



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

**Order of the Commissioner**

June 08, 2017  
February 23, 2018

**OWNER OR MANAGING AGENT**

**CONTRACTOR**

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

**RE: Order No.:** C2018-0048  
**LASU No.:** L2017-0376  
**Address:** 325 EAST 12 ST  
MANHATTAN, NY 10003  
**Apt. No.:** CMN  
**Floor:** 1-6  
**Building Construction Date:** 1900  
**Telephone Number:**  
**Inspection Date:** February 06, 2018

**WHEREAS**, the above named individuals are the owner(s), managing agent(s), or contractor(s) or their agents or employees, and are either in control of the above referenced premises or performing or supervising work which disturbs lead-based paint at such premises; and

**WHEREAS**, an inspection conducted by the New York City Department of Health and Mental Hygiene (the Department) pursuant to New York City Health Code (the Health Code) § 173.14(f) on the above referenced date found that such work was improperly generating and dispersing paint chips, debris and dust which contain in excess of 1.0 milligrams of lead per square centimeter of paint and/or 40 micrograms of lead per square foot (40µg/ft<sup>2</sup>) of dust on floors and/or 250 µg/ft<sup>2</sup> of lead on window sills, as indicated in the attached report, and

**WHEREAS**, improperly performed work which disturbs lead-based paint may expose members of the public, particularly children under six years of age, to the risk of lead poisoning; and

**WHEREAS**, conditions created by such work constitute a nuisance pursuant to Administrative Code § 17-142 and Health Code § 3.09 and are dangerous to human life and detrimental to the health of persons within, and in close proximity to such premises.

**YOU ARE HEREBY ORDERED**, pursuant to §§ 17-113, 17-114, and 17-142 through 17-158 of the Administrative Code and §§ 3.07, 3.09 and 173.13(d)(1) and 173.14(f) of the Health Code, to immediately cease any work in progress and to clean up all debris and dust generated by such work, in accordance with Health Code § 173.14 (e)(1)(I)(ii)(cc) through (ff); 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) 632-6004

**YOU ARE FURTHER ORDERED:**

(If this box is checked) to use safe work practices required by Health Code §173.14 upon resumption of work,

**OR**


(If this box is checked) not to resume any further work at these premises until a work plan has been submitted to and approved by the Department which (1) specifies the steps that will be taken to remove accumulations of lead paint and dust residue from the premises, and (2) describes how dispersal of leaded dust and paint chip residues to adjacent interior or exterior public areas will be prevented on resumption of work; and

**YOU ARE FURTHER ORDERED**, in accordance with § 173.14 (e)(1)(I)(iii) and (iv) of the Health Code, to collect dust wipe samples upon completion of clean up and submit results of laboratory analyses to the Department.

All documents required by this Order are to be submitted by mail or fax to:

**New York City Department of Health and Mental Hygiene  
Healthy Homes Program/Lead Poisoning Prevention - Field Support Unit  
125 Worth Street 6<sup>th</sup> Floor, CN 58  
New York, NY 10013  
PHONE: (646) 632-6002 FAX (347) 396-8926 or (646) 632-6004**

For information on how to comply with this Order, please telephone (632) 646-6002. To contest any part of this Order, you must telephone the Healthy Homes Program/Lead Poisoning Prevention within three days of receipt of the Order, and thereafter submit written documentation in support of your objections, in accordance with the attached instructions.

Signed:   
Deborah Nagin, Director  
Healthy Homes Program/  
Lead Poisoning Prevention

**WARNING**

**FAILURE TO COMPLY WITH AN ORDER OF THE COMMISSIONER IS A VIOLATION OF THE HEALTH CODE AND A MISDEMEANOR FOR WHICH YOU MAY BE SUBJECT TO CIVIL AND/OR CRIMINAL PENALTIES, FINES AND FORFEITURES.**

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**OR**

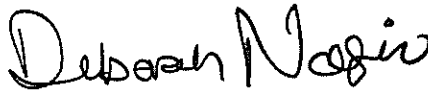
(If this box is checked) not to resume any further work at these premises until a work plan has been submitted to and approved by the Department which (1) specifies the steps that will be taken to remove accumulations of lead paint and dust residue from the premises, and (2) describes how dispersal of leaded dust and paint chip residues to adjacent interior or exterior public areas will be prevented on resumption of work; and

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Atlas Environmental Lab, Corp  
255 W 36th Street, Suite 1503  
New York, NY 10018  
Phone:(212) 563-0400 Fax:(212) 563-0401  
www.atlasenvironmentallab.com

