



NEW YORK CITY DEPARTMENT OF
HEALTH AND MENTAL HYGIENE
Mary T. Bassett, MD, MPH
Commissioner

COMMISSIONER OF HEALTH ORDER

July 06, 2017

OWNER OR MANAGING AGENT

CONTRACTOR

SILVERSTONE PROPERTY GROUP, LLC
825 THIRD AVENUE, 36TH FLOOR
NEW YORK, NY 10022
(646)786-8000

Respondents

RE: Order No.: C2017-0203
LASU No.: L2017-0433
Address: 300 WEST 112 ST
MANHATTAN, NY 10026
Apt. No.: CMN
Floor: 1-5
Telephone Number:
Inspection Date: June 20, 2017

WHEREAS, respondents are the owner(s), agent(s), managing agent(s), contractor(s), their agents or employees, and/or otherwise in control of the above captioned premises or performing or supervising work in progress at such premises; and

WHEREAS, an inspection conducted by the New York City Department of Health and Mental Hygiene on the above referenced date found work in progress at the above work site and found an accumulation of dust and/or paint chips having been generated and released into the air as a result of paint scraping and work that was performed on the building at various times without regard to containment; and

WHEREAS, members of the public and particularly children who may be exposed to such dust and/or paint chips are susceptible to the health dangers and risks that result from such environmental conditions; and

WHEREAS, pursuant to New York City Health Code (the "Health Code") §3.07 no person shall do or assist in any act which is or may be detrimental to the public health or to the life or health of any individual unless such act is authorized by law, nor fail to do any reasonable act or take any necessary precaution to protect human life and health;

WHEREAS, such conditions constitute a public nuisance, within the meaning of section 17-142 of the New York City Administrative Code and section 3.09 of the New York City Health Code because they are dangerous to human life and detrimental to the health of persons within, and in close proximity to such premises; and

HEALTHY HOMES PROGRAM/LEAD POISONING PREVENTION

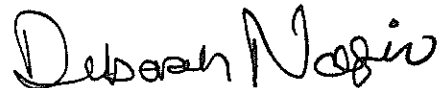
125 Worth Street, 6th Floor, CN 58, New York, New York 10013, (646) 632-6002, Fax (347) 396-8926 or (646) 632-60048

THEREFORE, YOU ARE HEREBY ORDERED, pursuant to the authority of Chapter 22 of the New York City Charter; sections 17-113, 17-114, 17-142, et seq. of the New York City Administrative Code and sections 3.01, 3.05, 3.07 and 3.09 of the New York City Health Code to clean up all debris and dust generated during the performance of the work and resume work using safe work practices.

IT IS FURTHER ORDERED (if this box is checked) that you immediately stop all work until all dust and debris are cleaned up, contained and prevented from entering the surrounding areas in accordance with applicable law.

IF YOU HAVE ANY QUESTIONS ABOUT HOW TO COMPLY WITH THIS ORDER, OR IF YOU WISH TO CONTEST OR REQUEST A MODIFICATION OF ANY PART OF THIS ORDER IMMEDIATELY CALL THE FIELD SUPPORT UNIT AT (646) 632-6002.

Commissioner of Health (or Designee)



Deborah Nagin, Director
Healthy Homes Program/
Lead Poisoning Prevention

WARNING

FAILURE TO COMPLY WITH AN ORDER OF THE COMMISSIONER IS A VIOLATION OF THE NEW YORK CITY CODE AND A MISDEMEANOR, FOR WHICH YOU MAY BE SUBJECT TO CIVIL AND CRIMINAL PENALTIES INCLUDING FINES AND FORFEITURES



EMSL Analytical, Inc.

