="text"/>
AUDITOR <i>G.H.</i>	DATE <input type="text"/>	<input type="text"/>	<input type="text"/>

SECOND INSPECTION

INSPECTOR	DATE <input type="text"/>	INSPECTOR I.D. <input type="text"/>	COMMENTS
EXAMINER	DATE <input type="text"/>	<input type="text"/>	<input type="text"/>
ENTRY CLERK	DATE <input type="text"/>	<input type="text"/>	<input type="text"/>
AUDITOR	DATE <input type="text"/>	<input type="text"/>	<input type="text"/>



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

A 324 (7 84) 03 127 0924

INSPECTION REPORT

ACCOUNT

ADM CO

START DATE

D.O.

TYPE

88108972

OWNER NAME

PREMISE ADDRESS

ADD INFO

STREET NUMBER

PREFIX →

STREET NAME

TYPE →

SUFFIX →

ZIP CODE

BORO CODE →

BILLING ADDRESS

ADD INFO

STREET NUMBER

PREFIX →

STREET NAME

TYPE →

SUFFIX →

ZIP CODE

BORO CODE →

ENTER HERE IF OUT OF TOWN

STATE →

ZIP CODE →

PUT X IF
NON FEE ACCTALPHA
PREFIX

INSPECTOR NAME

EXAMINER NAME

DATE

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

INSPECTION DATE

INSPECTOR - I.D.

☐ VIOLATIONS REPORTED☐ NOT APPROVED WITH REASON _____

ENTER CODE

NEXT INSPECTION SCHEDULED: _____

DATE

AKA ADDRESS

STREET NUMBER

STREET NAME

PREFIX →

TYPE →

SUFFIX →

ENTRY
LEADER

DATE

AUDITOR

DATE

NYC-WTC_000166172

Corrected late

G.C. 3/9/94

For E.U. Use Only: FPIMS Date 1/20/94 Initial AS

Agency Code No. 10265656

F.P.I.M.S. Account No. 376 Unit: HQ/DO 376 ADMIN. CO. 376 C.B. # 376 UNIT PHONE # 376

ENVIRONMENTAL CONTROL BOARD
CITY OF NEW YORK

NOTICE OF VIOLATION AND HEARING

VIOLATION NO. 10265656 R

Fire Commissioner of the City of New York, Petitioner vs Respondent:
511 NEW STAIR WALKER TRAILER

Respondent is: ☐ owner ☐ managing agent ☐ tenant ☐ city agency ☐ daycare center

Place of Occurrence (Premises Address)

Street Number 7 Prefix WORLD Street Name TRAILER Boro Code 11 1=Man; 2=Bx; 3=St; 4=Bklyn; 5=Qns

Type AKA Suffix AKA Zip Code AKA

Mailing Address (if different from premises address)

Street Number AKA Prefix AKA Street Name AKA Boro Code AKA 1=Man; 2=Bx; 3=St; 4=Bklyn; 5=Qns; 6=Out of City

Type AKA Suffix AKA Zip Code AKA

Add info AKA

Notice of Violation and Order to Correct and Certify Correction:
PLEASE TAKE NOTICE that the premises cited above is in violation of the requirements of law. It is further ORDERED by the FIRE COMMISSIONER that these violations be corrected and certified to be in compliance with the requirements of law within 35 days of the date of issuance. Certification must be made on the Certificate of Correction (Gold Copy). The Certificate of Correction and all proof of compliance MUST BE RECEIVED by the Bureau of Fire Prevention, Enforcement Unit, 250 Livingston Street, Brooklyn, New York 11201-5884 (TEL 718-403-1372) by close of business on 1/20/94. First offenders who properly certify correction shall avoid a hearing and penalty. All other respondents must appear at the Environmental Control Board (ECB) hearing indicated below.

Notice of Hearing:
If the Certificate of Correction IS NOT RECEIVED by the date indicated above OR if no date is indicated above, the respondent MUST APPEAR at a hearing on 2/9/94 at ☐ 8:30am, ☐ 10:30am, ☐ 1:30pm, ☐ 3:00pm at the ECB Hearing Office located in ☐ Brooklyn ☐ Manhattan ☐ Queens ☐ Staten Island. (The address for each location is provided on the reverse side of this form.) This hearing is your opportunity to answer and defend the allegations set forth below. If you do not appear, you will be held in default and subject to maximum penalties.

REPEAT OFFENDERS MUST appear at the hearing on the scheduled date.

Upon investigation, it has been determined by the above named Petitioner that there is reasonable cause to believe that the above named Respondent is in violation of the Administrative Code and/or Fire Department Rule(s), "3 RCNY §§16-01, 16-02, 16-03:"

Rule 1 Buckets and/or Fire Extinguishers
☐ Failed to provide NUMBER fire buckets filled with (sand/water) and/or NUMBER approved, operative fire extinguishers at LOCATION as required.

Rule 2 Waste Receptacles
☐ Failed to provide NUMBER approved receptacles for waste at LOCATION as required.

Rule 3 No Permit
☐ (Sold/Stored/Used/Manufactured/Transported) (combustibles/flammables/explosives) without required valid permit.

Rule 4 Quantities in Excess of Permit
☐ (Sold/Stored/Used/Manufactured/Transported) AMOUNT of PRODUCT in excess of amount stated on permit.

Rule 5 Produce Permit and/or Record
☐ Failed to produce (permit/record) regarding DESCRIPTION at LOCATION as required.

Rule 6 Signs/Postings/Instructions
☒ Failed to provide (Signs/Postings/Instructions) for NO SMOKE EXCEPT DURING FIRE OR EMERGENCY at LOCATION as required.

Rule 7 Labels/Marks/Stamps
☐ Failed to provide (Labels/Marks/Stamps) for NO SMOKE EXCEPT DURING FIRE OR EMERGENCY at LOCATION as required.

Rule 8 Obstructions/Accumulations
☐ Failed to remove all (obstructions/accumulations of rubbish or storage) of TYPE from LOCATION as required.

Rule 9 Adequate Egress/Aisle Space/Clearance
☐ Failed to provide adequate (egress/aisle space/clearance) at LOCATION as required.

Rule 10 Operating Contrary to C of O
☐ Operated SPECIFY contrary to the certificate of occupancy.

Rule 11 General Maintenance
☐ Failed to maintain SPECIFY in a proper condition as required.

Rule 12 Maintenance of Sprinkler, Standpipe, Alarm, Suppression Systems
☐ Failed to properly (provide/maintain) SPECIFY system or part thereof as required. Describe below.

Rule 13 Fire Retardant Material
☐ Failed to provide/maintain non-combustible material SPECIFY at LOCATION or provide affidavit that combustible material has been treated with flame retardant as required.

Rule 14 Fireproof Doors/Windows
☐ Failed to (provide/maintain) (self-closing fireproof doors/windows) at LOCATION as required.

Rule 15 Fireproof Partitions or Walls
☐ Failed to (provide/maintain) fireproof partitions or walls at LOCATION as required.

Rule 16 Ventilation
☐ Failed to provide (approved vents/adequate ventilation) at LOCATION as required.

Rule 17 Certificates of Fitness
☐ Failed to (obtain/provide) a (Certificate of Fitness/Certificate Holder on Duty) for SPECIFY.

Rule 18 Certificates of Approval/Qualification/License
☐ Failed to (obtain/provide) a Certificate of (Approval/Qualification/License) for SPECIFY as required.

Rule 19 Certificate of Occupancy/Public Assembly Permit/Affidavits/Documentation/Plans/Applications
☐ Failed to provide for SPECIFY from SPECIFY as required.

Rule 20 Test/Inspection
☐ Failed to conduct required (equipment/system) (test/inspection) of SPECIFY as required.

Rule 21 Containers
☐ Failed to provide approved containers for SPECIFY as required.

Rule 22 Tanks/Supports
☐ Failed to (provide/maintain) approved tanks/supports for SPECIFY as required.

Rule 23 Storage
☐ Failed to provide (vaults/cabinets/room/area) for the storage of SPECIFY as required.

Rule 24 Racks
☐ Failed to provide appropriate racks at LOCATION as required.

Rule 25 Electrical Equipment
☐ Failed to (provide/protect/maintain) TYPE electrical equipment as required.

Rule 26 Approved Refrigeration/Heating Devices or Units
☐ Failed to (provide/protect/maintain) (refrigeration/heating) devices as required.

Rule 27 Approved Lighting Devices
☐ Failed to (provide/protect/maintain) TYPE lighting devices as required. Specify type of protection required:

Rule 28 Exposed Flames or Sparks
☐ (Unlawfully allowed/failed to protect) exposed flame or spark at LOCATION as required.

Rule 29 Designated Areas
☐ Failed to (provide/maintain) designated area/premises for SPECIFY as required.

Rule 30 Fire Safety in Office Buildings/Hotels/Motels
☐ Failed to comply with the fire safety requirements for (office buildings/hotels/motels). Specify:

Repeat Violation (§15-229)
☐ Failed to correct Rule(s) SPECIFY as previously cited on NOV # SPECIFY (Respondent must appear at the hearing)

False Certification (§15-220.1)
☐ Willfully falsified Certificate of Correction for NOV # SPECIFY (Respondent must appear at hearing.)

☐ Other Code Section/Rule SPECIFY SECTION Describe offense below.

Description of Violation:

I personally observed the commission of the above offense(s) or personally reviewed the office records indicating the offense(s) charged above.
All statements made herein are affirmed under penalty of perjury. Date of Offense: 1/21/93 Time: 12:18 a.m./p.m.

Inspector's Tax Registry Number 1907993

INSPECTOR'S SIGNATURE LT Marshall

PRINT NAME JERRY MARSHALL

AFFIDAVIT (CERTIFICATE*) OF SERVICE

State of New York, County of NY ss:

The undersigned being duly sworn* deposes and says: That deponent is not a party to the action and is over 18 years of age; That on 12-18 19 93 at 7 WTC AM/PM
at 7 WTC deponent served the within Notice of Violation and
Hearing on the respondent named herein.

I. Individual; Personal Service

☐ by delivering a true copy to said respondent personally.

II. Individual; Substituted Service

☐ by delivering a true copy to _____ a person of suitable age and discretion. Said premises is respondent's
actual place of business, dwelling house or usual place of abode within the State.

III. Corporation

☐ by delivering a true copy to _____ at said corporation.

IV. Delivery to Employee at Premises

☒ by delivering a true copy to respondent's employee at the above location: (answer A and B)

A. I attempted to personally serve the herein Notice of Violation on the respondent named herein but was unable to do so because, having entered the premises and having identified myself, I was:

1. ☒ advised by Leslie Gordon that the respondent was not then present, and premises is neither respondent's actual place of business nor dwelling house.

2. ☐ unable to secure identification of the person(s) present;

3. ☐ advised by _____ that no officer, director, managing agent or agent of respondent corporation was present.

B. Thereupon, I delivered a copy of the herein Notice of Violation to Gerson FSO
whom I believe to be an employee of respondent at the premises because: (check 1, 2 or 3)

1. ☒ Employee so identified him/herself;

2. ☐ Employee was performing work consistent with being employed by the respondent; or

3. ☐ Other: _____

Description of Individual. (This must be completed for all types of service except corporate, Number III, above.)

Deponent describes the individual served as follows:

☒ Male
☐ Female

☒ White Skin
☐ Black Skin
☐ Yellow Skin
☐ Brown Skin
☐ Red Skin

☒ Black Hair
☐ Brown Hair
☐ Blond Hair
☐ Gray Hair
☐ Red Hair
☐ White Hair
☐ Balding

☐ 14-20
☐ 21-35
☒ 36-50
☐ 51-65
☐ Over 65

☐ Under 5'
☐ 5'0"-5'3"
☐ 5'4"-5'8"
☐ 5'9"-6'0"
☒ Over 6'

☐ Under 100 lbs
☐ 100-130
☐ 131-160
☒ 161-200
☐ Over 200

Other identifying characteristics: _____

Sworn to before me on 12-21 1993
WTC

SIGNATURE OF CENTRAL RECORDS OFFICER

If not sworn, this statement shall constitute a certificate of service.

SIGNATURE

PHONE

TAX REGISTRY NUMBER

F.P.I.M.S. Account No. _____		Unit: HQ/DO <u>26</u>	ADMIN. CO. _____	C.B. # _____	For E.U. U _____	Agency Code No. _____	Initials _____	
ENVIRONMENTAL CONTROL BOARD CITY OF NEW YORK		NOTICE OF VIOLATION AND HEARING			UNIT PHONE # _____			Violation No. <u>10328047 R</u>
Fire Commissioner of the City of New York, Petitioner vs Respondent:								
Respondent is: ☐ owner ☐ manager ☐ tenant ☐ daycare center								
Place of Occurrence (Premises Address)								
Street Number <u>7</u>		Prefix _____		Street Name <u>W 4th St</u>				
Type <u>TR</u>		Suffix _____		Zip Code <u>10014</u>		Boro Code <u>1</u> 1=Man; 2=Bx; 3=St; 4=Bklyn; 5=Qns		
AKA _____								
Mailing Address (if different from premises address)								
Street Number _____		Prefix _____		Street Name _____				
Type _____		Suffix _____		Zip Code _____		Boro Code _____ 1=Man; 2=Bx; 3=St; 4=Bklyn; 5=Qns; 6=Out of City		
Add Info _____								

Notice of Violation and Order to Correct and Certify Correction:

PLEASE TAKE NOTICE that the premises cited above is in violation of the requirements of law. It is further ORDERED by the FIRE COMMISSIONER that these violations be corrected and certified to be in compliance with the requirements of law within 35 days of the date of issuance. Certification must be made on the Certificate of Correction (Gold Copy).

The Certificate of Correction and all proof of compliance MUST BE RECEIVED by the Bureau of Fire Prevention, Enforcement Unit, 250 Livingston Street, Brooklyn, New York 11201-5884 [TEL 718-694-2392] by close of business on 11/13/11. First offenders who properly certify correction shall avoid a hearing and penalty. All other respondents must appear at the Environmental Control Board (ECB) hearing indicated below.

Notice of Hearing:

If the Certificate of Correction IS NOT RECEIVED by the date indicated above OR if no date is indicated above, the respondent MUST APPEAR at a hearing on 11/14/11 at 10:30am, 1:30pm, 3:00pm at the ECB Hearing Office located in ☒ Brooklyn ☐ Manhattan ☐ Queens ☐ Staten Island. (The address for each location is provided on the reverse side of this form.) This hearing is your opportunity to answer and defend the allegations set forth below. If you do not appear, you will be held in default and subject to maximum penalties.

REPEAT OFFENDERS MUST appear at the hearing on the scheduled date.

Upon investigation, it has been determined by the above named Petitioner that there is reasonable cause to believe that the above named Respondent is in violation of the

Administrative Code and/or Fire Department Rule(s), "3 RCNY §§16-01, 16-02, 16-03:"

Rule 1 Buckets and/or Fire Extinguishers
☐ Failed to provide _____ fire buckets filled with (sand/water) and/or approved, operative fire extinguishers at _____ as required.

Rule 2 Waste Receptacles
☐ Failed to provide _____ approved receptacles for waste at _____ as required.

Rule 3 No Permit
☐ (Sold/Stored/Used/Manufactured/Transported) (combustibles/flammables/explosives) without required valid permit.

Rule 4 Quantities in Excess of Permit
☐ (Sold/Stored/Used/Manufactured/Transported) _____ in excess of amount stated on permit.

Rule 5 Produce Permit and/or Record
☐ Failed to produce (permit/record) regarding _____ as required.

Rule 6 Signs/Postings/Instructions
☐ Failed to provide (Signs/Postings/Instructions) for _____ as required.

Rule 7 Labels/Marks/Stamps
☐ Failed to provide (Labels/Marks/Stamps) for _____ as required.

Rule 8 Obstructions/Accumulations
☐ Failed to remove all (obstructions/accumulations of rubbish or storage) of _____ as required.

Rule 9 Adequate Egress/Exit Space/Clearance
☐ Failed to provide adequate egress/aisle space/clearance at _____ as required.

Rule 10 Operating Contrary to Code
☐ Operated _____ contrary to the certificate of occupancy.

Rule 11 General Maintenance
☐ Failed to maintain _____ in a proper condition as required.

Rule 12 Maintenance of Sprinkler, Standpipe, Alarm, Suppression Systems
☐ Failed to properly (provide/maintain) _____ system or part thereof as required. Describe below.

Rule 13 Fire Retardant Material
☐ Failed to provide/maintain non-combustible material _____ at _____ or provide affidavit that combustible material has been treated with flame retardant as required.

Rule 14 Fireproof Doors/Windows
☐ Failed to (provide/maintain) (self-closing fireproof doors/windows) at _____ as required.

Rule 15 Fireproof Partitions or Walls
☐ Failed to (provide/maintain) fireproof partitions or walls at _____ as required.

Rule 16 Ventilation
☐ Failed to provide (approved vents/adequate ventilation) at _____ as required.

Rule 17 Certificates of Fitness
☐ Failed to (obtain/provide) a (Certificate of Fitness/Certificate Holder on Duty) for _____ as required.

Rule 18 Certificates of Approval/Qualification/License
☐ Failed to (obtain/provide) a Certificate of (Approval/Qualification/License) for _____ as required.

Rule 19 Certificate of Occupancy/Public Assembly Permit/Affidavits/Documentation/Plans/Applications
☐ Failed to provide for _____ as required.

Rule 20 Test/Inspection
☐ Failed to conduct required (equipment/system) (test/inspection) of _____ as required.

Rule 21 Containers
☐ Failed to provide approved containers for _____ as required.

Rule 22 Tanks/Supports
☐ Failed to (provide/maintain) approved tanks/supports for _____ as required.

Rule 23 Storage
☐ Failed to provide (vaults/cabinets/room/area) for the storage of _____ as required.

Rule 24 Racks
☐ Failed to provide appropriate racks at _____ as required.

Rule 25 Electrical Equipment
☐ Failed to (provide/protect/maintain) electrical equipment as required.

Rule 26 Approved Refrigeration/Heating Devices or Units
☐ Failed to (provide/protect/maintain) (refrigeration/heating) devices as required.

Rule 27 Approved Lighting Devices
☐ Failed to (provide/protect/maintain) lighting devices as required. Specify type of protection required: _____

Rule 28 Exposed Flames or Sparks
☐ (Unlawfully allowed/failed to protect) exposed flame or spark at _____ as required.

Rule 29 Designated Areas
☐ Failed to (provide/maintain) designated area/premises for _____ as required.

Rule 30 Fire Safety in Office Buildings/Hotels/Motels
☐ Failed to comply with the fire safety requirements for (office buildings/hotels/motels). Specify: _____

Repeat Violation (§15-229)
☐ Failed to correct Rule(s) _____ as previously cited on NOV # _____ (Respondent must appear at the hearing.)

False Certification (§15-220.1)
☐ Willfully falsified Certificate of Correction for NOV # _____ (Respondent must appear at hearing.)

Other Code Section/Rule _____ Describe offense below.

Description of Violation: All Access Stairs, All Entrances, and all exits must be kept clear of obstructions. No storage of materials in stairwells or corridors.

I personally observed the commission of the above offense(s) or personally reviewed the office records indicating the offense(s) charged above.

All statements made herein are affirmed under penalty of perjury. Date of Offense: 11-13-11 Time: _____ a.m./p.m.

INSPECTOR'S SIGNATURE _____

PRINT NAME _____

Inspector's Tax Registry Number 10011494

Instructions to Inspectors—All boxes on this form must have an answer. Answers with a "NO" answers to a "V" mandate a Violation Order, "NO" answers to a "*" mandate automatic failure. Check "YES" "NO" or "N/A".

ON SITE EXAM FOR FIRE SAFETY DIRECTOR—OFFICE

Name of Candidate Basile, Thomas Office Address 7 WTC Date of Examination 2-25-94
(Print last name, first name) 11-17 10:48

A:

Instructions to Inspectors—If any asterisk (*) items are marked "NO", terminate the test immediately. See Section VIII for further information.			YES	NO	N/A
I. Physical Requirements—Does candidate have ability to:					
*A. Speak and understand English? Yes ☒ No ☐	*B. Hear spoken words over a telephone? (with corrective devices) Yes ☒ No ☐	*C. Possess necessary vision? (corrective devices acceptable) Yes ☒ No ☐			

B: Building

Instructions to Inspector—If any violation (V) items are marked "NO", issue a Violation Order at the end of the Test. Test must proceed.			YES	NO	N/A
II. Records:					
v. A. Fire drill records current? Yes ☒ No ☐	v. B. Firemen's Service Elevator Test Records current? Yes ☒ No ☐ N/A ☐	v. C. Keys kept at Fire Command Station? Yes ☒ No ☐ N/A ☐	3		
v. D. Fire Safety Plan and building floor plan at Fire Command Station? Yes ☒ No ☐	v. E. A current list of all floor Wardens and phone numbers at Fire Command Station? Yes ☒ No ☐	v. F. Master window keys available? Yes ☐ No ☐ N/A ☒	2		1
v. G. Building current in actual Fire Drills? (*if over 3 months) Yes ☒ No ☐			1		1
TOTAL (7)			6		
Instructions to Inspector—If any violation (V) items are marked "NO", issue a Violation Order at the end of the Test. Test must Proceed. III. a. Specific Building Inspection: Special Instructions—Choose one floor for the general floor inspection <u>25</u> Building Inspection—Signs and Charts—					
v. A. Are stairways properly lettered? Yes ☒ No ☐	v. B. Are floors properly numbered? Yes ☐ No ☐	v. C. Is floor diagram posted? Yes ☐ No ☐	3		
v. D. Are stairways re-entry signs posted? Yes ☒ No ☐ N/A ☐	v. E. Are elevators properly lettered on each elevator bank? Yes ☒ No ☐ N/A ☐	v. F. Is floor diagram properly oriented? Yes ☒ No ☐	3		
v. G. Is elevator sign "In Case of Fire, Use Stairs" posted? Yes ☒ No ☐ N/A ☐	v. H. Are exit doors unlocked, closed and unobstructed? Yes ☒ No ☐	v. I. Fire Drill Organization Charts posted and current? Yes ☒ No ☐	3		
TOTAL (9)			9		
III. b. Building Inspection—Signs and Charts—Choose one floor for the general floor inspection FLOOR					
v. A. Are stairways properly lettered? Yes ☒ No ☐	v. B. Are floors properly numbered? Yes ☒ No ☐	v. C. Is floor diagram posted? Yes ☒ No ☐	3		
v. D. Are stairways re-entry signs posted? Yes ☒ No ☐ N/A ☐	v. E. Are elevators properly lettered on each elevator bank? Yes ☒ No ☐ N/A ☐	v. F. Is floor diagram properly oriented? Yes ☒ No ☐	3		
v. G. Is elevator sign "In Case of Fire, Use Stairs" posted? Yes ☒ No ☐ N/A ☐	v. H. Are exit doors unlocked, closed and unobstructed? Yes ☒ No ☐	v. I. Fire Drill Organization Charts posted and current? Yes ☒ No ☐	3		
TOTAL (9)			9		
IV. Instructions to Inspector—If four (4) or more items below are marked "NO", the Inspector must issue a Violation Order at the end of the test. Test must proceed. This next part must proceed with contacting a Floor Warden within the Building. Read the following statement to the Warden—"In the event of a fire on this floor, explain which specific actions must be taken by you." FLOOR WARDENS: <u>J. K. R. N. O. V. 2</u> NAME OF FLOOR WARDEN CONTACTED <u>14</u> FLOOR CHOSEN <u>14</u> TELEPHONE NUMBER					
Does Floor Warden have knowledge of:					
A. Position during fire drill or emergency? Yes ☒ No ☐	B. Notification procedures? Yes ☒ No ☐	C. Location of alarm boxes? Yes ☒ No ☐ N/A ☐	3		
D. Evacuation location? Yes ☐ No ☐	E. Evacuation procedures? Yes ☐ No ☐	F. Number of exits on floor? Yes ☒ No ☐	4		
H. Reporting whether smoke or Fire? Yes ☒ No ☐	I. Duties of Deputy Fire Warden and Searchers? Yes ☐ No ☐	v. J. Were fire drills conducted? Yes ☒ No ☐	3		
*K. Floor wardens in numerous floors properly trained? Yes ☒ No ☐			1		
TOTAL (11)			11		
Section B: (II, III, IV)			8 or more answered "NO" in Section B fails.		
Number of correct answers in this section is <u>15</u>			Number of incorrect answers is <u>1</u>		
Number of correct answers in this section is <u>15</u>			Number of incorrect answers is <u>1</u>		

C: Candidate

Instructions to Inspector—If any asterisk (*) items are marked "NO", terminate the test immediately. See Section VIII for further information:				YES	NO	N/A
V. Fire Emergencies and Class E. System Operations (if system inoperative, see Comments VII): Examiner —Read this statement to the candidate "You are the Fire Safety Director of the building. You receive notice during normal operational hours that an actual fire is occurring above on a floor in this building. Explain all steps of what actions must be taken. Again make no assumptions of any actions taken and start at the beginning." Did FSD have knowledge to:						
*A. Report to Fire Command? Yes ☒ No ☐	B. Check board status? Yes ☒ No ☐ N/A ☐	*C. Notify Fire Department? Yes ☒ No ☐	D. Send runner to Alarm Box? Yes ☒ No ☐	4		
*E. Make contact with floor Wardens on fire floor immediately above? Yes ☒ No ☐ N/A ☐	*F. Make announcements on PA System? Yes ☒ No ☐ N/A ☐	G. Record information—all? Yes ☒ No ☐		3		
*H. Evacuate fire floor and floor above? Yes ☒ No ☐	I. Instruct FW to re-contact in safe area? Yes ☒ No ☐	*J. Activate fire brigade? Yes ☒ No ☐		3		
*K. Ensure elevators recall? Yes ☒ No ☐ N/A ☐	L. Shut down A/C? Yes ☒ No ☐ N/A ☐	M. Keep lobby clear and entrance doors unlocked? Yes ☒ No ☐		3		
*N. Reset Notification System or if System out-of-service? Yes ☒ No ☐ N/A ☐	O. Perform—Make available Fire Safety Plan, Floor Plans, Keys, engineer to NYCFD? Yes ☒ No ☐	*P. Describe—Silence Alarm? Yes ☒ No ☐ N/A ☐		3		
*Q. Perform—The FSD Candidate uses the PA System on one floor states "This is only a test of the P.A. System. The Floor Warden should call back on the Floor Phone immediately to confirm that this message is clear." Yes ☒ No ☐ N/A ☐				1		
TOTAL (17)				17		
VI. Building Instructions to Examiner —Verify all information stated by the candidate by comparison with the Fire Safety Plan or visual inspection. A "NO" answer does not mandate failure.						
ELEVATOR —(Page 13, Q 7 of F.S. Guidelines): Does candidate know location/type of:						
A. Elevators with common shafts? Yes ☒ No ☐ N/A ☐ B. Elevator machinery room? Yes ☒ No ☐ N/A ☐ C. Operation of control necessary to deactivate elevator circuits? Yes ☒ No ☐ N/A ☐ D. Identification of elevators and elevator bank? Yes ☐ No ☒ N/A ☐ E. Firemen's service elevators? Yes ☒ No ☐ N/A ☐						
Air Conditioning and Heating —(Page 15, of F.S. Guidelines): A. Type of air conditioning system? Yes ☒ No ☐ N/A ☐ B. Zones serviced by systems? Yes ☒ No ☐ N/A ☐ C. Controls to activate movement? Yes ☒ No ☐ N/A ☐ D. Electronic automatic detection controls? Yes ☒ No ☐ N/A ☐ E. Type, location and controls of heating systems? Yes ☒ No ☐ N/A ☐ F. Smoke shaft location and operation? Yes ☐ No ☐ N/A ☒						
Sprinkler System (Page 14 Q 11) of F.S. Guidelines: Does candidate know location/type of:						
A. Automatic or non-automatic systems? Yes ☒ No ☐ N/A ☐ B. Main shut off? Yes ☒ No ☐ N/A ☐ C. Valves each floor? Yes ☒ No ☐ N/A ☐ D. Valves for more than one floor? Yes ☒ No ☐ N/A ☐ E. Area controlled by sprinkler system? Yes ☒ No ☐ N/A ☐ F. Primary source of water? Yes ☒ No ☐ N/A ☐ G. Fire pump? Yes ☒ No ☐ N/A ☐ H. Six (6) extra sprinkler heads and wrench? Yes ☒ No ☐ N/A ☐						
Alarm System: Does candidate know location/type of:						
A. Various alarm sending station? Yes ☒ No ☐ N/A ☐ B. Various Warden phones? Yes ☒ No ☐ N/A ☐ C. Street fire alarm box? Yes ☒ No ☐ N/A ☐						
TOTAL (22)				20	1	1
				Yes	No	N/A
Special Extinguishing System (P. 14, Q. 2) & Lighting Equipment (P. 15, Q. 16) of F.S. Guidelines: Does candidate know location/type of:						
A. Special extinguishing systems within building? Yes ☒ No ☐ N/A ☐ B. Extinguishing systems location(s)? Yes ☐ No ☒ N/A ☐ C. Auxiliary sources of lights or power? Yes ☒ No ☐ N/A ☐						
Standpipe systems (P. 14, Q. 10) of F.S. Guidelines: Does candidate know location/type of:						
A. Risers and control valves? Yes ☒ No ☐ N/A ☐ B. Procedure should system become inoperable? Yes ☒ No ☐ N/A ☐ C. Pump rooms? Yes ☒ No ☐ N/A ☐ D. Water supply controls? Yes ☒ No ☐ N/A ☐						
Stairways (P. 13, Q. 5) of F.S. Guidelines: Does candidate know location/type of:						
A. Identification/location? Yes ☒ No ☐ N/A ☐ B. Floors served? Yes ☒ No ☐ N/A ☐ C. Pressurized stairs? Yes ☒ No ☐ N/A ☐ D. Access stairs (Open or Closed)? Yes ☐ No ☐ N/A ☐						
Other (Special Features, i.e. Atrium) (write question): A. _____ Yes ☐ No ☐ N/A ☐ B. _____ Yes ☐ No ☐ N/A ☐ C. _____ Yes ☐ No ☐ N/A ☐						
TOTAL (11)				9	1	1
				Yes	No	N/A
Section C: (V, VI)						
12 or more answered "NO" in Section C falls.						
SECTION C TOTAL (53)						
Number of correct answers in this section is <u>46</u> . Number of incorrect answers is <u>2</u> . Number of N/A answers is <u>1</u> .						

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

88 108 972 02 25 94 36

S	I	L	V	E	R	S	T	E	I	N	P	R	O	P	E	R	T	I	E	S
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

D INFO												
STREET NUMBER		7		PREFIX -			STREET NAME			WORLD TRADE CENTER		
TYPE -				SUFFIX -			ZIP CODE			10048		
										BORO CODE		

[illegible][illegible]

PUT X IF
NON-FEE ACCT

ZIP CODE .

--	--	--	--	--	--	--	--	--

**ALPHA
PREFIX**

EXAMINER NAME

DATE _____

--	--

E.T. & Mrs

2-25-74

ITEM CODE	ITEM SUB-CODE	QTY	DESCRIPTION	FLOOR NO.
1 845	79	01		
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

[illegible]

PUT X IF
SEE ATTACHED LIST

☐ APPROVED FOR PERMIT

INSPECTION DATE

INSPECTOR - I.D.

☐ VIOLATIONS REPORTED

☐ NOT APPROVED WITH REASON

ENTER CODE

NEXT INSPECTION SCHEDULED: _____
DATE

[illegible]

M117-B 91-930715-4

RISE UNIT OFFICE INSPECTION/SURVL

DATE: 12-18 1993

INSPECTOR: LT Mladich

BUILDING PROFILE

ADDRESS 7 WTC NO. OF STORIES 47 HT. IN FT. 618 TOTAL SQ. FT. 2 MIL
 OWNER/AGENT SILVERSTEIN Prop PREMISE TEL. NO. 619-6569
 CLASS "E" FACS; MANUFACTURER Fire cam MODEL NO. 8500
 APPROVED CENTRAL STATION ALARM CO. RAI / Smoke Det 712
 F.S.D. ON DUTY O'Keefe C OF F NO. 61840005 EXPIRES 4/94
 SPRINKLER SYSTEM: FULLY ✓ PARTIAL (AREA PROTECTED) _____
 CENTRAL A/C HVAC STAIR PRESSURIZATION _____ ACCESS STAIRS (FLS) 2-3/11-12/42-4
 ADDITIONAL INFO (MAIL CONVEYORS, SPECIAL OCCUPANCIES, ETC.) _____

	N/A	YES	NO	SUMMONS/ NOV #
A. FIRE SAFETY DIRECTOR AND DEPUTY FIRE SAFETY DIRECTORS:				
1. ON DUTY (SUMMONS IF NO 27-4267) _____		<u>✓</u>		
2. DEPUTY FSD(S) NO. CERTIFIED FOR PREMISE (<u>10</u>) _____		<u>✓</u>		
3. BUILDING EVACUATION SUPERVISOR (DESIGNATED AND TRAINED AS PER FSP) _____		<u>✓</u>		
4. FIRE BRIGADE (PRESENT IN BUILDING AND TRAINED) _____		<u>✓</u>		
B. CLASS "E" ALARM SYSTEM:				
1. INSTALLED (27-4267.1) () MAINTAINED (27-4265) () _____		<u>✓</u>		
2. IF 100' OR MORE, LETTER OF APPROVAL (FD ELEC. UNIT) _____				<u>Post Authorized</u>
C. ALARM TEST (NOTIFY BORO DISP. BEFORE TRANSMITTING ALARM):				
1. SYSTEM ON-LINE _____		<u>✓</u>		
IF OFF-LINE FOR APPROVED REASON:				
a. FIRE COMMAND STATION MANNED AT ALL TIMES _____		<u>✓</u>		
b. LOG BOOK MAINTAINED _____		<u>✓</u>		
2. FLOOR WARDEN PHONE OPERATIONAL (FL. NO. <u>3</u>) _____		<u>✓</u>		
3. P.A. SYSTEM AUDIBLE (FL. NO. <u>3</u>) _____		<u>✓</u>		
4. MANUAL ALARM TRANSMITTED TO BORO CENTRAL OFFICE _____		<u>✓</u>		
DISP. NO. (<u>321</u>) ELAPSED TIME (IN MINUTES) TO RECEIVE () _____				
IF ALARM IS NOT RECEIVED BY BORO CENTRAL OFFICE OR IF CENTRAL STATION COMPANY CALLS PREMISE BEFORE TRANSMITTING ALARM TO BORO CENTRAL OFFICE, FORWARD REPORT TO CHIEF IN CHARGE OF BUR. OF COMMUNICATIONS.				
5. F.S.D. PROFICIENT IN OPERATION OF F.A.C.S. SYSTEM _____		<u>✓</u>		
D. FIRE SAFETY PLAN:				
1. APPROVED F.S.P. _____		<u>✓</u>		
2. ALL SECTIONS CURRENT AND CORRECT _____		<u>✓</u>		
3. COPY KEPT AT FCS _____		<u>✓</u>		
4. COPY OF FLOOR PLANS ATTACHED TO FSP _____		<u>✓</u>		
5. APPLICABLE PARTS OF FSP DISTRIBUTED TO TENANTS _____		<u>✓</u>		
E. FIRE COMMAND STATION:				
1. ELEVATOR KEYS (6) _____		<u>✓</u>		
2. WINDOW KEYS (12 IF APPLICABLE) _____		<u>✓</u>		
3. LIST OF FLOOR WARDENS AND TELEPHONE NO's _____		<u>✓</u>		
4. SYSTEM OF DAILY NOTIFICATION OF WARDENS _____		<u>✓</u>		
5. COMMUNICATION FROM FCS TO: MER () ELEV. MACH. ROOM () _____		<u>✓</u>		
TO REGULARLY ASSIGNED LOCATION OF FSD () _____				

Instructions to Inspectors—Boxes this form must have an answer. When a "NO" answers to a "V" mandate a Violation Order, "NO" answers to a "*" mandate automatic failure. Check "YES" "NO" or "N/A".

ON SITE EXAM FOR FIRE SAFETY DIRECTOR—OFFICE

Name of Candidate Ostrowski Brian Z 01 6255 1148 Inspector J. P. Doherty
Office Address 7, World Trade Center Date of Examination 11/12/194
(Print last name, first name) N.Y., N.Y.

A:

Instructions to Inspectors—If any asterisk (*) items are marked "NO", terminate the test immediately. See Section VIII for further information.			YES	NO	N/A
I. Physical Requirements—Does candidate have ability to:			☒		
*A. Speak and understand English? Yes ☒ No ☐	*B. Hear spoken words over a telephone? (with corrective devices) Yes ☒ No ☐	*C. Possess necessary vision? (corrective devices acceptable) Yes ☒ No ☐			

B: Building

Instructions to Inspector—If any violation (V) items are marked "NO", issue a Violation Order at the end of the Test. Test must proceed.			YES	NO	N/A
II. Records:					
v. A. Fire drill records current? Yes ☒ No ☐	v. B. Fireman's Service Elevator Test Records current? Yes ☒ No ☐ N/A ☐	v. C. Keys kept at Fire Command Station? Yes ☒ No ☐ N/A ☐	☒		
v. D. Fire Safety Plan and building floor plan at Fire Command Station? Yes ☒ No ☐	v. E. A current list of all floor Wardens and phone numbers at Fire Command Station? Yes ☒ No ☐	v. F. Master window keys available? Yes ☐ No ☐ N/A ☒	☒		
v. G. Building current in actual Fire Drills? (*if over 3 months) Yes ☒ No ☐			☒		
TOTAL (7)			6		
III. a. Specific Building Inspection:					
Special Instructions—Choose one floor for the general floor inspection <u>7</u> FLOOR					
Building Inspection—Signs and Charts—					
v. A. Are stairways properly lettered? Yes ☒ No ☐	v. B. Are floors properly numbered? Yes ☒ No ☐	v. C. Is floor diagram posted? Yes ☐ No ☒	☒	☒	
v. D. Are stairways re-entry signs posted? Yes ☒ No ☐ N/A ☐	v. E. Are elevators properly lettered on each elevator bank? Yes ☐ No ☒ N/A ☐	v. F. Is floor diagram properly oriented? Yes ☐ No ☒	☒	☒	
v. G. Is elevator sign "In Case of Fire, Use Stairs" posted? Yes ☐ No ☒ N/A ☐	v. H. Are exit doors unlocked, closed and unobstructed? Yes ☒ No ☐	v. I. Fire Drill Organization Charts posted and current? Yes ☒ No ☐	☒	☒	
TOTAL (9)			5	4	
III. b. Building Inspection—Signs and Charts—Choose one floor for the general floor inspection <u>12</u> FLOOR					
v. A. Are stairways properly lettered? Yes ☒ No ☐	v. B. Are floors properly numbered? Yes ☒ No ☐	v. C. Is floor diagram posted? Yes ☒ No ☐	☒		
v. D. Are stairways re-entry signs posted? Yes ☒ No ☐ N/A ☐	v. E. Are elevators properly lettered on each elevator bank? Yes ☒ No ☐ N/A ☐	v. F. Is floor diagram properly oriented? Yes ☒ No ☐	☒		
v. G. Is elevator sign "In Case of Fire, Use Stairs" posted? Yes ☒ No ☐ N/A ☐	v. H. Are exit doors unlocked, closed and unobstructed? Yes ☒ No ☐	v. I. Fire Drill Organization Charts posted and current? Yes ☒ No ☐	☒		
TOTAL (9)			9		
IV. Instructions to Inspector—If four (4) or more items below are marked "NO", the inspector must issue a Violation Order at the end of the test. Test must proceed.					
This next part must proceed with contacting a Floor Warden within the Building. Read the following statement to the Warden—"In the event of a fire on this floor, explain which specific actions must be taken by you."					
FLOOR WARDENS:					
NAME OF FLOOR WARDEN CONTACTED <u>Brian Sugden</u> FLOOR CHOSEN <u>12</u> TELEPHONE NUMBER _____					
Does Floor Warden have knowledge of:					
A. Position during fire drill or emergency? Yes ☒ No ☐	B. Notification procedures? Yes ☒ No ☐	C. Location of alarm boxes? Yes ☒ No ☐ N/A ☐	☒		
D. Evacuation location? Yes ☒ No ☐	E. Evacuation procedures? Yes ☒ No ☐	F. Number of exits on floor? Yes ☒ No ☐	☒		
H. Reporting whether smoke or Fire? Yes ☒ No ☐	I. Duties of Deputy Fire Warden and Searchers? Yes ☒ No ☐	v. J. Were fire drills conducted? Yes ☒ No ☐	☒		
*K. Floor wardens in numerous floors properly trained? Yes ☐ No ☐			☒		
TOTAL (11)			7		
Section B: (II, III, IV)					
8 or more answered "NO" in Section B fails.					
SECTION B TOTAL (36)					
Number of correct answers in this section is <u>21</u> Number of incorrect answers is <u>4</u> Number of N/A answers is <u>1</u>					

C: Candidate

Instructions to Inspector—If any asterisk (*) items are marked "NO", terminate the test immediately. See Section VIII for further information:				YES	NO	N/A
V. Fire Emergencies and Class E. System Operations (if system inoperative, see Comments VII): Examiner—Read this statement to the candidate "You are the Fire Safety Director of the building. You receive notice during normal operational hours that an actual fire is occurring above on a floor in this building. Explain all steps of what actions must be taken. Again make no assumptions of any actions taken and start at the beginning." Did FSD have knowledge to:						
*A. Report to Fire Command? Yes ☒ No ☐	B. Check board status? Yes ☒ No ☐ N/A ☐	*C. Notify Fire Department? Yes ☒ No ☐	D. Send runner to Alarm Box? Yes ☒ No ☐	☒	☐	☐
*E. Make contact with floor Wardens on fire floor immediately above? Yes ☒ No ☐ N/A ☐		*F. Make announcements on PA System? Yes ☒ No ☐ N/A ☐		☒	☐	☐
*H. Evacuate fire floor and floor above? Yes ☒ No ☐		I. Instruct FW to re-contact in safe area? Yes ☒ No ☐		☒	☐	☐
*K. Ensure elevators recall? Yes ☒ No ☐ N/A ☐		L. Shut down A/C? Yes ☒ No ☐ N/A ☐		☒	☐	☐
*N. Reset Notification System or if System out-of-service? Yes ☒ No ☐ N/A ☐		O. Perform—Make available Fire Safety Plan, Floor Plans, Keys, engineer to NYCFD? Yes ☒ No ☐		☒	☐	☐
*P. Describe—Silence Alarm? Yes ☒ No ☐ N/A ☐				☒	☐	☐
*Q. Perform—The FSD Candidate uses the PA System on one floor states "This is only a test of the P.A. System. The Floor Warden should call back on the Floor Phone immediately to confirm that this message is clear." Yes ☒ No ☐ N/A ☐				☒	☐	☐
TOTAL (17)				☒	☐	☐
VI. Building Instructions to Examiner—Verify all information stated by the candidate by comparison with the Fire Safety Plan or visual inspection. A "NO" answer does not mandate failure.						
ELEVATOR —(Page 13, Q 7 of F.S. Guidelines): Does candidate know location/type of:				Special Extinguishing System (P. 14, Q. 2) & Lighting Equipment (P. 15, Q. 16) of F.S. Guidelines: Does candidate know location/type of:		
A. Elevators with common shafts? Yes ☒ No ☐ N/A ☐				A. Special extinguishing systems within building? Yes ☒ No ☐ N/A ☐		
B. Elevator machinery room? Yes ☒ No ☐ N/A ☐				B. Extinguishing systems location(s)? Yes ☒ No ☐ N/A ☐		
C. Operation of control necessary to deactivate elevator circuits? Yes ☒ No ☐ N/A ☐				C. Auxiliary sources of lights or power? Yes ☒ No ☐ N/A ☐		
D. Identification of elevators and elevator bank? Yes ☒ No ☐ N/A ☐						
E. Firemen's service elevators? Yes ☒ No ☐ N/A ☐				Standpipe systems (P. 14, Q. 10) of F.S. Guidelines: Does candidate know location/type of:		
Air Conditioning and Heating —(Page 15, of F.S. Guidelines): A. Type of air conditioning system? Yes ☒ No ☐ N/A ☐				A. Risers and control valves? Yes ☒ No ☐ N/A ☐		
B. Zones serviced by systems? Yes ☒ No ☐ N/A ☐				B. Procedure should system become inoperable? Yes ☒ No ☐ N/A ☐		
C. Controls to activate movement? Yes ☒ No ☐ N/A ☐				C. Pump rooms? Yes ☒ No ☐ N/A ☐		
D. Electronic automatic detection controls? Yes ☒ No ☐ N/A ☐				D. Water supply controls? Yes ☒ No ☐ N/A ☐		
E. Type, location and controls of heating systems? Yes ☒ No ☐ N/A ☐				Stairways (P. 13, Q. 5) of F.S. Guidelines: Does candidate know location/type of:		
F. Smoke shaft location and operation? Yes ☒ No ☐ N/A ☐				A. Identification/location? Yes ☒ No ☐ N/A ☐		
Sprinkler System (Page 14 Q 11) of F.S. Guidelines: Does candidate know location/type of:				B. Floors served? Yes ☒ No ☐ N/A ☐		
A. Automatic or non-automatic systems? Yes ☒ No ☐ N/A ☐				C. Pressurized stairs? Yes ☒ No ☐ N/A ☐		
B. Main shut off? Yes ☒ No ☐ N/A ☐				D. Access stairs (Open or Closed)? Yes ☒ No ☐ N/A ☐		
C. Valves each floor? Yes ☒ No ☐ N/A ☐				Other (Special Features, i.e. Atrium) (write question):		
D. Valves for more than one floor? Yes ☒ No ☐ N/A ☐				A. _____ Yes ☐ No ☐ N/A ☐		
E. Area controlled by sprinkler system? Yes ☒ No ☐ N/A ☐				B. _____ Yes ☐ No ☐ N/A ☐		
F. Primary source of water? Yes ☒ No ☐ N/A ☐				C. _____ Yes ☐ No ☐ N/A ☐		
G. Fire pump? Yes ☒ No ☐ N/A ☐						
H. Six (6) extra sprinkler heads and wrench? Yes ☒ No ☐ N/A ☐						
Alarm System: Does candidate know location/type of:						
A. Various alarm sending station? Yes ☒ No ☐ N/A ☐						
B. Various Warden phones? Yes ☒ No ☐ N/A ☐						
C. Street fire alarm box? Yes ☒ No ☐ N/A ☐						
TOTAL (22)				TOTAL (11)		
Yes ☒ No ☐ N/A ☐				Yes ☐ No ☐ N/A ☐		
Section C: (V, VI) 12 or more answered "NO" in Section C fails. SECTION C TOTAL (53)						
Number of correct answers in this section is <u>57</u> Number of incorrect answers is _____ Number of N/A answers is <u>1</u>						

Instructions to Inspectors—This form must have an answer. With a "NO" answers to a "V" mandate a Violation Order, "NO" answers to a "*" mandate automatic failure. Check "YES" "NO" or "N/A".

ON SITE EXAM FOR FIRE SAFETY DIRECTOR—OFFICE

Name of Candidate Lee Michael (Print last name, first name) Office Address 2 World Trade Date of Examination 11-24-96
Inspector J.P. Doherty
N.Y. N.Y.

A:

Instructions to Inspectors—If any asterisk (*) items are marked "NO", terminate the test immediately. See Section VIII for further information.			YES	NO	N/A
I. Physical Requirements—Does candidate have ability to:			☒		
*A. Speak and understand English? Yes ☒ No ☐	*B. Hear spoken words over a telephone? (with corrective devices) Yes ☒ No ☐	*C. Possess necessary vision? (corrective devices acceptable) Yes ☒ No ☐			

B: Building

Instructions to Inspector—If any violation (V) items are marked "NO", Issue a Violation Order at the end of the Test. Test must proceed.			YES	NO	N/A
II. Records:					
v. A. Fire drill records current? Yes ☒ No ☐	v. B. Firemen's Service Elevator Test Records current? Yes ☒ No ☐ N/A ☐	v. C. Keys kept at Fire Command Station? Yes ☒ No ☐ N/A ☐	☒		
v. D. Fire Safety Plan and building floor plan at Fire Command Station? Yes ☒ No ☐	v. E. A current list of all floor Wardens and phone numbers at Fire Command Station? Yes ☒ No ☐	v. F. Master window keys available? Yes ☐ No ☐ N/A ☒	☒		
v. G. Building current in actual Fire Drills? (*if over 3 months) Yes ☒ No ☐					
TOTAL (7)			☒		
Instructions to Inspector—If any violation (V) items are marked "NO", Issue a Violation Order at the end of the Test. Test must proceed.					
III. a. Specific Building Inspection: Special Instructions—Choose one floor for the general floor inspection <u>7</u> FLOOR					
Building Inspection—Signs and Charts—					
v. A. Are stairways properly lettered? Yes ☒ No ☐	v. B. Are floors properly numbered? Yes ☒ No ☐	v. C. Is floor diagram posted? Yes ☐ No ☒	☒		
v. D. Are stairways re-entry signs posted? Yes ☒ No ☐ N/A ☐	v. E. Are elevators properly lettered on each elevator bank? Yes ☐ No ☒ N/A ☐	v. F. Is floor diagram properly oriented? Yes ☐ No ☒	☒		
v. G. Is elevator sign "In Case of Fire, Use Stairs" posted? Yes ☐ No ☒ N/A ☐	v. H. Are exit doors unlocked, closed and unobstructed? Yes ☐ No ☐	v. I. Fire Drill Organization Charts posted and current? Yes ☒ No ☐	☒		
TOTAL (9)			☒	☒	
III. b. Building Inspection—Signs and Charts—Choose one floor for the general floor inspection <u>44</u> FLOOR					
v. A. Are stairways properly lettered? Yes ☒ No ☐	v. B. Are floors properly numbered? Yes ☒ No ☐	v. C. Is floor diagram posted? Yes ☒ No ☐	☒		
v. D. Are stairways re-entry signs posted? Yes ☒ No ☐ N/A ☐	v. E. Are elevators properly lettered on each elevator bank? Yes ☒ No ☐ N/A ☐	v. F. Is floor diagram properly oriented? Yes ☒ No ☐	☒		
v. G. Is elevator sign "In Case of Fire, Use Stairs" posted? Yes ☒ No ☐ N/A ☐	v. H. Are exit doors unlocked, closed and unobstructed? Yes ☒ No ☐	v. I. Fire Drill Organization Charts posted and current? Yes ☒ No ☐	☒		
TOTAL (9)			☒		
IV. Instructions to Inspector—If four (4) or more items below are marked "NO", the inspector must issue a Violation Order at the end of the test. Test must proceed. This next part must proceed with contacting a Floor Warden within the Building. Read the following statement to the Warden—"In the event of a fire on this floor, explain which specific actions must be taken by you."					
FLOOR WARDENS: <u>Anthony Ferrara</u> <u>47</u> FLOOR CHOSEN TELEPHONE NUMBER					
Does Floor Warden have knowledge of:					
A. Position during fire drill or emergency? Yes ☒ No ☐	B. Notification procedures? Yes ☒ No ☐	C. Location of alarm boxes? Yes ☒ No ☐ N/A ☐	☒		
D. Evacuation location? Yes ☒ No ☐	E. Evacuation procedures? Yes ☒ No ☐	F. Number of exits on floor? Yes ☒ No ☐	☒		
H. Reporting whether smoke or Fire? Yes ☒ No ☐	I. Duties of Deputy Fire Warden and Searchers? Yes ☒ No ☐	v. J. Were fire drills conducted? Yes ☒ No ☐	☒		
*K. Floor wardens in numerous floors properly trained? Yes ☒ No ☐			☒		
TOTAL (11)			☒		
Section B: (II, III, IV) 8 or more answered "NO" in Section B fails. SECTION B TOTAL (36)					
Number of correct answers in this section is <u>2</u> Number of incorrect answers is <u>4</u> Number of N/A answers is <u>1</u>					

C: Candidate

Instructions to Inspector—If any asterisk (*) items are marked "NO", terminate the test immediately. See Section VIII for further information:				YES	NO	N/A
V. Fire Emergencies and Class E. System Operations (if system inoperative, see Comments VII): Examiner—Read this statement to the candidate "You are the Fire Safety Director of the building. You receive notice during normal operational hours that an actual fire is occurring above on a floor in this building. Explain all steps of what actions must be taken. Again make no assumptions of any actions taken and start at the beginning." Did FSD have knowledge to:						
*A. Report to Fire Command? Yes ☒ No ☐	B. Check board status? Yes ☒ No ☐ N/A ☐	*C. Notify Fire Department? Yes ☒ No ☐	D. Send runner to Alarm Box? Yes ☒ No ☐	/		
*E. Make contact with floor Wardens on fire floor immediately above? Yes ☒ No ☐ N/A ☐		*F. Make announcements on PA System? Yes ☒ No ☐ N/A ☐		G. Record information—all? Yes ☒ No ☐		
*H. Evacuate fire floor and floor above? Yes ☒ No ☐		I. Instruct FW to re-contact in safe area? Yes ☒ No ☐		*J. Activate fire brigade? Yes ☒ No ☐		
*K. Ensure elevators recall? Yes ☒ No ☐ N/A ☐		L. Shut down A/C? Yes ☒ No ☐ N/A ☐		M. Keep lobby clear and entrance doors unlocked? Yes ☒ No ☐		
*N. Reset Notification System or if System out-of-service? Yes ☒ No ☐ N/A ☐		O. Perform—Make available Fire Safety Plan, Floor Plans, Keys, engineer to NYCFD? Yes ☒ No ☐		*P. Describe—Silence Alarm? Yes ☒ No ☐ N/A ☐		
*Q. Perform—The FSD Candidate uses the PA System on one floor states "This is only a test of the P.A. System. The Floor Warden should call back on the Floor Phone immediately to confirm that this message is clear." Yes ☒ No ☐ N/A ☐				/		
TOTAL (17)				17		
VI. Building Instructions to Examiner—Verify all information stated by the candidate by comparison with the Fire Safety Plan or visual inspection. A "NO" answer does not mandate failure.						
ELEVATOR— (Page 13, Q 7 of F.S. Guidelines): Does candidate know location/type of:						
A. Elevators with common shafts? Yes ☒ No ☐ N/A ☐ B. Elevator machinery room? Yes ☒ No ☐ N/A ☐ C. Operation of control necessary to deactivate elevator circuits? Yes ☒ No ☐ N/A ☐ D. Identification of elevators and elevator bank? Yes ☒ No ☐ N/A ☐ E. Firemen's service elevators? Yes ☒ No ☐ N/A ☐						
Air Conditioning and Heating— (Page 15, of F.S. Guidelines): A. Type of air conditioning system? Yes ☒ No ☐ N/A ☐ B. Zones serviced by systems? Yes ☒ No ☐ N/A ☐ C. Controls to activate movement? Yes ☒ No ☐ N/A ☐ D. Electronic automatic detection controls? Yes ☒ No ☐ N/A ☐ E. Type, location and controls of heating systems? Yes ☒ No ☐ N/A ☐ F. Smoke shaft location and operation? Yes ☒ No ☐ N/A ☐						
Sprinkler System (Page 14 Q 11) of F.S. Guidelines: Does candidate know location/type of:						
A. Automatic or non-automatic systems? Yes ☒ No ☐ N/A ☐ B. Main shut off? Yes ☒ No ☐ N/A ☐ C. Valves each floor? Yes ☒ No ☐ N/A ☐ D. Valves for more than one floor? Yes ☒ No ☐ N/A ☐ E. Area controlled by sprinkler system? Yes ☒ No ☐ N/A ☐ F. Primary source of water? Yes ☒ No ☐ N/A ☐ G. Fire pump? Yes ☒ No ☐ N/A ☐ H. Six (6) extra sprinkler heads and wrench? Yes ☒ No ☐ N/A ☐						
Alarm System: Does candidate know location/type of:						
A. Various alarm sending station? Yes ☒ No ☐ N/A ☐ B. Various Warden phones? Yes ☒ No ☐ N/A ☐ C. Street fire alarm box? Yes ☒ No ☐ N/A ☐						
TOTAL (22)				22		
Special Extinguishing System (P. 14, Q. 2) & Lighting Equipment (P. 15, Q. 16) of F.S. Guidelines: Does candidate know location/type of:						
A. Special extinguishing systems within building? Yes ☐ No ☐ N/A ☐ B. Extinguishing systems location(s)? Yes ☒ No ☐ N/A ☐ C. Auxiliary sources of lights or power? Yes ☒ No ☐ N/A ☐						
Standpipe systems (P. 14, Q. 10) of F.S. Guidelines: Does candidate know location/type of:						
A. Risers and control valves? Yes ☒ No ☐ N/A ☐ B. Procedure should system become inoperable? Yes ☒ No ☐ N/A ☐ C. Pump rooms? Yes ☒ No ☐ N/A ☐ D. Water supply controls? Yes ☒ No ☐ N/A ☐						
Stairways (P. 13, Q. 5) of F.S. Guidelines: Does candidate know location/type of:						
A. Identification/location? Yes ☒ No ☐ N/A ☐ B. Floors served? Yes ☒ No ☐ N/A ☐ C. Pressurized stairs? Yes ☐ No ☐ N/A ☒ D. Access stairs (Open or Closed)? Yes ☒ No ☐ N/A ☐						
Other (Special Features, i.e. Atrium) (write question):						
A. _____ Yes ☐ No ☐ N/A ☐						
B. _____ Yes ☐ No ☐ N/A ☐						
C. _____ Yes ☐ No ☐ N/A ☐						
TOTAL (11)				11		
Section C: (V, VI)						
12 or more answered "NO" in Section C fails.						
SECTION C TOTAL (53)						
Number of correct answers in this section is <u>52</u> . Number of incorrect answers is _____. Number of N/A answers is _____.						

E S ECTY DIRECTOR ON SITE EXAMI TIC -OFFICE

Section D:

VII. Comments by Examiner:

()
Check if
applicable

The Class E system was inoperative, candidate was advised to send in an affidavit indicating proper instruction has been provided and system is operative. If so, state why system was inoperative.

VIII. Determination of Passing:

- A. If the candidate failed to answer satisfactorily the essential questions marked (*), advise the candidate that a new appointment should be requested by contacting the High Rise Unit. The examiner should also give the applicant a bill for the inspections/examination.
- B. If the candidate satisfactorily answered the mandatory parts, but by totalling all answers, the number of NO answers were below 80%, the candidate fails the practical test. See Chart.

IX. On Site Office Building Test—(Print ALL information):

Candidate Name Lee Michael
Social Security No. PII
Date of Examination Nov. 29, 1994
Number of correct answers are 83 on this test. Number of incorrect answers are 4. Number of N/A answers are 2.

C. of F. Z. 01 62436489 No. of On Site Tests 2
Premise Address 7 World Trade
N.Y. N.Y.
Total Number of Items Answered 87

Summary of Results:

A. PASSED (CHECK) ✓

or

B. FAILED—(reason)

C. Violation numbers issued as result of examination and inspection:

N/D

CANDIDATE BUILDING
Those candidates failing should contact the High Rise Unit for another appointment when building correction and/or additional knowledge is obtained.

D. I hereby certify all information contained in this report is accurate.

St. G. G. Berber 11/29/94
INSPECTOR DATE

White copy must be given to the Candidate.
Canary copy must be submitted to the High Rise Unit.
Pink copy must be submitted to Cashier's office.

INSPECTORS ARE ONLY PERMITTED TO PROVIDE CANDIDATES WITH SECTION D.

SAFE DIRECTOR ON SITE EXAMINATION OFFICE

Section D:

VII. Comments by Examiner:

()
Check if
applicable

The Class E system was inoperative, candidate was advised to send in an affidavit indicating proper instruction has been provided and system is operative. If so, state why system was inoperative.

