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7/12/80

FIRE SAFETY PLAN

RECEIVED JUL 28 1990

1. **BUILDING ADDRESS:**

7 World Trade Center
New York, NY 10048

NAME OF BUILDING:

7 World Trade Center

TELEPHONE NUMBER:

(212) 619-6569

Approved 4/18/88

2. **PURPOSE AND OBJECTIVE:**

2.1 PURPOSE

To establish a method of systematic, safe and orderly evacuation of an area or building by and of its occupants in case of fire or other emergency, in the least possible time, to a safe area or by the nearest safe means of egress; also the use of such available fire appliances (including sounding of alarms) as may have been provided for the controlling or extinguishing of fire and the safeguarding of human life.

2.2 OBJECTIVE

To provide proper education as part of continuing employee indoctrination and through a continuing written program for all occupants, to assure the prompt reporting of fire, the response to fire alarms as designated, and the immediate initiation of fire safety procedures to safeguard life and contain fire until the arrival of the Fire Department.

3. **FIRE SAFETY DIRECTOR:**

3.1 Name - Richard Kastner
3.2 Title - Chief Engineer
3.3 Regularly assigned location - 7 World Trade Center
3.4 Notified at regular work location by voice, telephone communication, telephone beeper or two-way radio at 619-6569.
3.5 Notified when not at regular work location by telephone communication.
3.6 Normal working hours: 7:30 a.m. - 3:30 p.m. Monday through Friday.
3.7 Duties as per Appendix A (attached)

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4. DEPUTY FIRE SAFETY DIRECTOR:

4.1 Name - Edward J. Mc Manus
4.2 Title - Assistant Chief Engineer
4.3 Notified at regular work location by voice, phone communication or two-way radio.
4.4 Normal working hours - 9:00 a.m. - 5:00 p.m.
4.5 Duties as per Appendix B (attached).

5. FLOOR WARDENS, DEPUTY FLOOR WARDENS AND SEARCHERS

5.1 Names of Floor Wardens, Deputy Floor Wardens and Searchers appear on Organization Charts for each floor. They are kept on file in the Fire Command Center located on the 3rd floor, Main Lobby, in the Security Director's office on the 3rd floor and on each floor.
5.2 Typical completed Organization Chart for Fire Drill and Evacuation Assignment - see Appendix C.1 (attached).
5.3 Duties as per Appendix C.2.

6. BUILDING EVACUATION SUPERVISOR

Does not apply. Deputy Fire Safety Director on duty 24 hours a day, 7 days a week. For information purposes Appendix D describes duties of the Building Evacuation Supervisor.

7. FIRE BRIGADE

7.1 Organization of Fire Brigade - see Appendix F (attached).
7.2 Standards or selection from building employees based on background and availability. Training is given in fire control, use of extinguishes, rescue, crowd control and life safety. Refresher courses are frequently given.
7.3 Notified when at regular location - each member carries a two-way radio. Notified from the Security Desk via radio.
7.4 Notified when not at regular location - each member carries a two-radio. Notified from the Security Desk via radio.
7.5 Means of responding - via nearest available manned elevator under fire fighter's service and/or stairway.
7.6 Duties of each member of Fire Brigade as per Appendix E (attached).

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8. OCCUPANTS INSTRUCTIONS (verbatim as per Appendix L attached)

8.1 Frequency of Drills - as outlined in Fire Department Rules - once every three months for first two years and once every six months thereafter.

8.2 How conducted - written notice of time and date transmitted to each tenant, Floor Warden, Deputy Floor Warden and Searcher at least three days prior to Drill date. They will then inform all occupants on their floor by voice and/or written communication of the date and time of the Fire Drill. Immediately prior to the Fire Drill, the building Public Address System will be used to inform occupants of the floor that it is time for the Drill to begin.

8.3 Participation - tenants are informed that skeleton crews may remain in the office to conduct business, with the stipulation that those who remain during the first Drill must participate in subsequent Drills. All employees participate. All will participate by leaving office areas and proceeding to designated stairways as directed by Floor Warden, Deputies and Searchers.

8.4 Control and Supervision - Floor Warden is in complete charge of the Drill on the specific floor. Deputies supervise assigned units. Fire Safety Director and Assistants observe, give a brief talk on the purpose and objectives of the Fire Drill program and answer any questions.

8.5 Recording of details and result of Drills - record of all information regarding Fire Drill and dates of occurrences are kept on file in the Security desk, 3rd floor, Main Lobby.

9. FIRE COMMAND STATION

9.1 Location - Security Desk, 3rd floor, Main Lobby

9.2 Requirements:

9.2.1 Adequate illumination - provided by electric lighting fixtures and diesel generator operated emergency lighting system.

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9.2.2 Adequate communications to mechanical equipment rooms, elevator machine rooms, and each floor provided by telephone, building Pubic Address system on each floor, two-way FIRE WARDEN STATION telephones on each floor and two-way radio system.

9.2.3 Copy of Fire Safety Plan - copy of the approved Fire Safety Plan will be kept in the Fire Command Station at the 3rd floor in the main lobby.

9.2.4 Copy of Building Information Form will be kept in the Fire Command Station.

9.2.5 Representative floor plans showing locations of signs, floor remote station, communications, etc. - all required information will be kept at the Fire Command Station. See Appendix I.

10. SIGNS

10.1 Signs at Elevator Landings and Floor Diagrams - a sign will be posted and maintained on every floor at the elevator landing. The sign shall read "IN CASE OF FIRE USE STAIRS UNLESS OTHERWISE INSTRUCTED". The sign will also contain a diagram showing the location where it is posted and the location and identification of the stairs on the floor in accordance with the Fire Department.

10.2 Floor numbering - a sign will be posted and maintained within each stair enclosure of every floor indicating the number of the floor. The sign will be securely attached to the stair side of the door in accordance with the requirements of the Fire Department.

10.3 Stairway Identification - each stairway will be identified by single capital letter (A, B, etc). A sign indicating the identification for the stairway will be posted and maintained on the occupancy side of the stair door in accordance with the requirements of the Fire Department.

10.4 Elevator Identification - elevators will be identified by bank (capital letter) and additionally by number. A sign indicating the identification for the elevators will be posted and maintained at each elevator landing in accordance with the requirements of the Fire Department.

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10.5 Stair Re-entry - signs will be posted and maintained on the stair door at each floor indicating whether re-entry is provided into the building and the floor where such re-entry is provided into the building. The signs will read where re-entry is provided to specified floor:

1. On the stair side of the door at floors where re-entry is provided - "**RE-ENTRY ON THIS FLOOR**" and positioned in accordance with the requirements of the Fire Department.
2. Where no re-entry is provided on a floor the sign on the stair side of the door will read- **NO RE-ENTRY, NEAREST RE-ENTRY ON THE _____ AND _____ FLOOR.** The nearest re-entry floor above and below will be entered in the blank spaces and positioned in accordance with the requirements of the Fire Department.

11. FIRE PREVENTION and FIRE PROTECTION PROGRAM

Appendix G (attached)

12. BUILDING INFORMATION FORM

Appendix H (attached)

13. REPRESENTATIVE FLOOR PLAN

Appendix I (attached)

14. EVACUATION PROCEDURE FOR DISABLED PERSONNEL

Appendix J (attached)

15. FIRES SAFETY PLAN REVISED BY: WILLIAM T. KESNER

In preparing this Fire Safety Plan, an evaluation was made of the individual floor layouts, the population of floors, the number and kinds of exits and the zoning of the floor by area and occupants. From this , a determination was made concerning the movement of traffic by the most expeditious route to an appropriate exit and alternate routes for each zone since, under fire conditions, one or more exits may not be usable.

15.1 Date Prepared - January, 1988

15.2 Date Revised - June, 1989

15.3 Date Revised - July, 1990

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APPENDIX A

FIRE SAFETY DIRECTOR'S DUTIES:

1. Be familiar with the written Fire Safety Plan providing for fire drill and evacuation procedures in accordance with Fire Prevention code.

2. Select qualified building service employees for a Fire Brigade and organize, train and supervise the Fire Brigade.

3. Be responsible for the availability and state of readiness of the Fire Brigade.

4. Conduct fire and evacuation drills.

5. Be responsible for the designation and training of Floor Wardens for each floor and for the designation of sufficient Deputy Wardens and Searchers in accordance with Fire Department rules.

6. Be responsible for a daily check for the availability of the Floor Warden and Deputy Wardens and Searchers; and, see that up-to-date organization charts are posted.

7. Notify the owner or other person having charge of the building when any designated individual is neglecting his responsibilities contained in the Fire Safety Plan. The owner or other person in charge of the building shall bring the matter to attention of the manager of the individual. If the manager fails to correct the condition, the Fire Department shall be notified by the owner or person in charge of the building.

8. In the event of a fire, he/she shall report to the Fire Command Station to supervise, provide for and coordinate:

   a. Insure that the Fire Department has been notified of any fire or fire alarm.
   b. Manning of Fire Command Station.
   c. Direction of evacuating procedures as provided in the Fire Safety Plan.
   d. Reports on conditions on fire floor for information of Fire Department upon their arrival.
   e. Advise the Fire Department Chief in charge in the operation of the Fire Command Station.

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9. Be responsible for the training and activities of Deputy Fire Safety Directors.

APPENDIX B

DEPUTY FIRE SAFETY DIRECTOR'S DUTIES

1. Subordinate to the Fire Safety Director.
2. Perform duties of Fire Safety Director in his absence.

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APPENDIX C.1

ORGANIZATION CHART: FIRE DRILLS, EVACUATIONS, DISABLED PERSONS LOCATION

	NAME	LOCATION	PHONE
FIRE SAFETY DIRECTOR:	William Kesner	3rd floor	619-6569

3RD FLOOR

TITLE	NAME	LOCATION	PHONE
FLOOR WARDEN	James Halpin	3rd floor	619-6569
DEPUTY WARDEN	Luis Rivera	3rd floor	619-6569
SEARCHERS - MALE	Jim Phillips	3rd floor	619-6569
SEARCHERS - FEMALE	Denise DeSantis	3rd floor	619-6569
DISABLED PERSONS	None		

DISABLED PERSONS MEANS OF EGRESS and DESIGNATED ESCORT:

N/A

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ALARM TRANSMISSION: Any person discovering fire or smoke should immediately do one or more of the following -

1. Activate Building Fire Alarm box
2. Telephone Security at 619-6569.
3. Call Port Authority Police - 466 -3540
4. Pull Street Fire Alarm box.
5. Notify Warden or Deputy Warden that a fire alarm has been transmitted.

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APPENDIX C.2

FLOOR WARDEN AND DEPUTY WARDEN DUTIES

1. The occupants of each floor shall, upon request of the owner or person in charge of the building, make responsible and dependable employees available for designation by the Fire Safety director as FLOOR WARDEN and DEPUTY FLOOR WARDEN.

2. Each floor shall be under the direction of a designated FLOOR WARDEN for the evacuation of occupants in the event of a fire. He shall be assisted in his duties by DEPUTY FLOOR WARDENS. When the floor area of a tenancy exceed 7,500 square feet of occupiable space, a Deputy floor Warden shall be assigned for each 7,500 square feet or part thereof.

3. Each FLOOR WARDEN and DEPUTY FLOOR WARDEN shall be familiar with the Fire Safety Plan, the location of exits and the location and operation of any available fire alarm systems.

4. In the event of a fire, or fire alarm, the FLOOR WARDEN shall ascertain location of the fire, and direct the evacuation of the floor in accordance with direction received and the following guidelines:

   a. The most critical area for immediate evacuation are the fire floor and floor immediately above. Evacuation from the other floors shall be instituted when instructions from the Fire Command Station or conditions indicate such action. Evacuation should be via uncontaminated stairs. He shall try to avoid stairs being used by the Fire Department. If this is not possible, he shall try to attract the attention of the Fire Department personnel before such personnel open the door to the fire floor.

   b. Evacuation of two or more levels below the fire floor is generally adequate. He shall keep the Fire Command Station informed regarding his location.

   c. Floor Wardens and their Deputies shall see that all occupants are notified of the fire, and that they proceed immediately to execute the Fire Safety Plan.

   d. The Floor Warden on the fire floor shall, as soon as practicable, notify the Fire Command Station of the particulars.

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e. Floor Wardens on floor above the fire shall, after executing the Fire Safety Plan, notify the Fire Command Station of the means of egress being used for evacuation and any other particulars.

f. In the event that stairways serving the floor and/or floors above are unusable due to contamination or cut off from fire and/or smoke, or that several floors above the fire involving large numbers of occupants must be evacuated, consideration may be given to using elevators in accordance with the following:

1) If the elevator servicing his floor also services the fire floor, they shall not be used. However, elevators may be used if there is more than one bank of elevators, and he is informed from the Fire Command Station that one bank is unaffected by the fire.

2) If elevators do not service the fire floor and their shafts have no opening on the fire floor, they may be used, unless otherwise directed.

3) Elevators manned by trained building personnel or fire fighters may also be used.

4) In the absence of a serviceable elevator the FLOOR WARDEN shall select the safest stairway to use for evacuation on the basis of the location of the fire and any information received from the Fire Command Station. The FLOOR WARDEN shall check the environment in the stair prior to entry for evacuation. If it is affected by smoke, an alternate stair shall be selected, and the Fire Command Station notified.

5) The FLOOR WARDEN shall keep the Fire Command Station informed of the means being employed for evacuation by the occupants of his floor.

g. Determine that an alarm has been transmitted.

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APPENDIX D

BUILDING EVACUATION SUPERVISOR DUTIES

A Building Evacuation Supervisor will be provided at all times other than normal working or business hours when there are occupants in the building and there is no Fire Safety Director on duty in the building.

The Building Evacuation Supervisor will:

1. Be capable of directing the evacuation of the occupants as provided by the Fire Safety Plan.

2. During Fire emergencies, the primary responsibility of the Building Evacuation Supervisor shall be to man the Fire Command Station, and the direction and execution of the evacuation as provided in the Fire Safety Plan.

THe Building Evacuation Supervisor's training and related activities shall be under the direction of the Fire Safety Director in accordance with these rules, and the Fire Safety Plan. Such activities shall be subject to Fire Department control.

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APPENDIX E

FIRE BRIGADE DUTIES

On receipt of an alarm for fire, the Fire Brigade will:

1. Report to the floor below the fire to assist in evacuation and provide information to the Fire Command Station.

2. After evacuation of the fire floor, make an effort to control spread of fire by closing doors, etc.

3. Attempt to control the fire until the arrival of the Fire Department, if the fire is small and conditions do not pose a threat to life.

4. Leave one member on the floor below the fire to direct the Fire Department to the fire location and to inform them of the condition.

5. On arrival of the Fire Department, the Fire Brigade will report to the Fire Command Station for additional instructions.

6. Have a member designated as Alarm box runner, who shall know the location of the nearest street Fire Alarm box, and be instructed in its use. Such member shall immediately, upon receipt of information that there is a fire or evidence of fire, go to the street alarm box, transmit an alarm and await the arrival of the Fire Department and direct such Department to the fire.

LOCATION NEAREST FIRE ALARM BOX:

VESEY STREET & WEST BROADWAY (REAR OF POST OFFICE)

SECONDARY LOCATION:

WASHINGTON STREET & BARCLAY STREET (INTERSECTION)

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APPENDIX F

ORGANIZATION CHART FOR FIRE BRIGADE

TITLE/JOB	NAME	PHONE
Fire Brigade Chief	John Catano	619-6569
Assigned to evacuation	Michael Rogers	619-6569
	George L. Rioseco	619-6569
	Edward J. Mc Manus	619-6569
Assigned to small fires	Chris Millerick	
	Anthony Rubino	
	James Kane	
Alarm box runner	Mukesh Persaud	
Back up runner	Dwayne Masson	
Communication	Ken Weinert	
Assigned to floor below	To Be Determined	
Auxiliary Members	Balance of Security Staff on duty at	
	time of incident.	

Date Prepared: 7/90

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APPENDIX G

Fire Prevention and Fire Protection Program

1. A plan for periodic formal inspections of each floor area, including exit facilities, fire extinguishes and housekeeping has been developed as follows:

   a. At the start of each day a check of each exit is made by tenant fire safety team members and Operations and Maintenance personnel to determine that self-closing doors are in a closed position but are not illegally locked in any manner.

   b. No obstructions are permitted in corridors or aisle spaces.

   c. A daily check is made to insure that all necessary exit signs and lights where required are lighted and in good condition.

   d. The location and operation of fire extinguishes is known by all Operations and Maintenance and tenant personnel. The maintenance of these units is controlled by the Fire Safety Director.

   e. Poor housekeeping is a fire breeder. Accumulation of combustible debris is not permitted and is promptly corrected whenever discovered.

2. Provision is made for the monthly testing of all communication and alarm systems in the building and Fire Command Post.

Occupants Instructions:

a. The applicable parts of the approved Fire Safety Plan will be distributed to all tenants of the building by the building management when the Fire Safety Plan has been approved by the Fire Commissioner.

b. The applicable parts of the approved Fire Safety Plan will then be distributed by the tenants to all their employees and by the building management to all their employees.

c. All occupants of the building will participate and cooperate in carrying out the provisions of the Fire Safety Plan.

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APPENDIX H

Building Information Form

1. Building Address: 7 World Trade Center, New York, NY 10048

2. Owner or person in charge: Cynthia Rice
Building Manager
Silverstein Properties
7 World Trade Center
New York, NY 10048

3. Fire Safety Director: William Kesner

   Deputy Director: Mukesh Persuad

4. Certificate of Occupancy
   Location/Duplicate: In Building Office

5. Height, area, class of construction:
   47 stories - 618 feet - each floor - 48,000 sq. ft.

   Non-Combustible I-C group

6. Number, type and location of fire stairs and/or towers:

   2 stairs located at the center core of the building. Will provide egress from the roof to the street level. A set of escalators at the 3rd floor level will also provide egress to the street level. Also set of interior stairs on SW side of 11th floor to 12th floor,
   one set of stairs on the second floor leading to the auditorium, "C" stairs from 35th floor to the 42nd floor, "D" stairs from 44th floor to 45th floor leading to the "B" stairway.

7. Number, type, location and operation of elevators and escalators:

   1 escalator from street level to Plaza, and 4 escalators from ground floor to both 2nd and 3rd floors and 1 escalator from 3rd floor north side to 4th floor cafeteria.

   28 Elevonic elevators/2 standard service elevators, 1 oversized freight elevator, 2 passenger elevators from the 28th floor to the 45th floor, 2 passenger elevators from the 44th floor to the 47th floor, 3 hydralic cars from 45th floor to 46th floor and 1 hydralic car from 2nd floor to 3rd floor leading to the auditorium.

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Radio - two-way walkie-talkies.
Public Address - on each floor.
Alarm Call box - on each floor.

All these systems are utilized to insure adequate communications between the Fire Command Post, pump rooms, elevator machine rooms and all floors in the building.

10. Standpipe system, size and location of risers, gravity or pressure tank, fire pump, location of siamese connections, name of employee with Certificate of Qualification with number of certificate:

Standpipes - Above grade 6" throughout
Fire Pump - Location-1st floor-West section (Washington St.)
Siamese - Three sets are provided on the perimeter of the building, one West, one East, one South.

Certificate of Qualification - Rich Kastner, Ed Mc Manus, Chris Millerick, Tony Rubino, Mike Rogers, John Marinop
Certificate # - Located on 6th floor engineering.

11. Sprinkler system, name of employee with Certificate of Fitness and Certificate Number, Primary and secondary water supply, fire pump and areas protected:

Sprinklers - Above grade throughout
Certificate of Fitness - Rich Kastner, Ed Mc Manus, Chris Millerick, Tony Rubino
Certificate # - Located on 6th floor engineering.
Water Supply - (Additional information on page 17 A)

All above grade areas are fully sprinkler protected.

12. Special Extinguishing systems, components and operation:

Dry-pipe system inside loading dock, (only).

Exact locations on file at the Fire Command Desk.

13. Average number of persons normally employed in the Building:

Day - 2,000
Night - Less than 400

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Water Supply -
- 1st Floor Automatic Fire Pump (1 stage)
  -- 500 G.P.M. at 3600 R.P.M.
- 1st Floor Jockey Fire Pump
  -- 15 G.P.M. at 3600 R.P.M.
- 1st Floor Manual Fire Pump (3 stages)
  -- 750 G.P.M. at 1750 R.P.M.
- 46th Floor Automatic Booster Pump (1 stage)
  -- 500 G.P.M. at 1750 R.P.M.
- 46th Floor Jockey Pump
  -- 15 G.P.M. at 3600 R.P.M.

** The Fire Reserve tank is on the 46th Floor, rated at 7500 gallons per tank. The primary comes from two (2) 14,000 gallon tanks on the 46th floor.

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14. Average number of handicapped people in the building, locations:

    Day - Three (3) Partially Handicapped (no wheel chairs)
    Night - None Listed

    Locations - Locations on file at Fire Command Station.

15. Average number of persons visiting building:

    Day - 200
    Night - 50

16. Service equipment:

    a. Primary: (2) 750 KV switch gear generators.
       Auxiliary:

    b. Lighting, normal, emergency, type and location:

       Normal: florescent in offices, corridors and stairs.
       Emergency: exit lights, elevator lights, lobby, equipment rooms, corridors, stairs, command center supplied by Con Ed.

    c. Heating, type, fuel, location of heating unit:

       Hot Water (Con Ed Steam)

    d. Ventilation, with fixed windows, emergency means of exhausting heat and smoke:

       Heat and smoke exhausted from the building by activation of smoke purge and related air handling upon report of fire.

    e. Air Conditioning system, brief description including ducts and floors served:

       Periphery, interior and core supply and return ducts in ceiling plenum serviced by one mechanical equipment room on each floor.

    f. Refuse Storage and Disposal:

       One street level with compactor and container, removed daily. (loading dock)

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g. Fire fighting equipment and appliances, other than standpipe and sprinkler systems:

Portable extinguishes - each floor, pressurized water type, CO2 type. Portable pressurized water type provided for each 1250 sq. ft. on the industrial floors. Typical office areas extinguishes are provided for each 9000 sq. ft; for loading dock area portable fire extinguishes are provided for each 2500 sq. ft.

Occupants are instructed in their location and operation during required periodic fire drills.

17. Alterations and repair operations, and the protective and preventive measures necessary to safeguard all operations with attention to torch operations:

All Directives come from the FIRE SAFETY DIRECTOR.

18. Storage and use of flammable solids, liquids and/or gases:

Provisions of Fire Prevention Directives enforced where occupants store or use flammable solids, liquids and/or gases.

19. Special occupancies in the building and proper protection and maintenance thereof. Places of public assembly, studios and theatrical occupancies:

Protection system - sprinklers in public areas throughout.

NOTE:

Maintenance of all systems is a prescribed by code requirements.

