## Order of the Commissioner

March 13, 2017

## OWNER OR MANAGING AGENT

CONTRACTOR

SILVERSTONE PROPERTY GROUP, LLC 825 THIRD AVENUE, 36TH FLOOR NEW YORK, NY 10022 (646)747-3390

RE: Order No.: C2017-0056

LASU No: L2016-0148

Address: 915 WEST END AV

MANHATTAN, NY 10025

Apt. No: CMN

**Floor:** 1-14

**Building Construction Date: 1923** 

**Telephone Number:** 

**Inspection Date:** February 22, 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  $(40\mu g/ft^2)$  of dust on floors and/or 250  $\mu g/ft^2$  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)(1)(ii)(cc) through (ff); and

#### 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.



# 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: CustomerID: CustomerPO: 031705712 NYHM25 20171410261

ProjectID:

EHSF-17-0857-N0

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: 03/03/17 2:51 PM

Collected:

2/22/2017

Project: LASU# L2016-0148/ 915 WEST END AVE. APT CMN BORO:MANHATTAN

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

Client Sample Descript	ion Lab ID Collected Analyzed Area Sampled	Lead Concentration
202217-1618-003	031705712-0001 2/22/2017 3/6/2017 144 in <sup>2</sup>	12 μg/ft²
	Site: LOBBY FROM BUILDING VESTIBULE/ FLOOR Desc: NO WINDOW/ CERAMIC	
202217-1618-004	031705712-0002 2/22/2017 3/6/2017 144 in <sup>2</sup>	31 μg/ft²
	Site: 3RD FLOOR PUBLIC HALLWAY FROM STAIRS/ FLOOR Desc: NO WINDOW/ CERAMIC (FLOOR COVER)	
202217-1618-005	031705712-0003 2/22/2017 3/6/2017 170 in <sup>2</sup>	18 μg/ft²
	Site: STAIRS FROM 3RD TO 4TH FLOOR PUBLIC HALLWAY Desc: TREAD/ CERAMIC (NO WINDOW SILL PRESENT)	
202217-1618-006	031705712-0004 2/22/2017 3/6/2017 144 in <sup>2</sup>	68 µg/ft²
	Site: 4TH FLOOR PUBLIC HALLWAY FROM STAIRS/ FLOOR Desc: NO WINDOW/ CERAMIC (FLOOR COVER)	
202217-1618-007	031705712-0005 2/22/2017 3/6/2017 144 in <sup>2</sup>	48 μg/ft²
	Site: 6TH FLOOR PUBLIC HALLWAY FROM STAIRS/ FLOOR Desc: NO WINDOW/ CERAMIC (FLOOR COVER)	
202217-1618-008	031705712-0006 2/22/2017 3/6/2017 170 in <sup>2</sup>	110 μg/ft²
	Site: STAIRS FROM 6TH TO 7TH FLOOR PUBLIC HALLWAY Desc: TREAD/ CERAMIC (NO WINDOW SILL PRESENT)	
202217-1618-009	031705712-0007 2/22/2017 3/6/2017 144 in <sup>2</sup>	28 μg/ft²
	Site: 7TH FLOOR PUBLIC HALLWAY FROM STAIRS/ FLOOR Desc: CERAMIC (FLOOR COVER)	
202217-1618-010	031705712-0008 2/22/2017 3/6/2017 170 in <sup>2</sup>	36 µg/ft²
	Site: STAIRS FROM 8TH TO 9TH FLOOR PUBLIC HALLWAY Desc: TREAD/ CERAMIC (NO WINDOW SILL PRESENT)	
202217-1618-011	031705712-0009 2/22/2017 3/6/2017 144 in <sup>2</sup>	24 μg/ft²
	Site: 9TH FLOOR PUBLIC HALLWAY FROM STAIRS Desc: FLOOR/ CERAMIC (FLOOR COVER)	
202217-1618-012	031705712-0010 2/22/2017 3/6/2017 144 in <sup>2</sup>	15 μg/ft²
	Site: 12TH FLOOR PUBLIC HALLWAY FROM STAIRS Desc: FLOOR/ NO WINDOW/ CERAMIC (FLOOR COVER)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
202217-1618-013	031705712-0011 2/22/2017 3/6/2017 170 in <sup>2</sup>	16 µg/ft²
	Site: STAIRS FROM 12 T0 13TH FLOOR PUBLIC HALLWAY Desc: TREAD/ CERAMIC (NO WINDOW SILL PRESENT)	

