



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

EF170644901US

Order of the Commissioner

March 09, 2016  
May 10, 2017  
November 15, 2017

**OWNER OR MANAGING AGENT**

**CONTRACTOR**

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

**RE: Order No.:** C2017-0298  
**LASU No.:** L2016-0196  
**Address:** 514 EAST 12 ST  
MANHATTAN, NY 10009  
**Apt. No.:** CMN  
**Floor:** 1-5  
**Building Construction Date:** 1920  
**Telephone Number:**  
**Inspection Date:** November 05, 2017

**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

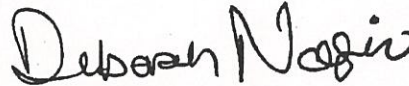
**YOU ARE FURTHER ORDERED**, in accordance with § 173.14 (e)(1)(I)(iii) and (iv) of the Health Code, to collect dust wipe samples upon completion of clean up and submit results of laboratory analyses to the Department.

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.**



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  
**Child ID:** N/A  
**LASU #:** L2016-0196  
**Address:** 514 East 12 Street  
**Apt/Boro:** CMN/1

**Report No:** LW1117090  
**Date Sampled:** 11/5/2017  
**Date Received:** 11/9/2017  
**Date Analyzed:** 11/9/2017  
**Report Date:** 11/10/2017

Client ID #	Lab ID #	Floor Location/Description	Area Sampled (Inches)	Lead (µg/ft²)
110517-1618-001	LW1117090-1	1st Floor Public Hallway from Building Vestibule - Floor - No Window - Ceramic	12x12	11
110517-1618-002	LW1117090-2	Stairs from 1st to 2nd Floor Public Hallway - Tread - Ceramic (Half Landing Present)	15x10	<u>169</u>
110517-1618-003	LW1117090-3	Stairs from 1st to 2nd Floor Public Hallway - Window Sill - Painted Wood	12x5	26
110517-1618-004	LW1117090-4	2nd Floor Public Hallway from Stairs - Floor - No Window - Ceramic	12x12	33
110517-1618-005	LW1117090-5	Stairs from 2nd to 3rd Floor Public Hallway - Tread - Ceramic (Half Landing Present)	15x10	<u>105</u>
110517-1618-006	LW1117090-6	Stairs from 2nd to 3rd Floor Public Hallway - Window Sill - Painted Wood	12x5	44
110517-1618-007	LW1117090-7	3rd Floor Public Hallway from Stairs - Floor - No Window - Ceramic	12x12	17
110517-1618-008	LW1117090-8	Stairs from 3rd to 4th Floor Public Hallway - Tread - Ceramic (Half Landing Present)	15x10	<u>127</u>
110517-1618-009	LW1117090-9	Stairs from 3rd to 4th Floor Public Hallway - Window Sill - Painted Wood	12x5	30
110517-1618-010	LW1117090-10	4th Floor Public Hallway from Stairs - Floor - No Window - Ceramic	12x12	20
110517-1618-011	LW1117090-11	Blank	N/A	<5 (µg/Wipe)

Analysis Method: EPA 7000B      Prep Method: EPA 3051B  
 RL (Reporting limit): 5.0 µg/ft² (based upon 1.0 square foot samples)

NYSDOH ELAP#11999 , AIHA ID:208306

Analyst: PL

Approved by: *V. Rudenka*

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.

**HEALTHY HOMES PROGRAM/LEAD POISONING PREVENTION**  
 125 Worth Street 6<sup>th</sup> 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**