307 West 38th Street, New York, NY 10018
Phone/Fax: (212) 290-0051 / (212) 290-0058
http://www.EMSL.com manhattanlab@emsl.com

EMSL Order: 031719036
CustomerID: NYHM25
CustomerPO: 20171410261
ProjectID: EHSF-17-0857-N0

Attn: **New York City DOH & Mental Hygiene
LPPP - Field Support Unit
125 Worth Street, 6th Floor CN58
New York, NY 10013**

Phone: (646) 632-6002
Fax:
Received: 06/28/17 11:21 AM
Collected: 6/20/2017

Project: L2017-0433/ 300 WEST 112 STREET/ CMN/ MANHATTAN

Test Report: Lead in Dust by Flame AAS (SW 846 3051A/7000B)*

Client Sample Description	Lab ID	Collected	Analyzed	Area Sampled	Lead Concentration
062017-1618-001 Site: 5TH FLOOR PUBLIC HALLWAY FROM ELEVATOR Desc: FLOOR/ CERAMIC	031719036-0001	6/20/2017	6/29/2017	144 in ²	<10 µg/ft ²
062017-1618-002 Site: 5TH FLOOR PUBLIC HALLWAY FROM ELEVATOR Desc: WINDOW SILL/ PAINTED WOOD	031719036-0002	6/20/2017	6/29/2017	84 in ²	<17 µg/ft ²
062017-1618-003 Site: 2ND FLOOR PUBLIC HALLWAY FROM ELEVATOR Desc: FLOOR/ PAINTED WOOD	031719036-0003	6/20/2017	6/29/2017	144 in ²	<10 µg/ft ²
062017-1618-004 Site: 2ND FLOOR PUBLIC HALLWAY FROM ELEVATOR Desc: WINDOW SILL/ PAINTED WOOD	031719036-0004	6/20/2017	6/29/2017	84 in ²	49 µg/ft ²
062017-1618-005 Site: BASEMENT FLOOR PUBLIC HALLWAY FROM ELEVATOR Desc: FLOOR/ NO WINDOW/ CERAMIC	031719036-0005	6/20/2017	6/29/2017	144 in ²	<10 µg/ft ²
062017-1618-006 Site: BLANK	031719036-0006	6/20/2017	6/29/2017	n/a	<10 µg/wipe

M. Apfeldorfer

Miron Apfeldorfer, Laboratory Manager
or other approved signatory

*Analysis following Lead in Dust by EMSL SOP/Determination of Environmental Lead by FLAA. Reporting limit is 10 ug/wipe. Ug/wipe = ug/ft2 x area sampled in ft2. Unless noted, results in this report are not blank corrected. This report relates only to the samples reported above and may not be reproduced, except in full, without written approval by EMSL. EMSL bears no responsibility for sample collection activities (such as volume sampled) or analytical method limitations. Samples received in good condition unless otherwise noted. The lab is not responsible for data reported in ug/ft2 which is dependent upon the area provided by non-lab personnel. The test results contained within this report meet the requirements of NELAC unless otherwise noted. "<" (less than) result signifies the analyte was not detected at or above the warning limit. Measurement of uncertainty is available upon request. The QC data associated with the sample results included in this report meet the recovery and precision requirements unless specifically indicated otherwise. Definitions of modifications are available upon request.
Samples analyzed by EMSL Analytical, Inc. New York, NY AIHA-LAP, LLC-ELLAP Acc. #102581, NYS ELAP 11506

Initial report from 06/29/2017 12:13:33

HEALTHY HOMES PROGRAM/LEAD POISONING PREVENTION
 125 Worth Street 6th Floor, CN # 58, New York, NY 10013, (646) 632-6002, Fax (347) 396-8926 or (646) 632-6004
Field Sampling and Chain of Custody Form for Environmental Sampling

Order ID: 031719036

Child ID #:	<input type="checkbox"/> Case <input checked="" type="checkbox"/> Complaint	Job Number (XRF):	<input checked="" type="checkbox"/> Check here if no XRF readings were taken in or outside the apartment
Sampling Address: <u>300 West 112 Street</u>	Apt.: <u>CMM</u>	Boro: <u>1</u>	Health Area: <u>11-8500</u>
Name of Property Owner: <u>Silverstone Property Group.</u>			
Owner Address: <u>825 3rd Avenue</u>	Boro: <u>1</u>	LASU #: <u>12017-0433</u>	