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 pesonnel. 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

Report Amended: 03/07/2017 16:28:09 Replaces the Inital Report 03/06/2017 14:10:04. Reason Code: Data Entry-Change to Location



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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:

03/03/17 2:51 PM

Received: Collected:

2/22/2017

Project: LASU# L2016-0148/ 915 WEST END AVE. APT CMN BORO:MANHATTAN

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

Client Sample Description	on Lab ID	Collected	Analyzed	Area Sampled	Lead Concentration
0202217-1618-014	031705712-001	<i>2 2/22/</i> 2017	3/6/2017	144 in²	<10 µg/ft²
	Site: 13TH FLO Desc: FLOOR/			OM STAIRS FLOOR OVER)	•
0202217-1618-015	031705712-001	3 2/22/2017	3/6/2017	170 in²	13 µg/ft²
				OR PUBLIC HALLWAY SILL PRESENT)	
0202217-1618-016	031705712-001	4 2/22/2017	3/6/2017	144 in²	20 μg/ft²
	Site: 14TH FLO Desc: FLOOR/			OM STAIRS FLOOR COVER)	
0202217-1618-017	031705712-001	5 2/22/2017	3/6/2017	n/a	<10 µg/wipe
	Site: BLANK				

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/fl2 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, ŁLC--ELLAP Acc. #102581, NYS ELAP 11506

Report Amended: 03/07/2017 16:28:09 Replaces the Inital Report 03/06/2017 14:10:04. Reason Code: Data Entry-Change to Location

031705H2

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

Page \_\_\_\_of \_3

			T			
Child ID #:	□ Cas	e 🖪 Complaint	t Job Number (X			Check here if
Sampling Address: 915 V	vest End Aver	Avenue Apr.: CMN Boro: 1			ealth Area: 16-3110	no XRF readings were taken in or
Name of-Property-Owner:-Si-	verstone Prope	ertor Pr	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	16-U-		outside the
73.5	3rd Avenue	0	U	Boro: 🔨 L.	ASU#: 12016-014	apartment
Sample ID # Date (Month/Day/Year) – Employee ID - Sample ID (3 digits) e.g. 041804-1234-001	Room Name (Must match XRF room n	ame)	Component	Sample Ares (Length x Wid in inches)	Conditions: carpeted floor; Location: window on left o Type: dust, soil, paint chip,	ions, locations, and bare soil on Wali 1; back yard
02247 - 1618 - 003	Lobby From Build Vestibule.	. 10	BFloor  ☐ Window Sill  ☐ Other:	12'x12	<u>Carainic</u>	EMSL M
022217-16-18-004	From Stairs	Ψ.	(Vrloor ——— □ Window Sill □ Other:	12/12	2 Ceramic 1	Floor Chief
022217 1618-005	Stairs From 3° Floor Public H	- 40 4 M	□ Floor □ Window Sill □ Other: □ T. PCC &	17"×10	□ No Window (∩o	mingon still)
022217 1618-006	4th Floor Public From Stairs.	Hellway	☐ Window Sill ☐ Other:	12"×13	□No Window	
02227 1618-007	6th Floor Publi From Stellins	C Hallon	Prioor D Window Sill □ Other:	12/×12	ENO Window  Ceramic	Floorcover
Collected by PHS (Print):	noeminable ionica		•	Batch #:		
PHS Signature:	at the	Badge #:	3339	ID#: 1618	Date Collected: (	02/22/17
Associate PHS I Signature:		Reason for	Transfer:	Lab Au	Date Transferred	3/2/17
Transferred to:	1. Guilo	Reason for	Transfer:		Date Transferred	3/3/172:51000
Transferred to:		Reason for	Transfer:		Date Transferred	, ,