### ANALYSIS OF REPORT FOR LEAD IN DUST WIPES

Client: NYC Department of Health & Mental Hygiene  
Collected by: Client  
Technician: R. Abramson / A. Alam  
Child ID: N/A  
LASU #: L2017-0376  
Address: 325 East 12 Street  
Apt/Boro: CMN / 1

Report No: LW0218093  
Date Sampled: 2/6/2018  
Date Received: 2/13/2018  
Date Analyzed: 2/13/2018  
Report Date: 2/14/2018

Client ID #	Lab ID #	Floor Location/Description	Area Sampled (Inches)	Lead ( $\mu\text{g}/\text{ft}^2$ )
020618-1618-009	LW0218093-1	2nd Floor Public Hallway from Stairs - Floor - Concrete	12x12	33
020618-1618-010	LW0218093-2	2nd Floor Public Hallway from Stairs - Window Sill - Painted Sheetrock	12x8	33
020618-1618-011	LW0218093-3	Stairs from 2nd to 3rd Floor Public Hallway - Thread - Marble	15x10	22
020618-1618-012	LW0218093-4	Stairs from 2nd to 3rd Floor Public Hallway - Window Sill - Painted Sheetrock	12x9	70
020618-1618-013	LW0218093-5	3rd Floor Public Hallway from Stairs - Floor - Concrete	12x12	51
020618-1618-014	LW0218093-6	3rd Floor Public Hallway from Stairs - Window Sill - Painted Sheetrock	12x4	19
020618-1618-015	LW0218093-7	Stairs from 3rd to 4th Floor Public Hallway - Thread - Marble	15x10	19
020618-1618-016	LW0218093-8	Stairs from 3rd to 4th Floor Public Hallway - Window Sill - Painted Sheetrock	12x9	7
020618-1618-017	LW0218093-9	4th Floor Public Hallway from Stairs - Floor - Concrete	12x12	16
020618-1618-018	LW0218093-10	4th Floor Public Hallway from Stairs - Window Sill - Painted Sheetrock	12x4	<15
020618-1618-019	LW0218093-11	Stairs from 4th to 5th Floor Public Hallway - Thread - Marble	15x10	9
020618-1618-020	LW0218093-12	Stairs from 4th to 5th Floor Public Hallway - Window Sill - Painted Sheetrock	12x8	<8
020618-1618-021	LW0218093-13	Blank	N/A	<5 ( $\mu\text{g}/\text{Wipe}$ )

Analysis Method: EPA 7000B

Prep Method: EPA 3050B

RL (Reporting limit): 5.0  $\mu\text{g}/\text{ft}^2$  (based upon 1.0 square foot samples)

NYSDOH ELAP#11999, AIHA ID:208306

Analyst: PL

Approved by:

Collection procedure, protocols and sample locations are based on information provided by the client submitting the samples; and as such, Atlas Environmental Labs disclaims any knowledge of and liability for the accuracy and completeness of this information. The results related only to the items tested. Lead results are not corrected for blank.

LW0218093

**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**

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>325 East 12 street</u>		Apt.: <u>CMN</u>	Boro: <u>1</u>	Health Area: <u>14 6200</u>	
Name of Property Owner: <u>Silverstone Properties Group LLC</u>					
Owner Address: <u>825 3rd Ave 36th Floor New York, NY 10022</u>		Boro: <u>1</u>	LASU #: <u>L2017-0376</u>		
Sample ID # Date (Month/Day/Year) - Employee ID - Sample ID (3 digits) e.g. 041804-1234-001	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	
020618-1618-009	2nd Floor Public Hallway From Stairs	<input checked="" type="checkbox"/> Floor <input type="checkbox"/> Window Sill <input type="checkbox"/> Other:	12" x 12"	<input type="checkbox"/> No Window <u>concrete</u> 33	
020618-1618-010	2nd Floor Public Hallway From Stairs	<input type="checkbox"/> Floor <input checked="" type="checkbox"/> Window Sill <input type="checkbox"/> Other:	12" x 8"	<input type="checkbox"/> No Window <u>painted sheetrock</u> 33	
020618-1618-011	Stairs From 2nd to 3rd Floor Public Hallway	<input checked="" type="checkbox"/> Floor <u>AA</u> <input type="checkbox"/> Window Sill <input checked="" type="checkbox"/> Other: <u>thread</u>	<u>15" x 10"</u> <del>12" x 12"</del>	<input type="checkbox"/> No Window <u>marble</u> 22	
020618-1618-012	Stairs From 2nd to 3rd Floor Public Hallway	<input type="checkbox"/> Floor <input checked="" type="checkbox"/> Window Sill <input type="checkbox"/> Other:	12" x 9"	<input type="checkbox"/> No Window <u>painted sheetrock</u> 70	
020618-1618-013	3rd Floor Public Hallway From Stairs	<input checked="" type="checkbox"/> Floor <input type="checkbox"/> Window Sill <input type="checkbox"/> Other:	12" x 12"	<input type="checkbox"/> No Window <u>concrete</u> 51	
Collected by PHS (Print): <u>R. Abramson</u>		<u>IA. Akim</u>		Batch #:	
PHS Signature: <u>[Signature]</u>		Badge #: <u>3339 / 236</u>	ID #: <u>1618 / 2224</u>	Date Collected: <u>02/06/18</u>	
Associate PHS I Signature: <u>[Signature]</u>		Reason for Transfer: <u>Lead Lab Analysis</u>		Date Transferred: <u>2/12/18</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.