Sample ID # Date (Month/Day/Year) - Employee ID - Sample ID (3 digits) <small>e.g. 041804-1234-001</small>	Room Name (Must match XRF room name)	Component	Sample Area (Length x Width in inches)	Comments Note special sample conditions, locations, and sample type. For example: Conditions: carpeted floor; bare soil Location: window on left on Wall 1; back yard Type: dust, soil, paint chip, water
<u>062017-1618-001</u>	<u>5th Floor Public Hallway From Elevator</u>	<input checked="" type="checkbox"/> Floor <input type="checkbox"/> Window Sill <input type="checkbox"/> Other:	<u>12x12</u>	<input type="checkbox"/> No Window <u>Ceramic</u>
<u>062017-1618-002</u>	<u>5th Floor Public Hallway From Elevator</u>	<input type="checkbox"/> Floor <input checked="" type="checkbox"/> Window Sill <input type="checkbox"/> Other:	<u>12x127</u>	<input type="checkbox"/> No Window <u>2017 JUN 28 AM 11:27 Painted wood.</u>
<u>062017-1618-003</u>	<u>2nd Floor Public Hallway From Elevator</u>	<input checked="" type="checkbox"/> Floor <input type="checkbox"/> Window Sill <input type="checkbox"/> Other:	<u>12x12</u>	<input type="checkbox"/> No Window <u>Ceramic</u>
<u>062017-1618-004</u>	<u>2nd Floor Public Hallway From Elevator</u>	<input type="checkbox"/> Floor <input checked="" type="checkbox"/> Window Sill <input type="checkbox"/> Other:	<u>12x7</u>	<input type="checkbox"/> No Window <u>Painted wood.</u>
<u>062017-1618-005</u>	<u>Basement Floor Public Hallway From Elevator</u>	<input checked="" type="checkbox"/> Floor <input type="checkbox"/> Window Sill <input type="checkbox"/> Other:	<u>12x12</u>	<input checked="" type="checkbox"/> No Window <u>Ceramic</u>

Collected by PHS (Print): <u>R. Abramson</u>	Batch #:
PHS Signature: <u>[Signature]</u>	Badge #: <u>3339</u> ID #: <u>1618</u> Date Collected: <u>06/20/17</u>
Associate PHS I Signature: <u>[Signature]</u>	Reason for Transfer: <u>Lead Lab Analysis</u> Date Transferred: <u>6/27/17</u>
Transferred to:	Reason for Transfer: Date Transferred:
Transferred to:	Reason for Transfer: Date Transferred:

Note for Laboratory: Unless specified otherwise, dust wipes and paint chip results should be sent to LPPP within 24 hours and soil and water results should be sent to LPPP within 48 hours.

[Signature] 06/28/17 11:28

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HEALTHY HOMES PROGRAM/LEAD POISONING PREVENTION
 125 Worth Street 6th Floor, CN # 58, New York, NY 10013, (646) 632-6002, Fax (347) 396-8926 or (646) 632-6004
 Field Sampling and Chain of Custody Form for Environmental Sampling

Order ID: 031719036

Child ID #:	<input type="checkbox"/> Case <input checked="" type="checkbox"/> Complaint	Job Number (XRF):	<input checked="" type="checkbox"/> Check here if no XRF readings were taken in or outside the apartment
Sampling Address: <u>300 West 112 Street</u>	Apt.: <u>CMN</u>	Boro: <u>1</u>	Health Area: <u>11-8520</u>
Name of Property Owner: <u>Silverstone Property Group</u>			
Owner Address: <u>823 3rd Avenue</u>	Boro: <u>1</u>	LASU #: <u>L2d7-0433</u>	

Sample ID # Date (Month/Day/Year) - Employee ID - Sample ID (3 digits) <small>e.g. 041804-1234-001</small>	Room Name <small>(Must match XRF room name)</small>	Component	Sample Area <small>(Length x Width in inches)</small>	Comments <small>Note special sample conditions, locations, and sample type. For example: Conditions: carpeted floor; bare soil Location: window on left on Wall 1; back yard Type: dust, soil, paint chip, water</small>
<u>062017-1618-006</u>	<u>BLANK</u>	<input type="checkbox"/> Floor <input type="checkbox"/> Window Sill <input type="checkbox"/> Other:	<u> </u>	<input type="checkbox"/> No Window <u> </u>
<u> </u>	<u> </u>	<input type="checkbox"/> Floor <input type="checkbox"/> Window Sill <input type="checkbox"/> Other:	<u> </u>	<input type="checkbox"/> No Window <u> </u>
<u> </u>	<u> </u>	<input type="checkbox"/> Floor <input type="checkbox"/> Window Sill <input type="checkbox"/> Other:	<u> </u>	<input type="checkbox"/> No Window <u> </u>
<u> </u>	<u> </u>	<input type="checkbox"/> Floor <input type="checkbox"/> Window Sill <input type="checkbox"/> Other:	<u> </u>	<input type="checkbox"/> No Window <u> </u>
<u> </u>	<u> </u>	<input type="checkbox"/> Floor <input type="checkbox"/> Window Sill <input type="checkbox"/> Other:	<u> </u>	<input type="checkbox"/> No Window <u> </u>