VIII. Determination of Passing:

- A. If the candidate failed to answer satisfactorily the essential questions marked (*), advise the candidate that a new appointment should be requested by contacting the High Rise Unit. The examiner should also give the applicant a bill for the inspections/examination.
- B. If the candidate satisfactorily answered the mandatory parts, but by totalling all answers, the number of NO answers were below 80%, the candidate fails the practical test. See Chart.

IX. On Site Office Building Test—(Print ALL information):

Candidate Name OSTROWSKI BRIAN

Social Security No. PII

Date of Examination Nov. 29, 1994

Number of correct answers are 83 on this test. Number of incorrect answers are 4 . Number of N/A answers are 2 .

Summary of Results:

A. PASSED ✓
(CHECK)

or

B. FAILED—(reason)

C. Violation numbers issued as result of examination and inspection:

NOV

White copy must be given to the Candidate.
Canary copy must be submitted to the High Rise Unit.
Pink copy must be submitted to Cashie's office.

C. of F. Z 01 62551148 No. of On Site Tests 2

Premise Address 7 WORLD TRADE
N.Y. N.Y.

Total Number of Items Answered 87

Number of correct answers are 83 on this test. Number of incorrect answers are 4 . Number of N/A answers are 2 .

CANDIDATE BUILDING

Those candidates failing should contact the High Rise Unit for another appointment when building correction and/or additional knowledge is obtained.

D. I hereby certify all information contained in this report is accurate.

LE G. O. Doherty 11/29/94
INSPECTOR DATE

INSPECTORS ARE ONLY PERMITTED TO PROVIDE CANDIDATES WITH SECTION D.

F.P.I.M.S. Account No. 		Unit: HQ/DO 5	ADMIN. CO. 	C.B. # 	For E.U. Use Only: MS Date Initials
				Agency Code No. 	UNIT PHONE #
ENVIRONMENTAL CONTROL BOARD CITY OF NEW YORK		NOTICE OF VIOLATION AND HEARING		VIOLATION NO. 10290366 N	
Fire Commissioner of the City of New York, Petitioner vs Respondent: 104431519-104431519/15					
Respondent is: ☐ owner ☐ managing agent ☐ tenant ☐ city agency ☐ daycare center					
Place of Occurrence (Premises Address)					
Street Number 		Prefix 		Street Name 	
Type 	Suffix 	Zip Code 	Boro Code 	1-Man; 2-Bx; 3-SI; 4-Bklyn; 5-Ons	
AKA 					
Mailing Address (if different from premises address)					
Street Number 		Prefix 		Street Name 	
Type 	Suffix 	Zip Code 	Boro Code 	1-Man; 2-Bx; 3-SI; 4-Bklyn; 5-Ons; 6-Out of City	
Add Info 					

Notice of Violation and Order to Correct and Certify Correction:

PLEASE TAKE NOTICE that the premises cited above is in violation of the requirements of law. It is further ORDERED by the FIRE COMMISSIONER that these violations be corrected and certified to be in compliance with the requirements of law within 95 days of the date of issuance. Certification must be made on the Certificate of Correction (Gold Copy).

The Certificate of Correction and all proof of compliance MUST BE RECEIVED by the Bureau of Fire Prevention, Enforcement Unit, 250 Livingston Street, Brooklyn, New York 11201-5884 [TEL 718-403-1372] by close of business on . First offenders who properly certify correction shall avoid a hearing and penalty. All other respondents must appear at the Environmental Control Board (ECB) hearing indicated below.

Notice of Hearing:

If the Certificate of Correction is NOT RECEIVED by the date indicated above OR if no date is indicated above, the respondent MUST APPEAR at a hearing on at at :30am, :30pm, :30pm at the ECB Hearing Office located in ☐ Brooklyn ☐ Manhattan ☐ Queens ☐ Staten Island. (The address for each location is provided on the reverse side of this form.) This hearing is your opportunity to answer and defend the allegations set forth below. If you do not appear, you will be held in default and subject to maximum penalties.

REPEAT OFFENDERS MUST appear at the hearing on the scheduled date.

Upon investigation, it has been determined by the above named Petitioner that there is reasonable cause to believe that the above named Respondent is in violation of the Administrative Code and/or Fire Department Rule(s): "3 RCNY §§16-01, 16-02, 16-03:"

Rule 1 Buckets and/or Fire Extinguishers

☐ Failed to provide fire buckets filled with (sand/water) and/or approved, operative fire extinguishers at as required.

Rule 2 Waste Receptacles

☐ Failed to provide approved receptacles for waste at as required.

Rule 3 No Permit

☐ (Sold/Stored/Used/Manufactured/Transported) (combustibles/flammables/explosives) without required valid permit.

Rule 4 Quantities in Excess of Permit

☐ (Sold/Stored/Used/Manufactured/Transported) in excess of amount stated on permit.

Rule 5 Produce Permit and/or Record

☐ Failed to produce (permit/record) regarding as required.

Rule 6 Signs/Postings/Instructions

☐ Failed to provide (Signs/Postings/Instructions) for as required.

Rule 7 Labels/Marks/Stamps

☐ Failed to provide (Labels/Marks/Stamps) for as required.

Rule 8 Obstructions/Accumulations

☐ Failed to remove all (obstructions/accumulations of rubbish or storage) of as required.

Rule 9 Adequate Egress/Aisle Space/Clearance

☐ Failed to provide adequate (egress/aisle space/clearance) at as required.

Rule 10 Operating Contrary to C of O

☐ Operated contrary to the certificate of occupancy.

Rule 11 General Maintenance

☐ Failed to maintain in a proper condition as required.

Rule 12 Maintenance of Sprinkler, Standpipe, Alarm, Suppression Systems

☐ Failed to properly (provide/maintain) system or part thereof as required. Describe below.

Rule 13 Fire Retardant Material

☐ Failed to provide/maintain non-combustible material at or provide affidavit that combustible material has been treated with flame retardant as required.

Rule 14 Fireproof Doors/Windows

☐ Failed to (provide/maintain) (self-closing fireproof doors/windows) at as required.

Rule 15 Fireproof Partitions or Walls

☐ Failed to (provide/maintain) fireproof partitions or walls at as required.

Rule 16 Ventilation

☐ Failed to provide (approved vents/adequate ventilation) at as required.

Rule 17 Certificates of Fitness

☐ Failed to (obtain/provide) a (Certificate of Fitness/Certificate Holder on Duty) for

Rule 18 Certificates of Approval/Qualification/License

☐ Failed to (obtain/provide) a Certificate of (Approval/Qualification/License) for as required.

Rule 19 Certificate of Occupancy/Public Assembly Permit/Affidavits/Documentation/Plans/Applications

☒ Failed to provide for from as required.

Rule 20 Test/Inspection

☐ Failed to conduct required (equipment/system) (test/inspection) of as required.

Rule 21 Containers

☐ Failed to provide approved containers for as required.

Rule 22 Tanks/Supports

☐ Failed to (provide/maintain) approved tanks/supports for as required.

Rule 23 Storage

☐ Failed to provide (vaults/cabinets/room/area) for the storage of as required.

Rule 24 Racks

☐ Failed to provide appropriate racks at as required.

Rule 25 Electrical Equipment

☐ Failed to (provide/protect/maintain) electrical equipment as required.

Rule 26 Approved Refrigeration/Heating Devices or Units

☐ Failed to (provide/protect/maintain) (refrigeration/heating) devices as required.

Rule 27 Approved Lighting Devices

☐ Failed to (provide/protect/maintain) lighting devices as required. Specify type of protection required.

Rule 28 Exposed Flames or Sparks

☐ (Unlawfully allowed/failed to protect) exposed flame or spark at as required.

Rule 29 Designated Areas

☐ Failed to (provide/maintain) designated area/premises for as required.

Rule 30 Fire Safety in Office Buildings/Hotels/Motels

☐ Failed to comply with the fire safety requirements for (office buildings/hotels/motels). Specify

Repeat Violation (§15-229)

☐ Failed to correct Rule(s) as previously cited on NOV # (Respondent must appear at the hearing.)

False Certification (§15-220.1)

☐ Willfully falsified Certificate of Correction for NOV # (Respondent must appear at hearing.)

☐ Other Code Section/Rule Describe offense below.

Description of Violation:

I personally observed the commission of the above offense(s) or personally reviewed the office records indicating the offense(s) charged above.

All statements made herein are affirmed under penalty of perjury. Date of Offense: Time: a.m./p.m.

INSPECTOR'S SIGNATURE

PRINT NAME

Inspector's Tax Registry Number **CERTIFICATE OF CORRECTION (COMPLETE REVERSE SIDE)**

FIRE DEPARTMENT COPY

AFFIDAVIT (CERTIFICATE) OF SERVICE

State of New York, County of Westchester ss:

The undersigned being duly sworn* deposes and says: That deponent is not a party to the action and is over 18 years of age; That on 09/11/2013 at 10:00 AM/PM
at 1000 Westchester Ave, 10th Floor, New York, NY 10607 deponent served the within Notice of Violation and
Hearing on the respondent named herein.

I. Individual; Personal Service

☐ by delivering a true copy to said respondent personally.

II. Individual; Substituted Service

☐ by delivering a true copy to Mr. [Name] a person of suitable age and discretion. Said premises is respondent's
actual place of business, dwelling, house or usual place of abode within the State.

III. Corporation

☒ by delivering a true copy to Mr. [Name] at said corporation.

IV. Delivery to Employee at Premises

☐ by delivering a true copy to respondent's employee at the above location: (answer A and B)

A. I attempted to personally serve the herein Notice of Violation on the respondent named herein but was unable to do so because, having entered the premises and having identified myself, I was:

1. ☐ advised by Mr. [Name] that the respondent was not then present, and premises is neither respondent's actual place of business nor dwelling house.
2. ☐ unable to secure identification of the person(s) present;
3. ☐ advised by Mr. [Name] that no officer, director, managing agent or agent of respondent corporation was present.

B. Thereupon, I delivered a copy of the herein Notice of Violation to Mr. [Name] whom I believe to be an employee of respondent at the premises because: (check 1, 2 or 3)

1. ☐ Employee so identified him/herself;
2. ☐ Employee was performing work consistent with being employed by the respondent; or
3. ☐ Other: None

Description of individual. (This must be completed for all types of service except corporate, Number III, above.)

Deponent describes the individual served as follows:

- | | | | | | |
|---------------------------------|--------------------------------------|-------------------------------------|----------------------------------|------------------------------------|--|
| ☐ Male | ☐ White Skin | ☐ Black Hair | ☐ 14-20 | ☐ Under 5' | ☐ Under 100 lbs |
| ☐ Female | ☐ Black Skin | ☐ Brown Hair | ☐ 21-35 | ☐ 5'0"-5'3" | ☐ 100-130 |
| | ☐ Yellow Skin | ☐ Blond Hair | ☐ 36-50 | ☐ 5'4"-5'8" | ☐ 131-160 |
| | ☐ Brown Skin | ☐ Gray Hair | ☐ 51-65 | ☐ 5'9"-6'0" | ☐ 161-200 |
| | ☐ Red Skin | ☐ Red Hair | ☐ Over 65 | ☐ Over 6' | ☐ Over 200 |
| | ☐ White Hair | ☐ Balding | | | |

Other identifying characteristics:

Sworn to before me on 09/11/2013

SIGNATURE OF CERTIFYING OFFICER

* If not sworn, this statement shall constitute a certificate of service.

FIRE SAFETY DIRECTOR ON SITE EXAMINATION— FICE

Section D:

VII. Comments by Examiner:

()
Check if
applicable

The Class E system was inoperative, candidate was advised to send in an affidavit indicating proper instruction has been provided and system is operative. If so, state why system was inoperative.

VIII. Determination of Passing:

- A. If the candidate failed to answer satisfactorily the essential questions marked (*), advise the candidate that a new appointment should be requested by contacting the High Rise Unit. The examiner should also give the applicant a bill for the inspections/examination.
- B. If the candidate satisfactorily answered the mandatory parts, but by totalling all answers, the number of NO answers were below 80%, the candidate fails the practical test. See Chart.

IX. On Site Office Building Test—(Print ALL information):

Candidate Name Thomas SABLESocial Security No. PIIDate of Examination 2-25-96Number of correct answers are 81 on this test. Number of incorrect answers are 2. Number of N/A answers are 2.

Summary of Results:

A. PASSED (CHECK)

or

B. FAILED—(reason)

CANDIDATE

BUILDING

Those candidates failing should contact the High Rise Unit for another appointment when building correction and/or additional knowledge is obtained.

D. I hereby certify all information contained in this report is accurate.

ET. J. J.
INSPECTOR

2-25-96
DATE

C. Violation numbers issued as result of examination and inspection:

10090366 N

White copy must be given to the Candidate.

Canary copy must be submitted to the High Rise Unit.

Pink copy must be submitted to Cashier's office.

INSPECTORS ARE ONLY PERMITTED TO PROVIDE CANDIDATES WITH SECTION D.

INSPECTION ORDER

PLEASE INDICATE ANY OF
THESE COLUMN CHANGES
AT RIGHT →

INSPECTION TYPE:

- PREMISES ADDRESS

AKA ADDRESS

BILLING ADDRESS

ACCOUNT NAME

7 WORLD TRADE COMPANY

COMMENTS (CIC)

[illegible]

STATUS CHECK AND COMPLETE

- ENTER CODE

--	--	--	--

NYC-WTC 000166191

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 <u>Mark</u>	DATE <u>12/18/93</u>	INSPECTOR I.D. <u>022</u>	COMMENTS
EXAMINER	DATE <input type="text"/>		
ENTRY CLERK <u>J.H.</u>	DATE <u>12/21/93</u>		
AUDITOR	DATE <input type="text"/>		
SECOND INSPECTION			COMMENTS
INSPECTOR	DATE <input type="text"/>	INSPECTOR I.D. <input type="text"/>	
EXAMINER	DATE <input type="text"/>		
ENTRY CLERK	DATE <input type="text"/>		
AUDITOR	DATE <input type="text"/>		

FIRE SAFETY DIRECTOR ON SITE EXAMINATION OFFICE

Section D:

VII. Comments by Examiner:

()
Check if
applicable

The Class E system was inoperative, candidate was advised to send in an affidavit indicating proper instruction has been provided and system is operative. If so, state why system was inoperative.

VIII. Determination of Passing:

- A. If the candidate failed to answer satisfactorily the essential questions marked (*), advise the candidate that a new appointment should be requested by contacting the High Rise Unit. The examiner should also give the applicant a bill for the inspections/examination.
- B. If the candidate satisfactorily answered the mandatory parts, but by totalling all answers, the number of NO answers were below 80%, the candidate fails the practical test. See Chart.

IX. On Site Office Building Test—(Print ALL information):

Candidate Name Leslie J Gordon

Social Security No. PII

Date of Examination 12-18-93

Number of correct answers are 69 on this test. Number of incorrect answers are 2. Number of N/A answers are .

Summary of Results:

A. PASSED (CHECK) or

B. FAILED—(reason)

C. Violation numbers issued as result of examination and inspection:

White copy must be given to the Candidate.
Canary copy must be submitted to the High Rise Unit.
Pink copy must be submitted to Cashier's office.

C. of F. Z 01 62310271 No. of On Site Tests

Premise Address 7 WTC

Total Number of Items Answered 87

CANDIDATE BUILDING

Those candidates failing should contact the High Rise Unit for another appointment when building correction and/or additional knowledge is obtained.

D. I hereby certify all information contained in this report is accurate.

LT M. J. [Signature] 12-18-93
INSPECTOR DATE

INSPECTORS ARE ONLY PERMITTED TO PROVIDE CANDIDATES WITH SECTION D.

Instructions to Inspectors—All boxes on this form must have an answer. Answers with a "NO" answers to a "V" mandate a Violation Order, "NO" answers to a "*" mandate automatic failure. Check "YES" "NO" or "N/A".

ON SITE EXAM FOR FIRE SAFETY DIRECTOR—OFFICE

Name of Candidate Leshe J. Gordon Office Address 7 WTC Date of Examination 12-18-93
(Print last name, first name) NY NY

A:

Instructions to Inspectors—If any asterisk (*) Items are marked "NO", terminate the test immediately. See Section VIII for further information.			YES	NO	N/A
I. Physical Requirements—Does candidate have ability to:					
*A. Speak and understand English? Yes ☒ No ☐	*B. Hear spoken words over a telephone? (with corrective devices) Yes ☒ No ☐	*C. Possess necessary vision? (corrective devices acceptable) Yes ☒ No ☐			

B: Building

Instructions to Inspector—If any violation (V) Items are marked "NO", issue a Violation Order at the end of the Test. Test must proceed.			YES	NO	N/A
II. Records:					
v. A. Fire drill records current? Yes ☒ No ☐	v. B. Fireman's Service Elevator Test Records current? Yes ☒ No ☐ N/A ☐	v. C. Keys kept at Fire Command Station? Yes ☒ No ☐ N/A ☐	3		
v. D. Fire Safety Plan and building floor plan at Fire Command Station? Yes ☒ No ☐	v. E. A current list of all floor Wardens and phone numbers at Fire Command Station? Yes ☒ No ☐	v. F. Master window keys available? Yes ☐ No ☐ N/A ☒	2	1	
v. G. Building current in actual Fire Drills? (*if over 3 months) Yes ☒ No ☐			1		
TOTAL (7)			6		7

Instructions to Inspector—If any violation (V) Items are marked "NO", issue a Violation Order at the end of the Test. Test must proceed.			YES	NO	N/A
III. a. Specific Building Inspection:					
Special Instructions—Choose one floor for the general floor inspection <u>7</u> FLOOR					
Building Inspection—Signs and Charts—					
v. A. Are stairways properly lettered? Yes ☒ No ☐	v. B. Are floors properly numbered? Yes ☒ No ☐	v. C. Is floor diagram posted? Yes ☒ No ☐	3		
v. D. Are stairways re-entry signs posted? Yes ☒ No ☐ N/A ☐	v. E. Are elevators properly lettered on each elevator bank? Yes ☒ No ☐ N/A ☐	v. F. Is floor diagram properly oriented? Yes ☒ No ☐	3		
v. G. Is elevator sign "In Case of Fire, Use Stairs" posted? Yes ☒ No ☐ N/A ☐	v. H. Are exit doors unlocked, closed and unobstructed? Yes ☒ No ☐	v. I. Fire Drill Organization Charts posted and current? Yes ☐ No ☐	3		
TOTAL (9)			9		

Instructions to Inspector—If four (4) or more items below are marked "NO", the inspector must issue a Violation Order at the end of the test. Test must proceed.			YES	NO	N/A
III. b. Building Inspection—Signs and Charts—Choose one floor for the general floor inspection <u>10</u> FLOOR					
v. A. Are stairways properly lettered? Yes ☒ No ☐	v. B. Are floors properly numbered? Yes ☒ No ☐	v. C. Is floor diagram posted? Yes ☒ No ☐	3		
v. D. Are stairways re-entry signs posted? Yes ☒ No ☐ N/A ☐	v. E. Are elevators properly lettered on each elevator bank? Yes ☒ No ☐ N/A ☐	v. F. Is floor diagram properly oriented? Yes ☒ No ☐	3		
v. G. Is elevator sign "In Case of Fire, Use Stairs" posted? Yes ☒ No ☐ N/A ☐	v. H. Are exit doors unlocked, closed and unobstructed? Yes ☒ No ☐	v. I. Fire Drill Organization Charts posted and current? Yes ☐ No ☐	3		
TOTAL (9)			9		

Instructions to Inspector—If four (4) or more items below are marked "NO", the inspector must issue a Violation Order at the end of the test. Test must proceed.			YES	NO	N/A
IV. Instructions to Inspector—If four (4) or more items below are marked "NO", the inspector must issue a Violation Order at the end of the test. Test must proceed.					
This next part must proceed with contacting a Floor Warden within the Building. Read the following statement to the Warden—"In the event of a fire on this floor, explain which specific actions must be taken by you."					
FLOOR WARDENS:					
NAME OF FLOOR WARDEN CONTACTED <u>N/A</u>			FLOOR CHOSEN <u>10</u> TELEPHONE NUMBER <u></u>		
Does Floor Warden have knowledge of:					
A. Position during fire drill or emergency? Yes ☐ No ☐	B. Notification procedures? Yes ☐ No ☐	C. Location of alarm boxes? Yes ☐ No ☐ N/A ☐			
D. Evacuation location? Yes ☐ No ☐	E. Evacuation procedures? Yes ☐ No ☐	F. Number of exits on floor? Yes ☐ No ☐	G. Examining for exits on floor? Yes ☐ No ☐		
H. Reporting whether smoke or Fire? Yes ☐ No ☐	I. Duties of Deputy Fire Warden and Searchers? Yes ☐ No ☐	v. J. Were fire drills conducted? Yes ☐ No ☐			
*K. Floor wardens in numerous floors properly trained? Yes ☐ No ☐					
TOTAL (11)					
Section B: (II, III, IV)			8 or more answered "NO" in Section B fails.		
Number of correct answers in this section is <u>24</u>			Number of incorrect answers is <u></u> Number of N/A answers is <u>12</u>		

C: Candidate

Instructions to Inspector—If any asterisk (*) items are marked "NO", terminate the test immediately. See Section VIII for further information:				YES	NO	N/A
V. Fire Emergencies and Class E. System Operations (if system inoperative, see Comments VII): Examiner—Read this statement to the candidate "You are the Fire Safety Director of the building. You receive notice during normal operational hours that an actual fire is occurring above on a floor in this building. Explain all steps of what actions must be taken. Again make no assumptions of any actions taken and start at the beginning." Did FSD have knowledge to:						
*A. Report to Fire Command? Yes ☒ No ☐	B. Check board status? Yes ☒ No ☐ N/A ☐	*C. Notify Fire Department? Yes ☒ No ☐	D. Send runner to Alarm Box? Yes ☒ No ☐	3		
*E. Make contact with floor Wardens on fire floor immediately above? Yes ☒ No ☐ N/A ☐		*F. Make announcements on PA System? Yes ☒ No ☐ N/A ☐		3		
*H. Evacuate fire floor and floor above? Yes ☒ No ☐		I. Instruct FW to re-contact in safe area? Yes ☒ No ☐		*J. Activate fire brigade? Yes ☒ No ☐		
*K. Ensure elevators recall? Yes ☒ No ☐ N/A ☐		L. Shut down A/C? Yes ☒ No ☐ N/A ☐		M. Keep lobby clear and entrance doors unlocked? Yes ☒ No ☐		
*N. Reset Notification System or if System out-of-service? Yes ☒ No ☐ N/A ☐		O. Perform—Make available Fire Safety Plan, Floor Plans, Keys, engineer to NYCFD? Yes ☐ No ☒		*P. Describe—Silence Alarm? Yes ☒ No ☐ N/A ☐		
*Q. Perform—The FSD Candidate uses the PA System on one floor states "This is only a test of the P.A. System. The Floor Warden should call back on the Floor Phone immediately to confirm that this message is clear." Yes ☒ No ☐ N/A ☐				1		
TOTAL (17)				16	1	
VI. Building Instructions to Examiner—Verify all information stated by the candidate by comparison with the Fire Safety Plan or visual inspection. A "NO" answer does not mandate failure.						
ELEVATOR —(Page 13, Q 7 of F.S. Guidelines): Does candidate know location/type of:						
A. Elevators with common shafts? Yes ☒ No ☐ N/A ☐ B. Elevator machinery room? Yes ☒ No ☐ N/A ☐ C. Operation of control necessary to deactivate elevator circuits? Yes ☒ No ☐ N/A ☐ D. Identification of elevators and elevator bank? Yes ☐ No ☒ N/A ☐ E. Firemen's service elevators? Yes ☒ No ☐ N/A ☐						
Air Conditioning and Heating —(Page 15, of F.S. Guidelines): A. Type of air conditioning system? Yes ☒ No ☐ N/A ☐ B. Zones serviced by systems? Yes ☒ No ☐ N/A ☐ C. Controls to activate movement? Yes ☒ No ☐ N/A ☐ D. Electronic automatic detection controls? Yes ☒ No ☐ N/A ☐ E. Type, location and controls of heating systems? Yes ☒ No ☐ N/A ☐ F. Smoke shaft location and operation? Yes ☒ No ☐ N/A ☐						
Sprinkler System (Page 14 Q 11) of F.S. Guidelines: Does candidate know location/type of:						
A. Automatic or non-automatic systems? Yes ☒ No ☐ N/A ☐ B. Main shut off? Yes ☒ No ☐ N/A ☐ C. Valves each floor? Yes ☒ No ☐ N/A ☐ D. Valves for more than one floor? Yes ☒ No ☐ N/A ☐ E. Area controlled by sprinkler system? Yes ☒ No ☐ N/A ☐ F. Primary source of water? Yes ☒ No ☐ N/A ☐ G. Fire pump? Yes ☒ No ☐ N/A ☐ H. Six (6) extra sprinkler heads and wrench? Yes ☒ No ☐ N/A ☐						
Alarm System: Does candidate know location/type of:						
A. Various alarm sending station? Yes ☒ No ☐ N/A ☐ B. Various Warden phones? Yes ☒ No ☐ N/A ☐ C. Street fire alarm box? Yes ☒ No ☐ N/A ☐						
TOTAL (22)				21	1	N/A
Special Extinguishing System (P. 14, Q. 2) & Lighting Equipment (P. 15, Q. 16) of F.S. Guidelines: Does candidate know location/type of:						
A. Special extinguishing systems within building? Yes ☐ No ☐ N/A ☒ B. Extinguishing systems location(s)? Yes ☐ No ☐ N/A ☒ C. Auxiliary sources of lights or power? Yes ☐ No ☐ N/A ☒						
Standpipe systems (P. 14, Q. 10) of F.S. Guidelines: Does candidate know location/type of:						
A. Risers and control valves? Yes ☒ No ☐ N/A ☐ B. Procedure should system become inoperable? Yes ☒ No ☐ N/A ☐ C. Pump rooms? Yes ☒ No ☐ N/A ☐ D. Water supply controls? Yes ☒ No ☐ N/A ☐						
Stairways (P. 13, Q. 5) of F.S. Guidelines: A+B Does candidate know location/type of:						
A. Identification/location? Yes ☒ No ☐ N/A ☐ B. Floors served? Yes ☒ No ☐ N/A ☐ C. Pressurized stairs? Yes ☒ No ☐ N/A ☐ D. Access stairs (Open or Closed)? Yes ☒ No ☐ N/A ☐						
Other (Special Features, i.e. Atrium) (write question):						
A. _____ Yes ☐ No ☐ N/A ☒ B. _____ Yes ☐ No ☐ N/A ☒ C. _____ Yes ☐ No ☐ N/A ☒						
TOTAL (11)				8	3	N/A
Section C: (V, VI) 12 or more answered "NO" in Section C fails. SECTION C TOTAL (53)						
Number of correct answers in this section is <u>51</u> . Number of incorrect answers is <u>2</u> . Number of N/A answers is <u>6</u> .						

[illegible]

For E.U. Use C

PIMS Date

Initials

Agency Code No.

F.P.I.M.S. Account No.

Unit: HQ/DO

ADMIN.

CO.

C.B. #

UNIT PHONE #

ENVIRONMENTAL CONTROL BOARD CITY OF NEW YORK 	NOTICE OF VIOLATION AND HEARING Fire Commissioner of the City of New York, Petitioner vs Respondent: <u>SUNORSA, INC. / 1000 1st Ave</u> Respondent is: ☐ owner ☐ managing agent ☐ tenant ☐ city agency ☐ daycare center Place of Occurrence (Premises Address) Street Number <u>1000</u> Prefix <u>1</u> Street Name <u>1st Ave</u> Type <u>1</u> Suffix <u>1</u> Zip Code <u>10001</u> Boro Code <u>1</u> 1=Man; 2=Bx; 3=St; 4=Bklyn; 5=Qns AKA <u>1000 1st Ave</u> Mailing Address (if different from premises address) Street Number <u>1000</u> Prefix <u>1</u> Street Name <u>1st Ave</u> Type <u>1</u> Suffix <u>1</u> Zip Code <u>10001</u> Boro Code <u>1</u> 1=Man; 2=Bx; 3=St; 4=Bklyn; 5=Qns; 6=Out of City Add Info <u>1000 1st Ave</u>	VIOLATION NO. 10265656 R
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Notice of Violation and Order to Correct and Certify Correction:

PLEASE TAKE NOTICE that the premises cited above is in violation of the requirements of law. It is further ORDERED by the FIRE COMMISSIONER that these violations be corrected and certified to be in compliance with the requirements of law within 35 days of the date of issuance. Certification must be made on the Certificate of Correction (Gold Copy).

The Certificate of Correction and all proof of compliance MUST BE RECEIVED by the Bureau of Fire Prevention, Enforcement Unit, 250 Livingston Street, Brooklyn, New York 11201-5884 (TEL 718-403-1372) by close of business on 12/17/11. First offenders who properly certify correction shall avoid a hearing and penalty. All other respondents must appear at the Environmental Control Board (ECB) hearing indicated below.

Notice of Hearing:

If the Certificate of Correction IS NOT RECEIVED by the date indicated above OR if no date is indicated above, the respondent MUST APPEAR at a hearing on 12/17/11 at ☐ 8:30am, ☐ 10:30am, ☐ 1:30pm, ☐ 3:00pm at the ECB Hearing Office located in ☐ Brooklyn ☐ Manhattan ☐ Queens ☐ Staten Island. (The address for each location is provided on the reverse side of this form.) This hearing is your opportunity to answer and defend the allegations set forth below. If you do not appear, you will be held in default and subject to maximum penalties.

REPEAT OFFENDERS MUST appear at the hearing on the scheduled date.

Upon investigation, it has been determined by the above named Petitioner that there is reasonable cause to believe that the above named Respondent is in violation of the Administrative Code and/or Fire Department Rule(s), "3 RCNY §§16-01, 16-02, 16-03:"

- | | |
|--|--|
| <p>Rule 1 Buckets and/or Fire Extinguishers
 ☐ Failed to provide <u>NUMBER</u> fire buckets filled with (sand/water) and/or <u>NUMBER</u> approved, operative fire extinguishers at <u>LOCATION</u> as required.</p> <p>Rule 2 Waste Receptacles
 ☐ Failed to provide <u>NUMBER</u> approved receptacles for waste at <u>LOCATION</u> as required.</p> <p>Rule 3 No Permit
 ☐ (Sold/Stored/Used/Manufactured/Transported) (combustibles/flammables/explosives) without required valid permit.</p> <p>Rule 4 Quantities in Excess of Permit
 ☐ (Sold/Stored/Used/Manufactured/Transported) <u>AMOUNT</u> of <u>PRODUCT</u> in excess of amount stated on permit.</p> <p>Rule 5 Produce Permit and/or Record
 ☐ Failed to produce (permit/record) regarding <u>DESCRIPTION</u> at <u>LOCATION</u> as required.</p> <p>Rule 6 Signs/Postings/Instructions
 ☒ Failed to provide (Signs/Postings/Instructions) for <u>DESCRIPTION</u> at <u>LOCATION</u> as required.</p> <p>Rule 7 Labels/Marks/Tags
 ☐ Failed to provide (Labels/Marks/Tags) for <u>DESCRIPTION</u> at <u>LOCATION</u> as required.</p> <p>Rule 8 Obstructions/Accumulations
 ☐ Failed to remove all (obstructions/accumulations of rubbish or storage) of <u>TYPE</u> from <u>LOCATION</u> as required.</p> <p>Rule 9 Adequate Egress/Aisle Space/Clearance
 ☐ Failed to provide adequate (egress/aisle space/clearance) at <u>LOCATION</u> as required.</p> <p>Rule 10 Operating Contrary to C of O
 ☐ Operated <u>SPECIFY</u> contrary to the certificate of occupancy.</p> <p>Rule 11 General Maintenance
 ☐ Failed to maintain <u>SPECIFY</u> in a proper condition as required.</p> <p>Rule 12 Maintenance of Sprinkler, Standpipe, Alarm, Suppression Systems
 ☐ Failed to properly (provide/maintain) <u>SPECIFY</u> system or part thereof as required. Describe below.</p> <p>Rule 13 Fire Retardant Material
 ☐ Failed to provide/maintain non-combustible material <u>SPECIFY ITEM</u> at <u>LOCATION</u> or provide affidavit that combustible material has been treated with flame retardant as required.</p> <p>Rule 14 Fireproof Doors/Windows
 ☐ Failed to (provide/maintain) (self-closing fireproof doors/windows) at <u>LOCATION</u> as required.</p> <p>Rule 15 Fireproof Partitions or Walls
 ☐ Failed to (provide/maintain) fireproof partitions or walls at <u>LOCATION</u> as required.</p> <p>Rule 16 Ventilation
 ☐ Failed to provide (approved vents/adequate ventilation) at <u>LOCATION</u> as required.</p> | <p>Rule 17 Certificates of Fitness
 ☐ Failed to (obtain/provide) a (Certificate of Fitness/Certificate Holder on Duty) for <u>SPECIFY</u> as required.</p> <p>Rule 18 Certificates of Approval/Qualification/License
 ☐ Failed to (obtain/provide) a Certificate of (Approval/Qualification/License) for <u>SPECIFY</u> as required.</p> <p>Rule 19 Certificate of Occupancy/Public Assembly Permit/Affidavits/Documentation/Plans/Applications
 ☐ Failed to provide for <u>SPECIFY</u> from <u>LOCATION</u> as required.</p> <p>Rule 20 Test/Inspection
 ☐ Failed to conduct required (equipment/system) (test/inspection) of <u>SPECIFY</u> as required.</p> <p>Rule 21 Containers
 ☐ Failed to provide approved containers for <u>SPECIFY</u> as required.</p> <p>Rule 22 Tanks/Supports
 ☐ Failed to (provide/maintain) approved tanks/supports for <u>SPECIFY</u> as required.</p> <p>Rule 23 Storage
 ☐ Failed to provide (vaults/cabinets/room/area) for the storage of <u>SPECIFY</u> as required.</p> <p>Rule 24 Racks
 ☐ Failed to provide appropriate racks at <u>LOCATION</u> as required.</p> <p>Rule 25 Electrical Equipment
 ☐ Failed to (provide/protect/maintain) <u>TYPE</u> electrical equipment as required.</p> <p>Rule 26 Approved Refrigeration/Heating Devices or Units
 ☐ Failed to (provide/protect/maintain) (refrigeration/heating) devices as required. <u>TYPE</u></p> <p>Rule 27 Approved Lighting Devices
 ☐ Failed to (provide/protect/maintain) <u>TYPE</u> lighting devices as required. Specify type of protection required: <u>SPECIFY</u></p> <p>Rule 28 Exposed Flames or Sparks
 ☐ (Unlawfully allowed/failed to protect) exposed flame or spark at <u>LOCATION</u> as required.</p> <p>Rule 29 Designated Areas
 ☐ Failed to (provide/maintain) designated area/premises for <u>SPECIFY</u> as required.</p> <p>Rule 30 Fire Safety in Office Buildings/Hotels/Motels
 ☐ Failed to comply with the fire safety requirements for (office buildings/hotels/motels). Specify: <u>SPECIFY</u></p> <p>Repeat Violation (§15-229)
 ☐ Failed to correct Rule(s) <u>SPECIFY</u> as previously cited on NOV # <u>SPECIFY</u> (Respondent must appear at the hearing.)</p> <p>False Certification (§15-220.1)
 ☐ Willfully falsified Certificate of Correction for NOV # <u>SPECIFY</u> (Respondent must appear at hearing.)</p> <p>☐ Other Code Section/Rule <u>SPECIFY SECTION</u> Describe offense below.</p> |
|--|--|

Description of Violation:

I personally observed the commission of the above offense(s) or personally reviewed the office records indicating the offense(s) charged above.

All statements made herein are affirmed under penalty of perjury. Date of Offense: 12/17/11 Time: 1:30 a.m./p.m.

INSPECTOR'S SIGNATURE

Inspector's Tax Registry Number 111111

PRINT NAME

CERTIFICATE OF CORRECTION (COMPLETE REVERSE SIDE)**FIRE DEPARTMENT COPY**

AFFIDAVIT (CERTIFICATE*) OF SERVICE

State of New York, County of _____ ss: _____

The undersigned being duly sworn* deposes and says: That deponent is not a party to the action and is over 18 years of age; That on _____ 19____ at _____ AM/PM
at _____ deponent served the within Notice of Violation and

Hearing on the respondent named herein.

I. Individual; Personal Service

☐ by delivering a true copy to said respondent personally;

II. Individual; Substituted Service

☐ by delivering a true copy to _____ a person of suitable age and discretion. Said premises is respondent's actual place of business, dwelling house or usual place of abode within the State.

III. Corporation

☐ by delivering a true copy to _____ at said corporation.

IV. Delivery to Employee at Premises

☐ by delivering a true copy to respondent's employee at the above location: (answer A and B)

A. I attempted to personally serve the herein Notice of Violation on the respondent named herein but was unable to do so because, having entered the premises and having identified myself, I was:

1. ☐ advised by _____ that the respondent was not then present, and premises is neither respondent's actual place of business nor dwelling house.
2. ☐ unable to secure identification of the person(s) present;
3. ☐ advised by _____ that no officer, director, managing agent or agent of respondent corporation was present.

B. Thereupon, I delivered a copy of the herein Notice of Violation to _____

whom I believe to be an employee of respondent at the premises because: (check 1, 2 or 3):

1. ☐ Employee so identified him/herself;
2. ☐ Employee was performing work consistent with being employed by the respondent; or
3. ☐ Other: _____

Description of Individual. (This must be completed for all types of service except corporate, Number III, above.)

Deponent describes the individual served as follows:

☐ Male	☐ White Skin	☐ Black Hair	☐ 14-20	☐ Under 5'	☐ Under 100 lbs
☐ Female	☐ Black Skin	☐ Brown Hair	☐ 21-35	☐ 5'0"-5'3"	☐ 100-130
	☐ Yellow Skin	☐ Blond Hair	☐ 36-50	☐ 5'4"-5'8"	☐ 131-160
	☐ Brown Skin	☐ Gray Hair	☐ 51-65	☐ 5'9"-6'0"	☐ 161-200
	☐ Red Skin	☐ Red Hair	☐ Over 65	☐ Over 6'	☐ Over 200
		☐ White Hair			
		☐ Balding			

Other identifying characteristics: _____

Sworn to before me on _____ 19____

SIGNATURE OF CERTIFYING OFFICER

* If not sworn, this statement shall constitute a certificate of service.

SA: 26/93

F.P.I.M.S. Account No. _____		Unit: HQ/DO _____	ADMIN. CO. _____	C.B. # _____	For E.U. Use _____	FPIMS Date _____	Initials _____
ENVIRONMENTAL CODE CITY OF NEW YORK		NOTICE OF VIOLATION AND HEARING		VIOLATION NO. 10249624			
Fire Commissioner of the City of New York, Petitioner vs Respondent:							
Respondent is: ☐ owner ☐ managing agent ☐ tenant ☐ city agency ☐ daycare center							
Place of Occurrence (Premises Address)							
Street Number _____		Prefix _____		Street Name _____			
Type _____	Suffix _____	Zip Code _____	Boro Code _____	1-Man; 2-Bx; 3-St; 4-Bklyn; 5-Qns; 6-Out of City			
AKA _____							
Mailing Address (if different from premises address)							
Street Number _____		Prefix _____		Street Name _____			
Type _____	Suffix _____	Zip Code _____	Boro Code _____	1-Man; 2-Bx; 3-St; 4-Bklyn; 5-Qns; 6-Out of City			
Add Info _____							

Notice of Violation and Order to Correct and Certify Correction:

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The Certificate of Correction and all proof of compliance MUST BE RECEIVED by the Bureau of Fire Prevention, Enforcement Unit, 250 Livingston Street, Brooklyn, New York 11201-5884 (TEL 718-403-1372) by close of business on _____. First offenders who properly certify correction shall avoid a hearing and penalty. All other respondents must appear at the Environmental Control Board (ECB) hearing indicated below.

Notice of Hearing: 8-12-93

If the Certificate of Correction IS NOT RECEIVED by the date indicated above OR if no date is indicated above, the respondent MUST APPEAR at a hearing on _____ at _____ at _____:30am, _____:30am, _____:30pm, _____:30pm at the ECB Hearing Office located in _____ Brooklyn, _____ Manhattan, _____ Staten Island. (The address for each location is provided on the reverse side of this form.) This hearing is your opportunity to answer and defend the allegations set forth below. If you do not appear, you will be held in default and subject to maximum penalties.

REPEAT OFFENDERS MUST appear at the hearing on the scheduled date.

Upon investigation, it has been determined by the above named Petitioner that there is reasonable cause to believe that the above named Respondent is in violation of the Administrative Code and/or Fire Department Rule(s), "3 RCNY §§16-01, 16-02, 16-03."

- | | |
|---|--|
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 ☐ (Sold/Stored/Used/Manufactured/Transported) _____ in excess of amount stated on permit.</p> <p>Rule 5 Produce Permit and/or Record
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 ☐ Failed to comply with the fire safety requirements for (office buildings/hotels/motels). Specify: _____</p> |
|---|--|

Repeat Violation (§15-229)

☐ Failed to correct Rule(s) _____ as previously cited on NOV # _____ (Respondent must appear at the hearing.)

False Certification (§15-220.1)

☐ Willfully falsified Certificate of Correction for NOV # _____ (Respondent must appear at hearing.)

☐ Other Code Section/Rule _____ Describe offense below.

Description of Violation: _____

I personally observed the commission of the above offense(s) or personally reviewed the office records indicating the offense(s) charged above.
 All statements made herein are affirmed under penalty of perjury. Date of Review: _____ Time: _____ a.m./p.m.

INSPECTOR'S SIGNATURE _____

Inspector's Tax Registry Number _____

PRINT NAME _____

H-912711-11-12

CERTIFICATE OF CORRECTION (COMPLETE REVERSE SIDE)

CERTIFICATE OF CORRECTION (COMPLETE REVERSE SIDE)

CERTIFICATE OF CORRECTION

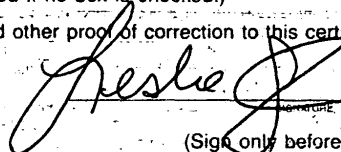
State of New York)
 County of New York City SS: _____
 I Leslie J Gordon being duly sworn, depose and say that I am the respondent cited in the

Notice of Violation and that I admit the existence of the violations(s) described in the Notice of Violation.

Check one { ☒ I have corrected all said violations as ordered by the Commissioner
 or
☐ I have only corrected Rule Number(s) _____
 and will attend hearing on scheduled date.

(The respondent certifies that all violations have been corrected if no box is checked.)

I have attached legible copies of any and all bills, receipts and other proof of correction to this certification as required.


 (Sign only before a notary)

TO BE COMPLETED BY NOTARY

County of New York Registration Number _____ SEAL
 Sworn to before me this 19th day of April 19 93 Notary Number _____
 Signature of Notary Yvette Keyes Commission Expires _____
 YVETTE KEYES
 NOTARY PUBLIC, State of New York
 No. 31-4935341
 Qualified in New York County
 Commission Expires June 27, 1994

The Fire Commissioner reserves the right to reject any Certificate of Correction that is incomplete. False certification is punishable by a fine of not less than \$1,000 nor more than \$5,000 and/or up to 6 months imprisonment pursuant to Administration Code Section 15-220.1

CERTIFICATION INSTRUCTIONS

For first offenses:

1. ALL offenders must correct the violation(s) cited on the NOTICE OF VIOLATION.
2. All offenders must complete the Certificate of Correction above and have it notarized. *Do not* detach above certificate from this page.
3. Attach legible copies of any and all bills, receipts and/or other proof of compliance to this Certificate of Correction (see correction requirements on reverse of green copy) and submit them along with this Certificate.
4. Return the completed Certificate of Correction with all appropriate documentation attached to the **Bureau of Fire Prevention Enforcement Unit, 250 Livingston Street, Brooklyn, New York 11201-5884** by the close of business on the date indicated or the NOTICE OF VIOLATION for return of the certificate. (See reverse side for return date)
5. Respondents will be notified by mail if their Certificate of Correction has been disapproved and of the appropriate action to take to correct same.
6. If it is impossible to correct any or all violations within the time indicated, you may be eligible for a stipulation extending the time to correct. A request for a stipulation extending compliance time must be made at the hearing and is subject to the approval of the Fire Department and the ECB.
7. If you properly certify that ALL violations have been corrected, you will be excused from appearing at the scheduled ECB hearing and no penalty will be imposed.
8. If you fail to comply with (7) above or if you are a repeat offender, you will be required to attend the ECB hearing designated on the NOV and bring any and all proof of correction to the hearing.

ECB HEARING OFFICES

If you are required to attend an ECB hearing, check the location and time indicated on the face of the NOV and note the address below:

- Manhattan/Bronx: 1250 Broadway 7th Fl (212) 971-3608
- Queens: 96-05 Horace Harding Expressway—Main Floor (718) 595-4584
- Brooklyn: 233 Schermerhorn St., 11th Fl. (718) 858-1305
- Staten Island: Borough Hall Building, 10 Richmond Terrace (212) 971-3600

M117-8 68-901152-4

HI-RISE UNIT OFFICE INSPECTION/SURVEY

DATE: OCT 22 19 91

INSPECTOR: LT. DE LUCA
BUILDING PROFILE

ADDRESS 7 WTC NO. OF STORIES 47 HT. IN FT. 618 TOTAL SQ. FT. 2,111,111
 OWNER/AGENT SILVERSTEIN PAIP PREMISE TEL. NO. 619-6564
 CLASS "E" FACS; MANUFACTURER FIRE COM MODEL NO. 550
 APPROVED CENTRAL STATION ALARM CO. ATF
 F.S.D. ON DUTY MT. PENSACOLA C OF F NO. 6184002 EXPIRES on-site fluidity
 SPRINKLER SYSTEM: FULLY ✓ PARTIAL (AREA PROTECTED) _____
 CENTRAL A/C HVAL STAIR PRESSURIZATION _____ ACCESS STAIRS (FLS) 2-3, 11-12, 42-43
 ADDITIONAL INFO (MAIL CONVEYORS, SPECIAL OCCUPANCIES, ETC.) _____

	N/A	YES	NO	SUMMONS/ NOV #
A. FIRE SAFETY DIRECTOR AND DEPUTY FIRE SAFETY DIRECTORS:				
1. ON DUTY (SUMMONS IF NO 27-4267) _____		✓		
2. DEPUTY FSD(S) NO. CERTIFIED FOR PREMISE (<u>10</u>) _____		✓		
3. BUILDING EVACUATION SUPERVISOR (DESIGNATED AND TRAINED AS PER FSP) _____		✓		
4. FIRE BRIGADE (PRESENT IN BUILDING AND TRAINED) _____		✓		
B. CLASS "E" ALARM SYSTEM:				
1. INSTALLED (27-4267.1) (<u>✓</u>) MAINTAINED (27-4265) (<u>✓</u>) _____		✓		
2. IF 100' OR MORE, LETTER OF APPROVAL (FD ELEC. UNIT) _____	✓			<u>PORT AUTHORITY</u>
C. ALARM TEST (NOTIFY BORO DISP. BEFORE TRANSMITTING ALARM):				
1. SYSTEM ON-LINE _____		✓		
IF OFF-LINE FOR APPROVED REASON:				
a. FIRE COMMAND STATION MANNED AT ALL TIMES _____				<u>NO TESTS</u>
b. LOG BOOK MAINTAINED _____				<u>BY ORDER</u>
2. FLOOR WARDEN PHONE OPERATIONAL (FL. NO. _____) _____				<u>OF MANHATTAN</u>
3. P.A. SYSTEM AUDIBLE (FL. NO. _____) _____				<u>DISPATCHER</u>
4. MANUAL ALARM TRANSMITTED TO BORO CENTRAL OFFICE _____ DISP. NO. (_____) ELAPSED TIME (IN MINUTES) TO RECEIVE (_____) IF ALARM IS NOT RECEIVED BY BORO CENTRAL OFFICE OR IF CENTRAL STATION COMPANY CALLS PREMISE BEFORE TRANSMITTING ALARM TO BORO CENTRAL OFFICE, FORWARD REPORT TO CHIEF IN CHARGE OF BUR. OF COMMUNICATIONS.				<u>TOO MUCH TRAFFIC</u>
5. F.S.D. PROFICIENT IN OPERATION OF F.A.C.S. SYSTEM _____		✓		
D. FIRE SAFETY PLAN:				
1. APPROVED F.S.P. _____ <u>D SAIA</u>		✓		
2. ALL SECTIONS CURRENT AND CORRECT <u>Access Stair, Warden Plans</u>			✓	<u>NOV</u>
3. COPY KEPT AT FCS _____		✓		
4. COPY OF FLOOR PLANS ATTACHED TO FSP _____		✓		
5. APPLICABLE PARTS OF FSP DISTRIBUTED TO TENANTS _____		✓		
E. FIRE COMMAND STATION:				
1. ELEVATOR KEYS (6) _____		✓		
2. WINDOW KEYS (12 IF APPLICABLE) _____	✓			
3. LIST OF FLOOR WARDENS AND TELEPHONE NO.'s _____		✓		
4. SYSTEM OF DAILY NOTIFICATION OF WARDENS _____		✓		
5. COMMUNICATION FROM FCS TO: MER (_____) ELEV. MACH. ROOM (_____) TO REGULARLY ASSIGNED LOCATION OF FSD (_____)		✓		

F. RECORDS:

	N/A	YES	NO	SUMMONS/ NOV #
1. WRITTEN RECORD OF FIRE DRILLS IN BOUND BOOK		✓		
2. FREQUENCY OF DRILLS CONFORMS TO LAW (DATE OF LAST DRILL (10-18-91)) <u>UPDATE - EVERY SIX MONTHS</u>		✓	✓	NOV
3. MONTHLY TEST RECORD OF FIREMEN'S SERVICE ELEVATORS		✓		
4. MONTHLY TEST RECORD OF CLASS "E" F.A.C.S.			✓	NOV
5. MONTHLY TEST RECORD OF FIRE PUMPS (IF REQUIRED)		✓		
6. MONTHLY TEST RECORD OF EMERGENCY GENERATOR (IF REQUIRED)		✓		
7. MONTHLY RECORD OF SPRINKLER INSPECTION		✓		
8. MONTHLY RECORD OF STANDPIPE INSPECTION		✓		

G. FIRE PROTECTION SYSTEMS:

1. C OF F SPRINKLER () NAME <u>E. McManus</u> NO. <u>600940</u>		✓		
2. SPRINKLER VALVE SEALED OPEN (SUMMONS IF CLOSED)		✓		
3. SPRINKLER SIAMESE SWIVEL () UNOBSTRUCTED () SIGN IF REQUIRED ()		✓		
4. C OF F STANDPIPE () NAME <u>McManus</u> NO. <u>60094015</u>		✓		
5. STANDPIPE VALVES SEALED OPEN <u>E. McManus</u>		✓		
6. STANDPIPE SIAMESE: SWIVELS () UNOBSTRUCTED ()		✓		
7. EXTINGUISHERS PROPERLY HUNG AND DISTRIBUTED		✓		
8. EXTINGUISHERS TAGGED: DATE OF LAST INSPECTION (<u>Sept 91</u>)		✓		

H. SIGNS:

1. ELEVATOR: LETTER DESIGNATION () FL. DIAGRAM () "IN CASE OF FIRE USE STAIRS" ()		✓		
2. STAIR: FLOOR NO. () LETTER DESIGNATION—OCCUPANCY SIDE () STAIR SIDE ()			✓	NOV
3. RE-ENTRY SIGNS POSTED			✓	NOV
4. EXIT AND DIRECTIONAL SIGNS ILLUMINATED		✓		
5. ORGANIZATIONAL CHARTS POSTED AND ACCURATE		✓		

I. GENERAL:

1. CERTIFICATE OF OCCUPANCY POSTED		✓		
2. ALL AREAS FREE OF RUBBISH		✓		
3. PAPER RECYCLING HAMPER STORED IN PROPER LOCATION (NOT IN HALLWAYS OR ELEVATOR LOBBIES)		✓		
4. STAIRWAY DOORS OPENABLE AT ALL TIMES (OCCUPANT SIDE) (IF NO: APPROVED BY D.O.B. _____ CONNECTED TO CLASS "E" _____)		✓		
5. RE-ENTRY PROVIDED WHERE REQUIRED		✓		
a. FAIL SAFE SYSTEM (✓) INDICATE FLS. (<u>ALL EXIT DOORS</u>)		✓		
6. IF SHAFTS PRESENT (i.e., ELEC. CLOSETS) ARE THEY FIRESTOPPED		✓		
7. FLOOR WARDENS, DEPUTY WARDENS, AND SEARCHERS TRAINED				
a. FLOORS CHECKED (<u>4, 3, 2, 1, B, 1, 4, 2, 1, 2, 3</u>)		✓		
8. FLAMMABLES/COMBUSTIBLES PROPERLY STORED				
a. LOCATION _____				

REMARKS: Warden Floor
ID - STAIR -

NOV TOTAL	TOTAL ITEMS	SUMMONS TOTAL
1	5	

INSPECTOR'S SIGNATURE Lt Deluca

A-324 (7-84) 03-127-09

TYPE

3	6		
---	---	--	--

SUFFIX →

DATE _____

NYC-WTC 000166205

[illegible]

FIRE SAFETY DIRECTOR ON SITE EXAMINATION OFFICE

Section D:

VII. Comments by Examiner:

()
Check if
applicable

The Class E system was inoperative, candidate was advised to send in an affidavit indicating proper instruction has been provided and system is operative. If so, state why system was inoperative.

VIII. Determination of Passing:

- A. If the candidate failed to answer satisfactorily the essential questions marked (*), advise the candidate that a new appointment should be requested by contacting the High Rise Unit. The examiner should also give the applicant a bill for the inspections/examination.
- B. If the candidate satisfactorily answered the mandatory parts, but by totalling all answers, the number of NO answers were below 80%, the candidate fails the practical test. See Chart.

IX. On Site Office Building Test—(Print ALL information):

Candidate Name Lindstrom John

Social Security No. PII

Date of Examination 3-23-93

Number of correct answers are 81 on this test.

Summary of Results:

A. PASSED ✓
(CHECK)

or

C. of F. Z 01 62193255, No. of On Site Tests 1

Premise Address 7 World Trade Center N.Y.

Total Number of Items Answered 85

Number of incorrect answers are 4. Number of N/A answers are 4.

B. FAILED—(reason)

C. Violation numbers issued as result of examination and inspection:

NOV 10249 644 H

Those candidates failing should contact the High Rise Unit for another appointment when building correction and/or additional knowledge is obtained.

D. I hereby certify all information contained in this report is accurate.

D. J. O. Doherty 3/23/93
INSPECTOR DATE

White copy must be given to the Candidate.

Canary copy must be submitted to the High Rise Unit.

Pink copy must be submitted to Cashier's office.

INSPECTORS ARE ONLY PERMITTED TO PROVIDE CANDIDATES WITH SECTION D.

For E.U. Use Only: FPIMS Date / / Initials
 Agency Code No.

F.P.I.M.S. Account No. Unit: HQ/DO 36 ADMIN. CO. C.B. # UNIT PHONE #

ENVIRONMENTAL CONTROL BOARD CITY OF NEW YORK	NOTICE OF VIOLATION AND HEARING	VIOLATION NO. 10249694 H
<p>Fire Commissioner of the City of New York, Petitioner vs Respondent: <u>SENTINEL FIRE ALARM PRINCIPAL</u></p>		
<p>Respondent is: ☐ owner ☐ managing agent ☐ tenant ☐ city agency ☐ daycare center</p>		
<p>Place of Occurrence (Premises Address)</p>		
<p>Street Number <u> </u> Prefix <u> </u> Street Name <u>W 10th St</u></p>		
<p>Type <u>CEILING</u> Suffix <u> </u> Zip Code <u>10014</u> Boro Code <u>10</u> 1=Man; 2=Bx; 3=SI; 4=Bklyn; 5=Qns</p>		
<p>AKA <u> </u></p>		
<p>Mailing Address (if different from premises address)</p>		
<p>Street Number <u> </u> Prefix <u> </u> Street Name <u> </u></p>		
<p>Type <u> </u> Suffix <u> </u> Zip Code <u> </u> Boro Code <u> </u> 1=Man; 2=Bx; 3=SI; 4=Bklyn; 5=Qns; 6=Out of City</p>		
<p>Add Info <u> </u></p>		

Notice of Violation and Order to Correct and Certify Correction:

PLEASE TAKE NOTICE that the premises cited above is in violation of the requirements of law. It is further ORDERED by the FIRE COMMISSIONER that these violations be corrected and certified to be in compliance with the requirements of law within 35 days of the date of issuance. Certification must be made on the Certificate of Correction (Gold Copy).

The Certificate of Correction and all proof of compliance MUST BE RECEIVED by the Bureau of Fire Prevention, Enforcement Unit, 250 Livingston Street, Brooklyn, New York 11201-5884 (TEL 718-403-1372) by close of business on 7/2/03. First offenders who properly certify correction shall avoid a hearing and penalty. All other respondents must appear at the Environmental Control Board (ECB) hearing indicated below.

Notice of Hearing:

If the Certificate of Correction IS NOT RECEIVED by the date indicated above OR if no date is indicated above, the respondent MUST APPEAR at a hearing on 7/2/03 at ☒ 8:30am, ☐ 10:30am, ☐ 1:30pm, ☐ 3:00pm at the ECB Hearing Office located in ☒ Brooklyn ☐ Manhattan ☐ Queens ☐ Staten Island. (The address for each location is provided on the reverse side of this form.) This hearing is your opportunity to answer and defend the allegations set forth below. If you do not appear, you will be held in default and subject to maximum penalties.

REPEAT OFFENDERS MUST appear at the hearing on the scheduled date.

Upon investigation, it has been determined by the above named Petitioner that there is reasonable cause to believe that the above named Respondent is in violation of the Administrative Code and/or Fire Department Rule(s). "3 RCNY §§16-01, 16-02, 16-03."

Rule 1 Buckets and/or Fire Extinguishers

☐ Failed to provide fire buckets filled with (sand/water) and/or approved, operative fire extinguishers at as required.

Rule 2 Waste Receptacles

☐ Failed to provide approved receptacles for waste at as required.

Rule 3 No Permit

☐ (Sold/Stored/Used/Manufactured/Transported) (combustibles/flammables/explosives) without required valid permit.

Rule 4 Quantities in Excess of Permit

☐ (Sold/Stored/Used/Manufactured/Transported) of in excess of amount stated on permit.

Rule 5 Produce Permit and/or Record

☒ Failed to produce (permit/record) regarding Monthly Test at 7/2/03 as required.

Rule 6 Signs/Postings/Instructions

☐ Failed to provide (Signs/Postings/Instructions) for Stairwell at 7/2/03 as required.

Rule 7 Labels/Marks/Stamps

☐ Failed to provide (Labels/Marks/Stamps) for at as required.

Rule 8 Obstructions/Accumulations

☐ Failed to remove all (obstructions/accumulations of rubbish or storage) of from as required.

Rule 9 Adequate Egress/Aisle Space/Clearance

☐ Failed to provide adequate (egress/aisle space/clearance) at as required.

Rule 10 Operating Contrary to C of O

☐ Operated contrary to the certificate of occupancy.

Rule 11 General Maintenance

☐ Failed to maintain in a proper condition as required.

Rule 12 Maintenance of Sprinkler, Standpipe, Alarm, Suppression Systems

☐ Failed to properly (provide/maintain) system or part thereof as required. Describe below.

Rule 13 Fire Retardant Material

☐ Failed to provide/maintain non-combustible material at or provide affidavit that combustible material has been treated with flame retardant as required.