OrderID: 0317057

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 #:		☐ Case ☐ Complain	nt Job Number (X	RF):		Check here if
Sampling Address: 915	West E	nd Avenue			h Area: 16-310	no XRF readings were taken in or
Name-of-Property-Owner:	verstone_	Property	Manager	Meat	111 1 - 10 01/15	outside the apartment
Owner Address: 825	3rd Avenue			Boro: 1 LASU	J#: <u>L2016-0148</u> Comme	
Sample ID # Date (Month/Day/Year) — Employee ID - Sample ID (3 digits)	Room I (Must match XF		Component	(Length x Width in inches)	Note special sample condi- sample type. For example: Conditions: carpeted floor Location: window on left of Type: dust, soil, paint chip	tions, locations, and ; bare soil on Wall 1; back yard o, water
e.g. 041804-1234-001	Stairs Fro	m 6 to 7th	□ Floor □ Window Sill		□ No Window (೧೦	mindom 2111)
022217- 1618-008	Floor publ	ic Hallway	Dother:	17"×10"	ceramic	17 M
022217-1618-009	7th Floor	PUBLIC	-DFloor □ Window Sill	// //	DNo Window	界
D6-04/ 1/010	Hallway From	n Stairs	Other:	12×12"		took cavec
022217 1618 010	Stairs Fro			,,,	□ No Window	no windows !!
022217 1618 919	Ploor Public	Hallway	Other:	17×10"	Ceramic DNo Window	UT LAB
022217- 1618- GII	9th F100r	•	☑ Floor ☐ Window Sill ☐ Other:	12×12"	_	loss como
	Hallway F	rom Stairs		10010	Ceramic F	1004 CWELT
00000 1110-010	15th Floor		☐ Window Sill	12"×12"	E IVO W III dow	_
022217 1618-012	Hallway From	n Stairs	□ Other:	12×12	Ceramic	Floorcover
Collected by PHS (Print): ROS	ana Abrums	on		Batch #:		
PHS Signature:	A.		:3339	ID#: 16/8	Date Collected:	02/22/17
Associate PHS I Signature:	-A	Reason	for Transfer: Lead	lab Angl	Date Transferre	
Transferred to:	St: Gruch &	Reason :	for Transfer:		Date Transferre	<del>/-/</del> /
Transferred to:	7	Reason	for Transfer:		Date Transferre	d: ' '

# HEALTHY HOMES PROGRAM/LEAD POISONING PREVENTION

125	Worth Street 6 <sup>th</sup> Floor, CN # 58, New Yor Field Sampling and Chair	k, NY 10013, (646) 632-6002 n of Custody Form for Envir		or (646) 632-6004 P	age 3 of 3.
Child ID #:	☐ Case 🖼	Complaint Job Number (2	(RF):		Check here if
Sampling Address: 915 V	NOST End. Avenue	Apt.: CMN	Boro: 1 Heal	th Area: 16-3110	no XRF readings
Name-of-Property-Owner: 5-1-1-	verstone—Propert		rent		were taken in or outside the
Owner Address: 825	3rd Avenue	0		U#: L20/6-014)	apartment
Sample ID # Date (Month/Day/Year) — Employee ID - Sample ID (3 digits) e.g. 041804-1234-001	Room Name (Must match XRF room name)	Сотролепт	Sample Area (Length x Width in inches)	Comme Note special sample condit sample type. For example: Conditions: carpeted floor Location: window on left of Type: dust, soil, paint chip	tions, locations, and bare soil on Wall 1; back yard , water
022217-1618-013	Stairs From 12 to	O WINDOW SIII	1-11	L 64	window sill
	Floor Public Halle	Tread	17/210"	Ceramic	
027217-1618-014	13-F-1000-PUBLIC.	□ Window Sill		ENO Window	
	Hallway From Sta	il CS	12'X12"	Ceramic I	Floor Cover
022217 1618 - 015	Stairs From 13+	4 to ☐ Floor ☐ Window Sill	17×10"	L P6	See THANK
020217-1618 -016	14th Floor Public	□ Window Sill	12/12	Ceramic	PH VETA
02227-1618-017		☐ Floor ☐ Window Sill ☐ Other;		□ No Window	ঘ্য
Collected by PHS (Print): 2050	ancyAbramson		Batch #:		
PHS Signature: Rosero	*	Badge #: 3239	ID#: /6/8	Date Collected:	02/72/12
Associate PHS I Signature:		Reason for Transfer:	Joh And	Date Transferred	2/1/17
Transferred to: PMSL	· Guilo	Reason for Transfer:	Jan That	Date Transferred	<del>-&gt;      </del>
Transferred to:	- juniari	Reason for Transfer:		Date Transferred	<del>-/-/</del>

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)