2017 JUN 28 AM 11:21

Collected by PHS (Print): <u>R. Abramson</u>		Batch #:	
PHS Signature: <u>[Signature]</u>	Badge #: <u>3339</u>	ID #: <u>1618</u>	Date Collected: <u>06/20/17</u>
Associate PHS I Signature: <u>[Signature]</u>	Reason for Transfer: <u>Lead Lab Analysis</u>		Date Transferred: <u>6/27/17</u>
Transferred to:	Reason for Transfer:		Date Transferred:
Transferred to:	Reason for Transfer:		Date Transferred:

Note for Laboratory: Unless specified otherwise, dust wipes and paint chip results should be sent to LPPP within 24 hours and soil and water results should be sent to LPPP within 48 hours.

[Signature]

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Date: 06/20/17	Start Time: 18:30	End Time: 19:15	New York City Department of Health and Mental Hygiene Healthy Homes Program/Lead Poisoning Prevention 125 Worth Street, 6 th Floor CN 58, New York, NY 10013 (646) 632-6002 INSPECTION REPORT	Child ID Number		
Activity Type: <input type="checkbox"/> Case <input type="checkbox"/> Primary Prevention <input type="checkbox"/> 10-14 (Low Act)				<input checked="" type="checkbox"/> Work Practice Complaint <input type="checkbox"/> Peeling Paint Complaint	LASU Order Number C2017-0203	Order Number
					Docket Number	LASU Number L2017-0433

ADDRESS INFORMATION					
Child: (Last)	(First)	Address Type	Building Type: <input type="checkbox"/> 1-2 Family <input type="checkbox"/> Other	Home Phone	
Address: <input type="checkbox"/> New			<input checked="" type="checkbox"/> Multi Dwelling	Cell Phone	
300 West 112 Street			<input type="checkbox"/> Other	Work Phone	
Apt			Floor	Borough	Zip Code
GMP LT			GMA 1-3	1	10026
				8520	HD 11

OWNER INFORMATION					
Name: (Last)	(First)	Home Phone ()		Cell Phone	
Silverstone Property Group		Work Phone (646) 786-8000		()	
Address		Apt	City	State	Zip Code
825 3rd Avenue		37FL	New York	NY	10022

CONTRACTOR INFORMATION					
Company Name		Project Contact		Phone	
				()	
Address		Apt	City	State	Zip Code
				EPA Certificate Number	

CASE EVENTS		ENVIRONMENTAL EVENTS		SAFETY EVENTS	
Event Code	Result Code	Event Code	Result Code	Event Code	Result Code
				SI	HFO
Early Intervention <input type="checkbox"/> Accepted <input type="checkbox"/> Rejected	Window Guard <input type="checkbox"/> Violation <input checked="" type="checkbox"/> No Violation	Sibling Information Child ID _____ Child ID _____ Child ID _____ Child ID _____			
Healthy Homes Inspection: <input type="checkbox"/> Yes <input type="checkbox"/> No		Safe House: <input type="checkbox"/> Rejected <input type="checkbox"/> Accepted <input type="checkbox"/> Family Currently in Safe House			

SAMPLE INFORMATION					
Job #	Paint: # of XRF	Paint: # of Positive	Dust Wipes: # of Samples	Dust Wipes: # of Positive	
			6	pending	
Other Samples - Type and Quantity (describe)					