Rule 14 Fireproof Doors/Windows

☐ Failed to (provide/maintain) (self-closing fireproof doors/windows) at as required.

Rule 15 Fireproof Partitions or Walls

☐ Failed to (provide/maintain) fireproof partitions or walls at as required.

Rule 16 Ventilation

☐ Failed to provide (approved vents/adequate ventilation) at as required.

Rule 17 Certificates of Fitness

☐ Failed to (obtain/provide) a (Certificate of Fitness/Certificate Holder on Duty) for as required.

Rule 18 Certificates of Approval/Qualification/License

☐ Failed to (obtain/provide) a Certificate of (Approval/Qualification/License) for as required.

Rule 19 Certificate of Occupancy/Public Assembly Permit/Affidavits/Documentation/Plans/Applications

☐ Failed to provide for from as required.

Rule 20 Test/Inspection

☐ Failed to conduct required (equipment/system) (test/inspection) of as required.

Rule 21 Containers

☐ Failed to provide approved containers for as required.

Rule 22 Tanks/Supports

☐ Failed to (provide/maintain) approved tanks/supports for as required.

Rule 23 Storage

☐ Failed to provide (vaults/cabinets/room/area) for the storage of as required.

Rule 24 Racks

☐ Failed to provide appropriate racks at as required.

Rule 25 Electrical Equipment

☐ Failed to (provide/protect/maintain) electrical equipment as required.

Rule 26 Approved Refrigeration/Heating Devices or Units

☐ Failed to (provide/protect/maintain) (refrigeration/heating) devices as required.

Rule 27 Approved Lighting Devices

☐ Failed to (provide/protect/maintain) lighting devices as required. Specify type of protection required:

Rule 28 Exposed Flames or Sparks

☐ (Unlawfully allowed/failed to protect) exposed flame or spark at as required.

Rule 29 Designated Areas

☐ Failed to (provide/maintain) designated area/premises for as required.

Rule 30 Fire Safety in Office Buildings/Hotels/Motels

☐ Failed to comply with the fire safety requirements for (office buildings/hotels/motels). Specify:

Repeat Violation (§15-229)

☐ Failed to correct Rule(s) as previously cited on NOV # (Respondent must appear at the hearing.)

False Certification (§15-220.1)

☐ Willfully falsified Certificate of Correction for NOV # (Respondent must appear at hearing.)

☐ Other Code Section/Rule Describe offense below

Description of Violation:

I personally observed the commission of the above offense(s) or personally reviewed the office records indicating the offense(s) charged above.
 All statements made herein are affirmed under penalty of perjury. Date of Offense: 7/2/03 Time: a.m./p.m.

INSPECTOR'S SIGNATURE

PRINT NAME

Inspector's Tax Registry Number

M25-19 H1-912711-11-12

CERTIFICATE OF CORRECTION (COMPLETE REVERSE SIDE)

FIRE DEPARTMENT COPY

AFFIDAVIT (CERTIFICATE*) OF SERVICE

State of New York, County of Queens ss:The undersigned being duly sworn* deposes and says: That deponent is not a party to the action and is over 18 years of age; That on 09/11/2013 at 10:00 AM AM/PMat 100-01 100-01 deponent served the within Notice of Violation and

Hearing on the respondent named herein.

I. Individual: Personal Service

☐ by delivering a true copy to said respondent personally.

II. Individual: Substituted Service

☐ by delivering a true copy to NAME a person of suitable age and discretion: Said premises is respondent's actual place of business, dwelling house or usual place of abode within the State

III. Corporation

☐ by delivering a true copy to NAME POSITION at said corporation.

IV. Delivery to Employee at Premises

☐ by delivering a true copy to respondent's employee at the above location: (answer A and B)

A. I attempted to personally serve the herein Notice of Violation on the respondent named herein but was unable to do so because, having entered the premises and having identified myself, I was:

1. ☐ advised by NAME that the respondent was not then present, and premises is neither respondent's actual place of business nor dwelling house2. ☐ unable to secure identification of the person(s) present;3. ☐ advised by NAME that no officer, director, managing agent or agent of respondent corporation was presentB. Thereupon, I delivered a copy of the herein Notice of Violation to NAME whom I believe to be an employee of respondent at the premises because: (check 1, 2 or 3)1. ☐ Employee so identified him/herself;2. ☐ Employee was performing work consistent with being employed by the respondent; or3. ☐ Other: NAME

Description of Individual. (This must be completed for all types of service except corporate, Number III, above.)

Deponent describes the individual served as follows:

☐ Male	☐ White Skin	☐ Black Hair	☐ 14-20	☐ Under 5'	☐ Under 100 lbs
☐ Female	☐ Black Skin	☐ Brown Hair	☐ 21-35	☐ 5'0"-5'3"	☐ 100-130
	☐ Yellow Skin	☐ Blond Hair	☐ 36-50	☐ 5'4"-5'8"	☐ 131-160
	☐ Brown Skin	☐ Gray Hair	☐ 51-65	☐ 5'9"-6'0"	☐ 161-200
	☐ Red Skin	☐ Red Hair	☐ Over 65	☐ Over 6'	☐ Over 200
	☐ White Hair	☐ Balding			

Other identifying characteristics:

Sworn to before me on 09/11/2013 19

SIGNATURE OF CERTIFYING OFFICER

* If not sworn, this statement shall constitute a certificate of service.

5/11/25/9/

For E.U. Use: Mailed Date _____ Initials _____
FPIMS Date _____

F.P.I.M.S. Account No. _____ Unit: HQ/DO _____ ADMIN. CO. _____ UNIT PHONE # _____

**ENVIRONMENTAL CONTROL BOARD
CITY OF NEW YORK**

**NOTICE OF VIOLATION
AND HEARING**

VIOLATION NO. 10182036 M

Fire Commissioner of the City of New York, Petitioner vs Respondent:

Respondent is: ☐ owner ☐ managing agent ☐ tenant ☐ city agency ☐ daycare center

Place of Occurrence (Premises Address)

Street Number _____ Prefix _____ Street Name _____

Type _____ Suffix _____ Zip Code _____ Boro Code _____ 1=Man; 2=Bx; 3=St; 4=Bklyn; 5=Qns

AKA _____

Mailing Address (if different from premises address)

Street Number _____ Prefix _____ Street Name _____

Type _____ Suffix _____ Zip Code _____ Boro Code _____ 1=Man; 2=Bx; 3=St; 4=Bklyn; 5=Qns; 6=Out of City

Add info _____

Notice of Violation and Order to Correct and Certify Correction:

PLEASE TAKE NOTICE that the premises cited above is in violation of the requirements of law. It is further ORDERED by the FIRE COMMISSIONER that these violations be corrected and certified to be in compliance with the requirements of law within 35 days of the date of issuance. Certification must be made on the Certificate of Correction (Gold Copy).

The Certificate of Correction and all proof of compliance MUST BE RECEIVED by the Bureau of Fire Prevention, Enforcement Unit, 250 Livingston Street, New York, NY 11201-5884 (TEL 718-403-1372) by close of business on 5/11/25/9/. First offenders who properly certify correction shall avoid a hearing and penalty. Repeat offenders must appear at the Environmental Control Board (ECB) hearing indicated below.

Notice of Hearing:

If the Certificate of Correction IS NOT RECEIVED by the date indicated above OR if no date is indicated above, the respondent MUST APPEAR at a hearing on 5/11/25/9/ at the hearing office located in _____ (Brooklyn _____ Manhattan _____ Queens _____ Staten Island _____) to answer and defend the allegations set forth below. If you do not appear, you will be held in default and subject to maximum penalties.

REPEAT OFFENDERS MUST appear at the hearing.

Upon investigation, it has been determined by the above named Petitioner that there is reasonable cause to believe that the above named Respondent is in violation of the Administrative Code and/or Fire Department Rule(s) cited below:

- Rule 1 Buckets and/or Fire Extinguishers**
☐ Failed to provide _____ fire buckets filled with (sand/water) and/or _____ approved, operative fire extinguishers at _____ as required.
- Rule 2 Waste Receptacles**
☐ Failed to provide _____ approved receptacles for waste at _____ as required.
- Rule 3 No Permit**
☐ (Sold/Stored/Used/Manufactured/Transported) (combustibles/flammables/explosives) without required valid permit.
- Rule 4 Quantities in Excess of Permit**
☐ (Sold/Stored/Used/Manufactured/Transported) _____ in excess of amount stated on permit.
- Rule 5 Produce Permit and/or Record**
☐ Failed to produce (permit/record) regarding _____ as required.
- Rule 6 Signs/Postings/Instructions**
☐ Failed to provide (Signs/Postings/Instructions) for _____ as required.
- Rule 7 Labels/Marks/Stamps**
☐ Failed to provide (Labels/Marks/Stamps) for _____ as required.
- Rule 8 Obstructions/Accumulations**
☐ Failed to remove all (obstructions/accumulations of rubbish or storage) of _____ as required.
- Rule 9 Adequate Egress/Aisle Space/Clearance**
☐ Failed to provide adequate (egress/aisle space/clearance) at _____ as required.
- Rule 10 Operating Contrary to C of O**
☐ Operated _____ contrary to the certificate of occupancy.
- Rule 11 General Maintenance**
☐ Failed to maintain _____ in a proper condition as required.
- Rule 12 Maintenance of Sprinkler, Standpipe, Alarm, Suppression Systems**
☐ Failed to properly (provide/maintain) _____ system or part thereof as required. Describe below.
- Rule 13 Fire Retardant Material**
☐ Failed to provide/maintain non-combustible material _____ at _____ or provide affidavit that combustible material has been treated with flame retardant as required.
- Rule 14 Fireproof Doors/Windows**
☐ Failed to (provide/maintain) (self-closing fireproof doors/windows) at _____ as required.
- Rule 15 Fireproof Partitions or Walls**
☐ Failed to (provide/maintain) fireproof partitions or walls at _____ as required.
- Rule 16 Ventilation**
☐ Failed to provide (approved vents/adequate ventilation) at _____ as required.
- Rule 17 Certificates of Fitness**
☐ Failed to (obtain/provide) a (Certificate of Fitness/Certificate Holder on Duty) for _____ as required.
- Rule 18 Certificates of Approval/Occupancy/Qualification/License**
☐ Failed to (obtain/provide) a Certificate of (Approval/Occupancy/Qualification/License) for _____ as required.
- Rule 19 Affidavits/Documentation/Plans/Applications**
☐ Failed to provide (affidavit/documentation/plan/application) for _____ as required.
- Rule 20 Test/Inspection**
☐ Failed to conduct required (equipment/system) (test/inspection) of _____ as required.
- Rule 21 Containers**
☐ Failed to provide approved containers for _____ as required.
- Rule 22 Tanks/Supports**
☐ Failed to (provide/maintain) approved tanks/supports for _____ as required.
- Rule 23 Storage**
☐ Failed to provide (vaults/cabinets/room/area) for the storage of _____ as required.
- Rule 24 Racks**
☐ Failed to provide appropriate racks at _____ as required.
- Rule 25 Electrical Equipment**
☐ Failed to (provide/protect/maintain) _____ electrical equipment as required.
- Rule 26 Approved Refrigeration/Heating Devices or Units**
☐ Failed to (provide/protect/maintain) (refrigeration/heating) devices as required.
- Rule 27 Approved Lighting Devices**
☐ Failed to (provide/protect/maintain) _____ lighting devices as required. Specify type of protection required: _____
- Rule 28 Exposed Flames or Sparks**
☐ (Unlawfully allowed/failed to protect) exposed flame or spark at _____ as required.
- Rule 29 Designated Areas**
☐ Failed to (provide/maintain) designated area/premises for _____ as required.
- Rule 30 Fire Safety in Office Buildings/Hotels/Motels**
☐ Failed to comply with the fire safety requirements for (office buildings/hotels/motels). Specify: _____
- Repeat Violation (§15-229)**
☐ Failed to correct Rule(s) _____ as previously cited on NOV # _____ (Respondent must appear at the hearing.)
- False Certification (§15-220.1)**
☐ Willfully falsified Certificate of Correction for NOV # _____ (Respondent must appear at hearing.)
- Other Code Section/Rule** _____ Describe offense below.

Description of Violation: _____

I personally observed the commission of the above offense(s) or personally reviewed the office records indicating the offense(s) charged above.

All statements made herein are affirmed under penalty of perjury. Date of Offense: 5/11/25/9/ Time: _____ a.m./p.m.

INSPECTOR'S SIGNATURE _____

PRINT NAME _____

Inspector's Tax Registry Number _____

M25-19 95M-0-10-1000763

CERTIFICATE OF CORRECTION (COMPLETE REVERSE SIDE)

CERTIFICATE OF CORRECTION

State of New York)
County of MANHATTAN) ss:

I MUKESH PERSAUD being duly sworn, depose and say that I am the respondent cited in the Notice of Violation and that I admit the existence of the violation(s) described in the Notice of Violation.

Check one { ☒ I have corrected all said violations as ordered by the Commissioner.
or
☐ I have only corrected Rule Number(s) _____ and will attend hearing on scheduled date.

(The respondent certifies that all violations have been corrected if no box is checked.)

I have attached legible copies of any and all bills, receipts and other proof of correction to this certification as required.

Mukesh Persaud
SIGNATURE

(Notary)

VETTE KEYES

NOTARY PUBLIC, State of New York
No. 31-4935341
Qualified in New York County
Commission Expires June 27, 1992

TO BE COMPLETED BY NOTARY

County of New York County Registration Number _____
Sworn to before me this 1st day of Nov. 1991 Notary Number 314935341
Signature of Notary Vette Keyes Commission Expires 6/27/92

SEAL

The Fire Commissioner reserves the right to reject any Certificate of Correction that is incomplete. False certification is punishable by a fine of not less than \$1,000 nor more than \$5,000 and/or up to 6 months imprisonment pursuant to Administration Code Section 15-220.1

CERTIFICATION INSTRUCTIONS

For first offenses:

1. ALL offenders must correct the violation(s) cited on the NOTICE OF VIOLATION.
2. All offenders must complete the Certificate of Correction above and have it notarized. Do not detach above certificate from this page.
3. Attach legible copies of any and all bills, receipts and/or other proof of compliance to this Certificate of Correction (see correction requirements on reverse of green copy) and submit them along with this Certificate.
4. Return the completed Certificate of Correction with all appropriate documentation attached to the Bureau of Fire Prevention Enforcement Unit, 250 Livingston Street, Brooklyn, New York 11201-5884 by the close of business on the date indicated on the NOTICE OF VIOLATION for return of the certificate. (See reverse side for return date)
5. Respondents will be notified by mail if their Certificate of Correction has been disapproved and of the appropriate action to take to correct same.
6. If it is impossible to correct any or all violations within the time indicated, you may be eligible for a stipulation extending the time to correct. A request for a stipulation extending compliance time must be made at the hearing and is subject to the approval of the Fire Department and the Environmental Control Board. (ECB).
7. If you properly certify that ALL violations have been corrected, you will be excused from appearing at the scheduled ECB hearing and no penalty will be imposed.
8. If you fail to comply with (7) above or if you are a repeat offender, you will be required to attend the ECB hearing designated on the NOV and bring any and all proof of correction to the hearing.

ECB HEARING OFFICES

If you are required to attend an ECB hearing, check the location and time indicated on the face of the NOV and note the address below:

- | | |
|---|--|
| ★ Manhattan/Bronx: 1250 Broadway, 7th Fl. (212) 971-3600 | ★ Queens: 91-14 Merrick Blvd., 6th Fl. (718) 297-1080 |
| ★ Brooklyn: 233 Schermerhorn St., 11th Fl. (718) 858-1305 | ★ Staten Island: 350 St. Marks PL - 4th Fl. St. George, (212) 971-3600 |

INSPECTION ORDER

PLEASE INDICATE ANY OF
THESE COLUMN CHANGES
AT RIGHT →

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

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

7 WORLD TRADE CENTER
NEW YORK, NY 10048

7 WORLD TRADE COMPANY
7 WORLD TRADE CENTER
NEW YORK, NY 10048

COMMENTS (CIC)

[illegible]STATUS CHECK AND COMPLETE

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 <u>Pellera</u>	DATE <u>12/30/92</u>	INSPECTOR I.D. <u>1189</u>	COMMENTS
EXAMINER	DATE		
ENTRY CLERK <u>Janita Herring</u>	DATE <u>12/24/92</u>		
AUDITOR	DATE		

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



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

A 324 (7-84) 03 127 0

INSPECTION REPORT

CORNELIUS LYNCH

619-6569

ACCOUNT

ADM CO

START DATE

D.O.

TYPE

--	--	--	--	--	--	--	--	--	--

--	--	--	--

06/22/92

--	--	--	--

OWNER NAME

SILVERSTEIN PROPERTIES

PREMISE ADDRESS

ADD INFO

STREET NUMBER

7									
---	--	--	--	--	--	--	--	--	--

PREFIX →

--	--

STREET NAME

WORLD TRADE CENTER

TYPE →

--	--	--	--	--	--	--	--	--	--

SUFFIX →

--	--

ZIP CODE

100480000

BORO CODE → 1

BILLING ADDRESS

ADD INFO

STREET NUMBER

--	--	--	--	--	--	--	--	--	--

PREFIX →

--	--

STREET NAME

--	--	--	--	--	--	--	--	--	--

TYPE →

--	--	--	--	--	--	--	--	--	--

SUFFIX →

--	--

ZIP CODE

--	--	--	--	--	--	--	--	--	--

BORO CODE →

ENTER HERE IF OUT OF TOWN

--	--	--	--	--	--	--	--	--	--

STATE →

ZIP CODE →

--	--	--	--	--	--	--	--	--	--

PUT X IF
NON FEE ACCT

--

ALPHA
PREFIX

INSPECTOR NAME

EXAMINER NAME

DATE

--	--

ITEM CODE	ITEM SUB-CODE	QTY	DESCRIPTION	FLOOR NO.
1 895	99	02		
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

COMMENTS

--	--	--	--	--	--	--	--	--	--

PUT X IF
SEE ATTACHED L

--

STATUS - CHECK AND COMPLETE

☒ APPROVED FOR PERMIT

INSPECTION DATE

INSPECTOR - I.D.

☐ VIOLATIONS REPORTED

06/22/92

#0007/180

☐ NOT APPROVED WITH REASON

ENTER CODE

--	--	--	--

NEXT INSPECTION SCHEDULED:

DATE

AKA ADDRESS

STREET NUMBER

--	--	--	--	--	--	--	--	--	--

STREET NAME

--	--	--	--	--	--	--	--	--	--

PREFIX →

--	--

TYPE →

--	--	--	--

SUFFIX →

--	--

ENTRY
CLERK

M. L. Lynch

DATE

06/23/92

AUDITOR

DATE

FIRE SAFETY DIRECTOR ON SITE EXAMINATION OFFICE

Section D:

VII. Comments by Examiner:

()
Check if
applicable

The Class E system was inoperative, candidate was advised to send in an affidavit indicating proper instruction has been provided and system is operative. If so, state why system was inoperative.

VIII. Determination of Passing:

- A. If the candidate failed to answer satisfactorily the essential questions marked (*), advise the candidate that a new appointment should be requested by contacting the High Rise Unit. The examiner should also give the applicant a bill for the inspections/examination.
- B. If the candidate satisfactorily answered the mandatory parts, but by totalling all answers, the number of NO answers were below 80%, the candidate fails the practical test. See Chart.

IX. On Site Office Building Test—(Print ALL information):

Candidate Name PRIMO REVELDEZ

Social Security No. PII

Date of Examination 6-22-92

Number of correct answers are 87 on this test. Number of incorrect answers are —. Number of N/A answers are —.

Summary of Results:

A. PASSED ☒ (CHECK)

or

B. FAILED—(reason)

C. Violation numbers issued as result of examination and inspection:

White copy must be given to the Candidate.
Canary copy must be submitted to the High Rise Unit.
Pink copy must be submitted to Cashier's office.

C. of F. Z 01 62006952 No. of On Site Tests —

Premise Address 7 WTC

N.Y., N.Y. 10048

Total Number of Items Answered 87

B. FAILED—(reason)

Those candidates failing should contact the High Rise Unit for another appointment when building correction and/or additional knowledge is obtained.

D. I hereby certify all information contained in this report is accurate.

G R F Burns 6-22-92
INSPECTOR DATE

INSPECTORS ARE ONLY PERMITTED TO PROVIDE CANDIDATES WITH SECTION D.

FIRE SAFETY DIRECTOR ON SITE EXAMINATION OFFICE

Section D:

VII. Comments by Examiner:

()
Check if
applicable

The Class E system was inoperative, candidate was advised to send in an affidavit indicating proper instruction has been provided and system is operative. If so, state why system was inoperative.

VIII. Determination of Passing:

- A. If the candidate failed to answer satisfactorily the essential questions marked (*), advise the candidate that a new appointment should be requested by contacting the High Rise Unit. The examiner should also give the applicant a bill for the inspections/examination.
- B. If the candidate satisfactorily answered the mandatory parts, but by totalling all answers, the number of NO answers were below 80%, the candidate fails the practical test. See Chart.

IX. On Site Office Building Test—(Print ALL information):

Candidate Name STEPHEN NATHAN

Social Security No. PII

Date of Examination 6-22-92

Number of correct answers are 87 on this test. Number of incorrect answers are . Number of N/A answers are .

Summary of Results:

A. PASSED ☒ (CHECK) or

B. FAILED—(reason)

C. Violation numbers issued as result of examination and inspection:

White copy must be given to the Candidate.
Canary copy must be submitted to the High Rise Unit.
Pink copy must be submitted to Cashier's office.

C. of F. Z 0 62006721 No. of On Site Tests

Premise Address Ny WTC

Total Number of Items Answered 87

CANDIDATE BUILDING

Those candidates failing should contact the High Rise Unit for another appointment when building correction and/or additional knowledge is obtained.

D. I hereby certify all information contained in this report is accurate.

GT RG Bruno 6-22-92
INSPECTOR DATE

INSPECTORS ARE ONLY PERMITTED TO PROVIDE CANDIDATES WITH SECTION D.

[REDACTED]

PLEASE INDICATE ANY OF
THESE COLUMN CHANGES
AT RIGHT →

	SILVERSTEIN PROPERTIES
--	------------------------

COMMENTS

[illegible]

ITEMS TO BE ADDED OR DELETED					FLOOR NO.
ITEM CODE	ITEM SUB-CODE	NEW QTY.	DESCRIPTION		
1					
2					
3					
4					
5					
6					

NYC-WTC 000166218

1990

F.P.I.M.S. Account No. _____		Unit: HQ/DO <u>34</u>	ADMIN. C.O. _____	C.B. # _____	For E.U. Use Only: FPIMS Date _____ Initials _____
ENVIRONMENTAL CONTROL BOARD CITY OF NEW YORK		NOTICE OF VIOLATION AND HEARING		Agency Code No. _____ UNIT PHONE # _____	
Fire Commissioner of the City of New York, Petitioner vs Respondent: <u>SHIMMERCHILL PROPERTIES</u>		VIOLATION NO. <u>10249694</u> H			
Respondent is: ☐ owner ☐ managing agent ☐ tenant ☐ city agency ☐ daycare center					
Place of Occurrence (Premises Address)					
Street Number <u>17</u> Prefix _____		Street Name <u>MONROE TRIADIA</u>			
Type <u>CEMENT</u> Suffix _____		Zip Code <u>10014</u>		Boro Code <u>11</u> 1=Man; 2=Bx; 3=St; 4=Bklyn; 5=Qns	
AKA _____					
Mailing Address (if different from premises address)					
Street Number _____ Prefix _____		Street Name _____			
Type _____ Suffix _____		Zip Code _____		Boro Code _____ 1=Man; 2=Bx; 3=St; 4=Bklyn; 5=Qns; 6=Out of City	
Add Info _____					

Notice of Violation and Order to Correct and Certify Correction:

PLEASE TAKE NOTICE that the premises cited above is in violation of the requirements of law. It is further ORDERED by the FIRE COMMISSIONER that these violations be corrected and certified to be in compliance with the requirements of law within 35 days of the date of issuance. Certification must be made on the Certificate of Correction (Gold Copy).

The Certificate of Correction and all proof of compliance MUST BE RECEIVED by the Bureau of Fire Prevention, Enforcement Unit, 250 Livingston Street, Brooklyn, New York 11201-5884 (TEL 718-403-1372) by close of business on 7/1/03. First offenders who properly certify correction shall avoid a hearing and penalty. All other respondents must appear at the Environmental Control Board (ECB) hearing indicated below.

Notice of Hearing:

If the Certificate of Correction IS NOT RECEIVED by the date indicated above OR if no date is indicated above, the respondent MUST APPEAR at a hearing on 7/1/03 at 10:30am, ☐ 8:30am, ☐ 10:30am, ☐ 1:30pm, ☐ 3:00pm at the ECB Hearing Office located in ☒ Brooklyn ☐ Manhattan ☐ Queens ☐ Staten Island. (The address for each location is provided on the reverse side of this form.) This hearing is your opportunity to answer and defend the allegations set forth below. If you do not appear, you will be held in default and subject to maximum penalties.

REPEAT OFFENDERS MUST appear at the hearing on the scheduled date.

Upon investigation, it has been determined by the above named Petitioner that there is reasonable cause to believe that the above named Respondent is in violation of the Administrative Code and/or Fire Department Rule(s), "3 RCNY §§16-01, 16-02, 16-03."

Rule 1 Buckets and/or Fire Extinguishers

☐ Failed to provide _____ fire buckets filled with (sand/water) and/or _____ approved, operative fire extinguishers at _____ as required.

Rule 2 Waste Receptacles

☐ Failed to provide _____ approved receptacles for waste at _____ as required.

Rule 3 No Permit

☐ (Sold/Stored/Used/Manufactured/Transported) (combustibles/flammables/explosives) without required valid permit.

Rule 4 Quantities in Excess of Permit

☐ (Sold/Stored/Used/Manufactured/Transported) _____ in excess of amount stated on permit.

Rule 5 Produce Permit and/or Record

☒ Failed to produce (permit/record) regarding Monthly T-4 at 4-400 EWS SERVICE TOWER as required.

Rule 6 Signs/Postings/Instructions

☒ Failed to provide (Signs/Postings/Instructions) for Stairwell at 4-400 EWS SERVICE TOWER as required.

Rule 7 Labels/Marks/Stamps

☐ Failed to provide (Labels/Marks/Stamps) for _____ at _____ as required.

Rule 8 Obstructions/Accumulations

☐ Failed to remove all (obstructions/accumulations of rubbish or storage) of _____ from _____ as required.

Rule 9 Adequate Egress/Aisle Space/Clearance

☐ Failed to provide adequate (egress/aisle space/clearance) at _____ as required.

Rule 10 Operating Contrary to C of O

☐ Operated _____ contrary to the certificate of occupancy.

Rule 11 General Maintenance

☐ Failed to maintain _____ in a proper condition as required.

Rule 12 Maintenance of Sprinkler, Standpipe, Alarm, Suppression Systems

☐ Failed to properly (provide/maintain) _____ system or part thereof as required. Describe below.

Rule 13 Fire Retardant Material

☐ Failed to provide/maintain non-combustible material _____ at _____ or provide affidavit that combustible material has been treated with flame retardant as required.

Rule 14 Fireproof Doors/Windows

☐ Failed to (provide/maintain) (self-closing fireproof doors/windows) at _____ as required.

Rule 15 Fireproof Partitions or Walls

☐ Failed to (provide/maintain) fireproof partitions or walls at _____ as required.

Rule 16 Ventilation

☐ Failed to provide (approved vents/adequate ventilation) at _____ as required.

Rule 17 Certificates of Fitness

☐ Failed to (obtain/provide) a (Certificate of Fitness/Certificate Holder on Duty) for _____ as required.

Rule 18 Certificates of Approval/Qualification/License

☐ Failed to (obtain/provide) a Certificate of (Approval/Qualification/License) for _____ as required.

Rule 19 Certificate of Occupancy/Public Assembly Permit/Affidavits/Documentation/Plans/Applications

☐ Failed to provide for _____ from _____ as required.

Rule 20 Test/Inspection

☐ Failed to conduct required (equipment/system) (test/inspection) of _____ as required.

Rule 21 Containers

☐ Failed to provide approved containers for _____ as required.

Rule 22 Tanks/Supports

☐ Failed to (provide/maintain) approved tanks/supports for _____ as required.

Rule 23 Storage

☐ Failed to provide (vaults/cabinets/room/area) for the storage of _____ as required.

Rule 24 Racks

☐ Failed to provide appropriate racks at _____ as required.

Rule 25 Electrical Equipment

☐ Failed to (provide/protect/maintain) _____ electrical equipment as required.

Rule 26 Approved Refrigeration/Heating Devices or Units

☐ Failed to (provide/protect/maintain) (refrigeration/heating) _____ as required.

Rule 27 Approved Lighting Devices

☐ Failed to (provide/protect/maintain) _____ lighting devices as required. Specify type of protection required:

Rule 28 Exposed Flames or Sparks

☐ (Unlawfully allowed/failed to protect) exposed flame or spark at _____ as required.

Rule 29 Designated Areas

☐ Failed to (provide/maintain) designated area/premises for _____ as required.

Rule 30 Fire Safety in Office Buildings/Hotels/Motels

☐ Failed to comply with the fire safety requirements for (office buildings/hotels/motels). Specify:

Repeat Violation (§15-229)

☐ Failed to correct Rule(s) _____ as previously cited on NOV # _____ (Respondent must appear at the hearing)

False Certification (§15-220.1)

☐ Willfully falsified Certificate of Correction for NOV # _____ (Respondent must appear at hearing.)

☐ Other Code Section/Rule _____ Describe offense below

Description of Violation: Stairwell

I personally observed the commission of the above offense(s) or personally reviewed the office records indicating the offense(s) charged above. All statements made herein are affirmed under penalty of perjury. Date of Offense: 7/1/03 Time: 10:30 a.m./p.m.

INSPECTOR'S SIGNATURE [Signature]

PRINT NAME [Name]

Inspector's Tax Registry Number [Number]

AFFIDAVIT (CERTIFICATE*) OF SERVICE

State of New York, County of _____ ss: _____

The undersigned being duly sworn* deposes and says: That deponent is not a party to the action and is over 18 years of age; That on _____ 19____ at _____ AM/PM
at _____ LOCATION _____ deponent served the within Notice of Violation and
Hearing on the respondent named herein.

I. Individual; Personal Service

☐ by delivering a true copy to said respondent personally.

II. Individual; Substituted Service

☐ by delivering a true copy to _____, a person of suitable age and discretion. Said premises is respondent's
actual place of business, dwelling house or usual place of abode within the State.

III. Corporation

☐ by delivering a true copy to _____ at said corporation.

IV. Delivery to Employee at Premises

☐ by delivering a true copy to respondent's employee at the above location: (answer A and B)

A. I attempted to personally serve the herein Notice of Violation on the respondent named herein but was unable to do so because, having entered the premises and having identified myself, I was:

1. ☐ advised by _____ that the respondent was not then present, and premises is neither respondent's actual place of business nor dwelling house.
2. ☐ unable to secure identification of the person(s) present;
3. ☐ advised by _____ that no officer, director, managing agent or agent of respondent corporation was present.

B. Thereupon, I delivered a copy of the herein Notice of Violation to _____ whom I believe to be an employee of respondent at the premises because: (check 1, 2 or 3)

1. ☐ Employee so identified him/herself;
2. ☐ Employee was performing work consistent with being employed by the respondent; or
3. ☐ Other: _____

Description of individual. (This must be completed for all types of service except corporate, Number III, above.)
Deponent describes the individual served as follows:

☐ Male	☐ White Skin	☐ Black Hair	☐ 14-20	☐ Under 5'	☐ Under 100 lbs
☐ Female	☐ Black Skin	☐ Brown Hair	☐ 21-35	☐ 5'0"-5'3"	☐ 100-130
	☐ Yellow Skin	☐ Blond Hair	☐ 36-50	☐ 5'4"-5'8"	☐ 131-160
	☐ Brown Skin	☐ Gray Hair	☐ 51-65	☐ 5'9"-6'0"	☐ 161-200
	☐ Red Skin	☐ Red Hair	☐ Over 65	☐ Over 6'	☐ Over 200
		☐ White Hair			
		☐ Balding			

Other identifying characteristics: _____

Sworn to before me on _____ 19____

SIGNATURE OF CERTIFYING OFFICER

* If not sworn, this statement shall constitute a certificate of service.

F.P.I.M.S. Account No. 		Unit: HQ/DO 36	ADMIN. CO. 	C.B. # 	For E.U. Use Only: FPIMS Date / / Initials
ENVIRONMENTAL CONTROL BOARD CITY OF NEW YORK		NOTICE OF VIOLATION AND HEARING		Agency Code No. / / UNIT PHONE # / / 	
Fire Commissioner of the City of New York, Petitioner vs Respondent: STIVERICH, PRICER, INC.					
Respondent is: ☐ owner ☐ managing agent ☐ tenant ☐ city agency ☐ daycare center					
Place of Occurrence (Premises Address)					
Street Number 17		Prefix 		Street Name WORLD TRIADIA	
Type CEMENT		Suffix 		Zip Code 11014 Boro Code 11 1=Man; 2=Bx; 3=St; 4=Bklyn; 5=Qns	
AKA 					
Mailing Address (if different from premises address)					
Street Number 		Prefix 		Street Name 	
Type 		Suffix 		Zip Code Boro Code 1=Man; 2=Bx; 3=St; 4=Bklyn; 5=Qns; 6=Out of City	
Add Info 					

Notice of Violation and Order to Correct and Certify Correction:

PLEASE TAKE NOTICE that the premises cited above is in violation of the requirements of law. It is further ORDERED by the FIRE COMMISSIONER that these violations be corrected and certified to be in compliance with the requirements of law within 35 days of the date of issuance. Certification must be made on the Certificate of Correction (Gold Copy).

The Certificate of Correction and all proof of compliance MUST BE RECEIVED by the Bureau of Fire Prevention, Enforcement Unit, 250 Livingston Street, Brooklyn, New York 11201-5884 [TEL 718-403-1372] by close of business on 9/27/13. First offenders who properly certify correction shall avoid a hearing and penalty. All other respondents must appear at the Environmental Control Board (ECB) hearing indicated below.

Notice of Hearing:

If the Certificate of Correction IS NOT RECEIVED by the date indicated above OR if no date is indicated above, the respondent MUST APPEAR at a hearing on 9/27/13 at ☐ 8:30am, ☐ 10:30am, ☐ 1:30pm, ☐ 3:00pm at the ECB Hearing Office located in ☐ Brooklyn ☐ Manhattan ☐ Queens ☐ Staten Island. (The address for each location is provided on the reverse side of this form.) This hearing is your opportunity to answer and defend the allegations set forth below. If you do not appear, you will be held in default and subject to maximum penalties.

REPEAT OFFENDERS MUST appear at the hearing on the scheduled date.

Upon investigation, it has been determined by the above named Petitioner that there is reasonable cause to believe that the above named Respondent is in violation of the Administrative Code and/or Fire Department Rule(s), "3 RCNY §§16-01, 16-02, 16-03."

- | | |
|---|---|
| <p>Rule 1 Buckets and/or Fire Extinguishers
☐ Failed to provide _____ fire buckets filled with (sand/water) and/or _____ approved, operative fire extinguishers at _____ as required.</p> <p>Rule 2 Waste Receptacles
☐ Failed to provide _____ approved receptacles for waste at _____ as required.</p> <p>Rule 3 No Permit
☐ (Sold/Stored/Used/Manufactured/Transported) (combustibles/flammables/explosives) without required valid permit.</p> <p>Rule 4 Quantities in Excess of Permit
☐ (Sold/Stored/Used/Manufactured/Transported) _____ of _____ in excess of amount stated on permit.</p> <p>Rule 5 Produce Permit and/or Record
☒ Failed to produce (permit/record) regarding Monthly Test at FIRE DEPT. SERVICE as required.</p> <p>Rule 6 Signs/Postings/Instructions
☒ Failed to provide (Signs/Postings/Instructions) for Stairwell at Stairwell as required.</p> <p>Rule 7 Labels/Marks/Stamps
☐ Failed to provide (Labels/Marks/Stamps) for _____ at _____ as required.</p> <p>Rule 8 Obstructions/Accumulations
☐ Failed to remove all (obstructions/accumulations of rubbish or storage) of _____ as required.</p> <p>Rule 9 Adequate Egress/Aisle Space/Clearance
☐ Failed to provide adequate (egress/aisle space/clearance) at _____ as required.</p> <p>Rule 10 Operating Contrary to C of O
☐ Operated _____ contrary to the certificate of occupancy.</p> <p>Rule 11 General Maintenance
☐ Failed to maintain _____ in a proper condition as required.</p> <p>Rule 12 Maintenance of Sprinkler, Standpipe, Alarm, Suppression Systems
☐ Failed to properly (provide/maintain) _____ system or part thereof as required. Describe below.</p> <p>Rule 13 Fire Retardant Material
☐ Failed to provide/maintain non-combustible material _____ at _____ or provide affidavit that combustible material has been treated with flame retardant as required.</p> <p>Rule 14 Fireproof Doors/Windows
☐ Failed to (provide/maintain) (self-closing fireproof doors/windows) at _____ as required.</p> <p>Rule 15 Fireproof Partitions or Walls
☐ Failed to (provide/maintain) fireproof partitions or walls at _____ as required.</p> <p>Rule 16 Ventilation
☐ Failed to provide (approved vents/adequate ventilation) at _____ as required.</p> | <p>Rule 17 Certificates of Fitness
☐ Failed to (obtain/provide) a (Certificate of Fitness/Certificate Holder on Duty) for _____ as required.</p> <p>Rule 18 Certificates of Approval/Qualification/License
☐ Failed to (obtain/provide) a Certificate of (Approval/Qualification/License) for _____ as required.</p> <p>Rule 19 Certificate of Occupancy/Public Assembly Permit/Affidavits/Documentation/Plans/Applications
☐ Failed to provide for _____ as required.</p> <p>Rule 20 Test/Inspection
☐ Failed to conduct required (equipment/system) (test/inspection) of _____ as required.</p> <p>Rule 21 Containers
☐ Failed to provide approved containers for _____ as required.</p> <p>Rule 22 Tanks/Supports
☐ Failed to (provide/maintain) approved tanks/supports for _____ as required.</p> <p>Rule 23 Storage
☐ Failed to provide (vaults/cabinets/room/area) for the storage of _____ as required.</p> <p>Rule 24 Racks
☐ Failed to provide appropriate racks at _____ as required.</p> <p>Rule 25 Electrical Equipment
☐ Failed to (provide/protect/maintain) _____ electrical equipment as required.</p> <p>Rule 26 Approved Refrigeration/Heating Devices or Units
☐ Failed to (provide/protect/maintain) (refrigeration/heating) _____ as required.</p> <p>Rule 27 Approved Lighting Devices
☐ Failed to (provide/protect/maintain) _____ lighting devices as required. Specify type of protection required: _____</p> <p>Rule 28 Exposed Flames or Sparks
☐ (Unlawfully allowed/failed to protect) exposed flame or spark at _____ as required.</p> <p>Rule 29 Designated Areas
☐ Failed to (provide/maintain) designated area/premises for _____ as required.</p> <p>Rule 30 Fire Safety in Office Buildings/Hotels/Motels
☐ Failed to comply with the fire safety requirements for (office buildings/hotels/motels). Specify: _____</p> <p>Repeat Violation (§15-229)
☐ Failed to correct Rule(s) _____ as previously cited on NOV # _____ (Respondent must appear at the hearing)</p> <p>False Certification (§15-220.1)
☐ Willfully falsified Certificate of Correction for NOV # _____ (Respondent must appear at hearing.)</p> <p>☐ Other Code Section/Rule _____ Describe offense below</p> |
|---|---|

Description of Violation: Stairwell

I personally observed the commission of the above offense(s) or personally reviewed the office records indicating the offense(s) charged above.

All statements made herein are affirmed under penalty of perjury. Date of Offense: 9/27/13 Time: 10:30 a.m./p.m.

INSPECTOR'S SIGNATURE PRINT NAME Inspector's Tax Registry Number 110114012

M25-19 H1-912711-11-12

CERTIFICATE OF CORRECTION (COMPLETE REVERSE SIDE)

FIRE DEPARTMENT COPY

AFFIDAVIT (CERTIFICATE*) OF SERVICE

State of New York, County of _____ ss:

The undersigned being duly sworn* deposes and says: That deponent is not a party to the action and is over 18 years of age; That on _____ 19____ at _____ AM/PM
 at _____ deponent served the within Notice of Violation and
 Hearing on the respondent named herein.

I. Individual: Personal Service

☐ by delivering a true copy to said respondent personally.

II. Individual: Substituted Service

☐ by delivering a true copy to _____ a person of suitable age and discretion. Said premises is respondent's
 actual place of business, dwelling house or usual place of abode within the State.

III. Corporation

☐ by delivering a true copy to _____ at said corporation

IV. Delivery to Employee at Premises

☐ by delivering a true copy to respondent's employee at the above location: (answer A and B)

A. I attempted to personally serve the herein Notice of Violation on the respondent named herein but was unable to do so because, having entered the premises and having identified myself, I was:

1. ☐ advised by _____ that the respondent was not then present, and premises is neither respondent's actual place of business nor dwelling house
2. ☐ unable to secure identification of the person(s) present;
3. ☐ advised by _____ that no officer, director, managing agent or agent of respondent corporation was present.

B. Thereupon, I delivered a copy of the herein Notice of Violation to _____ whom I believe to be an employee of respondent at the premises because: (check 1, 2 or 3)

1. ☐ Employee so identified him/herself;
2. ☐ Employee was performing work consistent with being employed by the respondent; or
3. ☐ Other: _____

Description of Individual. (This must be completed for all types of service except corporate, Number III, above.)
 Deponent describes the individual served as follows:

☐ Male	☐ White Skin	☐ Black Hair	☐ 14-20	☐ Under 5'	☐ Under 100 lb.
☐ Female	☐ Black Skin	☐ Brown Hair	☐ 21-35	☐ 5'0"-5'3"	☐ 100-130
	☐ Yellow Skin	☐ Blond Hair	☐ 36-50	☐ 5'4"-5'8"	☐ 131-160
	☐ Brown Skin	☐ Gray Hair	☐ 51-65	☐ 5'9"-6'0"	☐ 161-200
	☐ Red Skin	☐ Red Hair	☐ Over 65	☐ Over 6'	☐ Over 200
		☐ White Hair			
		☐ Balding			

Other identifying characteristics: _____

Sworn to before me on _____ 19____

SIGNATURE OF CERTIFYING OFFICER

* If not sworn, this statement shall constitute a certificate of service.

NYC-WTC_000166225

Instructions to Inspectors—All boxes on this form must have an answer. Answers with a "NO" answers to a "V" mandate a Violation Order, "NO" answers to a "*" mandate automatic failure. Check "YES" "NO" or "N/A".

ON SITE EXAM FOR FIRE SAFETY DIRECTOR—OFFICE

Name of Candidate PERSAUD, M. Office Address 7 W.T.C. Date of Examination 10-22-91
(Print last name, first name)

A:

Instructions to Inspectors—If any asterisk (*) items are marked "NO", terminate the test immediately. See Section VIII for further information.			YES	NO	N/A
I. Physical Requirements—Does candidate have ability to:					
*A. Speak and understand English? Yes ☒ No ☐	*B. Hear spoken words over a telephone? (with corrective devices) Yes ☒ No ☐	*C. Possess necessary vision? (corrective devices acceptable) Yes ☒ No ☐			

B: Building

Instructions to Inspector—If any violation (V) items are marked "NO", issue a Violation Order at the end of the Test. Test must proceed.			YES	NO	N/A
II. Records:					
v. A. Fire drill records current? Yes ☒ No ☐	v. B. Firemen's Service Elevator Test Records current? Yes ☒ No ☐ N/A ☐	v. C. Keys kept at Fire Command Station? Yes ☒ No ☐ N/A ☐	3		
v. D. Fire Safety Plan and building floor plan at Fire Command Station? Yes ☒ No ☐	v. E. A current list of all floor Wardens and phone numbers at Fire Command Station? Yes ☒ No ☐	v. F. Master window keys available? Yes ☐ No ☐ N/A ☒	2		1
v. G. Building current in actual Fire Drills? (*if over 3 months) Yes ☒ No ☐			1		
TOTAL (7)			6	0	1
Instructions to Inspector—If any violation (V) items are marked "NO", issue a Violation Order at the end of the Test. Test must Proceed.					
III. a. Specific Building Inspection:					
Special Instructions—Choose one floor for the general floor inspection <u>44</u> FLOOR					
Building Inspection—Signs and Charts—					
v. A. Are stairways properly lettered? Yes ☒ No ☐	v. B. Are floors properly numbered? Yes ☒ No ☐	v. C. Is floor diagram posted? Yes ☒ No ☐	3		
v. D. Are stairways re-entry signs posted? Yes ☒ No ☐ N/A ☐	v. E. Are elevators properly lettered on each elevator bank? Yes ☒ No ☐ N/A ☐	v. F. Is floor diagram properly oriented? Yes ☒ No ☐	3		
v. G. Is elevator sign "In Case of Fire, Use Stairs" posted? Yes ☒ No ☐ N/A ☐	v. H. Are exit doors unlocked, closed and unobstructed? Yes ☒ No ☐	v. I. Fire Drill Organization Charts posted and current? Yes ☒ No ☐	3		
TOTAL (9)			9		
III. b. Building Inspection—Signs and Charts—Choose one floor for the general floor inspection <u>24</u> FLOOR					
v. A. Are stairways properly lettered? Yes ☒ No ☐	v. B. Are floors properly numbered? Yes ☒ No ☐	v. C. Is floor diagram posted? Yes ☒ No ☐	3		
v. D. Are stairways re-entry signs posted? Yes ☒ No ☐ N/A ☐	v. E. Are elevators properly lettered on each elevator bank? Yes ☒ No ☐ N/A ☐	v. F. Is floor diagram properly oriented? Yes ☒ No ☐	3		
v. G. Is elevator sign "In Case of Fire, Use Stairs" posted? Yes ☒ No ☐ N/A ☐	v. H. Are exit doors unlocked, closed and unobstructed? Yes ☒ No ☐	v. I. Fire Drill Organization Charts posted and current? Yes ☒ No ☐	3		
TOTAL (9)			9		
IV. Instructions to Inspector—If four (4) or more items below are marked "NO", the inspector must issue a Violation Order at the end of the test. Test must proceed.					
This next part must proceed with contacting a Floor Warden within the Building. Read the following statement to the Warden—"In the event of a fire on this floor, explain which specific actions must be taken by you."					
FLOOR WARDENS: <u>LINDA DETTERLY</u> <u>24</u> <u>264-0414</u>					
NAME OF FLOOR WARDEN CONTACTED			FLOOR CHOSEN	TELEPHONE NUMBER	
Does Floor Warden have knowledge of:					
A. Position during fire drill or emergency? Yes ☒ No ☐	B. Notification procedures? Yes ☒ No ☐	C. Location of alarm boxes? Yes ☒ No ☐ N/A ☐	3		
D. Evacuation location? Yes ☒ No ☐	E. Evacuation procedures? Yes ☒ No ☐	F. Number of exits on floor? Yes ☒ No ☐	4		
H. Reporting whether smoke or Fire? Yes ☒ No ☐	I. Duties of Deputy Fire Warden and Searchers? Yes ☒ No ☐	v. J. Were fire drills conducted? Yes ☒ No ☐	3		
*K. Floor wardens in numerous floors properly trained? Yes ☒ No ☐			1		
TOTAL (11)			11		
Section B: (II, III, IV) 8 or more answered "NO" in Section B fails. SECTION B TOTAL (36)					
Number of correct answers in this section is <u>25</u> Number of incorrect answers is <u>0</u> Number of N/A answers is <u>0</u>					

C: Candidate

Instructions to Inspector—If any asterisk (*) items are marked "NO", terminate the test immediately. See Section VIII for further information:				YES	NO	N/A
V. Fire Emergencies and Class E. System Operations (if system inoperative, see Comments VII): Examiner —Read this statement to the candidate "You are the Fire Safety Director of the building. You receive notice during normal operational hours that an actual fire is occurring above on a floor in this building. Explain all steps of what actions must be taken. Again make no assumptions of any actions taken and start at the beginning." Did FSD have knowledge to:						
*A. Report to Fire Command? Yes ☒ No ☐	B. Check board status? Yes ☒ No ☐ N/A ☐	*C. Notify Fire Department? Yes ☒ No ☐	D. Send runner to Alarm Box? Yes ☒ No ☐	4		
*E. Make contact with floor Wardens on fire floor immediately above? Yes ☒ No ☐ N/A ☐		*F. Make announcements on PA System? Yes ☒ No ☐ N/A ☐	G. Record information—all? Yes ☐ No ☒	2	1	
*H. Evacuate fire floor and floor above? Yes ☒ No ☐		I. Instruct FW to re-contact in safe area? Yes ☒ No ☐	*J. Activate fire brigade? Yes ☒ No ☐	3	1	
*K. Ensure elevators recall? Yes ☒ No ☐ N/A ☐	L. Shut down A/C? Yes ☒ No ☐ N/A ☐	M. Keep lobby clear and entrance doors unlocked? Yes ☒ No ☐		3		
*N. Reset Notification System or if System out-of-service? Yes ☒ No ☐ N/A ☐		O. Perform—Make available Fire Safety Plan, Floor Plans, Keys, engineer to NYCFD? Yes ☒ No ☐		3		
*P. Describe—Silence Alarm? Yes ☒ No ☐ N/A ☐				3		
*Q. Perform—The FSD Candidate uses the PA System on one floor states "This is only a test of the P.A. System. The Floor Warden should call back on the Floor Phone immediately to confirm that this message is clear." Yes ☒ No ☐ N/A ☐				1		
TOTAL (17)				15	2	0

VI. Building

Instructions to Examiner—Verify all information stated by the candidate by comparison with the Fire Safety Plan or visual inspection. A "NO" answer does not mandate failure.

ELEVATOR—(Page 13, Q 7 of F.S. Guidelines):

Does candidate know location/type of:

- A. Elevators with common shafts? Yes ☒ No ☐ N/A ☐
 B. Elevator machinery room? Yes ☒ No ☐ N/A ☐
 C. Operation of control necessary to deactivate elevator circuits? Yes ☒ No ☐ N/A ☐
 D. Identification of elevators and elevator bank? Yes ☒ No ☐ N/A ☐
 E. Firemen's service elevators? Yes ☒ No ☐ N/A ☐

Air Conditioning and Heating—(Page 15, of F.S. Guidelines):

- A. Type of air conditioning system? Yes ☒ No ☐ N/A ☐
 B. Zones serviced by systems? Yes ☒ No ☐ N/A ☐
 C. Controls to activate movement? Yes ☒ No ☐ N/A ☐
 D. Electronic automatic detection controls? Yes ☒ No ☐ N/A ☐
 E. Type, location and controls of heating systems? Yes ☒ No ☐ N/A ☐
 F. Smoke shaft location and operation? Yes ☒ No ☐ N/A ☐

Sprinkler System (Page 14 Q 11) of F.S. Guidelines:

Does candidate know location/type of:

- A. Automatic or non-automatic systems? Yes ☒ No ☐ N/A ☐
 B. Main shut off? Yes ☒ No ☐ N/A ☐
 C. Valves each floor? Yes ☒ No ☐ N/A ☐
 D. Valves for more than one floor? Yes ☒ No ☐ N/A ☐
 E. Area controlled by sprinkler system? Yes ☒ No ☐ N/A ☐
 F. Primary source of water? Yes ☒ No ☐ N/A ☐
 G. Fire pump? Yes ☒ No ☐ N/A ☐
 H. Six (6) extra sprinkler heads and wrench? Yes ☒ No ☐ N/A ☐

Alarm System:

Does candidate know location/type of:

- A. Various alarm sending station? Yes ☒ No ☐ N/A ☐
 B. Various Warden phones? Yes ☒ No ☐ N/A ☐
 C. Street fire alarm box? Yes ☒ No ☐ N/A ☐

TOTAL (22)

21 1 0
Yes No N/A**Special Extinguishing System** (P. 14, Q. 2) & Lighting Equipment (P. 15, Q. 16) of F.S. Guidelines:

Does candidate know location/type of:

- A. Special extinguishing systems within building? Yes ☒ No ☐ N/A ☐
 B. Extinguishing systems location(s)? Yes ☒ No ☐ N/A ☐
 C. Auxiliary sources of lights or power? Yes ☒ No ☐ N/A ☐

Standpipe systems (P. 14, Q. 10) of F.S. Guidelines:

Does candidate know location/type of:

- A. Risers and control valves? Yes ☒ No ☐ N/A ☐
 B. Procedure should system become inoperable? Yes ☒ No ☐ N/A ☐
 C. Pump rooms? Yes ☒ No ☐ N/A ☐
 D. Water supply controls? Yes ☒ No ☐ N/A ☐

Stairways (P. 13, Q. 5) of F.S. Guidelines:

Does candidate know location/type of:

- A. Identification/location? Yes ☒ No ☐ N/A ☐
 B. Floors served? Yes ☒ No ☐ N/A ☐
 C. Pressurized stairs? Yes ☐ No ☐ N/A ☒
 D. Access stairs (Open or Closed)? Yes ☒ No ☐ N/A ☐

Other (Special Features, i.e. Atrium) (write question):

- A. Auditorium Yes ☒ No ☐ N/A ☐
 B. Cafeteria Yes ☒ No ☐ N/A ☐
 C. _____ Yes ☐ No ☐ N/A ☐

TOTAL (11)

12 0 1
Yes No N/A

Section C: (V, VI)

12 or more answered "NO" in Section C fails.

SECTION C TOTAL (53)

Number of correct answers in this section is _____ Number of incorrect answers is _____ Number of N/A answers is _____

48 - 3 - 1
 35 - 0 - 1
 13 - 3 - 2

15 - 2 - 0
 21 - 1 - 0
 12 - 0 - 1

FIRE SAFETY DIRECTOR ON SITE EXAMINATION OFFICE

Section D:

VII. Comments by Examiner:

()
Check if
applicable

The Class E system was inoperative, candidate was advised to send in an affidavit indicating proper instruction has been provided and system is operative. If so, state why system was inoperative.

VIII. Determination of Passing:

- A. If the candidate failed to answer satisfactorily the essential questions marked (*), advise the candidate that a new appointment should be requested by contacting the High Rise Unit. The examiner should also give the applicant a bill for the inspections/examination.
- B. If the candidate satisfactorily answered the mandatory parts, but by totalling all answers, the number of NO answers were below 80%, the candidate fail the practical test. See Chart.

IX. On Site Office Building Test—(Print ALL information):

Candidate Name PERSAUD, M

Social Security No. _____

Date of Examination 10-22-91Number of correct answers are 83 on this test. Number of incorrect answers are 3 . Number of N/A answers are 2

Summary of Results:

A. PASSED 1
(CHECK)

or

B. FAILED—(reason)

CANDIDATE

BUILDING

Those candidates failing should contact the High Rise Unit for another appointment when building correction and/or additional knowledge is obtained

C. Violation numbers issued as result of examination and inspection:

D. I hereby certify all information contained in this report is accurate

INSPECTOR

DATE

White copy must be given to the Candidate.

Canary copy must be submitted to the High Rise Unit.

Pink copy must be submitted to Cashier's office.

INSPECTORS ARE ONLY PERMITTED TO PROVIDE CANDIDATES WITH SECTION D.

Instructions to Inspectors—All boxes on this form must have an answer. Answer with a "NO" answers to a "V" mandate a Violation Order, "NO" answers to a "*" mandate automatic failure. Check "YES" "NO" or "N/A".

ON SITE EXAM FOR FIRE SAFETY DIRECTOR—OFFICE

Name of Candidate KEEFE, S. Office Address 7 W.T.C. Date of Examination 10-22-11
(Print last name, first name)

A:

Instructions to Inspectors—If any asterisk (*) items are marked "NO", terminate the test immediately. See Section VIII for further information.			YES	NO	N/A
I. Physical Requirements—Does candidate have ability to:					
* A. Speak and understand English? Yes ☒ No ☐	* B. Hear spoken words over a telephone? (with corrective devices) Yes ☒ No ☐	* C. Possess necessary vision? (corrective devices acceptable) Yes ☒ No ☐			

B: Building

Instructions to Inspector—If any violation (V) items are marked "NO", issue a Violation Order at the end of the Test. Test must proceed.					
II. Records:					
v. A. Fire drill records current? Yes ☒ No ☐	v. B. Firemen's Service Elevator Test Records current? Yes ☒ No ☐ N/A ☐	v. C. Keys kept at Fire Command Station? Yes ☒ No ☐ N/A ☐	3		
v. D. Fire Safety Plan and building floor plan at Fire Command Station? Yes ☒ No ☐	v. E. A current list of all floor Wardens and phone numbers at Fire Command Station? Yes ☒ No ☐	v. F. Master window keys available? Yes ☐ No ☐ N/A ☐	2	0	1
v. G. Building current in actual Fire Drills? (*if over 3 months) Yes ☐ No ☐			1	6	4
TOTAL (7)			1	6	4
Instructions to Inspector—If any violation (V) items are marked "NO", issue a Violation Order at the end of the Test. Test must Proceed.					
III. a. Specific Building Inspection: Special Instructions—Choose one floor for the general floor inspection <u>47</u> Building Inspection—Signs and Charts—					
v. A. Are stairways properly lettered? Yes ☒ No ☐	v. B. Are floors properly numbered? Yes ☒ No ☐	v. C. Is floor diagram posted? Yes ☒ No ☐	3		
v. D. Are stairways re-entry signs posted? Yes ☒ No ☐ N/A ☐	v. E. Are elevators properly lettered on each elevator bank? Yes ☒ No ☐ N/A ☐	v. F. Is floor diagram properly oriented? Yes ☒ No ☐	3		
v. G. Is elevator sign "In Case of Fire, Use Stairs" posted? Yes ☒ No ☐ N/A ☐	v. H. Are exit doors unlocked, closed and unobstructed? Yes ☒ No ☐	v. I. Fire Drill Organization Charts posted and current? Yes ☒ No ☐	3		
TOTAL (9)			9		
III. b. Building Inspection—Signs and Charts—Choose one floor for the general floor inspection <u>27</u>					
v. A. Are stairways properly lettered? Yes ☒ No ☐	v. B. Are floors properly numbered? Yes ☒ No ☐	v. C. Is floor diagram posted? Yes ☒ No ☐	3		
v. D. Are stairways re-entry signs posted? Yes ☒ No ☐ N/A ☐	v. E. Are elevators properly lettered on each elevator bank? Yes ☒ No ☐ N/A ☐	v. F. Is floor diagram properly oriented? Yes ☒ No ☐	3		
v. G. Is elevator sign "In Case of Fire, Use Stairs" posted? Yes ☒ No ☐ N/A ☐	v. H. Are exit doors unlocked, closed and unobstructed? Yes ☒ No ☐	v. I. Fire Drill Organization Charts posted and current? Yes ☒ No ☐	3		
TOTAL (9)			9		
IV. Instructions to Inspector—If four (4) or more items below are marked "NO", the inspector must issue a Violation Order at the end of the test. Test must proceed. This next part must proceed with contacting a Floor Warden within the Building. Read the following statement to the Warden—"In the event of a fire on this floor, explain which specific actions must be taken by you."					
FLOOR WARDENS: <u>SUSAN BEWEDETTI</u> NAME OF FLOOR WARDEN CONTACTED					
		<u>47</u> FLOOR CHOSEN	<u>783-71m</u> (TELEPHONE/NUMBER)		
Does Floor Warden have knowledge of:					
A. Position during fire drill or emergency? Yes ☒ No ☐	B. Notification procedures? Yes ☒ No ☐	C. Location of alarm boxes? Yes ☐ No ☐ N/A ☐	3		
D. Evacuation location? Yes ☒ No ☐	E. Evacuation procedures? Yes ☒ No ☐	F. Number of exits on floor? Yes ☐ No ☐	G. Examining for exits on floor? Yes ☐ No ☐	4	
H. Reporting whether smoke or Fire? Yes ☒ No ☐	I. Duties of Deputy Fire Warden and Searchers? Yes ☐ No ☐	v. J. Were fire drills conducted? Yes ☐ No ☐	3		
* K. Floor wardens in numerous floors properly trained? Yes ☐ No ☐			1		
TOTAL (11)			11		
Section B: (II, III, IV) 8 or more answered "NO" in Section B fails. SECTION B TOTAL (36)					
Number of correct answers in this section is <u>35</u> Number of incorrect answers is <u>0</u> Number of N/A answers is <u>1</u>					

C: Candidate

Instructions to Inspector—If any asterisk (*) items are marked "NO", terminate the test immediately. See Section VIII for further information:				YES	NO	N/A
V. Fire Emergencies and Class E. System Operations (if system inoperative, see Comments VII): Examiner—Read this statement to the candidate "You are the Fire Safety Director of the building. You receive notice during normal operational hours that an actual fire is occurring above on a floor in this building. Explain all steps of what actions must be taken. Again make no assumptions of any actions taken and start at the beginning." Did FSD have knowledge to:						
*A. Report to Fire Command? Yes ☒ No ☐	B. Check board status? Yes ☒ No ☐ N/A ☐	*C. Notify Fire Department? Yes ☒ No ☐	D. Send runner to Alarm Box? Yes ☒ No ☐	4		
*E. Make contact with floor Wardens on fire floor immediately above? Yes ☒ No ☐ N/A ☐	*F. Make announcements on PA System? Yes ☒ No ☐ N/A ☐	G. Record information—all? Yes ☐ No ☒		2	1	
*H. Evacuate fire floor and floor above? Yes ☒ No ☐	I. Instruct F/W to re-contact in safe area? Yes ☒ No ☐	*J. Activate fire brigade? Yes ☒ No ☐		3		
*K. Ensure elevators recall? Yes ☒ No ☐ N/A ☐	L. Shut down A/C? Yes ☒ No ☐ N/A ☐	M. Keep lobby clear and entrance doors unlocked? Yes ☐ No ☒		2	1	
*N. Reset Notification System or if System out-of-service? Yes ☒ No ☐ N/A ☐	O. Perform—Make available Fire Safety Plan, Floor, Plans, Keys, engineer to NYCFD? Yes ☒ No ☐	*P. Describe—Silence Alarm? Yes ☒ No ☐ N/A ☐		3		
*Q. Perform—The FSD Candidate uses the PA System on one floor states "This is only a test of the P.A. System. The Floor Warden should call back on the Floor Phone immediately to confirm that this message is clear." Yes ☒ No ☐ N/A ☐				1		
TOTAL (17)				15	2	0

VI. Building

Instructions to Examiner—Verify all information stated by the candidate by comparison with the Fire Safety Plan or visual inspection. A "NO" answer does not mandate failure.