Anna - AHAS - 2/13/18 - 1pm

[Signature] 02/13/18

W0218093

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Sampling Address: <u>325 East 12 Street</u>	Apt.: <u>CMN</u>	Boro: <u>1</u>	Health Area: <u>14 BZ50</u>	
Name of Property Owner: <u>Silverstone Properties Group LLC</u>		Boro: <u>1</u>	LASU #: <u>L2017-0376</u>	
Owner Address: <u>825 3rd Ave 36th Flr New York, NY 10022</u>				

Sample ID # Date (Month/Day/Year) - Employee ID - Sample ID (3 digits) e.g. 041804-1234-001	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
020618-1618-014	3rd Floor Public Hallway From Stairs	<input type="checkbox"/> Floor <input checked="" type="checkbox"/> Window Sill <input type="checkbox"/> Other:	12" x 4"	<input type="checkbox"/> No Window painted sheet rock 19
020618-1618-015	Stairs From 3rd to 4th Floor Public Hallway	<input checked="" type="checkbox"/> Floor (AA) <input type="checkbox"/> Window Sill <input checked="" type="checkbox"/> Other: +thread	15" x 10" <del>12" x 12"</del>	<input type="checkbox"/> No Window marble 19
020618-1618-016	Stairs From 3rd to 4th Floor Public Hallway	<input type="checkbox"/> Floor <input checked="" type="checkbox"/> Window Sill <input type="checkbox"/> Other:	12" x 9"	<input type="checkbox"/> No Window painted sheet rock 7
020618-1618-017	4th Floor Public Hallway From Stairs	<input checked="" type="checkbox"/> Floor <input type="checkbox"/> Window Sill <input type="checkbox"/> Other:	12" x 12"	<input type="checkbox"/> No Window concrete 16
020618-1618-018	4th Floor Public Hallway From Stairs	<input type="checkbox"/> Floor <input checked="" type="checkbox"/> Window Sill <input type="checkbox"/> Other:	12" x 4"	<input type="checkbox"/> No Window painted sheet rock 6 15

Collected by PHS (Print): <u>R. Abcamson</u> <u>1A. Alam</u>		Batch #:	
PHS Signature: <u>[Signature]</u> <u>[Signature]</u>	Badge #: <u>3339/236</u>	ID #: <u>1618/224</u>	Date Collected: <u>02/06/18</u>
Associate PHS I Signature: <u>[Signature]</u>	Reason for Transfer: <u>Lead Lab Analysis</u>		Date Transferred: <u>2/12/18</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.

Alam - Atlas - 2/13/18 1pm

COPIES: WHITE (Laboratory); CANARY (EIEU)

[Signature] 02/13/18

LW0218093

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Sampling Address: <u>325 East 12 Street</u>	Apt.: <u>CMN</u>	Boro: <u>1</u>	
Name of Property Owner: <u>Silverstone Properties Group LLC</u>	Health Area: <u>14 6200</u>		
Owner Address: <u>825 3rd Ave 36th Floor New York, NY 10022</u>	Boro: <u>1</u>	LASU #: <u>L2017-0376</u>	