HEALTH CODE VIOLATIONS					
General Provisions	Administrative Requirements	Work Methods	Occupant Protection		
			Orders or >100ft ² or Removing Windows	2 - 100ft ²	
<input type="checkbox"/> 3.05	<input type="checkbox"/> 173.14 (e)(1)(A)	<input type="checkbox"/> 173.14(d)(1)(A)	<input type="checkbox"/> 173.14(d)(2)(F)	<input type="checkbox"/> 173.14(e)(1)(A)(i)	<input type="checkbox"/> 173.14(e)(1)(I)(i)(cc)
<input type="checkbox"/> 3.07	<input type="checkbox"/> 173.14 (e)(1)(B)	<input type="checkbox"/> 173.14(d)(1)(B)	<input type="checkbox"/> 173.14(d)(3)(A)	<input type="checkbox"/> 173.14(e)(1)(A)(ii)	<input type="checkbox"/> 173.14(e)(1)(I)(i)(dd)
<input type="checkbox"/> 3.09	<input type="checkbox"/> 173.14 (e)(2)(A)	<input type="checkbox"/> 173.14(d)(2)(A)	<input type="checkbox"/> 173.14(d)(3)(B)	<input type="checkbox"/> 173.14(e)(1)(B)	<input type="checkbox"/> 173.14(e)(1)(I)(ii)
<input type="checkbox"/> 3.15	<input type="checkbox"/> 173.14 (c)(2)(B)(i)(aa)	<input type="checkbox"/> 173.14(d)(2)(B)	<input type="checkbox"/> 173.14(d)(3)(C)	<input type="checkbox"/> 173.14(e)(1)(C)	<input type="checkbox"/> 173.14(e)(1)(I)(ii)(aa)
<input type="checkbox"/> 173.13(a)(1)	<input type="checkbox"/> 173.14 (c)(2)(B)(i)(bb)	<input type="checkbox"/> 173.14(d)(2)(C)	<input type="checkbox"/> 173.14(d)(3)(D)	<input type="checkbox"/> 173.14(e)(1)(D)	<input type="checkbox"/> 173.14(e)(1)(I)(ii)(bb)
	<input type="checkbox"/> 173.14 (c)(2)(B)(i)(cc)	<input type="checkbox"/> 173.14(d)(2)(D)	<input type="checkbox"/> 173.14(d)(3)(E)	<input type="checkbox"/> 173.14(e)(1)(E)	<input type="checkbox"/> 173.14(e)(1)(I)(ii)(cc)
	<input type="checkbox"/> 173.14 (c)(2)(B)(ii)(aa)	<input type="checkbox"/> 173.14(d)(2)(E)	<input type="checkbox"/> 173.14(d)(4)	<input type="checkbox"/> 173.14(e)(1)(F)	<input type="checkbox"/> 173.14(e)(1)(I)(ii)(dd)
	<input type="checkbox"/> 173.14 (c)(2)(B)(ii)(bb)			<input type="checkbox"/> 173.14(e)(1)(G)	<input type="checkbox"/> 173.14(e)(1)(I)(ii)(ee)
	<input type="checkbox"/> 173.14 (c)(2)(B)(iii)			<input type="checkbox"/> 173.14(e)(1)(H)	<input type="checkbox"/> 173.14(e)(1)(I)(ii)(ff)
	<input type="checkbox"/> 173.14 (c)(3)(A)			<input type="checkbox"/> 173.14(e)(1)(I)(i)	<input type="checkbox"/> 173.14(e)(1)(I)(iii)
				<input type="checkbox"/> 173.14(e)(1)(I)(i)(aa)	<input type="checkbox"/> 173.14(e)(1)(I)(iv)
				<input type="checkbox"/> 173.14(e)(1)(I)(i)(bb)	<input type="checkbox"/> 173.14(e)(1)(I)

Healthy Homes Hazard:	
311 Complaint Number:	

PHS (Print) R. Abramson	PHS (Signature) <i>Rosario A</i>	Badge # 3339	Employee ID # 1618	Date: 06/20/17
Copy Received By (Print) To be mailed	Copy Received By (Signature)	Relationship to Child:		Date: 06/20/17
Supervisor (Print) M. Zeinalabdeen	Supervisor (Signature) <i>M</i>	Badge # 3342	Employee ID # 1787	Date: 6/27/17

URGENT! A field representative of the Department of Health and Mental Hygiene's Healthy Homes Program/Lead Poisoning Prevention was here today for an important visit. Please call us immediately at (646) 632-6002.