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APPENDIX I

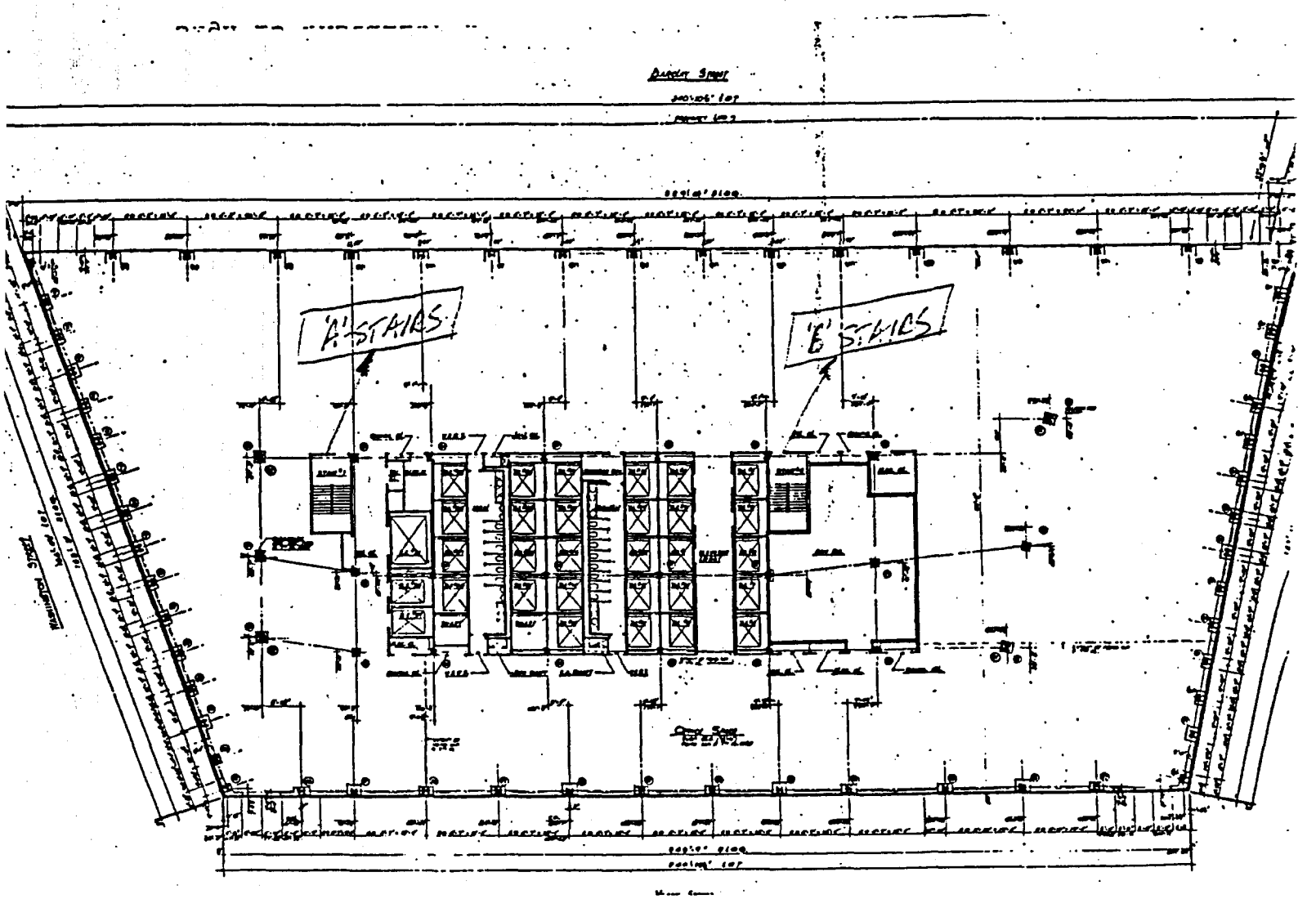
REPRESENTATIVE FLOOR PLANS

Exit Identification

To insure prompt evacuation of your office during a fire emergency, it is essential that you familiarize yourself with the location of all stairway EXITS on your floor.

The Fire Warden on your floor will assist you with this. The periodic fire drills which will be held will also familiarize you with the stairway locations.

Each stairway is identified by geographic location. A stairway identification sign is posted on the occupancy side of the stair door. In addition, a specially lighted EXIT sign is installed at the entrance to all stair-ways.



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In addition, the revolving doors and left doors provide egress from the building at the street level onto Street. During an emergency evacuation, Personnel will be assigned to assist you and help direct you out of the building.

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APPENDIX J

EVACUATION PROCEDURE FOR DISABLED PERSONS

Upon receipt of a report of fire or an odor of smoke, all passenger elevator service to the effected floor will be curtailed. Fire Brigade members will be dispatched via manned freight elevator to a staging area one floor below the effected floor. The Fire Brigade will then advance to the fire floor via stairway in an effort to pinpoint the problem area. Based upon the information received, the Fire Safety Director would then dispatch the manned freight elevator to the effected floor to evacuate disabled persons. Should conditions on the effected floor dictate that this procedure would expose individuals to extreme danger, the members of the Fire Brigade would be used to hand carry those individuals down the stairwells to areas of safe refuge.

Along with the Fire Brigade, Security, Maintenance and personnel trained in evacuation procedures will also be dispatched to assist.

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APPENDIX L

OCCUPANTS INSTRUCTIONS

1. The applicable parts of the approved Fire Safety Plan will be distributed to all occupants of the building by the building management when the Fire Safety Plan has been approved by the Fire Commissioner, and the Port Authority.

2. The applicable parts of the approved Fire Safety Plan will then be distributed to all employees.

3. All occupants of the building will participate and cooperate in carrying out the provisions of the Fire Safety Plan.

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No elevation sign

Security
Exchange
Commission

23
11
34

For E.U. Use Only: Mailed Date 11/4/91 Initials
FPIMS Date 11/4/91

F.P.I.M.S. Account No. | Unit: MBDO 36 | ADMIN. CO. | UNIT PHONE #

ENVIRONMENTAL CONTROL BOARD CITY OF NEW YORK | **NOTICE OF VIOLATION AND HEARING** | **VIOLATION NO.** 10182036 M

CURED

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 TRADE CENTER

Type Suffix Zip Code 10048 – Boro Code 1 (1=Man; 2=Bx; 3=Bk; 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=Bk; 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 11/26/91 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 12/11/91 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:

☐ **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 RE-ENTRY SIGNS STAIR LOCKED at ALL FLOORS (STAIR SIDE OF DOOR) FLOOR # as required.

☐ **Rule 7 Labels/Marks/Stamps** Failed to provide (Labels/Marks/Stamps) for ___ 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 WARDEN STATION (REPAIR) 47 FLOOR (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 ITEM) at ___ (LOCATION) or provide affadavit 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/Occupancy/Qualification/License** Failed to (obtain/provide) a Certificate of (Approval/Occupancy/Qualification/License) for ___ (SPECIFY) as required.

☑ **Rule 19 Affidavits/Documentation/Plans/Applications** UPDATE FIRE Failed to provide (affidavit/documentation/plan/application) for CERT & PLAN (SPECIFY) (ALL) (SECTION) from TAIRS, 1ST & STAIR as required.

☑ **Rule 20 Test/Inspection** Failed to conduct required (equipment/system) (test/inspection) of CLE ALARM RECORD TEST (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/rooms/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) ___ (TYPE) (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: UPDATE FIRE DRILL RECORD TO SHOW DRILLS EVERY SIX MONTHS.

Repeat Violation (§15-229) ☐ Failed to correct Rule(s) ___ (SPECIFY) 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** ___ (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: 10/25/91 Time: ___ a.m./p.m.

INSPECTOR'S SIGNATURE Lt Giulio DeLuca

Inspector's Tax Registry Number PII

PRINT NAME GIULIO DELUCA

M25-19 99M-0-10-1030769

FCB COPY

AFFIDAVIT (CERTIFICATE*) OF SERVICE

State of New York, County of N.Y.) 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 (DATE) 19 91 at ____ (TIME) AM/PM at 7 WORLD TRADE CENTER (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 ____ (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 MUKESH PRASAD (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 admc (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 ____ (NAME) F. SID (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 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: ____

Lt Giulio DeLuca (SIGNATURE)

GIULIO DELUCA (PRINT NAME)

PII

Sworn to before me on 10-24 19 91

(SIGNATURE OF CERTIFYING OFFICER)

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

NYC 9/11 Public Portal Document

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
4/11/02	89062269	14	B	36	H007	X		07/01

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 ☐ NOV #

INSPECTION TYPE
1 - 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.

COMMENTS (CIC)

MOD CLASS E

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 DATE *INSPECTOR I.D.* *COMMENTS*

EXAMINER DATE

ENTRY CLERK DATE

AUDITOR DATE

INSPECTOR DATE *INSPECTOR I.D.* *COMMENTS*

EXAMINER DATE

ENTRY CLERK DATE

AUDITOR DATE

NYC 9/11 Public Portal Document

4/5/88 To Chief Bt Bn
Have Chief Dell'Aver at P/P Review & comment

JB 5-4

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

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:jlm
cc: J. Halpin

NYC-WTC_000168747

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

INSPECTION ORDER

[redacted]

DATE	ACCOUNT	TYPE	ALPHA PREFIX	D.O	ADM CO	NO FEE ACT	SEE ATT. LIST	CURRENT PERMIT EXPIR
04/18/01	89062269	14	B	36	H007	X		07/01

PLEASE INDICATE ANY OF THESE COLUMN CHANGES AT RIGHT → CHANGES CHANGES CHANGES CHANGES

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

CIO ☐ CIC ☐
CIMA ☐ CIN ☐

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

PREMISES ADDRESS	AKA ADDRESS
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

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

NEXT INSPECTION SCHEDULED DATE

☐ VOID WITH REASON
ENTER CODE

☐ NOT APPROVED WITH REASON
ENTER CODE

INDICATE CHANGES BELOW
PLEASE **PRINT** ALL INFORMATION

PREMISES ADDRESS

ADDITIONAL PREMISES INFO

STREET NUMBER PREFIX

STREET NAME

TYPE SUFFIX ZIP BORO

AKA ADDRESS

STREET NUMBER PREFIX

STREET NAME

TYPE SUFFIX

ACCOUNT NAME (CIN) - OWNER NAME (CIO)

X - IF CHANGE IN NAME ONLY

X - IF CHANGE IN OWNER

DATE OF OWNER CHANGE

MAILING ADDRESS (CIMA)

ADDITIONAL MAILING INFO

STREET NUMBER PREFIX

STREET NAME

TYPE SUFFIX ZIP BORO

ENTER HERE FOR OUT OF TOWN ADDRESS (CIMA)

CITY STATE ZIP

REMARKS

INSPECTOR DATE *INSPECTOR I.D.* *COMMENTS*

EXAMINER DATE

ENTRY CLERK DATE

AUDITOR DATE

INSPECTOR DATE *INSPECTOR I.D.* *COMMENTS*

EXAMINER DATE

ENTRY CLERK DATE

AUDITOR DATE

NYC 9/11 Public Portal Document

M117-8 91-8314484

HI-RISE UNIT OFFICE INSPECTION/SURVEY

DATE: _____ 19____

INSPECTOR: _____

BUILDING PROFILE

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.) _____

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

	N/A	YES	NO	SUMMONS/ NOV #
F. RECORDS:				
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	TOTAL ITEMS	SUMMONS TOTAL

INSPECTOR'S [illegible]

NYC 9/11 Public Portal Document

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

INSPECTION REPORT

ACCOUNT	ADM CO	START DATE	D.O.	TYPE
881089172	E010	07/28/00	36	

OWNER NAME

7 World Trade Company

PREMISE ADDRESS

D INFO
REET NUMBER: 7 PREFIX →
TYPE →
SUFFIX →
STREET NAME: WTC
ZIP CODE: 10048
BORO CODE → 1

BILLING ADDRESS

D INFO
REET NUMBER
TYPE →
PREFIX →
SUFFIX →
STREET NAME: SAME
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
X	J Motyka	(AA)	7-31-00

	ITEM CODE	ITEM SUB-CODE	QTY	DESCRIPTION	FLOOR NO.
1					
2	895	99	01	on-site office	
3				7100 feet	
4					
5					
6					
7					
8					
9					
10					
11					
12					

COMMENTS

PUT "X" IF SEE ATTACHED LIST

STATUS - CHECK AND COMPLETE

	INSPECTION DATE	INSPECTOR - I.D.
[X] APPROVED FOR PERMIT	07/28/00	H040/1135 min
[ ] VIOLATIONS REPORTED		
[ ] NOT APPROVED WITH REASON		

135

ENTER CODE

NEXT INSPECTION SCHEDULED: _____ DATE

AKA ADDRESS

REET NUMBER
REET NAME
PREFIX →
TYPE →
SUFFIX →

TRY ERK _____ DATE 8/1/00 AUDITOR _____ DATE _____

INSPECTIONS

Date	Type	Status	Rea[illegible]/Code	Next Inspectio
/ /				/ /
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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 80283245 Inspector J. MOTYKA

Name of Candidate Rivera, Miguel (Print last name, first name) Office Address 7 WTC NY NY 10048 Date of Examination 7/28/00

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 ☐			
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 ☐			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 ☐			
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 25 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: Joseph Graziano (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 20. Number of incorrect answers is 0. Number of N/A answers is 16.

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:

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

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

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

Sprinkler System (Page 14 Q 11) of F.S. Guidelines:
Does candidate know location/type of:

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

Alarm System:
Does candidate know location/type of:

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

TOTAL (22) 21 Yes / 0 No / 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:

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

Standpipe systems (P. 14, Q. 10) of F.S. Guidelines:
Does candidate know location/type of:

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

Stairways (P. 13, Q. 5) of F.S. Guidelines:
Does candidate know location/type of:

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

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

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

TOTAL (11) 13 Yes / 0 No / 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 51. Number of incorrect answers is 0. 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):

C. of F. Z 01 8028 3245 No. of On Site Tests 1

Candidate Name Miguel A. Rivera

Premise Address 7 World Trade Center NY NY 10048

Social Security No. PII

Date of Examination 7-28-00

Total Number of Items Answered 89

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)

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.

J Motyka (INSPECTOR) 7/28/00 (DATE)

Joe Motyka

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/M (8/88) 2-870582-R25

2-50/ Office

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

INSPECTION ORDER

[redacted]

DATE	ACCOUNT	TYPE	ALPHA PREFIX	D.O.	ADM CO	NO FEE ACT	SEE ATT. LIST	CURRENT PERMIT EXPIRES
4/26/00	89062269	14	8	36	H007	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 ☐ NOV #

INSPECTION TYPE
1 - 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

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 J Motyka	DATE 07/28/00	*INSPECTOR I.D.* H040	*COMMENTS*	
EXAMINER	DATE 07/31/00			
ENTRY CLERK	DATE 1/10/01	150		
AUDITOR	DATE			

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

M117-8 91-631449-8

HI RISE UNIT OFFICE INSPECTION/SURVEY

DATE: 7/28/00 19 2000

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 7 World Trade Co. c/o SILVERSTEIN PROP. PREMISE TEL. NO. 619-6569

CLASS "E" FACS; MANUFACTURER FIRECOM MODEL NO. 8500

APPROVED CENTRAL STATION ALARM CO. AFA # OF SMOKE DETECTORS 500

F.S.D. ON DUTY MIGUEL RIVERA C OF F NO. 80283245 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

	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 (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) Port 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

	N/A	YES	NO	SUMMONS/ NOV #
F. RECORDS:				
1. FIRE DRILLS CONDUCTED AND RECORDED (DATE OF LAST 6/00)		✓		
FIRECOM 2. SMOKE DETECTORS CLEANED AND TESTED, LOG MAINTAINED		✓		
3. ALARM LOG BOOK MAINTAINED CURRENT		✓		
4. MONTHLY TEST RECORD OF FIREMEN'S SERVICE ELEVATORS		✓		
FIRECOM 5. MONTHLY TEST RECORD OF CLASS "E" F.A.C.S.		✓		
6. MONTHLY TEST RECORD OF FIRE PUMPS (IF REQUIRED) 6/25/00		✓		
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. 6108456 1 X 10/01		✓		
2. SPRINKLER VALVE SEALED OPEN (SUMMONS IF CLOSED) TAMPERS		✓		
3. SPRINKLER SIAMESE SWIVEL (✓) UNOBSTRUCTED (✓) SIGN IF REQUIRED (✓)		✓		
4. C OF F STANDPIPE (✓) NAME A. Rubino NO. 6068 0659 X 10/01		✓		
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 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 (25, 13, 12, Lobby)				
8. FLAMMABLES/COMBUSTIBLES PROPERLY STORED		✓		
a. LOCATION DIESEL FOR GENERATORS		✓		

REMARKS: OK

NOV TOTAL	TOTAL ITEMS	SUMMONS TOTAL

INSPECTOR'S SIGNATURE J. Matola

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

INSPECTION REPORT

ACCOUNT	ADM CO	START DATE	D.O.	TYPE
881089772		08/26/99	36	

OWNER NAME

7 WORLD TRADE COMPANY

PREMISE ADDRESS

INFO
STREET NUMBER: 7 PREFIX → SUFFIX → STREET NAME: WTC
TYPE → ZIP CODE: 10048 BORO CODE → 1

BILLING ADDRESS

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

ENTER HERE IF OUT OF TOWN

STATE → ZIP CODE →

ALPHA PREFIX	INSPECTOR NAME	EXAMINER NAME	DATE
	A. Ah	(AP)	8-30-99

	ITEM CODE	ITEM SUB-CODE	QTY	DESCRIPTION	FLOOR NO.
1	895	99	01	O/S EXAM	
2				>100'	
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

COMMENTS

WILLIAM NATHANIEL - PASSED

STATUS - CHECK AND COMPLETE

	INSPECTION DATE	INSPECTOR - I.D.
☒ APPROVED FOR PERMIT	08/26/99	#0362/1200
☐ VIOLATIONS REPORTED		

☐ NOT APPROVED WITH REASON

ENTER CODE

NEXT INSPECTION SCHEDULED: DATE

AKA ADDRESS

STREET NUMBER PREFIX →
STREET NAME TYPE → SUFFIX →

RY
RK Childs DATE 8/30/99 AUDITOR DATE

INSPECTIONS

Date	Type	Status	Reason/Code	Next Inspection
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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".

NEW

ON SITE EXAM FOR
FIRE SAFETY DIRECTOR—OFFICE

Z 01 _____ Inspector A. Aly

Name of Candidate WILLIAMS NATHANIEL (Print last name, first name) Office Address 7 WORLD TRADE CENTER, NY, 10048 Date of Examination 8-26-99

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: 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 ☐			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 6 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 13 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: JOE GRAZIANO (NAME OF FLOOR WARDEN CONTACTED) 12TH (FLOOR CHOSEN) (212 748-8030) (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 29. Number of incorrect answers is _____. Number of N/A answers is 7.

: 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~~ Yes 2 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. SAFEST Yes ☑ No ☐ N/A ☐
- B. AUDOTR. Yes ☑ No ☐ N/A ☐
- C. ___ Yes ☐ No ☐ N/A ☑

TOTAL (11) ~~12~~ Yes 1 No 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 ~~49~~. Number of incorrect answers is 3. Number of N/A answers is 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 fails the practical test. See Chart.

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

NEW

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

Candidate Name WILLIAM NATHANIEL

Premise Address 7 WORLD TRADE CENTER N.Y., N.Y., 10048

Social Security No. PII

Date of Examination 8-26-99

Total Number of Items Answered 89.

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)

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 [signature] DATE 8/26/99

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.

SD-1 H/M (8/88) 2-870582-R25

NEW . C. OF . F

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
04/14/99	89062269	14	B	36	H007	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
1 - 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.
893	02	1	OFFICE BLDG ANNUAL INSPECTION	0

COMMENTS (CIC)

MOD CLASS E ~~Approval~~ Date NOL. O.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.* H32
EXAMINER		DATE	08/30/99	
ENTRY CLERK		DATE		135 Mins
AUDITOR		DATE		

COMMENTS

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

COMMENTS

M117-8 91-8314484

RISE UNIT OFFICE INSPECTION/SURV

DATE: 8-26 19 99

INSPECTOR: A. Aly

BUILDING PROFILE

ADDRESS 7 WORLD TRADE CTR NO. OF STORIES 47 HT. IN FT. 618 TOTAL SQ. FT. 2000000

OWNER/AGENT 7 WORLD TRAD COMPANY PREMISE TEL. NO. (212) 619-5569

CLASS "E" FACS; MANUFACTURER FIRE COM MODEL NO. _____

APPROVED CENTRAL STATION ALARM CO. AFA # OF SMOKE DETECTORS _____

F.S.D. ON DUTY JAMES CORRIGAN C OF F NO. 62713938 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 (5)		✓		
3. BUILDING EVACUATION SUPERVISOR (DESIGNATED AND TRAINED AS PER FSP) 24 HRS F.S.D ON DUTY	✓			
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 DUE TO SPRINKLER			✓	
IF OFF-LINE FOR APPROVED REASON: DRAINING (CONSTRUCT) (3,3,41,42)				
a. FIRE COMMAND STATION MANNED AT ALL TIMES				
b. LOG BOOK MAINTAINED		✓		
2. FLOOR WARDEN PHONE OPERATIONAL (FL. NO. 12/13,6		✓		
3. P.A. SYSTEM AUDIBLE (FL. NO. 12/13,6		✓		
4. MANUAL ALARM TRANSMITTED TO BORO CENTRAL OFFICE		✓		
DISP. NO. (187) ELAPSED TIME (IN MINUTES) TO RECEIVE (2)		✓		
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 (✓)				

ACTUPI 1503

RECEIVE 1508

	N/A	YES	NO	SUMMONS/ NOV #
F. RECORDS:				
1. FIRE DRILLS CONDUCTED AND RECORDED (DATE OF LAST 6/99		✓		
2. SMOKE DETECTORS CLEANED AND TESTED, LOG MAINTAINED 6-99		✓		
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 (F2) NAME ~~CHARLES MACCANO~~ RUBINO ANTHONY NO. 61084561		✓		
2. SPRINKLER VALVE SEALED OPEN (SUMMONS IF CLOSED) 10-01		✓		
3. SPRINKLER SIAMESE SWIVEL ( ) UNOBSTRUCTED ( ) SIGN IF REQUIRED ( )		✓		
4. C OF F STANDPIPE (F4) NAME RUBINO ANTHONY NO. 6068 0659		✓		
5. STANDPIPE VALVES SEALED OPEN (COMBINATION) 10-01		✓		
6. STANDPIPE SIAMESE: SWIVELS ( ) UNOBSTRUCTED ( )		✓		
7. EXTINGUISHERS PROPERLY HUNG AND DISTRIBUTED		✓		
8. EXTINGUISHERS TAGGED: DATE OF LAST INSPECTION (7-99)		✓		
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. (ALL)				
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 _____

FIRE DEPARTMENT CITY OF NEW YORK - BUREAU OF FIRE PREVENTION

INSPECTION ORDER

[redacted]

DATE	ACCOUNT	TYPE	ALPHA PREFIX	D.O.	ADM CO	NO FEE ACT	SEE ATT. LIST	CURRENT PERMIT EXPIRES
04/15/98	89062269	14	B	36	H007	X		07/98

PLEASE INDICATE ANY OF THESE COLUMN CHANGES AT RIGHT → CHANGES CHANGES CHANGES CHANGES

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

CIO ☐ CIC ☐ CIMA ☐ CIN ☐

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

PREMISES ADDRESS	AKA ADDRESS
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	32	1	OFFICE BLDG ANNUAL INSPECTION	0

COMMENTS (CIC)

MOD CLASS E

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. Pestigacomo	DATE 07 / 13 / 98	INSPECTOR I.D. 100334	COMMENTS 150 MIN.
EXAMINER	AHC	DATE 07 / 20 / 98		
ENTRY CLERK		DATE		
AUDITOR		DATE		

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

M117-8 91-931449-8

HI-RISE UNIT OFFICE INSPECTION/SURVEY

DATE: 7-13- 1998

INSPECTOR: A. PRESTIGIACOMO

BUILDING PROFILE

ADDRESS 7 WORLD TRADE CENTER NO. OF STORIES 47 HT. IN FT. 618 TOTAL SQ. FT. 2,000,000 (48,000 EACH)

OWNER/AGENT 7 WORLD TRADE CO. C/O SILVERSTEIN PROPERTIES PREMISE TEL. NO. (212) 619-6569

CLASS "E" FACS; MANUFACTURER FIRECOM 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. 627/3938 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

	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 (6)		✓		
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) (✓) 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. (343) 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		✓		
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 (✓)		✓		

	N/A	YES	NO	SUMMONS/ NOV #
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 KW GENERATOR 6-28-98		✓		
9. MONTHLY RECORD OF STANDPIPE INSPECTION 6-28-98		✓		
G. FIRE PROTECTION SYSTEMS:				
1. C OF F SPRINKLER (✓) NAME BARONE AMEDEO 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 AMEDEO 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, L, B, →				
8. FLAMMABLES/COMBUSTIBLES PROPERLY STORED		✓		
a. LOCATION		✓		

REMARKS: —

NOV TOTAL	TOTAL ITEMS	SUMMONS TOTAL
—	—	—

INSPECTOR'S SIGNATURE [signature]

NYC 9/11 Public Portal Document

A-8 (9/83) 91-138-R25-0437

FIRE DEPARTMENT REFERRAL REPORT

Div.	Batt.	Co.	D.O.
1	1	E010	1

Date 07-13-98

Premises Location 7 WORLD TRADE CENTER Boro MANHATTAN Zip Code 10048

✓	Bldg. Owner
	Bldg. Agent
	Occupant

Name 7 WORLD TRADE COMPANY Type of Occupancy/Bldg. GROUP "B"

Mailing Address SAME AS ABOVE Boro — Zip Code —

ITEM NUMBER	FILL IN ITEM NO.	NATURE OF REFERRAL	ROOM/ FLOOR	LOCATION
1-E		(Defective/Improper) Electrical Wiring		
2-F		No Grease Filter or Extinguishing System		
3-F		No Sign Indicating Location of Fire Alarm Box		
4-F		Vacant Building Not Boarded Up		
5-B		Unenclosed Stairway		
6-B		No Certificate of Occupancy		
7-B		Unenclosed (Hoistway/Shaft)		
8-B	—	No Secondary Means of Egress	39TH FL.	AUDITORIUM-APPROX. 350
9-B		Defective (Cornice/Brickwork/Masonry)		PERSON OCCUPANCY
10-B		Hole in (Wall/Ceiling/Floor/Fire-stopping)		
11-B		Defective Chimney		
12-B		Structural Stability Affected		ABOVE NOTED AUDITORIUM
13-B		Boiler Room Not Enclosed F.O. Acct. No.		AREA HAS ONLY ONE
14-B		No Occupancy Sign Posted		MEANS OF EGRESS IN
15-B		No Floor Load Sign		THE UPPER REAR
16-B		Illegal Occupancy		PORTION OF SPACE.
17-B		No Protection for Metal Floor Supports		
18-B		Multiple Dwelling—More Than 8 Families—No Supt.		
19-B		Water Leak in Vicinity of Electrical Wiring		
72-F		No Fire Dept. Permit for Fuel Oil		
73-F		No Fire Dept. Permit for Diesel Oil—Emergency Generators		

NOTE: *Forward separate A-8 reports for Comb. items; Fire Prev. items; each Dept. concerned. If Combustible Violations are involved, please provide Account Number(s).*

Remarks: REFERRED TO DOB.

