

CD-201 6/88 H1-880411-R4D

CRITICAL INFORMATION DISPATCH SYSTEM (CIDS)

BLOCK NO. _____

BORO	HOUSE NUMBER	PREFIX	BUILDING OR COMPLEX NAME IF APPLICABLE	STREET TYPE ENDING	SUFFIX
1	7		WORLD TRADE CENTER		

TRANSMITTED DATA

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40
OFFICE 47 STY 150X150 CL1, ACID BATT 5 FL																																							
3000 GAL DIESEL 1ST FL, ACCESS ST 11-12 FL																																							
CONNECTS TO 66 BARCLAY, CON ED SUB STA AT																																							
1 FL EXP 3, ENTER ON NEESEY NEAR WEST B'WAY																																							

LT. Sean P. O'Sullivan 2-10-19 16/93
 Company Officer Unit Group Date

- ☐ Original
- ☒ Revised
- ☐ Revoked

NEW HAZ-MAT INFORMATION

Reason for Revised or Revoked

Batt. F.P. Coord. Batt. Group Date

Div. F.P. Coord. Div. Group Date

copy

*must
be
copy*

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CD-201 8/88 H1-880411-R40

CRITICAL INFORMATION DISPATCH SYSTEM (CIDS)

BLOCK NO. _____

BORO 1	HOUSE NUMBER 7	PREFIX	BUILDING OR COMPLEX NAME IF APPLICABLE WORLD TRADE CENTER	STREET TYPE ENDING	SUFFIX
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TRANSMITTED DATA

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40
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CD-201 8/88 H1-880411-R40

OFFICE CRITICAL INFORMATION DISPATCH SYSTEM (CIDS) BATT # 1

12 FL, 310 010 GAL DIESEL TANK 2 FL, ACCESS ST

BORO	HOUSE NUMBER 12 FL	PREFIX	BUILDING OR COMPLEX NAME IF APPLICABLE 310 010 GAL DIESEL TANK	STREET TYPE ENDING 2 FL	SUFFIX
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TRANSMITTED DATA

- ☐ Original
- ☐ Revised
- ☐ Revoked

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40
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Company Officer _____ Unit _____ Group _____ Date _____

Batt. F.P. Coord. _____ Batt. _____ Group _____ Date _____

Reason for Revised or Revoked

Div. F.P. Coord. _____ Div. _____ Group _____ Date _____

- ☐ Original
- ☐ Revised
- ☐ Revoked

Reason for Revised or Revoked

Div. F.P. Coord. _____ Div. _____ Group _____ Date _____

F.P.I.M.S. Account No. Unit: HQ/DO ADMIN. CO. 5 9 1 0 C.B. # 0 1 UNIT PHONE # 012 570 4210

ENVIRONMENTAL BOARD CITY OF NEW YORK	HOUSE OF REPRESENTATIVES NEW YORK	VIOLATION NO. 10600312
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Fire Commissioner of the City of New York, Petitioner vs Respondent:

CUSHMAN WAKELAND

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

Place of Occurrence (Premises Address)

Street Number **7** Prefix Street Name **WTC** **100 WALL ST**

Type Suffix Zip Code **10048** - **1196** Boro Code **01** 1=Man; 2=Bx; 3=SI; 4=Bklyn;

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

9-29-99
B.I.

Notice of Violation and Order to Correct and Certify Correction:

PLEASE TAKE NOTICE that the premises cited above is in violation of the requirements of law. It is further ORDERED by the FIRE COMMISSIONER that these violations be corrected and certified to be in compliance with the requirements of law within 35 days of the date of issuance. Certification must be made on the Certificate of Correction (Gold Copy). The Certificate of Correction and all proof of compliance MUST BE RECEIVED by the Bureau of Fire Prevention, Enforcement Unit, 9 Metro Tech East, Brooklyn, New York 11201-3857 (718) 999-2392 by close of business on 09/23/99. 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 Hearings:

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 10.13.99 at ☒ 9:30am, ☐ 10:30am, ☐ 1:30pm, ☐ 3:00pm at the ECB Hearing Office located in ☐ Brooklyn ☐ Manhattan ☐ Queens ☐ Staten Island ☐ Bronx.
(The address for each location is provided on the reverse side of this form.) This hearing is your opportunity to answer and defend the allegations set forth below. If you do not appear, you will be held in default and subject to maximum penalties.