URGENTE! Un representante del Departamento de Salud y Salud Mental, Programa de Hogares Saludables/Prevención de Envenenamiento por Plomo, estuvo aquí hoy para una visita importante. Por favor llámenos inmediatamente al teléfono (646) 632-6002.

NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE
 Healthy Homes Program/Lead Poisoning Prevention
 125 Worth Street, 6th Floor CN 58, New York, NY 10013
 Tel. (646) 632-6002, Fax. (347) 396-8926 or (646) 632-6004

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Inspection Report Notes Progress Report Activity Report Notes

Address <u>300 West 112 Street</u>			Child ID Number	
Apt. # <u>CMN</u>	Borough <u>1</u>	Zip <u>10026</u>	LASU Number <u>12017-0433</u>	Order Number

Assessment/Observations/Comments

Visited the above address to conduct an inspection on a complaint regarding generation of dust in the building due to construction. Access was gained into building. A visual walk-through inspection was conducted through floors B-S. Visible construction dust was observed on floors basement, 2nd and 5th floor. Vacant apartments on basement, 2nd and 5th floors were observed undergoing renovation. Six dust wipe samples were collected, including a blank for lab analysis. Construction workers on-site were instructed to follow safe work practices and were instructed to clean with a HEPA vacuum and wet mop. No window guard violation observed. Notice of dust hazard was posted.

Staff (Signature) 	Badge # <u>3339</u>	I.D. # <u>1618</u>	Date <u>06/20/17</u>	Copy received by <u>To be mailed</u>
Supervisor (Signature) 	Badge # <u>3342</u>	I.D. # <u>1787</u>	Date <u>6/27/17</u>	

INSPECTION REPORT: *White* (RSU); *Canary* (Data Entry & FSU); *Pink* (Public)
 PROGRESS REPORT: *White* (RSU or FSU)

**NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE
HEALTHY HOMES PROGRAM/LEAD POISONING PREVENTION**

HEALTH CODE SECTION 173.14 (e) DUST WIPE SAMPLING INSTRUCTIONS

The owner of the dwelling (unit), in which a dust wipe clearance test has been ordered pursuant to Section 173.14 of the New York City Health Code, shall conduct or retain a third party to conduct a final visual inspection and clearance dust wipe test after a final clean up has been completed. The final clearance dust wipe test shall take place no sooner than one hour after the cleaning, following the completion of the lead hazard control work.

- 1) Qualified personnel - Dust wipe tests shall be performed by the following personnel:
 - a) A risk assessor or lead-based paint inspector certified by the United States Environmental Protection Agency; or
 - b) An individual who has passed a course approved by the Department on how to conduct surface dust wipe tests.
- 2) Visual Inspection – A visual inspection shall be conducted to determine if deteriorated paint surfaces and/or visible amounts of dust, debris, paint chips or other residue are still present. If deteriorated paint surfaces or visible dust, debris or residue are present in areas subject to dust sampling, the area(s) must be re-cleaned prior to the continuation of the clearance examination.
- 3) Sample Locations – Three dust wipe samples shall be collected and analyzed from each room or area where lead-based paint has been disturbed and lead dust hazards have been identified; one sample from each room shall be taken from a window well, and a window sill where work has been performed, and the floor under the work area where the work has been performed. In addition, wipe samples shall be collected and tested from the floor in rooms or areas immediately adjacent to the area that has been repaired.
- 4) Laboratory Requirements – All samples shall be analyzed for lead by a laboratory approved by the New York State Department of Health (NYSDOH), Environmental Laboratory Accreditation Program (ELAP) and the National Lead Laboratory Accreditation Program (NLLAP). To obtain a list of approved laboratories, contact the NYSDOH at (518) 485-5570 or www.wadsworth.org/labcert.
- 5) Clearance Levels – Dust levels found in excess of the following constitute contamination and require repetition of the clean-up:
 - a) Floors – 40 micrograms per square foot ($\mu\text{g}/\text{ft}^2$)
 - b) Window Sills – 250 $\mu\text{g}/\text{ft}^2$
 - c) Window Wells – 400 $\mu\text{g}/\text{ft}^2$
- 6) Sample Submission – Sample results must be submitted no later than five (5) days after the work has been completed to the:

**Field Support Unit
New York City Department of Health and Mental Hygiene
Healthy Homes Program/Lead Poisoning Prevention
125 Worth Street, 6th Floor, CN 58
New York, New York 10013
Fax # (347) 396-8926 or (646) 632-6004**

The report must include the following information:

- a) The address of the dwelling unit;
- b) The date(s) of the dust wipe testing;
- c) The certificate number, name, address and signature of the person performing the dust wipe tests; and
- d) Description of rooms/areas where samples were collected. Descriptions must match room/area names listed in the Commissioner's Order where lead dust hazards were identified.
- e) The results of the analysis of dust wipe tests, in $\mu\text{g}/\text{ft}^2$, by location of sample.