ELEVATOR—(Page 13, Q 7 of F.S. Guidelines): Does candidate know location/type of:		Special Extinguishing System (P. 14, Q. 2) & Lighting Equipment (P. 15, Q. 16) of F.S. Guidelines: Does candidate know location/type of:	
A. Elevators with common shafts? Yes ☒ No ☐ N/A ☐	A. Special extinguishing systems within building? Yes ☒ No ☐ N/A ☐	B. Elevator machinery room? Yes ☒ No ☐ N/A ☐	B. Extinguishing systems location(s)? Yes ☒ No ☐ N/A ☐
C. Operation of control necessary to deactivate elevator circuits? Yes ☒ No ☐ N/A ☐	C. Auxiliary sources of lights or power? Yes ☒ No ☐ N/A ☐	D. Identification of elevators and elevator bank? Yes ☒ No ☐ N/A ☐	
E. Firemen's service elevators? Yes ☒ No ☐ N/A ☐			
Air Conditioning and Heating—(Page 15, of F.S. Guidelines): A. Type of air conditioning system? Yes ☒ No ☐ N/A ☐ B. Zones serviced by systems? Yes ☒ No ☐ N/A ☐ C. Controls to activate movement? Yes ☒ No ☐ N/A ☐ D. Electronic automatic detection controls? Yes ☒ No ☐ N/A ☐ E. Type, location and controls of heating systems? Yes ☒ No ☐ N/A ☐ F. Smoke shaft location and operation? Yes ☒ No ☐ N/A ☐		Standpipe systems (P. 14, Q. 10) of F.S. Guidelines: Does candidate know location/type of:	
	A. Risers and control valves? Yes ☒ No ☐ N/A ☐		B. Procedure should system become inoperable? Yes ☒ No ☐ N/A ☐
	C. Pump rooms? Yes ☒ No ☐ N/A ☐		C. Pump rooms? Yes ☒ No ☐ N/A ☐
	D. Water supply controls? Yes ☒ No ☐ N/A ☐		D. Water supply controls? Yes ☒ No ☐ N/A ☐
Sprinkler System (Page 14 Q 11) of F.S. Guidelines: Does candidate know location/type of:		Stairways (P. 13, Q. 5) of F.S. Guidelines: Does candidate know location/type of:	
A. Automatic or non-automatic systems? Yes ☒ No ☐ N/A ☐	A. Identification/location? Yes ☒ No ☐ N/A ☐	B. Main shut off? Yes ☒ No ☐ N/A ☐	B. Floors served? Yes ☒ No ☐ N/A ☐
C. Valves each floor? Yes ☒ No ☐ N/A ☐	C. Pressurized stairs? Yes ☐ No ☐ N/A ☒	D. Valves for more than one floor? Yes ☒ No ☐ N/A ☐	D. Access stairs (Open or Closed)? Yes ☒ No ☐ N/A ☐
E. Area controlled by sprinkler system? Yes ☒ No ☐ N/A ☐		F. Primary source of water? Yes ☒ No ☐ N/A ☐	
G. Fire pump? Yes ☒ No ☐ N/A ☐		H. Six (6) extra sprinkler heads and wrench? Yes ☒ No ☐ N/A ☐	
Alarm System: Does candidate know location/type of:		Other (Special Features, i.e. Atrium) (write question):	
A. Various alarm sending station? Yes ☒ No ☐ N/A ☐	A. Cafeteria Yes ☒ No ☐ N/A ☐	B. Various Warden phones? Yes ☒ No ☐ N/A ☐	B. Atrium Yes ☒ No ☐ N/A ☐
C. Street fire alarm box? Yes ☒ No ☐ N/A ☐	C. _____ Yes ☐ No ☐ N/A ☐		
TOTAL (22) 22 Yes No N/A		TOTAL (11) 11 Yes No N/A	

Section C: (V, VI)

12 or more answered "NO" in Section C falls.

SECTION C TOTAL (53)

Number of correct answers in this section is _____ . Number of incorrect answers is _____ . Number of N/A answers is _____ .

49 - 2 - 1
35 - 0 - 1
84 2 2 = 88

15 - 2 - 0
12 - 0 - 1
22 - 0 - 0

FIRE SAFETY DIRECTOR ON SITE EXAMINATION OFFICE

Section D:

VII. Comments by Examiner:

()
Check if
applicable

The Class E system was inoperative, candidate was advised to send in an affidavit indicating proper instruction has been provided and system is operative. If so, state why system was inoperative.

VIII. Determination of Passing:

- A. If the candidate failed to answer satisfactorily the essential questions marked (*), advise the candidate that a new appointment should be requested by contacting the High Rise Unit. The examiner should also give the applicant a bill for the inspections/examination.
- B. If the candidate satisfactorily answered the mandatory parts, but by totalling all answers, the number of NO answers were below 80%, the candidate fails the practical test. See Chart.

IX. On Site Office Building Test—(Print ALL information):

Candidate Name O'KEEFE, S

Social Security No. PII

Date of Examination 10-22-91

Number of correct answers are 84 on this test. Number of incorrect answers are 2 . Number of N/A answers are 2 .

Summary of Results:

A. PASSED (CHECK)

or

B. FAILED—(reason)

C. Violation numbers issued as result of examination and inspection:

White copy must be given to the Candidate.
Canary copy must be submitted to the High Rise Unit.
Pink copy must be submitted to Cashier's office.

C. of F. Z. 01 613 40005 No. of On Site Tests 7

Premise Address 747-C

NY NY

Total Number of Items Answered 88

Number of correct answers are 84 on this test. Number of incorrect answers are 2 . Number of N/A answers are 2 .

Those candidates failing should contact the High Rise Unit for another appointment when building correction and/or additional knowledge is obtained.

D. I hereby certify all information contained in this report is accurate.

Ed. Deluca 10-22-91
INSPECTOR DATE

INSPECTORS ARE ONLY PERMITTED TO PROVIDE CANDIDATES WITH SECTION D.

Instructions to Inspectors—All boxes on this form must have an answer. Answer with a "NO" answers to a "V" mandate a Violation Order, "NO" answers to a "*" mandate automatic failure. Check "YES" "NO" or "N/A".

ON SITE EXAM FOR FIRE SAFETY DIRECTOR—OFFICE

Z. 01 61840062 Inspector LT. DELUCA
Name of Candidate WEINERT, K Office Address 7 W.T.C Date of Examination 10-22-91
(Print last name, first name)

A:

Instructions to Inspectors—If any asterisk (*) items are marked "NO", terminate the test immediately. See Section VIII for further information.			YES	NO	N/A
I. Physical Requirements—Does candidate have ability to:					
*A. Speak and understand English? Yes ☒ No ☐	*B. Hear spoken words over a telephone? (with corrective devices) Yes ☒ No ☐	*C. Possess necessary vision? (corrective devices acceptable) Yes ☒ No ☐			

B: Building

Instructions to Inspector—If any violation (V) items are marked "NO", issue a Violation Order at the end of the Test. Test must proceed.			YES	NO	N/A
II. Records:					
v. A. Fire drill records current? Yes ☒ No ☐	v. B. Firemen's Service Elevator Test Records current? Yes ☒ No ☐ N/A ☐	v. C. Keys kept at Fire Command Station? Yes ☒ No ☐ N/A ☐	3		
v. D. Fire Safety Plan and building floor plan at Fire Command Station? Yes ☒ No ☐	v. E. A current list of all floor Wardens and phone numbers at Fire Command Station? Yes ☒ No ☐	v. F. Master window keys available? Yes ☒ No ☐ N/A ☐	2		1
v. G. Building current in actual Fire Drills? (*if over 3 months) Yes ☒ No ☐			6	0	1
TOTAL (7)					
Instructions to Inspector—If any violation (V) items are marked "NO", issue a Violation Order at the end of the Test. Test must Proceed.					
III. a. Specific Building Inspection: Special Instructions—Choose one floor for the general floor inspection _____ FLOOR Building Inspection—Signs and Charts—					
v. A. Are stairways properly lettered? Yes ☒ No ☐	v. B. Are floors properly numbered? Yes ☒ No ☐	v. C. Is floor diagram posted? Yes ☒ No ☐	3		
v. D. Are stairways re-entry signs posted? Yes ☒ No ☐ N/A ☐	v. E. Are elevators properly lettered on each elevator bank? Yes ☒ No ☐ N/A ☐	v. F. Is floor diagram properly oriented? Yes ☒ No ☐	3		
v. G. Is elevator sign "In Case of Fire, Use Stairs" posted? Yes ☒ No ☐ N/A ☐	v. H. Are exit doors unlocked, closed and unobstructed? Yes ☒ No ☐	v. I. Fire Drill Organization Charts posted and current? Yes ☒ No ☐	3		
TOTAL (9)			9		
III. b. Building Inspection—Signs and Charts—Choose one floor for the general floor inspection _____ FLOOR					
v. A. Are stairways properly lettered? Yes ☒ No ☐	v. B. Are floors properly numbered? Yes ☒ No ☐	v. C. Is floor diagram posted? Yes ☒ No ☐	3		
v. D. Are stairways re-entry signs posted? Yes ☒ No ☐ N/A ☐	v. E. Are elevators properly lettered on each elevator bank? Yes ☒ No ☐ N/A ☐	v. F. Is floor diagram properly oriented? Yes ☒ No ☐	3		
v. G. Is elevator sign "In Case of Fire, Use Stairs" posted? Yes ☒ No ☐ N/A ☐	v. H. Are exit doors unlocked, closed and unobstructed? Yes ☒ No ☐	v. I. Fire Drill Organization Charts posted and current? Yes ☒ No ☐	3		
TOTAL (9)			9		
IV. Instructions to Inspector—If four (4) or more items below are marked "NO", the inspector must issue a Violation Order at the end of the test. Test must proceed. This next part must proceed with contacting a Floor Warden within the Building. Read the following statement to the Warden—"In the event of a fire on this floor, explain which specific actions must be taken by you."					
FLOOR WARDENS: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <u>LIANG DETTANY</u> NAME OF FLOOR WARDEN CONTACTED </div> <div style="width: 15%;"> <u>24</u> FLOOR CHOSEN </div> <div style="width: 40%;"> <u>264-0414</u> TELEPHONE NUMBER </div> </div>					
Does Floor Warden have knowledge of:					
A. Position during fire drill or emergency? Yes ☒ No ☐	B. Notification procedures? Yes ☒ No ☐	C. Location of alarm boxes? Yes ☒ No ☐ N/A ☐	3		
D. Evacuation location? Yes ☒ No ☐	E. Evacuation procedures? Yes ☒ No ☐	F. Number of exits on floor? Yes ☒ No ☐	4		
H. Reporting whether smoke or Fire? Yes ☒ No ☐	I. Duties of Deputy Fire Warden and Searchers? Yes ☒ No ☐	v. J. Were fire drills conducted? Yes ☒ No ☐	3		
*K. Floor wardens in numerous floors properly trained? Yes ☒ No ☐			1		
TOTAL (11)			11		
Section B: (II, III, IV) 8 or more answered "NO" in Section B fails. SECTION B TOTAL (36)					
Number of correct answers in this section is <u>35</u> Number of incorrect answers is <u>0</u> Number of N/A answers is <u>1</u>					

C: Candidate

Instructions to Inspector—If any asterisk (*) items are marked "NO", terminate the test immediately. See Section VIII for further information:				YES	NO	N/A			
V. Fire Emergencies and Class E. System Operations (if system inoperative, see Comments VII): Examiner —Read this statement to the candidate "You are the Fire Safety Director of the building. You receive notice during normal operational hours that an actual fire is occurring above on a floor in this building. Explain all steps of what actions must be taken. Again make no assumptions of any actions taken and start at the beginning." Did FSD have knowledge to:									
*A. Report to Fire Command? Yes ☒ No ☐	B. Check board status? Yes ☒ No ☐ N/A ☐	*C. Notify Fire Department? Yes ☐ No ☐	D. Send runner to Alarm Box? Yes ☒ No ☐	4					
*E. Make contact with floor Wardens on fire floor immediately above? Yes ☒ No ☐ N/A ☐		*F. Make announcements on PA System? Yes ☒ No ☐ N/A ☐		3					
*H. Evacuate fire floor and floor above? Yes ☒ No ☐		I. Instruct FW to re-contact in safe area? Yes ☐ No ☒		2	1				
*K. Ensure elevators recall? Yes ☒ No ☐ N/A ☐		L. Shut down A/C? Yes ☒ No ☐ N/A ☐		3					
*N. Reset Notification System or if System out-of-service? Yes ☒ No ☐ N/A ☐		O. Perform—Make available Fire Safety Plan, Floor Plans, Keys, engineer to NYCFD? Yes ☒ No ☐		3					
*P. Describe—Silence Alarm? Yes ☒ No ☐ N/A ☐									
*Q. Perform—The FSD Candidate uses the PA System on one floor states "This is only a test of the P.A. System. The Floor Warden should call back on the Floor Phone immediately to confirm that this message is clear." Yes ☒ No ☐ N/A ☐				1					
TOTAL (17)				16	1				
VI. Building Instructions to Examiner —Verify all information stated by the candidate by comparison with the Fire Safety Plan or visual inspection. A "NO" answer does not mandate failure.									
ELEVATOR —(Page 13, Q 7 of F.S. Guidelines): Does candidate know location/type of:									
A. Elevators with common shafts? Yes ☒ No ☐ N/A ☐ B. Elevator machinery room? Yes ☒ No ☐ N/A ☐ C. Operation of control necessary to deactivate elevator circuits? Yes ☒ No ☐ N/A ☐ D. Identification of elevators and elevator bank? Yes ☒ No ☐ N/A ☐ E. Firemen's service elevators? Yes ☒ No ☐ N/A ☐									
Air Conditioning and Heating —(Page 15, of F.S. Guidelines): A. Type of air conditioning system? Yes ☒ No ☐ N/A ☐ B. Zones serviced by systems? Yes ☒ No ☐ N/A ☐ C. Controls to activate movement? Yes ☒ No ☐ N/A ☐ D. Electronic automatic detection controls? Yes ☒ No ☐ N/A ☐ E. Type, location and controls of heating systems? Yes ☒ No ☐ N/A ☐ F. Smoke shaft location and operation? Yes ☒ No ☐ N/A ☐									
Sprinkler System (Page 14 Q 11) of F.S. Guidelines: Does candidate know location/type of:									
A. Automatic or non-automatic systems? Yes ☒ No ☐ N/A ☐ B. Main shut off? Yes ☒ No ☐ N/A ☐ C. Valves each floor? Yes ☒ No ☐ N/A ☐ D. Valves for more than one floor? Yes ☒ No ☐ N/A ☐ E. Area controlled by sprinkler system? Yes ☒ No ☐ N/A ☐ F. Primary source of water? Yes ☒ No ☐ N/A ☐ G. Fire pump? Yes ☒ No ☐ N/A ☐ H. Six (6) extra sprinkler heads and wrench? Yes ☒ No ☐ N/A ☐									
Alarm System: Does candidate know location/type of:									
A. Various alarm sending station? Yes ☒ No ☐ N/A ☐ B. Various Warden phones? Yes ☒ No ☐ N/A ☐ C. Street fire alarm box? Yes ☒ No ☐ N/A ☐									
TOTAL (22)				22	0	0			
				Yes	No	N/A			
Special Extinguishing System (P. 14, Q. 2) & Lighting Equipment (P. 15, Q. 16) of F.S. Guidelines: Does candidate know location/type of:									
A. Special extinguishing systems within building? Yes ☒ No ☐ N/A ☐ B. Extinguishing systems location(s)? Yes ☒ No ☐ N/A ☐ C. Auxiliary sources of lights or power? Yes ☒ No ☐ N/A ☐									
Standpipe systems (P. 14, Q. 10) of F.S. Guidelines: Does candidate know location/type of:									
A. Risers and control valves? Yes ☒ No ☐ N/A ☐ B. Procedure should system become inoperable? Yes ☒ No ☐ N/A ☐ C. Pump rooms? Yes ☒ No ☐ N/A ☐ D. Water supply controls? Yes ☒ No ☐ N/A ☐									
Stairways (P. 13, Q. 5) of F.S. Guidelines: Does candidate know location/type of:									
A. Identification/location? Yes ☒ No ☐ N/A ☐ B. Floors served? Yes ☒ No ☐ N/A ☐ C. Pressurized stairs? Yes ☒ No ☐ N/A ☐ D. Access stairs (Open or Closed)? Yes ☒ No ☐ N/A ☐									
Other (Special Features, i.e. Atrium) (write question):									
A. <u>Auditorium</u> Yes ☒ No ☐ N/A ☐									
B. <u>Cafeteria</u> Yes ☒ No ☐ N/A ☐									
C. Yes ☐ No ☐ N/A ☐									
TOTAL (11)				13	0	0			
				Yes	No	N/A			
Section C: (V, VI)									
12 or more answered "NO" in Section C fails.									
SECTION C TOTAL (53)									
Number of correct answers in this section is _____ . Number of incorrect answers is _____ . Number of N/A answers is _____ .									

FIRE SAFETY DIRECTOR ON SITE EXAMINATION OFFICE**Section D:****VII. Comments by Examiner:**

()
Check if
applicable

The Class E system was inoperative, candidate was advised to send in an affidavit indicating proper instruction has been provided and system is operative. If so, state why system was inoperative.

VIII. Determination of Passing:

- A. If the candidate failed to answer satisfactorily the essential questions marked (*), advise the candidate that a new appointment should be requested by contacting the High Rise Unit. The examiner should also give the applicant a bill for the inspections/examination.
- B. If the candidate satisfactorily answered the mandatory parts, but by totalling all answers, the number of NO answers were below 80%, the candidate fails the practical test. See Chart.

IX. On Site Office Building Test—(Print ALL information):

Candidate Name WEINERT, KENNETH

Social Security No. PII

Date of Examination 10/22/91

Number of correct answers are 85 on this test. Number of incorrect answers are 1. Number of N/A answers are 2.

Summary of Results:

A. PASSED ✓
(CHECK)

or

B. FAILED—(reason)

C. Violation numbers issued as result of examination and inspection:

White copy must be given to the Candidate.

Canary copy must be submitted to the High Rise Unit.

Pink copy must be submitted to Cashier's office.

C. of F. Z 01 61240061 No. of On Site Tests 7

Premise Address N.Y. N.Y.

Total Number of Items Answered 88

Those candidates failing should contact the High Rise Unit for another appointment when building correction and/or additional knowledge is obtained.

D. I hereby certify all information contained in this report is accurate.

Lt J. L. L. L. 10-22-91

INSPECTOR DATE

CANDIDATE BUILDING

INSPECTORS ARE ONLY PERMITTED TO PROVIDE CANDIDATES WITH SECTION D.

I.M.S. Account No. _____ Unit: HQ/DO <u>1316</u> ADMIN. CO. _____		For E.U. Use Only: _____ Date <u>4/14/91</u> Initials <u>JC</u> FPIMS Date <u>4/14/91</u>	
UNIT PHONE # _____		VIOLATION NO. <u>10144034</u> L	



ENVIRONMENTAL CONTROL BOARD
CITY OF NEW YORK

NOTICE OF VIOLATION AND HEARING

Fire Commissioner of the City of New York, Petitioner vs Respondent:
Silvestri, William

Respondent is: ☒ owner ☐ managing agent ☐ tenant ☐ city agency ☐ daycare center

Place of Occurrence (Premises Address)

Street Number 7 Prefix _____ Street Name _____

Type _____ Suffix _____ Zip Code 11201 Boro Code 1 1=Man; 2=Bx; 3=St; 4=Bklyn; 5=Que

AKA MORRIS TRADLE CLEWELLER

Mailing Address (if different from premises address)

Street Number _____ Prefix _____ Street Name _____

Type _____ Suffix _____ Zip Code _____ Boro Code _____ 1=Man; 2=Bx; 3=St; 4=Bklyn; 5=Que; 6=Out of City

Add Info _____

Notice of Violation and Order to Correct and Certify Correction:

PLEASE TAKE NOTICE that the premises cited above is in violation of the requirements of law. It is further ORDERED by the FIRE COMMISSIONER that these violations be corrected and certified to be in compliance with the requirements of law within 35 days of the date of issuance. Certification must be made on the Certificate of Correction (Gold Copy). The Certificate of Correction and all proof of compliance MUST BE RECEIVED by the Bureau of Fire Prevention, Enforcement Unit, 250 Livingston Street, Brooklyn, New York 11201-5884 (TEL 718-403-1372) by close of business on 4/23/91. First offenders who properly certify correction shall avoid a hearing and penalty. All other respondents must appear at the Environmental Control Board (ECB) hearing indicated below.

Notice of Hearing:

If the Certificate of Correction IS NOT RECEIVED by the date indicated above OR if no date is indicated above, the respondent MUST APPEAR at a hearing on 4/18/91 at ☒ 8:30am, ☐ 10:30am, ☐ 1:30pm, ☐ 3:00pm at the ECB Hearing Office located in ☒ Brooklyn ☐ Manhattan ☐ Queens ☐ Staten Island. (The address for each location is provided on the reverse side of this form.) This hearing is your opportunity to answer and defend the allegations set forth below. If you do not appear, you will be held in default and subject to maximum penalties.

REPEAT OFFENDERS MUST appear at the hearing on the scheduled date.

Upon investigation, it has been determined by the above named Petitioner that there is reasonable cause to believe that the above named Respondent is in violation of the Administrative Code and/or Fire Department Rule(s) cited below:

<p>Rule 1 Buckets and/or Fire Extinguishers</p> <p>☐ Failed to provide _____ fire buckets filled with (sand/water) and/or _____ approved, operative fire extinguishers at _____ as required.</p> <p>Rule 2 Waste Receptacles</p> <p>☐ Failed to provide _____ approved receptacles for waste at _____ as required.</p> <p>Rule 3 No Permit</p> <p>☐ (Sold/Stored/Used/Manufactured/Transported) (combustibles/flammables/explosives) without required valid permit.</p> <p>Rule 4 Quantities in Excess of Permit</p> <p>☐ (Sold/Stored/Used/Manufactured/Transported) _____ of _____ in excess of amount stated on permit.</p> <p>Rule 5 Produce Permit and/or Record</p> <p>☐ Failed to produce (permit/record) regarding _____ at _____ as required.</p> <p>Rule 6 Signs/Postings/Instructions</p> <p>☒ Failed to provide (Signs/Postings/Instructions) for <u>Organizational Charts</u> at <u>12 Floor and 13 Floor</u> as required.</p> <p>Rule 7 Labels/Marks/Stamps</p> <p>☐ Failed to provide (Labels/Marks/Stamps) for _____ at _____ as required.</p> <p>Rule 8 Obstructions/Accumulations</p> <p>☐ Failed to remove all (obstructions/accumulations of rubbish or storage) of _____ from _____ as required.</p> <p>Rule 9 Adequate Egress/Aisle Space/Clearance</p> <p>☐ Failed to provide adequate (egress/aisle space/clearance) at _____ as required.</p> <p>Rule 10 Operating Contrary to C of O</p> <p>☐ Operated _____ contrary to the certificate of occupancy.</p> <p>Rule 11 General Maintenance</p> <p>☐ Failed to maintain _____ in a proper condition as required.</p> <p>Rule 12 Maintenance of Sprinkler, Standpipe, Alarm, Suppression Systems</p> <p>☐ Failed to properly (provide/maintain) _____ system or part thereof as required. Describe below.</p> <p>Rule 13 Fire Retardant Material</p> <p>☐ Failed to provide/maintain non-combustible material _____ at _____ or provide affidavit that combustible material has been treated with flame retardant as required.</p> <p>Rule 14 Fireproof Doors/Windows</p> <p>☐ Failed to (provide/maintain) (self-closing fireproof doors/windows) at _____ as required.</p> <p>Rule 15 Fireproof Partitions or Walls</p> <p>☐ Failed to (provide/maintain) fireproof partitions or walls at _____ as required.</p> <p>Rule 16 Ventilation</p> <p>☐ Failed to provide (approved vents/adequate ventilation) at _____ as required.</p>	<p>Rule 17 Certificates of Fitness</p> <p>☐ Failed to (obtain/provide) a (Certificate of Fitness/Certificate Holder on Duty) for _____ as required.</p> <p>Rule 18 Certificates of Approval/Occupancy/Qualification/License</p> <p>☐ Failed to (obtain/provide) a Certificate of (Approval/Occupancy/Qualification/License) for _____ as required.</p> <p>Rule 19 Affidavits/Documentation/Plans/Applications</p> <p>☐ Failed to provide (affidavit/documentation/plan/application) for _____ from _____ as required.</p> <p>Rule 20 Test/Inspection</p> <p>☐ Failed to conduct required (equipment/system) (test/inspection) of _____ as required.</p> <p>Rule 21 Containers</p> <p>☐ Failed to provide approved containers for _____ as required.</p> <p>Rule 22 Tanks/Supports</p> <p>☐ Failed to (provide/maintain) approved tanks/supports for _____ as required.</p> <p>Rule 23 Storage</p> <p>☐ Failed to provide (vaults/cabinets/room/area) for the storage of _____ as required.</p> <p>Rule 24 Racks</p> <p>☐ Failed to provide appropriate racks at _____ as required.</p> <p>Rule 25 Electrical Equipment</p> <p>☐ Failed to (provide/protect/maintain) _____ electrical equipment as required.</p> <p>Rule 26 Approved Refrigeration/Heating Devices or Units</p> <p>☐ Failed to (provide/protect/maintain) (refrigeration/heating) devices as required.</p> <p>Rule 27 Approved Lighting Devices</p> <p>☐ Failed to (provide/protect/maintain) _____ lighting devices as required. Specify type of protection required: _____</p> <p>Rule 28 Exposed Flames or Sparks</p> <p>☐ (Unlawfully allowed/failed to protect) exposed flame or spark at _____ as required.</p> <p>Rule 29 Designated Areas</p> <p>☐ Failed to (provide/maintain) designated area/premises for _____ as required.</p> <p>Rule 30 Fire Safety in Office Buildings/Hotels/Motels</p> <p>☐ Failed to comply with the fire safety requirements for (office buildings/hotels/motels). Specify: _____</p>
---	---

Repeat Violation (\$15-229)

☐ Failed to correct Rule(s) _____ as previously cited on NOV # _____ (Respondent must appear at the hearing.)

False Certification (\$15-220.1)

☐ Willfully falsified Certificate of Correction for NOV # _____ (Respondent must appear at hearing.)

☐ Other Code Section/Rule _____ Describe offense below.

Description of Violation: No Floor Warden and Deputy Fire Warden Charts posted.

personally observed the commission of the above offense(s) or personally reviewed the office records indicating the offense(s) charged above.

I statements made herein are affirmed under penalty of perjury. Date of Offense: 3/18/91 Time: _____ a.m./p.m.

INSPECTOR'S SIGNATURE

PRINT NAME

Inspector's Tax Registry Number

99M-0-10-1030769

AFFIDAVIT (CERTIFICATE) OF SERVICE

City of New York, County of NEW YORK, ss:

The undersigned being duly sworn, deposes and says: That deponent is not a party to the action and is over 18 years of age; That on MARCH 19 91 at 7:00 AM/PM
7 World Trade Center deponent served the within Notice of Violation and
 arising on the respondent named herein.

Individual; Personal Service

☐ by delivering a true copy to said respondent personally.

Individual; Substituted Service

☐ by delivering a true copy to _____ a person of suitable age and discretion. Said premises is respondent's
 actual place of business, dwelling house or usual place of abode within the State.

Corporation

☐ by delivering a true copy to _____ at said corporation.

Delivery to Employee at Premises

☐ by delivering a true copy to respondent's employee at the above location: (answer A and B)

A. I attempted to personally serve the herein Notice of Violation on the respondent named herein but was unable to do so because, having entered the premises and having identified myself, I was:

1. ☐ advised by _____ that the respondent was not then present, and premises is neither respondent's actual place of business nor dwelling house.
2. ☐ unable to secure identification of the person(s) present;
3. ☐ advised by _____ that no officer, director, managing agent or agent of respondent corporation was present.

B. Thereupon, I delivered a copy of the herein Notice of Violation to Michael Roger
 whom I believe to be an employee of respondent at the premises because: (check 1, 2 or 3)

1. ☐ Employee so identified him/herself;
2. ☐ Employee was performing work consistent with being employed by the respondent; or
3. ☐ Other: _____

Description of Individual. (This must be completed for all types of service except corporate, Number III, above.)

Deponent describes the individual served as follows:

Male
 Female

☒ White Skin
☐ Black Skin
☐ Yellow Skin
☐ Brown Skin
☐ Red Skin

☐ Black Hair
☒ Brown Hair
☒ Blond Hair
☐ Gray Hair
☐ Red Hair
☐ White Hair
☐ Balding

☐ 14-20
☒ 21-35
☐ 36-50
☐ 51-65
☐ Over 65

☐ Under 5'
☐ 5'0"-5'3"
☐ 5'4"-5'8"
☐ 5'9"-6'0"
☒ Over 6'

☐ Under 100 lbs
☐ 100-130
☐ 131-160
☒ 161-200
☐ Over 200

Other identifying characteristics: _____

Lt. G. O'Doherty
Lt. G. O'Doherty
901499

Sworn to before me on 3-19-91

SA [Signature]
 SIGNATURE OF CERTIFYING OFFICER

If not sworn, this statement shall constitute a certificate of service.

For E.J. Use Only: Mailed Date 11/14/91 Initials [Signature]
 EPMS Date 11/14/91

136 ADMIN. CO.

UNIT PHONE # _____

ENVIRONMENTAL CONTROL BOARD CITY OF NEW YORK	NOTICE OF VIOLATION AND HEARING	VIOLATION NO. 10182036 M
Fire Commissioner of the City of New York, Petitioner vs Respondent: <u>SILVERSTEIN PROPERTIES</u>		
Respondent is: ☒ owner ☐ managing agent ☐ tenant ☐ city agency ☐ daycare center		
Place of Occurrence (Premises Address) Street Number <u>7</u> Prefix <u></u> Street Name <u>MURDO TRADING CENTER</u> Type <u></u> Suffix <u></u> Zip Code <u>10048</u> - <u></u> Boro Code <u>1</u> 1-Man; 2-Bx; 3-St; 4-Skys; 5-One		
AKA <u></u>		
Mailing Address (if different from premises address) Street Number <u></u> Prefix <u></u> Street Name <u></u> Type <u></u> Suffix <u></u> Zip Code <u></u> - <u></u> Boro Code <u></u> 1-Man; 2-Bx; 3-St; 4-Skys; 5-One; 6-Out of City		
Add Info <u></u>		

Notice of Violation and Order to Correct and Certify Correction:

PLEASE TAKE NOTICE that the premises cited above is in violation of the requirements of law. It is further ORDERED by the FIRE COMMISSIONER that these violations be corrected and certified to be in compliance with the requirements of law within 35 days of the date of issuance. Certification must be made on the Certificate of Correction (Gold Copy).

The Certificate of Correction and all proof of compliance **MUST BE RECEIVED** by the Bureau of Fire Prevention, Enforcement Unit, 250 Livingston Street, Brooklyn, New York 11201-5884 [TEL 718-403-1372] by close of business on 7/26/97. First offenders who properly certify correction shall avoid a hearing and penalty. All other respondents must appear at the Environmental Control Board (ECB) hearing indicated below.

Notice of Hearing:

If the Certificate of Correction IS NOT RECEIVED by the date indicated above OR if no date is indicated above, the respondent MUST APPEAR at a hearing on 4/17/91 at ☒ 8:30am, ☐ 10:30am, ☐ 1:30pm, ☐ 3:00pm at the ECB Hearing Office located in ☐ Brooklyn ☐ Manhattan ☐ Queens ☐ Staten Island. (The address for each location is provided on the reverse side of this form.) This hearing is your opportunity to answer and defend the allegations set forth below. *If you do not appear you will be held in default and subject to maximum penalties.*

REPEAT OFFENDERS MUST appear at the hearing on the scheduled date.

Upon investigation, it has been determined by the above named Petitioner that there is reasonable cause to believe that the above named Respondent is in violation of the Administrative Code and/or Fire Department Rule(s) cited below:

- | | |
|---|---|
| <p>Rule 1 Buckets and/or Fire Extinguishers
 ☐ Failed to provide _____ fire buckets filled with (sand/water) and/or approved, operative fire extinguishers at _____ as required.</p> <p>Rule 2 Waste Receptacles
 ☐ Failed to provide _____ approved receptacles for waste at _____ as required.</p> <p>Rule 3 No Permit
 ☐ (Sold/Stored/Used/Manufactured/Transported) (combustibles/flammables/explosives) without required valid permit.</p> <p>Rule 4 Quantities in Excess of Permit
 ☐ (Sold/Stored/Used/Manufactured/Transported) _____ of _____ in excess of amount stated on permit.</p> <p>Rule 5 Produce Permit and/or Record
 ☐ Failed to produce (permit/record) regarding _____ as required.</p> <p>Rule 6 Signs/Postings/Instructions
 ☒ Failed to provide (Signs/Postings/Instructions) for _____ at _____ as required.</p> <p>Rule 7 Labels/Marks/Stampa
 ☐ Failed to provide (Labels/Marks/Stampa) for _____ as required.</p> <p>Rule 8 Obstructions/Accumulations
 ☐ Failed to remove all (obstructions/accumulations of rubbish or storage) of _____ as required.</p> <p>Rule 9 Adequate Egress/Aisle Space/Clearance
 ☐ Failed to provide adequate (egress/aisle space/clearance) at _____ as required.</p> <p>Rule 10 Operating Contrary to C of O
 ☐ Operated _____ contrary to the certificate of occupancy.</p> <p>Rule 11 General Maintenance
 ☒ Failed to maintain _____ in a proper condition as required.</p> <p>Rule 12 Maintenance of Sprinkler, Standpipe, Alarm, Suppression Systems
 ☐ Failed to properly (provide/maintain) _____ system or part thereof as required. Describe below.</p> <p>Rule 13 Fire Retardant Material
 ☐ Failed to provide/maintain non-combustible material _____ at _____ or provide affidavit that combustible material has been treated with flame retardant as required.</p> <p>Rule 14 Fireproof Doors/Windows
 ☐ Failed to (provide/maintain) (self-closing fireproof doors/windows) at _____ as required.</p> <p>Rule 15 Fireproof Partitions or Walls
 ☐ Failed to (provide/maintain) fireproof partitions or walls at _____ as required.</p> <p>Rule 16 Ventilation
 ☐ Failed to provide (approved vents/adequate ventilation) at _____ as required.</p> | <p>Rule 17 Certificates of Fitness
 ☐ Failed to (obtain/provide) a (Certificate of Fitness/Certificate Holder on Duty) for _____</p> <p>Rule 18 Certificates of Approval/Occupancy/Qualification/License
 ☐ Failed to (obtain/provide) a Certificate of (Approval/Occupancy/Qualification/License) for _____</p> <p>Rule 19 Affidavits/Documentation/Plans/Applications
 ☒ Failed to provide (affidavit/documentation/plan/application) for _____</p> <p>Rule 20 Test/Inspection
 ☒ Failed to conduct required (equipment/system/test/inspection) of _____</p> <p>Rule 21 Containers
 ☐ Failed to provide approved containers for _____ as required.</p> <p>Rule 22 Tanks/Supports
 ☐ Failed to (provide/maintain) approved tanks/supports for _____ as required.</p> <p>Rule 23 Storage
 ☐ Failed to provide (vault/cabinets/room/area) for the storage of _____ as required.</p> <p>Rule 24 Racks
 ☐ Failed to provide appropriate racks at _____ as required.</p> <p>Rule 25 Electrical Equipment
 ☐ Failed to (provide/protect/maintain) _____ electrical equipment as required.</p> <p>Rule 26 Approved Refrigeration/Heating Devices or Units
 ☐ Failed to (provide/protect/maintain) (refrigeration/heating) devices as required.</p> <p>Rule 27 Approved Lighting Devices
 ☐ Failed to (provide/protect/maintain) _____ lighting devices as required. Specify type of protection required: _____</p> <p>Rule 28 Exposed Flames or Sparks
 ☐ (Unlawfully allowed/failed to protect) exposed flame or spark at _____ as required.</p> <p>Rule 29 Designated Areas
 ☐ Failed to (provide/maintain) designated area/premises for _____ as required.</p> <p>Rule 30 Fire Safety in Office Buildings/Hotels/Motels
 ☒ Failed to comply with the fire safety requirements for (office buildings/hotels/motels). Specify: _____</p> <p>Repeat Violation (\$15-220)
 ☐ Failed to correct Rule(s) _____ as previously cited on NOV # _____ (Respondent must appear at the hearing.)</p> <p>False Certification (\$15-220.1)
 ☐ Willfully falsified Certificate of Correction for NOV # _____ (Respondent must appear at hearing.)
 ☐ Other Code Section/Rule _____ Describe offense below _____</p> |
|---|---|

Description of Violation:

I personally observed the commission of the above offense(s) or personally reviewed the office records indicating the offense(s) charged above.

All statements made herein are affirmed under penalty of perjury. Date of Offense: 10-2-91 Time: 1:00 a.m./p.m.

INSPECTOR'S SIGNATURE

PRINT NAME _____

Inspector's Tax Registry Number

AFFIDAVIT (CERTIFICATE) OF SERVICE

State of New York, County of NY ss:

The undersigned being duly sworn* deposes and says: That deponent is not a party to the action and is over 18 years of age; That on OCT 22 91 at NY AM/PM:
 at 7 WORLD TRADE CENTER deponent served the within Notice of Violation and
 Hearing on the respondent named herein.

I. Individual; Personal Service

☐ by delivering a true copy to said respondent personally.

II. Individual; Substituted Service

☐ by delivering a true copy to _____ a person of suitable age and discretion. Said premises is respondent's
 actual place of business, dwelling house or usual place of abode within the State.

III. Corporation

☐ by delivering a true copy to _____ at said corporation:

IV. Delivery to Employee at Premises

☒ by delivering a true copy to respondent's employee at the above location: (answer A and B)

A. I attempted to personally serve the herein Notice of Violation on the respondent named herein but was unable to do so because, having entered the premises and having identified myself, I was:

1. ☒ advised by MURKIN REASON that the respondent was not then present, and premises is neither respondent's actual place of business nor dwelling house
2. ☐ unable to secure identification of the person(s) present;
3. ☒ advised by pdmc that no officer, director, managing agent or agent of respondent corporation was present.

B. Thereupon, I delivered a copy of the herein Notice of Violation to _____ whom I believe to be an employee of respondent at the premises because: (check 1, 2 or 3)

1. ☒ Employee so identified him/herself;
2. ☐ Employee was performing work consistent with being employed by the respondent; or
3. ☐ Other: _____

Description of individual. (This must be completed for all types of service except corporate, Number III, above.)

Deponent describes the individual served as follows:

☐ Male
☐ Female

☐ White Skin
☒ Black Skin
☐ Yellow Skin
☐ Brown Skin
☐ Red Skin

☐ Black Hair
☐ Brown Hair
☐ Blond Hair
☐ Gray Hair
☐ Red Hair
☐ White Hair
☐ Balding

☒ 14-20
☐ 21-35
☐ 36-50
☐ 51-65
☐ Over 65

☐ Under 5'
☒ 5'0"-5'3"
☐ 5'4"-5'8"
☐ 5'9"-6'0"
☐ Over 6'

☐ Under 100 lbs
☐ 100-130
☒ 131-180
☐ 181-200
☐ Over 200

Other identifying characteristics: _____

Sworn to before me on _____

Signature of deponent

* If not sworn, this statement shall constitute a certificate of service.

INSPECTOR: H. DELUCA

INSPECTION BY APPOINTMENT

DUPLICATE
PROPERTY

ADDRESS 7. WORLD TRADE NO. OF STORIES 47 HT. IN FT. 613 TOTAL SQ. FT. 2.1M
 OWNER/AGENT SILVERSTEIN PROP PREMISE TEL. NO. 619-656 9
 CLASS "E" FACs; MANUFACTURER FIKESOMM MODEL NO. _____
 APPROVED CENTRAL STATION ALARM CO. AEA
 F.S.D. ON DUTY MAKESH PERSAUD C OF F NO. 613-2002 EXPIRES 4/17/94
 SPRINKLER SYSTEM: FULLY ✓ PARTIAL (AREA PROTECTED) _____
 CENTRAL A/C HVAC STAIR PRESSURIZATION _____ ACCESS STAIRS (FLS) 2/3 11/2
 ADDITIONAL INFO (MAIL CONVEYORS, SPECIAL OCCUPANCIES, ETC.) 44/45 35

5. COMMUNICATION FROM FCS TO: MER () ELEV. MACH. ROOM ()
TO REGULARLY ASSIGNED LOCATION OF FSD () _____

N/A	YES	NO	SUMMONS/ NOV #
	✓		
	✓		
	✓		
	✓		
✓	✓		
			PORT ALARM
		✓	FIRE
			477
			WORKING ON SYSTEM
	✓		
	✓		
	✓		
	✓		
	✓		
	✓		
✓	✓		
	✓		
	✓		
	✓		

SA 4/4/11

For E.U. Use Only: Mailed Date _____ Initials _____
 FPIMS Date _____

F.P.I.M.S. Account No. _____ Unit: HQ/DO _____ ADMIN. CO. _____ UNIT PHONE # _____

**ENVIRONMENTAL CONTROL BOARD
CITY OF NEW YORK**

**NOTICE OF VIOLATION
AND HEARING**

VIOLATION NO. 10144034 L

Fire Commissioner of the City of New York, Petitioner vs Respondent:
 Respondent is: ☒ owner ☐ managing agent ☐ tenant ☐ city agency ☐ daycare center

Place of Occurrence (Premises Address)
 Street Number _____ Prefix _____ Street Name _____
 Type _____ Suffix _____ Zip Code _____ Boro Code _____ 1=Man; 2=Bx; 3=St; 4=Bklyn; 5=Que
 AKA _____

Mailing Address (if different from premises address)
 Street Number _____ Prefix _____ Street Name _____
 Type _____ Suffix _____ Zip Code _____ Boro Code _____ 1=Man; 2=Bx; 3=St; 4=Bklyn; 5=Que; 6=Out of City

Add Info _____

Notice of Violation and Order to Correct and Certify Correction:

PLEASE TAKE NOTICE that the premises cited above is in violation of the requirements of law. It is further ORDERED by the FIRE COMMISSIONER that these violations be corrected and certified to be in compliance with the requirements of law within 35 days of the date of issuance. Certification must be made on the Certificate of Correction (Gold Copy).

The Certificate of Correction and all proof of compliance MUST BE RECEIVED by the Bureau of Fire Prevention, Enforcement Unit, 250 Livingston Street, Brooklyn, New York 11201-5884 (TEL 718-403-1372) by close of business on _____. First offenders who properly certify correction shall avoid a hearing and penalty. All other respondents must appear at the Environmental Control Board (ECB) hearing indicated below.

Notice of Hearing:

If the Certificate of Correction IS NOT RECEIVED by the date indicated above OR if no date is indicated above, the respondent MUST APPEAR at a hearing on 5/8/11 at ☒ 8:30am, ☐ 10:30am, ☐ 1:30pm, ☐ 3:00pm at the ECB Hearing Office located in ☐ Brooklyn ☒ Manhattan ☐ Queens ☐ Staten Island. (The address for each location is provided on the reverse side of this form.) This hearing is your opportunity to answer and defend the allegations set forth below. If you do not appear, you will be held in default and subject to maximum penalties.

REPEAT OFFENDERS MUST appear at the hearing on the scheduled date.

Upon investigation, it has been determined by the above named Petitioner that there is reasonable cause to believe that the above named Respondent is in violation of the Administrative Code and/or Fire Department Rule(s) cited below:

Rule 1 Buckets and/or Fire Extinguishers

☐ Failed to provide _____ fire buckets filled with (sand/water) and/or _____ approved, operative fire extinguishers at _____ as required.

Rule 2 Waste Receptacles

☐ Failed to provide _____ approved receptacles for waste at _____ as required.

Rule 3 No Permit

☐ (Sold/Stored/Used/Manufactured/Transported) (combustibles/flammables/explosives) without required valid permit.

Rule 4 Quantities in Excess of Permit

☐ (Sold/Stored/Used/Manufactured/Transported) _____ of _____ in excess of amount stated on permit.

Rule 5 Produce Permit and/or Record

☐ Failed to produce (permit/record) regarding _____ at _____ as required.

Rule 6 Signs/Postings/Instructions

☐ Failed to provide (Signs/Postings/Instructions) for _____ at _____ as required.

Rule 7 Labels/Marks/Stamps

☐ Failed to provide (Labels/Marks/Stamps) for _____ at _____ as required.

Rule 8 Obstructions/Accumulations

☐ Failed to remove all (obstructions/accumulations of rubbish or storage) of _____ from _____ as required.

Rule 9 Adequate Egress/Aisle Space/Clearance

☐ Failed to provide adequate (egress/aisle space/clearance) at _____ as required.

Rule 10 Operating Contrary to C of O

☐ Operated _____ contrary to the certificate of occupancy.

Rule 11 General Maintenance

☐ Failed to maintain _____ in a proper condition as required.

Rule 12 Maintenance of Sprinkler, Standpipe, Alarm, Suppression Systems

☐ Failed to properly (provide/maintain) _____ system or part thereof as required. Describe below.

Rule 13 Fire Retardant Material

☐ Failed to provide/maintain non-combustible material _____ at _____ or provide affidavit that combustible material has been treated with flame retardant as required.

Rule 14 Fireproof Doors/Windows

☐ Failed to (provide/maintain) (self-closing fireproof doors/windows) at _____ as required.

Rule 15 Fireproof Partitions or Walls

☐ Failed to (provide/maintain) fireproof partitions or walls at _____ as required.

Rule 16 Ventilation

☐ Failed to provide (approved vents/adequate ventilation) at _____ as required.

Description of Violation: _____

I personally observed the commission of the above offense(s) or personally reviewed the office records indicating the offense(s) charged above.

All statements made herein are affirmed under penalty of perjury. Date of Offense: _____ Time: _____ a.m./p.m.

INSPECTOR'S SIGNATURE _____

PRINT NAME _____

Inspector's Tax Registry Number _____

CERTIFICATE OF CORRECTION (COMPLETE REVERSE SIDE)

CERTIFICATE OF CORRECTION

State of New York

County of MANHATTAN ss:

I WILLIAM KESNER, being duly sworn, depose and say that I am the respondent cited in the

Notice of Violation and that I admit the existence of the violation(s) described in the Notice of Violation.

Check one { ☒ I have corrected all said violations as ordered by the Commissioner
or
☐ I have only corrected Rule Number(s) _____
and will attend hearing on scheduled date.

(The respondent certifies that all violations have been corrected if no box is checked.)

I have attached legible copies of any and all bills, receipts and other proof of correction to this certification as required.

William T. Kesner
SIGNATURE

(Sign only before a notary)

TO BE COMPLETED BY NOTARY

County of NYC

Registration Number _____

SEAL

Sworn to before me this 25th day of March 19 91

Notary Number YVETTE KEYES
NOTARY PUBLIC, State of New York
No. 31-4935341

Signature of Notary Yvette Keyes

Commission Expires Qualified in New York County
Commission Expires June 27, 1992

The Fire Commissioner reserves the right to reject any Certificate of Correction that is incomplete. False certification is punishable by a fine of not less than \$1,000 nor more than \$5,000 and/or up to 6 months imprisonment pursuant to Administration Code Section 15-220.1

CERTIFICATION INSTRUCTIONS

For first offenses:

1. ALL offenders must correct the violation(s) cited on the NOTICE OF VIOLATION.
2. All offenders must complete the Certificate of Correction above and have it notarized. Do not detach above certificate from this page
3. Attach legible copies of any and all bills, receipts and/or other proof of compliance to this Certificate of Correction (see correction requirements on reverse of green copy) and submit them along with this Certificate.
4. Return the completed Certificate of Correction with all appropriate documentation attached to the **Bureau of Fire Prevention Enforcement Unit, 250 Livingston Street, Brooklyn, New York 11201-5884** by the close of business on the date indicated on the NOTICE OF VIOLATION for return of the certificate. (See reverse side for return date)
5. Respondents will be notified by mail if their Certificate of Correction has been disapproved and of the appropriate action to take to correct same.
6. If it is impossible to correct any or all violations within the time indicated, you may be eligible for a stipulation extending the time to correct. A request for a stipulation extending compliance time must be made at the hearing and is subject to the approval of the Fire Department and the Environmental Control Board. (ECB).
7. If you properly certify that ALL violations have been corrected, you will be excused from appearing at the scheduled ECB hearing and no penalty will be imposed.
8. If you fail to comply with (7) above or if you are a repeat offender, you will be required to attend the ECB hearing designated on the NOV and bring any and all proof of correction to the hearing.

ECB HEARING OFFICES

If you are required to attend an ECB hearing, check the location and time indicated on the face of the NOV and note the address below:

- ★ Manhattan/Bronx: 1250 Broadway, 7th Fl. (212) 971-3800
- ★ Brooklyn: 233 Schermerhorn St., 11th Fl. (718) 858-1305

- ★ Queens: 91-14 Merrick Blvd., 6th Fl. (718) 297-1080
- ★ Staten Island: 350 St. Marks Pl. - 4th Fl. St. George, (212) 971-3600

M117-8 68-901152-4

I. -RISE UNIT OFFICE INSPECTION/SURVE.

DATE: December 28 1990

INSPECTOR: St James C. Lavelle

BUILDING PROFILE

ADDRESS 7 WORLD TRADE CENTER NO. OF STORIES 47 HT. IN FT. 618 TOTAL SQ. FT. 2,000,000
 OWNER/AGENT SILVERSTEIN PROPERTIES PREMISE TEL. NO. (212) 619-6569
 CLASS "E" FACS; MANUFACTURER FIRE COM MODEL NO. 8500
 APPROVED CENTRAL STATION ALARM CO. AFH - NO
 F.S.D. ON DUTY YES RICHARD KASTNER C OF F NO. 61403119 EXPIRES 4/23/91
 SPRINKLER SYSTEM: FULLY YES PARTIAL (AREA PROTECTED) _____
 CENTRAL A/C NO PACKAGE STAIR PRESSURIZATION NO ACCESS STAIRS (FLS) YES 11-12
 ADDITIONAL INFO (MAIL CONVEYORS, SPECIAL OCCUPANCIES, ETC.) NO

A. FIRE SAFETY DIRECTOR AND DEPUTY FIRE SAFETY DIRECTORS:

1. ON DUTY (SUMMONS IF NO 27-4267) 7/30/91
2. DEPUTY FSD(S) NO. CERTIFIED FOR PREMISE (6040105)
3. BUILDING EVACUATION SUPERVISOR (DESIGNATED AND TRAINED AS PER FSP) N/A
4. FIRE BRIGADE (PRESENT IN BUILDING AND TRAINED) YES

B. CLASS "E" ALARM SYSTEM:

1. INSTALLED (27-4267.1) () MAINTAINED (27-4265) () INSTAL. NEW T.F. BOX
2. IF 100' OR MORE, LETTER OF APPROVAL (FD ELEC. UNIT) N/A

C. ALARM TEST (NOTIFY BORO DISP. BEFORE TRANSMITTING ALARM):

1. SYSTEM ON-LINE FIRE COM. INSTAL. NEW T.F. BOX BEARS
 IF OFF-LINE FOR APPROVED REASON: NEW SMOKE DET.
 - a. FIRE COMMAND STATION MANNED AT ALL TIMES YES
 - b. LOG BOOK MAINTAINED YES
2. FLOOR WARDEN PHONE OPERATIONAL (FL. NO. 45, 124, 11, 1013)
3. P.A. SYSTEM AUDIBLE (FL. NO. 25, 41, 10, 13)
4. MANUAL ALARM TRANSMITTED TO BORO CENTRAL OFFICE N/A
 DISP. NO. () ELAPSED TIME (IN MINUTES) TO RECEIVE ()
 IF ALARM IS NOT RECEIVED BY BORO CENTRAL OFFICE OR IF CENTRAL STATION COMPANY CALLS PREMISE BEFORE TRANSMITTING ALARM TO BORO CENTRAL OFFICE, FORWARD REPORT TO CHIEF IN CHARGE OF BUR. OF COMMUNICATIONS.
5. F.S.D. PROFICIENT IN OPERATION OF F.A.C.S. SYSTEM N/A

LOGGED
ENTRIES
ALARM CO. NOTIF.