Found By—Signed [signature] Rank SUPV. APPT. Unit HRU

Initials of Officer on Duty

Company Commander _____ Rank _____ Unit _____ Date _____

FOR BUR. OF F.P. ONLY Referred to: Dept. _____ Date _____ Report No. _____

RETURN TO: FIRE DEPARTMENT—BUR. OF FIRE PREVENTION, 250 LIVINGSTON ST., BROOKLYN, N.Y. 11201

TO BE FILLED IN BY FIRE DEPT. INSPECTOR: Div. 1 Batt. 1 Co. E010 D.O. 1 Date 07-13-98

Owner, Agent or Occupant—Name _____ Premises Location _____

Disposition _____ Report No.

Signed _____ Dept. _____ Date _____

NYC-WTC_000168774

NYC 9/11 Public Portal Document

A-324 (7/84) 03-127

E DEPARTMENT, CITY OF NEW YORK • BU U OF FIRE PREVENTION

INSPECTION REPORT

ACCOUNT	ADM CO	START DATE	D.O.	TYPE
98108972		10/01/97	36	

OWNER NAME

7 WTC CO.

PREMISE ADDRESS

ADD INFO:
STREET NUMBER: 7 PREFIX →
TYPE → CTR SUFFIX →
STREET NAME: World Trade
ZIP CODE: 10048
BORO CODE → 01

BILLING ADDRESS

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

ENTER HERE IF OUT OF TOWN

STATE →
ZIP CODE →
PUT X IF NON-FEE AC

ALPHA PREFIX	INSPECTOR NAME	EXAMINER NAME	DATE
	Lanbay William	AK	10-02-97

	ITEM CODE	ITEM SUB-CODE	QTY	DESCRIPTION	FLOOR NO.
1	895	99	01	O/S Office Bldg.	
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

COMMENTS

O/S - Patrick Kinsella Pump

PUT SEE ATTA

STATUS - CHECK AND COMPLETE

	INSPECTION DATE	INSPECTOR - I.D.
☑ APPROVED FOR PERMIT	10/01/97	H0035/150
☐ VIOLATIONS REPORTED		
☐ NOT APPROVED WITH REASON		

ENTER CODE

NEXT INSPECTION SCHEDULED: DATE

AKA ADDRESS

STREET NUMBER
STREET NAME
PREFIX →
TYPE
SUFFIX

9/11 10/9/97

NYC-WTC_000168775

Instructions to Inspectors—All boxes on this form must have an answer. Answers with a "NO" answers to a "V" mand... 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 63191316 Inspector L. Williams

Name of Candidate Kasell Patrick (Print last name, first name) Office Address 7 WTC New York N.Y. 10001 Date of Examination 10-01-97

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 ☐			

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 ☐			
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 15 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 12 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: Shannon Lawless (NAME OF FLOOR WARDEN CONTACTED) 11 (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 ☐			
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 29. Number of incorrect answers is 0. Number of N/A answers is 7.

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): 2 Banks (Common Fire Scan)

Does candidate know location/type of:

A. Elevators with common shafts? 6Fl, 14Fl, 28, 37Fl 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? Cent. Ind/Hier 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? Gravity Yes ☑ No ☐ N/A ☐
G. Fire pump? 2 Yes ☑ No ☐ N/A ☐
H. Six (6) extra sprinkler heads and wrench? Engr. Office 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 Yes ___ No 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 ☐ Local on Deck

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

Does candidate know location/type of:

A. Risers and control valves? 47 B: 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 Sys Yes ☑ No ☐ N/A ☐
B. Dry Sys: Yes ☑ No ☐ N/A ☐
C. Procedure Yes ☑ No ☐ N/A ☐

TOTAL (11) 13 Yes ___ No 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 51. Number of incorrect answers is Ø. 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):

C. of F. Z 01 63192316 No. of On Site Tests 1

Candidate Name Patrick Kiuselli

Premise Address 7 World Trade Ctr New York NY. 10001

Social Security No. PII

Date of Examination 10-01-97

Total Number of Items Answered 89

Number of correct answers are 80 on this test. Number of incorrect answers are 0. Number of N/A answers are 9.

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.

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

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

Linda Nilli INSPECTOR 10-01-97 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.

SD-1 H/M (8/88) 2-870582-R25

NYC 9/11 Public Portal Document

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 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 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.
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 Herman B. Nelson	DATE 09/04/97	INSPECTOR I.D.	COMMENTS
EXAMINER	DATE	HO 030	
ENTRY CLERK 9.H	DATE 9/25/97	125 Min	
AUDITOR	DATE		

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

3:51

M117-8 91-831449-8

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. 2,800,000

OWNER/AGENT 7 World Trade Company PREMISE TEL. NO. (212) 619-6569

CLASS "E" FACS; MANUFACTURER Firecomm MODEL NO. 8500

APPROVED CENTRAL STATION ALARM CO. AFA # OF SMOKE DETECTORS 500

F.S.D. ON DUTY James Gorugan 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) 2-3/9-10/11-12/35-44

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 (7)		✓		
3. BUILDING EVACUATION SUPERVISOR (DESIGNATED AND TRAINED AS PER FSP) FSD on Duty 24 hours		✓		
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)	✓			Port Authority
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. (417) ELAPSED TIME (IN MINUTES) TO RECEIVE (4) 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 (✓)		✓		

	N/A	YES	NO	SUMMONS/ NOV #
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 Linstrom 4/99 NO. ~~62794995~~ 62274212		✓		
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. Linstrom 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 Norman B. Nelson

M117-S 91-031449-S

HI-RISE UNIT OFFICE INSPECTION/SURVEY

DATE: Nov 16 19 96

INSPECTOR: Wesley Barney

2525
2460
2462

BUILDING PROFILE

ADDRESS 7 World trade CTR NO. OF STORIES 47 HT. IN FT. 618 TOTAL SQ. FT. 48,000

OWNER/AGENT Silverstein Properties PREMISE TEL. NO. 619-6569

CLASS "E" FACS; MANUFACTURER Fire Comm MODEL NO. 850 O

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 -11-12-35-44 44-45

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)		X		
2. DEPUTY FSD(S) NO. CERTIFIED FOR PREMISE (7)		X		
3. BUILDING EVACUATION SUPERVISOR (DESIGNATED AND TRAINED AS PER FSP) 24 hrs 7 days week DFSD	X			
4. FIRE BRIGADE (PRESENT IN BUILDING AND TRAINED)		X		
B. CLASS "E" ALARM SYSTEM:				
1. INSTALLED (27-4267.1) ( ) MAINTAINED (27-4265) ( )			X	
2. IF 100' OR MORE, LETTER OF APPROVAL (FD ELEC. UNIT)			X	
C. ALARM TEST (NOTIFY BORO DISP. BEFORE TRANSMITTING ALARM):				
1. SYSTEM ON-LINE		X		
1441 IF OFF-LINE FOR APPROVED REASON:				
a. FIRE COMMAND STATION MANNED AT ALL TIMES				
b. LOG BOOK MAINTAINED		X		
2. FLOOR WARDEN PHONE OPERATIONAL (FL. NO. 23)		X		
3. P.A. SYSTEM AUDIBLE (FL. NO. 23)		X		
4. MANUAL ALARM TRANSMITTED TO BORO CENTRAL OFFICE DISP. NO. (3911) 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.		X		
5. F.S.D. PROFICIENT IN OPERATION OF F.A.C.S. SYSTEM O'Keffe Shawn		X		
D. FIRE SAFETY PLAN:				
1. APPROVED F.S.P.		X		
2. ALL SECTIONS CURRENT AND CORRECT		X		
3. COPY KEPT AT FCS		X		
4. COPY OF FLOOR PLANS ATTACHED TO FSP		X		
5. APPLICABLE PARTS OF FSP DISTRIBUTED TO TENANTS		X		
E. FIRE COMMAND STATION:				
1. ELEVATOR KEYS (6)		X		
2. WINDOW KEYS (12 IF APPLICABLE)	X			
3. LIST OF FLOOR WARDENS AND TELEPHONE NO.'s		X		
4. SYSTEM OF DAILY NOTIFICATION OF WARDENS		X		
5. COMMUNICATION FROM FCS TO: MER (✓) ELEV. MACH. ROOM (✓) TO REGULARLY ASSIGNED LOCATION OF FSD (✓)		X		

	N/A	YES	NO	SUMMONS/ NOV #
F. RECORDS:				
1. FIRE DRILLS CONDUCTED AND RECORDED (DATE OF LAST 6-14-95		X		
2. SMOKE DETECTORS CLEANED AND TESTED, LOG MAINTAINED 10-95		X		
3. ALARM LOG BOOK MAINTAINED CONSOLE		X		
4. MONTHLY TEST RECORD OF FIREMEN'S SERVICE ELEVATORS Otis		X		
5. MONTHLY TEST RECORD OF CLASS "E" F.A.C.S.		X		
6. MONTHLY TEST RECORD OF FIRE PUMPS (IF REQUIRED) 1st Floor		X		2/29/01 Vessel Hand Dock
7. MONTHLY TEST RECORD OF EMERGENCY GENERATOR (IF REQUIRED)	X	*		2/5/01 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 Charles McGee NO. 61481602		X		
2. SPRINKLER VALVE SEALED OPEN (SUMMONS IF CLOSED)		X		
3. SPRINKLER SIAMESE SWIVEL (✓) UNOBSTRUCTED (✓) SIGN IF REQUIRED ( )		X		
4. C OF F STANDPIPE ( ) NAME Charles McGee NO. 61481610		X		
5. STANDPIPE VALVES SEALED OPEN		X		
6. STANDPIPE SIAMESE: SWIVELS (✓) UNOBSTRUCTED (✓)		X		
7. EXTINGUISHERS PROPERLY HUNG AND DISTRIBUTED		X		
8. EXTINGUISHERS TAGGED: DATE OF LAST INSPECTION (10-27-95)		X		
H. SIGNS:				
1. ELEVATOR: LETTER DESIGNATION (C) FL. DIAGRAM (yes)		X		
"IN CASE OF FIRE USE STAIRS" (yes)		X		
2. STAIR: FLOOR NO. (25) LETTER DESIGNATION—OCCUPANCY SIDE (B) STAIR SIDE (B)		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	*			
2. ALL AREAS FREE OF RUBBISH S		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)		X		
(IF NO: APPROVED BY D.O.B. _____ CONNECTED TO CLASS "E"		X		
5. RE-ENTRY PROVIDED WHERE REQUIRED				
a. FAIL SAFE SYSTEM (✓) INDICATE FLS. (Thru-out Building		X		
6. IF SHAFTS PRESENT (i.e., ELEC. CLOSETS) ARE THEY FIRESTOPPED				
7. FLOOR WARDENS, DEPUTY WARDENS, AND SEARCHERS TRAINED		X		
a. FLOORS CHECKED (Charle McGee)				
8. FLAMMABLES/COMBUSTIBLES PROPERLY STORED		X		
a. LOCATION Burned tank — loading Dock — for Diesle Power				

Warden Phone

REMARKS: 40/41 spk Heads / * Burned installation should be tested continued soil

NOV TOTAL	TOTAL ITEMS	SUMMONS TOTAL

INSPECTOR'S SIGNATURE [signature]

Suppression system ①

FIRE CITY 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):

C. of F. Z 01 6277 4062 No. of On Site Tests 1

Candidate Name MARK A. TORRE

Premise Address 7 World Trade N.Y.C., N.Y. 10048

Social Security No. PII

Date of Examination 4-12-96

Total Number of Items Answered 86

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)

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 4-12-96

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.

SD-1 H/M (8/88) 2-870582-R25

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: HECTOR FERRERA

C. of F. Z 01 628172 18 No. of On Site Tests: 1

Premise Address: 1 World Trade NYC, N.Y., 10048

Social Security No.: PII

Date of Examination: 4-12-96

Total Number of Items Answered: 86

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

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.

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

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

INSPECTOR: [signature] DATE: 4-12-96

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.

SD-1 H/M (8/88) 2-570582-R25

NYC 9/11 Public Portal Document

A-324 (7/84)

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

INSPECTION REPORT

ACCOUNT	ADM CO	START DATE	D.O.	TYPE
81108972		04/12/96	36	

OWNER NAME

7 WORLD TRADE CENTER

PREMISE ADDRESS

ADD INFO:
STREET NUMBER: 7 PREFIX →
TYPE → CTR SUFFIX →
STREET NAME: WORLD TRADE
ZIP CODE: 10048
BORO CODE →

BILLING ADDRESS

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

ENTER HERE IF OUT OF TOWN

STATE →
ZIP CODE →

ALPHA PREFIX	INSPECTOR NAME	EXAMINER NAME	DATE
	Linda Williams		

	ITEM CODE	ITEM SUB-CODE	QTY	DESCRIPTION	FLOOR NO.
1	895	99	027	895 - Office - 44	
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

COMMENTS

STATUS - CHECK AND COMPLETE

	INSPECTION DATE	INSPECTOR - I.D.
[X] APPROVED FOR PERMIT	04/12/96	[illegible]
[ ] VIOLATIONS REPORTED		

[ ] NOT APPROVED WITH REASON _____

ENTER CODE

NEXT INSPECTION SCHEDULED: _____ *DATE*

AKA ADDRESS

STREET NUMBER
STREET NAME
PREFIX
TYPE
SUFFIX

ENTRY CLERK 9.H *DATE* 4/16/96 *AUDITOR* _____ *DATE* _____

INSPECTIONS

Date	Type	Status	Reason/Code	Next Inspection
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Instructions to Inspectors—All boxes on this form must have an answer. Answers with a "NO" answers to a "V" mandate 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 Lindsey Williams

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

NYC., N.Y. 10048

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 ☐			
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 ☐			
TOTAL (7)	16		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 12 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 19 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: STEVE WINNINGHAM (NAME OF FLOOR WARDEN CONTACTED) 25 (FLOOR CHOSEN) 264-6261 (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 _____. Number of incorrect answers is _____. Number of N/A answers is _____.

M25-14 16-870250-3-R25-P

(14-21)(23) T/L (28-31)(36)
(4-13)(15) T/L
(22-23)(32) P/

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 ☐	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 ☐	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)	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? 3 car p/shaft Yes ☑ No ☐ N/A ☐
B. Elevator machinery room? 9 - 14-21(22) 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? 1st floor 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? 1st + B Yes ☑ No ☐ N/A ☐
C. Street fire alarm box? Yes ☑ No ☐ N/A ☐

TOTAL (22) 21 Yes ___ No 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? B. Stairwell 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): (14, 35, 44)
A. Halon + Protection Yes ☑ No ☐ N/A ☐
B. Ansul, ATRIUM (3) Yes ☑ No ☐ N/A ☐
C. STORES Yes ☐ No ☐ N/A ☐

TOTAL (11) 10 Yes ___ No 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 _____. Number of incorrect answers is _____. Number of N/A answers is _____.

Instructions to Inspectors—All boxes on this form must have an answer. Answers with a "NO" answers to a "V" mandate 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 62774062 Inspector Lindsay Williams

Name of Candidate TORRE MARK (Print last name, first name) Office Address 7 World Trade NYC, NY 10038 Date of Examination 4-12-86

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 ☐			
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 11 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 18 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: LENNY ROBUSTO (NAME OF FLOOR WARDEN CONTACTED) 21 (FLOOR CHOSEN) 553-8733 (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 _____. Number of incorrect answers is _____. Number of N/A answers is _____.

M25-14 16-870250-3-R25-P

: **Candidate**

Instructions to Inspector—If any asterisk (*) items are marked "NO", terminate the test immediately. See Section VIII for further information:

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:

	YES	NO	N/A
*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	1	
*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 ☐	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 ☐	2	1	
*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)	13	4	

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 Yes ___ No 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: 14, 35, 44

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. Halon, Deluge Yes ☑ No ☐ N/A ☐
B. Dorsal, ATRIUM (3) Yes ☑ No ☐ N/A ☐
C. STORAGE, Yes ☐ No ☐ N/A ☐

TOTAL (11) 10 Yes ___ No 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 _____ . Number of incorrect answers is _____ . Number of N/A answers is _____ .

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

INSPECTION REPORT

ACCOUNT	ADM CO	START DATE	D.O.	TYPE
881089772		02/01/95	36	

OWNER NAME

7 World Trade Ctr

PREMISE ADDRESS

D INFO
REET NUMBER 7 PREFIX → STREET NAME WTC
TYPE → SUFFIX → ZIP CODE BORO CODE →

BILLING ADDRESS

D INFO
REET 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
	W. Barney		

	ITEM CODE	ITEM SUB-CODE	QTY	DESCRIPTION	FLOOR NO.
1	895	99	01	O/S office Hiring	
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

COMMENTS

Robert Hawkins

PUT X IF SEE ATTACHED LIST

STATUS - CHECK AND COMPLETE

- [x] APPROVED FOR PERMIT
- [ ] VIOLATIONS REPORTED
- [ ] NOT APPROVED WITH REASON _____

INSPECTION DATE: 12/01/95

INSPECTOR - I.D.: #0039

ENTER CODE

NEXT INSPECTION SCHEDULED: _____ DATE

AKA ADDRESS

REET NUMBER PREFIX →
REET NAME TYPE → SUFFIX →

ITRY ERK 9-11 DATE 12/5/95 AUDITOR _____ DATE _____

INSPECTIONS

Date	Type	Status	Reason/Code	Next Inspection
/ /				/ /
/ /				/ /
/ /				/ /
/ /				/ /
/ /				/ /
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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

80

Z 01 628/7093 Inspector W. Barney

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

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 13 Fl (FLOOR). No Sign Elevator			
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	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)	6	1	
III. b. Building Inspection—Signs and Charts—Choose one floor for the general floor inspection 11 (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: Jackie Calabrese (NAME OF FLOOR WARDEN CONTACTED) 13th (FLOOR CHOSEN) 962-3900 (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)**			0

Number of correct answers in this section is 34. Number of incorrect answers is 7. Number of N/A answers is 1.

M25-14 16-870250-3-R25-P

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? 1st Floor 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: High comp 14FL-4th 41, 45

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? 5th FL 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? 1st Floor 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)? 7-10-11-12 42-43 Yes ☒ No ☐ N/A ☐

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

A. White Stripe Yes ☒ No ☐ N/A ☐
B. ___ Yes ☐ No ☐ N/A ☐
C. ___ Yes ☐ No ☐ N/A ☐

TOTAL (11) 7 Yes 1 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 40. Number of incorrect answers is 1. Number of N/A answers is 3.

Section D: **[redacted]E S[redacted]ETY DIRECTOR ON SITE EXAMIN[redacted]-OFFICE**

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):

C. of F. Z 01 6281709 3 No. of On Site Tests

Candidate Name X ROBERT HAWKINS

Premise Address X 7 WORLD TRADE CENTER X NEW YORK NY 10048

Social Security No. X PII

Date of Examination X 12/1/95

Total Number of Items Answered 89

Number of correct answers are 80 on this test. Number of incorrect answers are 2. Number of N/A answers are 4.

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.

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

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

INSPECTOR — DATE 12-1-95

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.

D-1 H/M (8/88) 2-870582-R25

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

4 **INSPECTION ORDER**

DATE	ACCOUNT	TYPE	ALPHA PREFIX	D.O.	ADM CO	NO FEE ACT	SEE ATT. LIST	CURRENT PERMIT EXP
03/31/95	89062269	14	B	36	H011	X		11/95

PLEASE INDICATE ANY OF THESE COLUMN CHANGES AT RIGHT → CHANGES CHANGES CHANGES CHANGES

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

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

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

BILLLING 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)

Corrigan James FSD

ITEMS TO BE ADDED OR DELECTED (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		DATE 11/16/95	*INSPECTOR I.D.*	*COMMENTS*
EXAMINER		DATE	H0039	
ENTRY CLERK	9.H	DATE 11/17/95		
AUDITOR		DATE		

SECOND INSPECTION

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

NYC 9/11 Public Portal Document

M117-8 91-031440-8

[redacted]RISE UNIT OFFICE INSPECTION/SU[redacted]

DATE: Nov. 29 19[redacted]

INSPECTOR: Lt. O'Doherty

BUILDING PROFILE

ADDRESS 7 World Trade NO. OF STORIES 47 HT. IN FT. 618 TOTAL SQ. FT. 2MM

OWNER/AGENT Silverstein Properties PHONE TEL. NO.