ATTENTION!

- The NYC Department of Health and Mental Hygiene (DOHMH) Healthy Homes Program/Lead Poisoning Prevention's (HHP/LPP) general phone and fax numbers have changed.

Our new telephone number is: (646) 632-6002.

Our new fax numbers are: (347) 396-8926.

The old telephone number, ~~(212) 676-6379~~, is no longer in service.

The old fax number ~~(212) 676-6188~~ will soon be out of service.

- **Notice: Certain Entities are Prohibited from Submitting Documents, such as lead dust test results, relating to Lead Abatement or Lead Remediation Work in the City of New York:**

The list of entities ordered to cease and desist from submitting any documents related to any lead abatement or lead remediation work in the City of New York can be obtained by calling (646) 632-6002 or online at:

<http://www.nyc.gov/html/doh/html/environmental/lead-building-owners.shtml>

Entities will be removed from the list when the cease and desist order relating to that entity is lifted.

LANDLORD INSTRUCTIONS FOR CONTESTING THE COMMISSIONER'S ORDER FROM THE HEALTHY HOMES PROGRAM/LEAD POISONING PREVENTION

New York City Department of Health & Mental Hygiene – Healthy Homes Program/Lead Poisoning Prevention

If you wish to contest the findings of the Department of Health and Mental Hygiene (DOHMH) Healthy Homes Program/Lead Poisoning Prevention (HPP/LPP) Commissioner's Order, you must follow these instructions.

STEP 1: SUBMIT NOTICE OF INTENTION TO CONTEST:

- To contest a Commissioner's Order from the Healthy Homes Program/Lead Poisoning Prevention (hereafter called the Commissioner's Order), landlords must notify DOHMH with a signed notice of the intention to contest, by mail, fax, or hand delivery. **This notification must be received by the HHP/LPP by the third day AFTER the receipt of the Commissioner's Order.**

STEP 2: SUBMIT DOCUMENTARY EVIDENCE:

- Submit documentary evidence by mail, fax, or hand delivery to support the contestation of violation(s). **Documentary evidence must be received by the HHP/LPP by the fifth day after the receipt of the Commissioner's Order. The documentary evidence should:**
 - list the violation(s) being contested
 - provide a rationale for the contestation and detail the evidence supporting that rationale

EXAMPLES OF DOCUMENTARY EVIDENCE INCLUDE:

A. Improper operation of the XRF

You may contest the Commissioner's Order by providing evidence that:

- the inspection was not done at the abatement level of 1.0 mg/cm^2 , and/or
- there were problems with the calibration readings for the machine

B. Paint chip sampling – Note: You must follow the HUD Guidelines¹ for paint chip sampling.

All paint chip samples collected for analysis must be taken between the parallel red LEAD PAINT stamps on the violation in question.

You may contest the XRF lead test results of building components by submitting all of the following documents:

- a chain of custody for paint chip samples taken from the contested violation(s)
- a copy of the laboratory analysis of the paint chip samples with lead content supplied in area concentration (mg/cm^2). If lead content cannot be supplied in area concentration and is provided in percent by weight, an explanation detailing why area concentration could not be used must be provided
- a copy of EPA certification of the lead risk assessor or lead inspector who took the paint chip samples
- a copy of the EPA certification of the laboratory which analyzed the paint chip samples
- an affidavit signed by the landlord (see attached sample)
- an affidavit signed by the EPA-certified lead risk assessor or EPA-certified lead inspector (see attached sample)

C. New or renovated building documentation

You may contest the Commissioner's Order if the building is new construction built after 1978 or if a building was gut renovated after 1978. Documentary evidence must include:

- the certificate of occupancy for the building issued from the New York City Department of Buildings; and/or
- documents which outline the scope of work that was completed in the gut renovation that indicates that all painted surfaces were removed, replaced, and/or enclosed.