Sample ID # Date (Month/Day/Year) - Employee ID - Sample ID (3 digits) e.g. 041804-1234-001	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>020618-1618-019</u>	<u>Stairs From 4th to 5th Floor Public Hallway</u>	<input type="checkbox"/> Floor <input type="checkbox"/> Window Sill <input checked="" type="checkbox"/> Other: <u>thread</u>	<u>15" x 10"</u>	<input type="checkbox"/> No Window <u>marble</u> <u>9</u>
<u>020618-1618-020</u>	<u>Stairs From 4th to 5th Floor Public Hallway</u>	<input type="checkbox"/> Floor <input checked="" type="checkbox"/> Window Sill <input type="checkbox"/> Other:	<u>12" x 8"</u>	<input type="checkbox"/> No Window <u>painted sheet rock</u> <u>14</u>
<u>020618-1618-021</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>15</u>
-		<input type="checkbox"/> Floor <input type="checkbox"/> Window Sill <input type="checkbox"/> Other:		<input type="checkbox"/> No Window
-		<input type="checkbox"/> Floor <input type="checkbox"/> Window Sill <input type="checkbox"/> Other:		<input type="checkbox"/> No Window

Collected by PHS (Print): <u>R. Abramson</u>	<u>I.A. Alam</u>	Batch #:
PHS Signature: <u>[Signature]</u>	Associate PHS I Signature: <u>[Signature]</u>	Transferred to:
Badge #: <u>3339 / 236</u>	Reason for Transfer: <u>Lead Lab Analysis</u>	Date Collected: <u>02/06/18</u>
ID #: <u>1018 / 1224</u>	Reason for Transfer:	Date Transferred: <u>2/12/18</u>
Reason for Transfer:	Reason for Transfer:	Date Transferred:
Reason for Transfer:	Reason for Transfer:	Date Transferred:

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Aura 2/13/18 - Atlas - IAN

COPIES: WHITE (Laboratory); CANARY (EIEU)

[Signature] 02/13/18

1071

Date: 2/6/18	Start Time: 13:35	End Time: 14:30	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 (646) 632-6002	Child ID Number	
Activity Type: <input type="checkbox"/> Case <input type="checkbox"/> Primary Prevention <input type="checkbox"/> I0-14 (Low Act)	<input checked="" type="checkbox"/> Work Practice Complaint <input type="checkbox"/> Peeling Paint Complaint			LASU Order Number: C2018-0048	Order Number

### INSPECTION REPORT

<b>ADDRESS INFORMATION</b>		Child: (Last) (First)	Address Type: CMPLT	Building Type: <input type="checkbox"/> 1-2 Family <input checked="" type="checkbox"/> Multi Dwelling <input type="checkbox"/> Other	Home Phone	Cell Phone	Work Phone	
Address: <input type="checkbox"/> New	325 East 12 Street			Apt: CMN	Floor: 1-6	Borough: 1	Zip Code: 10003	HD: 14 6200

<b>OWNER INFORMATION</b>		Name: (Last) (First)	Home Phone ( )	Cell Phone ( )
Address: 825 3rd Avenue		Work Phone: (646) 786-8000		
Apt: 36th FL	City: New York	State: NY	Zip Code: 10022	

<b>CONTRACTOR INFORMATION</b>		Company Name	Project Contact	Phone ( )	Fax ( )
Address	Apt	City	State	Zip Code	EPA Certificate Number

<b>CASE EVENTS</b>		<b>ENVIRONMENTAL EVENTS</b>		<b>SAFETY EVENTS</b>	
Event Code	Result Code	Event Code	Result Code	Event Code: SI	Result Code: VCOD
Early Intervention <input type="checkbox"/> Accepted <input type="checkbox"/> Rejected	Window Guard <input type="checkbox"/> Violation <input 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			

<b>SAMPLE INFORMATION</b>		Job #	Paint: # of XRF	Paint: # of Positive	Dust Wipes: # of Samples: 13	Dust Wipes: # of Positive: 1
Other Samples - Type and Quantity (describe): One sample was tested above EPA level of concern for lead						

General Provisions		Administrative Requirements	Work Methods	Occupant Protection		
				Orders or >100ft <sup>2</sup> or Removing Windows	2-100ft <sup>2</sup>	
<input type="checkbox"/> 3.05	<input type="checkbox"/> 173.14(c)(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"/> 173.14(e)(2)(A)
<input type="checkbox"/> 3.07	<input type="checkbox"/> 173.14(c)(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"/> 173.14(e)(2)(B)
<input type="checkbox"/> 3.09	<input type="checkbox"/> 173.14(c)(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"/> 173.14(e)(2)(C)
<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"/> 173.14(e)(2)(D)
<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(e)(2)(F)
	<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(e)(2)(G)
	<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(e)(2)(H)
	<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)(3)(A)
				<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)(3)(B)
				<input type="checkbox"/> 173.14(e)(1)(I)(i)(bb)	<input type="checkbox"/> 173.14(e)(1)(I)	<input type="checkbox"/> 173.14(e)(3)(C)