CLASS "E" FACS; MANUFACTURER Fire Comm 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) 2-3 11-17 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 (5)		✓		
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) ( ) MAINTAINED (27-4265) ( )		✓		
2. IF 100' OR MORE, LETTER OF APPROVAL (FD ELEC. UNIT)	✓	Port Authority		
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. 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		✓		
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 ( )		✓		

	N/A	YES	NO	SUMMONS/ NOV #
F. RECORDS:				
1. FIRE DRILLS CONDUCTED AND RECORDED (DATE OF LAST 6-94)		✓		
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 K. Rasmussen NO. 6110055 75		✓		
2. SPRINKLER VALVE SEALED OPEN (SUMMONS IF CLOSED)		✓		
3. SPRINKLER SIAMESE SWIVEL ( ) UNOBSTRUCTED ( ) SIGN IF REQUIRED ( )		✓		
4. C OF F STANDPIPE ( ) NAME KEVIN RASMUSSEN NO. 6 04 95 39		✓		
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 ( )			✓	8
"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 (8/1/12)				
8. FLAMMABLES/COMBUSTIBLES PROPERLY STORED		✓		
a. LOCATION Fire-Safety PLAN)				

REMARKS: * Updating A list of Elevators in tenant space which have Sky lobbys & Access floors
Holding AREA 92 10 FLOOR Secret Service

NOV TOTAL	TOTAL ITEMS	SUMMONS TOTAL
1	2	

INSPECTOR'S SIGNATURE _____

NYC 9/11 Public Portal Document

A-324 (7/84) 03-

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

INSPECTION REPORT

ACCOUNT	ADM CO	START DATE	D.O.	TYPE
881089972		03/16/95	36	

OWNER NAME

PORT OF N.Y. & N.J. AUTHORITY

PREMISE ADDRESS

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

BILLING ADDRESS

D INFO: C/O SILVERSTEIN PROPERTIES
REET NUMBER: 7 PREFIX →
TYPE → SUFFIX →
STREET NAME: WORLD TRADE CENTER
ZIP CODE: 10048 BORO CODE → 1

ENTER HERE IF OUT OF TOWN

STATE →
ZIP CODE →
PUT X IF NON FEE ACCT

ALPHA PREFIX	INSPECTOR NAME	EXAMINER NAME	DATE
B	A. KORNEMUND, JR.		

ITEM CODE	ITEM SUB-CODE	QTY	DESCRIPTION	FLOOR NO.
1 895	99	01	OIS-OFFICE > 100	
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

COMMENTS

ON-SITE-PASSED; NO VIOLATIONS ISSUED.

PUT X IF SEE ATTACHED LIST

STATUS - CHECK AND COMPLETE

☑ APPROVED FOR PERMIT
☐ VIOLATIONS REPORTED
☐ NOT APPROVED WITH REASON

ENTER CODE

INSPECTION DATE	INSPECTOR - I.D.
03/16/95	H00371 150

NEXT INSPECTION SCHEDULED: DATE

AKA ADDRESS

REET NUMBER
REET NAME
PREFIX →
TYPE →
SUFFIX →

ITRY ERK J.H. DATE 3/17/95 AUDITOR DATE

INSPECTIONS

Date	Type	Status	Reason/Code	Next Inspection
/ /				/ /
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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 02575188 Inspector KORNEMUND

Name of Candidate CORRIGAN, JAMES J (Print last name, first name) Office Address 7 WORLD TRADE CENTER NYC, NY 10048 Date of Examination 03-16-95

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 ☐			

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: 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	Ø	Ø
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 34 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	Ø	Ø
III. b. Building Inspection—Signs and Charts—Choose one floor for the general floor inspection 7 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	Ø	Ø
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: COLLINS, JEREMIAH (NAME OF FLOOR WARDEN CONTACTED) 34 (FLOOR CHOSEN) 783-5512 (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 36. Number of incorrect answers is Ø. Number of N/A answers is Ø.

: **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	ϕ	ϕ

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 Yes ϕ No 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. PUBLIC ASSEMBLY ROOMS Yes ☑ No ☐ N/A ☐
- B. ATRIUM 3 STORIES Yes ☑ No ☐ N/A ☐
- C. FLOORS 9 & 10 U.S. SECRET SERVICE, ARMOR INSTALLED WALLS Yes ☑ No ☐ N/A ☐

TOTAL (11) 13 Yes ϕ No 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 50. Number of incorrect answers is ϕ. Number of N/A answers is 3.

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):

C. of F. Z 01 62575188 No. of On Site Tests 1

Candidate Name CORRIGAN, JAMES J.

Premise Address 7 WORLD TRADE CENTER NEW YORK, NY 10048

Social Security No. PII

Date of Examination 03-16-95

Total Number of Items Answered 89

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

Summary of Results:

A. PASSED ✓ (CHECK) or B. FAILED—(reason) NA

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:

NONE

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

INSPECTOR — DATE 03-16-95

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.

SD-1 H/M (8/88) 2-870582-R25

Address 7 WORLD TRADE CENTER Co.Dist. E10

Date of B 1

Ht. Ft. 615' 7 Stories 47 Area _____ Constr. D 1

Owner/Agent _____

Address _____

Variance _____
YES OR NO

	RECEIVED	APPROVED	DISAPPROVED
FIRE SAFETY PLAN		4-15-85	

FIRE SAFETY DIRECTOR

Number required for building _____

Number of school graduates _____

BRIAN OSTROWSKI 11-29-94
Michael Lee

F S D NAMES	DATE OF O/S
RIVERA	5/5/90
RASMUSSEN	5/5/90
~~MICHAEL~~ ROGERS	3/18/91
WEINERT, KEN	10-22-91
~~RERSAUD, MIKESH~~	10-22-91
O'KEEFFE, SEAN	10-22-91
PRIMO REVELDEZ	6/22/92
STEFAN NATHAN	6/22/92
John Lindstrom	3/23/93
CORRIGAN, JAMES	03-16-95

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

NYC 9/11 Public Portal Document

4/19/88 O/S REMANDS RUBINO KLASTER KASSAN PASSED L+BASS

10-6-88 A/I + O/S C. MILLICK passed LT Bruno

Lt Pupino 11/28/89 A/I NOV 10054984 OSY NOV 10241375

5/8/90 O/S Lt DeLuca RASMUSSEN RIVERA

12/27/90 A/I Lt Iandolo

3/18/91 D/S Lt O'Doherty NOV 10144034L

10-22-91 O/S Lt DeLider Wenert, Shuffe Persaud

6/22/92 2 O/S LT Bruno

12/22/92 A1 LT DeLuca

3/23/93 DS Lt. O'Doherty

12-18-93 Marble A/I + O/S GORDON OK

2-23-93 KNITS O/S BASTE passed

11-29-94 O'Doherty A1/2 OS Stroski 1/2 passed NOV

03-16-95 O/S A. KOUNOUMOUS JR. O/S PASSED CORRIGAN

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

Co. Dist. _____

Height

Address Ft. Stry. Area Occupancy

NYC-WTC_000168809

For E.U. Use Only: FPIMS Date 12 22 94 Initials _____
Agency Code No. ____

FPIMS Account No. ____ Unit: HQ/DO 316 ADMIN. CO ____ C.B. # ____ UNIT PHONE # ____

ENVIRONMENTAL CONTROL BOARD CITY OF NEW YORK | **NOTICE OF VIOLATION AND HEARING** | **VIOLATION NO.** 10328047 R

CURED

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 TRADE 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 ____ (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/Trans[illegible]) ____ (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/Instr[illegible]s) for Lost Elevator at Sign/Diagram 7-8 Floors (LOCATION) as required.

☐ **Rule 7 Labels/Marks/Stamps** — Failed to provide (Labels/Marks/Stamps) for ____ 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 ITEM) at ____ (LOCATION) or provide affadavit 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 ____ (SIGNATORY) as required.

☐ **Rule 20 Test/Inspe[illegible]** — Failed to co[illegible]uct required (equipment/system) (test/inspection) of ____ (SPECIFY) as required.

☐ **Rule 21 Containers** — Failed to provide approved containers for ____ (SPECIFY) as required.

☐ **Rule 22 Tanks/Sup[illegible]s** — Failed to (p[illegible]de/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) ____ (TYPE) (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: Update Fire Safety Plan Include

☐ **Repeat Violation (§15-229)** — Failed to correct Rule(s) ____ (SPECIFY) 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** ____ (SPECIFY SECTION) **Describe offense below.**

Description of Violation: All Access stairs, All tenants special elevators include Elevator Banks Sky Lobby Floor Locations

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 22 94 Time: ____ a.m./p.m.

INSPECTOR'S SIGNATURE L. G. O'Doherty

Inspector's Tax Registry Number PII

PRINT NAME L. G. O'Doherty

M25-19 H1-912711-11-112

AFFIDAVIT (CERTIFICATE) OF SERVICE (COMPLETE REVERSE SIDE)

ECB COPY

AFFIDAVIT (CERTIFICATE*) OF SERVICE

te of New York County of NEW YORK ss

[redacted] sworn* deposes and says That deponent is not a party to the action and is over 18 years of age; That on NOV 94 at ___ AM/PM at 7 WORLD TRADE CENTER deponent served the within Notice of Violation and ing on the respondent named herein.

ndividual: **Personal Service**

☐ by delivering a true copy to said respondent personally.

ndividual: **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.*

rporation

by delivering a true copy to _____ (NAME) _____ (POSITION) 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)

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 house.
2. ☐ 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 present.

Thereupon I delivered a copy of the herein Notice of Violation to Michael Lee (NAME) ESD (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: _____

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

ent describes the individual served as follows.

e	☒ White Skin	Black Hair	14-20	Under 5'	Under 100 lbs
ale	Black Skin	Brown Hair	21-35	5'0"-5'3"	100-130
	Yellow Skin	lond 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			

entifying characteristics _____

[redacted] (SIGNATURE)

[redacted] (PRINT NAME)

PII

(NUMBER)

e before me on 12-7 19 94

[redacted] SIGNATURE OF CERTIFYING OFFICER

sworn, this statement shall constitute a certificate of service.

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

INSPECTION REPORT

O/S

ACCOUNT	ADM CO	START DATE	D.O.	TYPE
8810897		12/02/88	36	

OWNER NAME

SILVERSTEIN PROPERTIES

PREMISE ADDRESS

ADD INFO:
STREET NUMBER: 7 PREFIX →
TYPE → ST SUFFIX →
STREET NAME: WORLD TRADE CENTER
ZIP CODE: 10048 BORO CODE →

BILLING ADDRESS

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

ENTER HERE IF OUT OF TOWN

STATE →
ZIP CODE →
PUT X IF NON-FEE ACCT

ALPHA PREFIXES	INSPECTOR NAME	EXAMINER NAME	DATE
	LT. LAVELLE		

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

COMMENTS

PHILLIPS, JAMES A PASSEN

PUT X IF SEE ATTACHED LIST

STATUS - CHECK AND COMPLETE

	INSPECTION DATE	INSPECTOR - I.D.
[X] APPROVED FOR PERMIT	12/02/88	H0003/150
[ ] VIOLATIONS REPORTED		

[ ] NOT APPROVED WITH REASON _____

ENTER CODE

NEXT INSPECTION SCHEDULED: _____ DATE

AKA ADDRESS

STREET NUMBER
STREET NAME
PREFIX →
TYPE →
SUFFIX →

ENTRY CLERK _____ DATE 12/6/88 AUDITOR _____ DATE _____

INSPECTIONS

Date	Type	Status	Reason/Code	Next Inspection
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Section D:

FIRE SAF[illegible] DIRECTOR ON SITE EXAMINATION—OFF[illegible]

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)

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 12/2/08

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.

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 McManus Edward

Office Address 7 World Trade Center

Social Security No. PII

Date of Examination 4/19/88

Total Number of Items Answered 89

Number of correct answers are 89 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)

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.

Robert T Rose — INSPECTOR — 4/19/88 — 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.

Check mailed 12/28/88 (PB) - Returned

1-4-89 - Spoke to Bill Kessner at 212 619 6569
He will mail 5.00 ok for both McManus + Rubino

Need $5.00 Check

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)

_____ 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.

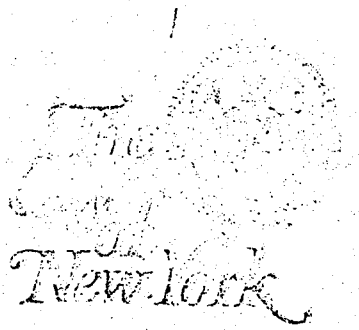
_____ INSPECTOR _____ DATE

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.

F25 60350675 for 19 Rector St NY. 18s. 11/19/85 Exp. 11/18/88

NYC 9/11 Public Portal Document



FIRE DEPARTMENT

BUREAU OF FIRE PREVENTION

February 17, 1989

Mr. Irving Small
The Port Authority of
New York and New Jersey
One World Trade Center
New York, NY 10048

Re: Conditions at Seven World Trade Center creating fire safety problems

Dear Mr. Small:

On February 16, 1989 the above premises was inspected by a member of this Department due to the report of illegal storage and use of propane on the 41 floor. At that time he observed no storage or use of propane, but was told by a worker that propane cylinders had been stored and used at this site and that the propane had just been removed.

While the above noted premises is not compelled by law to comply with the regulations of this department reguarding the use and storage of propane it is recommended that in the interest of life safety no propane be utilized or stored in any occupied structure in cylinders in excess of 1 lb.

Enclosed for your edification and guidance are copies of N.Y.C. regulations pertaining to the use and storage of propane.

Thank you for your cooperation in this matter.

Very truly yours,

John J. Toohey
Assistant Bureau Chief

JJT/JO'B/yj

SAVE WATER SMOKE DETECTORS SAVE LIVES SAVE WATER

NYC-WTC_000168817

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 (Print last name, first name) Office Address 7 WORLD TRADE CT NEW YORK, N.Y. 10048 Date of Examination 12/2/88

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 ☐			
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	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 12 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 11 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: ~~EVETTE WEINBERG~~ ROSEANNE DEVINS (NAME OF FLOOR WARDEN CONTACTED) 10 (FLOOR CHOSEN) ~~3958~~ 3873 (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 ☐ 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 33 Number of incorrect answers is _____. Number of N/A answers is 3.

25-14 16-870250-3-R25-P

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 PA. 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:

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

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

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

Sprinkler System (Page 14 Q 11) of F.S. Guidelines:
Does candidate know location/type of:

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

Alarm System:
Does candidate know location/type of:

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

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:

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

Standpipe systems (P. 14, Q. 10) of F.S. Guidelines:
Does candidate know location/type of:

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

Stairways (P. 13, Q. 5) of F.S. Guidelines:
Does candidate know location/type of:

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

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

	Yes	No	N/A
A. _____	☐	☐	☐
B. _____	☐	☐	☐
C. _____	☐	☐	☐

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):

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)

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.

NYC 9/11 Public Portal Document

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	✓		FULLY (circled) 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

NYC-WTC_000168821

NYC 9/11 Public Portal Document

The City of New York

FIRE 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 G. Bruno Hi Rise Unit

Fire Safety Dir.: William Kesner

Type Alarm: Manual

Alarm Co.: AFA

Dispatcher #:

Bldg 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

NYC-WTC_000168822

Instructions to Inspectors—All boxes in this form must have an answer. Answers in 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 G. R. G. Bruno

Name of Candidate CHRISTOPHER MILLERICK (Print last name, first name) Office Address 7 WTC NY NY 10048 Date of Examination 10-6-88

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 ☐			
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 10TH 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 12TH 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: Geoffrey Lewis (NAME OF FLOOR WARDEN CONTACTED) 11TH (FLOOR CHOSEN) 4746 (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 35. Number of incorrect answers is —. Number of N/A answers is 1.

25-14 16-870250-3-R25-P

: **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:

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

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

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

Sprinkler System (Page 14 Q 11) of F.S. Guidelines:
Does candidate know location/type of:

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

Alarm System:
Does candidate know location/type of:

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

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:

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

Standpipe systems (P. 14, Q. 10) of F.S. Guidelines:
Does candidate know location/type of:

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

Stairways (P. 13, Q. 5) of F.S. Guidelines:
Does candidate know location/type of:

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

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

	Yes	No	N/A
A. ATRIUM	☑	☐	☐
B.	☐	☐	☐
C.	☐	☐	☐

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 3 .

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

Z 01 _____ Inspector Lt. Bass

Name of Candidate KASTNER RICHARD (Print last name, first name) Office Address 7 World Trade Center Date of Examination 4/14/88

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:	3		
*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 ☐			

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	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 11 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 12 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: Curtis Dunlap (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 ☐			
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 _____.

V25-14 16-870250-3-R25-P

: 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	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:

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

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

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

Sprinkler System (Page 14 Q 11) of F.S. Guidelines:
Does candidate know location/type of:

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

Alarm System:
Does candidate know location/type of:

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

TOTAL (22) 22 Yes / 0 No / 0 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:

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

Standpipe systems (P. 14, Q. 10) of F.S. Guidelines:
Does candidate know location/type of:

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

Stairways (P. 13, Q. 5) of F.S. Guidelines:
Does candidate know location/type of:

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

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

	Yes	No	N/A
A. _____	☑	☐	☐
B. _____	☑	☐	☐
C. _____	☑	☐	☐

TOTAL (11) 11 Yes / 0 No / 0 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 _____.

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. Boss

Name of Candidate KESSNER WILLIAM (Print last name, first name) Office Address World Trade Center Date of Examination 4/19/88

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:	3		
*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 ☐			

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 ☐	3		
v. G. Building current in actual Fire Drills? (*if over 3 months) Yes ☑ No ☐			
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 10 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 11 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: Winling (NAME OF FLOOR WARDEN CONTACTED) 10 (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 ☐			
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	-0	0
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 _____.

M25-14 16-870250-3-R25-P

: **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 PA. 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:

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

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

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

Sprinkler System (Page 14 Q 11) of F.S. Guidelines:
Does candidate know location/type of:

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

Alarm System:
Does candidate know location/type of:

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

TOTAL (22) 22 (Yes) 0 (No) 0 (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:

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

Standpipe systems (P. 14, Q. 10) of F.S. Guidelines:
Does candidate know location/type of:

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

Stairways (P. 13, Q. 5) of F.S. Guidelines:
Does candidate know location/type of:

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

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

	Yes	No	N/A
A. _____	☑	☑	☐
B. _____	☑	☑	☐
C. _____	☑	☐	☐

TOTAL (11) 11 (Yes) 0 (No) 0 (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):

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

Candidate Name Tony Rubino

Office Address 7 World Trade Center

Social Security No. PII

Date of Examination 4/17/88

Total Number of Items Answered 89

Number of correct answers are 89 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)

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.

Lt Ronald T Boes — INSPECTOR — 4/17/88 — 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.

NYC-WTC_000168830

NYC 9/11 Public Portal Document

HI-RISE BUILDING UNIT
DIVISION OF FIRE PREVENTION

Date 4/20/88

To: Company Commander

Unit: HI-RISE UNIT
Tel. 403-1420

From: Lt Bass

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 Ralph 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)

_____ CANDICATE _____ 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. 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. Bass

Name of Candidate TONY RUBINO (Print last name, first name) Office Address World Trade Center Date of Examination 4/19/88

	YES	NO	N/A
Instructions to Inspectors—If any asterisk (*) items are marked "NO", terminate the test immediately. See Section VIII for further information.			
I. Physical Requirements—Does candidate have ability to:	3		
*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 ☐			

II. 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 ☐			
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 9 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 10 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: Curtis Wenley (NAME OF FLOOR WARDEN CONTACTED) 10th (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 ☐			
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	0	
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 _____.

M25-14 16-870250-3-R25-P

: 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	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:

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

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

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

Sprinkler System (Page 14 Q 11) of F.S. Guidelines:
Does candidate know location/type of:

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

Alarm System:
Does candidate know location/type of:

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

TOTAL (22) 22 Yes 0 No 0 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:

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

Standpipe systems (P. 14, Q. 10) of F.S. Guidelines:
Does candidate know location/type of:

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

Stairways (P. 13, Q. 5) of F.S. Guidelines:
Does candidate know location/type of:

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

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

	Yes	No	N/A
A.	☑	☐	☐
B.	☑	☐	☐
C.	☑	☐	☐

TOTAL (11) 11 Yes 0 No 0 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 _____.

NYC 9/11 Public Portal Document

BUILDING PROFILE

BUILDING ADDRESS 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 Fire Cor 8500
SPRINKLER	✓		FULLY (circled) PARTIAL
STANDPIPE	✓		STAIRWAY A + B
SPECIAL EXTING. SYSTEMS		✓	
STAIR PRESS.		✓	
FIREMENS SVC.	✓		
CENTRAL A/C		✓	Package Unit
ACCESS STAIRS	✓		FLOORS SERVED 11-12 (circled) INFO IN FSP
MAIL CONVEYORS		✓	
ADDITIONAL INFO		✓	

Burr

INSPECTOR

NYC-WTC_000168834

Con ED WASH + BARCLAY

Grand St Substation 1st Fl of Building

Con Ed Vault Transformer 5 Fl

11,000
11,000 } fuel on loading Dock Diesel

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 H Bass

Name of Candidate McNamara, ED (Print last name, first name) Office Address 7 World Trade Center Date of Examination 4/19/98

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:	3		
*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 ☐			

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	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 12 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 11 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: Everett Weinberg (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 ☐			
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)**	11		

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

M25-14 16-870250-3-R25-P

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	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:

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

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

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

Sprinkler System (Page 14 Q 11) of F.S. Guidelines:
Does candidate know location/type of:

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

Alarm System:
Does candidate know location/type of:

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

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:

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

Standpipe systems (P. 14, Q. 10) of F.S. Guidelines:
Does candidate know location/type of:

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

Stairways (P. 13, Q. 5) of F.S. Guidelines:
Does candidate know location/type of:

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

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

	Yes	No	N/A
A. _____	☑	☐	☐
B. _____	☑	☐	☐
C. _____	☑	☐	☐

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):

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

Candidate Name [illegible] Office Address [illegible]

Social Security No. PII

Date of Examination 4/12/08 Total Number of Items Answered 89

Number of correct answers are 81 on this test. Number of incorrect answers are 8. Number of N/A answers are 4.

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.

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

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

[illegible] INSPECTOR 4/12/08 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.

NYC 9/11 Public Portal Document

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

NYC-WTC_000168839

NYC 9/11 Public Portal Document

Hi-Rise

NEW YORK FIRE DEPARTMENT

CHIEF OF DEPARTMENT

1988 APR 11 A 9:12
BUREAU OF FIRE PREVENTION
REPORT CONTROL UNIT

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.

Homer S. Rissler

ACT. CHIEF OF DEPARTMENT

AJK:mcb

NYC-WTC_000168840

NYC 9/11 Public Portal Document

7 World Trade [redacted]

NYC-WTC_000168841

12/28/94

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

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

VIOLATION NOTICE AND HEARING — Violation No. 10328047 R

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 Trade

Type Center 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 ___

CURED

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 ___ 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 appears 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
☐ [redacted] buckets filled with (sand/water) and/or [redacted] (NUMBER) (LOCATION) as required.

Rule 2
☐ [redacted] approved receptacles for waste at [redacted] 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 Lgt Elevator at Sky Lobby 2 & 3 Floors (LOCATION) as required.

Rule 7 Labels/Marks/Stamps
☐ Failed to provide (Labels/Marks/Stamps) for ___ 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 ITEM) at ___ (LOCATION) or provide affadavit 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 co[illegible] 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 (pr[illegible]/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) ___ (TYPE) (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: Upgrade Fire Safety Include

Repeat Violation (§15-229)
☐ Failed to correct Rule(s) ___ (SPECIFY) 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** ___ (SPECIFY SECTION) **Describe offense below.**

Description of Violation: All Access stairs, All tenants special elevators include Elevator Banks Sky Lobby 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 L. O'Doherty

PRINT NAME L. O'Doherty

Inspector's Tax Registry Number PII

M25-19 H1-912711-11-112

CERTIFICATE OF CORRECTION (COMPLETE REVERSE SIDE)

CERTIFICATE OF CORRECTION

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

I MICHAEL J. LEE (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 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.