Additional Notes:

- **All contested violations and room locations must be described EXACTLY as they appear in the Commissioner's Order.**
- The Child ID number and the Commissioner's Order number must be on each page of the documents submitted.
- All 'days' in these instructions refer to calendar days.
- Falsification of records or documents may result in fines and/or criminal prosecution.
- All documents must be submitted to:
Healthy Homes Program/Lead Poisoning Prevention
125 Worth Street, 6th Floor, Box CN 58
New York, NY 10013
Attn: Contested Violations
Fax: (347) 396-8926 or (646) 632-6004

¹ U.S. Department of Housing and Urban Development (1997) Chapter 7 Guidelines for the Evaluation and Control of Lead-Based Paint Hazards in Housing
Last Updated: March 5, 2014

**AFFIDAVIT OF LANDLORD CONTESTING COMMISSIONER'S ORDER BY SUBMITTING
ANALYSIS OF PAINT CHIP SAMPLES**

New York City Department of Health & Mental Hygiene – Healthy Homes Program/Lead Poisoning Prevention

RE: **Child's ID:** _____

Order No.: _____

Address where paint chip samples were taken (include Apt. No.): _____

STATE OF NEW YORK)
COUNTY OF _____)

I _____, of _____, being duly sworn,
name of building owner or managing agent name of corporation or business
depose and say:

1. I am the owner or managing agent of _____ .
building address
2. I hired _____ to perform paint chip sampling
name of EPA-certified lead risk assessor or EPA-certified lead inspector
on building components at the above address.
3. I instructed the aforementioned EPA-certified lead risk assessor or EPA-certified lead inspector to follow the HUD Guidelines¹ and the procedures outlined below.
4. All paint chip samples were obtained in accordance with following procedures:
 - a) before paint was removed, plastic sheeting was placed under the areas where the sampling was to be done, and
 - b) the areas of the dwelling sampled were the same building components indicated in the Commissioner's Order, and
 - c) all paint chip samples collected for analysis were taken between the parallel LEAD PAINT stamps on the violations in question, and
 - d) all holes created by the paint chip sampling in this dwelling were immediately sealed, using one coat of primer and two coats of paint, to prevent exposure to children.

Signature: _____

Sworn to before me this _____ day of _____ 20____

NOTARY PUBLIC

¹ U.S. Department of Housing and Urban Development (1997) Chapter 7 Guidelines for the Evaluation and Control of Lead-Based Paint Hazards in Housing

AFFIDAVIT OF EPA-CERTIFIED LEAD RISK ASSESSOR OR EPA-CERTIFIED LEAD INSPECTOR WHO PERFORMED PAINT CHIP SAMPLING FOR CONTESTATION OF COMMISSIONER'S ORDER

New York City Department of Health & Mental Hygiene – Healthy Homes Program/Lead Poisoning Prevention

RE: **Child's ID:** _____

Order No.: _____

Address where paint chip samples were taken (include Apt. No.): _____

STATE OF NEW YORK)

COUNTY OF _____)

I _____, EPA certification # _____,

being duly sworn, depose and say:

1. I am an EPA-certified lead risk assessor or EPA-certified lead inspector.

2. I was hired by _____ to perform paint chip sampling on building
name of building owner or managing agent
components at the above address.

3. Paint chip sampling was done in accordance with HUD Guidelines¹ and the procedures outlined below.

4. All paint chip sampling was done in accordance with following procedures:

- a) before paint was removed, plastic sheeting was placed under the areas where the sampling was to be done, and
- b) the areas of the dwelling sampled were the same building components indicated in the Commissioner's Order, and
- c) all paint chip samples collected for analysis were taken between the parallel LEAD PAINT stamps on the violations in question, and
- d) all holes created by the paint chip sampling in this dwelling were immediately sealed, using one coat of primer and two coats of paint, to prevent exposure to children.

Signature: _____

Sworn to before me this _____ day of _____ 20_____

NOTARY PUBLIC

¹ U.S. Department of Housing and Urban Development (1997) Chapter 7 Guidelines for the Evaluation and Control of Lead-Based Paint Hazards in Housing