COPIES: WHITE (Laboratory); CANARY (EIEU)

Date:		Time:	End Time		No.	w Vark Cit	Departmen	t of Health	Ï	Child ID	Number			
2/24/	1   13	3:45	15	00	New York City Department of Health and Mental Hygiene					tion LAGNO LANGE				
Aetivity Type: ☐ Case	Activity Type:  ☐ Case ☐ Work Practice Complaint					Healthy Homes Program/Lead Poisoning Prevention 125 Worth Street, 6th Floor CN 58, New York, NY 10013					LASU Order Number Orde			ıber
☐ Primary Preve	☐ Primary Prevention ☐ Peeling Paint Complaint ☐ 10-14 (Low Act)					INSPECTION REPORT				Docket Number LASU Number			nber	
	DDRESS INFORMATION					INSI ECTION REPORT							L2-0/8	2-0148
Child: (Last)		ION	(First)		Ad	ldress Type	Build	ing Type:		VIIII	Home	Phone		
					b	1	□ 1-2	Family V	Multi D	welling	Cell P			
					(Co	mp (911	1 de Oth	er				Phone		
Address:	New	1/ 1		1	Λ.		<u> </u>		Apt	Floor	Borou	igh 2	Zip Code	HD //s
91	<u>5 1</u>	<u>Vest</u>	Eng	<u> </u>	AUC	nue			MML	1-14	1	_ //	0025	3110
OWNER INFO Name: (Last)	RMATIC	ON	(First)											
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Address	TUND		<del>4</del> ) (j	lalai	10Coperso	WOII	C Phone (	76) L	<del>/                                    </del>	2270	/ ( Stai	te l	Zip Code	
825	3	va Ai	renue	ح ا			'	N	en	York	$\langle   r \rangle$	VΥ		22
CONTRACTO Company Name		MATION		Desir										
Company Name				Proje	ect Contact			Phone			]	Fax		
Address					1	Apt	City	] (	) State	e 7.	p Code	( EPA	) Certificate	Number
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CASE EVENTS	S	D 1:0 1	***************************************		VIRONME	NTAL EVI	17004			SAFETY		TS		
Event Code		Result Cod	e	Ever	nt Code		Result Co	ode		Event Co	<sup>de</sup> ⊂ ↑	-	Result Cod	30
Early Intervention	on	Window G	uard		ing Informa						J_1	<u></u>		رری.
☐ Accepted ☐ Rejected		☐ Violation ☐ No Viola		ì	d ID			Child						
Healthy Homes	Inspection		3 1		d ID Safe I	House:	☐ Rejected	Child	ID Accepted	7	Family	Currently	y in Safe Ho	1100
SAMPLE INFO						10030.	- Rejected		Accepted		ranniy	Currenti	y iii Sale no	use
												v		
Job#		Pain	t: # of XRF	**********	Paint:	# of Positi	ve	Dust	Wipes: #	of Samples	5 ]	Dust Wip	es: # of Pos	itive
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Other Samples -	Type and		······································	ree	Paint:		ve W&Y	<u> </u>	Wipes: #	of Samples	abo	Dust Wip	es: # of Pos EPI	sitive 4 leuc
Other Samples -	Cern	Quantity (de	······································				***************************************	<u> </u>	Wipes: # 15	of Samples	abo	Dust Wip	es: # of Pos EP/	sitive 4 leuc