Michael J. Lee
SIGNATURE

(Sign only before a notary)

TO BE COMPLETED BY NOTARY

County of NEW YORK — Registration Number [redacted] SEAL

Sworn to before me this 1st day of December 1994 — Notary Number [redacted]

Signature of Notary Barbara L. Scott — Commission Expires 4/30/[redacted] 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 [illegible]000 nor more than $5,000 and/or up to [illegible] 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 your 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) 858-1305
- ★ 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

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

4

INSPECTION ORDER

DATE	ACCOUNT	TYPE	ALPHA PREFIX	D.O.	ADM CD	NO FEE NOT		CURRENT PERMIT EXPIRY
08/17/94	89062269	14	B	36	H011	X		11/94

PLEASE INDICATE ANY OF THESE COLUMN CHANGES AT RIGHT → CHANGES CHANGES CHANGES CHANGES

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

CIO ☐ CIC ☐ CIMA ☐ CIN ☐

INSPECTION TYPE 1

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

PREMISES ADDRESS	ALT 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)

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

		DATE	INSPECTOR I.D.	COMMENTS
INSPECTOR	H. O'Doherty	11 29 94	#25	
EXAMINER				
ENTRY CLERK		11 30 94		
AUDITOR				

SECOND INSPECTION

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

A-324 (7/84) 03-1 2

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

INSPECTION REPORT

ACCOUNT	ADM CO	START DATE	D.O.	TYPE
881089172		/ /		

OWNER NAME

PREMISE ADDRESS

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

BILLING ADDRESS

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

MPRS PREFIX	INSPECTOR NAME	EXAMINER NAME	DATE

ITEM CODE	ITEM SUB-CODE	QTY	DESCRIPTION	FLOOR NO.
875	29	1		
2				
3				
4				
5				
6				
7				
8				
9				
0				
1				
2				

COMMENTS

PUT X IF SEE ATTACHED LIST

STATUS - CHECK AND COMPLETE

☐ APPROVED FOR PERMIT
☐ VIOLATIONS REPORTED
☐ NOT APPROVED WITH REASON

INSPECTION DATE: 11/29/99
INSPECTOR - I.D.:

ENTER CODE

NEXT INSPECTION SCHEDULED: _____ DATE

AKA ADDRESS

STREET NUMBER — PREFIX →
STREET NAME — TYPE → — SUFFIX →

RY
RK 9.H DATE 11/30/96 AUDITOR DATE

INSPECTIONS

Date	Type	Status	Reason/Code	Next Inspection
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NYC 9/11 Public Portal Document

ERSTEIN PERTIES

REQUISITION

N.# 025	BUILDING NUMBER 007	BUILDING NAME 7 WORLD TRADE CENTER	
ENDOR NUMBER	VENDOR NAME SPECIALTY SIGNS	ACCOUNT NUMBER 675	EXT. CODE

PURCHASE ORDER ___ OR CONFIRMATION OF PURCHASE ___ (INDICATE PURCHASE ORDER NUMBER ___)

PROJECT NUMBER ___ | PROJECT CHANGE ORDER | AIA CONTRACT DATE ___ / ___ / ___

RETAINAGE PERCENTAGE ___.___ %

CAPITAL IMPROVEMENT ___ OR LEASE OBLIGATION ___ TENANT OR WORK ___ (TRIS # ___) | IS THIS ORDER TAX EXEMPT YES ☐ NO ☐ | IF YES, ATTACH COPY OF CAPITAL IMPROVEMENT FORM

VENDOR JOB # | VENDOR INVOICE # | DELIVERY DATE ___ / ___ / ___

GENERAL DESCRIPTION SIGNS | SPACE DESCRIPTION 7 WTC

ITEM #	QUANTITY	ITEM DESCRIPTION (40 CHARACTERS PER LINE)	UNIT PRICE	AMOUNT
.	100	3/8" THICK ALUMINUM SIGNS	$8.50	$850.00
		(EXISTING SIGNS TO BE STRIPPED AND REPAINTED)		
		- NO RE-ENTRY FROM THIS STAIR EXCEPT		
		DURING FIRE EMERGENCY		

REQUISITIONED BY Cynthia Rice

APPROVED BY

SUB TOTAL I	$850.00
LESS DISC.	
PLUS FREIGHT CHG.	
SUB TOTAL II	$850.00
SALES TAX	$ 70.13
TOTAL AMOUNT	$920.13

PURCHASING COPY

NYC-WTC_000168848

Corrected late

G.C. 3/9/94

For E.U. Use Only: FPIMS Date 1/20/94 Initial
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.** 10265656 R

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 TRADE CENTER

Type Suffix Zip Code – 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 718-403-1372] by close of business on 1/24/94. 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 Smoking except during Fire or emergency at Occupancy Side of all stairs (LOCATION) as required.

☐ **Rule 7 Labels/Marks/Stamps** Failed to provide (Labels/Marks/Stamps) for ____ 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 ITEM) at ____ (LOCATION) or provide affadavit 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 ____ (SIGNATORY) 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) ____ (TYPE) (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 # ____. (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** ____ (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: 12/18/93 Time: ___:___ a.m./p.m.

INSPECTOR'S SIGNATURE CT Marsh

Inspector's Tax Registry Number PII

PRINT NAME Jerry Marsh

M25-19 H1-912711-11-112

CERTIFICATE OF CORRECTION (COMPLETE REVERSE SIDE)

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

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 (DATE) 19 93 at ____ (TIME) AM/PM at 7 WTC (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 ____ (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.

V. 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 (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 ____ (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 Gordon (NAME), FSO (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"-5'8"	☐ 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: ____

LT Mall (SIGNATURE)

Jerry Marosta (PRINT NAME)

PII (TAX REG.)

Sworn to before me on 12-21 93

(SIGNATURE OF CERTIFYING OFFICER)

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

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 NOV. 29 (DATE) 19 94 at ____ (TIME) AM/PM at 7 World Trade (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 ____ (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 house.
2. ☐ 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 present.

B. Thereupon, I delivered a copy of the herein Notice of Violation to Michael Lee (NAME) FSD (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"-5'8"	☐ 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: ____

Lt. G. O'Dohert (SIGNATURE)

Lt. G. O'Dohert (PRINT NAME)

PII

Sworn to before me on ____ 19____

SIGNATURE OF CERTIFYING OFFICER

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

For E.U. U ly: 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. 10328047 R

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

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

Place of Occurrence (Premises Address)

Street Number 7 Prefix ____ Street Name World
Type Trade 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 9 2 1 3 A M J M
☐ 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 Exit Elevator at Sky Lobby 7 & 8 Floors (LOCATION) as required.

Rule 7 Labels/Marks/Stamps
☐ Failed to provide (Labels/Marks/Stamps) for ____ 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 ITEM) at ____ (LOCATION) or provide affadavit 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 ____ (SIGNATORY) 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) ____ (TYPE) (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 # ____. (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** ____ (SPECIFY SECTION) **Describe offense below.**

Description of Violation: All Access Stairs, All Lawns special elevators include Elevator Banks Sky Lobby Floor Level

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 D. O'Doherty

Inspector's Tax Registry Numbe PII

PRINT NAME D. O'Doherty

M25-19 H1-912711-11-112

AFFIDAVIT (CERTIFICATE) OF SERVICE (COMPLETE REVERSE SIDE)

FIRE DEPARTMENT COPY

[redacted]E S[redacted]ETY DIRECTOR ON SITE EXAMI[redacted]TIO[redacted]-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):

C. of F. Z 01 624364 No. of On Site Tests 2

Candidate Name Lee Michael

Premise Address 7 World Trade N.Y. N.Y.

Social Security No. PII

Date of Examination Nov. 29 1994

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.

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.

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

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

INSPECTOR L. G. Deberk DATE 11/29/94

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.

D-1 H/M (8/88) 2-870682-R25

[redacted]E SAF[redacted] DIRECTOR ON SITE EXAMI[redacted]ION-[redacted]FICE

ection D:

II. 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.

III. Determination of Passing:

.. 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.

. 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.

K. On Site Office Building Test—(Print ALL Information):

C. of F. Z 01 6255148 No. of On Site Tests 2

Candidate Name OSTROWSKI BRIAN

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

Social Security No. PII

Date of Examination Nov. 29, 1994

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.

Summary of Results:

. 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.

. Violation numbers issued as result of examination and inspection:

NOV

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

Lt. D. O'Donnell 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.

H-1 H/M (8/88) 2-870582-R25

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 62436489 Inspector J. O'Daherty

Name of Candidate Lee Michael (Print last name, first name) Office Address 2 World Trade N.Y. N.Y. Date of Examination 11-24-94

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:	X		
*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 ☐			
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 ☐	X		
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 ☒	X		
v. G. Building current in actual Fire Drills? (*if over 3 months) Yes ☒ No ☐			
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 7 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 ☒	X		
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 ☒	X		
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 ☐	X		
TOTAL (9)	5	4	
III. b. Building Inspection—Signs and Charts—Choose one floor for the general floor inspection 44 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 ☐	X		
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 ☐	X		
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 ☐	X		
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: Anthony Ferrara (NAME OF FLOOR WARDEN CONTACTED) 47 (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 ☐	X		
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 ☐	X		
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 ☐	X		
*K. Floor wardens in numerous floors properly trained? Yes ☒ No ☐	X		
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 31. Number of incorrect answers is 4. Number of N/A answers is 1.

M25-14 16-870250-3-R25-P

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 ☐	1
*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 ☐	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 ☐	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 ☐		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 ☐	1
*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:

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

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

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

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

Does candidate know location/type of:

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

Alarm System:

Does candidate know location/type of:

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

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:

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

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

Does candidate know location/type of:

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

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

Does candidate know location/type of:

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

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

	Yes	No	N/A
A. _____	☐	☐	☐
B. _____	☐	☐	☐
C. _____	☐	☐	☐

TOTAL (11) 10 Yes ___ No 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 52. Number of incorrect answers is ____. Number of N/A answers is 1.

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 6255 1148 Inspector H. O'Doherty

Name of Candidate Ostrowski Brian (Print last name, first name) Office Address 7 World Trade N.Y. N.Y. Date of Examination 11/29/94

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:	X		
*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 ☐			
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 ☐	X		
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 ☒	X		
v. G. Building current in actual Fire Drills? (*if over 3 months) Yes ☒ No ☐	X		
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 7 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 ☒		X	
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 ☒	X	X	
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 ☐	X	X	
TOTAL (9)	5	4	
III. b. Building Inspection—Signs and Charts—Choose one floor for the general floor inspection 12 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 ☐	X		
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 ☐	X		
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 ☐	X		
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: BRIAN Sugden (NAME OF FLOOR WARDEN CONTACTED) 12 (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 ☐	X		
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 ☐	X		
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 ☐	X		
*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 31. Number of incorrect answers is 4. Number of N/A answers is 1.

M25-14 16-670250-3-R25-P

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 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) ___ 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 52 Number of incorrect answers is _____. Number of N/A answers is 1.

NYC 9/11 Public Portal Document

M117-8 91-930715-4

[illegible]RISE UNIT OFFICE INSPECTION/SURV[illegible]

DATE: 12-18 1993

INSPECTOR: LT Mandh

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 com MODEL NO. 8500

APPROVED CENTRAL STATION ALARM CO. MAP / 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[illegible]

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 (10)				
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) ( ) MAINTAINED (27-4265) ( )		✓		
2. IF 100' OR MORE, LETTER OF APPROVAL (FD ELEC. UNIT)	✓			Port Authorit[illegible]
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. 3)		✓		
3. P.A. SYSTEM AUDIBLE (FL. NO. 3)		✓		
4. MANUAL ALARM TRANSMITTED TO BORO CENTRAL OFFICE DISP. NO. (32)) 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		✓		
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 ( )		✓		

	N/A	YES	NO	SUMMONS/ NOV #
F. RECORDS:				
1. FIRE DRILLS CONDUCTED AND RECORDED (DATE OF LAST 12-16-93)		✓		
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 RASMUSSEN NO. 60490581		✓		
2. SPRINKLER VALVE SEALED OPEN (SUMMONS IF CLOSED)		✓		
3. SPRINKLER SIAMESE SWIVEL ( ) UNOBSTRUCTED ( ) SIGN IF REQUIRED ( )		✓		
4. C OF F STANDPIPE ( ) NAME RASMUSSEN NO. 60490539		✓		
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: No Re-entry except During Fire or Emergency MISSING — NOV

NOV TOTAL	TOTAL ITEMS	SUMMONS TOTAL

INSPECTOR'S SIGNATURE _____

A-324 (7/84) 03-127-0925

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

INSPECTION REPORT

ACCOUNT	ADM CO	START DATE	D.O.	TYPE
881089712		02/25/94	94	

OWNER NAME

SILVERSTEIN PROPERTIES

PREMISE ADDRESS

D INFO
REET NUMBER: 7 PREFIX →
TYPE →
SUFFIX →
STREET NAME: WORLD TRADE CENTER
ZIP CODE: 10048
BORO CODE → 1

BILLING ADDRESS

D INFO
REET NUMBER
TYPE →
PREFIX →
SUFFIX →
STREET NAME
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
	LT. K MPS		2-25-94

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

COMMENTS

PUT X IF SEE ATTACHED LIST

STATUS - CHECK AND COMPLETE

☐ APPROVED FOR PERMIT
☐ VIOLATIONS REPORTED
☐ NOT APPROVED WITH REASON

INSPECTION DATE: 02/25/94
INSPECTOR - I.D.: ~~HH/9/150~~

ENTER CODE

NEXT INSPECTION SCHEDULED: _____ DATE

AKA ADDRESS

EET NUMBER
EET NAME
PREFIX
TYPE
SUFFIX

H

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 62369786 Inspector LT. KNOS

Name of Candidate BASILE, Thomas (Print last name, first name) Office Address 7 WTC N.Y. 10048 Date of Examination 2-25-94

	YES	NO	N/A
Instructions to Inspectors—If any asterisk (*) items are marked "NO", terminate the test immediately. See Section VIII for further information.			
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 ☐			
II. 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 ☐			
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 25 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 14 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: J. ARNOVE (NAME OF FLOOR WARDEN CONTACTED) 14 (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 ☐			
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 35. Number of incorrect answers is 1. Number of N/A answers is 1.

M25-14 16-870250-3-R25-P

Candidate

Instructions to Inspector—If any asterisk (*) items are marked "ND", 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 Yes / 1 No / 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:
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 Yes / 1 No / 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 46. Number of incorrect answers is 2. Number of N/A answers is 1.

35

81

For E.U. Use Only: ECB Date ___ Initials ___
Agency Code No. ___

FRIMS Account No. ___ Unit: HOBO 24 ADMIN CB ___ Area ___ 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: [illegible]

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

Place of Occurrence (Premises Address)

Street Number: [illegible] Prefix ___ Street Name: WORLD TRADE CENTER

Type ___ Suffix ___ Zip Code: 10048 Boro Code: 1 (1=Man, 2=Bx, 3=Bk, 4=Bkyn, 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=Bk, 4=Bkyn, 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 30 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 11201-6814 (TEL: 718-403-1372) by close of business on [illegible]. 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 [illegible] 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 Rules: 3 RCNY §§15-01, 15-02, 15-03

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

☐ **Rule 2 Waste Receptacles** — Failed to provide ___ (type) approved receptacles for waste at ___ (place) 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) ___ (type) of ___ (type) in excess of amount stated on permit.

☐ **Rule 5 Produce Permit and/or Record** — Failed to produce (permit/record) regarding ___ (activity) at ___ (place) as required.

☐ **Rule 6 Signs/Postings/Instructions** — Failed to provide (Signs/Postings/Instructions) for ___ at ___ (place) as required.

☐ **Rule 7 Labels/Marks/Stamps** — Failed to provide (Labels/Marks/Stamps) for ___ at ___ (place) as required.

☐ **Rule 8 Obstructions/Accumulations** — Failed to remove all (obstructions/accumulations of rubbish or storage) of ___ from ___ (place) as required.

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

☐ **Rule 10 Operating Contrary to C of O** — Operated ___ (type) contrary to the certificate of occupancy.

☐ **Rule 11 General Maintenance** — Failed to maintain ___ (place) in a proper condition as required.

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

☐ **Rule 13 Fire Retardant Material** — Failed to provide/maintain non-combustible material ___ (type) at ___ (place) 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 ___ (place) as required.

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

☐ **Rule 16 Ventilation** — Failed to provide (approved vents/adequate ventilation) at ___ (place) as required.

☐ **Rule 17 Certificates of Fitness** — Failed to (obtain/provide) a (Certificate of Fitness/Certificate holder on Duty) for ___ (activity).

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

☐ **Rule 19 Certificate of Occupancy/Public Assembly Permit/Affidavits/Documentation/Plans/Applications** — Failed to provide for ___ (activity) ___ (item) as required.

☐ **Rule 20 Test/Inspection** — Failed to conduct required (equipment/system test/inspection) of ___ (activity) as required.

☐ **Rule 21 Containers** — Failed to provide approved containers for ___ (type) as required.

☐ **Rule 22 Tanks/Supports** — Failed to (provide/maintain) approved tanks/supports for ___ (type) as required.

☐ **Rule 23 Storage** — Failed to provide (vaults/cages/storerooms/areas) for the storage of ___ (type) as required.

☐ **Rule 24 Racks** — Failed to provide appropriate racks at ___ (place) 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) ___ (type) (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 ___ (place) as required.

☐ **Rule 29 Designated Areas** — Failed to (provide/maintain) designated areas/premises for ___ (activity) 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) ___ (code) as previously cited on NOV # ___ (Respondent must appear at the hearing.)

False Certification (§15-229.1)

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

☐ Other Code Section/Rule ___ (code) (section) Describe offense below.

Description of violation: [illegible] Safety [illegible] Elevators Inspection [illegible]

I personally observed the commission of the above offense(s) or personally reviewed the office case supporting the offense(s) charged above. All statements made herein are affirmed under penalty of perjury. Date of Offense: [illegible] Time: [illegible] am/pm

INSPECTOR'S SIGNATURE ___

PRINT NAME [illegible]

Inspector's Tax Registry Number: PII

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 _____ day _____ 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.
3. ☐ Other: _____

Description of Individual. (This must be completed for all types of service except paragraph 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

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

☐ Under 4'6" ☐ 4'6"-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 _____ 19____

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

(SEIS SERVER STATEMENT) NOTARIZED TO STATEMENT

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):

C. of F. Z 01 6230976 No. of On Site Tests —

Candidate Name Thomas Daile

Premise Address 7 WTC. N.Y. N.Y.

Social Security No. PII

Date of Examination 2-25-90

Total Number of Items Answered 53

Number of correct answers are 51 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.

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

Nov 1029036 6 N

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

INSPECTOR _____ DATE 2-25-90

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.

D-1 H/M (8/88) 2-870562-R25

FIRE DEPARTMENT CITY OF NEW YORK — BUREAU OF FIRE PREVENTION

INSPECTION ORDER

[redacted]

DATE	ACCOUNT	TYPE	ALPHA PREFIX	D.O.	ADM CO	NO FEE	ACT	SEE ATT. LIST	CURRENT PERMIT EXPIRE
08/11/93	89062269	14	B	36	H011	X			11/93

LEASE INDICATE ANY OF HESE COLUMN CHANGES AT RIGHT →

CHANGES | CHANGES | CHANGES | CHANGES

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

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

PREMISES ADDRESS	AKA ADDRESS
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)

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 I.D.	COMMENTS
INSPECTOR	Mark	DATE 12/18/93	022	
EXAMINER		DATE		
ENTRY CLERK	J.H	DATE 12/21/93		
AUDITOR		DATE		

SECOND INSPECTION

			INSPECTOR I.D.	COMMENTS
INSPECTOR		DATE		
EXAMINER		DATE		
ENTRY CLERK		DATE		
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):

C. of F. Z 01 6231027 No. of On Site Tests

Candidate Name Leslie J Gordon

Premise Address 7 WTC

Social Security No. PII

Date of Examination 12-18-93

Total Number of Items Answered 89

Number of correct answers are 69 on this test. Number of incorrect answers are 2. Number of N/A answers are 18.

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.

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

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

LT Mendle — INSPECTOR

12-18-93 — 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.

D-1 H/M (8/88) 2-870582-R25

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 6231027 Inspector LT Mark

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

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 ☐			
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 T 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 10 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: N/A 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 ☐			
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. SECTION B TOTAL (36)			11

Number of correct answers in this section is 24. Number of incorrect answers is ____. Number of N/A answers is 12.

M25-14 16-870250-3-R25-P

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 ☐ 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 ☐	2	1	
*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:

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

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

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

Sprinkler System (Page 14 Q 11) of F.S. Guidelines:
Does candidate know location/type of:

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

Alarm System:
Does candidate know location/type of:

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

TOTAL (22) 21 Yes / 1 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:

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

Standpipe systems (P. 14, Q. 10) of F.S. Guidelines:
Does candidate know location/type of:

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

Stairways (P. 13, Q. 5) of F.S. Guidelines: A+B
Does candidate know location/type of:

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

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

	Yes	No	N/A
A. _____	☐	☐	☑
B. _____	☐	☐	☑
C. _____	☐	☐	☑

TOTAL (11) 8 Yes / ___ No / 6 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 6.

A-324 (7/84) 03-127-0925

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

INSPECTION REPORT

ACCOUNT	ADM CO	START DATE	D.O.	TYPE
88108972		/ /		

OWNER NAME

SILVERSTEIN PROPERTIES

PREMISE ADDRESS

D INFO
REET NUMBER 7 PREFIX →
TYPE → SUFFIX →
STREET NAME WORLD TRADE CENTER
ZIP CODE
BORO CODE → 1

BILLING ADDRESS

D INFO
REET NUMBER PREFIX → STREET NAME
TYPE → SUFFIX → ZIP CODE
BORO CODE →

ENTER HERE IF OUT OF TOWN

STATE→ ZIP CODE →

ALPHA PREFIX	INSPECTOR NAME	EXAMINER NAME	DATE
	LT Mandeli		

	ITEM CODE	ITEM SUB-CODE	QTY	DESCRIPTION	FLOOR NO.
1	895	99	01	O/S	
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

COMMENTS

STATUS - CHECK AND COMPLETE

	INSPECTION DATE	INSPECTOR - I.D.
☐ APPROVED FOR PERMIT		
☒ VIOLATIONS REPORTED	12/18/93	022
☐ NOT APPROVED WITH REASON		

ENTER CODE

NEXT INSPECTION SCHEDULED: _____ *DATE*

AKA ADDRESS

EET NUMBER PREFIX ·
EET NAME TYPE · SUFFIX ·

BY S. H DATE 12/21/93 AUDITOR DATE

INSPECTIONS

Date	Type	Status	Reason/Code	Next Inspection
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STAIRWAY IDENTIFICATION FORM

BUILDINGS ADDRESS 7 WTC POSSIBLE AKA.

TYPE OF BUILDING Hi - Rise OFFICE ☒ HOTEL ☐

HEIGHT IN FEET 618 NUMBER OF STORIES 47

NUMBER OF STAIRWAYS	IDENTIFICATION A-B-C ETC.	LOCATION CORE, REMOTE SW, NE — ETC.	TYPE FIRE STAIRS FIRE TOWER	STAIRS WITH STANDPIPES (YES — NO)	UPPER & LOWER TERMINATION POINT
	A	West Core	Fire Stairs	Yes	Roof to Street
	B	Center Core	Fire Stairs	Yes	Roof to Street

I110-20 91-931098-5-110

For E.U. Use C 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.** 10265656 R

Fire Commissioner of the City of New York, Petitioner vs Respondent:
SILVER SAM W PROPERTIES

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

Place of Occurrence (Premises Address)
Street Number 7 Prefix ___ Street Name WORLD TRADE CENTER
Type ___ Suffix ___ Zip Code ___ – ___ 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 718-403-1372] by close of business on 1/12/93. 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 2/9/93 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 Parking except during fire or emergency at Occupancy side of all stairs (LOCATION) as required.

☐ **Rule 7 Labels/Marks/Stamps** — Failed to provide (Labels/Marks/Stamps) for ___ 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 ITEM) at ___ (LOCATION) or provide affadavit 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 ___ (SIGNATORY) 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) ___ (TYPE) (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 # ___. (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** ___ (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: 12/18/92 Time: ___:___ a.m./p.m.

INSPECTOR'S SIGNATURE ___

Inspector's Tax Registry Number PII

PRINT NAME ___

M25-19 H1-912711-11-112

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 _____ (DATE) 19____ at _____ (TIME) 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 _____ (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 house.
2. ☐ 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 present.