CW117040

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>514 East 12 Street</u>		Apt.: <u>CMN</u>	Boro: <u>1</u>	Health Area: <u>14-6200</u>	
Name of Property Owner: <u>Silverstone Property Group</u>					
Owner Address: <u>825 3rd Avenue 36th Floor</u>		Boro: <u>1</u>	LASU #: <u>12016-0196</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	
110517-1618-001	1 <sup>st</sup> Floor Public Hallway From Building	<input checked="" type="checkbox"/> Floor <input type="checkbox"/> Window Sill <input type="checkbox"/> Other: Vestibule	12x12	<input checked="" type="checkbox"/> No Window	11 Ceramic
110517-1618-002	Stairs From 1st to 2nd Floor Public hallway	<input type="checkbox"/> Floor <input type="checkbox"/> Window Sill <input checked="" type="checkbox"/> Other: Tread	15x10	<input type="checkbox"/> No Window	[half landing present] 169 Ceramic
110517-1618-003	Stairs From 1st to 2nd Floor Public Hallway	<input type="checkbox"/> Floor <input type="checkbox"/> Window Sill <input checked="" type="checkbox"/> Other:	12x5	<input type="checkbox"/> No Window	26 Painted wood
110517-1618-004	2nd Floor Public Hallway From stairs	<input type="checkbox"/> Floor <input type="checkbox"/> Window Sill <input type="checkbox"/> Other:	12x12	<input checked="" type="checkbox"/> No Window	33 ceramic
110517-1618-005	Stairs From 2nd to 3rd Floor Public Hallway	<input type="checkbox"/> Floor <input type="checkbox"/> Window Sill <input checked="" type="checkbox"/> Other: Tread	13x10	<input type="checkbox"/> No Window	[half landing present] 105 Ceramic
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>11/05/17</u>		
Associate PHS I Signature: <u>[Signature]</u>	Reason for Transfer: <u>Lead Lab Analysis</u>		Date Transferred: <u>11/8/17</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.

LP 121 (Rev. 02/14)

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[Signature]  
 dated 11/01/17 RPA

[Signature] 11/09/17

**HEALTHY HOMES PROGRAM/LEAD POISONING PREVENTION**  
 125 Worth Street 6<sup>th</sup> 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**

**W117090**

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>514 East 12 Street</u>		Apt.: <u>CMN</u>	Boro: <u>1</u>	Health Area: <u>14-6200</u>	
Name of Property Owner: <u>Silverstone Property Group</u>		Owner Address: <u>825 3<sup>rd</sup> Avenue 36<sup>th</sup> Floor</u>			
Boro: <u>1</u>		LASU #: <u>L2016-0196</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>
110517-1618-006	Stairs From 2 <sup>nd</sup> to 3 <sup>rd</sup> Floor Public Hallway	<input checked="" type="checkbox"/> Floor <input type="checkbox"/> Window Sill <input type="checkbox"/> Other:	12x5	<input type="checkbox"/> No Window 44 Painted wood
110517-1618-007	3 <sup>rd</sup> Floor Public Hallway From stairs	<input checked="" type="checkbox"/> Floor <input type="checkbox"/> Window Sill <input type="checkbox"/> Other:	12x12	<input type="checkbox"/> No Window 17 Ceramic
110517-1618-008	Stairs From 3 <sup>rd</sup> to 4 <sup>th</sup> Floor public Hallway	<input checked="" type="checkbox"/> Floor <input type="checkbox"/> Window Sill <input type="checkbox"/> Other: Tread	15x10	<input type="checkbox"/> No Window [happ landing present] 127 Ceramic
110517-1618-009	Stairs From 3 <sup>rd</sup> to 4 <sup>th</sup> Floor Public Hallway	<input checked="" type="checkbox"/> Floor <input type="checkbox"/> Window Sill <input type="checkbox"/> Other:	12x3	<input type="checkbox"/> No Window 30 Painted wood
110517-1618-010	4 <sup>th</sup> Floor public Hallway From stairs	<input checked="" type="checkbox"/> Floor <input type="checkbox"/> Window Sill <input type="checkbox"/> Other:	12x12	<input type="checkbox"/> No Window 20 ceramic

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>11/05/17</u>
Associate PHS I Signature: <u>[Signature]</u>	Reason for Transfer: <u>Lead Lab Analysis</u> Date Transferred: <u>11/8/17</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.