Other Samples — COVI HEALTH COD	Ce / VI E VIOLA Adminis	Quantity (de For ATIONS	escribe) Th		San		***************************************	r te	15 Ste	d	abo	rotection	3 EPI	4 leug
Other Samples –  COV  HEALTH COD	E VIOLA Adminis Requires	Quantity (de	escribe) The Work	<i>fe</i>	San	ples	wer	Orders o	); or>100ft <sup>2</sup>	Octor Remov	Cupant P	rotection dows	3 EP1	A leuq
Other Samples — CON HEALTH COD General Provisions 3.05 3.07	E VIOLA  Adminis Requires  173.14  173.14	Quantity (de	Work	Method 3.14(d)(1)(3.14(d)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)	<b>San</b> (A) (B)	173.14(d)( 2 173.14(d)(	2)(F) 3)(A)	Orders of 173.14	or >100 ft <sup>2</sup> (e)(1)(A)(i) (e)(1)(A)(ii)	Octor Remov	Cupant P ing Win 73.14(e)( 73.14(e)(	rotection dows 1)(I)(i)(ec) 1)(I)(i)(idd	3 EPI 2-100 0 0 173.14 0 0 173.14	f <sup>2</sup> H(e)(2)(A) H(e)(2)(B)
Other Samples — COV HEALTH COD General Provisions 3.05 3.07 3.09 3.15	Adminis Requirer 173.14 173.14 173.14	Quantity (de FOY ATIONS Strative ments (c)(1)(A) (c)(2)(A) (c)(2)(B)(i)(ac	Work    S   172   C   173	C Method 3.14(d)(1)(3.14(d)(1)(3.14(d)(2)(3)(3.14(d)(2)(3)(3.14(d)(2)(3)(3.14(d)(2)(3)(3)(3)(3)(3.14(d)(2)(3)(3)(3)(3)(3)(3)(3)(3)(3)(3)(3)(3)(3)	Sa n  (A) (B) (A) (B)	173.14(d)( 173.14(d)( 173.14(d)( 173.14(d)( 173.14(d)(	22)(F) 33)(A) 33)(B) 33)(C)	Orders of 173.14 = 173.14 = 173.14	or >100ft <sup>2</sup> (e)(1)(A)(i) (e)(1)(A)(ii) (e)(1)(B) (e)(1)(C)	Occ or Remov	cupant P ing Win 73.14(e)(73.1	rotection dows 1)(I)(i)(cc) 1)(I)(i)(id 1)(I)(ii) 1)(I)(ii)(aa	3 EP/ 2-100 0 0 173.14 0 173.14 0 173.14 0 173.14	A /euc ft <sup>2</sup> H(e)(2)(A) H(e)(2)(B) H(e)(2)(C) H(e)(2)(D)
Other Samples — COV HEALTH COD General Provisions 3.05 3.07 3.09	Adminis Requires 173.14 173.14 173.14 173.14 173.14 173.14	Quantity (de for a continuation of the continu	Work    173   173   173   173   174   175	CMethod 3.14(d)(1)(3.14(d)(2)(3.14(d)(3.14(d)(3)(3)(3.14(d)(3)(3.14(d)(3)(3)(3.14(d)(3)(3)(3.14(d)(3)(3)(3.14(d)(3)(3)(3)(3)(3)(3)(3)(3)(3)(3)(3)(3)(3)	(A) (B) (A) (B) (C) (D)	173.14(d)(2 173.14	2)(F) 3)(A) 3)(B) 3)(C) 3)(C) 3)(D) 3)(E)	Orders of 173.14	or >100ft <sup>2</sup> (e)(1)(A)(i) (e)(1)(B) (e)(1)(C) (e)(1)(D) (e)(1)(E)	Oct or Remov	cupant P ing Win- 73.14(e)( 73.14(e)( 73.14(e)( 73.14(e)( 73.14(e)( 73.14(e)(	rotection dows 1)(1)(i)(ec) 1)(1)(i)(id 1)(1)(ii) 1)(1)(ii)(aa 1)(1)(ii)(bi) 1)(1)(ii)(ec)	3 EP/ 2-100 0 0 173.14 0 173.14 0 173.14	A /euc ft² H(e)(2)(A) H(e)(2)(B) H(e)(2)(C) H(e)(2)(D) H(e)(2)(F)