D. FIRE SAFETY PLAN:

1. APPROVED F.S.P. YES
2. ALL SECTIONS CURRENT AND CORRECT YES
3. COPY KEPT AT FCS YES
4. COPY OF FLOOR PLANS ATTACHED TO FSP YES
5. APPLICABLE PARTS OF FSP DISTRIBUTED TO TENANTS YES

E. FIRE COMMAND STATION:

1. ELEVATOR KEYS (6) YES
2. WINDOW KEYS (12 IF APPLICABLE) N/A
3. LIST OF FLOOR WARDENS AND TELEPHONE NO.'s YES
4. SYSTEM OF DAILY NOTIFICATION OF WARDENS YES
5. COMMUNICATION FROM FCS TO: MER (✓) ELEV. MACH. ROOM (✓)
 TO REGULARLY ASSIGNED LOCATION OF FSD (✓) YES

F. RECORDS:

- | | N/A | YES | NO | SUMMONS/
NOV # |
|---|-----|-----|----|-------------------|
| 1. WRITTEN RECORD OF FIRE DRILLS IN BOUND BOOK | | Yes | | |
| 2. FREQUENCY OF DRILLS CONFORMS TO LAW (DATE OF LAST DRILL (3/21/90)) | | | NO | ECB 26 / HR 12 |
| 3. MONTHLY TEST RECORD OF FIREMEN'S SERVICE ELEVATORS (OCT 90) | | Yes | NO | B-34 ECB 20 |
| 4. MONTHLY TEST RECORD OF CLASS "E" F.A.C.S. | | | NO | ECB 20/5 |
| 5. MONTHLY TEST RECORD OF FIRE PUMPS (IF REQUIRED) | | Yes | | |
| 6. MONTHLY TEST RECORD OF EMERGENCY GENERATOR (IF REQUIRED) | | Yes | | |
| 7. MONTHLY RECORD OF SPRINKLER INSPECTION | | Yes | | |
| 8. MONTHLY RECORD OF STANDPIPE INSPECTION | | Yes | | |

G. FIRE PROTECTION SYSTEMS:

- | | | | | |
|---|--|-----|--|--|
| 1. C OF F SPRINKLER (Yes) NAME <u>EDW. McMANUS</u> NO. <u>60094000</u> ^{1/31/91} | | Yes | | |
| 2. SPRINKLER VALVE SEALED OPEN (SUMMONS IF CLOSED) | | Yes | | |
| COMB 3. SPRINKLER SIAMESE SWIVEL (✓) UNOBSTRUCTED (✓)
SIGN IF REQUIRED (✓) | | Yes | | |
| 4. C OF F STANDPIPE (Yes) NAME <u>EDW. McMANUS</u> NO. <u>60094075</u> | | Yes | | |
| 5. STANDPIPE VALVES SEALED OPEN | | Yes | | |
| COMB 6. STANDPIPE SIAMESE: SWIVELS (✓) UNOBSTRUCTED (✓) | | Yes | | |
| 7. EXTINGUISHERS PROPERLY HUNG AND DISTRIBUTED | | Yes | | |
| 8. EXTINGUISHERS TAGGED: DATE OF LAST INSPECTION (OCT. 1990) | | Yes | | |

H. SIGNS:

- | | | | | |
|--|--|-----|--|--|
| 1. ELEVATOR: LETTER DESIGNATION (✓) FL. DIAGRAM (✓)
"IN CASE OF FIRE USE STAIRS" (✓) | | Yes | | |
| 2. STAIR: FLOOR NO. () <u>25, 24 11</u>
LETTER DESIGNATION—OCCUPANCY SIDE (Yes) STAIR SIDE (Yes) | | Yes | | |
| 3. RE-ENTRY SIGNS POSTED <u>ALL FLOORS RE-ENTRY</u> | | Yes | | |
| 4. EXIT AND DIRECTIONAL SIGNS ILLUMINATED | | Yes | | |
| 5. ORGANIZATIONAL CHARTS POSTED AND ACCURATE | | Yes | | |

I. GENERAL:

- | | | | | |
|---|-----|-----|--|--|
| 1. CERTIFICATE OF OCCUPANCY POSTED <u>TEMP. CERT. 2/7/89.</u> | | Yes | | |
| 2. ALL AREAS FREE OF RUBBISH | | Yes | | |
| 3. PAPER RECYCLING HAMPER STORED IN PROPER LOCATION
(NOT IN HALLWAYS OR ELEVATOR LOBBIES) | N/A | | | |
| 4. STAIRWAY DOORS OPENABLE AT ALL TIMES (OCCUPANT SIDE)
(IF NO: APPROVED BY D.O.B. _____ CONNECTED TO CLASS "E") | | Yes | | |
| 5. RE-ENTRY PROVIDED WHERE REQUIRED <u>ALL FLOORS</u> | | Yes | | |
| a. FAIL SAFE SYSTEM (✓) INDICATE FLS. () | | Yes | | |
| 6. IF SHAFTS PRESENT (i.e., ELEC. CLOSETS) ARE THEY FIRESTOPPED | | Yes | | |
| 7. FLOOR WARDENS, DEPUTY WARDENS, AND SEARCHERS TRAINED | | Yes | | |
| a. FLOORS CHECKED (<u>25, 24 11</u>) | | | | |
| 8. FLAMMABLES/COMBUSTIBLES PROPERLY STORED | N/A | | | |
| a. LOCATION _____ | | | | |

REMARKS: _____

NOV TOTAL	TOTAL ITEMS	SUMMONS TOTAL

INSPECTOR'S SIGNATURE St James Co. Lavelle

HI-RISE UNIT

OFFICE BUILDING ANNUAL INSPECTION

Address 7 WORLD TRADE Center, Boro

Stories 47 Height in Feet 618 Cor 0

		ANSWER YES OF NO	HR # OR A-B
I. Fire Command Station			
a)	Located in lobby on entrance floor	☒	
b)	Adequately illuminated	☒	
c)	Copy of Fire Safety Plan	☒	
d)	Window lock keys if required	☒	
e)	Elevator keys	☒	
f)	List of Fire Wardens with Telephone Nos. <u> </u>	☒	
II. Communications & Fire Alarm			
a)	Required two way system (temporary)	☒	
b)	Required two way system (permanent)	☒	
If permanent, check type of system—Class "E" <u> </u> Advisory <u> </u> Mini <u> </u>		☒	
c)	To all floors	☒	
d)	To mechanical equipment room	☒	
e)	To elevator machinery room (if applicable)	☒	
f)	To the regularly assigned location of the Fire Safety Director (if applicable)	☒	
III. Fire Safety Plan			
a)	Building has an approved plan	☒	
b)	All sections current and correct	☒	
c)	Applicable parts distributed to tenants	☒	
IV. Fire Safety Director & Deputy Fire Safety Director			
a)	Has a C of F for this building	☒	
b)	On duty when required by law	☒	
c)	Has an acceptable system of daily notification of availability of Fire Wardens and Deputies	☒	
V. Building Evacuation Supervisor			
a)	Properly trained and on duty when required by law	☒	
VI. Fire Drills			
a)	Written record kept on premises	☒	
b)	Frequency of drills conforms with law	☒	
c)	Audible means of alerting tenants provided	☒	
VII. Fireman Service—Elevators			
a)	Installed in building and approved	☒	
b)	Monthly elevator test and record	☒	
VIII. Fire Wardens & Deputy Fire Wardens			
a)	Organization Charts posted and accurate	☒	
b)	Fire Wardens, deputy wardens and searchers adequately trained	☒	
c)	Floors checked for items (a) and (b) <u>11th + 12th</u>	☒	
IX. Fire Brigade			
a)	Present in building and adequately trained	☒	
X. Signs			
a)	All required signs at the elevators, stairs, and (floors) are posted and correct <u>11, 12th + Rentry signs</u>	☒	
XI. Re-Entry			
a)	Re-entry provided where required	☒	
b)	If fail safe system check here (☒) and indicate floors <u>ALL FLOORS</u>	☒	

Signed Tupano Rank LT Date 11-28-89



INSPECTION REPORT

Q 8108972

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







[illegible]

Silverstein Properties

PREMISE ADDRESS

ADD INFO	WORLD TRADE CENTER																				
STREET NUMBER	7										PREFIX										
TYPE											SUFFIX										
											STREET NAME										
											ZIP CODE	10048									
												BORO CODE									

BILLING ADDRESS[illegible]

ENTER HERE IF OUT OF TOWN

[illegible]

ZIP CODE

☐ PUT N IF NON FEE ACCT

ALPHA PREFIX	INSPECTOR NAME	EXAMINER NAME	DATE
<div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="width: 10px; height: 10px; background-color: black;"></div> <div style="width: 10px; height: 10px; background-color: black;"></div> </div>		Lt. O'Doherty	3/1/91

ITEM CODE	ITEM SUB-CODE	QTY	DESCRIPTION	FLOOR NO.
1 8 9 0	0 2	1		
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

COMMENTS

[illegible]STATUS - CHECK AND COMPLETE

☐ APPROVED FOR PERMIT	INSPECTION DATE	INSPECTOR - I.D.
☐ VIOLATIONS REPORTED	3/11/81	1102025
☐ NOT APPROVED WITH REASON _____		
ENTER CODE	NEXT INSPECTION SCHEDULED:	

AKA ADDRESS

[illegible]

ENTRY CLERK _____ DATE 4/10/87 AUDITOR _____ DATE _____

Instructions to Inspectors—All boxes on this form must have an answer. Answer with a "NO" answers to a "V" mandate a Violation Order, "NO" answers to a "*" mandate automatic failure. Check "YES" "NO" or "N/A".

ON SITE EXAM FOR FIRE SAFETY DIRECTOR—OFFICE

Z 01 615 01128 Inspector Lt. J. J. Doherty

Name of Candidate Rogers Michael Office Address 7971 Zulette Ave. Date of Examination 3/13/91
(Print last name, first name) Bronx N.Y.

A:

Instructions to Inspectors—If any asterisk (*) items are marked "NO", terminate the test immediately. See Section VIII for further information.			YES	NO	N/A
I. Physical Requirements—Does candidate have ability to:					
*A. Speak and understand English? Yes ☒ No ☐	*B. Hear spoken words over a telephone? (with corrective devices) Yes ☒ No ☐	*C. Possess necessary vision? (corrective devices acceptable) Yes ☒ No ☐	☒	☐	☐

B: Building

Instructions to Inspector—If any violation (V) items are marked "NO", issue a Violation Order at the end of the Test. Test must proceed.			YES	NO	N/A
II. Records:					
v. A. Fire drill records current? Yes ☐ No ☐	v. B. Fireman's Service Elevator Test Records current? Yes ☒ No ☐ N/A ☐	v. C. Keys kept at Fire Command Station? Yes ☒ No ☐ N/A ☐	☒	☐	☐
v. D. Fire Safety Plan and building floor plan at Fire Command Station? Yes ☒ No ☐	v. E. A current list of all floor Wardens and phone numbers at Fire Command Station? Yes ☒ No ☐	v. F. Master window keys available? Yes ☐ No ☐ N/A ☒	☒	☐	☐
v. G. Building current in actual Fire Drills? (*if over 3 months) Yes ☒ No ☐			☒	☐	☐
TOTAL (7)			☒	☐	☐
Instructions to Inspector—If any violation (V) items are marked "NO", issue a Violation Order at the end of the Test. Test must Proceed. III. a. Specific Building Inspection: Special Instructions—Choose one floor for the general floor inspection <u>13</u> FLOOR Building Inspection—Signs and Charts—					
v. A. Are stairways properly lettered? Yes ☒ No ☐	v. B. Are floors properly numbered? Yes ☒ No ☐	v. C. Is floor diagram posted? Yes ☒ No ☐	☒	☐	☐
v. D. Are stairways re-entry signs posted? Yes ☒ No ☐ N/A ☐	v. E. Are elevators properly lettered on each elevator bank? Yes ☒ No ☐ N/A ☐	v. F. Is floor diagram properly oriented? Yes ☒ No ☐	☒	☐	☐
v. G. Is elevator sign "In Case of Fire, Use Stairs" posted? Yes ☒ No ☐ N/A ☐	v. H. Are exit doors unlocked, closed and unobstructed? Yes ☒ No ☐	v. I. Fire Drill Organization Charts posted and current? Yes ☐ No ☒	☒	☐	☐
TOTAL (9)			☒	☐	☐
III. b. Building Inspection—Signs and Charts—Choose one floor for the general floor inspection. <u>13</u> FLOOR Building Inspection—Signs and Charts—					
v. A. Are stairways properly lettered? Yes ☒ No ☐	v. B. Are floors properly numbered? Yes ☒ No ☐	v. C. Is floor diagram posted? Yes ☒ No ☐	☒	☐	☐
v. D. Are stairways re-entry signs posted? Yes ☒ No ☐ N/A ☐	v. E. Are elevators properly lettered on each elevator bank? Yes ☒ No ☐ N/A ☐	v. F. Is floor diagram properly oriented? Yes ☒ No ☐	☒	☐	☐
v. G. Is elevator sign "In Case of Fire, Use Stairs" posted? Yes ☒ No ☐ N/A ☐	v. H. Are exit doors unlocked, closed and unobstructed? Yes ☒ No ☐	v. I. Fire Drill Organization Charts posted and current? Yes ☐ No ☒	☒	☐	☐
TOTAL (9)			☒	☐	☐
IV. Instructions to Inspector—If four (4) or more items below are marked "NO", the inspector must issue a Violation Order at the end of the test. Test must proceed. This next part must proceed with contacting a Floor Warden within the Building. Read the following statement to the Warden—"In the event of a fire on this floor, explain which specific actions must be taken by you." FLOOR WARDENS: <u>Jackie Calabrese</u> <u>13</u> <u>9623900</u> NAME OF FLOOR WARDEN CONTACTED FLOOR CHOSEN TELEPHONE NUMBER Does Floor Warden have knowledge of:					
A. Position during fire drill or emergency? Yes ☒ No ☐	B. Notification procedures? Yes ☒ No ☐	C. Location of alarm boxes? Yes ☒ No ☐ N/A ☐	☒	☐	☐
D. Evacuation location? Yes ☒ No ☐	E. Evacuation procedures? Yes ☒ No ☐	F. Number of exits on floor? Yes ☒ No ☐	☒	☐	☐
H. Reporting whether smoke or Fire? Yes ☒ No ☐	I. Duties of Deputy Fire Warden and Searchers? Yes ☒ No ☐	v. J. Were fire drills conducted? Yes ☒ No ☐	☒	☐	☐
*K. Floor wardens in numerous floors properly trained? Yes ☒ No ☐			☒	☐	☐
TOTAL (11)			☒	☐	☐
Section B: (II, III, IV) 8 or more answered "NO" in Section B fails. SECTION B TOTAL (36) Number of correct answers in this section is <u>34</u> Number of incorrect answers is _____ Number of N/A answers is <u>2</u>					

C: Candidate

Instructions to Inspector—If any asterisk (*) items are marked "NO", terminate the test immediately. See Section VIII for further information:				YES	NO	N/A
V. Fire Emergencies and Class E. System Operations (if system inoperative, see Comments VII): Examiner —Read this statement to the candidate "You are the Fire Safety Director of the building. You receive notice during normal operational hours that an actual fire is occurring above on a floor in this building. Explain all steps of what actions must be taken. Again make no assumptions of any actions taken and start at the beginning." Did FSD have knowledge to:				X		
*A. Report to Fire Command? Yes ☒ No ☐	B. Check board status? Yes ☒ No ☐ N/A ☐	*C. Notify Fire Department? Yes ☒ No ☐	D. Send runner to Alarm Box? Yes ☒ No ☐			
*E. Make contact with floor Wardens on fire floor immediately above? Yes ☒ No ☐ N/A ☐		*F. Make announcements on PA System? Yes ☒ No ☐ N/A ☐		G. Record information—all? Yes ☒ No ☐		
*H. Evacuate fire floor and floor above? Yes ☒ No ☐		I. Instruct FW to re-contact in safe area? Yes ☒ No ☐		*J. Activate fire-brigade? Yes ☒ No ☐		
*K. Ensure elevators recall? Yes ☒ No ☐ N/A ☐		L. Shut down A/C? Yes ☒ No ☐ N/A ☐		M. Keep lobby clear and entrance doors unlocked? Yes ☒ No ☐		
*N. Reset Notification System or if System out-of-service? Yes ☒ No ☐ N/A ☐		O. Perform—Make available Fire Safety Plan, Floor Plans, Keys, engineer to NYCFD? Yes ☒ No ☐		*P. Describe—Silence Alarm? Yes ☒ No ☐ N/A ☐		
*Q. Perform—The FSD Candidate uses the PA System or one floor states "This is only a test of the P.A. System. The Floor Warden should call back on the Floor Phone immediately to confirm that this message is clear." Yes ☒ No ☐ N/A ☐				X		
TOTAL (17)						

VI. Building

Instructions to Examiner—Verify all information stated by the candidate by comparison with the Fire Safety Plan or visual inspection. A "NO" answer does not mandate failure.

ELEVATOR—(Page 13, Q 7 of F.S. Guidelines):

Does candidate know location/type of:

- A. Elevators with common shafts? Yes ☒ No ☐ N/A ☐
 B. Elevator machinery room? Yes ☒ No ☐ N/A ☐
 C. Operation of control necessary to deactivate elevator circuits? Yes ☒ No ☐ N/A ☐
 D. Identification of elevators and elevator bank? Yes ☒ No ☐ N/A ☐
 E. Firemen's service elevators? Yes ☒ No ☐ N/A ☐

Air Conditioning and Heating—(Page 15, of F.S. Guidelines):

- A. Type of air conditioning system? Yes ☒ No ☐ N/A ☐
 B. Zones serviced by systems? Yes ☒ No ☐ N/A ☐
 C. Controls to activate movement? Yes ☒ No ☐ N/A ☐
 D. Electronic automatic detection controls? Yes ☒ No ☐ N/A ☐
 E. Type, location and controls of heating systems? Yes ☒ No ☐ N/A ☐
 F. Smoke shaft location and operation? Yes ☒ No ☐ N/A ☐

Sprinkler System (Page 14 Q 11) of F.S. Guidelines:

Does candidate know location/type of:

- A. Automatic or non-automatic systems? Yes ☒ No ☐ N/A ☐
 B. Main shut off? Yes ☒ No ☐ N/A ☐
 C. Valves each floor? Yes ☒ No ☐ N/A ☐
 D. Valves for more than one floor? Yes ☒ No ☐ N/A ☐
 E. Area controlled by sprinkler system? Yes ☒ No ☐ N/A ☐
 F. Primary source of water? Yes ☒ No ☐ N/A ☐
 G. Fire pump? Yes ☒ No ☐ N/A ☐
 H. Six (6) extra sprinkler heads and wrench? Yes ☒ No ☐ N/A ☐

Alarm System:

Does candidate know location/type of:

- A. Various alarm sending station? Yes ☒ No ☐ N/A ☐
 B. Various Warden phones? Yes ☒ No ☐ N/A ☐
 C. Street fire alarm box? Yes ☒ No ☐ N/A ☐

TOTAL (22)22
Yes No N/A**Special Extinguishing System** (P. 14, Q. 2) & Lighting Equipment (P. 15, Q. 16) of F.S. Guidelines:

Does candidate know location/type of:

- A. Special extinguishing systems within building? Yes ☒ No ☐ N/A ☐
 B. Extinguishing systems location(s)? Yes ☒ No ☐ N/A ☐
 C. Auxiliary sources of lights or power? Yes ☒ No ☐ N/A ☐

Standpipe systems (P. 14, Q. 10) of F.S. Guidelines:

Does candidate know location/type of:

- A. Risers and control valves? Yes ☒ No ☐ N/A ☐
 B. Procedure should system become inoperable? Yes ☒ No ☐ N/A ☐
 C. Pump rooms? Yes ☒ No ☐ N/A ☐
 D. Water supply controls? Yes ☒ No ☐ N/A ☐

Stairways (P. 13, Q. 5) of F.S. Guidelines:

Does candidate know location/type of:

- A. Identification/location? Yes ☒ No ☐ N/A ☐
 B. Floors served? Yes ☒ No ☐ N/A ☐
 C. Pressurized stairs? Yes ☒ No ☐ N/A ☐
 D. Access stairs (Open & Closed)? Yes ☒ No ☐ N/A ☐

Other (Special Features, i.e. Atrium) (write question):

- A. Flame Protection Yes ☒ No ☐ N/A ☐
 B. One Pipe - Water Yes ☒ No ☐ N/A ☐
 C. Load Deck only Yes ☐ No ☐ N/A ☐

TOTAL (11)11
Yes No N/A

Section C: (V, VI)

12 or more answered "NO" in Section C fails.

SECTION C TOTAL (53)Number of correct answers in this section is 53 . Number of incorrect answers is _____ . Number of N/A answers is _____ .

For E.U. Use Only: Mailed Date / / Initials
 FPIMS Date / /

**ADMIN
CO.**

UNIT PHONE #

ENVIRONMENTAL CONTROL BOARD CITY OF NEW YORK	NOTICE OF VIOLATION AND HEARING	VIOLATION NO. 10144034 L
Fire Commissioner of the City of New York, Petitioner vs Respondent: <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 611 University St </div>		
Respondent is: ☒ owner ☐ managing agent ☐ tenant ☐ city agency ☐ daycare center		
Place of Occurrence (Premises Address)		
Street Number <div style="border: 1px solid black; padding: 2px; display: inline-block;">7</div> Prefix Street Name		
Type Suffix Zip Code <div style="border: 1px solid black; padding: 2px; display: inline-block;">10045</div> - Boro Code <div style="border: 1px solid black; padding: 2px; display: inline-block;">11</div> 1=Man; 2=Bx; 3=St; 4=Bklyn; 5=Qns		
AKA <div style="border: 1px solid black; padding: 2px; display: inline-block;">VERLIE TRABLE CRWHER</div>		
Mailing Address (if different from premises address)		
Street Number Prefix Street Name		
Type Suffix Zip Code Boro Code 1=Man; 2=Bx; 3=St; 4=Bklyn; 5=Qns; 6=Out of City		
Add Info		

Notice of Violation and Order to Correct and Certify Correction:

PLEASE TAKE NOTICE that the premises cited above is in violation of the requirements of law. It is further ORDERED by the FIRE COMMISSIONER that these violations be corrected and certified to be in compliance with the requirements of law within 35 days of the date of issuance. Certification must be made on the Certificate of Correction (Gold Copy).

The Certificate of Correction and all proof of compliance MUST BE RECEIVED by the Bureau of Fire Prevention, Enforcement Unit, 250 Livingston Street, Brooklyn, New York 11201-5884 (TEL 718-403-1372) by close of business on 07-29-91. First offenders who properly certify correction shall avoid a hearing and penalty. All other respondents must appear at the Environmental Control Board (ECB) hearing indicated below.

Notice of Hearing:

If the Certificate of Correction IS NOT RECEIVED by the date indicated above OR if no date is indicated above, the respondent MUST APPEAR at a hearing on 5/5/81 at ☒ 8:30am, ☐ 10:30am, ☐ 1:30pm, ☐ 3:00pm at the ECB Hearing Office located in ☒ Brooklyn ☐ Manhattan ☐ Queens ☐ Staten Island. (The address for each location is provided on the reverse side of this form.) This hearing is your opportunity to answer and defend the allegations set forth below. *If you do not appear, you will be held in default and subject to maximum penalties.*

REPEAT OFFENDERS MUST appear at the hearing on the scheduled date.

Upon investigation, it has been determined by the above named Petitioner that there is reasonable cause to believe that the above named Respondent is in violation of the Administrative Code and/or Fire Department Rule(s) cited below:

- | | |
|---|---|
| <p>Rule 1 Buckets and/or Fire Extinguishers
 ☐ Failed to provide _____ fire buckets filled with (sand/water) and/or approved, operative fire extinguishers at _____ as required.</p> <p>Rule 2 Waste Receptacles
 ☐ Failed to provide _____ approved receptacles for waste at _____ as required.</p> <p>Rule 3 No Permit
 ☐ (Sold/Stored/Used/Manufactured/Transported) (combustibles/flammables/explosives) without required valid permit.</p> <p>Rule 4 Quantities in Excess of Permit
 ☐ (Sold/Stored/Used/Manufactured/Transported) _____ in excess of amount stated on permit.</p> <p>Rule 5 Produce Permit and/or Record
 ☐ Failed to produce (permit/record) regarding _____ as required.</p> <p>Rule 6 Signs/Postings/Instructions
 ☒ Failed to provide (Signs/Postings/Instructions) for _____ at _____ as required.</p> <p>Rule 7 Labels/Marks/Stamps
 ☐ Failed to provide (Labels/Marks/Stamps) for _____ as required.</p> <p>Rule 8 Obstructions/Accumulations
 ☐ Failed to remove all (obstructions/accumulations of rubbish or storage) of _____ as required.</p> <p>Rule 9 Adequate Egress/Aisle Space/Clearance
 ☐ Failed to provide adequate (egress/aisle space/clearance) at _____ as required.</p> <p>Rule 10 Operating Contrary to C of O
 ☐ Operated _____ contrary to the certificate of occupancy.</p> <p>Rule 11 General Maintenance
 ☐ Failed to maintain _____ in a proper condition as required.</p> <p>Rule 12 Maintenance of Sprinkler, Standpipe, Alarm, Suppression Systems
 ☐ Failed to properly (provide/maintain) _____ system or part thereof as required. Describe below.</p> <p>Rule 13 Fire Retardant Material
 ☐ Failed to provide/maintain non-combustible material _____ at _____ or provide affidavit that combustible material has been treated with flame retardant as required.</p> <p>Rule 14 Fireproof Doors/Windows
 ☐ Failed to (provide/maintain) (self-closing fireproof doors/windows) at _____ as required.</p> <p>Rule 15 Fireproof Partitions or Walls
 ☐ Failed to (provide/maintain) fireproof partitions or walls at _____ as required.</p> <p>Rule 16 Ventilation
 ☐ Failed to provide (approved vents/adequate ventilation) at _____ as required.</p> | <p>Rule 17 Certificates of Fitness
 ☐ Failed to (obtain/provide) a (Certificate of Fitness/Certificate Holder on Duty) for _____</p> <p>Rule 18 Certificates of Approval/Occupancy/Qualification/License
 ☐ Failed to (obtain/provide) a Certificate of (Approval/Occupancy/Qualification/License) for _____ as required.</p> <p>Rule 19 Affidavits/Documentation/Plans/Applications
 ☐ Failed to provide (affidavit/documentation/plan/application) for _____ from _____ as required.</p> <p>Rule 20 Test/Inspection
 ☐ Failed to conduct required (equipment/system) (test/inspection) of _____ as required.</p> <p>Rule 21 Containers
 ☐ Failed to provide approved containers for _____ as required.</p> <p>Rule 22 Tanks/Supports
 ☐ Failed to (provide/maintain) approved tanks/supports for _____ as required.</p> <p>Rule 23 Storage
 ☐ Failed to provide (vaults/cabinets/room/area) for the storage of _____ as required.</p> <p>Rule 24 Racks
 ☐ Failed to provide appropriate racks at _____ as required.</p> <p>Rule 25 Electrical Equipment
 ☐ Failed to (provide/protect/maintain) _____ electrical equipment as required.</p> <p>Rule 26 Approved Refrigeration/Heating Devices or Units
 ☐ Failed to (provide/protect/maintain) _____ (refrigeration/heating) devices as required.</p> <p>Rule 27 Approved Lighting Devices
 ☐ Failed to (provide/protect/maintain) _____ lighting devices as required. Specify type of protection required: _____</p> <p>Rule 28 Exposed Flames or Sparks
 ☐ (Unlawfully allowed/sparked to protect) exposed flame or spark at _____ as required.</p> <p>Rule 29 Designated Areas
 ☐ Failed to (provide/maintain) designated area/premises for _____ as required.</p> <p>Rule 30 Fire Safety in Office Buildings/Hotels/Motels
 ☐ Failed to comply with the fire safety requirements for (office buildings/hotels/motels). Specify: _____</p> <p>Repeat Violation (\$15-229)
 ☐ Failed to correct Rule(s) _____ as previously cited on NOV # _____ (Respondent must appear at the hearing.)</p> <p>False Certification (\$15-220.1)
 ☐ Willfully falsified Certificate of Correction for NOV # _____ (Respondent must appear at hearing.)</p> <p>Other Code Section/Rule _____ Describe offense below.</p> |
|---|---|

Description of Violation:

I personally observed the commission of the above offense(s) or personally reviewed the office records indicating the offense(s) charged above.

All statements made herein are affirmed under penalty of perjury. Date of Offense: 11/11 Time: 11:00 a.m./p.m.

INSPECTOR'S SIGNATURE

PRINT NAME _____

Inspector's Tax Registry Number

AFFIDAVIT (CERTIFICATE*) OF SERVICE

State of New York, County of _____ ss:

The undersigned being duly sworn* deposes and says: That deponent is not a party to the action and is over 18 years of age; That on _____ 19____ at _____ AM/F
at _____ deponent served the within Notice of Violation a
Hearing on the respondent named herein.

I. Individual; Personal Service

☐ by delivering a true copy to said respondent personally.

II. Individual; Substituted Service

☐ by delivering a true copy to _____ a person of suitable age and discretion. Said premises is responder
actual place of business, dwelling house or usual place of abode within the State.

III. Corporation

☐ by delivering a true copy to _____ at said corporate

IV. Delivery to Employee at Premises

☐ by delivering a true copy to respondent's employee at the above location: (answer A and B)

A. I attempted to personally serve the herein Notice of Violation on the respondent named herein but was unable to do so because, having entered the premises and having identified myself, I was:

1. ☐ advised by _____ that the respondent was not then present, and premises is neither respondent's actual place of business nor dwelling house.
2. ☐ unable to secure identification of the person(s) present;
3. ☐ advised by _____ that no officer, director, managing agent or agent of respondent corporation was present.

B. Thereupon, I delivered a copy of the herein Notice of Violation to

whom I believe to be an employee of respondent at the premises because: (check 1, 2 or 3)

1. ☐ Employee so identified him/herself;
2. ☐ Employee was performing work consistent with being employed by the respondent; or
3. ☐ Other: _____

Description of Individual. (This must be completed for all types of service except corporate, Number III, above.)

Deponent describes the individual served as follows:

☐ Male	☐ White Skin	☐ Black Hair	☐ 14-20	☐ Under 5'	☐ Under 100
☐ Female	☐ Black Skin	☐ Brown Hair	☐ 21-35	☐ 5'0"-5'3"	☐ 100-130
	☐ Yellow Skin	☐ Blond Hair	☐ 36-50	☐ 5'4"-5'8"	☐ 131-160
	☐ Brown Skin	☐ Gray Hair	☐ 51-65	☐ 5'9"-6'0"	☐ 161-200
	☐ Red Skin	☐ Red Hair	☐ Over 65	☐ Over 6'	☐ Over 200
		☐ White Hair			
		☐ Balding			

Other identifying characteristics: _____

Sworn to before me on _____ 19____

SIGNATURE OF CERTIFYING OFFICER

* If not sworn, this statement shall constitute a certificate of service.

FIRE SAFETY DIRECTOR ON SITE EXAMINATION OFFICE

Section D:

VII. Comments by Examiner:

()
Check if
applicable

The Class E system was inoperative, candidate was advised to send in an affidavit indicating proper instruction has been provided and system is operative. If so, state why system was inoperative.

VIII. Determination of Passing:

- A. If the candidate failed to answer satisfactorily the essential questions marked (*), advise the candidate that a new appointment should be requested by contacting the High Rise Unit. The examiner should also give the applicant a bill for the inspections/examination.
- B. If the candidate satisfactorily answered the mandatory parts, but by totalling all answers, the number of NO answers were below 80%, the candidate fails the practical test. See Chart.

IX. On Site High Rise Test—(Print ALL information):

Candidate Name Rogers Michael
Social Security No. P11
Date of Examination 3/18/91
Number of correct answers are 87 on this test. Number of incorrect answers are 2. Number of N/A answers are .

C. of F. Z 01 615 01128 No. of On Site Tests 1
Office Address #9 WORLD TRADE CENTER
BROWN WTC
Total Number of Items Answered 57

Summary of Results:

A. PASSED ✓
(CHECK)

or

B. FAILED—(reason)

C. Violation numbers issued as result of examination and inspection:

NOV 10144034L

CANDIDATE BUILDING

Those candidates failing should contact the High Rise Unit for another appointment when building correction and/or additional knowledge is obtained.

D. I hereby certify all information contained in this report is accurate.

L. J. Roberts 3/18/91
INSPECTOR DATE

White copy must be given to the Candidate.
Canary copy must be submitted to the High Rise Unit.
Pink copy must be submitted to Cashier's office.

INSPECTORS ARE ONLY PERMITTED TO PROVIDE CANDIDATES WITH SECTION D.

INSPECTION ORDER

PLEASE INDICATE ANY OF
THESE COLUMN CHANGES
AT RIGHT 

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

ITEM CODE	SUB CODE	QTY	DESCRIPTION	FLOOR NO.
890	02	1	HIRI OFFICE BLDG 100FT OR MORE	0

COMMENTS

[illegible]STATUS CHECK AND COMPLETENYC-WTC 000166253



Silverstein Properties, Inc.
7 World Trade Center
New York, N.Y. 10048
Telephone: 212 619-6569
Fax: 212-732-5190

December 23, 1989

Ms. Ann O'Connor
Bureau of Fire Prevention
Enforcement Unit
Room #509
250 Livingston Street
Brooklyn, NY 11201-5884

RE: 7 World Trade Center
Violation #10054908-4

Dear Ms. O'Connor:

On November 28th, of 1989, one of your inspectors, Lt. Joseph A. Pupino made an unannounced visit to our facility at #7 World Trade Center in New York City. According to Chapter #19 of the New York City Administrative Code, "Inspections shall be made on an annual basis."

We, on the other hand, recently had an inspection in June 13, 1989, only five (5) months previous to our recent visit. We complied with all three (3) violations on your last visit and again rule #19, "Affidavits/Documentation/Plans should be updated as deemed necessary." The Fire Safety Plan was recently updated in our last violation report and is hereby submitted again, in its entirety. We, at 7 World Trade, feel that our format and guidelines, only 6 months revised is a more adaptable plan than the one which your inspector submitted, which hasn't been revised since August of 1972. Our format has been approved by the Fire Safety Director of the Port Authority, from which we are a contingent. Your department, also accepted and approved the Fire Safety Plan back on April 18, 1988.

(B) Rule #6 - Signs, Postings and Instructions
Failed to provide signs properly orientating the floor diagram on the 11th and 12th floor. In addition, provide and post fail safe re-entry signs on all doors on occupancy side of stairway A and B.

- (1) The floor diagram signs on both the 11th and 12th floors were previously approved by the Port Authority Inspectors, prior to issuance of a C.O. However, in good faith, we have instructed the tenant to research the diagram further, and turn same 180 degrees around to conform with the positioning that your inspector requested.

- (2) The signs, which were also part of the previous violation report, have been re-hung as requested. They were removed when additional construction started and the doors were painted and never re-hung. They are now on all occupied floors of the building.
- (C) Rule #30 - Fire Safety in Office Buildings
- Form and adequately train all members of the Fire Brigade.
- (1) The fire brigade is trained and instructed as to the individual duties in case of an emergency. The one exception your inspector took was that I was the resident Fire Safety Director and also head of the fire brigade could not leave the command station in case of fire. I have replaced my name with one of our resident engineers and thus will hold our quarterly seminars in February, 1990 for refresher training.

As instructed by the Port Authority Fire Safety Director, any future inspections (not until November of 1990) will be announced prior to the arrival of your inspector. Your cooperation is greatly appreciated and should further questions arise, please free to contact me at (212) 551-7370.

Sincerely,

William T. Keener

William T. Keener
Fire Safety Director

CC: C. Borcari (w/o attachment)
J. Halpin (w/o attachment)
M. Bassin (w/o attachment)
J. Catano (w/o attachment)
L. Morcia (Port Authority) (w/o attachment)

[illegible]

Instructions to Inspectors—All boxes on this form must have an answer. Answers to a "NO" answers to a "V" mandate a Violation Order, "NO" answers to a "*" mandate automatic failure. Check "YES" "NO" or "N/A".

ON SITE EXAM FOR FIRE SAFETY DIRECTOR—OFFICE

Name of Candidate KEVIN, ROSMUSSEN Office Address 7 W. T. C Date of Examination 5/8/90
(Print last name, first name) N.Y. N.Y. Inspector LT. DE LUCA

A:

Instructions to Inspectors—If any asterisk (*) items are marked "NO", terminate the test immediately. See Section VIII for further information.			YES	NO	N/A
I. Physical Requirements—Does candidate have ability to:					
* A. Speak and understand English? Yes ☒ No ☐	* B. Hear spoken words over a telephone? (with corrective devices) Yes ☒ No ☐	* C. Possess necessary vision? (corrective devices acceptable) Yes ☒ No ☐			

B: Building

Instructions to Inspector—If any violation (V) items are marked "NO", issue a Violation Order at the end of the Test. Test must proceed.			YES	NO	N/A
II. Records:					
v. A. Fire drill records current? Yes ☒ No ☐	v. B. Firemen's Service Elevator Test Records current? Yes ☒ No ☐ N/A ☐	v. C. Keys kept at Fire Command Station? Yes ☒ No ☐ N/A ☐	3		
v. D. Fire Safety Plan and building floor plan at Fire Command Station? Yes ☒ No ☐	v. E. A current list of all floor Wardens and phone numbers at Fire Command Station? Yes ☒ No ☐	v. F. Master window keys available? Yes ☐ No ☐ N/A ☒	2		1
v. G. Building current in actual Fire Drills? (*if over 3 months) Yes ☒ No ☐			1		
TOTAL (7)			6	0	1
Instructions to Inspector—If any violation (V) items are marked "NO", issue a Violation Order at the end of the Test. Test must Proceed.					
III. a. Specific Building Inspection:					
Special Instructions—Choose one floor for the general floor inspection <u>24</u> FLOOR					
Building Inspection—Signs and Charts—					
v. A. Are stairways properly lettered? Yes ☒ No ☐	v. B. Are floors properly numbered? Yes ☐ No ☐	v. C. Is floor diagram posted? Yes ☒ No ☐	3		
v. D. Are stairways re-entry signs posted? Yes ☒ No ☐ N/A ☐	v. E. Are elevators properly lettered on each elevator bank? Yes ☒ No ☐ N/A ☐	v. F. Is floor diagram properly oriented? Yes ☒ No ☐	3		
v. G. Is elevator sign "In Case of Fire, Use Stairs" posted? Yes ☒ No ☐ N/A ☐	v. H. Are exit doors unlocked, closed and unobstructed? Yes ☒ No ☐	v. I. Fire Drill Organization Charts posted and current? Yes ☐ No ☒	3		
TOTAL (9)			9		
III. b. Building Inspection—Signs and Charts—Choose one floor for the general floor inspection <u>10</u> FLOOR					
v. A. Are stairways properly lettered? Yes ☒ No ☐	v. B. Are floors properly numbered? Yes ☒ No ☐	v. C. Is floor diagram posted? Yes ☒ No ☐	3		
v. D. Are stairways re-entry signs posted? Yes ☒ No ☐ N/A ☐	v. E. Are elevators properly lettered on each elevator bank? Yes ☒ No ☐ N/A ☐	v. F. Is floor diagram properly oriented? Yes ☒ No ☐	3		
v. G. Is elevator sign "In Case of Fire, Use Stairs" posted? Yes ☒ No ☐ N/A ☐	v. H. Are exit doors unlocked, closed and unobstructed? Yes ☒ No ☐	v. I. Fire Drill Organization Charts posted and current? Yes ☒ No ☐	3		
TOTAL (9)			9		
IV. Instructions to Inspector—If four (4) or more items below are marked "NO", the Inspector must issue a Violation Order at the end of the test. Test must proceed.					
This next part must proceed with contacting a Floor Warden within the Building. Read the following statement to the Warden—"In the event of a fire on this floor, explain which specific actions must be taken by you."					
FLOOR WARDENS: <u>EVERETT WEINING</u> <u>10</u> <u>422-1000</u>					
NAME OF FLOOR WARDEN CONTACTED			FLOOR CHOSEN	TELEPHONE NUMBER	
Does Floor Warden have knowledge of:					
A. Position during fire drill or emergency? Yes ☒ No ☐	B. Notification procedures? Yes ☒ No ☐	C. Location of alarm boxes? Yes ☒ No ☐ N/A ☐	3		
D. Evacuation location? Yes ☒ No ☐	E. Evacuation procedures? Yes ☒ No ☐	F. Number of exits on floor? Yes ☐ No ☐	4		
H. Reporting whether smoke or Fire? Yes ☒ No ☐	I. Duties of Deputy Fire Warden and Searchers? Yes ☒ No ☐	v. J. Were fire drills conducted? Yes ☒ No ☐	3		
*K. Floor wardens in numerous floors properly trained? Yes ☒ No ☐			1		
TOTAL (11)			11		
Section B: (II, III, IV) 8 or more answered "NO" in Section B fails. SECTION B TOTAL (36)					
Number of correct answers in this section is <u>36</u> Number of incorrect answers is <u>0</u> Number of N/A answers is <u>0</u>					

C. Candidate

Instructions to Inspector—If any asterisk (*) items are marked "NO", terminate the test immediately. See Section VIII for further information:				YES	NO	N/A
V. Fire Emergencies and Class E. System Operations (if system inoperative, see Comments VII): Examiner —Read this statement to the candidate "You are the Fire Safety Director of the building. You receive notice during normal operational hours that an actual fire is occurring above on a floor in this building. Explain all steps of what actions must be taken. Again make no assumptions of any actions taken and start at the beginning." Did FSD have knowledge to:						
*A. Report to Fire Command? Yes ☒ No ☐	B. Check board status? Yes ☒ No ☐ N/A ☐	*C. Notify Fire Department? Yes ☒ No ☐	D. Send runner to Alarm Box? Yes ☒ No ☐	4		
*E. Make contact with floor Wardens on fire floor immediately above? Yes ☒ No ☐ N/A ☐	*F. Make announcements on PA System? Yes ☒ No ☐ N/A ☐		G. Record information—all? Yes ☐ No ☒	2	1	
*H. Evacuate fire floor and floor above? Yes ☒ No ☐	I. Instruct FW to re-contact in safe area? Yes ☐ No ☒		*J. Activate fire brigade? Yes ☒ No ☐	2	1	
*K. Ensure elevators recall? Yes ☒ No ☐ N/A ☐	L. Shut down A/C? Yes ☒ No ☐ N/A ☐	M. Keep lobby clear and entrance doors unlocked? Yes ☐ No ☒		2	1	
*N. Reset Notification System or if System out-of-service? Yes ☒ No ☐ N/A ☐		O. Perform—Make available Fire Safety Plan, Floor Plans, Keys, engineer to NYCFD? Yes ☒ No ☐	*P. Describe—Silence Alarm? Yes ☒ No ☐ N/A ☐	3		
*Q. Perform—The FSD Candidate uses the PA System on one floor states "This is only a test of the P.A. System. The Floor Warden should call back on the Floor Phone immediately to confirm that this message is clear." Yes ☒ No ☐ N/A ☐				1		
TOTAL (17)				14	3	0
VI. Building						
Instructions to Examiner—Verify all information stated by the candidate by comparison with the Fire Safety Plan or visual inspection. A "NO" answer does not mandate failure.						
ELEVATOR —(Page 13, Q 7 of F.S. Guidelines): Does candidate know location/type of:				Special Extinguishing System (P. 14, Q. 2) & Lighting Equipment (P. 15, Q. 16) of F.S. Guidelines: Does candidate know location/type of:		
A. Elevators with common shafts? Yes ☒ No ☐ N/A ☐				A. Special extinguishing systems within building? Yes ☐ No ☐ N/A ☒		
B. Elevator machinery room? Yes ☒ No ☐ N/A ☐				B. Extinguishing systems location(s)? Yes ☒ No ☐ N/A ☒		
C. Operation of control necessary to deactivate elevator circuits? Yes ☒ No ☐ N/A ☐				C. Auxiliary sources of lights or power? Yes ☒ No ☐ N/A ☐		
D. Identification of elevators and elevator bank? Yes ☒ No ☐ N/A ☐						
E. Firemen's service elevators? Yes ☒ No ☐ N/A ☐						
Air Conditioning and Heating —(Page 15, of F.S. Guidelines):				Standpipe systems (P. 14, Q. 10) of F.S. Guidelines:		
A. Type of air conditioning system? Yes ☒ No ☐ N/A ☐				Does candidate know location/type of:		
B. Zones serviced by systems? Yes ☒ No ☐ N/A ☐				A. Risers and control valves? Yes ☒ No ☐ N/A ☐		
C. Controls to activate movement? Yes ☒ No ☐ N/A ☐				B. Procedure should system become inoperable? Yes ☒ No ☐ N/A ☐		
D. Electronic automatic detection controls? Yes ☒ No ☐ N/A ☐				C. Pump rooms? Yes ☒ No ☐ N/A ☐		
E. Type, location and controls of heating systems? Yes ☒ No ☐ N/A ☐				D. Water supply controls? Yes ☒ No ☐ N/A ☐		
F. Smoke shaft location and operation? Yes ☒ No ☐ N/A ☐						
Sprinkler System (Page 14 Q 11) of F.S. Guidelines:				Stairways (P. 13, Q. 5) of F.S. Guidelines:		
Does candidate know location/type of:				Does candidate know location/type of:		
A. Automatic or non-automatic systems? Yes ☒ No ☐ N/A ☐				A. Identification/location? Yes ☒ No ☐ N/A ☐		
B. Main shut off? Yes ☒ No ☐ N/A ☐				B. Floors served? Yes ☒ No ☐ N/A ☐		
C. Valves each floor? Yes ☒ No ☐ N/A ☐				C. Pressurized stairs? Yes ☒ No ☐ N/A ☐		
D. Valves for more than one floor? Yes ☒ No ☐ N/A ☐				D. Access stairs (Open or Closed)? Yes ☒ No ☐ N/A ☐		
E. Area controlled by sprinkler system? Yes ☒ No ☐ N/A ☐						
F. Primary source of water? Yes ☒ No ☐ N/A ☐				Other (Special Features, i.e. Atrium) (write question):		
G. Fire pump? Yes ☒ No ☐ N/A ☐				A. _____ Yes ☐ No ☐ N/A ☐		
H. Six (6) extra sprinkler heads and wrench? Yes ☒ No ☐ N/A ☐				B. _____ Yes ☐ No ☐ N/A ☐		
				C. _____ Yes ☐ No ☐ N/A ☐		
Alarm System: Does candidate know location/type of:						
A. Various alarm sending station? Yes ☒ No ☐ N/A ☐						
B. Various Warden phones? Yes ☒ No ☐ N/A ☐						
C. Street fire alarm box? Yes ☒ No ☐ N/A ☐						
TOTAL (22) 22 Yes No N/A				TOTAL (11) 11 Yes No N/A		
Section C: (V, VI) 12 or more answered "NO" in Section C fails. SECTION C TOTAL (53)						
Number of correct answers in this section is _____ . Number of incorrect answers is _____ . Number of N/A answers is _____ .						

14 3 0
22 0 0
11 0 0
47-3-
36-0-
11-3-

FIRE SAFETY DIRECTOR ON SITE EXAMINATION—OF E

Section D:

VII. Comments by Examiner:

()
Check if
applicable

The Class E system was inoperative, candidate was advised to send in an affidavit indicating proper instruction has been provided and system is operative. If so, state why system was inoperative.

VIII. Determination of Passing:

- A. If the candidate failed to answer satisfactorily the essential questions marked (*), advise the candidate that a new appointment should be requested by contacting the High Rise Unit. The examiner should also give the applicant a bill for the inspections/examination.
- B. If the candidate satisfactorily answered the mandatory parts, but by totalling all answers, the number of NO answers were below 80%, the candidate fails the practical test. See Chart.

IX. On Site High Rise Test—(Print ALL information):

Candidate Name RAUMSSEN, KEVIN
Social Security No. PII
Date of Examination 5/18/90
Number of correct answers are 78 on this test. Number of incorrect answers are 5. Number of N/A answers are 3.

C. of F. Z 01 61045575 No. of On Site Tests 1
Office Address 7 H T C
N.Y.C. 10048
Total Number of Items Answered 86

Summary of Results:

A. PASSED ✓
(CHECK)

or

B. FAILED—(reason)

C. Violation numbers issued as result of examination and inspection:

CANDIDATE BUILDING
Those candidates failing should contact the High Rise Unit for another appointment when building correction and/or additional knowledge is obtained.
D. I hereby certify all information contained in this report is accurate.
Lt Deluca 5/18/90
INSPECTOR DATE

White copy must be given to the Candidate.
Canary copy must be submitted to the High Rise Unit.
Pink copy must be submitted to Cashier's office.

INSPECTORS ARE ONLY PERMITTED TO PROVIDE CANDIDATES WITH SECTION D.

FSD-1 H/R (4/89) 51-890288-114

TRANSFER TO NEW ADDRESS.

Instructions to Inspectors—All boxes on this form must have an answer. Answers to a "NO" answers to a "V" mandate a Violation Order, "NO" answers to a "V" mandate automatic failure. Check "YES" "NO" or "N/A".

ON SITE EXAM FOR FIRE SAFETY DIRECTOR—OFFICE

Name of Candidate RIVERA, Luis Office Address 7 W.T.C. Date of Examination 5/8/90
(Print last name, first name) N.Y.C. 10040

A:

Instructions to Inspectors—If any asterisk (*) items are marked "NO", terminate the test immediately. See Section VIII for further information.			YES	NO	N/A
I. Physical Requirements—Does candidate have ability to:					
*A. Speak and understand English? Yes ☒ No ☐	*B. Hear spoken words over a telephone? (with corrective devices) Yes ☒ No ☐	*C. Possess necessary vision? (corrective devices acceptable) Yes ☒ No ☐			

B: Building

Instructions to Inspector—If any violation (V) items are marked "NO", issue a Violation Order at the end of the Test. Test must proceed.			YES	NO	N/A
II. Records:					
v. A. Fire drill records current? Yes ☒ No ☐	v. B. Firemen's Service Elevator Test Records current? Yes ☒ No ☐ N/A ☐	v. C. Keys kept at Fire Command Station? Yes ☒ No ☐ N/A ☐			
v. D. Fire Safety Plan and building floor plan at Fire Command Station? Yes ☒ No ☐	v. E. A current list of all floor Wardens and phone numbers at Fire Command Station? Yes ☒ No ☐	v. F. Master window keys available? Yes ☒ No ☐ N/A ☒			
v. G. Building current in actual Fire Drills? (*if over 3 months) Yes ☒ No ☐					
TOTAL (7)			3	2	1
Instructions to Inspector—If any violation (V) items are marked "NO", issue a Violation Order at the end of the Test. Test must Proceed. III. a. Specific Building Inspection: Special Instructions—Choose one floor for the general floor inspection <u>24</u> Building Inspection—Signs and Charts—					
v. A. Are stairways properly lettered? Yes ☒ No ☐	v. B. Are floors properly numbered? Yes ☒ No ☐	v. C. Is floor diagram posted? Yes ☒ No ☐			
v. D. Are stairways re-entry signs posted? Yes ☒ No ☐ N/A ☐	v. E. Are elevators properly lettered on each elevator bank? Yes ☒ No ☐ N/A ☐	v. F. Is floor diagram properly oriented? Yes ☒ No ☐			
v. G. Is elevator sign "In Case of Fire, Use Stairs" posted? Yes ☒ No ☐ N/A ☐	v. H. Are exit doors unlocked, closed and unobstructed? Yes ☒ No ☐	v. I. Fire Drill Organization Charts posted and current? Yes ☒ No ☐			
TOTAL (9)			3	3	3
III. b. Building Inspection—Signs and Charts—Choose one floor for the general floor inspection <u>10</u> FLOOR					
v. A. Are stairways properly lettered? Yes ☒ No ☐	v. B. Are floors properly numbered? Yes ☒ No ☐	v. C. Is floor diagram posted? Yes ☒ No ☐			
v. D. Are stairways re-entry signs posted? Yes ☒ No ☐ N/A ☐	v. E. Are elevators properly lettered on each elevator bank? Yes ☒ No ☐ N/A ☐	v. F. Is floor diagram properly oriented? Yes ☒ No ☐			
v. G. Is elevator sign "In Case of Fire, Use Stairs" posted? Yes ☒ No ☐ N/A ☐	v. H. Are exit doors unlocked, closed and unobstructed? Yes ☒ No ☐	v. I. Fire Drill Organization Charts posted and current? Yes ☒ No ☐			
TOTAL (9)			3	3	3
IV. Instructions to Inspector—If four (4) or more items below are marked "NO", the inspector must issue a Violation Order at the end of the test. Test must proceed. This next part must proceed with contacting a Floor Warden within the Building. Read the following statement to the Warden—"In the event of a fire on this floor, explain which specific actions must be taken by you."					
FLOOR WARDENS: <u>EVERETT LEINBERG</u> <u>10</u> <u>422-1000</u> NAME OF FLOOR WARDEN CONTACTED FLOOR CHOSEN TELEPHONE NUMBER					
Does Floor Warden have knowledge of:					
A. Position during fire drill or emergency? Yes ☒ No ☐	B. Notification procedures? Yes ☒ No ☐	C. Location of alarm boxes? Yes ☒ No ☐ N/A ☐			
D. Evacuation location? Yes ☒ No ☐	E. Evacuation procedures? Yes ☒ No ☐	F. Number of exits on floor? Yes ☒ No ☐			
H. Reporting whether smoke or Fire? Yes ☒ No ☐	I. Duties of Deputy Fire Warden and Searchers? Yes ☒ No ☐	v. J. Were fire drills conducted? Yes ☒ No ☐			
*K. Floor wardens in numerous floors properly trained? Yes ☒ No ☐					
TOTAL (11)			3	4	3
Section B: (II, III, IV) 8 or more answered "NO" in Section B fails. SECTION B TOTAL (36) Number of correct answers in this section is <u>36</u> Number of incorrect answers is <u>0</u> Number of N/A answers is <u>0</u>					

C: Candidate

Instructions to Inspector—If any asterisk (*) items are marked "NO", terminate the test immediately. See Section VIII for further information:				YES	NO	N/A
V. Fire Emergencies and Class E. System Operations (if system inoperative, see Comments VII): Examiner —Read this statement to the candidate "You are the Fire Safety Director of the building. You receive notice during normal operational hours that an actual fire is occurring above on a floor in this building. Explain all steps of what actions must be taken. Again make no assumptions of any actions taken and start at the beginning." Did FSD have knowledge to:						
*A. Report to Fire Command? Yes ☒ No ☐	B. Check board status? Yes ☒ No ☐ N/A ☐	*C. Notify Fire Department? Yes ☒ No ☐	D. Send runner to Alarm Box? Yes ☒ No ☐	4		
*E. Make contact with floor Wardens on fire floor immediately above? Yes ☒ No ☐ N/A ☐		*F. Make announcements on PA System? Yes ☒ No ☐ N/A ☐		2	1	
*H. Evacuate fire floor and floor above? Yes ☒ No ☐		I. Instruct FW to re-contact in safe area? Yes ☐ No ☒		2	1	
*K. Ensure elevators recall? Yes ☒ No ☐ N/A ☐		L. Shut down A/C? Yes ☒ No ☐ N/A ☐		2		
*N. Reset Notification System or if System out-of-service? Yes ☒ No ☐ N/A ☐		O. Perform—Make available Fire Safety Plan, Floor Plans, Keys, engineer to NYCFD? Yes ☒ No ☐		3		
*P. Describe—Silence Alarm? Yes ☒ No ☐ N/A ☐				3		
*Q. Perform—The FSD Candidate uses the PA System on one floor states "This is only a test of the P.A. System. The Floor Warden should call back on the Floor Phone immediately to confirm that this message is clear." Yes ☒ No ☐ N/A ☐				1		
TOTAL (17)				15	2	0

VI. Building

Instructions to Examiner—Verify all information stated by the candidate by comparison with the Fire Safety Plan or visual inspection. A "NO" answer does not mandate failure.

ELEVATOR—(Page 13, Q 7 of F.S. Guidelines):

Does candidate know location/type of:

- A. Elevators with common shafts? Yes ☒ No ☐ N/A ☐
 B. Elevator machinery room? Yes ☒ No ☐ N/A ☐
 C. Operation of control necessary to deactivate elevator circuits? Yes ☒ No ☐ N/A ☐
 D. Identification of elevators and elevator bank? Yes ☒ No ☐ N/A ☐
 E. Firemen's service elevators? Yes ☒ No ☐ N/A ☐

Air Conditioning and Heating—(Page 15, of F.S. Guidelines):

- A. Type of air conditioning system? Yes ☒ No ☐ N/A ☐
 B. Zones serviced by systems? Yes ☒ No ☐ N/A ☐
 C. Controls to activate movement? Yes ☒ No ☐ N/A ☐
 D. Electronic automatic detection controls? Yes ☒ No ☐ N/A ☐
 E. Type, location and controls of heating systems? Yes ☒ No ☐ N/A ☐
 F. Smoke shaft location and operation? Yes ☐ No ☒ N/A ☒

Sprinkler System (Page 14 Q 11) of F.S. Guidelines:

Does candidate know location/type of:

- A. Automatic or non-automatic systems? Yes ☒ No ☐ N/A ☐
 B. Main shut off? Yes ☒ No ☐ N/A ☐
 C. Valves each floor? Yes ☒ No ☐ N/A ☐
 D. Valves for more than one floor? Yes ☒ No ☐ N/A ☐
 E. Area controlled by sprinkler system? Yes ☒ No ☐ N/A ☐
 F. Primary source of water? Yes ☒ No ☐ N/A ☐
 G. Fire pump? Yes ☒ No ☐ N/A ☐
 H. Six (6) extra sprinkler heads and wrench? Yes ☒ No ☐ N/A ☐

Alarm System:

Does candidate know location/type of:

- A. Various alarm sending station? Yes ☒ No ☐ N/A ☐
 B. Various Warden phones? Yes ☒ No ☐ N/A ☐
 C. Street fire alarm box? Yes ☒ No ☐ N/A ☐

TOTAL (22)

14 3 0
Yes No N/A

Special Extinguishing System (P. 14, Q. 2) & Lighting Equipment (P. 15, Q. 16) of F.S. Guidelines:

Does candidate know location/type of:

- A. Special extinguishing systems within building? Yes ☐ No ☐ N/A ☒
 B. Extinguishing systems location(s)? Yes ☐ No ☐ N/A ☒
 C. Auxiliary sources of lights or power? Yes ☒ No ☐ N/A ☐

Standpipe systems (P. 14, Q. 10) of F.S. Guidelines:

Does candidate know location/type of:

- A. Risers and control valves? Yes ☒ No ☐ N/A ☐
 B. Procedure should system become inoperable? Yes ☒ No ☐ N/A ☐
 C. Pump rooms? Yes ☒ No ☐ N/A ☐
 D. Water supply controls? Yes ☒ No ☐ N/A ☐

Stairways (P. 13, Q. 5) of F.S. Guidelines:

Does candidate know location/type of:

- A. Identification/location? Yes ☒ No ☐ N/A ☐
 B. Floors served? Yes ☒ No ☐ N/A ☐
 C. Pressurized stairs? Yes ☐ No ☐ N/A ☒
 D. Access stairs (Open or Closed)? Yes ☒ No ☐ N/A ☐

Other (Special Features, i.e. Atrium) (write question):

- A. _____ Yes ☐ No ☐ N/A ☐
 B. _____ Yes ☐ No ☐ N/A ☐
 C. _____ Yes ☐ No ☐ N/A ☐

TOTAL (11)

8 3 0
Yes No N/A

Section C: (V, VI)

12 or more answered "NO" in Section C fails.

SECTION C TOTAL (53)

Number of correct answers in this section is _____ . Number of incorrect answers is _____ . Number of N/A answers is _____ .

15 2 0
8 0 3
19 3 0
24 5 3

425-3
3600
78-5-3

FIRE SAFETY DIRECTOR ON SITE EXAMINATION—OF 2

Section D:

VII. Comments by Examiner:

()
Check if
applicable

The Class E system was inoperative, candidate was advised to send in an affidavit indicating proper instruction has been provided and system is operative. If so, state why system was inoperative.

VIII. Determination of Passing:

- A. If the candidate failed to answer satisfactorily the essential questions marked (*), advise the candidate that a new appointment should be requested by contacting the High Rise Unit. The examiner should also give the applicant a bill for the inspections/examination.
- B. If the candidate satisfactorily answered the mandatory parts, but by totalling all answers, the number of NO answers were below 80%, the candidate fails the practical test. See Chart.

IX. On Site High Rise Test—(Print ALL Information):

Candidate Name RIVERA, Luis
Social Security No. PII
Date of Examination 5/8/90
Number of correct answers are 78 on this test. Number of incorrect answers are 5. Number of N/A answers are 2.

C. of F. Z 01 61520300 No. of On Site Tests 7
Office Address 747 C
NYC 10048
Total Number of Items Answered 86

Summary of Results:

A. PASSED ✓
(CHECK)

or

B. FAILED—(reason)

C. Violation numbers issued as result of examination and inspection:

CANDIDATE BUILDING
Those candidates failing should contact the High Rise Unit for another appointment when building correction and/or additional knowledge is obtained.

D. I hereby certify all information contained in this report is accurate.

5/8/90
INSPECTOR DATE

White copy must be given to the Candidate.
Canary copy must be submitted to the High Rise Unit.
Pink copy must be submitted to Cashier's office.

INSPECTORS ARE ONLY PERMITTED TO PROVIDE CANDIDATES WITH
SECTION D.



CROSS STREETS

CITY OF NEW YORK

A-10(9-85)
750 Sets-BMC21557

Between Washington St
AND Next Broadway

FIRE DEPARTMENT
BUREAU OF FIRE PREVENTION

BATTALION

VIOLATION ORDER

D 249375

To 7-World Trade Center, ^{man} SILVERSTEIN

Entire Bldg.
ROOM NO. OR FLOOR

Office Bldg.
TYPE OF OCCUPANCY

NAME OF OWNER, LEASEE, OCCUPANT, ETC.
165630 01
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.	
Sp-83	1.	Submit evidence to Div. of Fire Prevention, Hi-Rise Unit 250 Livingston St, BKLYN NY, 11201 that the CL."E" communication system is an approved installation.
Sp-84	2.	Provide that a copy of the letter of "Approval" for CL."E" system be kept on file at these premises AVAILABLE for inspection by Fire Dept.

DEC 04 1989
V.O. RCD

DESK 25

If this order has not been complied with, in 30 days of the issuance date, A SUMMONS will be served for violation of Chapter 19 of the Administrative Code of the City of New York.

TO 25

TO 24

FOR NUMBERING

FOR DISMISSAL

Joseph F. Bruno
Fire Commissioner

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

MARK J. BASSIN Building Manager (26) 619-6569

NAME OF PERSON WHO RECEIVED THIS ORDER

TITLE PHONE #

Lt Pupino

11-28-89

Hi-Rise

INSPECTOR

DATE

UNIT

Unit Address 250 Livingston St
BKLYN NY 11201

Unit Telephone (718) 403-1421

REINSPECTION RECORD

DATE OF INSPECTION	ITEMS NO.	C.W.	PROG.	N.C.W.	SUM.	NAME OF INSPECTOR	UNIT

ACTION REPORT INSPECTING UNIT

RECOMMENDATION:

Order be

☐ Dismissed

☐ Enforced

REASONS:

Items #

C.W.

Items #

N.C.W.

ADDITIONAL INFORMATION

INSPECTOR

DATE

CO. COMMANDER • SUPERVISOR

DISPOSITION REPORT — BUR. OF FIRE PREVENTION

DATE

SUPERVISOR



Silverstein Properties, Inc.
7 World Trade Center
New York, N.Y. 10048
Telephone: 212 619-6569
Fax: 212-732-5190

March 15, 1990

DIVISION OF FIRE PREVENTION
HI-RISE UNIT
250 Livingston Street
Brooklyn, NY 11201

Re: 7 World Trade Center
Violation #D249375

To Whom it May Concern:

With reference to the above noted violation, enclosed please find the Temporary Certificates of Occupancy (TCO) as issued by the Port of Authority of New York and New Jersey (PA).