atlas  
11/9/17 12A

[Signature] 11/09/17

**HEALTHY HOMES PROGRAM/LEAD POISONING PREVENTION**  
 125 Worth Street 6<sup>th</sup> 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**

**L2016-0196**  
 Page 3 of 3

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>514 East 12 Street</u>		Apt.: <u>CMN</u>	Boro: <u>1</u>	Health Area: <u>14-6200</u>	
Name of Property Owner: <u>Silverstone property Group</u>		Boro: <u>1</u> LASU #: <u>L2016-0196</u>			
Owner Address: <u>825 3rd Avenue 36th floor</u>					

Sample ID # <small>Date (Month/Day/Year) - Employee ID - Sample ID (3 digits)</small> <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>100517 1018-011</u>	<u>BLANK</u>	<input type="checkbox"/> Floor <input type="checkbox"/> Window Sill <input type="checkbox"/> Other:	<u>---</u>	<input type="checkbox"/> No Window <div style="text-align: right; font-size: 1.5em;"><u>LS</u></div>
<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>	<input type="checkbox"/> Floor <input type="checkbox"/> Window Sill <input type="checkbox"/> Other:	<u>---</u>	<input type="checkbox"/> No Window
<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>	<input type="checkbox"/> Floor <input type="checkbox"/> Window Sill <input type="checkbox"/> Other:	<u>---</u>	<input type="checkbox"/> No Window

Collected by PHS (Print): <u>B. Abramson</u>	Batch #:	
PHS Signature: <u>[Signature]</u>	Badge #: <u>3339</u>	ID #: <u>1618</u>
Associate PHS I Signature: <u>[Signature]</u>	Reason for Transfer: <u>Lead Lab Analysis</u>	Date Collected: <u>11/05/17</u>
Transferred to:	Reason for Transfer:	Date Transferred: <u>11/8/17</u>
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.

LP 121 (Rev. 02/14)

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[Signature] atlas 11/9/17  
12PM

[Signature] 11/6/17

10F2

Date: 11/5/17	Start Time: 17:45	End Time: 18:25	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	Building Type: <input type="checkbox"/> 1-2 Family <input type="checkbox"/> Multi Dwelling <input type="checkbox"/> Other	Home Phone Cell Phone Work Phone
Address: <input type="checkbox"/> New		514 East 12 Street		Apt: CMA 15	Floor: 1 Borough: 1 Zip Code: 10009 HD: 14 6200

OWNER INFORMATION		Name: (Last) _____ (First) _____	Home Phone ( ) _____	Cell Phone ( ) _____
Address: 825 Third Avenue		Apt: 36FL	City: New York	State: NY Zip Code: 10009

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	Result Code
<input type="checkbox"/> Early Intervention <input type="checkbox"/> Accepted <input type="checkbox"/> Rejected	<input type="checkbox"/> Window Guard <input type="checkbox"/> Violation <input type="checkbox"/> No Violation	Sibling Information Child ID _____ Child ID _____ Child ID _____ Child ID _____		SI	VCOD
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
Other Samples - Type and Quantity (describe): concern for lead. Three samples were tested above EPA level of 11, 3						

General Provisions	Administrative Requirements	Work Methods	Occupant Protection		
			Orders or >100ft <sup>2</sup> or Removing Windows	2-100ft <sup>2</sup>	1-100ft <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(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(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(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(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(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(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(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)(J)	<input type="checkbox"/> 173.14(e)(3)(C)

Healthy Homes Hazard:	311 Complaint Number:
-----------------------	-----------------------

PHS (Print) <i>W</i>	PHS (Signature) _____	Badge #	Employee ID #	Date:
Copy Received By (Print) <i>Written in Office</i>	Copy Received By (Signature) _____	Relationship to Child:		Date:
Supervisor (Print) <i>M. Seanalubdan</i>	Supervisor (Signature) _____	Badge # <i>3342</i>	Employee ID # <i>1787</i>	Date: <i>11/14/17</i>

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: 11/05/17	Start Time: 17:45	End Time: 18:25	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 <b>INSPECTION REPORT</b>	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 <del>123</del> Order Number C-2017-0136 Docket Number
					LASU Number L2016-0196