Other Samples — COV HEALTH COD General Provisions 3.05 3.07 3.09 3.15	Adminis Requires 173.14 173.14 173.14 173.14 173.14 173.14 173.14	Quantity (de	Work	CMethod 3.14(d)(1)(3.14(d)(2)(3.14(d)(3.14(d)(3)(3.14(d)(3)(3.14(d)(3)(3.14(d)(3)(3.14(d)(3)(3.14(d)(3)(3.14(d)(3)(3.14(d)(3)(3.14(d)(3)(3.14(d)(3)(3.14(d)(3)(3.14(d)(3)(3.14(d)(3)(3.14(d)(3)(3.14(d)(3)(3.14(d)(3)(3.14(d)(3)(3.14(d)(3)(3.14(d)(3)(3)(3.14(d)(3)(3)(3)(3)(3)(3)(3)(3)(3)(3)(3)(3)(3)	(A) (B) (A) (B) (C) (D)	173.14(d)( 173.14(d)( 173.14(d)( 173.14(d)( 173.14(d)(	2)(F) 3)(A) 3)(B) 3)(C) 3)(C) 3)(D) 3)(E)	Orders of 173.14	or >100ft <sup>2</sup> (e)(1)(A)(i) (e)(1)(B) (e)(1)(C) (e)(1)(D) (e)(1)(E) (e)(1)(F)	Oc. or Remov	cupant P ing Win- 73.14(e)( 73.14(e)( 73.14(e)( 73.14(e)( 73.14(e)( 73.14(e)(	rotection dows 1)(1)(i)(cc) 1)(1)(i)(dd 1)(1)(i) 1)(1)(i)(a 1)(1)(i)(bt) 1)(1)(i)(bt) 1)(1)(i)(dc)	3 EP/ 2-100 0 0 173.14 0 173.14 0 173.14 0 173.14 0 173.14 1 173.14 1 173.14 1 173.14	A /euc ft <sup>2</sup> H(e)(2)(A) H(e)(2)(B) H(e)(2)(C) H(e)(2)(D)
Other Samples — COV HEALTH COD General Provisions 3.05 3.07 3.09 3.15	Adminis Requires 173.14 173.14 173.14 173.14 173.14 173.14 173.14 173.14 173.14	Quantity (de 167 ) CTIONS  Strative ments  (c)(1)(A) (c)(2)(B) (c)(2)(B)(i)(a) (c)(2)(B)(i)(a) (c)(2)(B)(i)(a) (c)(2)(B)(i)(a) (c)(2)(B)(ii)(a) (c)(2)(B)(ii)(a)	Work	CMethod 3.14(d)(1)(3.14(d)(2)(3.14(d)(3.14(d)(3)(3)(3.14(d)(3)(3.14(d)(3)(3)(3.14(d)(3)(3)(3.14(d)(3)(3)(3.14(d)(3)(3)(3)(3)(3)(3)(3)(3)(3)(3)(3)(3)(3)	(A) (B) (A) (B) (C) (D)	173.14(d)(2 173.14	2)(F) 3)(A) 3)(B) 3)(C) 3)(C) 3)(D) 3)(E)	Orders of 173.14    173.14   173.14    173.14	or >100ft <sup>2</sup> (e)(1)(A)(i) (e)(1)(B) (e)(1)(C) (e)(1)(D) (e)(1)(F) (e)(1)(G) (e)(1)(G) (e)(1)(G)	Occ or Remov	cupant P ing Win- 73.14(e)( 73.14(e)( 73.14(e)( 73.14(e)( 73.14(e)( 73.14(e)( 73.14(e)( 73.14(e)(	Protection dows 1)(1)(i)(cc) 1)(1)(i)(idd) 1)(1)(ii) 1)(1)(ii)(bt) 1)(1)(ii)(id)	3 EP/ 2-100 173.14 □ 173.14 □ 173.14	ft <sup>2</sup> 4(e)(2)(A) 4(e)(2)(B) 4(e)(2)(C) 4(e)(2)(D) 4(e)(2)(F) 4(e)(2)(G) 4(e)(2)(H) lover
Other Samples — COV HEALTH COD General Provisions 3.05 3.07 3.09 3.15	DE VIOLA  Adminis Require:  173.14  173.14  173.14  173.14  173.14  173.14  173.14	Quantity (de 167 ) CTIONS  Strative ments  (c)(1)(A) (c)(2)(B) (c)(2)(B)(i)(a) (c)(2)(B)(i)(a) (c)(2)(B)(i)(a) (c)(2)(B)(i)(a) (c)(2)(B)(ii)(a) (c)(2)(B)(ii)(a)	Work	CMethod 3.14(d)(1)(3.14(d)(2)(3.14(d)(3.14(d)(3)(3)(3.14(d)(3)(3)(3.14(d)(3)(3)(3.14(d)(3)(3)(3)(3.14(d)(3)(3)(3)(3)(3)(3)(3)(3)(3)(3)(3)(3)(3)	