This is the only record of approval for the Class "E" system as 7 World Trade Center is under Port Authority jurisdiction. Being that the Port Authority is autonomous, this information should suffice.

Sincerely,

A handwritten signature in dark ink, appearing to read "Mark Bassin", written over a horizontal line.

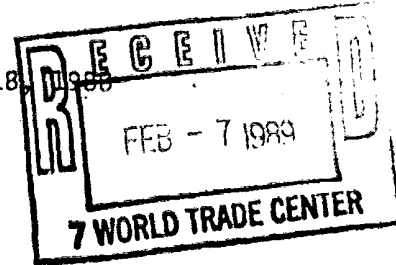
Mark Bassin
Building Manager

MB/dd

cc: JIm Halpin
Bill Dacunto

THE PORT AUTHORITY

November 18, 1988



Mr. Arthur Miller
Senior Vice President
Silverstein Properties
521 Fifth Avenue
New York, New York 10175

Re: Seven World Trade Center
Temporary Certificate of Occupancy

Dear Mr. Miller:

Please be advised that this letter shall serve as a temporary Certificate of Occupancy for Seven World Trade Center, Floors 35 through the roof, as of November 18, 1988 for base building systems. A final inspection will be held at a later date when all work shown on the attached punch list is completed.

Very truly yours,

Robert J. Linn
Deputy Director for
Physical Facilities
World Trade & Economic Development

cc: A. Levine (Tishman)

Attachment

bcc: P. Cavanagh, S. Johnson, R. Lachman, A. Preschle, V. Vaccariello,
A. Vaccaro, F. Varela, File

Building Planning Dept.
New York, NY
Building Dept. Development
New York, NY
Industrial Building Division
New York, NY
Engineering, Planning, Research
New York, NY

World Trade & Economic Development
New York, NY
World Trade & Economic Development
New York, NY
Legal and Communications Center
New York, NY
New York City Department of
New York, NY

The Telecom
State of New York
The World Trade Center
New York, NY
Building Planning Division
New York, NY
Article 1000, Section 1000

Trade Development Office
London, England
Tokyo, Japan
Geneva, Switzerland
The World Trade Institute
at The World Trade Center

XEROX
The Port Authority
Trading Company
at The World
Trade Center

THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY

The World Trade Center
One World Trade Center
New York, New York 10048

April 5, 1988

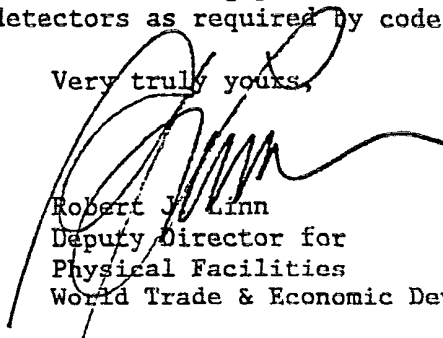
Mr. Arthur Miller
Senior Vice President
Silverstein Properties
521 Fifth Avenue
New York, New York 10175

Re: Seven World Trade Center -
Temporary Certificate of Occupancy

Dear Mr. Miller:

Please be advised that this letter shall serve as a temporary Certificate of Occupancy for Seven World Trade Center, Floors 14-24, as of April 1, 1988 for base building systems. A final inspection will be held at a later date when all work is completed including pressure differential/air velocity test on all duct smoke detectors as required by code.

Very truly yours,



Robert J. Linn
Deputy Director for
Physical Facilities
World Trade & Economic Development

bcc: S. Johnson, R. Lachman, C. Serge, V. Vaccariello, A. Vaccaro, F. Varela

Seven World Trade Center - Outstanding Punch List Items

1. Tamper switches must be installed on the fire standpipe valves on the 44th floor and on the street level siamese connections.
2. The stair page system is not functioning properly. Every other speaker in each stair riser is not audible. In Stair # 1 the speakers at the 37th and 41st floors are not functioning at all.
3. The following pertains to doors in stair # 2:
 - a. The door on the 45th floor must be realigned with the striker plate.
 - b. The hardware on the 39th floor is loose and is scoring the door when it is operated.
 - c. The door on the 38th floor does not close fully.
 - d. The electronic striker on the 37th floor doesn't release upon emergency actuation.
4. The water level alarms for the 46th floor domestic water tanks have yet to be installed.
5. Elevator Banks C, D, and E must be tested for emergency recall on emergency power.
6. The emergency generators must be retested for a full load test for four hours. Apparently, the fuel is consumed by the generators at a faster rate than it is supplied. The generators ran for approximately two hours before running out of fuel.
7. Pressure differential/air velocity test on all duct smoke detectors in accordance with manufacturer's recommendations and the New York city Building Code.
8. The window washing scaffold and rigging must be tested and inspected by New York State and the Port Authority.
9. The truck dock dry pipe sprinkler system must be retested in accordance with the remaining punch list sent to R. Tabasco by this office June 1, 1988.
10. Chains were allowed to be used to lock off certain valves as a temporary measure until tamper switches were installed. All chains must be removed from these valves and tamper switches operating in accordance with the class "E" system
11. Escalators # 7 and # 8, the sump pump and heater operation must be verified.

Prior to the issuance of a Final Certificate of Occupancy, it is required that certification from the following professionals be rendered to the Port Authority in accordance with the attached certification sample copy.

Tishman -	Mechanical and Electrical Construction
I.G. Cantor -	Structural
Testwell Craig -	Structural, Firestopping, Concrete, Fireproofing and Bolting
Gordon Smith -	Curtain Wall and Window Wall

THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY

World Trade & Economic Development
One World Trade Center
New York, N.Y. 10048

December 30, 1987

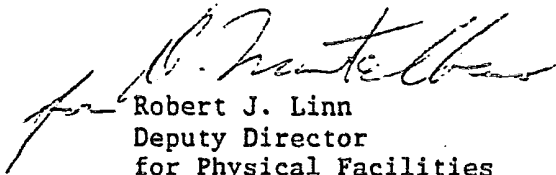
Mr. Arthur Miller
Senior Vice President
Silverstein Properties
521 Fifth Avenue
New York, New York 10175

Re: Seven World Trade Center -
Temporary Certificate of Occupancy

Dear Mr. Miller:

Please be advised that this letter shall serve as a temporary Certificate of Occupancy for Seven World Trade Center, floors 1 - 13, as of December 31, 1987, for base building systems. A Final Inspection will be held at a later date when all work is completed.

Very truly yours,


Robert J. Linn
Deputy Director
for Physical Facilities
World Trade & Economic Development

bcc: S. Johnson, R. Lachman, C. Serge, A. Vaccaro

APV:mak

A-324 (7/84) 03-127-09:

INSPECTION REPORT

OWNER NAME

S	I	L	V	E	R	S	T	E	I	N	P	R	O	P	E	R	T	I	E	S		
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--

PREMISE ADDRESS

BILLING ADDRESS

ENTER HERE IF OUT OF TOWN

PUT X IN
NO. FREE ACC.

COMMENTS

PUT X IF
SEE ATTACHED

STATUS - CHECK AND COMPLETE

INSPECTOR - I.D.

4	0	0	0	5	/	1	8	6
---	---	---	---	---	---	---	---	---

NEXT INSPECTION SCHEDULED: _____ DATE

AKA ADDRESS

ENTRY CLERK 1 DATE 11/29/59 AUDITOR _____ DATE _____

[illegible]

BUILDING PROFILE

BUILDING ADDRESS

7 World Trade Center

TYPE OF BUILDING

Office Bldg

DATE

11-28-89

HEIGHT IN FEET

618 FT.

NUMBER OF STORIES

47

	YES	NO	REMARKS
APPROVED COMMUNICATION	?		MODEL
SPRINKLER	✓		FULLY ✓ PARTIAL
STANDPIPE	✓		STAIRWAY A + B
SPECIAL EXTING. SYSTEMS	✓		
STAIR PRESS.		✓	
FIREMEN'S SVC.	✓		
CENTRAL A/C		✓	PACKAGE UNIT
ACCESS STAIRS	✓		FLOORS SERVED 1 TO 12 TH INFO IN FSP
MAIL CONVEYORS		✓	
ADDITIONAL INFO		✓	

Inspector



CROSS STREETS

Between West Livingston St
AND Nest Freeway

CITY OF NEW YORK

FIRE DEPARTMENT
BUREAU OF FIRE PREVENTION

A-10(9-85)
750 Sets—6M21557

BATTALION 1

VIOLATION ORDER

D 249375

To 7 World Trade Center SILVERSTEIN

Entire Bldg Office Bldg
ROOM NO. OR FLOOR TYPE OF OCCUPANCY
NAME OF OWNER, LEASEE, OCCUPANT, ETC. 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.	
Sp-83	1	Submit evidence to Div. of Fire Prevention, 111 Rise Unit 250 Livingston ST BKLYN NY, 11201, that the CL"E" communication system is an approved installation.
Sp-84	2	Provide that a copy of the letter of "Approval" for CL"E" system be kept on file at these premises available for inspection by Fire Dept.

If this order has not been complied with, in 30 days of the issuance date, A SUMMONS will be served for violation of Chapter 19 of the Administrative Code of the City of New York.

TO 25

FOR -NUMBERING

TO 24

FOR DISMISSAL

Joseph F. Bruno
Fire Commissioner

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

MARK J. BASSIN Building Manager (212) 619-6569
NAME OF PERSON WHO RECEIVED THIS ORDER TITLE PHONE #
Lt Pupino 11-28-89 11-Rise
INSPECTOR DATE UNIT

Unit Address 250 Livingston ST Unit Telephone (718) 403-1421
BKLYN NY 11201



FIRE DEPARTMENT

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

BUREAU OF FIRE PREVENTION

11-28-89
DATE

TO: Dudley M. Glassco Chief of Fire Communications
FROM: Joseph M. DeMeo Chief of Fire Prevention
SUBJECT: Transmission of Alarm Signal to Borough
Central Office as per F.P. Dir. 2-83

A test was conducted of the Class "E" system at 7 World Trade Center.
The alarm was/was not transmitted from Central Station to the
Borough Central Office.

DATE: 11-28-89 TIME: 2:30 PM, 2:33 3 MIN.
INSPECTOR: Papino Hi Rise Unit
FIRE SAFETY: Tony Rubino
DIRECTOR: "CLASS 1"
TYPE ALARM: AFA 32 CHUD 280
ALARM CO.: 301
DISPATCHER #: 301

JMDeM:EC:mrs

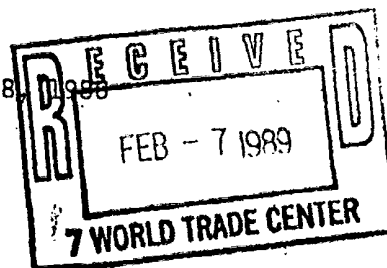
Joseph M. DeMeo
Chief of Fire Prevention

SAVE WATER SMOKE DETECTORS SAVE LIVES SAVE WATER

THE PORT AUTHORITY

THE PORT AUTHORITY
NEW YORK CITY
NEW YORK, NEW YORK

November 18, 1988



Mr. Arthur Miller
Senior Vice President
Silverstein Properties
521 Fifth Avenue
New York, New York 10175

Re: Seven World Trade Center
Temporary Certificate of Occupancy

Dear Mr. Miller:

Please be advised that this letter shall serve as a temporary Certificate of Occupancy for Seven World Trade Center, Floors 35 through the roof, as of November 18, 1988 for base building systems. A final inspection will be held at a later date when all work shown on the attached punch list is completed.

Very truly yours,

A large, stylized handwritten signature in dark ink, appearing to read "Robert W. Lina".

Robert W. Lina

THE PORT AUTHORITY OF NY & NJ

The World Trade Center
One World Trade Center
New York, New York 10048

April 11, 1988

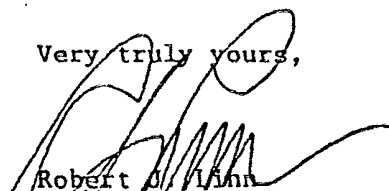
Mr. Arthur Miller
Senior Vice President
Silverstein Properties
521 Fifth Avenue
New York, N.Y. 10175

Re: Seven World Trade -
Temporary Certificate of Occupancy

Dear Mr. Miller:

Please be advised that this letter shall serve as a temporary Certificate of Occupancy for Seven World Trade Center, Floors 25-34, as of April 11, 1988 for base building systems. A final inspection will be held at a later date when all work is completed including pressure differential/air velocity test on all duct smoke detectors as required by code.

Very truly yours,



Robert D. Mann

Seven World Trade Center - Outstanding Punch List Items

1. Tamper switches must be installed on the fire standpipe valves on the 44th floor and on the street level siamese connections.
2. The stair page system is not functioning properly. Every other speaker in each stair riser is not audible. In Stair # 1 the speakers at the 37th and 41st floors are not functioning at all.
3. The following pertains to doors in stair # 2:
 - a. The door on the 45th floor must be realigned with the striker plate.
 - b. The hardware on the 39th floor is loose and is scoring the door when it is operated.
 - c. The door on the 38th floor does not close fully.
 - d. The electronic striker on the 37th floor doesn't release upon emergency actuation.
4. The water level alarms for the 46th floor domestic water tanks have yet to be installed.
5. Elevator Banks C, D, and E must be tested for emergency recall on emergency power.
6. The emergency generators must be retested for a full load test for four hours. Apparently, the fuel is consumed by the generators at a faster rate than it is supplied. The generators ran for approximately two hours before running out of fuel.
7. Pressure differential/air velocity test on all duct smoke detectors in accordance with manufacturer's recommendations and the New York city Building Code.
8. The window washing scaffold and rigging must be tested and inspected by New York State and the Port Authority.

Prior to the issuance of a Final Certificate of Occupancy, it is required that certification from the following professionals be rendered to the Port Authority in accordance with the attached certification sample copy.

Tishman -	Mechanical and Electrical Construction
I.G. Cantor -	Structural
Testwell Craig -	Structural, Firestopping, Concrete, Fireproofing and Bolting
Gordon Smith -	Curtain Wall and Window Wall

THE PORT AUTHORITY OF NY & NJ

World Trade & Economic Development
One World Trade Center
New York, N.Y. 10048

December 30, 1987

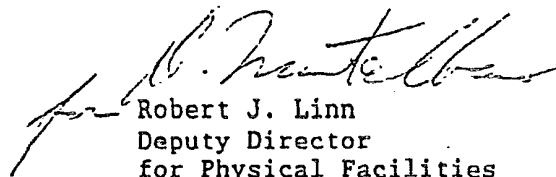
Mr. Arthur Miller
Senior Vice President
Silverstein Properties
521 Fifth Avenue
New York, New York 10175

Re: Seven World Trade Center -
Temporary Certificate of Occupancy

Dear Mr. Miller:

Please be advised that this letter shall serve as a temporary Certificate of Occupancy for Seven World Trade Center, floors 1 - 13, as of December 31, 1987, for base building systems. A Final Inspection will be held at a later date when all work is completed.

Very truly yours,



Robert J. Linn
Deputy Director
for Physical Facilities
World Trade & Economic Development

bcc: S. Johnson, R. Lachman, C. Serge, A. Vaccaro

APV:mak

For E.U. Use C

Filed Date

FPIMS Date

Initials

F.P.I.M.S. Account No.

Unit: HQ/DO

ADMIN. CO.

ENVIRONMENTAL CONTROL BOARD
CITY OF NEW YORKNOTICE OF VIOLATION
AND HEARING

VIOLATION NO. 10054908



Fire Commissioner of the City of New York, Petitioner vs Respondent:

SILVERSTEIN, M. PROPERTZ, S. ZW

Respondent is: ☐ owner ☒ managing agent ☐ tenant

Place of Occurrence (Premises Address)

Street Number 1A Prefix Street Name WORLD TRADE CENTER

Type Suffix Zip Code 10048 Boro Code 1=Man; 2=Bx; 3=SI; 4=Bklyn; 5=Qps

Add Info

Address of Record (if different from premises address)

Street Number Prefix Street Name

Type Suffix Zip Code Boro Code 1=Man; 2=Bx; 3=SI; 4=Bklyn; 5=Qps

Add Info

Notice of Violation and Order to Correct and Certify Correction:

PLEASE TAKE NOTICE that the premises cited above is in violation of the requirements of law. It is further ORDERED by the FIRE COMMISSIONER that these violations be corrected and certified to be in compliance with the requirements of law within 35 days of the date of issuance. Certification must be made on the Certificate of Correction (Gold Copy).

The Certificate of Correction and all proof of compliance MUST BE RECEIVED by the Bureau of Fire Prevention, Enforcement Unit, 250 Livingston Street, Brooklyn, New York 11201-5884 (TEL 718-403-1372) by close of business on 12/12/07.

Notice of Hearing:

If the Certificate of Correction IS NOT RECEIVED by the date indicated above OR if no date is indicated above, the respondent MUST APPEAR at a hearing on 12/17/07 at 8:30am, 10:30am, 1:30pm, 3:00pm at the ECB Hearing Office located in Brooklyn, Manhattan, Queens, Staten Island. (The address for each location is provided on the reverse side of this form.) This hearing is your opportunity to answer and defend the allegations set forth below. If you do not appear, you will be held in default and subject to maximum penalties.

REPEAT OFFENDERS MUST appear at the hearing on the scheduled date and submit completed certificate of correction then.

Upon investigation, it has been determined by the above named Petitioner that there is reasonable cause to believe that the above named Respondent is in violation of the Administrative Code and/or Fire Department Rule(s) cited below:

Rule 1 Buckets and/or Fire Extinguishers

☐ Failed to provide fire buckets filled with (sand/water) and/or approved, operative fire extinguishers at LOCATION as required.

Rule 2 Waste Receptacles

☐ Failed to provide approved receptacles for waste at LOCATION as required.

Rule 3 No Permit

☐ (Sold/Stored/Used/Manufactured/Transported) (combustibles/flammables/explosives) without required valid permit.

Rule 4 Quantities in Excess of Permit

☐ (Sold/Stored/Used/Manufactured/Transported) of PRODUCT in excess of amount stated on permit.

Rule 5 Produce Permit and/or Record

☐ Failed to produce (permit/record) regarding LOCATION as required.

Rule 6 Signs/Postings/Instructions

☒ Failed to provide (Signs/Postings/Instructions) for PROPERLY ORIENTATE FLOOR PLANS as required.

Rule 7 Labels/Marks/Tags

☐ Failed to provide (Labels/Marks/Tags) for 11th + 12th Floor (See Below) as required.

Rule 8 Obstructions/Accumulations

☐ Failed to remove all (obstructions/accumulations of rubbish or storage) of TYPE from LOCATION as required.

Rule 9 Adequate Egress/Aisle Space/Clearance

☐ Failed to provide adequate (egress/aisle space/clearance) at LOCATION as required.

Rule 10 Operating Contrary to C of O

☐ Operated SPECIFY contrary to the certificate of occupancy.

Rule 11 General Maintenance

☐ Failed to maintain SPECIFY in a proper condition as required.

Rule 12 Maintenance of Sprinkler, Standpipe, Alarm, Suppression Systems

☐ Failed to properly (provide/maintain) SPECIFY system or part thereof as required. Describe below.

Rule 13 Fire Retardant Material

☐ Failed to treat combustible material and/or fabric at LOCATION with fire retardant as required.

Rule 14 Fireproof Doors/Windows

☐ Failed to (provide/maintain) (self-closing fireproof doors/windows) at LOCATION as required.

Rule 15 Fireproof Partitions or Walls

☐ Failed to (provide/maintain) fireproof partitions or walls at LOCATION as required.

Rule 16 Ventilation

☐ Failed to provide (approved vents/adequate ventilation) at LOCATION as required.

Rule 17 Certificates of Fitness

☐ Failed to (obtain/provide) a (Certificate of Fitness/Certificate Holder on Duty) for SPECIFY

Rule 18 Certificates of Approval/Occupancy/Qualification/License

☐ Failed to (obtain/provide) a Certificate of (Approval/Occupancy/Qualification/License) for SPECIFY as required.

Rule 19 Affidavits/Documentation/Plans/Applications

☒ Failed to provide (affidavits/documentation/plans/applications) for 44th St FIRE SAFETY PLAN as required.

Rule 20 Test/Inspection

☐ Failed to conduct required (equipment/system) (test/inspection) of SPECIFY as required.

Rule 21 Containers

☐ Failed to provide approved containers for SPECIFY as required.

Rule 22 Tanks/Supports

☐ Failed to (provide/maintain) approved tanks/supports for SPECIFY as required.

Rule 23 Storage

☐ Failed to provide (vaults/cabinets/room/area) for the storage of SPECIFY as required.

Rule 24 Racks

☐ Failed to provide appropriate racks at LOCATION as required.

Rule 25 Electrical Equipment

☐ Failed to (provide/protect/maintain) electrical equipment as required.

Rule 26 Approved Refrigeration/Heating Devices or Units

☐ Failed to (provide/protect/maintain) (refrigeration/heating) devices as required.

Rule 27 Approved Lighting Devices

☐ Failed to (provide/protect/maintain) lighting devices as required. Specify type of protection required:

Rule 28 Exposed Flames or Sparks

☐ (Unlawfully allowed/failed to protect) exposed flame or spark at LOCATION as required.

Rule 29 Designated Area

☐ Failed to (provide/maintain) designated area/premises for SPECIFY as required.

Rule 30 Fire Safety in Office Buildings/Hotels/Motels

☒ Failed to comply with the fire safety requirements for office buildings/hotels/motels. Specify: FLOOR AND HALLWAYS TO BE ALL MEMBERS OF THE FIRE BRIGADE

Repeat Violation (§15-229)

☐ Failed to correct Rule(s) SPECIFY as previously cited on NOV # SPECIFY (Respondent must appear at the hearing and certify correction.)

False Certification (§15-220.1)

☐ Willfully falsified Certificate of Correction for NOV # SPECIFY (Respondent must appear at hearing.)

Other Code Section/Rule

☐ SPECIFY SECTION Describe offense below.

Description of Violation: Rule 6: PROVIDE POST FIRE SAFETY REENTRY SIGNS ON ALL DOORS ON OCCUPANCY SIDE OF STAIR WAY "A" AND "B"

I personally observed the commission of the above offense(s) or personally reviewed the office records indicating the offense(s) charged above.

All statements made herein are affirmed under penalty of perjury. Date of Offense: 11/18/07 Time: 11:00 a.m.

Inspector's Tax Registry Number 18377-119

INSPECTOR'S SIGNATURE Lt. Joseph A. DiPietro

AFFIDAVIT (CERTIFICATE) OF SERVICE

State of New York, County of New York ss:

The undersigned being duly sworn, deposes and says: That deponent is not a party to the action and is over 18 years of age; That on 11-28 1984 at AM/PM
7 WORLD TRADE CENTER deponent served the within Notice of Violation and

Hearing on the respondent named herein.

- Individual; Personal Service: ☐ by delivering a true copy to said respondent personally.
- C
7. Individual; Substituted Service: ☐ by delivering a true copy to _____, a person of suitable age and discretion. Said premises is respondent's actual place of business, dwelling house or usual place of abode within the State.

- iii. Corporation
- by delivering a true copy to _____ at said corporation.

- IV. **Delivery to Employee at Premises**
- ☒ by delivering a true copy to respondent's employee at the above location: (answer A and B)
- or, ☐ I attempted to personally serve the herein Notice of Violation on the respondent named herein but was unable to do so because, having entered the premises and having identified myself, I was:

1. ☐ advised by _____ that the respondent was not then present, and premises is neither respondent's actual place of business nor dwelling house.
2. ☐ unable to secure identification of the person(s) present.
3. ☒ advised by MARK J. BASSIN that no officer, director, managing agent or agent of respondent corporation was present.

B. Thereupon, I delivered a copy of the herein Notice of Violation to MARIC J. BASSIN Building Manager
NAME POSITION
whom I believe to be an employee of respondent at the premises because: (check 1, 2 or 3)

1. ☒ Employee so identified him/herself;
2. ☐ Employee was performing work consistent with being employed by the respondent; or
3. ☐ Other:

Description of individual. (This must be completed for all types of service except corporate, Number III, above.)

Deponent describes the individual served as follows:

- | | | | | | |
|--|--|--|---|------------------------------------|---|
| ☒ Male | ☒ White Skin | ☐ Black Hair | ☐ 14-20 | ☐ Under 5' | ☐ Under 100 lbs |
| ☐ Female | ☐ Black Skin | ☒ Brown Hair | ☐ 21-35 | ☐ 5'0"-5'3" | ☐ 100-130 |
| | ☐ Yellow Skin | ☐ Blond Hair | ☒ 36-50 | ☐ 5'4"-5'6" | ☒ 131-160 |
| | ☐ Brown Skin | ☐ Gray Hair | ☐ 51-65 | ☐ 5'8"-6'0" | ☐ 161-200 |
| | ☐ Red Skin | ☐ Red Hair | ☐ Over 65 | ☐ Over 6' | ☐ Over 200' |
| | | ☐ White Hair | | | |
| | | ☐ Balding | | | |

Other identifying characteristics:

Sworn to before me on

* If not sworn, this statement shall constitute a certificate of service

A-11 O'Connor enforcement unit
Hilary SA 1/13/90

(Return)

Use Only: Issued Date _____ Initials _____
FPIMS Date _____

F.P.I.M.S. Account No. _____

Unit: HQDO

ADMIN. CO. 1/13/90

ENVIRONMENTAL CONTROL BOARD CITY OF NEW YORK		NOTICE OF VIOLATION AND HEARING		VIOLATION NO. 10054908 Y	
 Fire Commissioner of the City of New York, Petitioner vs Respondent: <u>SILVERSTEIN, M. ARKOFF, R. L. J. TAKA</u>					
Respondent is: ☐ owner ☒ managing agent ☐ tenant					
Place of Occurrence (Premises Address)					
Street Number <u>7A</u>		Prefix _____		Street Name <u>WORLD TRADE CENTER</u>	
Type _____	Suffix _____	Zip Code <u>10048</u>	Boro Code <u>12</u>	1-Man; 2-Bx; 3-St; 4-Bldg; 5-Qns	
Add Info _____					
Address of Record (If different from premises address)					
Street Number _____		Prefix _____		Street Name _____	
Type _____	Suffix _____	Zip Code _____	Boro Code _____	1-Man; 2-Bx; 3-St; 4-Bldg; 5-Qns	
Add Info _____					

CURED

1-2-90

JACK C

Notice of Violation and Order to Correct and Certify Correction:

PLEASE TAKE NOTICE that the premises cited above is in violation of the requirements of law. It is further ORDERED by the FIRE COMMISSIONER that these violations be corrected and certified to be in compliance with the requirements of law within 35 days of the date of issuance. Certification must be made on the Certificate of Correction (Gold Copy).

The Certificate of Correction and all proof of compliance MUST BE RECEIVED by the Bureau of Fire Prevention, Enforcement Unit, 250 Livingston Street, Brooklyn, New York 11201-5884 (TEL 718-403-1372) by close of business on 2/13/90.**Notice of Hearing:**If the Certificate of Correction IS NOT RECEIVED by the date indicated above OR if no date is indicated above, the respondent MUST APPEAR at a hearing on 2/13/90 at 9:30am, ☐ 9:30am, ☐ 10:30am, ☐ 11:30am, ☐ 13:00pm at the EGB Hearing Office located in ☐ Brooklyn ☒ Manhattan ☐ Queens ☐ Staten Island. (The address for each location is provided on the reverse side of this form.) This hearing is your opportunity to answer and defend the allegations set forth below. If you do not appear, you will be held in default and subject to maximum penalties.

REPEAT OFFENDERS MUST appear at the hearing on the scheduled date and submit completed certificate of correction then.

Upon investigation, it has been determined by the above named Petitioner that there is reasonable cause to believe that the above named Respondent is in violation of the Administrative Code and/or Fire Department Rule(s) cited below:

Rule 1 Buckets and/or Fire Extinguishers☐ Failed to provide _____ fire buckets filled with (sand/water) and/or approved, operative fire extinguishers at _____ as required.**Rule 2 Waste Receptacles**☒ Failed to provide _____ approved receptacles for waste at _____ as required.**Rule 3 No Permit**☐ (Sold/Stored/Used/Manufactured/Transported) (combustibles/flammables/explosives) without required valid permit.**Rule 4 Quantities in Excess of Permit**☐ (Sold/Stored/Used/Manufactured/Transported) of _____ in excess of amount stated on permit.**Rule 5 Produce Permit and/or Record**☐ Failed to produce (permit/record) regarding _____ as required.**Rule 6 Signs/Postings/Instructions**☒ Failed to provide (Signs/Postings/Instructions) for _____ as required.**Rule 7 Labels/Marks/Stamps**☐ Failed to provide (Labels/Marks/Stamps) for _____ as required.**Rule 8 Obstructions/Accumulations**☐ Failed to remove all (obstructions/accumulations of rubbish or storage) of _____ as required.**Rule 9 Adequate Egress/Aisle Space/Clearance**☐ Failed to provide adequate (egress/aisle space/clearance) at _____ as required.**Rule 10 Operating Contrary to C of O**☐ Operated _____ contrary to the certificate of occupancy.**Rule 11 General Maintenance**☐ Failed to maintain _____ in a proper condition as required.**Rule 12 Maintenance of Sprinkler, Standpipe, Alarm, Suppression Systems**☐ Failed to properly (provide/maintain) _____ system or part thereof as required. Describe below.**Rule 13 Fire Retardant Material**☐ Failed to treat combustible material and/or fabric _____ with fire retardant as required.**Rule 14 Fireproof Doors/Windows**☐ Failed to (provide/maintain) (self-closing fireproof doors/windows) at _____ as required.**Rule 15 Fireproof Partitions or Walls**☐ Failed to (provide/maintain) fireproof partitions or walls at _____ as required.**Rule 16 Ventilation**☐ Failed to provide (approved vents/adequate ventilation) at _____ as required.**Rule 17 Certificates of Fitness**☐ Failed to (obtain/provide) a (Certificate of Fitness/Certificate Holder on Duty) for _____**Rule 18 Certificates of Approval/Occupancy/Qualification/License**☐ Failed to (obtain/provide) a Certificate of (Approval/Occupancy/Qualification/License) for _____ as required.**Rule 19 Affidavits/Documentation/Plans/Applications**☒ Failed to provide (affidavits/documentation/plan/application) for _____ as required.**Rule 20 Test/Inspection**☐ Failed to conduct required (equipment/system) (test/inspection) of _____ as required.**Rule 21 Containers**☐ Failed to provide approved containers for _____ as required.**Rule 22 Tanks/Supports**☐ Failed to (provide/maintain) approved tanks/supports for _____ as required.**Rule 23 Storage**☐ Failed to provide (vaults/cabinets/room/area) for the storage of _____ as required.**Rule 24 Racks**☐ Failed to provide appropriate racks at _____ as required.**Rule 25 Electrical Equipment**☐ Failed to (provide/protect/maintain) _____ electrical equipment as required.**Rule 26 Approved Refrigeration/Heating Devices or Units**☐ Failed to (provide/protect/maintain) _____ (refrigeration/heating) devices as required.**Rule 27 Approved Lighting Devices**☐ Failed to (provide/protect/maintain) _____ lighting devices as required. Specify type of protection required: _____**Rule 28 Exposed Flames or Sparks**☐ (Unlawfully allowed/failed to protect) exposed flame or spark at _____ as required.**Rule 29 Designated Areas**☐ Failed to (provide/maintain) designated area/premises for _____ as required.**Rule 30 Fire Safety in Office Buildings/Hotels/Motels**☒ Failed to comply with the fire safety requirements for (office buildings/hotels/motels). Specify: FROM AND INSIDE THE BUILDING**Repeat Violation (\$15-229)**☐ Failed to correct Rule(s) _____ as previously cited on NOV # _____ (Respondent must appear at the hearing and certify correction.)**False Certification (\$15-220.1)**☐ Willfully falsified Certificate of Correction for NOV # _____ (Respondent must appear at hearing.)☐ Other Code Section/Rule _____ Describe offense below.

Description of Violation: _____

I personally observed the commission of the above offense(s) or personally reviewed the office records indicating the offense(s) charged above.

All statements made herein are affirmed under penalty of perjury. Date of Offense: 1/13/90 Time: _____ a.m./p.m.Inspector's Tax Registry Number 11111

INSPECTOR'S SIGNATURE _____

CERTIFICATE OF CORRECTION

State of New York)
 County of NEW YORK) ss:

WILLIAM KESNER
PRINT YOUR NAME

, being duly sworn, depose and say that I am the respondent cited in the Notice of Violation and that I admit the existence of the violation(s) described in the Notice of Violation.

Check one { ☒ I have corrected all said violations as ordered by the Commissioner
 or
☐ I have only corrected Rule Number(s) _____
 and will attend hearing on scheduled date.

(The respondent certifies that all violations have been corrected if no box is checked.)

I have attached legible copies of any and all bills, receipts and other proof of correction to this certification as required.

William T. Kesner
SIGNATURE

(Sign only before a notary)

TO BE COMPLETED BY NOTARY

County of NEW YORK Registration Number _____

Sworn to before me this 29 day of Dec, 1999 Notary Number 44-9101410

Signature of Notary: [Signature] Commission Expires 10/31/00

SEAL

MARTIN SOKOLOV
 NOTARY PUBLIC, State of New York
 No. 44-9101410
 Qualified in Rockland County
 Commission Expires Oct. 31, 1999

The Fire Commissioner reserves the right to reject any Certificate of Correction that is incomplete. False certification is punishable by a fine of not less than \$1,000 nor more than \$5,000 and/or up to 6 months imprisonment pursuant to Administration Code Section 15-220.1

CERTIFICATION INSTRUCTIONS**For first offenses:**

1. ALL offenders must correct the violation(s) cited on the NOTICE OF VIOLATION.
2. All offenders must complete the Certificate of Correction above and have it notarized. Do not detach above certificate from this page.
3. Attach legible copies of any and all bills, receipts and/or other proof of compliance to this Certificate of Correction (see correction requirements on reverse of green copy) and submit them along with this Certificate.
4. Return the completed Certificate of Correction with all appropriate documentation attached to the Bureau of Fire Prevention Enforcement Unit, 250 Livingston Street, Brooklyn, New York 11201-5884 by the close of business on the date indicated on the NOTICE OF VIOLATION for return of the certificate. (See reverse side for return date)
5. Respondents will be notified by mail whether or not their Certificate of Correction has been approved. If the certificate is not approved you will be notified of the appropriate action to take.
6. If it is impossible to correct any or all violations within the time indicated, you may be eligible for a stipulation extending the time to correct. A request for a stipulation extending compliance time must be made at the hearing and is subject to the approval of the Fire Department and the ECB.
7. If you properly certify that ALL violations have been corrected, you will be excused from appearing at the scheduled ECB hearing and no penalty will be imposed.
8. If you fail to comply with (7) above or if you are a repeat offender, you will be required to attend the ECB hearing designate on the NOV and bring any and all proof of correction to the hearing.

ECB HEARING OFFICES

If you are required to attend an ECB hearing, check the location and time indicated on the face of the NOV and note the address below:

★ Manhattan/Bronx: 1250 Broadway, 7th Fl. (212) 971-3600
 ★ Brooklyn: 233 Schermerhorn St., 11th Fl. (718) 858-1305

★ Queens: 91-14 Merrick Blvd., 6th Fl. (718) 297-1080
 ★ Staten Island: Borough Hall Building, 10 Richmond Terrace (212) 971-3600

HI-RISE UNIT

A-463 (3/84) 03-127-0130

OFFICE BUILDING ANNUAL INSPECTION

Address

7 WTC

Boro

MAN.

Stories

47

Height in Feet

I. Fire Command Station

- a) Located in lobby on entrance floor (3rd fl.)
- b) Adequately illuminated
- c) Copy of Fire Safety Plan
- d) Window lock keys if required
- e) Elevator keys
- f) List of Fire Wardens with Telephone Nos.

ANSWER
YES OF NO
HR # OR A-B

YES

YES

YES

N/A

YES

YES

II. Communications & Fire Alarm

- a) Required two way system (temporary)
- b) Required two way system (permanent)
If permanent, check type of system—Class "E" ✓ Advisory Mini
- c) To all floors
- d) To mechanical equipment room
- e) To elevator machinery room (if applicable)
- f) To the regularly assigned location of the Fire Safety Director (if applicable)

YES

YES

YES

YES

YES

III. Fire Safety Plan

- a) Building has an approved plan
- b) All sections current and correct
- c) Applicable parts distributed to tenants

YES

YES

YES

IV. Fire Safety Director & Deputy Fire Safety Director

- a) Has a C of F for this building
- b) On duty when required by law
- c) Has an acceptable system of daily notification of availability of Fire Wardens and Deputies

FSD
YES

DFSD
YES

YES

YES

V. Building Evacuation Supervisor

- a) Properly trained and on duty when required by law

YES

VI. Fire Drills

- a) Written record kept on premises
- b) Frequency of drills conforms with law
- c) Audible means of alerting tenants provided

YES

YES

YES

VII. Fireman Service—Elevators

- a) Installed in building and approved
- b) Monthly elevator test and record

YES

YES

VIII. Fire Wardens & Deputy Fire Wardens

- a) Organization Charts posted and accurate
- b) Fire Wardens, deputy wardens and searchers adequately trained
- c) Floors checked for items (a) and (b)

YES

YES

YES

IX. Fire Brigade

- a) Present in building and adequately trained

YES

X. Signs

- a) All required signs at the elevators, stairs, and floors are posted and correct

YES

XI. Re-Entry

- a) Re-entry provided where required
- b) If fail safe system check here (✓) and indicate floors

YES

10, 11, 12

10, 11, 12

Signed

G. R. F. Burns

Rank

Date

10-6-88

NYC-WTC_000166289

FIRE SAFETY DIRECTOR ON SITE EXAMINATION- OFFICE

Section D:

VII. Comments by Examiner:

()
Check if
applicable

The Class E system was inoperative, candidate was advised to send in an affidavit indicating proper instruction has been provided and system is operative. If so, state why system was inoperative.

VIII. Determination of Passing:

- A. If the candidate failed to answer satisfactorily the essential questions marked (*), advise the candidate that a new appointment should be requested by contacting the High Rise Unit. The examiner should also give the applicant a bill for the inspections/examination.
- B. If the candidate satisfactorily answered the mandatory parts, but by totalling all answers, the number of NO answers were below 80%, the candidate fails the practical test. See Chart.

IX. On Site High Rise Test—(Print ALL information):

Candidate Name ROBERT F. PERKINSSocial Security No. PIIDate of Examination JUNE 13, 1989Number of correct answers are 74 on this test. Number of incorrect answers are 7. Number of N/A answers are 8.

Summary of Results:

A. PASSED ☒ (CHECK)

or

B. FAILED—(reason)

C. Violation numbers issued as result of examination and inspection:

NOV 10031414

White copy must be given to the Candidate.
Canary copy must be submitted to the High Rise Unit.
Pink copy must be submitted to Cashier's office.

C. of F. Z 01 61317251 No. of On Site TestsOffice Address 7 WORLD TRADE CENTERNEW YORK, N.Y. 10048Total Number of Items Answered 89

CANDIDATE

BUILDING

Those candidates failing should contact the High Rise Unit for another appointment when building correction and/or additional knowledge is obtained.

D. I hereby certify all information contained in this report is accurate.

St James C. Lavello

INSPECTOR

6/13/89

DATE

INSPECTORS ARE ONLY PERMITTED TO PROVIDE CANDIDATES WITH
SECTION D.

Instructions to Inspectors—All boxes on this form must have an answer. Answers with "NO" answers to a "V" mandate a Violation Order. "NO" answers to a "*" mandate automatic failure. Check "YES" "NO" or "N/A".

ON SITE EXAM FOR FIRE SAFETY DIRECTOR—OFFICE

Z 01 61317251Inspector LT. JAMES E. LAVELLE

Name of Candidate PERKINS ROBERT E Office Address 7 WORLD TRADE CTR Date of Examination 6/13/59
(Print last name, first name)

NEW YORK, N.Y. 10048

A:

Instructions to Inspectors—If any asterisk (*) items are marked "NO", terminate the test immediately. See Section VIII for further information.			YES	NO	N/A
I. Physical Requirements—Does candidate have ability to:					
*A. Speak and understand English? Yes ☒ No ☐	*B. Hear spoken words over a telephone? (with corrective devices) Yes ☒ No ☐	*C. Possess necessary vision? (corrective devices acceptable) Yes ☒ No ☐			

B: **Building**

Instructions to Inspector—If any violation (V) items are marked "NO", issue a Violation Order at the end of the Test. Test must proceed.			YES	NO	N/A
II. Records:					
v. A. Fire drill records current? Yes ☒ No ☐	v. B. Firemen's Service Elevator Test Records current? Yes ☒ No ☐ N/A ☐	v. C. Keys kept at Fire Command Station? Yes ☒ No ☐ N/A ☐	3		
v. D. Fire Safety Plan and building floor plan at Fire Command Station? Yes ☒ No ☐	v. E. A current list of all floor Wardens and phone numbers at Fire Command Station? Yes ☒ No ☐	v. F. Master window keys available? Yes ☐ No ☐ N/A ☒	2		1
v. G. Building current in actual Fire Drills? (*if over 3 months) Yes ☒ No ☐			1		
TOTAL (7)			6		1
Instructions to Inspector—If any violation (V) items are marked "NO", issue a Violation Order at the end of the Test. Test must Proceed.					
III. a. Specific Building Inspection: Special Instructions—Choose one floor for the general floor inspection <u>13</u> Building Inspection—Signs and Charts— <div style="text-align: right; margin-right: 50px;">FLOOR</div>					
v. A. Are stairways properly lettered? Yes ☒ No ☐	v. B. Are floors properly numbered? Yes ☒ No ☐	v. C. Is floor diagram posted? Yes ☐ No ☒	2	1	
v. D. Are stairways re-entry signs posted? Yes ☐ No ☐ N/A ☒	v. E. Are elevators properly lettered on each elevator bank? Yes ☐ No ☒ N/A ☒	v. F. Is floor diagram properly oriented? Yes ☐ No ☒		2	1
v. G. Is elevator sign "In Case of Fire, Use Stairs" posted? Yes ☐ No ☒ N/A ☐	v. H. Are exit doors unlocked, closed and unobstructed? Yes ☒ No ☐	v. I. Fire Drill Organization Charts posted and current? Yes ☒ No ☐	2	1	
TOTAL (9)			4	4	1
III. b. Building Inspection—Signs and Charts—Choose one floor for the general floor inspection <u>12</u> <div style="text-align: right; margin-right: 50px;">FLOOR</div>					
v. A. Are stairways properly lettered? Yes ☒ No ☐	v. B. Are floors properly numbered? Yes ☒ No ☐	v. C. Is floor diagram posted? Yes ☐ No ☒	2	1	
v. D. Are stairways re-entry signs posted? Yes ☐ No ☐ N/A ☒	v. E. Are elevators properly lettered on each elevator bank? Yes ☒ No ☐ N/A ☐	v. F. Is floor diagram properly oriented? Yes ☐ No ☒	1	1	1
v. G. Is elevator sign "In Case of Fire, Use Stairs" posted? Yes ☐ No ☒ N/A ☐	v. H. Are exit doors unlocked, closed and unobstructed? Yes ☒ No ☐	v. I. Fire Drill Organization Charts posted and current? Yes ☒ No ☐	2	1	
TOTAL (9)			5	3	1
IV. Instructions to Inspector—If four (4) or more items below are marked "NO", the inspector must issue a Violation Order at the end of the test. Test must proceed. This next part must proceed with contacting a Floor Warden within the Building. Read the following statement to the Warden—"In the event of a fire on this floor, explain which specific actions must be taken by you."					
FLOOR WARDENS: <u>ROSEANNE DEVINS</u> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 40%;">NAME OF FLOOR WARDEN CONTACTED</div> <div style="width: 20%; text-align: center;"> <u>10</u> FLOOR CHOSEN </div> <div style="width: 20%; text-align: center;"> <u>3873</u> TELEPHONE NUMBER </div> </div>					
Does Floor Warden have knowledge of:					
A. Position during fire drill or emergency? Yes ☒ No ☐	B. Notification procedures? Yes ☒ No ☐	C. Location of alarm boxes? Yes ☒ No ☐ N/A ☐	3		
D. Evacuation location? Yes ☒ No ☐	E. Evacuation procedures? Yes ☒ No ☐	F. Number of exits on floor? Yes ☒ No ☐	4		
H. Reporting whether smoke or Fire? Yes ☒ No ☐	I. Duties of Deputy Fire Warden and Searchers? Yes ☒ No ☐	v. J. Were fire drills conducted? Yes ☒ No ☐	3		
*K. Floor wardens in numerous floors properly trained? Yes ☒ No ☐			1		
TOTAL (11)			11		
Section B: (II, III, IV) 8 or more answered "NO" in Section B fails. SECTION B TOTAL (36)					
Number of correct answers in this section is <u>24</u> Number of incorrect answers is <u>7</u> Number of N/A answers is <u>3</u>					

C: Candidate

Instructions to Inspector—If any asterisk (*) items are marked "NO", terminate the test immediately. See Section VIII for further information:				YES	NO	N/A
V. Fire Emergencies and Class E. System Operations (if system inoperative, see Comments VII): Examiner—Read this statement to the candidate "You are the Fire Safety Director of the building. You receive notice during normal operational hours that an actual fire is occurring above on a floor in this building. Explain all steps of what actions must be taken. Again make no assumptions of any actions taken and start at the beginning." Did FSD have knowledge to:						
*A. Report to Fire Command? Yes ☒ No ☐	B. Check board status? Yes ☒ No ☐ N/A ☐	*C. Notify Fire Department? Yes ☒ No ☐	D. Send runner to Alarm Box? Yes ☒ No ☐	4		
*E. Make contact with floor Wardens on fire floor immediately above? Yes ☒ No ☐ N/A ☐		*F. Make announcements on PA System? Yes ☒ No ☐ N/A ☐		3		
*H. Evacuate fire floor and floor above? Yes ☒ No ☐		I. Instruct FW to re-contact in safe area? Yes ☒ No ☐		3		
*K. Ensure elevators recall? Yes ☒ No ☐ N/A ☐		L. Shut down A/C? Yes ☒ No ☐ N/A ☐		3		
*N. Reset Notification System or if System out-of-service? Yes ☒ No ☐ N/A ☐		O. Perform—Make available Fire Safety Plan, Floor Plans, Keys, engineer to NYCFD? Yes ☒ No ☐		3		
*P. Describe—Silence Alarm? Yes ☒ No ☐ N/A ☐				3		
*Q. Perform—The FSD Candidate uses the PA System on one floor states "This is only a test of the P.A. System. The Floor Warden should call back on the Floor Phone immediately to confirm that this message is clear." Yes ☒ No ☐ N/A ☐				1		
TOTAL (17)				17		

VI. Building

Instructions to Examiner—Verify all information stated by the candidate by comparison with the Fire Safety Plan or visual inspection. A "NO" answer does not mandate failure.

ELEVATOR—(Page 13, Q 7 of F.S. Guidelines):

Does candidate know location/type of:

- A. Elevators with common shafts? Yes ☒ No ☐ N/A ☐
 B. Elevator machinery room? Yes ☒ No ☐ N/A ☐
 C. Operation of control necessary to deactivate elevator circuits? Yes ☒ No ☐ N/A ☐
 D. Identification of elevators and elevator bank? Yes ☒ No ☐ N/A ☐
 E. Firemen's service elevators? Yes ☒ No ☐ N/A ☐

Air Conditioning and Heating—(Page 15, of F.S. Guidelines):

- A. Type of air conditioning system? Yes ☒ No ☐ N/A ☐
 B. Zones serviced by systems? Yes ☐ No ☐ N/A ☒
 C. Controls to activate movement? Yes ☒ No ☐ N/A ☐
 D. Electronic automatic detection controls? Yes ☒ No ☐ N/A ☐
 E. Type, location and controls of heating systems? Yes ☒ No ☐ N/A ☐
 F. Smoke shaft location and operation? Yes ☐ No ☐ N/A ☒

Sprinkler System (Page 14 Q 11) of F.S. Guidelines:

Does candidate know location/type of:

- A. Automatic or non-automatic systems? Yes ☒ No ☐ N/A ☐
 B. Main shut off? Yes ☒ No ☐ N/A ☐
 C. Valves each floor? Yes ☒ No ☐ N/A ☐
 D. Valves for more than one floor? Yes ☐ No ☐ N/A ☒
 E. Area controlled by sprinkler system? Yes ☒ No ☐ N/A ☐
 F. Primary source of water? Yes ☒ No ☐ N/A ☐
 G. Fire pump? Yes ☒ No ☐ N/A ☐
 H. Six (6) extra sprinkler heads and wrench? Yes ☒ No ☐ N/A ☐

Alarm System:

Does candidate know location/type of:

- A. Various alarm sending station? Yes ☒ No ☐ N/A ☐
 B. Various Warden phones? Yes ☒ No ☐ N/A ☐
 C. Street fire alarm box? *Kenny + W. Bulway* Yes ☒ No ☐ N/A ☐

TOTAL (22) 19 Yes 3 No N/A

Special Extinguishing System (P. 14, Q. 2) & Lighting Equipment (P. 15, Q. 16) of F.S. Guidelines:

Does candidate know location/type of:

- A. Special extinguishing systems within building? Yes ☐ No ☐ N/A ☒
 B. Extinguishing systems location(s)? Yes ☐ No ☐ N/A ☒
 C. Auxiliary sources of lights or power? Yes ☒ No ☐ N/A ☐

Standpipe systems (P. 14, Q. 10) of F.S. Guidelines:

Does candidate know location/type of:

- A. Risers and control valves? Yes ☒ No ☐ N/A ☐
 B. Procedure should system become inoperable? Yes ☒ No ☐ N/A ☐
 C. Pump rooms? Yes ☒ No ☐ N/A ☐
 D. Water supply controls? Yes ☒ No ☐ N/A ☐

Stairways (P. 13, Q. 5) of F.S. Guidelines:

Does candidate know location/type of:

- A. Identification/location? Yes ☒ No ☐ N/A ☐
 B. Floors served? Yes ☒ No ☐ N/A ☐
 C. Pressurized stairs? Yes ☒ No ☐ N/A ☐
 D. Access stairs (Open or Closed)? *11-12* Yes ☒ No ☐ N/A ☐

Other (Special Features, i.e. Atrium) (write question):

A. _____ Yes ☐ No ☐ N/A ☐

B. _____ Yes ☐ No ☐ N/A ☐

C. _____ Yes ☐ No ☐ N/A ☐

TOTAL (11) 9 Yes 2 No N/A

Section C: (V, VI) 45

12 or more answered "NO" in Section C fails.

SECTION C TOTAL (53)

Number of correct answers in this section is 45 . Number of incorrect answers is _____ . Number of N/A answers is 5 .

THE PORT AUTHORITY OF NY & NJ

The World Trade Center
One World Trade Center
New York, New York 10048

April 11, 1988

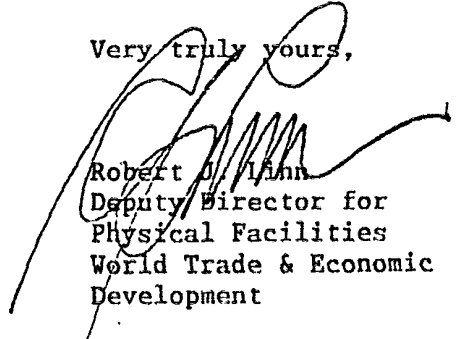
Mr. Arthur Miller
Senior Vice President
Silverstein Properties
521 Fifth Avenue
New York, N.Y. 10175

Re: Seven World Trade -
Temporary Certificate of Occupancy

Dear Mr. Miller:

Please be advised that this letter shall serve as a temporary Certificate of Occupancy for Seven World Trade Center, Floors 25-34, as of April 11, 1988 for base building systems. A final inspection will be held at a later date when all work is completed including pressure differential/air velocity test on all duct smoke detectors as required by code.

Very truly yours,


Robert D. Finn
Deputy Director for
Physical Facilities
World Trade & Economic
Development

dr/RJL

(2)

Bathgate Industrial Park
Bronx, NY

Brooklyn Piers Development
Brooklyn, NY

Industrial Park at Elizabeth
Elizabeth, NJ

Essex County Resource Recovery
Newark, NJ

Hoboken Waterfront Development
Hoboken, NJ

Hunters Point Waterfront Development
Queens, NY

Legal and Communications Center
Newark, NJ

Newark South Ward Industrial Park
Newark, NJ

The Teleport
Staten Island, NY

The World Trade Center
New York, NY

Industrial Park at Yonkers
Yonkers, NY

Writer's direct telephone: _____

Trade Development Offices
London, England

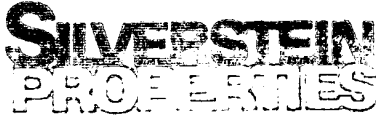
Tokyo, Japan

Zurich, Switzerland

The World Trade Institute
at The World Trade Center

XPORT—
The Port Authority
Trading Company
at The World
Trade Center

Fax # _____



Silverstein Properties
7 World Trade Center
New York, NY 10101
Telephone: 212-269-2000
Fax: 212-269-2010

July 10, 1989

Bureau of Fire Prevention
Enforcement Unit
Room #509
250 Livingston Street
Brooklyn, NY 11201-5884

RE: Violation #10031414-M

To Whom It May Concern:

Enclosed you will find several documents pertaining to a recent violation report, received on June 13th of this year.

(A) Rule #6 of the violation report status:

-Signs/Postings/Instructions-

Although we have a fail-safe system in our building, the inspector requested we attach additional signage stating, "Except during fire emergency", to our existing signage on both sets of exit stairs.

The contract for this has been awarded to Spanjer Sign Co. of New York City, (attached-copy of same) and is estimated to be completed by end of August.

(B) Rule #19 - Affidavits/Documentation/Plans

"Fail to update Fire Safety Plan", as far as adding the recent names of personnel that have been certified as Fire Safety Directors.

Please find a recent, revised copy of our accepted Fire Safety Plan for your review.

Page Two
Violation #10031414-M

(C) Rule #30 - Fire Safety in Office Buildings.

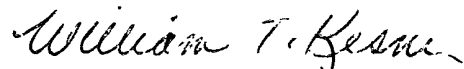
- "Indicate location of access stairs in revised
Fire Safety Plan"

This is indicated on page 16-6 of the revised plan,
which you now have in your possession.

If additional questions arise, please feel free to contact me in
New York City at (212) 619-6569.

Your time is appreciated.

Sincerely yours,

A handwritten signature in cursive script that reads "William T. Kesnor".

William T. Kesnor
Fire Safety Director

WTK/dp

cc: Jim Halpin
Lou Norcia (Port Authority)

For E.U. Use Only: Mailed Date 6/22/89 Initials 78
FPIMS Date 6/22/89

F.P.I.M.S. Account No. Unit: HQ/DO 36 ADMIN. CO. 5000

ENVIRONMENTAL CONTROL BOARD CITY OF NEW YORK	NOTICE OF VIOLATION AND HEARING	VIOLATION NO. 10031414 M
---	------------------------------------	--------------------------

 Fire Commissioner of the City of New York, Petitioner vs Respondent:

SILVERSTEIN PROPERTIES

Respondent is: ☐ owner ☐ managing agent ☐ tenant

Place of Occurrence (Premises Address)

Street Number 7 Prefix Street Name WORLD TRADE CENTER

Type Suffix Zip Code 10048 Boro Code NY 1=Man; 2=Bx; 3=SI; 4=Bklyn; 5=Qns

Add Info

Address of Record (If different from premises address)

Street Number Prefix Street Name

Type Suffix Zip Code Boro Code 1=Man; 2=Bx; 3=SI; 4=Bklyn; 5=Qns

Add Info

Notice of Violation and Order to Correct and Certify Correction:

PLEASE TAKE NOTICE that the premises cited above is in violation of the requirements of law. It is further ORDERED by the FIRE COMMISSIONER that these violations be corrected and certified to be in compliance with the requirements of law within 35 days of the date of issuance. Certification must be made on the Certificate of Correction (Gold Copy).

The Certificate of Correction and all proof of compliance **MUST BE RECEIVED** by the Bureau of Fire Prevention, Enforcement Unit, 250 Livingston Street, Brooklyn, New York 11201-5884 [TEL 718-403-1372] by close of business on 07/18/89

Notice of Hearing:

If the Certificate of Correction IS NOT RECEIVED by the date indicated above OR if no date is indicated above, the respondent MUST APPEAR at a hearing on 05/03/99 at 09:30am, ☐ 10:30am, ☐ 1:30pm, ☐ 3:00pm at the ECB Hearing Office located in ☐ Brooklyn ☒ Manhattan ☐ Queens ☐ Staten Island. (The address for each location is provided on the reverse side of this form.) This hearing is your opportunity to answer and defend the allegations set forth below. *If you do not appear, you will be held in default and subject to maximum penalties.*

REPEAT OFFENDERS MUST appear at the hearing on the scheduled date and submit completed certificate of correction then.