<b>ADDRESS INFORMATION</b> Child: (Last) (First)		Address Type	Building Type: <input type="checkbox"/> 1-2 Family <input checked="" type="checkbox"/> Multi Dwelling <input type="checkbox"/> Other	Home Phone
Address: <input type="checkbox"/> New		Cmpt		Cell Phone
514 East 12 Street		Apt	Floor	Work Phone
		Cmn	1-3	
		Borough	Zip Code	HD/19
		2	10009	6200

<b>OWNER INFORMATION</b> Name: (Last) (First)		Home Phone ( )	Cell Phone ( )
Silverstone Property Group		Work Phone (646) 786-8000	
Address		Apt	City
825 Third Avenue		36th Floor	New York NY
		State	Zip Code
			10009

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

<b>CASE EVENTS</b> Event Code		<b>ENVIRONMENTAL EVENTS</b> Event Code		<b>SAFETY EVENTS</b> Event Code	
Result Code		Result Code		Result Code	
				SI	
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 _____	
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	Dust Wipes: # of Positive
				11	pending
Other Samples - Type and Quantity (describe)					

HEALTH CODE VIOLATIONS					
General Provisions	Administrative Requirements	Work Methods		Occupant Protection	
				Orders of -100ft <sup>2</sup> or Removing Windows	100ft <sup>2</sup>
<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 (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)(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)(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)(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)(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)(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(c)(2)(B)(iii)			<input type="checkbox"/> 173.14(e)(1)(H)	
	<input type="checkbox"/> 173.14(c)(3)(A)			<input type="checkbox"/> 173.14(e)(1)(I)(i)	<input type="checkbox"/> 173.14(e)(3)(A)
				<input type="checkbox"/> 173.14(e)(1)(I)(i)(aa)	<input type="checkbox"/> 173.14(e)(3)(B)
				<input type="checkbox"/> 173.14(e)(1)(I)(i)(bb)	<input type="checkbox"/> 173.14(e)(3)(C)

Healthy Homes Hazard:	
311 Complaint Number:	

PHS (Print) R. Abramson	PHS (Signature) <i>R. Abramson</i>	Badge # 3339	Employee ID # 1618	Date: 11/05/17
Copy Received By (Print) To be mailed.	Copy Received By (Signature)	Relationship to Child:		Date: 11/05/17
Supervisor (Print) M. Zeanalabden	Supervisor (Signature) <i>M. Zeanalabden</i>	Badge # 3342	Employee ID # 1787	Date: 11/13/17

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

Inspection Report Notes    Progress Report    Activity Report Notes

Address <u>514 East 12 Street</u>			Child ID Number	
Apt. # <u>Cmn</u>	Borough <u>1</u>	Zip <u>10009</u>	LASU Number <u>L2016-0196</u>	Order Number <u><del>C2017-0135</del></u> <b>(M2)</b>

Assessment/Observations/Comments

Visited the above address to conduct an inspection on a complaint regarding generation of dust in the building due to construction work. Access was gained into building. A visual walk-through inspection was conducted through floors 1-5. Visible construction dust was observed on floors 1-4 and on sticky mats in front of doorways of apartments undergoing renovation. No active construction work observed in progress at the time of inspection. Eleven dust wipe samples were collected, including a blank for lab analysis. No window guard violation observed. Addendum: 11/06/17 Building property manager, Mike was contacted and was informed of inspection findings and he informed me that window replacement in the common hallway occurred on April, 2017. Mr Mike was instructed to have building cleaned with a HEPA vacuum and wet mop, and to clean staircases and window sills.

Staff (Signature) 	Badge # <u>3339</u>	I.D. # <u>1618</u>	Date <u>11/05/17</u>	Copy received by <u>TO be mailed.</u>
Supervisor (Signature) 	Badge # <u>3342</u>	I.D. # <u>1787</u>	Date <u>11/13/17</u>	

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