B. Thereupon, I delivered a copy of the herein Notice of Violation to _____ (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"-5'8"	☐ 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: _____

_____ (SIGNATURE)

_____ (PRINT 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.

NYC 9/11 Public Portal Document

SA 1/26/93

For E.U. Use | FPIMS 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** | **VIOLATION NO.** 10249694 H

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 ___ Prefix ___ Street Name WORLD TRADE

Type CENTER Suffix ___ Zip Code 10048 – ___ Boro Code ___ 1=Man; 2=Bx; 3=Bkn; 4=Qns; 5=Qns

AKA ___

CURED 1-3-93

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=Bkln; 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 ___ 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: 5-12-93

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 ☐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 Monthly Test (DESCRIPTION) at ___ (LOCATION) as required.

☐ **Rule 6 Signs/Postings/Instructions** — Failed to provide (Signs/Postings/Instructions) for Stabilization at ___ (LOCATION) as required.

☐ **Rule 7 Labels/Marks/Stamps** — Failed to provide (Labels/Marks/Stamps) for ___ 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 ITEM) at ___ (LOCATION) or provide affadavit 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 ___ (SIGNATORY) 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) ___ (TYPE) (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 # ___. (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** ___ (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: ___/___/___. Time: ___:___ a.m./p.m.

INSPECTOR'S SIGNATURE ___

Inspector's Tax Registry Number PII **PRINT NAME** ___

M25-19 H1-912711-11-112

CERTIFICATE OF CORRECTION (COMPLETE REVERSE SIDE)

CERTIFICATE OF CORRECTION (COMPLETE REVERSE SIDE)

NYC-WTC_000168877

CERTIFICATE OF CORRECTION

State of New York)
County of New York City) ss:

I Leslie J Gordon (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 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.

Leslie J (SIGNATURE)

(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 _____

YVETTE KEYES
NOTARY PUBLIC, State of New York
No. 31-4935341
Qualified in New York County
Commission Expires June 27, 1994

Signature of Notary Yvette Keyes

Commission Expires _____

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 your 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) 858-1305
- ★ Queens: 96-05 Horace Harding Expressway—Main Floor (718) 595-4584
- ★ 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 W.T.C NO. OF STORIES 47 HT. IN FT. 618 TOTAL SQ. FT. 2,000,000

OWNER/AGENT SILVERSTEIN PROP. PREMISE TEL. NO. 619-6564

CLASS "E" FACS; MANUFACTURER FIRE COMM MODEL NO. 850

APPROVED CENTRAL STATION ALARM CO. ATP

F.S.D. ON DUTY M. PENSAUD C OF F NO. 6184002 EXPIRES On-site this date

SPRINKLER SYSTEM: FULLY ✓ PARTIAL (AREA PROTECTED)

CENTRAL A/C HVAC 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 (10)		✓		
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) (✓) MAINTAINED (27-4265) (✓)		✓		
2. IF 100' OR MORE, LETTER OF APPROVAL (FD ELEC. UNIT)	✓			PORT AUTHORITY
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		—	NO TESTS	
b. LOG BOOK MAINTAINED			BY ORDER	
2. FLOOR WARDEN PHONE OPERATIONAL (FL. NO.)			OF MANHATTAN	
3. P.A. SYSTEM AUDIBLE (FL. NO.)			DISPATCHER	
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.			TOO MUCH TRAFFIC	
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 D STAIR Access Stair, Warden Phone			✓	NOV
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 ( )		✓		

	N/A	YES	NO	SUMMONS/ NOV #
F. RECORDS:				
1. WRITTEN RECORD OF FIRE DRILLS IN BOUND BOOK		✓		
2. FREQUENCY OF DRILLS CONFORMS TO LAW (DATE OF LAST DRILL (10-18-91) UPDATE – EVERY SIX MONTHS		✓	✓	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 E. McMANUS NO. 60094m		✓		
2. SPRINKLER VALVE SEALED OPEN (SUMMONS IF CLOSED)		✓		
3. SPRINKLER SIAMESE SWIVEL ( ) UNOBSTRUCTED ( ) SIGN IF REQUIRED ( )		✓		
4. C OF F STANDPIPE ( ) NAME // NO. 60094075		✓		
5. STANDPIPE VALVES SEALED OPEN E McMANUS		✓		
6. STANDPIPE SIAMESE: SWIVELS ( ) UNOBSTRUCTED ( )		✓		
7. EXTINGUISHERS PROPERLY HUNG AND DISTRIBUTED		✓		
8. EXTINGUISHERS TAGGED: DATE OF LAST INSPECTION (Sept 91)		✓		
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 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. (ALL EXIT DOORS		✓		
6. IF SHAFTS PRESENT (i.e., ELEC. CLOSETS) ARE THEY FIRESTOPPED		✓		
7. FLOOR WARDENS, DEPUTY WARDENS, AND SEARCHERS TRAINED		✓		
a. FLOORS CHECKED (47, 39, 24, B, 1, 44, 20, 2, 3,	✓			
8. FLAMMABLES/COMBUSTIBLES PROPERLY STORED				
a. LOCATION				

REMARKS: Warden Phone
D-STAIR.—

NOV TOTAL	TOTAL ITEMS	SUMMONS TOTAL
1	5	

INSPECTOR'S SIGNATURE Lt DeLuca

NYC 9/11 Public Portal Document

A-324 (7/84) 03-127-0925

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

INSPECTION REPORT

ACCOUNT	ADM CO	START DATE	D.O.	TYPE
85109972		3/23/93	36	

OWNER NAME

SILVERSTEIN PROPERTIES

PREMISE ADDRESS

ADD INFO:
STREET NUMBER: 7 PREFIX →
TYPE →
SUFFIX →
STREET NAME: WORLD TRADE CENTER
ZIP CODE: 10048
BORO CODE → 1

BILLING ADDRESS

ADD INFO:
STREET NUMBER:
PREFIX →
TYPE →
SUFFIX →
STREET NAME:
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
	L.F. O'Doherty		

	ITEM CODE	ITEM SUB-CODE	QTY	DESCRIPTION	FLOOR NO.
1	895	99	1	DS/OFFICE HIS	
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
- [x] VIOLATIONS REPORTED
- [ ] NOT APPROVED WITH REASON

INSPECTION DATE: 3/23/93

INSPECTOR - I.D.: H000025

ENTER CODE

NEXT INSPECTION SCHEDULED: _____ DATE

AKA ADDRESS

STREET NUMBER
STREET NAME
PREFIX →
TYPE →
SUFFIX →

ENTRY
DATE
AUDITOR
DATE

NYC-WTC_000168881

INSPECTIONS

Date	Type	Status	Reason/Code	Next Inspection
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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):

C. of F. Z 01 6219255 No. of On Site Tests 1

Candidate Name Lindstrom John

Premise Address 7 World Trade Center N.Y.

Social Security No. PII

Date of Examination 3-23-93

Total Number of Items Answered 85

Number of correct answers are 81 on this test. Number of incorrect answers are 4. Number of N/A answers are 4.

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.

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

WOV 10249694H

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

D. D. Doherty INSPECTOR 3/23/93 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.

SD-1 H/M (8/88) 2-870582-R25

For E.U. Use FPIMS Date ____ Initials ____ Agency Code No. ____

F.P.I.M.S. Account No. ____ Unit: HQ/DO 34 ADMIN. CO ____ C.B. # ____ UNIT PHONE # ____

ENVIRONMENTAL CONTROL BOARD CITY OF NEW YORK | **NOTICE OF VIOLATION AND HEARING** | **VIOLATION NO.** 10249694 H

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 TRADE

Type CENTER Suffix ____ Zip Code 10048 – ____ Boro Code 1 (1=Man; 2=Bx; 3=Sl; 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=Sl; 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 12/7/95. 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 11/21/95 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 ____ (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 ____ (specify) in excess of amount stated on permit.

☒ **Rule 5 Produce Permit and/or Record** — Failed to produce (permit/record) regarding Monthly Test at FIRE DEPARTMENT SERVICE [illegible] as required.

☒ **Rule 6 Signs/Postings/Instructions** — Failed to provide (Signs/Postings/Instructions) for Sign Letter at Identification Number as required.

☐ **Rule 7 Labels/Marks/Stamps** — Failed to provide (Labels/Marks/Stamps) for ____ at ____ (location) as required.

☐ **Rule 8 Obstructions/Accumulations** — Failed to remove all (obstructions/accumulations of rubbish or storage) of ____ (type) from ____ (location) as required.

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☐ **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.

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☐ **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) ____ (type) (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 # ____. (Respondent must *appear at the hearing.*)

☐ **False Certification (§15-229.1)** — Willfully falsified Certificate of Correction for NOV # ____ (Respondent must appear at hearing.)

☐ **Other Code Section/Rule** ____ (specify section) **Describe offense below.**

Description of Violation: Rule 6 Sign Side A 16 Floor Occupied Side 1 Floor [illegible]

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: 2/23/95 Time: 10 a.m./p.m.

INSPECTOR'S SIGNATURE ____

Inspector's Tax Registry Number PII **PRINT NAME** ____

M23-18 (11-91)(11-11-112)

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 _____ (DATE) 19____ at _____ (TIME) 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 _____ (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 house.
2. ☐ 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 present.

B. Thereupon, I delivered a copy of the herein Notice of Violation to _____ (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	☐ 5'7"-5'9"	☐ 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 LICENSED OFFICER)

_____ (SIGNATURE)

_____ (PRINT NAME)

_____ (TAX REGISTRY NUMBER)

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

PII

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

INSPECTION ORDER

[redacted]

DATE	ACCOUNT	TYPE	ALPHA PREFIX	D.B.	ADM CD	NO FIRE ADD	DEL FIR CRT	SCHEDULE MONTH/YEAR
08/19/92	89062269	14	B	36	H011	X		11/92

PLEASE INDICATE ANY OF THESE COLUMN CHANGES AT RIGHT → CHANGES CHANGES CHANGES CHANGES

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

CIO ☐ CIC ☐ CIMA ☐ CIN ☐

INSPECTION TYPE: 1

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

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

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

ITEM CODE	SUB CODE	QTY	DESCRIPTION	FLOOR NO
[redacted]	[redacted]	1	OFFICE BLDG ANNUAL INSPECTION	0

COMMENTS (CIO)

ITEMS TO BE ADDED OR DELETED (CIC)

ITEM CODE	ITEM SUB CODE	NEW QTY.	DESCRIPTION	FLOOR NO

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

DDITIONAL REMISES INFO

TREET NUMBER PREFIX

TREET NAME

YPE SUFFIX ZIP BORO

AKA ADDRESS

TREET NUMBER PREFIX

TREET NAME

YPE 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)

DDITIONAL AILING INFO

TREET NUMBER PREFIX

TREET NAME

YPE SUFFIX ZIP BORO

ENTER HERE FOR OUT OF TOWN ADDRESS (CIMA)

TY STATE ZIP

EMARKS

			INSPECTOR I.D.	COMMENTS
INSPECTOR		DATE 12/3/92	14 9	
EXAMINER		DATE		
TRY CLERK		DATE 12/24/92		
AUDITOR		DATE		

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

A 324 (7-84) 03-127-0

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

INSPECTION REPORT

P 10 of 97

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 10048 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

STATUS - CHECK AND COMPLETE

	INSPECTION DATE	INSPECTOR - I.D.
☒ APPROVED FOR PERMIT	06/22/92	#0007/180
☐ VIOLATIONS REPORTED		

☐ NOT APPROVED WITH REASON _____

ENTER CODE

NEXT INSPECTION SCHEDULED: _____ DATE

AKA ADDRESS

STREET NUMBER PREFIX

STREET NAME TYPE SUFFIX

ENTRY CLERK MU DATE 06/23/92 AUDITOR _____ DATE _____

INSPECTIONS

Date	Type	Status	Reason/Code	Next Inspection
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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):

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

Candidate Name PRIMO REVELDEZ

Premise Address 7 WTC N.Y., N.Y. 10048

Social Security No. PII

Date of Examination 6-22-92

Total Number of Items Answered 87

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)

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.

G R G Bruno 6-22-92

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.

D-1 H/M (8/88) 2-870582-R25

FIRE SAFETY DIRECTOR ON SITE EXAMINATION OFFICE

ection D:

'II. 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.

/III. Determination of Passing:

\. 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.

3. 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.

X. On Site Office Building Test—(Print ALL Information):

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

Candidate Name STEPHEN NATHAN

Premise Address 7 WTC NY, NY 10048

Social Security No. PII

Date of Examination 6-22-92

Total Number of Items Answered 87

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)

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.

CTR G Bruno 6-22-92

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.

D-1 H/M (8/88) 2-870582-R25

S. 11/25/91

For E.U. Use Only: Mailed Date ___/___/___ Initials _____ FPIMS Date ___/___/___

F.P.I.M.S. Account No. _____ Unit: HQ/DO 36 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 7 Prefix ___ Street Name [illegible]

Type ___ Suffix ___ Zip Code 10046 – ___ Boro Code 1 (1=Man; 2=Bx; 3=Sl; 4=Bklyn; 5=Qns)

AKA ___

11-7-91

Mailing Address (If different from premises address)

Street Number ___ Prefix ___ Street Name ___

Type ___ Suffix ___ Zip Code ___ – ___ Boro Code ___ (1=Man; 2=Bx; 3=Sl; 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 12/2/91. 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 ___ ___ ___ ___ 8:30a.m. ☐ [illegible] 1:30p.m. ☐ [illegible] at the Hearing Office located in ☐Brooklyn ☐Manhattan ☐Queens ☐Staten Island. The address for each location is provided below. [illegible] ability 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 ___ (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 ___ at ___ (LOCATION) as required.

Rule 7 Labels/Marks/Stamps
☐ Failed to provide (Labels/Marks/Stamps) for ___ 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 ITEM) at ___ (LOCATION) or provide affadavit 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/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 (affidavit/documentation/plan/application) for ___ (SPECIFY) from ___ (SIGNATORY) 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) ___ (TYPE) (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 # ___. (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** ___ (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: 11/25/91 Time: ___ a.m./p.m.

INSPECTOR'S SIGNATURE ___

Inspector's Tax Registry Number PII **PRINT NAME** ___

M25-19 99M-0-10-1030789

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
PRINT YOUR NAME

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.)

[redacted] legible copies of any and all bills, receipts and other proof of correction to this certification as required.

Mukesh Persaud
SIGNATURE

[redacted] notary)

YVETTE KEYES
NOTARY PUBLIC, State of New York
No. 31-4935341
Qualified in New York County
Commission Expires June 27, 19 92

TO BE COMPLETED BY NOTARY

County of New York County Registration Number _____ SEAL

Sworn to before me this 1st day of Nov. 19 91 Notary Number 31-4935341

Signature of Notary Yvette Keyes Commission Expires 6/27/92

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 your 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) 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

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

INSPECTION ORDER

[redacted]

DATE	ACCOUNT	TYPE	ALPHA PREFIX	D.O.	ADM CO	NO FEE ACT	SEE ATT. LIST	CURRENT PERMIT EXPIRES
	89062269			36	H 11			

PLEASE INDICATE ANY OF THESE COLUMN CHANGES AT RIGHT →

CHANGES	CHANGES	CHANGES	CHANGES

CHECK HERE FOR ANY CHANGES IN THIS ACCT AND INDICATE ON **REVERSE SIDE**

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

PREMISE ADDRESS	AKA ADDRESS
7 WORLD TRADE CENTER N.Y. N.Y.	
BILLING ADDRESS	**OWNER NAME**
	SILVERSTIEN PROPERTIES

ITEM CODE	SUB CODE	QTY	DESCRIPTION	FLOOR NO.
[redacted]				
890	02			
[redacted]				
[redacted]				

COMMENTS

ITEMS TO BE ADDED OR DELETED

	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

NEXT INSPECTION SCHEDULED DATE

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

● INDICATE CHANGES BELOW ●

PLEASE **PRINT** ALL INFORMATION

PREMISE ADDRESS

.DDITIONAL REMISE INFO

STREET NUMBER PREFIX

TREET NAME

YPE SUFFIX ZIP BORO

AKA ADDRESS

STREET NUMBER PREFIX

TREET NAME

YPE SUFFIX

OWNER NAME

X – IF CHANGE OF OWNER

DATE OF OWNER CHANGE

BILLING ADDRESS

DDITIONAL AILING INFO

TREET NUMBER PREFIX

TREET NAME

YPE SUFFIX ZIP BORO

ENTER HERE FOR OUT OF TOWN ADDRESS

TY STATE ZIP

EMARKS

INSPECTOR Lt DeLuca DATE 10/22/91 INSPECTOR I.D. 009 150

EXAMINER DATE

ENTRY CLERK MA 8/54 DATE 10/29/91

AUDITOR DATE

For E.U. Use Only: Mailed Date ___/___/___ Initials _____
FPIMS Date ___/___/___

F.P.I.M.S. Account No. _____ Unit: HQ/DO 36 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:
DULLER STEAM PROPERTIES

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

Place of Occurrence (Premises Address)

Street Number 7 Prefix ___ Street Name WOOLL TRAFF CENTER

Type ___ Suffix ___ Zip Code 10046 – ___ 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 718-403-1372] by close of business on 11/26/91. 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 11/11/91 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:

☐ **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 EXIT SIGNS at ALL FLOORS (LOCATION) as required.

☐ **Rule 7 Labels/Marks/Stamps** — Failed to provide (Labels/Marks/Stamps) for ___ 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 WARPED FOTIUM / 47 FLOOR (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 ITEM) at ___ (LOCATION) or provide affadavit 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/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 (affidavit/documentation/plan/application) for ___ (SPECIFY) (ALLEGED) from ___ (SIGNATORY) as required.

☑ **Rule 20 Test/Inspection** — Failed to conduct required (equipment/system) (test/inspection) of CLASS A ALARM RECEIVING TEST (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) ___ (TYPE) (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: UNDER THE [illegible] RECORD TO SHOW [illegible] COVERING [illegible]

☐ **Repeat Violation (§15-229)** — Failed to correct Rule(s) ___ (SPECIFY) 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** ___ (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: 10/12/91 Time: ___ a.m./p.m.

INSPECTOR'S SIGNATURE [signature]

Inspector's Tax Registry Number PII

PRINT NAME GILLIS DELIA

M25-19 99M-0-10-1030769

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 _____ (DATE) 19____ at _____ (TIME) 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 _____ (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 house.
2. ☐ 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 present.

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

_____ (SIGNATURE)

_____ (PRINT 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.

O/S

A 324 (7/84) 03-127-092

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

INSPECTION REPORT

88 108972

ACCOUNT	ADM CO	START DATE	D.O.	TYPE
		10/22/91	36	

OWNER NAME

SILVERSTEIN PROPERTIES

PREMISE ADDRESS

ADD INFO:
STREET NUMBER: 7
TYPE →
PREFIX →
SUFFIX →
STREET NAME: WORLD TRADE CENTER
ZIP CODE: 10048
BORO CODE → 1

BILLING ADDRESS

ADD INFO:
STREET NUMBER:
TYPE →
PREFIX →
SUFFIX →
STREET NAME:
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
	LT. DELUCA		

	ITEM CODE	ITEM SUB-CODE	QTY	DESCRIPTION	FLOOR NO.
1	895	99	03	OS/OFF/HT	
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

COMMENTS

PERSAUD, ~~[illegible]~~, OKEEFFE, WEINERT

PUT "X" IF SEE ATTACHED LIST

STATUS - CHECK AND COMPLETE

	INSPECTION DATE	INSPECTOR - I.D.
☑ APPROVED FOR PERMIT	10/22/91	HU009

☐ VIOLATIONS REPORTED

☐ NOT APPROVED WITH REASON

ENTER CODE

NEXT INSPECTION SCHEDULED: DATE

AKA ADDRESS

STREET NUMBER
STREET NAME
PREFIX
TYPE
SUFFIX

ENTRY

INSPECTIONS

Date	Type	Status	Reason/Code	Next Inspection
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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 6184002-1 Inspector LT DeLuca

Name of Candidate PERSAUD, M. (Print last name, first name) Office Address 7 W.T.C Date of Examination 10-22-91

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 ☐			

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	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 44 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 24 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."	1		
FLOOR WARDENS: LINDA DETTERY (NAME OF FLOOR WARDEN CONTACTED) 24 (FLOOR CHOSEN) 264-0414 (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 36 Number of incorrect answers is 0. Number of N/A answers is _____.

M25-14 16-870250-3-R25-P

: **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 ☐ *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:

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

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

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

Sprinkler System (Page 14 Q 11) of F.S. Guidelines:
Does candidate know location/type of:

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

Alarm System:
Does candidate know location/type of:

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

TOTAL (22) 21 Yes / 1 No / 0 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:

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

Standpipe systems (P. 14, Q. 10) of F.S. Guidelines:
Does candidate know location/type of:

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

Stairways (P. 13, Q. 5) of F.S. Guidelines:
Does candidate know location/type of:

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

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

	Yes	No	N/A
A. Auditorium	☑	☐	☐
B. Cafeteria	☑	☐	☐
C.	☐	☐	☐

TOTAL (11) 12 Yes / 0 No / 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 _____. Number of incorrect answers is _____. Number of N/A answers is _____.

48 − 3 − 1
35 − 0 − 1
− 2

15 − 2 − 0
21 − 1 − 0
12 − 0 − 1

Section D:

FIRE SAFETY DIRECTOR ON SITE EXAMINATION OFFICE

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):

C. of F. Z 01 [illegible] No. of On Site Tests _____

Candidate Name [illegible] Premise Address 7 W. 7 C.

Social Security No. _____

Date of Examination 10-22-91 Total Number of Items Answered 88

Number of correct answers are 83 on this test. Number of incorrect answers are 3. Number of N/A answers are 1.

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.

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

_____

_____

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

[illegible] INSPECTOR 10-22-91 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/M (8/88) 2-870582-R25

Instructions to Inspectors—All boxes in 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 6184000S Inspector LT DELUCA

Name of Candidate O'KEEFE, S. (Print last name, first name) Office Address 7 W.T.C Date of Examination 10-22-91

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 ☐			

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		
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 47 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 24 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: SUSAN BENEDETTI (NAME OF FLOOR WARDEN CONTACTED) 47 (FLOOR CHOSEN) 783-7m (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)			
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 35. Number of incorrect answers is 0. Number of N/A answers is 1.

M25-14 16-870250-3-R25-P

: **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		
*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:

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

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

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

Sprinkler System (Page 14 Q 11) of F.S. Guidelines:
Does candidate know location/type of:

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

Alarm System:
Does candidate know location/type of:

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

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:

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

Standpipe systems (P. 14, Q. 10) of F.S. Guidelines:
Does candidate know location/type of:

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

Stairways (P. 13, Q. 5) of F.S. Guidelines:
Does candidate know location/type of:

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

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

	Yes	No	N/A
A. Cafeteria	☑	☐	☐
B. Auditorium	☑	☐	☐
C.	☐	☐	☐

TOTAL (11) 11 Yes 0 No 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 _____. 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):

C. of F. Z 01 6124005 No. of On Site Tests

Candidate Name O'KEEFFE, S

Premise Address 747 C NY NY

Social Security No. PII

Date of Examination 10-22-91

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.

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.

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

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

LA DeLuca — INSPECTOR

10-22-91 — 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/M (8/88) 2-870582-R25

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 6184062 Inspector LT. DELUCA

Name of Candidate WEINERT, K (Print last name, first name) Office Address 7 W.T.C Date of Examination 10-22-91

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 ☐			

II: 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 ☑	1		1
v. G. Building current in actual Fire Drills? (*if over 3 months) Yes ☑ No ☐			
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 _____ 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: Lugo DETTERY (NAME OF FLOOR WARDEN CONTACTED) 24 (FLOOR CHOSEN) 264-0414 (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 35. Number of incorrect answers is 0. Number of N/A answers is 1.

M25-14 16-870250-3-R25-P

: **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 ☐	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 ☐	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)	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 Yes 0 No 0 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) 13 Yes 0 No 0 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 _____.