Upon investigation, it has been determined by the above named Petitioner that there is reasonable cause to believe that the above named Respondent is in violation of the Administrative Code and/or Fire Department Rule(s) cited below:

- | | |
|---|--|
| <p>Rule 1 Buckets and/or Fire Extinguishers
 ☐ Failed to provide _____ fire buckets filled with (sand/water) and/or _____ approved, operative fire extinguishers at _____ as required.</p> <p>Rule 2 Waste Receptacles
 ☐ Failed to provide _____ approved receptacles for waste at _____ as required.</p> <p>Rule 3 No Permit
 ☐ (Sold/Stored/Used/Manufactured/Transported) (combustibles/flammables/explosives) without required valid permit.</p> <p>Rule 4 Quantities in Excess of Permit
 ☐ (Sold/Stored/Used/Manufactured/Transported) _____ of _____ in excess of amount stated on permit.</p> <p>Rule 5 Produce Permit and/or Record
 ☐ Failed to produce (permit/record) regarding _____ as required.</p> <p>Rule 6 Signs/Postings/Instructions
 ☒ Failed to provide (Signs/Postings/Instructions) for _____ at _____ as required.</p> <p>Rule 7 Labels/Marks/Stamped
 ☐ Failed to provide (Labels/Marks/Stamped) for _____ as required.</p> <p>Rule 8 Obstructions/Accumulations
 ☐ Failed to remove all (obstructions/accumulations of rubbish or storage) of _____ as required.</p> <p>Rule 9 Adequate Egress/Aisle Space/Clearance
 ☐ Failed to provide adequate (egress/aisle space/clearance) at _____ as required.</p> <p>Rule 10 Operating Contrary to C of O
 ☐ Operated _____ contrary to the certificate of occupancy.</p> <p>Rule 11 General Maintenance
 ☐ Failed to maintain _____ in a proper condition as required.</p> <p>Rule 12 Maintenance of Sprinkler, Standpipe, Alarm, Suppression Systems
 ☐ Failed to properly (provide/maintain) _____ system or part thereof as required. Describe below.</p> <p>Rule 13 Fire Retardant Material
 ☐ Failed to treat combustible material and/or fabric _____ at _____ with fire retardant as required.</p> <p>Rule 14 Fireproof Doors/Windows
 ☐ Failed to (provide/maintain) (self-closing fireproof doors/windows) at _____ as required.</p> <p>Rule 15 Fireproof Partitions or Walls
 ☐ Failed to (provide/maintain) fireproof partitions or walls at _____ as required.</p> <p>Rule 16 Ventilation
 ☐ Failed to provide (approved vents/adequate ventilation) at _____ as required.</p> <p>Rule 17 Certificates of Fitness
 ☐ Failed to (obtain/provide) a (Certificate of Fitness/Certificate Holder on Duty) for _____</p> | <p>Rule 18 Certificates of Approval/Occupancy/Qualification/License
 ☐ Failed to (obtain/provide) a Certificate of (Approval/Occupancy/Qualification/License) for _____ as required.</p> <p>Rule 19 Affidavits/Documentation/Plans/Applications
 ☒ Failed to provide (affidavit/documentation/plan/application) for _____ <i>update FS Plan & send copy to Fire Dept.</i></p> <p>Rule 20 Test/Inspection
 ☐ Failed to conduct required (equipment/system) (test/inspection) of _____ as required.</p> <p>Rule 21 Containers
 ☐ Failed to provide approved containers for _____ as required.</p> <p>Rule 22 Tanks/Supports
 ☐ Failed to (provide/maintain) approved tanks/supports for _____ as required.</p> <p>Rule 23 Storage
 ☐ Failed to provide (vaults/cabinets/room/area) for the storage of _____ as required.</p> <p>Rule 24 Racks
 ☐ Failed to provide appropriate racks at _____ as required.</p> <p>Rule 25 Electrical Equipment
 ☐ Failed to (provide/protect/maintain) _____ electrical equipment as required.</p> <p>Rule 26 Approved Refrigeration/Heating Devices or Units
 ☐ Failed to (provide/protect/maintain) _____ (refrigeration/heating) devices as required.</p> <p>Rule 27 Approved Lighting Devices
 ☐ Failed to (provide/protect/maintain) _____ lighting devices as required. Specify type of protection required: _____</p> <p>Rule 28 Exposed Flames or Sparks
 ☐ (Unlawfully allowed/failed to protect) exposed flame or spark at _____ as required.</p> <p>Rule 29 Designated Areas
 ☐ Failed to (provide/maintain) designated area/premises for _____ as required.</p> <p>Rule 30 Fire Safety in Office Buildings/Hotels/Motels
 ☒ Failed to comply with the fire safety requirements for (office buildings/hotels/motels). Specify: _____ <i>Indicate location of alarm horns in revised Fire Safety Plan</i></p> <p>Repeat Violation (\$15-229)
 ☐ Failed to correct Rule(s) _____ as previously cited on NOV # _____ (Respondent must appear at the hearing and certify correction.)</p> <p>False Certification (\$15-220.1)
 ☐ Willfully falsified Certificate of Correction for NOV # _____ (Respondent must appear at hearing.)</p> <p>Other Code Section/Rule _____ Describe offense below: _____</p> |
|---|--|

Description of Violation: *FCB6 Post and maintain a properly approved sign on the occupancy side of the stairway door stating "No-He-Entry from this stairway left during fire emergency" Note both stairways.*

I personally observed the commission of the above offense(s) or personally reviewed the office records indicating the offense(s) charged above.

All statements made herein are affirmed under penalty of perjury. Date of Offense: 6/13/89 Time: : a.m./p.m.

Inspector's Tax Registry Number 832784

INSPECTOR'S SIGNATURE

AFFIDAVIT (CERTIFICATE) OF SERVICE

State of New York, County of NEW YORK, ss:

The undersigned being duly sworn* deposes and says: That deponent is not a party to the action and is over 18 years of age; That on 6/13 1989 at 7 WORLD TRADE CENTER N.Y 10048 AM/PM
 at 7 WORLD TRADE CENTER N.Y 10048 deponent served the within Notice of Violation and
 Hearing on the respondent named herein.

I. Individual; Personal Service

☐ by delivering a true copy to said respondent personally.

II. Individual; Substituted Service

☐ by delivering a true copy to _____ a person of suitable age and discretion. Said premises is respondent's
 actual place of business, dwelling house or usual place of abode within the State.

III. Corporation

☐ by delivering a true copy to _____ at said corporation.

IV. Delivery to Employee at Premises

☒ by delivering a true copy to respondent's employee at the above location; (answer A and B).

A. I attempted to personally serve the herein Notice of Violation on the respondent named herein but was unable to do so because, having entered the premises and having identified myself, I was:

1. ☐ advised by _____ that the respondent was not then present, and premises is neither respondent's actual place of business nor dwelling house.
2. ☐ unable to secure identification of the person(s) present;
3. ☐ advised by _____ that no officer, director, managing agent or agent of respondent corporation was present.

B. Thereupon, I delivered a copy of the herein Notice of Violation to KESNER, WILLIAM T.
 whom I believe to be an employee of respondent at the premises because: (check 1, 2 or 3)

1. ☒ Employee so identified himself;
2. ☐ Employee was performing work consistent with being employed by the respondent; or
3. ☐ Other: _____

Description of Individual. (This must be completed for all types of service except corporates, Number III, above.)

Deponent describes the individual served as follows:

☒ Male
☐ Female

☒ White Skin
☐ Black Skin
☐ Yellow Skin
☐ Brown Skin
☐ Red Skin

☐ Black Hair
☐ Brown Hair
☒ Blond Hair
☐ Gray Hair
☐ Red Hair
☐ White Hair
☐ Balding

☐ 14-20
☐ 21-35
☒ 36-50
☐ 51-65
☐ Over 65

☐ Under 5'
☐ 5'0"-5'3"
☒ 5'4"-5'8"
☐ 5'9"-5'10"
☒ Over 6'

☐ Under 100 lbs
☐ 100-130
☐ 131-160
☐ 161-200
☒ Over 200

Other identifying characteristics:

St. James E. Lavelle
 SIGNATURE

JAMES E. LAVELLE
 PRINT NAME

P11
 FILE NUMBER

Sworn to before me on

June 16 1989
St. James E. Lavelle
 SIGNATURE OF CERTIFYING OFFICER

* If not sworn, this statement shall constitute a certificate of service.

SA 7/26/89

For E.U. Use Only: Mailed Date _____ Initials _____
FPIMS Date _____

F.P.I.M.S. Account No. _____ Unit: HQ/DO _____ ADMIN. _____ CO. _____

N.Y.C. FIRE DEPT.

ENVIRONMENTAL CONTROL BOARD CITY OF NEW YORK		NOTICE OF VIOLATION AND HEARING		VIOLATION NO. 10031414 M	
Fire Commissioner of the City of New York, Petitioner vs Respondent:					
Respondent is: ☐ owner ☐ managing agent ☐ tenant					
Place of Occurrence (Premises Address)					
Street Number		Prefix		Street Name	
Type		Suffix		Zip Code	
Add Info		Boro Code		1-Man; 2-Bx; 3-St; 4-Bklyn; 5-Ons	
Address of Record (if different from premises address)					
Street Number		Prefix		Street Name	
Type		Suffix		Zip Code	
Add Info		Boro Code		1-Man; 2-Bx; 3-St; 4-Bklyn; 5-Ons	

Notice of Violation and Order to Correct and Certify Correction:

PLEASE TAKE NOTICE that the premises cited above is in violation of the requirements of law. It is further ORDERED by the FIRE COMMISSIONER that these violations be corrected and certified to be in compliance with the requirements of law within 35 days of the date of issuance. Certification must be made on the Certificate of Correction (Gold Copy). The Certificate of Correction and all proof of compliance MUST BE RECEIVED by the Bureau of Fire Prevention, Enforcement Unit, 250 Livingston Street, Brooklyn, New York 11201-5884 (TEL 718-403-1372) by close of business on 7/27/89.

Notice of Hearing:

If the Certificate of Correction IS NOT RECEIVED by the date indicated above OR if no date is indicated above, the respondent MUST APPEAR at a hearing on 7/27/89 at 8:30am, 10:30am, 1:30pm, 3:00pm at the ECB Hearing Office located in Brooklyn, Manhattan, Queens, Staten Island. (The address for each location is provided on the reverse side of this form.) This hearing is your opportunity to answer and defend the allegations set forth below. If you do not appear, you will be held in default and subject to maximum penalties.

REPEAT OFFENDERS MUST appear at the hearing on the scheduled date and submit completed certificate of correction then.

Upon investigation, it has been determined by the above named Petitioner that there is reasonable cause to believe that the above named Respondent is in violation of the Administrative Code and/or Fire Department Rule(s) cited below:

Rule 1 Buckets and/or Fire Extinguishers

☐ Failed to provide _____ (sand/water) and/or _____ approved, operative fire extinguishers at _____ as required.

Rule 2 Waste Receptacles

☐ Failed to provide _____ approved receptacles for waste at _____ as required.

Rule 3 No Permit

☐ (Sold/Stored/Used/Manufactured/Transported) (combustibles/flammables/explosives) without required valid permit.

Rule 4 Quantities in Excess of Permit

☐ (Sold/Stored/Used/Manufactured/Transported) _____ of _____ in excess of amount stated on permit.

Rule 5 Produce Permit and/or Record

☐ Failed to produce (permit/record) regarding _____ at _____ as required.

Rule 6 Signs/Postings/Instructions

☐ Failed to provide (Signs/Postings/Instructions) for _____ at _____ as required.

Rule 7 Labels/Marks/Stamps

☐ Failed to provide (Labels/Marks/Stamps) for _____ at _____ as required.

Rule 8 Obstructions/Accumulations

☐ Failed to remove all (obstructions/accumulations of rubbish or storage) of _____ from _____ as required.

Rule 9 Adequate Egress/Aisle Space/Clearance

☐ Failed to provide adequate (egress/aisle space/clearance) at _____ as required.

Rule 10 Operating Contrary to C of O

☐ Operated _____ contrary to the certificate of occupancy.

Rule 11 General Maintenance

☐ Failed to maintain _____ in a proper condition as required.

Rule 12 Maintenance of Sprinkler, Standpipe, Alarm, Suppression Systems

☐ Failed to properly (provide/maintain) _____ system or part thereof as required. Describe below.

Rule 13 Fire Retardant Material

☐ Failed to treat combustible material and/or fabric _____ at _____ with fire retardant as required.

Rule 14 Fireproof Doors/Windows

☐ Failed to (provide/maintain) (self-closing fireproof doors/windows) at _____ as required.

Rule 15 Fireproof Partitions or Walls

☐ Failed to (provide/maintain) fireproof partitions or walls at _____ as required.

Rule 16 Ventilation

☐ Failed to provide (approved vents/adequate ventilation) at _____ as required.

Rule 17 Certificates of Fitness

☐ Failed to (obtain/provide) a (Certificate of Fitness/Certificate Holder on Duty) for _____ as required.

Rule 18 Certificates of Approval/Occupancy/Qualification/License

☐ Failed to (obtain/provide) a Certificate of (Approval/Occupancy/Qualification/License) for _____ as required.

Rule 19 Affidavits/Documentation/Plans/Applications

☐ Failed to provide (affidavit/documentation/plan/application) for _____ from _____ as required.

Rule 20 Test/Inspection

☐ Failed to conduct required (equipment/system) (test/inspection) of _____ as required.

Rule 21 Containers

☐ Failed to provide approved containers for _____ as required.

Rule 22 Tanks/Supports

☐ Failed to (provide/maintain) approved tanks/supports for _____ as required.

Rule 23 Storage

☐ Failed to provide (vaults/cabinets/room/area) for the storage of _____ as required.

Rule 24 Racks

☐ Failed to provide appropriate racks at _____ as required.

Rule 25 Electrical Equipment

☐ Failed to (provide/protect/maintain) electrical equipment as required.

Rule 26 Approved Refrigeration/Heating Devices or Units

☐ Failed to (provide/protect/maintain) (refrigeration/heating) devices as required.

Rule 27 Approved Lighting Devices

☐ Failed to (provide/protect/maintain) lighting devices as required. Specify type of protection required: _____

Rule 28 Exposed Flames or Sparks

☐ (Unlawfully allowed/failed to protect) exposed flame or spark at _____ as required.

Rule 29 Designated Areas

☐ Failed to (provide/maintain) designated area/premises for _____ as required.

Rule 30 Fire Safety in Office Buildings/Hotels/Motels

☐ Failed to comply with the fire safety requirements for (office buildings/hotels/motels). Specify: _____

Repeat Violation (\$15-229)
☐ Failed to correct Rule(s) _____ as previously cited on NOV # _____ (Respondent must appear at the hearing and certify correction.)

False Certification (\$15-220.1)

☐ Willfully falsified Certificate of Correction for NOV # _____ (Respondent must appear at hearing.)

☐ Other Code Section/Rule _____ Describe offense below.

Description of Violation:

I personally observed the commission of the above offense(s) or personally reviewed the office records indicating the offense(s) charged above.

All statements made herein are affirmed under penalty of perjury. Date of Offense: 7/26/89 Time: 1:00 p.m.

Inspector's Tax Registry Number _____

INSPECTOR'S SIGNATURE _____

CERTIFICATE OF CORRECTION

State of New York

County of MANHATTAN ss:I, WILLIAM T. KESNER
PRINT YOUR NAME

being duly sworn, depose and say that I am the respondent cited in the

Notice of Violation and that I admit the existence of the violation(s) described in the Notice of Violation.

Check one

☒ I have corrected all said violations as ordered by the Commissioner

or

☐ I have only corrected Rule Number(s) _____
and will attend hearing on scheduled date.(The respondent certifies that *all* violations have been corrected if no box is checked.)

I have attached legible copies of any and all bills, receipts and other proof of correction to this certification as required.

William T. Kesner
SIGNATURE

(Sign only before a notary)

TO BE COMPLETED BY NOTARYCounty of New YorkRegistration Number LORI M. STEINHAUSER
Notary Public, State of New York
No. 41-4899903**SEAL**Sworn to before me this 12th day of July 19 89Notary Number Qualified in Queens County
Commission Expires July 27, 1989Signature of Notary Lori M. SteinhauerCommission Expires 7/27/91

The Fire Commissioner reserves the right to reject any Certificate of Correction that is incomplete. False certification is punishable by a fine of not less than \$1,000 nor more than \$5,000 and/or up to 6 months imprisonment pursuant to Administration Code Section 15-220.1

CERTIFICATION INSTRUCTIONS**For first offenses:**

1. ALL offenders must correct the violation(s) cited on the NOTICE OF VIOLATION.
2. All offenders must complete the Certificate of Correction above and have it notarized. *Do not* detach above certificate from this page.
3. Attach legible copies of any and all bills, receipts and/or other proof of compliance to this Certificate of Correction (see correction requirements on reverse of green copy) and submit them along with this Certificate.
4. Return the completed Certificate of Correction with all appropriate documentation attached to the Bureau of Fire Prevention Enforcement Unit, 250 Livingston Street, Brooklyn, New York 11201-5884 by the close of business on the date indicated on the NOTICE OF VIOLATION for return of the certificate. (See reverse side for return date)
5. Respondents will be notified by mail whether or not their Certificate of Correction has been approved. If the certificate is *not* approved you will be notified of the appropriate action to take.
6. If it is impossible to correct any or all violations within the time indicated, you may be eligible for a stipulation extending the time to correct. A request for a stipulation extending compliance time must be made at the hearing and is subject to the approval of the Fire Department and the ECB.
7. If you properly certify that ALL violations have been corrected, you will be excused from appearing at the scheduled ECB hearing and no penalty will be imposed.
8. If you fail to comply with (7) above or if you are a repeat offender, you will be required to attend the ECB hearing designate on the NOV and bring any and all proof of correction to the hearing.

ECB HEARING OFFICES

If you are required to attend an ECB hearing, check the location and time indicated on the face of the NOV and note the address below:

★ Manhattan/Bronx: 1250 Broadway, 7th Fl. (212) 971-3600

★ Queens: 91-14 Merrick Blvd., 8th Fl. (718) 297-1060

★ Brooklyn: 233 Schermerhorn St., 11th Fl. (718) 858-1305

★ Staten Island: Borough Hall Building, 10 Richmond Terrace (212) 971-3600

NYC-WTC_000166301

Instructions to Inspectors—All boxes on this form must have an answer. Answers with a "NO" answers to a "V" mandate a Violation Order, "NO" answers to a "*" mandate automatic failure. Check "YES" "NO" or "N/A".

ON SITE EXAM FOR FIRE SAFETY DIRECTOR—OFFICE

Z 01 Inspector LT. JAMES E. LAVELLE

Name of Candidate PHILLIPS, JAMES A Office Address 7 WORLD TRADE CTR Date of Examination 12/2/88
(Print last name, first name) NEW YORK, N.Y. 10048

A:

Instructions to Inspectors—If any asterisk (*) items are marked "NO", terminate the test immediately. See Section VIII for further information.			YES	NO	N/A
I. Physical Requirements—Does candidate have ability to:					
*A. Speak and understand English? Yes ☒ No ☐	*B. Hear spoken words over a telephone? (with corrective devices) Yes ☒ No ☐	*C. Possess necessary vision? (corrective devices acceptable) Yes ☒ No ☐			

B: Building

Instructions to Inspector—If any violation (V) items are marked "NO", issue a Violation Order at the end of the Test. Test must proceed.			YES	NO	N/A
II. Records:					
v. A. Fire drill records current? Yes ☒ No ☐	v. B. Firemen's Service Elevator Test Records current? Yes ☒ No ☐ N/A ☐	v. C. Keys kept at Fire Command Station? Yes ☒ No ☐ N/A ☐	3		
v. D. Fire Safety Plan and building floor plan at Fire Command Station? Yes ☒ No ☐	v. E. A current list of all floor Wardens and phone numbers at Fire Command Station? Yes ☒ No ☐	v. F. Master window keys available? Yes ☐ No ☐ N/A ☒	2		1
v. G. Building current in actual Fire Drills? (*if over 3 months) Yes ☒ No ☐			1		
TOTAL (7)			6	1	1
Instructions to Inspector—If any violation (V) items are marked "NO", issue a Violation Order at the end of the Test. Test must proceed. III. a. Specific Building Inspection: Special Instructions—Choose one floor for the general floor inspection <u>12</u> FLOOR Building Inspection—Signs and Charts—					
v. A. Are stairways properly lettered? Yes ☒ No ☐	v. B. Are floors properly numbered? Yes ☒ No ☐	v. C. Is floor diagram posted? Yes ☒ No ☐	3		
v. D. Are stairways re-entry signs posted? Yes ☐ No ☐ N/A ☒	v. E. Are elevators properly lettered on each elevator bank? Yes ☒ No ☐ N/A ☐	v. F. Is floor diagram properly oriented? Yes ☒ No ☐	2		1
v. G. Is elevator sign "In Case of Fire, Use Stairs" posted? Yes ☒ No ☐ N/A ☐	v. H. Are exit doors unlocked, closed and unobstructed? Yes ☒ No ☐	v. I. Fire Drill Organization Charts posted and current? Yes ☒ No ☐	3		
TOTAL (9)			8		1
III. b. Building Inspection—Signs and Charts—Choose one floor for the general floor inspection <u>11</u> FLOOR					
v. A. Are stairways properly lettered? Yes ☒ No ☐	v. B. Are floors properly numbered? Yes ☒ No ☐	v. C. Is floor diagram posted? Yes ☒ No ☐	3		
v. D. Are stairways re-entry signs posted? Yes ☐ No ☐ N/A ☒	v. E. Are elevators properly lettered on each elevator bank? Yes ☒ No ☐ N/A ☐	v. F. Is floor diagram properly oriented? Yes ☒ No ☐	2		1
v. G. Is elevator sign "In Case of Fire, Use Stairs" posted? Yes ☐ No ☐ N/A ☐	v. H. Are exit doors unlocked, closed and unobstructed? Yes ☒ No ☐	v. I. Fire Drill Organization Charts posted and current? Yes ☒ No ☐	3		
TOTAL (9)			8		1
IV. Instructions to Inspector—If four (4) or more items below are marked "NO", the Inspector must issue a Violation Order at the end of the test. Test must proceed. This next part must proceed with contacting a Floor Warden within the Building. Read the following statement to the Warden—"In the event of a fire on this floor, explain which specific actions must be taken by you."					
FLOOR WARDENS: <u>ETHEL WEINBERG ROSEANNE DEVINS</u> <small>NAME OF FLOOR WARDEN CONTACTED</small>			<u>10</u> <small>FLOOR CHOSEN</small>	<u>3873</u> <u>3458</u> <small>TELEPHONE NUMBER</small>	
Does Floor Warden have knowledge of:					
A. Position during fire drill or emergency? Yes ☒ No ☐	B. Notification procedures? Yes ☒ No ☐	C. Location of alarm boxes? Yes ☒ No ☐ N/A ☐	3		
D. Evacuation location? Yes ☒ No ☐	E. Evacuation procedures? Yes ☒ No ☐	F. Number of exits on floor? Yes ☒ No ☐	G. Examining for exits on floor? Yes ☒ No ☐	4	
H. Reporting whether smoke or Fire? Yes ☒ No ☐	I. Duties of Deputy Fire Warden and Searchers? Yes ☒ No ☐		v. J. Were fire drills conducted? Yes ☒ No ☐	3	
*K. Floor wardens in numerous floors properly trained? Yes ☒ No ☐			12, 10, 12	1	
TOTAL (11)			11		
Section B: (II, III, IV)			8 or more answered "NO" in Section B fails.		
Section B TOTAL (36)			33		3
Number of correct answers in this section is <u>33</u> Number of incorrect answers is _____ Number of N/A answers is <u>3</u>					

C: Candidate

Instructions to Inspector—If any asterisk (*) items are marked "NO", terminate the test immediately. See Section VIII for further information:				YES	NO	N/A
V. Fire Emergencies and Class E. System Operations (if system inoperative, see Comments VII): Examiner—Read this statement to the candidate "You are the Fire Safety Director of the building. You receive notice during normal operational hours that an actual fire is occurring above on a floor in this building. Explain all steps of what actions must be taken. Again make no assumptions of any actions taken and start at the beginning." Did FSD have knowledge to:						
*A. Report to Fire Command? Yes ☒ No ☐	B. Check board status? Yes ☒ No ☐ N/A ☐	*C. Notify Fire Department? Yes ☒ No ☐	D. Send runner to Alarm Box? Yes ☒ No ☐	4		
*E. Make contact with floor Wardens on fire floor immediately above? Yes ☒ No ☐ N/A ☐	*F. Make announcements on PA System? Yes ☒ No ☐ N/A ☐	G. Record information—all? Yes ☒ No ☐		3		
*H. Evacuate fire floor and floor above? Yes ☒ No ☐	I. Instruct FW to re-contact in safe area? Yes ☒ No ☐	*J. Activate fire brigade? Yes ☒ No ☐		3		
*K. Ensure elevators recall? Yes ☒ No ☐ N/A ☐	L. Shut down A/C? Yes ☒ No ☐ N/A ☐	M. Keep lobby clear and entrance doors unlocked? Yes ☒ No ☐		3		
*N. Reset Notification System or if System out-of-service? Yes ☒ No ☐ N/A ☐	O. Perform—Make available Fire Safety Plan, Floor Plans, Keys, engineer to NYCFD? Yes ☒ No ☐	*P. Describe—Silence Alarm? Yes ☒ No ☐ N/A ☐		3		
*Q. Perform—The FSD Candidate uses the PA System on one floor states "This is only a test of the P.A. System. The Floor Warden should call back on the Floor Phone immediately to confirm that this message is clear." Yes ☒ No ☐ N/A ☐				1		
TOTAL (17)				17		

VI. Building

Instructions to Examiner—Verify all information stated by the candidate by comparison with the Fire Safety Plan or visual inspection. A "NO" answer does not mandate failure.

ELEVATOR—(Page 13, Q 7 of F.S. Guidelines):

Does candidate know location/type of:

- A. Elevators with common shafts? Yes ☒ No ☐ N/A ☐
 B. Elevator machinery room? Yes ☒ No ☐ N/A ☐
 C. Operation of control necessary to deactivate elevator circuits? Yes ☒ No ☐ N/A ☐
 D. Identification of elevators and elevator bank? Yes ☒ No ☐ N/A ☐
 E. Firemen's service elevators? Yes ☒ No ☐ N/A ☐

Air Conditioning and Heating—(Page 15, of F.S. Guidelines):

- A. Type of air conditioning system? Yes ☒ No ☐ N/A ☐
 B. Zones serviced by systems? Yes ☐ No ☐ N/A ☒
 C. Controls to activate movement? Yes ☒ No ☐ N/A ☐
 D. Electronic automatic detection controls? Yes ☒ No ☐ N/A ☐
 E. Type, location and controls of heating systems? Yes ☒ No ☐ N/A ☐
 F. Smoke shaft location and operation? Yes ☐ No ☐ N/A ☒

Sprinkler System (Page 14 Q 11) of F.S. Guidelines:

Does candidate know location/type of:

- A. Automatic or non-automatic systems? Yes ☒ No ☐ N/A ☐
 B. Main shut off? Yes ☒ No ☐ N/A ☐
 C. Valves each floor? Yes ☒ No ☐ N/A ☐
 D. Valves for more than one floor? Yes ☐ No ☐ N/A ☒
 E. Area controlled by sprinkler system? Yes ☒ No ☐ N/A ☐
 F. Primary source of water? Yes ☒ No ☐ N/A ☐
 G. Fire pump? Yes ☒ No ☐ N/A ☐
 H. Six (6) extra sprinkler heads and wrench? Yes ☒ No ☐ N/A ☐

Alarm System:

Does candidate know location/type of:

- A. Various alarm sending station? Yes ☒ No ☐ N/A ☐
 B. Various Warden phones? Yes ☒ No ☐ N/A ☐
 C. Street fire alarm box? Yes ☒ No ☐ N/A ☐

TOTAL (22)

19 Yes No 3 N/A

Special Extinguishing System (P. 14, Q. 2) & Lighting Equipment (P. 15, Q. 16) of F.S. Guidelines:

Does candidate know location/type of:

- A. Special extinguishing systems within building? Yes ☐ No ☐ N/A ☒
 B. Extinguishing systems location(s)? Yes ☐ No ☐ N/A ☒
 C. Auxiliary sources of lights or power? Yes ☒ No ☐ N/A ☐

Standpipe systems (P. 14, Q. 10) of F.S. Guidelines:

Does candidate know location/type of:

- A. Risers and control valves? Yes ☒ No ☐ N/A ☐
 B. Procedure should system become inoperable? Yes ☒ No ☐ N/A ☐
 C. Pump rooms? Yes ☒ No ☐ N/A ☐
 D. Water supply controls? Yes ☒ No ☐ N/A ☐

Stairways (P. 13, Q. 5) of F.S. Guidelines:

Does candidate know location/type of:

- A. Identification/location? Yes ☒ No ☐ N/A ☐
 B. Floors served? Yes ☒ No ☐ N/A ☐
 C. Pressurized stairs? Yes ☐ No ☐ N/A ☒
 D. Access stairs (Open or Closed)? Yes ☒ No ☐ N/A ☐

Other (Special Features, i.e. Atrium). (write question):

- A. _____ Yes ☐ No ☐ N/A ☐
 B. _____ Yes ☐ No ☐ N/A ☐
 C. _____ Yes ☐ No ☐ N/A ☐

TOTAL (11)

8 Yes No 3 N/A

Section C: (V, VI)

12 or more answered "NO" in Section C fails.

SECTION C TOTAL (53)

Number of correct answers in this section is _____ Number of incorrect answers is _____ Number of N/A answers is _____

FIRE SAFETY DIRECTOR ON SITE EXAMINATION—OFFICE

Section D:

VII. Comments by Examiner:

()
Check if
applicable

The Class E system was inoperative, candidate was advised to send in an affidavit indicating proper instruction has been provided and system is operative. If so, state why system was inoperative.

VIII. Determination of Passing:

- A. If the candidate failed to answer satisfactorily the essential questions marked (*), advise the candidate that a new appointment should be requested by contacting the High Rise Unit. The examiner should also give the applicant a bill for the inspections/examination.
- B. If the candidate satisfactorily answered the mandatory parts, but by totalling all answers, the number of NO answers were below 80%, the candidate fails the practical test. See Chart.

IX. On Site High Rise Test—(Print ALL Information):

Candidate Name FRANK GILDER

Social Security No. P11

Date of Examination 10-6-09

Number of correct answers are 10 on this test. Number of incorrect answers are 0. Number of N/A answers are 0.

Summary of Results:

A. PASSED (CHECK)

or

B. FAILED—(reason)

C. Violation numbers issued as result of examination and inspection:

White copy must be given to the Candidate.
Canary copy must be submitted to the High Rise Unit.
Pink copy must be submitted to Cashier's office.

C. of F. Z 01 11-111 No. of On Site Tests 1

Office Address 100-10 101 Ave

Total Number of Items Answered 10/10

CANDIDATE

BUILDING

Those candidates failing should contact the High Rise Unit for another appointment when building correction and/or additional knowledge is obtained.

D. I hereby certify all information contained in this report is accurate.

INSPECTOR

DATE

INSPECTORS ARE ONLY PERMITTED TO PROVIDE CANDIDATES WITH SECTION D.

BUILDING PROFILE

BUILDING ADDRESS

7 WORLD TRADE CENTER

TYPE OF BUILDING

OFFICE

DATE

10-6-88

HEIGHT IN FEET

618

NUMBER OF STORIES

47

	YES	NO	REMARKS
APPROVED COMMUNICATION	☒	☐	MODEL
SPRINKLER	☒	☐	<u>FULLY</u> PARTIAL
STANDPIPE	☒	☐	STAIRWAY A + B
SPECIAL EXTING. SYSTEMS	☐	☒	
STAIR PRESS.	☐	☒	
FIREMENS SVC.	☒	☐	
CENTRAL A/C	☐	☒	PACKAGE UNITS
ACCESS STAIRS	☒	☐	FLOORS SERVED 11/12 2/3 INFO IN FEP
MAIL CONVEYORS	☐	☒	
ADDITIONAL INFO	☐	☒	

LT R F Bruno

INSPECTOR



FILE DEPARTMENT

250 LIVINGSTON STREET BROOKLYN, N.Y. 11201-5554

BUREAU OF FIRE PREVENTION

10-6-88

DATE

TO: Dudley M. Glasse Chief of Fire Communications
 FROM: Joseph M. DeMeo Chief of Fire Prevention
 SUBJECT: Transmission of Alarm Signal to Borough Central Office as per
 F.P. Dir. 2-83

A test was conducted of the CL "E" system at 7 WTC
 The alarm was/was not transmitted from Central Station to the Borough
 Central Office.

Date:

10-6-88

Time:

Inspector:

LT. Richard F. Burns

Hi Rise Unit

Fire Safety Dir.:

WILLIAM KESNER

Type Alarm:

Manual

Alarm Co.:

AFA

Dispatcher #:

*Blky off-line
 due to equipment test*

Joseph M. DeMeo

Joseph M. DeMeo
 Chief of Fire Prevention

JMD/EC/yj

SAVE WATER

SMOKE DETECTORS SAVE LIVES

SAVE WATER

Instructions to Inspectors—All boxes on this form must have an answer. Answers to a "NO" answers to a "V" mandate a Violation Order, "NO" answers to a "*" mandate automatic failure. Check "YES" "NO" or "N/A".

ON SITE EXAM FOR FIRE SAFETY DIRECTOR—OFFICE

Name of Candidate CHRISTOPHER MILLERICK Inspector U. R. Bruno
 (Print last name, first name) Office Address 7 WTC Date of Examination 10-6-88
NY NY 10048

A:

Instructions to Inspectors—If any asterisk (*) items are marked "NO", terminate the test immediately. See Section VIII for further information.			YES	NO	N/A
I. Physical Requirements—Does candidate have ability to:					
*A. Speak and understand English? Yes ☒ No ☐	*B. Hear spoken words over a telephone? (with corrective devices) Yes ☒ No ☐	*C. Possess necessary vision? (corrective devices acceptable) Yes ☒ No ☐			

B: Building

Instructions to Inspector—If any violation (V) items are marked "NO", issue a Violation Order at the end of the Test. Test must proceed.					
II. Records:					
v. A. Fire drill records current? Yes ☒ No ☐	v. B. Firemen's Service Elevator Test Records current? Yes ☒ No ☐ N/A ☐	v. C. Keys kept at Fire Command Station? Yes ☒ No ☐ N/A ☐	3		
v. D. Fire Safety Plan and building floor plan at Fire Command Station? Yes ☒ No ☐	v. E. A current list of all floor Wardens and phone numbers at Fire Command Station? Yes ☒ No ☐	v. F. Master window keys available? Yes ☐ No ☐ N/A ☒	2		1
v. G. Building current in actual Fire Drills? (*if over 3 months) Yes ☒ No ☐			1		
TOTAL (7)			6		1

Instructions to Inspector—If any violation (V) items are marked "NO", issue a Violation Order at the end of the Test. Test must Proceed.					
III. a. Specific Building Inspection:					
Special Instructions—Choose one floor for the general floor inspection <u>10TH</u> FLOOR					
Building Inspection—Signs and Charts—					
v. A. Are stairways properly lettered? Yes ☒ No ☐	v. B. Are floors properly numbered? Yes ☒ No ☐	v. C. Is floor diagram posted? Yes ☒ No ☐	3		
v. D. Are stairways re-entry signs posted? Yes ☒ No ☐ N/A ☐	v. E. Are elevators properly lettered on each elevator bank? Yes ☒ No ☐ N/A ☐	v. F. Is floor diagram properly oriented? Yes ☒ No ☐	3		
v. G. Is elevator sign "In Case of Fire, Use Stairs" posted? Yes ☒ No ☐ N/A ☐	v. H. Are exit doors unlocked, closed and unobstructed? Yes ☒ No ☐	v. I. Fire Drill Organization Charts posted and current? Yes ☒ No ☐	3		
TOTAL (9)			9		

III. b. Building Inspection—Signs and Charts—Choose one floor for the general floor inspection <u>12TH</u> FLOOR					
v. A. Are stairways properly lettered? Yes ☒ No ☐	v. B. Are floors properly numbered? Yes ☒ No ☐	v. C. Is floor diagram posted? Yes ☒ No ☐	3		
v. D. Are stairways re-entry signs posted? Yes ☒ No ☐ N/A ☐	v. E. Are elevators properly lettered on each elevator bank? Yes ☒ No ☐ N/A ☐	v. F. Is floor diagram properly oriented? Yes ☒ No ☐	3		
v. G. Is elevator sign "In Case of Fire, Use Stairs" posted? Yes ☒ No ☐ N/A ☐	v. H. Are exit doors unlocked, closed and unobstructed? Yes ☒ No ☐	v. I. Fire Drill Organization Charts posted and current? Yes ☒ No ☐	3		
TOTAL (9)			9		

IV. Instructions to Inspector—If four (4) or more items below are marked "NO", the inspector must issue a Violation Order at the end of the test. Test must proceed.					
This next part must proceed with contacting a Floor Warden within the Building. Read the following statement to the Warden—"In the event of a fire on this floor, explain which specific actions must be taken by you."					
FLOOR WARDENS: <u>Ge. Frey Lewis</u> <u>11TH</u> <u>4746</u>					
NAME OF FLOOR WARDEN CONTACTED FLOOR CHOSEN TELEPHONE NUMBER					
Does Floor Warden have knowledge of:					
A. Position during fire drill or emergency? Yes ☒ No ☐	B. Notification procedures? Yes ☒ No ☐	C. Location of alarm boxes? Yes ☒ No ☐ N/A ☐	3		
D. Evacuation location? Yes ☒ No ☐	E. Evacuation procedures? Yes ☒ No ☐	F. Number of exits on floor? Yes ☒ No ☐	4		
H. Reporting whether smoke or Fire? Yes ☐ No ☐	I. Duties of Deputy Fire Warden and Searchers? Yes ☒ No ☐	v. J. Were fire drills conducted? Yes ☒ No ☐	3		
*K. Floor wardens in numerous floors properly trained? Yes ☒ No ☐			1		
TOTAL (11)			11		
Section B: (II, III, IV) 8 or more answered "NO" in Section B fails. SECTION B TOTAL (36)					
Number of correct answers in this section is <u>35</u> Number of incorrect answers is <u>1</u> Number of N/A answers is <u>1</u>					

C: Candidate

Instructions to Inspector—If any asterisk (*) items are marked "NO", terminate the test immediately. See Section VIII for further information:				YES	NO	N/A			
V. Fire Emergencies and Class E. System Operations (if system inoperative, see Comments VII): Examiner—Read this statement to the candidate "You are the Fire Safety Director of the building. You receive notice during normal operational hours that an actual fire is occurring above on a floor in this building. Explain all steps of what actions must be taken. Again make no assumptions of any actions taken and start at the beginning." Did FSD have knowledge to:									
*A. Report to Fire Command? Yes ☒ No ☐	B. Check board status? Yes ☒ No ☐ N/A ☐	*C. Notify Fire Department? Yes ☒ No ☐	D. Send runner to Alarm Box? Yes ☒ No ☐	4					
*E. Make contact with floor Wardens on fire floor immediately above? Yes ☒ No ☐ N/A ☐		*F. Make announcements on PA System? Yes ☒ No ☐ N/A ☐		3					
*H. Evacuate fire floor and floor above? Yes ☒ No ☐		I. Instruct FW to re-contact in safe area? Yes ☒ No ☐		3					
*K. Ensure elevators recall? Yes ☒ No ☐ N/A ☐		L. Shut down A/C? Yes ☒ No ☐ N/A ☐		3					
*N. Reset Notification System or if System out-of-service? Yes ☒ No ☐ N/A ☐		O. Perform—Make available Fire Safety Plan, Floor Plans, Keys, engineer to NYCFD? Yes ☒ No ☐		3					
*P. Describe Silence Alarm? Yes ☒ No ☐ N/A ☐				3					
*Q. Perform—The FSD Candidate uses the PA System on one floor states "This is only a test of the P.A. System. The Floor Warden should call back on the Floor Phone immediately to confirm that this message is clear." Yes ☒ No ☐ N/A ☐				1					
TOTAL (17)				17					
VI. Building Instructions to Examiner—Verify all information stated by the candidate by comparison with the Fire Safety Plan or visual inspection. A "NO" answer does not mandate failure.									
ELEVATOR—(Page 13, Q 7 of F.S. Guidelines): Does candidate know location/type of:									
A. Elevators with common shafts? Yes ☒ No ☐ N/A ☐ B. Elevator machinery room? Yes ☒ No ☐ N/A ☐ C. Operation of control necessary to deactivate elevator circuits? Yes ☒ No ☐ N/A ☐ D. Identification of elevators and elevator bank? Yes ☒ No ☐ N/A ☐ E. Firemen's service elevators? Yes ☒ No ☐ N/A ☐									
Air Conditioning and Heating—(Page 15, of F.S. Guidelines): A. Type of air conditioning system? Yes ☒ No ☐ N/A ☐ B. Zones serviced by systems? Yes ☒ No ☐ N/A ☐ C. Controls to activate movement? Yes ☒ No ☐ N/A ☐ D. Electronic automatic detection controls? Yes ☒ No ☐ N/A ☐ E. Type, location and controls of heating systems? Yes ☒ No ☐ N/A ☐ F. Smoke shaft location and operation? Yes ☐ No ☐ N/A ☒									
Sprinkler System (Page 14 Q 11) of F.S. Guidelines: Does candidate know location/type of:									
A. Automatic or non-automatic systems? Yes ☒ No ☐ N/A ☐ B. Main shut off? Yes ☒ No ☐ N/A ☐ C. Valves each floor? Yes ☒ No ☐ N/A ☐ D. Valves for more than one floor? Yes ☒ No ☐ N/A ☐ E. Area controlled by sprinkler system? Yes ☒ No ☐ N/A ☐ F. Primary source of water? Yes ☒ No ☐ N/A ☐ G. Fire pump? Yes ☒ No ☐ N/A ☐ H. Six (6) extra sprinkler heads and wrench? Yes ☒ No ☐ N/A ☐									
Alarm System: Does candidate know location/type of:									
A. Various alarm sending station? Yes ☒ No ☐ N/A ☐ B. Various Warden phones? Yes ☒ No ☐ N/A ☐ C. Street fire alarm box? Yes ☒ No ☐ N/A ☐									
TOTAL (22)				Yes	No	N/A			
Special Extinguishing System (P. 14, Q. 2) & Lighting Equipment (P. 15, Q. 16) of F.S. Guidelines: Does candidate know location/type of:									
A. Special extinguishing systems within building? Yes ☐ No ☐ N/A ☒ B. Extinguishing systems location(s)? Yes ☐ No ☐ N/A ☒ C. Auxiliary sources of lights or power? Yes ☒ No ☐ N/A ☐									
Standpipe systems (P. 14, Q. 10) of F.S. Guidelines: Does candidate know location/type of:									
A. Risers and control valves? Yes ☒ No ☐ N/A ☐ B. Procedure should system become inoperable? Yes ☒ No ☐ N/A ☐ C. Pump rooms? Yes ☒ No ☐ N/A ☐ D. Water supply controls? Yes ☒ No ☐ N/A ☐									
Stairways (P. 13, Q. 5) of F.S. Guidelines: Does candidate know location/type of:									
A. Identification/location? Yes ☒ No ☐ N/A ☐ B. Floors served? Yes ☒ No ☐ N/A ☐ C. Pressurized stairs? Yes ☒ No ☐ N/A ☐ D. Access stairs (Open or Closed)? Yes ☒ No ☐ N/A ☐									
Other (Special Features, i.e. Atrium) (write question): A. <u>ATRIUM</u> Yes ☒ No ☐ N/A ☐ B. _____ Yes ☐ No ☐ N/A ☐ C. _____ Yes ☐ No ☐ N/A ☐									
TOTAL (11)				Yes	No	N/A			
Section C: (V, VI) 12 or more answered "NO" in Section C fails. SECTION C TOTAL (53)									
Number of correct answers in this section is _____ . Number of incorrect answers is _____ . Number of N/A answers is <u>3</u> .									

Instructions to Inspectors—All boxes this form must have an answer. Answers to a "NO" answers to a "V" mandate a Violation Order, "NO" answers to a "*" mandate automatic failure. Check "YES" "NO" or "N/A".

ON SITE EXAM FOR FIRE SAFETY DIRECTOR—OFFICE

Name of Candidate KASTNER, RICHARD Z 01 Inspector H. Box
Office Address 7 World Trade Center Date of Examination 4/14/88
(Print last name, first name)

A:

Instructions to Inspectors—If any asterisk (*) items are marked "NO", terminate the test immediately. See Section VIII for further information.			YES	NO	N/A
I. Physical Requirements—Does candidate have ability to:					
*A. Speak and understand English? Yes ☒ No ☐	*B. Hear spoken words over a telephone? (with corrective devices) Yes ☒ No ☐	*C. Possess necessary vision? (corrective devices acceptable) Yes ☒ No ☐	3		

B: Building

Instructions to Inspector—If any violation (V) items are marked "NO", issue a Violation Order at the end of the Test. Test must proceed.			YES	NO	N/A
II. Records:					
v. A. Fire drill records current? Yes ☒ No ☐	v. B. Firemen's Service Elevator Test Records current? Yes ☒ No ☐ N/A ☐	v. C. Keys kept at Fire Command Station? Yes ☒ No ☐ N/A ☐	3		
v. D. Fire Safety Plan and building floor plan at Fire Command Station? Yes ☒ No ☐	v. E. A current list of all floor Wardens and phone numbers at Fire Command Station? Yes ☒ No ☐	v. F. Master window keys available? Yes ☒ No ☐ N/A ☒	2		1
v. G. Building current in actual Fire Drills? (*if over 3 months) Yes ☒ No ☐			1		
TOTAL (7)			6	0	1
Instructions to Inspector—If any violation (V) items are marked "NO", issue a Violation Order at the end of the Test. Test must Proceed.					
III. a. Specific Building Inspection: Special Instructions—Choose one floor for the general floor inspection <u>11</u> FLOOR Building Inspection—Signs and Charts—					
v. A. Are stairways properly lettered? Yes ☒ No ☐	v. B. Are floors properly numbered? Yes ☒ No ☐	v. C. Is floor diagram posted? Yes ☒ No ☐	3		
v. D. Are stairways re-entry signs posted? Yes ☒ No ☐ N/A ☐	v. E. Are elevators properly lettered on each elevator bank? Yes ☒ No ☐ N/A ☐	v. F. Is floor diagram properly oriented? Yes ☒ No ☐	3		
v. G. Is elevator sign "In Case of Fire, Use Stairs" posted? Yes ☒ No ☐ N/A ☐	v. H. Are exit doors unlocked, closed and unobstructed? Yes ☒ No ☐	v. I. Fire Drill Organization Charts posted and current? Yes ☒ No ☐	3		
TOTAL (9)			9		
III. b. Building Inspection—Signs and Charts—Choose one floor for the general floor inspection <u>12</u> FLOOR					
v. A. Are stairways properly lettered? Yes ☒ No ☐	v. B. Are floors properly numbered? Yes ☒ No ☐	v. C. Is floor diagram posted? Yes ☒ No ☐	3		
v. D. Are stairways re-entry signs posted? Yes ☒ No ☐ N/A ☐	v. E. Are elevators properly lettered on each elevator bank? Yes ☒ No ☐ N/A ☐	v. F. Is floor diagram properly oriented? Yes ☒ No ☐	3		
v. G. Is elevator sign "In Case of Fire, Use Stairs" posted? Yes ☒ No ☐ N/A ☐	v. H. Are exit doors unlocked, closed and unobstructed? Yes ☒ No ☐	v. I. Fire Drill Organization Charts posted and current? Yes ☒ No ☐	3		
TOTAL (9)			9		
IV. Instructions to Inspector—If four (4) or more items below are marked "NO", the inspector must issue a Violation Order at the end of the test. Test must proceed. This next part must proceed with contacting a Floor Warden within the Building. Read the following statement to the Warden—"In the event of a fire on this floor, explain which specific actions must be taken by you."					
FLOOR WARDENS: NAME OF FLOOR WARDEN CONTACTED <u>Evett, Unkley</u> FLOOR CHOSEN _____ TELEPHONE NUMBER _____					
Does Floor Warden have knowledge of:					
A. Position during fire drill or emergency? Yes ☒ No ☐	B. Notification procedures? Yes ☒ No ☐	C. Location of alarm boxes? Yes ☒ No ☐ N/A ☐	3		
D. Evacuation location? Yes ☒ No ☐	E. Evacuation procedures? Yes ☒ No ☐	F. Number of exits on floor? Yes ☒ No ☐	4		
H. Reporting whether smoke or Fire? Yes ☒ No ☐	I. Duties of Deputy Fire Warden and Searchers? Yes ☒ No ☐	v. J. Were fire drills conducted? Yes ☒ No ☐	3		
*K. Floor wardens in numerous floors properly trained? Yes ☐ No ☒			1		
TOTAL (11)			11		
Section B: (II, III, IV) 8 or more answered "NO" in Section B fails. SECTION B TOTAL (36)					
Number of correct answers in this section is _____ Number of incorrect answers is _____ Number of N/A answers is _____					

C: Candidate

Instructions to Inspector—If any asterisk (*) items are marked "NO", terminate the test immediately. See Section VIII for further information:				YES	NO	N/A
V. Fire Emergencies and Class E. System Operations (if system inoperative, see Comments VII):						
Examiner—Read this statement to the candidate "You are the Fire Safety Director of the building. You receive notice during normal operational hours that an actual fire is occurring above on a floor in this building. Explain all steps of what actions must be taken. Again make no assumptions of any actions taken and start at the beginning."						
Did FSD have knowledge to:						
*A. Report to Fire Command? Yes ☒ No ☐	B. Check board status? Yes ☒ No ☐ N/A ☐	*C. Notify Fire Department? Yes ☒ No ☐	D. Send runner to Alarm Box? Yes ☒ No ☐	4		
*E. Make contact with floor Wardens on fire floor immediately above? Yes ☒ No ☐ N/A ☐		*F. Make announcements on PA System? Yes ☒ No ☐ N/A ☐		3		
*H. Evacuate fire floor and floor above? Yes ☒ No ☐		*J. Activate fire brigade? Yes ☒ No ☐		3		
*K. Ensure elevators recall? Yes ☒ No ☐ N/A ☐		M. Keep lobby clear and entrance doors unlocked? Yes ☒ No ☐		3		
*N. Reset Notification System or if System out-of-service? Yes ☒ No ☐ N/A ☐		*P. Describe—Silence Alarm? Yes ☒ No ☐ N/A ☐		3		
*Q. Perform—The FSD Candidate uses the PA System on one floor states "This is only a test of the P.A. System. The Floor Warden should call back on the Floor Phone immediately to confirm that this message is clear." Yes ☒ No ☐ N/A ☐				1		
				TOTAL (17) 17 0 0		
VI. Building						
Instructions to Examiner—Verify all information stated by the candidate by comparison with the Fire Safety Plan or visual inspection. A "NO" answer does not mandate failure.						
ELEVATOR —(Page 13, Q 7 of F.S. Guidelines):						
Does candidate know location/type of:						
A. Elevators with common shafts? Yes ☒ No ☐ N/A ☐						
B. Elevator machinery room? Yes ☒ No ☐ N/A ☐						
C. Operation of control necessary to deactivate elevator circuits? Yes ☒ No ☐ N/A ☐						
D. Identification of elevators and elevator bank? Yes ☒ No ☐ N/A ☐						
E. Firemen's service elevators? Yes ☒ No ☐ N/A ☐						
Air Conditioning and Heating —(Page 15, of F.S. Guidelines):						
A. Type of air conditioning system? Yes ☒ No ☐ N/A ☐						
B. Zones serviced by systems? Yes ☒ No ☐ N/A ☐						
C. Controls to activate movement? Yes ☒ No ☐ N/A ☐						
D. Electronic automatic detection controls? Yes ☒ No ☐ N/A ☐						
E. Type, location and controls of heating systems? Yes ☒ No ☐ N/A ☐						
F. Smoke shaft location and operation? Yes ☒ No ☐ N/A ☐						
Sprinkler System (Page 14 Q 11) of F.S. Guidelines:						
Does candidate know location/type of:						
A. Automatic or non-automatic systems? Yes ☒ No ☐ N/A ☐						
B. Main shut off? Yes ☒ No ☐ N/A ☐						
C. Valves each floor? Yes ☒ No ☐ N/A ☐						
D. Valves for more than one floor? Yes ☒ No ☐ N/A ☐						
E. Area controlled by sprinkler system? Yes ☒ No ☐ N/A ☐						
F. Primary source of water? Yes ☒ No ☐ N/A ☐						
G. Fire pump? Yes ☒ No ☐ N/A ☐						
H. Six (6) extra sprinkler heads and wrench? Yes ☒ No ☐ N/A ☐						
Alarm System:						
Does candidate know location/type of:						
A. Various alarm sending station? Yes ☒ No ☐ N/A ☐						
B. Various Warden phones? Yes ☒ No ☐ N/A ☐						
C. Street fire alarm box? Yes ☒ No ☐ N/A ☐						
TOTAL (22) 22 0 0						
Special Extinguishing System (P. 14, Q. 2) & Lighting Equipment (P. 15, Q. 16) of F.S. Guidelines:						
Does candidate know location/type of:						
A. Special extinguishing systems within building? Yes ☒ No ☐ N/A ☐						
B. Extinguishing systems location(s)? Yes ☒ No ☐ N/A ☐						
C. Auxiliary sources of lights or power? Yes ☒ No ☐ N/A ☐						
Standpipe systems (P. 14, Q. 10) of F.S. Guidelines:						
Does candidate know location/type of:						
A. Risers and control valves? Yes ☒ No ☐ N/A ☐						
B. Procedure should system become inoperable? Yes ☒ No ☐ N/A ☐						
C. Pump rooms? Yes ☒ No ☐ N/A ☐						
D. Water supply controls? Yes ☒ No ☐ N/A ☐						
Stairways (P. 13, Q. 5) of F.S. Guidelines:						
Does candidate know location/type of:						
A. Identification/location? Yes ☒ No ☐ N/A ☐						
B. Floors served? Yes ☒ No ☐ N/A ☐						
C. Pressurized stairs? Yes ☒ No ☐ N/A ☐						
D. Access stairs (Open or Closed)? Yes ☒ No ☐ N/A ☐						
Other (Special Features, i.e. Atrium) (write question):						
A. _____ Yes ☒ No ☐ N/A ☐						
B. _____ Yes ☒ No ☐ N/A ☐						
C. _____ Yes ☒ No ☐ N/A ☐						
TOTAL (11) 11 0 0						
Section C: (V, VI) 12 or more answered "NO" in Section C fails. SECTION C TOTAL (53)						
Number of correct answers in this section is _____ . Number of incorrect answers is _____ . Number of N/A answers is _____ .						

Instructions to Inspectors—All boxes on this form must have an answer. Answer with a "NO" answers to a "V" mandate a Violation Order, "NO" answers to a "*" mandate automatic failure. Check "YES" "NO" or "N/A".

ON SITE EXAM FOR FIRE SAFETY DIRECTOR—OFFICE

Name of Candidate KESNER William Office Address 7 World Trade Center Date of Examination 4/17/88
(Print last name, first name)

A:

Instructions to Inspectors—If any asterisk (*) items are marked "NO", terminate the test immediately. See Section VIII for further information.			YES	NO	N/A
I. Physical Requirements—Does candidate have ability to:					
*A. Speak and understand English? Yes ☒ No ☐	*B. Hear spoken words over a telephone? (with corrective devices) Yes ☒ No ☐	*C. Possess necessary vision? (corrective devices acceptable) Yes ☒ No ☐	3		

B: Building

Instructions to Inspector—If any violation (V) items are marked "NO", issue a Violation Order at the end of the Test. Test must proceed.			YES	NO	N/A
II. Records:					
v. A. Fire drill records current? Yes ☒ No ☐	v. B. Firemen's Service Elevator Test Records current? Yes ☒ No ☐ N/A ☐	v. C. Keys kept at Fire Command Station? Yes ☒ No ☐ N/A ☐	3		
v. D. Fire Safety Plan and building floor plan at Fire Command Station? Yes ☒ No ☐	v. E. A current list of all floor Wardens and phone numbers at Fire Command Station? Yes ☒ No ☐	v. F. Master window keys available? Yes ☒ No ☐ N/A ☐	3		
v. G. Building current in actual Fire Drills? (*if over 3 months) Yes ☒ No ☐					
TOTAL (7)			4		
Instructions to Inspector—If any violation (V) items are marked "NO", issue a Violation Order at the end of the Test. Test must Proceed. III. a. Specific Building Inspection: Special Instructions—Choose one floor for the general floor inspection <u>10</u> FLOOR Building Inspection—Signs and Charts—					
v. A. Are stairways properly lettered? Yes ☒ No ☐	v. B. Are floors properly numbered? Yes ☒ No ☐	v. C. Is floor diagram posted? Yes ☒ No ☐	3		
v. D. Are stairways re-entry signs posted? Yes ☒ No ☐ N/A ☐	v. E. Are elevators properly lettered on each elevator bank? Yes ☒ No ☐ N/A ☐	v. F. Is floor diagram properly oriented? Yes ☒ No ☐	3		
v. G. Is elevator sign "In Case of Fire, Use Stairs" posted? Yes ☒ No ☐ N/A ☐	v. H. Are exit doors unlocked, closed and unobstructed? Yes ☒ No ☐	v. I. Fire Drill Organization Charts posted and current? Yes ☒ No ☐	3		
TOTAL (9)			9		
III. b. Building Inspection—Signs and Charts—Choose one floor for the general floor inspection <u>10</u> FLOOR					
v. A. Are stairways properly lettered? Yes ☒ No ☐	v. B. Are floors properly numbered? Yes ☒ No ☐	v. C. Is floor diagram posted? Yes ☒ No ☐	3		
v. D. Are stairways re-entry signs posted? Yes ☒ No ☐ N/A ☐	v. E. Are elevators properly lettered on each elevator bank? Yes ☒ No ☐ N/A ☐	v. F. Is floor diagram properly oriented? Yes ☒ No ☐	3		
v. G. Is elevator sign "In Case of Fire, Use Stairs" posted? Yes ☒ No ☐ N/A ☐	v. H. Are exit doors unlocked, closed and unobstructed? Yes ☒ No ☐	v. I. Fire Drill Organization Charts posted and current? Yes ☒ No ☐	3		
TOTAL (9)			9		
IV. Instructions to Inspector—If four (4) or more items below are marked "NO", the Inspector must issue a Violation Order at the end of the test. Test must proceed. This next part must proceed with contacting a Floor Warden within the Building. Read the following statement to the Warden—"In the event of a fire on this floor, explain which specific actions must be taken by you."					
FLOOR WARDENS: <u>Wardens</u> NAME OF FLOOR WARDEN CONTACTED <u>10</u> FLOOR CHOSEN <u>10</u> TELEPHONE NUMBER					
Does Floor Warden have knowledge of:					
A. Position during fire drill or emergency? Yes ☒ No ☐	B. Notification procedures? Yes ☒ No ☐	C. Location of alarm boxes? Yes ☒ No ☐ N/A ☐	3		
D. Evacuation location? Yes ☒ No ☐	E. Evacuation procedures? Yes ☒ No ☐	F. Number of exits on floor? Yes ☒ No ☐	4		
H. Reporting whether smoke or Fire? Yes ☒ No ☐	I. Duties of Deputy Fire Warden and Searchers? Yes ☒ No ☐	v. J. Were fire drills conducted? Yes ☒ No ☐	3		
*K. Floor wardens in numerous floors properly trained? Yes ☒ No ☐					
TOTAL (11)			11		
Section B: (II, III, IV) 8 or more answered "NO" in Section B fails. SECTION B TOTAL (36)					
Number of correct answers in this section is _____ Number of incorrect answers is _____ Number of N/A answers is _____					

FIRE SAFETY DIRECTOR ON SITE EXAMINATION—OFFICE

Section D:

VII. Comments by Examiner:

()
Check if
applicable

The Class E system was inoperative, candidate was advised to send in an affidavit indicating proper instruction has been provided and system is operative. If so, state why system was inoperative.

VIII. Determination of Passing:

- A. If the candidate failed to answer satisfactorily the essential questions marked (*), advise the candidate that a new appointment should be requested by contacting the High Rise Unit. The examiner should also give the applicant a bill for the inspections/examination.
- B. If the candidate satisfactorily answered the mandatory parts, but by totalling all answers, the number of NO answers were below 80%, the candidate fails the practical test. See Chart.

IX. On Site High Rise Test—(Print ALL information):

Candidate Name Tanner R. B...
Social Security No. PII
Date of Examination 4/17/88
Number of correct answers are 24 on this test. Number of incorrect answers are 1. Number of N/A answers are 1.
Summary of Results:
A. PASSED (CHECK) or

C. of F. Z 01 No. of On Site Tests
Office Address 7 World Trade
Center
Total Number of Items Answered 27
Number of N/A answers are 1

B. FAILED—(reason)

C. Violation numbers issued as result of examination and inspection:

White copy must be given to the Candidate.
Canary copy must be submitted to the High Rise Unit.
Pink copy must be submitted to Cashier's office.

CANDIDATE

BUILDING

Those candidates failing should contact the High Rise Unit for another appointment when building correction and/or additional knowledge is obtained.

D. I hereby certify all information contained in this report is accurate.

Ed. R. ... INSPECTOR 4/17/88 DATE

INSPECTORS ARE ONLY PERMITTED TO PROVIDE CANDIDATES WITH SECTION D.

HI-RISE BUILDING UNIT
DIVISION OF FIRE PREVENTION

Date

4/20/88

To: Company Commander

Unit:

HI-RISE UNIT

From:

Lt Bass

Tel. 403-1420

During the course of an examination conducted by this unit at

7 World Trade Center

, the following violations

were observed:

Con Ed Cable Vault on 5th FL.
and Substation on 1st Floor

For your information and
necessary action. No reply
required.

Respectfully submitted,

Lt David T. Bass

03-114-100-0582

FIRE SAFETY DIRECTOR ON SITE EXAMINATION—OFFICE

Section D:

VII. Comments by Examiner:

()
Check if
applicable

The Class E system was inoperative, candidate was advised to send in an affidavit indicating proper instruction has been provided and system is operative. If so, state why system was inoperative.