(A) (B) (A) (B) (C) (D)	173.14(d)(2 173.14	2)(F) 3)(A) 3)(B) 3)(C) 3)(C) 3)(D) 3)(E)	Orders of 173.14    173.14   173.14   173.14    173.14   173.14     173.14    173.14    173.14    173.14    173.14    173.14    17	or >100ft <sup>2</sup> (e)(1)(A)(i) (e)(1)(A)(i) (e)(1)(B) (e)(1)(C) (e)(1)(D) (e)(1)(E) (e)(1)(F) (e)(1)(G) (e)(1)(H) (e)(1)(H) (e)(1)(H) (e)(1)(H)(i)(G)	Occor Remov	cupant P ing Win- 73.14(e)( 73.14(e)	rotection dows 1)(!)(i)(ec, 1)(!)(i)(i)(dd 1)(!)(i)(i) 1)(!)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)	3 EP/ 2-100 173.1-	A /euc ft <sup>2</sup> H(e)(2)(A) H(e)(2)(B) H(e)(2)(C) H(e)(2)(C) H(e)(2)(F) H(e)(2)(H) H(e)(2)(H) H(e)(3)(A) H(e)(3)(A) H(e)(3)(B)
Other Samples —  COV  HEALTH COD  General Provisions  3.05 3.07 3.09 3.15 173.13(a)(!)	Adminis Requires 173.14 173.14 173.14 173.14 173.14 173.14 173.14 173.14 173.14	Quantity (de 167 ) CTIONS  Strative ments  (c)(1)(A) (c)(2)(B) (c)(2)(B)(i)(a) (c)(2)(B)(i)(a) (c)(2)(B)(i)(a) (c)(2)(B)(i)(a) (c)(2)(B)(ii)(a) (c)(2)(B)(ii)(a)	Work	CMethod 3.14(d)(1)(3.14(d)(2)(3.14(d)(3.14(d)(3)(3)(3.14(d)(3)(3)(3.14(d)(3)(3)(3.14(d)(3)(3)(3)(3.14(d)(3)(3)(3)(3)(3)(3)(3)(3)(3)(3)(3)(3)(3)	(A) (B) (A) (B) (C) (D)	173.14(d)(2 173.14	2)(F) 3)(A) 3)(B) 3)(C) 3)(C) 3)(D) 3)(E)	Orders of 173.14    173.14   173.14   173.14    173.14   173.14     173.14    173.14    173.14    173.14    173.14    173.14    17	or >100ft <sup>2</sup> (e)(1)(A)(i) (e)(1)(B) (e)(1)(C) (e)(1)(D) (e)(1)(E) (e)(1)(F) (e)(1)(G) (e)(1)(H) (e)(1)(H)	Occor Remov	cupant P ing Win- 73.14(e)( 73.14(e)( 73.14(e)( 73.14(e)( 73.14(e)( 73.14(e)( 73.14(e)( 73.14(e)( 73.14(e)( 73.14(e)(	rotection dows 1)(!)(i)(ec, 1)(!)(i)(i)(dd 1)(!)(i)(i) 1)(!)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)	3 EP/ 2-100 173.1-	A /euc R <sup>2</sup> 4(e)(2)(A) 4(e)(2)(B) 4(e)(2)(C) 4(e)(2)(D) 4(e)(2)(F) 4(e)(2)(G) 4(e)(2)(H) 4(e)(2)(H) 4(e)(3)(A)
Other Samples - COVI HEALTH COD General Provisions 3.05 3.07 3.09 3.15 2.173.13(a)(1)  Healthy Homes	CC / V)  DE VIOLA  Adminis Requires  173.14  173.14  173.14  173.14  173.14  173.14  173.14  173.14  173.14  173.14  173.14  173.14  Hazard:	Quantity (de 167 ) CTIONS  Strative ments  (c)(1)(A) (c)(2)(B) (c)(2)(B)(i)(a) (c)(2)(B)(i)(a) (c)(2)(B)(i)(a) (c)(2)(B)(i)(a) (c)(2)(B)(ii)(a) (c)(2)(B)(ii)(a)	Work	CMethod 3.14(d)(1)(3.14(d)(2)(3.14(d)(3.14(d)(3)(3)(3.14(d)(3)(3)(3.14(d)(3)(3)(3.14(d)(3)(3)(3)(3.14(d)(3)(3)(3)(3)(3)(3)(3)(3)(3)(3)(3)(3)(3)	(A) (B) (A) (B) (C) (D)	173.14(d)(2 173.14	2)(F) 3)(A) 3)(B) 3)(C) 3)(C) 