50 – 1 – 1
35 – 0 – 1

16 – 1 – 0
22 – 0 – 0
13 – 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):

C. of F. Z 01 6184006H No. of On Site Tests

Candidate Name WEINERT, KENNETH

Premise Address 7 W.T.C. N.Y. N.Y.

Social Security No. PII

Date of Examination 10/22/91

Total Number of Items Answered 88

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)

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.

Lt Delucia — INSPECTOR

11-22-91 — 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/M (8/88) 2-870582-R25

NYC 9/11 Public Portal Document

For E.U. Use Only: ...ded Date 1/1 Initials JC
FPIMS Date 4/4/91

M.S. Account No. | Unit: HQ/DO 316 | ADMIN. CO. | UNIT PHONE #

ENVIRONMENTAL CONTROL BOARD
CITY OF NEW YORK

NOTICE OF VIOLATION AND HEARING

VIOLATION NO. 10144034 L

CURED

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

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 10048 – | Boro Code 1 (1=Man; 2=Bx; 3=SI; 4=Bklyn; 5=Qns)

AKA WORLD TRADE CENTER

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 718-403-1372] by close of business on 4/22/91. 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 5/8/91 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:

☐ **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 Organizational Charts at 12 Floor And 13 Floor (LOCATION) as required.

☐ **Rule 7 Labels/Marks/Stamps** — Failed to provide (Labels/Marks/Stamps) for (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 ITEM) at (LOCATION) or provide affadavit 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/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 (affidavit/documentation/plan/application) for (SPECIFY) from (SIGNATORY) 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) (TYPE) (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 # (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** (SPECIFY SECTION) **Describe offense below.**

Description of Violation: No Floor Warden and Deputy Fire Warden Charts posted.

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: 3/18/91 Time: : a.m./p.m.

INSPECTOR'S SIGNATURE Lt. G. O'Doherty

Inspector's Tax Registry Number PII

PRINT NAME Lt. G. O'Doherty

·19 99M-0-10-1030769

ECB COPY

NYC-WTC_000168909

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 MARCH 18 (DATE) 19 91 at ____ (TIME) AM/PM at 7 WORLD TRADE CENTER (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 ____ (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 house.
2. ☐ 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 present.

B. Thereupon, I delivered a copy of the herein Notice of Violation to MICHAEL ROGER (NAME) DEED (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"-5'8"	☐ 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: ____

Lt. G. O'Doherty (SIGNATURE)
Lt. G. O'Doherty (PRINT NAME)
PII (SHIELD NUMBER)

Sworn to before me on 3-12 19 91

SA 023G (SIGNATURE OF CERTIFYING OFFICER)

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

M117-8 68-901152-4

RISE UNIT OFFICE INSPECTION/SURV

DATE: DEC 12 19 92

INSPECTOR: H. DELLICA

INSPECTION BY APPOINTMENT

PORT AUTHORITY PROPERTY

BUILDING PROFILE

ADDRESS 7 WORLD TRADE NO. OF STORIES 47 HT. IN FT. 618 TOTAL SQ. FT. 2M.

OWNER/AGENT SILVERSTEIN PROP PREMISE TEL. NO. 619-6569

CLASS "E" FACS; MANUFACTURER FIRECOMM MODEL NO.

APPROVED CENTRAL STATION ALARM CO. AFA

F.S.D. ON DUTY MUKESH PERSAUD C OF F NO. 6184002 EXPIRES 4/17/94

SPRINKLER SYSTEM: FULLY ✓ PARTIAL (AREA PROTECTED)

CENTRAL A/C HVAC STAIR PRESSURIZATION ACCESS STAIRS (FLS) 2/3 11/12

ADDITIONAL INFO (MAIL CONVEYORS, SPECIAL OCCUPANCIES, ETC.) 44/45 35/42

	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 (9)		✓		
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) ( ) MAINTAINED (27-4265) ( )		✓		
2. IF 100' OR MORE, LETTER OF APPROVAL (FD ELEC. UNIT)	✓			PORT AUTHORITY
C. ALARM TEST (NOTIFY BORO DISP. BEFORE TRANSMITTING ALARM):				
1. SYSTEM ON-LINE			✓	FIRECOMM
IF OFF-LINE FOR APPROVED REASON:				47 FLOOR
a. FIRE COMMAND STATION MANNED AT ALL TIMES				
b. LOG BOOK MAINTAINED				
2. FLOOR WARDEN PHONE OPERATIONAL (FL. NO.)				WORKING
3. P.A. SYSTEM AUDIBLE (FL. NO.)				ON
4. MANUAL ALARM TRANSMITTED TO BORO CENTRAL OFFICE DISP. NO. ( ) ELAPSED TIME (IN MINUTES) TO RECEIVE ( )				SYSTEM
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 ( )		✓		

ALARM LOG BOOK ✓
SMOKE DET MAINT ✓

	N/A	YES	NO	SUMMONS/ NOV #
F. RECORDS:				
1. WRITTEN RECORD OF FIRE DRILLS IN BOUND BOOK		✓		
2. FREQUENCY OF DRILLS CONFORMS TO LAW (DATE OF LAST DRILL (11-4-[illegible] 11/5/12		✓		
3. MONTHLY TEST RECORD OF FIREMEN'S SERVICE ELEVATORS		✓		
4. MONTHLY TEST RECORD OF CLASS "E" F.A.C.S.		✓		
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 KEVIN RASMUSSEN NO. 6049059		✓		
2. SPRINKLER VALVE SEALED OPEN (SUMMONS IF CLOSED)		✓		
3. SPRINKLER SIAMESE SWIVEL ( ) UNOBSTRUCTED ( ) SIGN IF REQUIRED ( )		✓		
4. C OF F STANDPIPE ( ) NAME KEVIN RASMUSSEN NO. 60490521		✓		
5. STANDPIPE VALVES SEALED OPEN		✓		
6. STANDPIPE SIAMESE: SWIVELS ( ) UNOBSTRUCTED ( )		✓		
7. EXTINGUISHERS PROPERLY HUNG AND DISTRIBUTED		✓		
8. EXTINGUISHERS TAGGED: DATE OF LAST INSPECTION ( )			✓	ABATED
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 AUTH.	
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	TOTAL ITEMS	SUMMONS TOTAL

INSPECTOR'S SIGNATURE Lt. Delucia

NYC 9/11 Public Portal Document

For E.U. Use Only: Mailed Date ___/___/___ Initials _____
FPIMS Date ___/___/___

F.P.I.M.S. Account No. _____ Unit: HQ/DO 316 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:
Silverstein Properties

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 _____ – _____ Boro Code 1 1=Man; 2=Bx; 3=SI; 4=Bklyn; 5=Que
AKA World Trade Center

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=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 [illegible] 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 [illegible] 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 ____ (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 ____ at ____ (LOCATION) as required.

☐ **Rule 7 Labels/Marks/Stamps** — Failed to provide (Labels/Marks/Stamps) for ____ 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 ITEM) at ____ (LOCATION) or provide affadavit 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/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 (affidavit/documentation/plan/application) for ____ (SPECIFY) from ____ (SIGNATORY) 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) ____ (TYPE) (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 # ____. (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** ____ (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: ___/___/___. Time: ___:___ a.m./p.m.

INSPECTOR'S SIGNATURE ____

Inspector's Tax Registry Number PII

PRINT NAME ____

M25-19 99M-0-10-1030769

CERTIFICATE OF CORRECTION (COMPLETE REVERSE SIDE)

NYC-WTC_000168913

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
PRINT YOUR NAME

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 _____

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, 19 92

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 your 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) 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

HIGH-RISE UNIT OFFICE INSPECTION/SURVEY

DATE: December 28 1990

INSPECTOR: Lt 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. AFA - NO

F.S.D. ON DUTY YES RICHARD KASTNER C OF F NO. 6140319 EXPIRES 4/23/92

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

	N/A	YES	NO	SUMMONS/ NOV #
A. FIRE SAFETY DIRECTOR AND DEPUTY FIRE SAFETY DIRECTORS:				
1. ON DUTY (SUMMONS IF NO 27-4267)		Yes		
2. DEPUTY FSD(S) NO. CERTIFIED FOR PREMISE (6026106) 7/30/91		Yes		
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: INSTAL. NEW T.T. BOX				
1. INSTALLED (27-4267.1) ( ) MAINTAINED (27-4265) ( )		Yes		
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 TER. TRANSF BOXES + NEW SMOKE DET.			NO	LOGGED ENTRIES ALARM CO NOTIFIE
IF OFF-LINE FOR APPROVED REASON:	Yes			
a. FIRE COMMAND STATION MANNED AT ALL TIMES Yes				
b. LOG BOOK MAINTAINED	Yes			
2. FLOOR WARDEN PHONE OPERATIONAL (FL. NO. 25, 24, 11, 1013		Yes		
3. P.A. SYSTEM AUDIBLE (FL. NO.) 25, 24, 11, 10, 13		Yes		
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			
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		

	N/A	YES	NO	SUMMONS/ NOV #
F. RECORDS:				
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	ECB20/HR18 B-34 ECB20
3. MONTHLY TEST RECORD OF FIREMEN'S SERVICE ELEVATORS ~~last test~~ OCT 90		~~Yes~~	NO	
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 RAW. McMANUS 1/31/91 NO. 60094000		Yes		
2. SPRINKLER VALVE SEALED OPEN (SUMMONS IF CLOSED)		Yes		
COMBO 3. SPRINKLER SIAMESE SWIVEL (✓) UNOBSTRUCTED (✓) SIGN IF REQUIRED (Y)		Yes		
4. C OF F STANDPIPE (Yes) NAME EDW McMANUS NO. 60094075		Yes		
5. STANDPIPE VALVES SEALED OPEN		Yes		
COMBO 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 (✓)		Yes		
"IN CASE OF FIRE USE STAIRS" (✓)		Yes		
2. STAIR: FLOOR NO. ( ) 25, 24 11 LETTER DESIGNATION—OCCUPANCY SIDE (Yes) STAIR SIDE (Yes)		Yes		
3. RE-ENTRY SIGNS POSTED ALL FLOORS RE ENTY		Yes		
4. EXIT AND DIRECTIONAL SIGNS ILLUMINATED		Yes		
5. ORGANIZATIONAL CHARTS POSTED AND ACCURATE		Yes		
I. GENERAL:				
1. CERTIFICATE OF OCCUPANCY POSTED TEMP. CERT. 2/7/89.		Yes		
2. ALL AREAS FREE OF RUBBISH		Yes		
3. PAPER RECYCLING HAMPERS STORED IN PROPER LOCATION (NOT IN HALLWAYS OR ELEVATOR LOBBIES)	N/A			
4. STAIRWAY DOORS OPENABLE AT ALL TIMES (OCCUPANT SIDE)		Yes		
(IF NO: APPROVED BY D.O.B. _____ CONNECTED TO CLASS "E"				
5. RE-ENTRY PROVIDED WHERE REQUIRED ALL FLOORS		Yes		
a. FAIL SAFE SYSTEM (✓) INDICATE FLS. ( )				
6. IF SHAFTS PRESENT (i.e., ELEC. CLOSETS) ARE THEY FIRESTOPPED		Yes		
7. FLOOR WARDENS, DEPUTY WARDENS, AND SEARCHERS TRAINED		Yes		
a. FLOORS CHECKED (25, 24 11)				
8. FLAMMABLES/COMBUSTIBLES PROPERLY STORED	N/A			
a. LOCATION				

REMARKS: _____

NOV TOTAL	TOTAL ITEMS	SUMMONS TOTAL

INSPECTOR'S SIGNATURE Lt James Co. Favelle

NYC 9/11 Public Portal Document

A-463 (3/84) 03-127-0130

HI-RISE UNIT

OFFICE BUILDING ANNUAL INSPECTION

Address 7 World Trade Center, Boro

Stories 47 Height in Feet 618, C of O

	ANSWER YES OR NO	HR # OR A-8
I. Fire Command Station		
a) Located in lobby on entrance floor	Y	
b) Adequately illuminated	Y	
c) Copy of Fire Safety Plan	Y	
d) Window lock keys if required	Y	
e) Elevator keys	Y	
f) List of Fire Wardens with Telephone Nos.	Y	
II. Communications & Fire Alarm		
a) Required two way system (temporary)	N/A	
b) Required two way system (permanent)	Y	
If permanent, check type of system—Class "E" ✓ Advisory Mini		
c) To all floors	Y	
d) To mechanical equipment room	Y	
e) To elevator machinery room (if applicable)	Y	
f) To the regularly assigned location of the Fire Safety Director (if applicable)	Y	
III. Fire Safety Plan		
a) Building has an approved plan	Y	
b) All sections current and correct	N NOV ISSUED	
c) Applicable parts distributed to tenants	Y	
IV. Fire Safety Director & Deputy Fire Safety Director	FSD / DFSD	
a) Has a C of F for this building	Y / Y	
b) On duty when required by law	Y / Y	
c) Has an acceptable system of daily notification of availability of Fire Wardens and Deputies	Y	
V. Building Evacuation Supervisor		
a) Properly trained and on duty when required by law	Y	
VI. Fire Drills		
a) Written record kept on premises	Y	
b) Frequency of drills conforms with law 8,	Y	
c) Audible means of alerting tenants provided	Y	
VII. Fireman Service—Elevators		
a) Installed in building and approved	Y	
b) Monthly elevator test and record	Y	
VIII. Fire Wardens & Deputy Fire Wardens		
a) Organization Charts posted and accurate	? Y	
b) Fire Wardens, deputy wardens and searchers adequately trained	? Y	
c) Floors checked for items (a) and (b) 11TH + 12TH		
IX. Fire Brigade		
a) Present in building and adequately trained	N NOV ISSUED	
X. Signs		
a) All required signs at the elevators, stairs, and floors are posted and correct	? N NOV ISSUED	
11, 12TH + Reentry signs		
XI. Re-Entry		
a) Re-entry provided where required	? Y	
b) If fail safe system check here (✓) and indicate floors ALL FLOORS		

Signed Pugino Rank LT. Date 11-28-89

NYC-WTC_000168917

NYC 9/11 Public Portal Document

Maria Monti
12TH Fl. Spicer Oppenheim
7 WTC, 10048

NYC-WTC_000168918

A-324 (7/84) 03-127-092

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

INSPECTION REPORT

8 1 of 972

ACCOUNT	ADM CO	START DATE	D.O.	TYPE
			36	

OWNER NAME

SILVERSTEIN PROPERTIES

PREMISE ADDRESS

ADD INFO: WORLD TRADE CENTER

STREET NUMBER: 7 PREFIX → STREET NAME

TYPE → SUFFIX → ZIP CODE: 10048 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
		Lt. O'Doherty	3/18/91

	ITEM CODE	ITEM SUB-CODE	QTY	DESCRIPTION	FLOOR NO.
1	890	02	1		
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

895 99

COMMENTS

PUT X IF SEE ATTACHED LIST

STATUS - CHECK AND COMPLETE

☐ APPROVED FOR PERMIT

☐ VIOLATIONS REPORTED

☐ NOT APPROVED WITH REASON

INSPECTION DATE: 3/18/91

INSPECTOR - I.D.: #010025

ENTER CODE

NEXT INSPECTION SCHEDULED: DATE

AKA ADDRESS

STREET NUMBER PREFIX →

STREET NAME TYPE → SUFFIX →

ENTRY CLERK Rc DATE 3/19/91 AUDITOR DATE

NYC 9/11 Public Portal Document

INSPECTIONS

Date	Type	Status	Reason/Code	Next Inspection
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Instructions to Inspectors—All boxes in 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 01 615'01128 Inspector Lt. O'Doherty

Name of Candidate Rogers Michael (Print last name, first name) Office Address 7971 Zulette Ave. Bronx N.Y. Date of Examination 3/18/91

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:	X		
*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 ☐			

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:	X		
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 ☐	X		
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 ☒	X		
v. G. Building current in actual Fire Drills? (*if over 3 months) Yes ☒ No ☐	X		
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 13 FLOOR. **Building Inspection—Signs and Charts—**	X		
v. A. Are stairways properly lettered? Yes ☒ No ☐			
v. B. Are floors properly numbered? Yes ☒ No ☐			
v. C. Is floor diagram posted? Yes ☒ No ☐	X		
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 ☐	X		
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 ☒	X		
TOTAL (9)	8	1	
III. b. Building Inspection—Signs and Charts—Choose one floor for the general floor inspection 13 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 ☐	X		
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 ☐	X		
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 ☒	X		
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: Jackie Calabrese (NAME OF FLOOR WARDEN CONTACTED) 13 (FLOOR CHOSEN) 962 3900 (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 ☐	X		
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 ☐	X		
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 ☐	X		
*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 34. Number of incorrect answers is _____. Number of N/A answers is 2.

M25-14 16-870250-3-R25-P

: **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 ☐	X		
*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 ☐	X		
*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 ☐	X		
*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 ☐	X		
*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 ☐	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:

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

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

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

Sprinkler System (Page 14 Q 11) of F.S. Guidelines:
Does candidate know location/type of:

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

Alarm System:
Does candidate know location/type of:

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

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:

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

Standpipe systems (P. 14, Q. 10) of F.S. Guidelines:
Does candidate know location/type of:

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

Stairways (P. 13, Q. 5) of F.S. Guidelines:
Does candidate know location/type of:

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

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

	Yes	No	N/A
A. Halon, Pre-Action	☒	☐	☐
B. Dry Pipe—Water—	☒	☐	☐
C. Lead Backonly	☐	☐	☐

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___/___/___

F.P.I.M.S. Account No. | Unit: HQ/DO 36 ADMIN. | 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: SILVERSTEIN

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 10048 – Boro Code 1 1=Man; 2=Bx; 3=SI; 4=Bklyn; 5=Qns

AKA WORLD TRADE CENTER

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 718-403-1372] by close of business on 4/22/01. 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 5/8/01 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 Under Fire Department Rule(s) cited below:

☐ **Rule 1 Buckets and/or Fire Extinguishers** Failed to provide ____ (NUMBER) fire buckets filled with (sand/water) and/or ____ 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) ____ of ____ (PRODUCT) in excess of amount stated on permit.

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

☒ **Rule 6 Signs/Postings/Instructions** Failed to provide (signs/postings/instructions) for Organized Drills at 11 Floor ~~[illegible]~~ 13 Floor as required.

☐ **Rule 7 Labels/Marks/Stamps** Failed to provide (Labels/Marks/Stamps) for ____ 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/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 (affidavit/documentation/plan/application) for ____ (SPECIFY) from ____ (MANDATORY) as required.

☐ **Rule 20 Test/Inspection** Failed to conduct required (equipment/system) (test/inspection) of ____ (EQUIPMENT/SYSTEM) 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) ____ (TYPE) (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 ____ 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 # ____ (Respondent must *appear at the hearing.*)

☐ **False Certification (§15-229.1)** Willfully falsified Certificate of Correction for NOV # ____. (Respondent must appear at hearing.)

☐ **Other Code Section/Rule** ____ (SPECIFY SECTION) **Describe offense below.**

Description of Violation: No Floor Warden and Deputy Fire Warden Charts posted.

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: 3/13/01 Time: ____ a.m./p.m.

INSPECTOR'S SIGNATURE: J. L. O'Doherty

PRINT NAME: J. L. O'Doherty

Inspector's Tax Registry Number: PII

M29-19 9/94-0-10-1030/99

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 _____ (DATE) 19_____ at _____ (TIME) 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 _____ (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 house.
2. ☐ 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 present.

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

_____ (SIGNATURE)

_____ (PRINT 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.

Section D: **FIRE SAFETY DIRECTOR ON SITE EXAMINATION-OFFICE**

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 01 615 01128 No. of On Site Tests 1

Candidate Name Rogers Michael

Office Address #7 WORLD TRADE CENTER ~~BROWN~~ ~~N.Y.~~ ~~N.Y.~~ W.T.C

Social Security No. PII

Date of Examination 3/18/91

Total Number of Items Answered 87

Number of correct answers are 87 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)

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:

WOV 10144034L

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

L. O'Doherty (INSPECTOR) 3/18/91 (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

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
08/22/90	89062269	14	B	36	H011			11/90

LEASE INDICATE ANY OF HESE COLUMN CHANGES AT RIGHT → CHANGES CHANGES CHANGES CHANGES

CHECK HERE FOR ANY CHANGES IN THIS ACCT AND INDICATE ON **REVERSE SIDE**

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

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

BILLING ADDRESS	OWNER 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	HIRI OFFICE BLDG 100FT OR MORE	0

COMMENTS

ITEMS TO BE ADDED OR DELETED

	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

EXT INSPECTION SCHEDULED DATE

☐ VOID WITH REASON _____
ENTER CODE

☐ NOT APPROVED WITH REASON _____
ENTER CODE

● INDICATE CHANGES BELOW ●

PLEASE **PRINT** ALL INFORMATION

PREMISE ADDRESS

ADDITIONAL PREMISE INFO

STREET NUMBER PREFIX

STREET NAME

TYPE SUFFIX ZIP BORO

AKA ADDRESS

STREET NUMBER PREFIX

STREET NAME

TYPE SUFFIX

OWNER NAME

X – IF CHANGE OF OWNER

DATE OF OWNER CHANGE

BILLING ADDRESS

ADDITIONAL MAILING INFO

STREET NUMBER PREFIX

STREET NAME

TYPE SUFFIX ZIP BORO

ENTER HERE FOR OUT OF TOWN ADDRESS

CITY STATE ZIP

REMARKS

INSPECTOR Lt James C. Lavelle DATE 12/27/90

INSPECTOR I.D. 003

EXAMINER DATE 180

ENTRY CLERK DATE 12/26/90

AUDITOR DATE

NYC 9/11 Public Portal Document

SILVERSTEIN PROPERTIES

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

December 28, 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.

NYC 9/11 Public Portal Document

(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. Kesner

William T. Kesner
Fire Safety Director

CC: C. Borsari (w/o attachment)
J. Halpin (w/o attachment)
M. Bassin (w/o attachment)
J. Catano (w/o attachment)
L. Norcia (Port Authority) (w/o attachment)

NYC 9/11 Public Portal Document

A-324 (7/84) 03-127-092

O/S F

8810897V

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

INSPECTION REPORT

ACCOUNT	ADM CO	START DATE	D.O.	TYPE
		5/8/90		

OWNER NAME

SILVERSTEIN PROP

PREMISE ADDRESS

ADD INFO
STREET NUMBER 7 PREFIX → STREET NAME WORLD TRADE CENTER
TYPE → SUFFIX → ZIP CODE 10048 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
	Lt DeLuca		

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

COMMENTS

RASMUSSEN
RIVERA

PUT X IF SEE ATTACHED LIST

STATUS - CHECK AND COMPLETE

☑ APPROVED FOR PERMIT
☐ VIOLATIONS REPORTED
☐ NOT APPROVED WITH REASON

INSPECTION DATE: 5/8/90

INSPECTOR - I.D.: H00099/150

ENTER CODE

NEXT INSPECTION SCHEDULED: DATE

AKA ADDRESS

STREET NUMBER PREFIX →
STREET NAME TYPE → SUFFIX →

ENTRY CLERK M. Dey DATE 05/09/90 AUDITOR DATE

NYC-WTC_000168930

INSPECTIONS

Date	Type	Status	Reason/Code	Next Inspection
/ /				/ /
/ /				/ /
/ /				/ /
/ /				/ /
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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 6100557 Inspector LT. DELUCA

Name of Candidate KEVIN, RASMUSSEN (Print last name, first name) Office Address 7 W.T.C. N.Y. N.Y. Date of Examination 5/8/90

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 ☐			

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~~	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 24 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 ☐ CNN			
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 10 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: EVETTE WEIDING (NAME OF FLOOR WARDEN CONTACTED) 40 (FLOOR CHOSEN) 422-1100 (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 36. Number of incorrect answers is 0. Number of N/A answers is 0.