Healthy Homes Hazard:	311 Complaint Number:	PHS (Print): M	PHS (Signature):	Badge #	Employee ID #	Date:
		Copy Received By (Print): Written in Office	Copy Received By (Signature):	Relationship to Child:		Date:
		Supervisor (Print): M. Feanalabun	Supervisor (Signature):	Badge #: 3342	Employee ID #: 1787	Date: 2/20/18

**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.



Date: <b>02/06/18</b>	Start Time: <b>13:35</b>	End Time: <b>14:30</b>	New York City Department of Health and Mental Hygiene Healthy Homes Program/Lead Poisoning Prevention 125 Worth Street, 6 <sup>th</sup> Floor CN 58, New York, NY 10013 (646) 632-6002	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	

### INSPECTION REPORT

ADDRESS INFORMATION		Child: (Last) _____ (First) _____	Address Type: <b>CMPLT</b>	Building Type: <input type="checkbox"/> 1-2 Family <input checked="" type="checkbox"/> Multi Dwelling <input type="checkbox"/> Other	Home Phone _____ Cell Phone _____ Work Phone _____
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Address: <input type="checkbox"/> New <b>325 East 12 Street</b>	Apt: <b>CMN</b>	Floor: <b>1-6</b>	Borough: <b>1</b>	Zip Code: <b>10003</b>	HD: <b>14</b> <b>6200</b>
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OWNER INFORMATION		Name: (Last) _____ (First) _____	Home Phone ( ) _____	Cell Phone ( ) _____
Address: <b>825 3rd Ave</b>		Apt: <b>36th Flr</b>	City: <b>New York</b>	State: <b>NY</b> Zip Code: <b>10022</b>

CONTRACTOR INFORMATION		Company Name _____	Project Contact _____	Phone ( ) _____	Fax ( ) _____
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: <b>SI</b>	Result Code: <b>HFD</b>
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: <b>12/13</b>	Dust Wipes: # of Positive: <b>pending</b>
Other Samples - Type and Quantity (describe): <b>(KAD)</b>				

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

Healthy Homes Hazard:	311 Complaint Number:
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PHS (Print): <b>R. Abramson</b>	PHS (Signature): <i>[Signature]</i>	Badge #: <b>3335/236</b>	Employee ID #: <b>1618/2024</b>	Date: <b>02/06/18</b>
Copy Received By (Print): <b>To be mailed.</b>	Copy Received By (Signature): <i>[Signature]</i>	Relationship to Child:		Date: <b>02/06/18</b>
Supervisor (Print): <b>M. Jeandablan</b>	Supervisor (Signature): <i>[Signature]</i>	Badge #: <b>3342</b>	Employee ID #: <b>1787</b>	Date: <b>2/15/18</b>

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, 6<sup>th</sup> Floor CN 58, New York, NY 10013  
 Tel. (646) 632-6002, Fax. (347) 396-8926 or (646) 632-6004

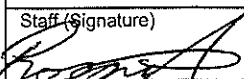
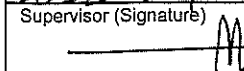
Page: 2 of 2

Inspection Report Notes    Progress Report    Activity Report Notes

Address <u>325 East 12 Street</u>			Child ID Number	
Apt. # <u>CMN</u>	Borough <u>1</u>	Zip <u>10003</u>	LASU Number <u>42017-0376</u>	Order Number

Assessment/Observations/Comments

A visit was made at the above address to investigate an unsafe work practice complaint. Building tenant provided access to premises through intercom system. Conducted a visual walk through of floors 1 through 6. Construction dust and debris was observed on floors 2 through 4. ~~HEPA~~ <sup>Final Test</sup> dust wipe samples including a blank was collected for laboratory analysis. ~~Construction~~ <sup>(AR)</sup> Renovation work (installation of security system in common areas of building) was ongoing at the time of the inspection. Met with workers who were conducting the work and informed them of the construction dust complaint and of my observation of dust and debris. Instructed them to wet mop and HEPA vacuum the common areas frequently while renovation work is active. Further instructed them that construction dust dispersal must be controlled and contained at the time of active work. Met with building superintendent, Raphael. He was instructed to enforce safe work practices and to clean. Mr. Raphael started HEPA vacuuming at the time of inspection. <sup>NO</sup> Window guard violation observed. A follow up inspection will be conducted.

Staff (Signature) 	Badge # <u>3339</u> <u>236</u>	I.D. # <u>1618</u> <u>2224</u>	Date <u>02/06/18</u>	Copy received by <u>TO be mailed.</u>
Supervisor (Signature) 	Badge # <u>3342</u>	I.D. # <u>1787</u>	Date <u>2/15/18</u>	

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