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

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

- | | | | |
|--|---|--|---|
| ☐ Rule 1

☐ Rule 2

☐ Rule 3

☐ Rule 4

☐ Rule 5

☐ Rule 6

☐ Rule 7

☒ Rule 8

☐ Rule 9

☐ Rule 10

☐ Rule 11

☐ Rule 12

☐ Rule 13

☐ Rule 14

☐ Rule 15

☐ Rule 16 | <p>Buckets and/or Fire Extinguishers
 Failed to provide _____ filled with (sand/water) and/or approved _____ as required.</p> <p>Waste Receptacles
 Failed to provide _____ approved receptacles for waste at _____ as required.</p> <p>No Permit
 (Sold/Stored/Used/Manufactured/Transported) (combustibles/flammables/explosives) without required valid permit.</p> <p>Quantities in Excess of Permit
 (Sold/Stored/Used/Manufactured/Transported) _____ of _____ in excess of amount stated on permit.</p> <p>Produce Permit and/or Record
 Failed to produce (permit/record) regarding _____ at _____ as required.</p> <p>Signs/Postings/Instructions
 Failed to provide (Signs/Postings/Instructions) for _____ at _____ as required.</p> <p>Labels/Marks/Stamps
 Failed to provide (Labels/Marks/Stamps) for _____ at _____ as required.</p> <p>Obstructions/Accumulations
 Failed to remove all (obstructions/accumulations of rubbish or storage) of _____ from _____ as required.</p> <p>Adequate Egress/Aisle Space/Clearance
 Failed to provide adequate (egress/aisle space/clearance) at _____ as required.</p> <p>Operating Contrary to C of O
 Operated _____ contrary to the certificate of occupancy.</p> <p>General Maintenance
 Failed to maintain _____ in a proper condition as required.</p> <p>Maintenance of Sprinkler, Standpipe, Alarm, Suppression Systems
 Failed to properly (provide/maintain) _____ system or part thereof as required. Describe below.</p> <p>Fire Retardant Material
 Failed to provide/maintain non-combustible material _____ at _____ or provide affidavit that combustible material has been treated with flame retardant as required.</p> <p>Fireproof Doors/Windows
 Failed to (provide/maintain) (self-closing fireproof doors/windows) at _____ as required.</p> <p>Fireproof Partitions or Walls
 Failed to (provide/maintain) fireproof partitions or walls at _____ as required.</p> <p>Ventilation
 Failed to provide (approved vents/adequate ventilation) at _____ as required.</p> | ☐ Rule 17

☐ Rule 18

☐ Rule 19

☐ Rule 20

☐ Rule 21

☐ Rule 22

☐ Rule 23

☐ Rule 24

☐ Rule 25

☐ Rule 26

☐ Rule 27

☐ Rule 28

☐ Rule 29

☐ Rule 30 | <p>Certificates of Fitness
 Failed to (obtain/provide) a (Certificate of Fitness/Certificate Holder on Duty) for _____</p> <p>Certificate of Approval/Qualification/License
 Failed to (obtain/provide) a Certificate of (Approval/Qualification/License) for _____ as required.</p> <p>Certificate of Occupancy/Building Assembly Permit/Affidavit/Documentation/Plans/Applications
 Failed to provide for _____ from _____ as required.</p> <p>Test/Inspection
 Failed to conduct required (equipment/system) (test/inspection) of _____ as required.</p> <p>Containers
 Failed to provide approved containers for _____ as required.</p> <p>Tanks/Supports
 Failed to (provide/maintain) approved tanks/supports for _____ as required.</p> <p>Storage
 Failed to provide (vaults/cabinets/room/area) for the storage of _____ as required.</p> <p>Racks
 Failed to provide appropriate racks at _____ as required.</p> <p>Electrical Equipment
 Failed to (provide/protect/maintain) _____ electrical equipment as required.</p> <p>Approved Refrigeration/Heating Devices or Units
 Failed to (provide/protect/maintain) _____ (refrigeration/heating) devices as required.</p> <p>Approved Lighting Devices
 Failed to (provide/protect/maintain) _____ lighting devices as required. Specify type of protection required: _____</p> <p>Exposed Flames or Sparks
 (Unlawfully allowed/failed to protect) exposed flame or spark at _____ as required.</p> <p>Designated Areas
 Failed to (provide/maintain) designated area/premises for _____ as required.</p> <p>Fire Safety in Office Buildings/Hotels/Motels
 Failed to comply with the fire safety requirements for (office buildings/hotels/motels). Specify: _____</p> |
|--|---|--|---|

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

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

Other Code Section/Rule _____ **Describe offense below.**

Description of Violation: #3 5th Fl remove all storage & wire cage from elevator lobby - remove all accumulations of storm & rubbish from elevator lobby (service elevator)

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: 08/21/99 Time: 02:10 a.m./p.m.

Inspector's Tax Registry Number 912408

INSPECTOR'S SIGNATURE T. Doherty

PRINT NAME Tim Doherty



FIRE DEPARTMENT

100 DUANE STREET NEW YORK, NY 10007
TEL. 212 570-4301 FAX 212 619-0650

BATTALION 1

E-10

COPY IN
3609 Felle
OB

25
9/19
13

TO: Gerard Barbara Chief Of Fire Prevention
FROM: William Blaich Battalion Commander
DATE: 10/18/99
SUBJECT: Dangerous Condition At 7 World Trade Center - Update 3

Diesel fuel fill and vent lines are planned to be re-routed through the ceiling of the first floor lobby and will not breach the elevator shafts.

Respectfully Submitted,

Battalion Commander
Battalion 1 Group 19

Examined & Approved ☐ Disapproved ☐

Deputy Chief _____
Division 1 Date Group #