M25-14 16-870250-3-R25-P

: **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:

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

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

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

Sprinkler System (Page 14 Q 11) of F.S. Guidelines:
Does candidate know location/type of:

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

Alarm System:
Does candidate know location/type of:

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

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:

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

Standpipe systems (P. 14, Q. 10) of F.S. Guidelines:
Does candidate know location/type of:

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

Stairways (P. 13, Q. 5) of F.S. Guidelines:
Does candidate know location/type of:

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

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

	Yes	No	N/A
A. _____	☐	☐	☐
B. _____	☐	☐	☐
C. _____	☐	☐	☐

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
47-3-0

Section D: **FIRE SAFETY DIRECTOR ON SITE EXAMINATION—OFFICE**

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 61005575 No. of On Site Tests

Candidate Name RASMUSSEN, KEVIN

Office Address 7 W T C

Social Security No. PII

N.Y. C 10048

Date of Examination 5/8/90

Total Number of Items Answered 86

Number of correct answers are 78 on this test. Number of incorrect answers are 5. Number of N/A answers are 3.

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.

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

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

Lt DeLucia — INSPECTOR

5/8/90 — 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.

SD-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 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 615020300 Inspector G DeLuca

Name of Candidate Rivera, Luis (Print last name, first name) Office Address 7 W.T.C. NY.C 10040 Date of Examination 5/8/90

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 ☐			

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	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 24 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 10 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: EVETTE WEINBERG (NAME OF FLOOR WARDEN CONTACTED) 10 (FLOOR CHOSEN) 422-1000 (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 36. Number of incorrect answers is 0. Number of N/A answers is 0.

M25-14 16-870250-3-R25-P

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 ☐	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)	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:

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

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

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

Sprinkler System (Page 14 Q 11) of F.S. Guidelines:
Does candidate know location/type of:

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

Alarm System:
Does candidate know location/type of:

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

TOTAL (22) 19 Yes / 3 No / 0 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:

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

Standpipe systems (P. 14, Q. 10) of F.S. Guidelines:
Does candidate know location/type of:

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

Stairways (P. 13, Q. 5) of F.S. Guidelines:
Does candidate know location/type of:

	Yes	No	N/A
A. Identification/location?	☑	☐	☐
B. Floors served?	☑	☐	☐
C. Pressurized stairs?	☐	☐	☑
D. Access stairs (Open or Closed)? 11-12	☑	☐	☐

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

	Yes	No	N/A
A. _____	☐	☐	☐
B. _____	☐	☐	☐
C. _____	☐	☐	☐

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 _____.

15 2 0
8 0 3
19 3 0
42-5-3
3600
78-5-3

Section D:

FIRE SAFETY DIRECTOR ON SITE EXAMINATION—OFFICE

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 6520300 No. of On Site Tests

Candidate Name RIVERA, Luis

Office Address 7 W. 7. C

N.Y. C 10048

Social Security No. PII

Date of Examination 5/8/90

Total Number of Items Answered 86

Number of correct answers are 78 on this test. Number of incorrect answers are 5. Number of N/A answers are 3.

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.

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

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

E. DeLucia 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.

SD-1 H/R (4/89) 51-890288-114

NYC 9/11 Public Portal Document

A-10(9-85)
750 Sets—6M21557

CROSS STREETS
Between Washington ST AND West Broadway

CITY
FIRE DEPARTMENT
BUREAU OF FIRE PREVENTION

BATTALION 1

VIOLATION ORDER

D 249375

To 7-World Trade Center, Mgr. Silverstein
ADDRESS — NAME OF OWNER, LEASEE, OCCUPANT, ETC.

Entire Bldg. — Office Bldg. — 165630 01
ROOM NO. OR FLOOR — TYPE OF OCCUPANCY — ACCOUNT NO.

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

RESCINDED

STANDARD ORDER FORM NO.	ITEM NO.	RESCINDED
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.

V.O. RCD DEC 04 1989 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 — (212) 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

NYC-WTC_000168938

NYC 9/11 Public Portal Document

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

NYC-WTC_000168939

NYC 9/11 Public Portal Document

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,

Mark Bassin
Building Manager

MB/dd

cc: JIm Halpin
Bill Dacunto

NYC 9/11 Public Portal Document

THE PORT AUTHORITY

The World Trade Center
Port Authority Trade Center
New York, New York 10048

November 18, 1988

RECEIVED
FEB - 7 1989
7 WORLD TRADE CENTER

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 D. 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

Bathgate Industrial Park
Bronx, NY
Brooklyn Piers Development
Brooklyn, NY
Industrial Park at Elizabeth
Elizabeth, NJ
Essex County Recycling Partners
Newark, NJ
Hoboken Waterfront Development
Hoboken, NJ
Hunters Point Waterfront Development
Queens, NY
Legal and Commercial Center
Newark, NJ
Newark South Ironbound Industrial Park
Newark, NJ
The Teleport
Staten Island, NY
The World Trade Center
New York, NY
Industrial Park at Yonkers
Yonkers, NY
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
Author's direct telephone _____ Fax # _____

NYC-WTC_000168941

NYC 9/11 Public Portal Document

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 J. Flynn
Deputy Director for
Physical Facilities
World Trade & Economic
Development

dr/RJL

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
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

Writer's direct telephone: _____ Fax # _____

NYC-WTC_000168943

NYC 9/11 Public Portal Document

THE PORT AUTHORITY OF NY & NJ

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

NYC 9/11 Public Portal Document

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.

NYC 9/11 Public Portal Document

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

NYC-WTC_000168946

NYC 9/11 Public Portal Document

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,

for Robert J. Linn
Deputy Director
for Physical Facilities
World Trade & Economic Development

bcc: S. Johnson, R. Lachman, C. Serge, A. Vaccaro

APV:mak

NYC-WTC_000168947

NYC 9/11 Public Portal Document

A-324 (7/84) 03-127-0925

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

INSPECTION REPORT

a/IHY

89062269

ACCOUNT	ADM CO	START DATE	D.O.	TYPE
89062269		11/28/89	36	

OWNER NAME

SILVERSTEIN PROPERTIES

PREMISE ADDRESS

DD INFO

TREET NUMBER 7 PREFIX → STREET NAME WORLD TRADE CENTER

TYPE → SUFFIX → ZIP CODE 10048 BORO CODE → 1

BILLING ADDRESS

DD INFO

TREET 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	INSPECTION NAME	EXAMINER NAME	DATE
	Pupino		

	ITEM CODE	ITEM SUB-CODE	QTY	DESCRIPTION	FLOOR NO.
1	890	02	01		
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

COMMENTS

HOISTWAY 1/8 FT

PUT X IF SEE ATTACHED LIST

STATUS - CHECK AND COMPLETE

- [ ] APPROVED FOR PERMIT
- [x] VIOLATIONS REPORTED
- [ ] NOT APPROVED WITH REASON

INSPECTION DATE: 11/28/89

INSPECTOR - I.D.: H0005/150

ENTER CODE

NEXT INSPECTION SCHEDULED: _____ *DATE*

AKA ADDRESS

TREET NUMBER PREFIX →

TREET NAME TYPE → SUFFIX →

ITRY ERK _____ DATE 11/29/89 AUDITOR _____ DATE _____

NYC-WTC_000168948

INSPECTIONS

Date	Type	Status	Reason/Code	Next Inspection
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BUILDING PROFILE

BUILDING ADDRESS 7 World Trade Center.

TYPE OF BUILDING Office BIDG 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.		✓	
FIREMENS SVC.	✓		
CENTRAL A/C		✓	Package Units
ACCESS STAIRS	✓		FLOORS SERVED 11 TO 12TH INFO IN FSP
MAIL CONVEYORS		✓	
ADDITIONAL INFO		✓	

Pupino
INSPECTOR

A-10(9-85)
750 Sets—6MØ1557

CROSS STREETS
Between Washington St
AND West Broadway

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

BATTALION 1

D 249375

To 7 World Trade Center (ADDRESS) Silverstein (NAME OF OWNER, LEASEE, OCCUPANT, ETC.)

Entire Bldg (ROOM NO. OR FLOOR) Office Bldg (TYPE OF OCCUPANCY) (ACCOUNT NO.)

Sir: An inspection this date of the above premises indicates the existence of the following violations under the enforcement jurisdiction of this Department. You are hereby directed to correct such violatons 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 C.L. "E" communication system is an approved installation.
Sp-84	2	Provide that a copy of the "Letter of Approval" for C.L. "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 (NAME OF PERSON WHO RECEIVED THIS ORDER) Building Manager (TITLE) (212) 619-6569 (PHONE #)

Lt Pupino (INSPECTOR) 11-28-89 (DATE) Hi-Rise (UNIT)

Unit Address 250 Livingston St Bklyn NY 11201 Unit Telephone (718) 403-1421

NYC 9/11 Public Portal Document

The City of New York

FIRE DEPARTMENT

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

BUREAU OF FIRE PREVENTION

11-28-89
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 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: Pupino Hi Rise Unit

FIRE SAFETY DIRECTOR: Tony Rubino

TYPE ALARM: "Class E"

ALARM CO.: AFA 32 Call 280

DISPATCHER #: 301

JMDeM:EC:mrs

Joseph M.DeMeo
Chief of Fire Prevention

SAVE WATER SMOKE DETECTORS SAVE LIVES SAVE WATER

NYC 9/11 Public Portal Document

THE PORT AUTHORITY

The World Trade Center
One World Trade Center
New York, New York 10048

November 18, 1988

RECEIVED
FEB - 7 1989
7 WORLD TRADE CENTER

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

Bayonne Industrial Park
Brooklyn Piers Development
Industrial Parks at Elizabeth
Elizabeth Port Authority Development
Hoboken Waterfront Development
Hudson Port Waterfront Development
Legal and Communications Center
Newark Elizabeth Marine Terminal
The Teleport
Staten Island, NY
The World Trade Center
New York, NY
Industrial Parks at Jersey
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
Writer's direct telephone _____ Fax # _____

NYC-WTC_000168953

NYC 9/11 Public Portal Document

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 J. Flynn
Deputy Director for
Physical Facilities
World Trade & Economic
Development

dr/RJL
(cs)

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
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

Writer's direct telephone: _____ Fax # _____

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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.

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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

NYC-WTC_000168956

NYC 9/11 Public Portal Document

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,

for R. Montellano

Robert J. Linn
Deputy Director
for Physical Facilities
World Trade & Economic Development

bcc: S. Johnson, R. Lachman, C. Serge, A. Vaccaro

APV:mak

NYC-WTC_000168957

NYC 9/11 Public Portal Document

For E.U. Use C Mailed Date 12/8/97 Initials PV
FPIMS Date / /

F.P.I.M.S. Account No. Unit: HQ/DO 36 ADMIN. CO. 60/10

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: SILVERSTEIN PROPERTIES INC

CURED

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 - 0000 Boro Code 01 1=Man; 2=Bx; 3=Sl; 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=Sl; 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 01 02 97

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 01 17 97 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 (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 Properly (LOCATION) ORIENTATE FLOOR DIRECTIONAL as required.

☐ **Rule 7 Labels/Marks/Stamps** Failed to provide (Labels/Marks/Stamps) for 11th + 12th Floor (See Below) 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 treat combustible material and/or fabric (SPECIFY ITEM) 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 (affidavit/documentation/plan/application) for Update (SPECIFY) FIRE SAFETY PLAN from (SIGNATORY) 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) (TYPE) (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: FORM AND HYDRANTS TRAIN 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 # (Respondent must appear at hearing.)

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

Description of Violation: Rule 6 PROVIDE + POST FAIL SAFE 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: 11/28/96 Time: a.m./p.m.

Inspector's Tax Registry Number PII INSPECTOR'S SIGNATURE

M25-19 H1-581059-1186-111

ECB COPY

NYC-WTC_000168958

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 (DATE) 19 89 at ____ (TIME) AM/PM at 7 WORLD TRADE CENTER (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 ____ (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 house.
2. ☐ unable to secure identification of the person(s) present;
3. ☒ advised by MARK J. BASSIN (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 MARK J. BASSIN (NAME) Building Manager (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"-5'8"	☒ 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 December 1 1989

T. James C. Tuccile
SIGNATURE OF CERTIFYING OFFICER

Joseph M. Pupino
SIGNATURE
PRINT NAME

PII
TAX NUMBER/SS NUMBER

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

A in OCONNOR enforcement unit Brklyn. 3A 1/3/90 (Return)

For ECB Use Only: Mailed Date ___/___/___ Initials _____
FPIMS Date ___/___/___

F.P.I.M.S. Account No. _____ Unit: HQ/DO 36 ADMIN. CO. 66

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: SILVERSTEIN PROPERTIES INC

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 – 0000 Boro Code 01 1=Man; 2=Bx; 3=SI; 4=Bklyn; 5=Qns

Add info ___

CURED 1-2-90 Jack C

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 01 02 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 01 03 90 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 ___ (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 properly at ORIGINATE FLOOR DIRECTORY ON ___ (LOCATION) as required.

☐ **Rule 7 Labels/Marks/Stamps** Failed to provide (Labels/Marks/Stamps) for 11th + 12th Floor, (See below) 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 treat combustible material and/or fabric ___ (SPECIFY ITEM) 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 (affidavit/documentation/plan/application) for ___ (SPECIFY) from ___ (SIGNATORY) 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) ___ (TYPE) (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: Form and Authorized [illegible] Fire [illegible]

☐ **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 # ___. (Respondent must appear at hearing.)

☐ **Other Code Section/Rule** ___ (SPECIFY SECTION) **Describe offense below.**

Description of Violation: [illegible]

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 28 89 Time: ___:___ a.m./p.m.

Inspector's Tax Registry Number PII **INSPECTOR'S SIGNATURE** [illegible]

M25-19 H1-881059-1186-111

CERTIFICATE OF CORRECTION (COMPLETE REVERSE SIDE)

CERTIFICATE OF CORRECTION

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

WILLIAM KESNER, being duly sworn, depose and say that I am the respondent cited in the
PRINT YOUR NAME

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

Check one
- [X] 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 29th day of DEC 19 87 Notary Number 44-9101410

Signature of Notary [signature] Commission Expires 10/31/90

SEAL
MARTIN SOKOLOW
NOTARY PUBLIC, State of New York
No. 44-9101410
Qualified in Rockland County
Commission Expires Oct. 31, 1990

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 your 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) 858-1305
- ★ Queens: 91-14 Merrick Blvd., 6th Fl. (718) 297-1080
- ★ Staten Island: Borough Hall Building, 10 Richmond Terrace (212) 971-3600

A-463 (3/84) 03-127-0130

HI-RISE UNIT

OFFICE BUILDING ANNUAL INSPECTION

Address 7 WTC Boro MAN.

Stories 47 Height in Feet

	ANSWER YES OR NO	HR # OR A-8
I. Fire Command Station		
a) Located in lobby on entrance floor (3RD FL.)	YES	
b) Adequately illuminated	YES	
c) Copy of Fire Safety Plan	YES	
d) Window lock keys if required	N/A	
e) Elevator keys	YES	
f) List of Fire Wardens with Telephone Nos.	YES	
II. Communications & Fire Alarm		
a) Required two way system (temporary)		
b) Required two way system (permanent)	YES	
If permanent, check type of system—Class "E" ✓ Advisory Mini		
c) To all floors	YES	
d) To mechanical equipment room	YES	
e) To elevator machinery room (if applicable)	YES	
f) To the regularly assigned location of the Fire Safety Director (if applicable)	YES	
III. Fire Safety Plan		
a) Building has an approved plan	YES	
b) All sections current and correct	YES	
c) Applicable parts distributed to tenants	YES	
IV. Fire Safety Director & Deputy Fire Safety Director	FSD / DFSD	
a) Has a C of F for this building	YES / YES	
b) On duty when required by law	YES /	
c) Has an acceptable system of daily notification of availability of Fire Wardens and Deputies	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	YES	
b) Frequency of drills conforms with law	YES	
c) Audible means of alerting tenants provided	YES	
VII. Fireman Service—Elevators		
a) Installed in building and approved	YES	
b) Monthly elevator test and record	YES	
VIII. Fire Wardens & Deputy Fire Wardens		
a) Organization Charts posted and accurate	YES	
b) Fire Wardens, deputy wardens and searchers adequately trained	YES	
c) Floors checked for items (a) and (b) 10, 11, 12	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	YES	
b) If fail safe system check here (✓) and indicate floors 10, 11, 12		

Signed G. R. F. Bruno Rank Date 10-6-88

NYC 9/11 Public Portal Document

A-324 (7/84) 03-127-0925

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

INSPECTION REPORT

ACCOUNT	ADM CO	START DATE	D.O.	TYPE
		06/13/89	36	

OWNER NAME

SILVERSTEIN PROPERTIES

PREMISE ADDRESS

OD INFO
TREET NUMBER: 7 | PREFIX → | STREET NAME: WORLD TRADE CENTER
TYPE → | SUFFIX → | ZIP CODE | BORO CODE → 1

BILLING ADDRESS

OD INFO: SAME
TREET 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
	LT. LAVELLE		

	ITEM CODE	ITEM SUB-CODE	QTY	DESCRIPTION	FLOOR NO.
1	895	99	01	O/S	
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

COMMENTS

ROBERT E PERKINS PASSED

PUT X IF SEE ATTACHED LIST

STATUS - CHECK AND COMPLETE

	INSPECTION DATE	INSPECTOR - I.D.
[X] APPROVED FOR PERMIT	06/13/89	H0003/186

[ ] VIOLATIONS REPORTED

[ ] NOT APPROVED WITH REASON

ENTER CODE

NEXT INSPECTION SCHEDULED: _____ *DATE*

AKA ADDRESS

REET NUMBER | PREFIX →
REET NAME | TYPE → | SUFFIX →

TRY ERK _____ DATE _____ AUDITOR _____ DATE _____

NYC-WTC_000168963

INSPECTIONS

Date	Type	Status	Reason/Code	Next Inspection
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Section D: **FIRE SAFETY DIRECTOR ON SITE EXAMINATION-OFFICE**

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 61317251 No. of On Site Tests

Candidate Name ROBERT E. PERKINS

Office Address 7 WORLD TRADE CENTER NEW YORK N.Y 10048

Social Security No. PII

Date of Examination JUNE 13 1989

Total Number of Items Answered 89.

Number 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)

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:

NOV 10031414

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

Lt James E. Lavelle 6/13/89

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.

SD-1 H/R (4/89) 51-890288-114

Instructions to Inspectors—All boxes on [redacted] form must have an answer. Answers wit[redacted] "NO" answers to a "V" mandate a Violation Ord[redacted] "NO" answers to a "*" mandate automat[redacted] failure. Check "YES" "NO" or "N/A".

ON SITE EXAM FOR
FIRE SAFETY DIRECTOR—OFFICE

Z 01 6131 7251 Inspector LT. JAMES E. LAVELLE

Name of Candidate PERKINS, ROBERT E (Print last name, first name) Office Address 7 WORLD TRADE CTR NEW YORK, N.Y 10048 Date of Examination 6/13/89

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 ☐			

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 13 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 ☑	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 12 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 ☑	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: ROSEANNE DEVINS (NAME OF FLOOR WARDEN CONTACTED) 10 (FLOOR CHOSEN) 3873 (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 24 Number of incorrect answers is 7. Number of N/A answers is 3.

M25-14 16-870250-3-R25-P

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:

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

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

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

Sprinkler System (Page 14 Q 11) of F.S. Guidelines:
Does candidate know location/type of:

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

Alarm System:
Does candidate know location/type of:

	Yes	No	N/A
A. Various alarm sending station?	☑	☐	☐
B. Various Warden phones?	☑	☐	☐
C. Street fire alarm box? Vesey + W. Broadway	☑	☐	☐

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:

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

Standpipe systems (P. 14, Q. 10) of F.S. Guidelines:
Does candidate know location/type of:

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

Stairways (P. 13, Q. 5) of F.S. Guidelines:
Does candidate know location/type of:

	Yes	No	N/A
A. Identification/location?	☑	☐	☐
B. Floors served?	☑	☐	☐
C. Pressurized stairs?	☑	☐	☐
D. Access stairs (Open or Closed)? 11-12	☑	☐	☐

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

	Yes	No	N/A
A. ___	☐	☐	☐
B. ___	☐	☐	☐
C. ___	☐	☐	☐

TOTAL (11) 9 Yes ___ No 2 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.

NYC 9/11 Public Portal Document

SILVERSTEIN PROPERTIES

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

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.

NYC 9/11 Public Portal Document

(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,

William T. Kesner

William T. Kesner
Fire Safety Director

WTK/dp

cc: Jim Halpin
Lou Norcia (Port Authority)

NYC-WTC_000168969

For E.U. Use Only: Mailed Date ___ Initials ___
FPIMS Date 6/22/89

F.P.I.M.S. Account No. ___ Unit: HQ/DO 36 ADMIN. CO. 5[illegible]

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 01 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 ___

CURED

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 08/03/89 at ☑ 9:30am, ☐ 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 ___ (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 proper signs at re-entry on all floors (see below) as required.

Rule 7 Labels/Marks/Stamps
☐ Failed to provide (Labels/Marks/Stamps) for ___ 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 treat combustible material and/or fabric ___ (SPECIFY ITEM) 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 (affidavit/documentation/plan/application) for updated FS Plan & send copy to Fire Dept Headquarters (SPECIFY) from ___ (SUPERVISORY) 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) ___ (TYPE) (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: Indicate location of access stairs in revised Fire Safety Plan.

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 # ___. (Respondent must appear at hearing.)
☐ Other Code Section/Rule ___ (SPECIFY SECTION) Describe offense below.

Description of Violation: ECB 6 Post and maintain a properly approved sign on the occupancy side of the stairway door stating "No-Re-Entry from this stairway except 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 PII INSPECTOR'S SIGNATURE James P. Tavelle

M25-10 H1-861050-1100-111

ECB COPY

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 (DATE) 19 89 at (TIME) AM/PM at 7 WORLD TRADE CENTER N.Y 10048 (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 _____ (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 house.
2. ☐ 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 present.

B. Thereupon, I delivered a copy of the herein Notice of Violation to KESNER, WILLIAM T. (NAME) FSD (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"-5'8"	☐ 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: _____

Lt James E. Lavelle (SIGNATURE)

JAMES E. LAVELLE (PRINT NAME)

PII (TAX WITHHOLDING NUMBER)

Sworn to before me on June 16 19 89

Lt. 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: 89 JUL 24 PM 1:08

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 1 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 ___

7/25/89

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 / 27

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 08 / 23 / 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 ___ (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 ___ at ___ (LOCATION) as required.

☐ **Rule 7 Labels/Marks/Stamps** — Failed to provide (Labels/Marks/Stamps) for ___ 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/Clearence** — 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 ___ (SPECIFY ITEM) 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 (affidavit/documentation/plan/application) for ___ (SPECIFY) ___ from ___ (SIGNATORY) 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) ___ (TYPE) (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* and certify correction.)

False Certification (§15-220.1)

☐ Willfully falsified Certificate of Correction for NOV # ___. (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: ___/___/___. Time: ___:___ a.m./p.m.

Inspector's Tax Registry Number PII **INSPECTOR'S SIGNATURE** ___

M25-19 H1-881059-1186-111

CERTIFICATE OF CORRECTION (COMPLETE REVERSE SIDE)

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 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.

William T. Kesner
SIGNATURE

(Sign only before a notary)

TO BE COMPLETED BY NOTARY

County of New York

Sworn to before me this 12th day of July 19 89

Signature of Notary Lori M. Steinhauser

Registration Number

Notary Number

Commission Expires 7/27/91

LORI M. STEINHAUSER
Notary Public, State of New York
No. 41-4899903
Qualified in Queens County
Commission Expires July 27, 1989

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 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 your 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) 858-1305
- ★ Queens: 91-14 Merrick Blvd., 6th Fl. (718) 297-1080
- ★ Staten Island: Borough Hall Building, 10 Richmond Terrace (212) 971-3600