VIII. Determination of Passing:

- A. If the candidate failed to answer satisfactorily the essential questions marked (*), advise the candidate that a new appointment should be requested by contacting the High Rise Unit. The examiner should also give the applicant a bill for the inspections/examination.
- B. If the candidate satisfactorily answered the mandatory parts, but by totalling all answers, the number of NO answers were below 80%, the candidate fails the practical test. See Chart.

IX. On Site High Rise Test—(Print ALL information):

C. of F. Z 01 _____ No. of On Site Tests _____

Candidate Name _____

Office Address _____

Social Security No. PII

Date of Examination _____

Total Number of Items Answered _____

Number of correct answers are _____ on this test. Number of incorrect answers are _____. Number of N/A answers are _____.

Summary of Results:

A. PASSED _____
(CHECK)

or

B. FAILED—(reason)

C. Violation numbers issued as result of examination and inspection:

CANDIDATE

BUILDING

Those candidates failing should contact the High Rise Unit for another appointment when building correction and/or additional knowledge is obtained.

D. I hereby certify all information contained in this report is accurate.

INSPECTOR

DATE

White copy must be given to the Candidate.

Canary copy must be submitted to the High Rise Unit.

Pink copy must be submitted to Cashier's office.

INSPECTORS ARE ONLY PERMITTED TO PROVIDE CANDIDATES WITH SECTION D.

Instructions to Inspectors—All boxes on this form must have an answer. Answers with a "NO" answers to a "V" mandate a Violation Order, "NO" answers to a "*" mandate automatic failure. Check "YES" "NO" or "N/A".

ON SITE EXAM FOR FIRE SAFETY DIRECTOR—OFFICE

Name of Candidate M.C. James, FD Office Address 7 World Trade Center Date of Examination 4/19/18
(Print last name, first name) Inspector St. Bass

A:

Instructions to Inspectors—If any asterisk (*) items are marked "NO", terminate the test immediately. See Section VIII for further information.			YES	NO	N/A
I. Physical Requirements—Does candidate have ability to:					
*A. Speak and understand English? Yes ☒ No ☐	*B. Hear spoken words over a telephone? (with corrective devices) Yes ☒ No ☐	*C. Possess necessary vision? (corrective devices acceptable) Yes ☒ No ☐	3		

B: Building

Instructions to Inspector—If any violation (V) items are marked "NO", issue a Violation Order at the end of the Test. Test must proceed.			YES	NO	N/A
II. Records:					
v. A. Fire drill records current? Yes ☒ No ☐	v. B. Firemen's Service Elevator Test Records current? Yes ☒ No ☐ N/A ☐	v. C. Keys kept at Fire Command Station? Yes ☒ No ☐ N/A ☐	3		
v. D. Fire Safety Plan and building floor plan at Fire Command Station? Yes ☒ No ☐	v. E. A current list of all floor Wardens and phone numbers at Fire Command Station? Yes ☒ No ☐	v. F. Master window keys available? Yes ☐ No ☐ N/A ☒	2		1
v. G. Building current in actual Fire Drills? (*if over 3 months) Yes ☒ No ☐			1		
TOTAL (7)			6	1	
Instructions to Inspector—If any violation (V) items are marked "NO", issue a Violation Order at the end of the Test. Test must Proceed.					
III. a. Specific Building Inspection:					
Special Instructions—Choose one floor for the general floor inspection <u>12</u> FLOOR					
Building Inspection—Signs and Charts—					
v. A. Are stairways properly lettered? Yes ☒ No ☐	v. B. Are floors properly numbered? Yes ☒ No ☐	v. C. Is floor diagram posted? Yes ☒ No ☐	3		
v. D. Are stairways re-entry signs posted? Yes ☒ No ☐ N/A ☐	v. E. Are elevators properly lettered on each elevator bank? Yes ☒ No ☐ N/A ☐	v. F. Is floor diagram properly oriented? Yes ☒ No ☐	3		
v. G. Is elevator sign "In Case of Fire, Use Stairs" posted? Yes ☒ No ☐ N/A ☐	v. H. Are exit doors unlocked, closed and unobstructed? Yes ☒ No ☐	v. I. Fire Drill Organization Charts posted and current? Yes ☒ No ☐	3		
TOTAL (9)			9		
III. b. Building Inspection—Signs and Charts—Choose one floor for the general floor inspection <u>12</u> FLOOR					
v. A. Are stairways properly lettered? Yes ☒ No ☐	v. B. Are floors properly numbered? Yes ☒ No ☐	v. C. Is floor diagram posted? Yes ☒ No ☐	3		
v. D. Are stairways re-entry signs posted? Yes ☒ No ☐ N/A ☐	v. E. Are elevators properly lettered on each elevator bank? Yes ☒ No ☐ N/A ☐	v. F. Is floor diagram properly oriented? Yes ☒ No ☐	3		
v. G. Is elevator sign "In Case of Fire, Use Stairs" posted? Yes ☒ No ☐ N/A ☐	v. H. Are exit doors unlocked, closed and unobstructed? Yes ☒ No ☐	v. I. Fire Drill Organization Charts posted and current? Yes ☒ No ☐	3		
TOTAL (9)			9		
IV. Instructions to Inspector—If four (4) or more items below are marked "NO", the Inspector must issue a Violation Order at the end of the test. Test must proceed.					
This next part must proceed with contacting a Floor Warden within the Building. Read the following statement to the Warden—"In the event of a fire on this floor, explain which specific actions must be taken by you."					
FLOOR WARDENS: <u>Ernest Weenker</u>					
NAME OF FLOOR WARDEN CONTACTED			FLOOR CHOSEN	TELEPHONE NUMBER	
Does Floor Warden have knowledge of:					
A. Position during fire drill or emergency? Yes ☒ No ☐	B. Notification procedures? Yes ☒ No ☐	C. Location of alarm boxes? Yes ☒ No ☐ N/A ☐	3		
D. Evacuation location? Yes ☒ No ☐	E. Evacuation procedures? Yes ☒ No ☐	F. Number of exits on floor? Yes ☒ No ☐	4		
H. Reporting whether smoke or Fire? Yes ☒ No ☐	I. Duties of Deputy Fire Warden and Searchers? Yes ☒ No ☐	v. J. Were fire drills conducted? Yes ☒ No ☐	3		
*K. Floor wardens in numerous floors properly trained? Yes ☒ No ☐			11		
TOTAL (11)			11		
Section B: (II, III, IV) 8 or more answered "NO" in Section B fails. SECTION B TOTAL (36)					
Number of correct answers in this section is _____ Number of incorrect answers is _____ Number of N/A answers is _____					

C: Candidate

Instructions to Inspector—If any asterisk (*) items are marked "NO", terminate the test immediately. See Section VIII for further information:				YES	NO	N/A
V. Fire Emergencies and Class E. System Operations (if system inoperative, see Comments VII):						
Examiner— Read this statement to the candidate "You are the Fire Safety Director of the building. You receive notice during normal operational hours that an actual fire is occurring above on a floor in this building. Explain all steps of what actions must be taken. Again make no assumptions of any actions taken and start at the beginning."						
Did FSD have knowledge to:						
*A. Report to Fire Command? Yes ☒ No ☐	B. Check board status? Yes ☒ No ☐ N/A ☐	*C. Notify Fire Department? Yes ☒ No ☐	D. Send runner to Alarm Box? Yes ☒ No ☐	4		
*E. Make contact with floor Wardens on fire floor immediately above? Yes ☒ No ☐ N/A ☐	*F. Make announcements on PA System? Yes ☒ No ☐ N/A ☐	G. Record information—all? Yes ☒ No ☐		3		
*H. Evacuate fire floor and floor above? Yes ☒ No ☐	I. Instruct EW to re-contact in safe area? Yes ☒ No ☐	*J. Activate fire brigade? Yes ☒ No ☐		3		
*K. Ensure elevators recall? Yes ☒ No ☐ N/A ☐	L. Shut down A/C? Yes ☒ No ☐ N/A ☐	M. Keep lobby clear and entrance doors unlocked? Yes ☒ No ☐		3		
*N. Reset Notification System or if System out-of-service? Yes ☒ No ☐ N/A ☐	O. Perform—Make available Fire Safety Plan, Floor Plans, Keys, engineer to NYCFD? Yes ☒ No ☐	*P. Describe—Silence Alarm? Yes ☒ No ☐ N/A ☐		3		
*Q. Perform—The FSD Candidate uses the PA System on one floor states "This is only a test of the P.A. System. The Floor Warden should call back on the Floor Phone immediately to confirm that this message is clear." Yes ☒ No ☐ N/A ☐				1		
				TOTAL (17)		
17						
VI. Building						
Instructions to Examiner— Verify all information stated by the candidate by comparison with the Fire Safety Plan or visual inspection. A "NO" answer does not mandate failure.						
ELEVATOR— (Page 13, Q 7 of F.S. Guidelines):						
Does candidate know location/type of:						
A. Elevators with common shafts?	Yes ☒ No ☐ N/A ☐					
B. Elevator machinery room?	Yes ☒ No ☐ N/A ☐					
C. Operation of control necessary to deactivate elevator circuits?	Yes ☒ No ☐ N/A ☐					
D. Identification of elevators and elevator bank?	Yes ☒ No ☐ N/A ☐					
E. Firemen's service elevators?	Yes ☒ No ☐ N/A ☐					
Air Conditioning and Heating— (Page 15, of F.S. Guidelines):						
A. Type of air conditioning system?	Yes ☒ No ☐ N/A ☐					
B. Zones serviced by systems?	Yes ☒ No ☐ N/A ☐					
C. Controls to activate movement?	Yes ☒ No ☐ N/A ☐					
D. Electronic automatic detection controls?	Yes ☒ No ☐ N/A ☐					
E. Type, location and controls of heating systems?	Yes ☒ No ☐ N/A ☐					
F. Smoke shaft location and operation?	Yes ☒ No ☐ N/A ☐					
Sprinkler System (Page 14 Q 11) of F.S. Guidelines:						
Does candidate know location/type of:						
A. Automatic or non-automatic systems?	Yes ☒ No ☐ N/A ☐					
B. Main shut off?	Yes ☒ No ☐ N/A ☐					
C. Valves each floor?	Yes ☒ No ☐ N/A ☐					
D. Valves for more than one floor?	Yes ☒ No ☐ N/A ☐					
E. Area controlled by sprinkler system?	Yes ☒ No ☐ N/A ☐					
F. Primary source of water?	Yes ☒ No ☐ N/A ☐					
G. Fire pump?	Yes ☒ No ☐ N/A ☐					
H. Six (6) extra sprinkler heads and wrench? ..	Yes ☒ No ☐ N/A ☐					
Alarm System:						
Does candidate know location/type of:						
A. Various alarm sending station?	Yes ☒ No ☐ N/A ☐					
B. Various Warden phones?	Yes ☒ No ☐ N/A ☐					
C. Street fire alarm box?	Yes ☒ No ☐ N/A ☐					
TOTAL (22)				22		
				Yes No N/A		
Special Extinguishing System (P. 14, Q. 2) & Lighting Equipment (P. 15, Q. 16) of F.S. Guidelines:						
Does candidate know location/type of:						
A. Special extinguishing systems within building?	Yes ☒ No ☐ N/A ☐					
B. Extinguishing systems location(s)?	Yes ☒ No ☐ N/A ☐					
C. Auxiliary sources of lights or power?	Yes ☒ No ☐ N/A ☐					
Standpipe systems (P. 14, Q. 10) of F.S. Guidelines:						
Does candidate know location/type of:						
A. Risers and control valves?	Yes ☒ No ☐ N/A ☐					
B. Procedure should system become inoperable?	Yes ☒ No ☐ N/A ☐					
C. Pump rooms?	Yes ☒ No ☐ N/A ☐					
D. Water supply controls?	Yes ☒ No ☐ N/A ☐					
Stairways (P. 13, Q. 5) of F.S. Guidelines:						
Does candidate know location/type of:						
A. Identification/location?	Yes ☒ No ☐ N/A ☐					
B. Floors served?	Yes ☒ No ☐ N/A ☐					
C. Pressurized stairs?	Yes ☒ No ☐ N/A ☐					
D. Access stairs (Open or Closed)?	Yes ☒ No ☐ N/A ☐					
Other (Special Features, i.e. Atrium) (write question):						
A.	Yes ☒ No ☐ N/A ☐					
B.	Yes ☒ No ☐ N/A ☐					
C.	Yes ☒ No ☐ N/A ☐					
TOTAL (11)				11		
				Yes No N/A		
Section C: (V, VI)						
12 or more answered "NO" in Section C fails.						
SECTION C TOTAL (53)						
Number of correct answers in this section is Number of incorrect answers is Number of N/A answers is						

FIRE SAFETY DIRECTOR ON SITE EXAMINATION--OFFICE

Section D:

VII. Comments by Examiner:

()
Check if
applicable

The Class E system was inoperative, candidate was advised to send in an affidavit indicating proper instruction has been provided and system is operative. If so, state why system was inoperative.

VIII. Determination of Passing:

- A. If the candidate failed to answer satisfactorily the essential questions marked (*), advise the candidate that a new appointment should be requested by contacting the High Rise Unit. The examiner should also give the applicant a bill for the inspections/examination.
- B. If the candidate satisfactorily answered the mandatory parts, but by totalling all answers, the number of NO answers were below 80%, the candidate fails the practical test. See Chart.

IX. On Site High Rise Test--(Print ALL information):

Candidate Name Mr. Thomas E. Davis

Social Security No. PII

Date of Examination 1/1/00

Number of correct answers are 18 on this test. Number of incorrect answers are 4. Number of N/A answers are 1.

Summary of Results:

A. PASSED _____
(CHECK)

or

B. FAILED--(reason)

C. Violation numbers issued as result of examination and inspection:

White copy must be given to the Candidate.
Canary copy must be submitted to the High Rise Unit.
Pink copy must be submitted to Cashier's office.

C. of F. Z 01 _____ No. of On Site Tests _____

Office Address _____

Total Number of Items Answered 87

CANDIDATE

BUILDING

Those candidates failing should contact the High Rise Unit for another appointment when building correction and/or additional knowledge is obtained.

D. I hereby certify all information contained in this report is accurate.

INSPECTOR

DATE

INSPECTORS ARE ONLY PERMITTED TO PROVIDE CANDIDATES WITH SECTION D.

Instructions to Inspectors—All boxes on this form must have an answer. Answers with a "NO" answers to a "V" mandate a Violation Order, "NO" answers to a "*" mandate automatic failure. Check "YES" "NO" or "N/A".

ON SITE EXAM FOR FIRE SAFETY DIRECTOR—OFFICE

Name of Candidate Tony Rubino (Print last name, first name) Office Address 7 World Trade Center Date of Examination 4/19/88
Inspector Det. Bass

A:

Instructions to Inspectors—If any asterisk (*) items are marked "NO", terminate the test immediately. See Section VIII for further information.			YES	NO	N/A
I. Physical Requirements—Does candidate have ability to:					
*A. Speak and understand English? Yes ☒ No ☐	*B. Hear spoken words over a telephone? (with corrective devices) Yes ☒ No ☐	*C. Possess necessary vision? (corrective devices acceptable) Yes ☒ No ☐	3		

B: Building

Instructions to Inspector—If any violation (V) items are marked "NO", issue a Violation Order at the end of the Test. Test must proceed.			YES	NO	N/A
II. Records:					
v. A. Fire drill records current? Yes ☒ No ☐	v. B. Firemen's Service Elevator Test Records current? Yes ☒ No ☐ N/A ☐	v. C. Keys kept at Fire Command Station? Yes ☒ No ☐ N/A ☐			
v. D. Fire Safety Plan and building floor plan at Fire Command Station? Yes ☒ No ☐	v. E. A current list of all floor Wardens and phone numbers at Fire Command Station? Yes ☒ No ☐	v. F. Master window keys available? Yes ☐ No ☐ N/A ☒			
v. G. Building current in actual Fire Drills? (*if over 3 months) Yes ☐ No ☐					
TOTAL (7)					
Instructions to Inspector—If any violation (V) items are marked "NO", issue a Violation Order at the end of the Test. Test must Proceed.					
III. a. Specific Building Inspection: Special Instructions—Choose one floor for the general floor inspection <u>9</u> FLOOR Building Inspection—Signs and Charts—					
v. A. Are stairways properly lettered? Yes ☒ No ☐	v. B. Are floors properly numbered? Yes ☒ No ☐	v. C. Is floor diagram posted? Yes ☐ No ☐	3		
v. D. Are stairways re-entry signs posted? Yes ☐ No ☐ N/A ☐	v. E. Are elevators properly lettered on each elevator bank? Yes ☒ No ☐ N/A ☐	v. F. Is floor diagram properly oriented? Yes ☐ No ☐	3		
v. G. Is elevator sign "In Case of Fire, Use Stairs" posted? Yes ☐ No ☐ N/A ☐	v. H. Are exit doors unlocked, closed and unobstructed? Yes ☒ No ☐	v. I. Fire Drill Organization Charts posted and current? Yes ☐ No ☐	3		
TOTAL (9)					
III. b. Building Inspection—Signs and Charts—Choose one floor for the general floor inspection <u>10</u> FLOOR					
v. A. Are stairways properly lettered? Yes ☒ No ☐	v. B. Are floors properly numbered? Yes ☒ No ☐	v. C. Is floor diagram posted? Yes ☐ No ☐	3		
v. D. Are stairways re-entry signs posted? Yes ☒ No ☐ N/A ☐	v. E. Are elevators properly lettered on each elevator bank? Yes ☒ No ☐ N/A ☐	v. F. Is floor diagram properly oriented? Yes ☐ No ☐	3		
v. G. Is elevator sign "In Case of Fire, Use Stairs" posted? Yes ☐ No ☐ N/A ☐	v. H. Are exit doors unlocked, closed and unobstructed? Yes ☐ No ☐	v. I. Fire Drill Organization Charts posted and current? Yes ☐ No ☐	3		
TOTAL (9)					
IV. Instructions to Inspector—If four (4) or more items below are marked "NO", the inspector must issue a Violation Order at the end of the test. Test must proceed. This next part must proceed with contacting a Floor Warden within the Building. Read the following statement to the Warden—"In the event of a fire on this floor, explain which specific actions must be taken by you."					
FLOOR WARDENS: <u>Ward</u> NAME OF FLOOR WARDEN CONTACTED <u>10FL</u> FLOOR CHOSEN TELEPHONE NUMBER					
Does Floor Warden have knowledge of:					
A. Position during fire drill or emergency? Yes ☒ No ☐	B. Notification procedures? Yes ☒ No ☐	C. Location of alarm boxes? Yes ☐ No ☐ N/A ☐	3		
D. Evacuation location? Yes ☒ No ☐	E. Evacuation procedures? Yes ☐ No ☐	F. Number of exits on floor? Yes ☐ No ☐	4		
H. Reporting whether smoke or fire? Yes ☒ No ☐	I. Duties of Deputy Fire Warden and Searchers? Yes ☒ No ☐	v. J. Were fire drills conducted? Yes ☒ No ☐	3		
*K. Floor wardens in numerous floors properly trained? Yes ☒ No ☐					
TOTAL (11)					
Section B: (II, III, IV) 8 or more answered "NO" in Section B fails.			SECTION B TOTAL (36)		
Number of correct answers in this section is _____			Number of incorrect answers is _____		
Number of N/A answers is _____					

C: Candidate

Instructions to Inspector—If any asterisk (*) items are marked "NO", terminate the test immediately. See Section VIII for further information:				YES	NO	N/A
V. Fire Emergencies and Class E. System Operations (if system inoperative, see Comments VII): Examiner—Read this statement to the candidate "You are the Fire Safety Director of the building. You receive notice during normal operational hours that an actual fire is occurring above on a floor in this building. Explain all steps of what actions must be taken. Again make no assumptions of any actions taken and start at the beginning." Did FSD have knowledge to:						
*A. Report to Fire Command? Yes ☒ No ☐	B. Check board status? Yes ☒ No ☐ N/A ☐	*C. Notify Fire Department? Yes ☒ No ☐	D. Send runner to Alarm Box? Yes ☒ No ☐	4		
*E. Make contact with floor Wardens on fire floor immediately above? Yes ☒ No ☐ N/A ☐		*F. Make announcements on PA System? Yes ☒ No ☐ N/A ☐		3		
*H. Evacuate fire floor and floor above? Yes ☒ No ☐		I. Instruct FW to re-contact in safe area? Yes ☒ No ☐		3		
*K. Ensure elevators recall? Yes ☒ No ☐ N/A ☐		L. Shut down A/C? Yes ☒ No ☐ N/A ☐		3		
*N. Reset Notification System or if System out-of-service? Yes ☒ No ☐ N/A ☐		O. Perform—Make available Fire Safety Plan, Floor Plans, Keys, engineer to NYCFD? Yes ☒ No ☐		3		
*P. Describe—Silence Alarm? Yes ☒ No ☐ N/A ☐				3		
*Q. Perform—The FSD Candidate uses the PA System on one floor states "This is only a test of the P.A. System. The Floor Warden should call back on the Floor Phone immediately to confirm that this message is clear." Yes ☒ No ☐ N/A ☐				1		
TOTAL (17)				17	4	0
VI. Building Instructions to Examiner—Verify all information stated by the candidate by comparison with the Fire Safety Plan or visual inspection. A "NO" answer does not mandate failure.						
ELEVATOR—(Page 13, Q 7 of F.S. Guidelines): Does candidate know location/type of:						
A. Elevators with common shafts? Yes ☒ No ☐ N/A ☐						
B. Elevator machinery room? Yes ☒ No ☐ N/A ☐						
C. Operation of control necessary to deactivate elevator circuits? Yes ☒ No ☐ N/A ☐						
D. Identification of elevators and elevator bank? Yes ☒ No ☐ N/A ☐						
E. Firemen's service elevators? Yes ☒ No ☐ N/A ☐						
Air Conditioning and Heating—(Page 15, of F.S. Guidelines): A. Type of air conditioning system? Yes ☒ No ☐ N/A ☐						
B. Zones serviced by systems? Yes ☒ No ☐ N/A ☐						
C. Controls to activate movement? Yes ☒ No ☐ N/A ☐						
D. Electronic automatic detection controls? Yes ☒ No ☐ N/A ☐						
E. Type, location and controls of heating systems? Yes ☒ No ☐ N/A ☐						
F. Smoke shaft location and operation? Yes ☒ No ☐ N/A ☐						
Sprinkler System (Page 14 Q 11) of F.S. Guidelines: Does candidate know location/type of:						
A. Automatic or non-automatic systems? Yes ☒ No ☐ N/A ☐						
B. Main shut off? Yes ☒ No ☐ N/A ☐						
C. Valves each floor? Yes ☒ No ☐ N/A ☐						
D. Valves for more than one floor? Yes ☒ No ☐ N/A ☐						
E. Area controlled by sprinkler system? Yes ☒ No ☐ N/A ☐						
F. Primary source of water? Yes ☒ No ☐ N/A ☐						
G. Fire pump? Yes ☒ No ☐ N/A ☐						
H. Six (6) extra sprinkler heads and wrench? Yes ☒ No ☐ N/A ☐						
Alarm System: Does candidate know location/type of:						
A. Various alarm sending station? Yes ☒ No ☐ N/A ☐						
B. Various Warden phones? Yes ☒ No ☐ N/A ☐						
C. Street fire alarm box? Yes ☒ No ☐ N/A ☐						
TOTAL (22)				22	0	0
Special Extinguishing System (P. 14, Q. 2) & Lighting Equipment (P. 15, Q. 16) of F.S. Guidelines: Does candidate know location/type of:						
A. Special extinguishing systems within building? Yes ☒ No ☐ N/A ☐						
B. Extinguishing systems location(s)? Yes ☒ No ☐ N/A ☐						
C. Auxiliary sources of lights or power? Yes ☒ No ☐ N/A ☐						
Standpipe systems (P. 14, Q. 10) of F.S. Guidelines: Does candidate know location/type of:						
A. Risers and control valves? Yes ☒ No ☐ N/A ☐						
B. Procedure should system become inoperable? Yes ☒ No ☐ N/A ☐						
C. Pump rooms? Yes ☒ No ☐ N/A ☐						
D. Water supply controls? Yes ☒ No ☐ N/A ☐						
Stairways (P. 13, Q. 5) of F.S. Guidelines: Does candidate know location/type of:						
A. Identification/location? Yes ☒ No ☐ N/A ☐						
B. Floors served? Yes ☒ No ☐ N/A ☐						
C. Pressurized stairs? Yes ☒ No ☐ N/A ☐						
D. Access stairs (Open or Closed)? Yes ☒ No ☐ N/A ☐						
Other (Special Features, i.e. Atrium) (write question):						
A. <u>3rd floor Atrium</u> Yes ☒ No ☐ N/A ☐						
B. <u>1st floor Atrium</u> Yes ☒ No ☐ N/A ☐						
C. <u>2nd floor Atrium</u> Yes ☒ No ☐ N/A ☐						
TOTAL (11)				11	0	0
Section C: (V, VI) 12 or more answered "NO" in Section C fails. SECTION C TOTAL (53)						
Number of correct answers in this section is ____ . Number of incorrect answers is ____ . Number of N/A answers is ____ .						

BUILDING PROFILE

BUILDING ADDRESS

7 World Trade Center

TYPE OF BUILDING

Office

DATE

4/19/88

HEIGHT IN FEET

618

NUMBER OF STORIES

47

	YES	NO	REMARKS
APPROVED COMMUNICATION	☒	☐	MODEL <i>Fire Con 8500</i>
SPRINKLER	☒	☒	<u>FULLY</u> PARTIAL
STANDPIPE	☒	☐	STAIRWAY <i>A+B</i>
SPECIAL EXTING. SYSTEMS	☐	☒	
STAIR PRESS.	☐	☒	
FIREMENS SVC.	☒	☐	
CENTRAL A/C	☐	☒	<i>Recharge Unit</i>
ACCESS STAIRS	☒	☐	FLOORS SERVED <u>11-12</u> INFO IN FSP
MAIL CONVEYORS	☐	☒	
ADDITIONAL INFO	☐	☒	

Barr

INSPECTOR

Con ED WASH + BACCH

Grand Fl Substation 16th Fl

of Building

Con Col Vault Transformer 5 Fl

1/1~~0~~, 000
1/1~~0~~, 000

} fuel on landing Deck
Diesel



FIRE DEPARTMENT

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

BUREAU OF FIRE PREVENTION

Date APRIL 18, 1988

Re: Approved Fire Safety Plan Premises:

7 WORLD TRADE CENTER

Dear Sir:

The Fire Safety Plan submitted for the above captioned premises on MARCH 30, 1988 has been evaluated and you are hereby notified that it has been approved.

Thank you for your cooperation in this matter.

Very truly yours,

Joseph M. DeMeo

Chief of Fire Prevention

SMOKE DETECTORS SAVE LIVES

Hi-Rise

NEW YORK FIRE DEPARTMENT

CHIEF OF DEPARTMENT 1000 APR 11 A 9 12

BUREAU OF FIRE PREVENTION
REPORT CC. 1000 APR 11

DATE 04/08/88

BUCKSLIP NO. CD 4-45

FILE NO. FPINACT

TO: JOSEPH M. DEMEO, BUR FIRE PREVENTION

SUBJECT: Fire Safety Plan - 7 World Trade Center

ACTION: Your information.
For necessary action.

REMARKS: Respond directly to writer.

AJK:mcb

James S. P. Slay
ACT. CHIEF OF DEPARTMENT



4/7/88
To
Chief Btke
1.5 hrs
at FIP Review
Silverstein Properties, Inc.
7 World Trade Center
New York, N.Y. 10048
Telephone: 212 619-6569
JB
5-4

March 30, 1988

Fire Commissioner
The City of New York Fire Department
250 Livingston Street
Brooklyn, New York 11201-5884

Dear Sir:

Please find enclosed the Tenant Fire Safety Program for 7 World Trade Center. I have given a copy to Lou Norcia, Fire Safety Director of the Port Authority, and request that you review our plan and approve same.

If there are any questions concerning the enclosed, please feel free to contact my office. Your cooperation is greatly appreciated.

Sincerely,

William Kesner

William Kesner
Fire Safety Director

WK:jl
cc: J. Halpin



Albert Turi Jr. -- Chief of Safety
Safety and Inspection Command



9 MetroTech Center -- Brooklyn, NY 11201
(718) 999-2723

TO: UNIT: E 10 BATT: 1 DIV: 1
FROM: Albert Turi Chief of Safety
SUBJECT: Hazardous Substance Storage Location Reporting

As part of the Community Right-to-Know Law, attached are Facility Inventory Forms for an occupancy located in your administrative district that has filed a disclosure of their hazardous substance storage, along with required Material Safety Data Sheets (MSDSs) for those substances reported.

These information forms identify the facility, its owner/operator, emergency contacts, as well as hazardous storage identification and storage locations.

Administrative units are to file the facility forms and MSDSs in the appropriate building folder. Previous year's filings for this occupancy can be discarded when replaced with the current filing.

A Unit's awareness of a location with hazardous substance storage should be given attention during field inspection duties for pre-planning, drill subjects, and CIDS preparation.

Questions regarding this can be directed to the Safety Command.

AT:JJC

Attachment

NEW YORK CITY Right-to-Know FACILITY INVENTORY FORM TIER TWO	Facility Identification	Name <u>SALOMON SMITH BARNEY HOLDINGS, INC.</u>	Owner/Operator	Name <u>SALOMON SMITH BARNEY</u> Phone <u>(212) 783-7000</u>
		Street <u>7 WORLD TRADE CENTER</u>		Mail Address <u>SAME</u>
		City <u>NEW YORK</u> State <u>NY</u> Zip+4 <u>10048-1196</u>	Emergency Contacts	Name <u>EDWARD J. CAMPBELL</u> Title <u>PROPERTY MANAGER</u>
		Telephone <u>(212) 783-7000</u> County _____		Day Phone <u>(212) 783-5523</u> 24-hr phone <u>PII</u>
		SIC Code <u>6211</u> Dun & Brad. Number <u>011638145</u>		Name <u>TITO O. MESA</u> Title <u>PROPERTY MANAGER</u>
		For Official Use Only: ID# _____ Date Received: _____		Day Phone <u>(212) 783-5523</u> 24-hr phone <u>PII</u>

EHS

Chemical Description	Physical and Health Hazards <i>Check all that apply</i>	Inventory	Storage Codes and Locations (Non-Confidential) Storage Locations	OPTIONAL															
CAS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Trade Secret ☐ Name(s) of Chemical(s) <u>N.O. SWEAT - 75% METHYLENE CHLORIDE (75-09-2), 12% PROPANE (74-98-6), 12% ISOBUTANE (75-22-5)</u> Check all that apply: ☐ Pure ☒ Mix ☐ Solid ☒ Liquid ☐ Gas ☐ EHS	☒ Fire ☒ Sudden Release Of Pressure ☐ Reactivity ☒ Immediate (acute) ☒ Delayed (chronic)	<u>01</u> Max Amount (code) <u>01</u> Avg. Amount (code) <u>361</u> No. of Days Present	Container Pressure Temperature <table border="1"> <tr><td>F</td><td>2</td><td>4</td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table> <u>47TH FLOOR</u> <u>E-10</u> <u>B-1</u>	F	2	4													Check box if information submitted is identical in last year ☒
F	2	4																	
CAS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Trade Secret ☐ Name(s) of Chemical(s) <u>SHINE-UP - 3% SILICONE (63148-62-9), 5% BUTANE (106-97-0), 5% PROPANE (7498-6), 5% ISOBUTANE (75-28-5), 20% ISOPARAFINIC HYDROCARBON SOLVENT (64742-48-9), OTHERS</u> Check all that apply: ☐ Pure ☒ Mix ☐ Solid ☒ Liquid ☐ Gas ☐ EHS	☒ Fire ☒ Sudden Release Of Pressure ☐ Reactivity ☐ Immediate (acute) ☒ Delayed (chronic)	<u>01</u> Max Amount (code) <u>01</u> Avg. Amount (code) <u>365</u> No. of Days Present	Container Pressure Temperature <table border="1"> <tr><td>F</td><td>1</td><td>4</td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table> <u>47TH FLOOR</u>	F	1	4													Check box if information submitted is identical to last year ☒
F	1	4																	
CAS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Trade Secret ☐ Name(s) of Chemical(s) <u>2WD OIL SOLUBLE SPATTER, ISOPROPANOL (67-63-0), ISOBUTANE (75-28-5), PROPANE (74-98-6)</u> Check all that apply: ☐ Pure ☒ Mix ☐ Solid ☒ Liquid ☐ Gas ☐ EHS	☐ Fire ☐ Sudden Release Of Pressure ☐ Reactivity ☒ Immediate (acute) ☒ Delayed (chronic)	<u>01</u> Max Amount (code) <u>01</u> Avg. Amount (code) <u>365</u> No. of Days Present	Container Pressure Temperature <table border="1"> <tr><td>F</td><td>1</td><td>4</td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table> <u>47TH FLOOR</u>	F	1	4													Check box if information submitted is identical to last year ☐
F	1	4																	

Certification (Read and sign after completing all sections)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through _____, and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate and complete.

JOHN MARKSON FIRST VICE PRESIDENT
Name and official title of owner/operator OR owner/operator's authorized representative

Signature

Date signed

OPTIONAL

I have attached a site plan



NEW YORK CITY Right-to-Know FACILITY INVENTORY FORM TIER TWO	Name <u>SALOMON SMITH BARNEY HOLDINGS, INC.</u> Street <u>7 WORLD TRADE CENTER</u> City <u>NEW YORK</u> State <u>NY</u> Zip+4 <u>10048-1196</u> Telephone (212) <u>783-7000</u> County _____ SIC _____ Dun & Brad. Code <u>6211</u> Number <u>011638145</u>	Owner/Operator Name <u>SALOMON SMITH BARNEY</u> Phone (212) <u>783-7000</u> Mail Address <u>SAME</u> <hr/> Name <u>EDWARD J. CAMPBELL</u> Title <u>PROPERTY MANAGER</u> Day Phone (212) <u>783-5523</u> 24-hr phone <u>PII</u> Name <u>TITO O. MESIAS</u> Title <u>ASST. PROPERTY MANAGER</u> Day Phone (212) <u>783-5523</u> 24-hr phone <u>PII</u>
	For Official Use Only: ID# _____ Date Received: _____	

Chemical Description	Physical and Health Hazards <small>Check all that apply</small>	Inventory	Storage Codes and Locations (Non-Confidential) <small>Storage Locations</small>	OPTIONAL
CAS _____ Trade Secret ☐ Name(s) of Chemical(s) <u>DIESEL FUEL 100% (68476-34-6)</u> <u>< 0.1% NAPHTHALENE (91-20-3)</u> <hr/> <small>Check all that apply:</small> ☐ Pure ☒ Mix ☐ Solid ☒ Liquid ☐ Gas ☐ EHS	☒ Fire ☐ Sudden Release Of Pressure ☐ Reactivity ☒ Immediate (acute) ☒ Delayed (chronic)	<u>04</u> Max Amount (code) <u>04</u> Avg. Amount (code) <u>365</u> No. of Days Present	Container Pressure Temperature <u>B14</u> <u>UNDERGROUND LEVEL,</u> <u>WESTERN HOST BAYS OF</u> <u>LOADING DOCK</u>	Check box if information submitted is identical to last year ☒
CAS _____ Trade Secret ☐ Name(s) of Chemical(s) <u>DTM ACRYLIC SEMI-GLOSS</u> <u>17.4% TITANIUM DIOXIDE (13463677)</u> <u>2.5% ZINC PHOSPHATE (7779900)</u> <u>4.2% ETHYLENE GLYCOL (107211)</u> <hr/> <small>Check all that apply:</small> ☐ Pure ☒ Mix ☐ Solid ☒ Liquid ☐ Gas ☐ EHS	☐ Fire ☐ Sudden Release Of Pressure ☐ Reactivity ☒ Immediate (acute) ☒ Delayed (chronic)	<u>02</u> Max Amount (code) <u>02</u> Avg. Amount (code) <u>365</u> No. of Days Present	<u>F14</u> <u>41ST FLOOR</u>	Check box if information submitted is identical to last year ☐
CAS _____ Trade Secret ☐ Name(s) of Chemical(s) <u>EPOXY THINNER</u> <u>40% XYLENE (1330207)</u> <u>10% ETHYL BENZENE (100414)</u> <u>50% METHYL ISOBUTYL KETONE (108101)</u> <hr/> <small>Check all that apply:</small> ☐ Pure ☒ Mix ☐ Solid ☒ Liquid ☐ Gas ☐ EHS	☒ Fire ☐ Sudden Release Of Pressure ☐ Reactivity ☒ Immediate (acute) ☒ Delayed (chronic)	<u>01</u> Max Amount (code) <u>01</u> Avg. Amount (code) <u>365</u> No. of Days Present	<u>F14</u> <u>47TH FLOOR</u>	Check box if information submitted is identical to last year ☐

Certification (Read and sign after completing all sections) I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through _____, and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate and complete.		OPTIONAL I have attached a site plan ☐
<u>JOHN MARKSON</u> <u>FIRST VICE PRESIDENT</u> Name and official title of owner/operator OR owner/operator's authorized representative		Signature _____ Date signed _____

23

NEW YORK CITY Right-to-Know FACILITY INVENTORY FORM TIER TWO	Facility Identification Name <u>SALOMON SMITH BARNEY HOLDINGS, INC</u> Street <u>7 WORLD TRADE CENTER</u> City <u>NEW YORK</u> State <u>NY</u> Zip+4 <u>10048-1196</u> Telephone (<u>212</u>) <u>783-7000</u> County _____ SIC Code <u>6211</u> Dun & Brad. Number <u>011638145</u>		Owner/Operator Name <u>SALOMON SMITH BARNEY</u> Phone (<u>212</u>) <u>783-7000</u> Mail Address <u>SAME</u> Emergency Contacts Name <u>EDWARD J. CAMPBELL</u> Title <u>PROPERTY MANAGER</u> Day Phone (<u>212</u>) <u>783-5523</u> 24-hr phone: <u>P11</u> Name <u>TITO O. MESIAS</u> Title <u>ASST. PROPERTY MANAGER</u> Day Phone (<u>212</u>) <u>783-5523</u> 24-hr phone: <u>P11</u>	
	For Official Use Only: ID# _____ Date Received: _____			

Chemical Description	Physical and Health Hazards	Inventory	Storage Codes and Locations (Non-Confidential)	OPTIONAL
	Check all that apply		Container Pressure Temperature	
CAS _____ Trade Secret ☐ Name(s) of Chemical(s) <u>ENAMELITE 548 JET BLACK, 2% CARBON BLACK (133-86-4), 2% METHYL ISO-AMYL KETONE (110-12-3), 2% MINERAL SPIRITS (8052-41-3) 2% AROMATIC NAPHTA (64742-95-6)</u> Check all that apply: ☐ Pure ☒ Mix ☐ Solid ☒ Liquid ☐ Gas ☐ EHS	☒ Fire ☒ Sudden Release Of Pressure ☐ Reactivity ☒ Immediate (acute) ☒ Delayed (chronic)	<u>02</u> Max Amount (code) <u>02</u> Avg. Amount (code) <u>365</u> No. of Days Present	<u>E14</u> <u>47th FLOOR</u>	Check box if information submitted is identical to last year ☒
CAS _____ Trade Secret ☐ Name(s) of Chemical(s) <u>E-2 ALCOHOL 42% ETHYL ALCOHOL (64-17-5), 53% METHYL ALCOHOL (67-56-1) 3% ETHYL ACETATE (141-78-6), 3% WATER (7732-18-5)</u> Check all that apply: ☐ Pure ☒ Mix ☐ Solid ☒ Liquid ☐ Gas ☐ EHS	☒ Fire ☐ Sudden Release Of Pressure ☐ Reactivity ☒ Immediate (acute) ☒ Delayed (chronic)	<u>01</u> Max Amount (code) <u>01</u> Avg. Amount (code) <u>365</u> No. of Days Present	<u>E14</u> <u>47th FLOOR</u>	Check box if information submitted is identical to last year ☒
CAS _____ Trade Secret ☐ Name(s) of Chemical(s) <u>FANTASTIC 7% 2-BUTOXYETHANOL (111-76-2)</u> Check all that apply: ☐ Pure ☒ Mix ☐ Solid ☒ Liquid ☐ Gas ☐ EHS	☐ Fire ☐ Sudden Release Of Pressure ☐ Reactivity ☒ Immediate (acute) ☐ Delayed (chronic)	<u>01</u> Max Amount (code) <u>01</u> Avg. Amount (code) <u>365</u> No. of Days Present	<u>E14</u> <u>47th FLOOR</u>	Check box if information submitted is identical to last year ☒

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JOHN MARKSON FIRST VICE PRESIDENT

Name and official title of owner/operator OR owner/operator's authorized representative

Signature _____ Date signed _____

OPTIONAL

I have attached a site plan ☐

NEW YORK CITY Right-to-Know FACILITY INVENTORY FORM TIER TWO	<i>Facility Identification</i>	Name <u>SALOMON SMITH BARNEY HOLDINGS, INC.</u> Street <u>7 WORLD TRADE CENTER</u> City <u>NEW YORK</u> State <u>NY</u> Zip+4 <u>10049-1196</u> Telephone <u>(212) 783-7000</u> County _____ SIC _____ Dun & Brad. _____ Code <u>6211</u> Number <u>01 163 8145</u>	<i>Owner/Operator</i>	Name <u>SALOMON SMITH BARNEY</u> Phone <u>(212) 783-7000</u> Mail Address <u>SALE</u>
			<i>Emergency Contacts</i>	Name <u>EDWARD J. CAMPBELL</u> Title <u>PROPERTY MANAGER</u> Day Phone <u>(212) 783-5523</u> 24-hr phone: <u>PII</u> Name <u>TITO O. MESIAS</u> Title <u>ASST. PROPERTY MANAGER</u> Day Phone <u>(212) 783-5523</u> 24-hr phone: <u>PII</u>
		For Official Use Only: ID# _____ Date Received: _____		

Chemical Description	Physical and Health Hazards <small>Check all that apply</small>	Inventory	Container Pressure Temperature	Storage Codes and Locations (Non-Confidential) Storage Locations	OPTIONAL
CAS _____ Trade Secret ☐ Name(s) of Chemical(s) <u>FREON 11: 100% METHANE</u> <u>TRICHLOROFLUORO (75-69-4)</u> Check all that apply: ☒ Pure ☐ Mix ☐ Solid ☒ Liquid ☐ Gas ☐ EHS	☐ Fire ☐ Sudden Release Of Pressure ☐ Reactivity ☒ Immediate (acute) ☐ Delayed (chronic)	<u>03</u> Max Amount (code) <u>03</u> Avg. Amount (code) <u>365</u> No. of Days Present	<u>E14</u> <u>47TH FLOOR</u>	Check box if information submitted is identical to last year ☒	
CAS _____ Trade Secret ☐ Name(s) of Chemical(s) <u>FREON 12: 100% METHANE</u> <u>DICHLORODIFLUORO (75-71-8)</u> Check all that apply: ☒ Pure ☐ Mix ☐ Solid ☒ Liquid ☐ Gas ☐ EHS	☐ Fire ☐ Sudden Release Of Pressure ☒ Reactivity ☒ Immediate (acute) ☒ Delayed (chronic)	<u>01</u> Max Amount (code) <u>01</u> Avg. Amount (code) <u>365</u> No. of Days Present	<u>E14</u> <u>47TH FLOOR</u>	Check box if information submitted is identical to last year ☒	
CAS _____ Trade Secret ☐ Name(s) of Chemical(s) <u>HAUG WASH 10% PETROLEUM</u> <u>SULFONATE (61789-85-3) 10%</u> <u>PROPYLENE GLYCOL ETHER (68603-15-6)</u> Check all that apply: ☐ Pure ☒ Mix ☐ Solid ☒ Liquid ☐ Gas ☐ EHS	☐ Fire ☐ Sudden Release Of Pressure ☐ Reactivity ☒ Immediate (acute) ☐ Delayed (chronic)	<u>01</u> Max Amount (code) <u>01</u> Avg. Amount (code) <u>365</u> No. of Days Present	<u>N14</u> <u>47TH FLOOR</u>	Check box if information submitted is identical to last year ☒	

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Signature _____ Date signed _____	

NEW YORK CITY Right-to-Know FACILITY INVENTORY FORM TIER TWO	Facility Identification Name <u>SALOMON SMITH BARNEY HOLDINGS, INC.</u> Street <u>7 WORLD TRADE CENTER</u> City <u>NEW YORK</u> State <u>NY</u> Zip+4 <u>10048-1196</u> Telephone (212) <u>783-7000</u> County _____ SIC <u>6211</u> Dun & Brad. Number <u>01 163 8145</u>	Owner/Operator Name <u>SALOMON SMITH BARNEY</u> Phone (212) <u>783-7000</u> Mail Address <u>SAHE</u>	Emergency Contacts Name <u>EDWARD J. CAMPBELL</u> Title <u>PROPERTY MANAGER</u> Day Phone (212) <u>783-5523</u> 24-hr phone <u>PII</u> Name <u>TITO C. MESJAC</u> Title <u>ASST. PROPERTY MANAGER</u> Day Phone (212) <u>783-5523</u> 24-hr phone <u>PII</u>	
	For Official Use Only: ID# _____ Date Received: _____			

Chemical Description	Physical and Health Hazards <small>Check all that apply</small>	Inventory	Storage Codes and Locations (Non-Confidential) <small>Storage Locations</small>	OPTIONAL
CAS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Trade Secret ☐ Name(s) of Chemical(s) <u>HEAVY DUTY SPRAY CLEANER</u> <u>40% 2-BUTOXYETHANOL (111-76-2), <1.0%</u> <u>SODIUM HYDROXIDE (1310-73-2), 25%</u> <u>ETHANOLAMINE (141-43-5), OTHERS</u> Check all that apply: ☐ Pure ☒ Mix ☐ Solid ☒ Liquid ☐ Gas ☐ EHS	☐ Fire ☐ Sudden Release Of Pressure ☐ Reactivity ☒ Immediate (acute) ☒ Delayed (chronic)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Max Amount (code) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Avg. Amount (code) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> No. of Days Present	Container Pressure Temperature <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <u>N 1 4</u> <u>47TH FLOOR</u>	Check box if information submitted is identical to last year ☒
CAS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Trade Secret ☐ Name(s) of Chemical(s) <u>INSTANT MILDEN STAIN REMOVER</u> <u>(0-10)% WATER (7732-18-5), (15-20)% SODIUM</u> <u>HYPOCHLORITE (7691-52-9), (0-5)% SODIUM</u> <u>PEROXYCARBONATE (533-96-0), OTHERS</u> Check all that apply: ☐ Pure ☒ Mix ☐ Solid ☒ Liquid ☐ Gas ☐ EHS	☐ Fire ☐ Sudden Release Of Pressure ☐ Reactivity ☒ Immediate (acute) ☐ Delayed (chronic)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Max Amount (code) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Avg. Amount (code) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> No. of Days Present	Container Pressure Temperature <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <u>N 1 4</u> <u>47TH FLOOR</u>	Check box if information submitted is identical to last year ☐
CAS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Trade Secret ☐ Name(s) of Chemical(s) <u>LEAD ACID BATTERY: 60% LEAD (7439-92-1)</u> <u>2% ANTIMONY (7440-36-0), 2% ARSENIC (7440-33-8)</u> <u>0.2% CALCIUM (7440-31-5), 30% SULFURIC ACID</u> <u>(7664-93-9), 10% SILICON DIOXIDE (60676-86-0)</u> Check all that apply: ☐ Pure ☒ Mix ☒ Solid ☐ Liquid ☐ Gas ☐ EHS	☒ Fire ☒ Sudden Release Of Pressure ☐ Reactivity ☒ Immediate (acute) ☒ Delayed (chronic)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Max Amount (code) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Avg. Amount (code) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> No. of Days Present	Container Pressure Temperature <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <u>R 2 4</u> <u>35TH FLOOR</u>	Check box if information submitted is identical to last year ☒

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NEW YORK CITY Right-to-Know FACILITY INVENTORY FORM TIER TWO	<i>Facility Identification</i>	Name <u>SALOMON SMITH BARNEY HOLDINGS, INC.</u> Street <u>7 WORLD TRADE CENTER</u> City <u>NEW YORK</u> State <u>NY</u> Zip+4 <u>10048-1196</u> Telephone (<u>212</u>) <u>783-7000</u> County _____ SIC _____ Dun & Brad. _____ Code <u>6211</u> Number <u>011638145</u>		Name <u>SALOMON SMITH BARNEY</u> Phone (<u>212</u>) <u>783-7000</u> Mail Address <u>SAME</u> Name <u>EDWARD J. CAMPBELL</u> Title <u>PROPERTY MANAGER</u> Day Phone (<u>212</u>) <u>783-5523</u> 24-hr phone <u>PII</u> Name <u>TITO O. MESA</u> Title <u>ASST. PROPERTY MANAGER</u> Day Phone (<u>212</u>) <u>783-5523</u> 24-hr phone <u>PII</u>	
		For Official Use Only: ID# _____ Date Received: _____		<i>Owner/Operator</i> <i>Emergency Contacts</i>	

Chemical Description	Physical and Health Hazards <small>Check all that apply</small>	Inventory	Container Pressure Temperature	Storage Codes and Locations (Non-Confidential) Storage Locations	OPTIONAL
CAS Trade Secret ☐ Name(s) of Chemical(s) <u>LOCTITE CHISEL BASKET REMOVER: (60-70)%</u> <u>METHYLENE CHLORIDE (75-09-2), (10-30)% BUTANE</u> <u>(106-97-8), (10-30)% ISOBUTANE (75-28-5), (10-30)%</u> <u>PROPANE (74-98-6), METHYL ALCOHOL (52-10-4) (67-56-1)</u> Check all that apply: ☐ Pure ☒ Mix ☐ Solid ☒ Liquid ☐ Gas ☐ EHS	☒ Fire ☒ Sudden Release Of Pressure ☐ Reactivity ☒ Immediate (acute) ☒ Delayed (chronic)	<u>01</u> Max Amount (code) <u>01</u> Avg. Amount (code) <u>365</u> No. of Days Present	<div style="border: 1px solid black; display: inline-block; width: 30px; height: 30px; text-align: center; line-height: 30px;">F24</div> <u>47TH FLOOR</u>	Check box if information submitted is identical to last year ☐	
CAS Trade Secret ☐ Name(s) of Chemical(s) <u>LYSOL BRAND DISINFECTANT SPRAY:</u> <u>4% CARBON DIOXIDE (124-38-9), 79%</u> <u>ETHANOL (64-17-5)</u> Check all that apply: ☐ Pure ☒ Mix ☐ Solid ☒ Liquid ☐ Gas ☐ EHS	☒ Fire ☒ Sudden Release Of Pressure ☐ Reactivity ☐ Immediate (acute) ☒ Delayed (chronic)	<u>01</u> Max Amount (code) <u>01</u> Avg. Amount (code) <u>365</u> No. of Days Present	<div style="border: 1px solid black; display: inline-block; width: 30px; height: 30px; text-align: center; line-height: 30px;">F24</div> <u>47TH FLOOR</u>	Check box if information submitted is identical to last year ☒	
CAS Trade Secret ☐ Name(s) of Chemical(s) <u>MOBIL GREASE 22: 1% SODIUM NITRATE</u> <u>(7632-00-0), 1% PENTA ERYTHRATO (115-77-5)</u> <u>OTHERS</u> Check all that apply: ☐ Pure ☒ Mix ☐ Solid ☒ Liquid ☐ Gas ☐ EHS	☒ Fire ☐ Sudden Release Of Pressure ☐ Reactivity ☒ Immediate (acute) ☐ Delayed (chronic)	<u>01</u> Max Amount (code) <u>01</u> Avg. Amount (code) <u>365</u> No. of Days Present	<div style="border: 1px solid black; display: inline-block; width: 30px; height: 30px; text-align: center; line-height: 30px;">F14</div> <u>47TH FLOOR</u>	Check box if information submitted is identical to last year ☒	

Certification (Read and sign after completing all sections)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through _____, and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate and complete.

JOHN MARKSON FIRST VICE PRESIDENT

Name and official title of owner/operator OR owner/operator's authorized representative _____ Signature _____ Date signed _____

OPTIONAL

I have attached a site plan

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NEW YORK CITY Right-to-Know FACILITY INVENTORY FORM TIER TWO	<i>Facility Identification</i>	Name <u>SALOMON SMITH BARNEY HOLDINGS, INC</u> Street <u>7 WORLD TRADE CENTER</u> City <u>NEW YORK</u> State <u>NY</u> Zip+4 <u>10048-1196</u> Telephone <u>(212) 783-7000</u> County _____ SIC _____ Dun & Brad. _____ Code <u>6211</u> Number <u>011632145</u>	<i>Owner/Operator</i>	Name <u>SALOMON SMITH BARNEY</u> Phone <u>(212) 783-7000</u> Mail Address <u>SAHE</u>
		<i>Emergency Contacts</i>	Name <u>EDWARD J. CAMPBELL</u> Title <u>PROPERTY MANAGER</u> Day Phone <u>(212) 783-5523</u> 24-hr phone <u>PII</u> Name <u>TITO C. MESIAS</u> Title <u>ASST. PROPERTY MANAGER</u> Day Phone <u>(212) 783-5523</u> 24-hr phone <u>PII</u>	
For Official Use Only: ID# _____ Date Received: _____				

Chemical Description	Physical and Health Hazards <small>Check all that apply</small>	Inventory	Container Pressure Temperature	Storage Codes and Locations (Non-Confidential) Storage Locations	OPTIONAL
CAS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Trade Secret ☐ Name(s) of Chemical(s) <u>NICKEL CADMIUM BATTERIES:</u> <u>20% POTASSIUM HYDROXIDE (131058)</u> <u>9% CADMIUM OXIDE (1306190)</u> Check all that apply: ☐ Pure ☒ Mix ☒ Solid ☐ Liquid ☐ Gas ☐ EHS	☒ Fire ☐ Sudden Release Of Pressure ☒ Reactivity ☒ Immediate (acute) ☒ Delayed(chronic)	<u>03</u> Max Amount (code) <u>03</u> Avg. Amount (code) <u>365</u> No. of Days Present	<div style="border: 1px solid black; display: inline-block; padding: 2px;"> P 1 4 </div> <u>5th Floor</u>	Check box if information submitted is identical to last year ☒	
CAS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Trade Secret ☐ Name(s) of Chemical(s) _____ Check all that apply: ☐ Pure ☐ Mix ☐ Solid ☐ Liquid ☐ Gas ☐ EHS	☐ Fire ☐ Sudden Release Of Pressure ☐ Reactivity ☐ Immediate (acute) ☐ Delayed(chronic)	<u> </u> Max Amount (code) <u> </u> Avg. Amount (code) <u> </u> No. of Days Present	<div style="border: 1px solid black; display: inline-block; padding: 2px;"> </div>	Check box if information submitted is identical to last year ☐	
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JOHN MARJON FIRST VICE PRESIDENT

Name and official title of owner/operator OR owner/operator's authorized representative

Signature

Date signed

OPTIONAL

I have attached a site plan

☐

G A R M A N C O M P A N Y

V A P C O C h e m i c a l s

1702 Chase Dr. Fenton, MO 63026 314-343-5155

M A T E R I A L S A F E T Y D A T A S H E E T

PAGE 1

S E C T I O N 1 - I D E N T I T Y

GARMAN COMPANY
1702 Chase Dr.
Fenton, MO 63026

TRADE NAME: No Sweat
DATE PREPARED: 03/12/92
COMPANY PHONE: 314-343-5155

EMERGENCY TELEPHONE NUMBER: 1-800-255-3924

S E C T I O N 2 - H A Z A R D O U S I N G R E D I E N T S

HAZARDOUS COMPOUNDS	CAS	%	OSHA PEL	ACGIH TLV
Methylene Chloride*	75-09-2	60-75	500 ppm	50 ppm
Propane	74-98-6		1000 ppm	1000 ppm
Isobutane	75-28-5		Not Est.	800 ppm

30 B Storage Code: Level #1

N.F.P.A.: Health - 2 Reactivity - 0 Fire - 1

* Subject to SARA Title III, Section 313

S E C T I O N 3 - C H E M I C A L & P H Y S I C A L D A T A

ing Point..... NA	Specific Gravity(H2O=1)@25C..1.25
vapor Pressure (psig @ 25C... 80	Vapor Density..... >1
Evaprtn Rate(Butyl Acetate=1) <1	pH Information..... NA
Solubility in Water..... Insoluble	Reactivity in Water..... NA
Appearance & Odor:	Percent Volatiles..... 85%
White Coating - Sweat Chlorinated Odor	

S E C T I O N 4 - F I R E & E X P L O S I O N H A Z A R D D A T A

Flame Projection: 16" Flash Point(TCC):NA Flammable Limits: LEL: NA / UEL: NA

Extinguishing Media: Foam, CO2, Dry Chemical, Halon

Fire & Explosion Hazards: Exposure to temperatures over 120 degrees F. may cause bursting or venting. Heat or fire may cause hazardous fumes: Carbon Monoxide, Phosgene, Chlorine, or Hydrogen Chloride

Firefighting Procedures: Wear self-contained breathing apparatus with full facepiece operated in pressure-demand and full body protective clothing when fighting fires.

S E C T I O N 5 - H A Z A R D O U S R E A C T I V I T Y

Stability: Stable

Hazardous Polymerization: Cannot occur

mpatability: Oxidizing materials

omposition: Open flames can cause hydrogen chloride, phosgene, chlorine

NA - NOT APPLICABLE

NDA - NO DATA AVAILABLE

GARMAN COMPANY

VAPCO Chemicals

MSDS - No Sweat

PAGE 2

SECTION 6 - HEALTH HAZARD INFORMATION

SIGNS & SYMPTOMS OF EXPOSURE:

 a: Moderate to severe irritation

Skin: Irritation due to defatting of tissue

Indigestion: Nausea, headache, vomiting

Inhalation: Nausea, dizziness, coordination impairment on long exposure

CARCINOGENICITY: Methylene Chloride listed as a carcinogen by IARC, NIP

SAFETY PRECAUTIONS: Avoid contact with eyes, skin, or clothing. Use only with chemical resistance gloves and protective eyewear. Avoid breathing vapors. Use only with adequate ventilation.

Primary Routes of Entry: Eyes, Skin, Ingestion, Inhalation

EMERGENCY FIRST AID PROCEDURES:

Eyes: Flush with large amounts of water for 15 minutes and get medical attention.

Skin: Wash with soap and water. Remove contaminated clothing.

Ingestion: Do not induce vomiting. Get medical attention.

Inhalation: Remove to fresh air. Give oxygen if breathing is difficult. Get medical attention.

SECTION 7 - PROTECTION INFORMATION

Respiratory Protection: If TLV is exceeded, use approved NIOSH/MESA respirator.

Ventilation: Local _____ Mechanical X Other _____

Protective Gloves: Neoprene or PVC Eye Protection: Splash goggles

Other Protective Equipment: Impervious clothing and boots.

Storage Precautions: Store in dry location away from heat.

SECTION 8 - SPILL / LEAK PROCEDURES

Procedures for cleanup: Ventilate area. Avoid breathing vapors. Wear appropriate protective clothing. Use inert absorbant material to soak up spill.

Waste Disposal: According to local, state and federal regulations.

SECTION 9 - TRANSPORTATION DATA

D.O.T. Shipping Name: Consumer Commodity

Hazardous Class: ORM-D

Label: NA

NA/UN No.: NA

Believe the statements, technical information and recommendations contained herein are reliable, but they are given without warranty or guarantee of any kind, expressed or implied, and we assume no responsibility for any loss, damage, or expense, direct or consequential, arising out of their use.