3)(D) 3)(E)	Orders of 173.14    173.14   173.14   173.14    173.14   173.14     173.14    173.14    173.14    173.14    173.14    173.14    17	or >100ft <sup>2</sup> (e)(1)(A)(i) (e)(1)(A)(i) (e)(1)(B) (e)(1)(C) (e)(1)(D) (e)(1)(E) (e)(1)(F) (e)(1)(G) (e)(1)(H) (e)(1)(H) (e)(1)(H)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)	Occor Remov	cupant P ing Win- 73.14(e)( 73.14(e)	rotection dows 1)(!)(i)(ec, 1)(!)(i)(i)(dd 1)(!)(i)(i) 1)(!)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)	3 EP/ 2-100 173.1-	A /euc ft <sup>2</sup> H(e)(2)(A) H(e)(2)(B) H(e)(2)(C) H(e)(2)(C) H(e)(2)(F) H(e)(2)(H) H(e)(2)(H) H(e)(3)(A) H(e)(3)(A) H(e)(3)(B)
Other Samples —  COV  HEALTH COD  General Provisions  3.05 3.07 3.09 3.15 173.13(a)(!)  Healthy Homes  311 Complaint 1	CC / V)  DE VIOLA  Adminis Requires  173.14  173.14  173.14  173.14  173.14  173.14  173.14  173.14  173.14  173.14  173.14  173.14	Quantity (de 167 ) CTIONS  Strative ments  (c)(1)(A) (c)(2)(B) (c)(2)(B)(i)(a) (c)(2)(B)(i)(a) (c)(2)(B)(i)(a) (c)(2)(B)(i)(a) (c)(2)(B)(ii)(a) (c)(2)(B)(ii)(a)	Work    C 173   C 173   C 173   C 173   C 173   C 173   D 173	Method 3.14(d)(1)(3.14(d)(1)(3.14(d)(2)(3)(3.14(d)(2)(3)(3.14(d)(3)(3)(3)(3)(4)(4)(3)(3)(3)(4)(4)(3)(3)(4)(4)(4)(3)(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)	(A) (B) (A) (C) (D) (E)	173.14(d)(2 173.14	2)(F) 3)(A) 3)(B) 3)(C) 3)(C) 3)(D) 3)(E)	Orders of 173.14    173.14   173.14   173.14    173.14   173.14     173.14    173.14    173.14    173.14    173.14    173.14    17	or >100ft <sup>2</sup> (e)(1)(A)(i) (e)(1)(B) (e)(1)(C) (e)(1)(C) (e)(1)(E) (e)(1)(F) (e)(1)(G) (e)(1)(H) (e)(1)(H) (e)(1)(I)(i) (e)(1)(I)(i)(i)(e)(1)(I)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)	Oc. or Remov	cupant P ing Win- 73.14(e)( 73.14(e)( 73.14(e)( 73.14(e)( 73.14(e)( 73.14(e)( 73.14(e)( 73.14(e)( 73.14(e)( 73.14(e)(	rotection dows 1)(1)(i)(cc) 1)(1)(i)(id 1)(1)(ii) 1)(1)(ii)(id 1)(1)(ii)(cc) 1)(1)(ii)(cc) 1)(1)(ii)(if 1)(1)(ii)(ii) 1)(1)(ii) 1)(1)(ii) 1)(1)(ii)	3 EP/ EP/ 2 - 100 0	ft <sup>2</sup> f(e)(2)(A) 4(e)(2)(B) 4(e)(2)(C) 4(e)(2)(D) 4(e)(2)(F) 4(e)(2)(H) 4(e)(2)(H) 4(e)(3)(A) 4(e)(3)(B) 4(e)(3)(C)
Other Samples - COVI HEALTH COD General Provisions 3.05 3.07 3.09 3.15 2.173.13(a)(1)  Healthy Homes	CC / V)  DE VIOLA  Adminis Requires  173.14  173.14  173.14  173.14  173.14  173.14  173.14  173.14  173.14  173.14  173.14  173.14	Quantity (de 167 ) CTIONS  Strative ments  (c)(1)(A) (c)(2)(B) (c)(2)(B)(i)(a) (c)(2)(B)(i)(a) (c)(2)(B)(i)(a) (c)(2)(B)(i)(a) (c)(2)(B)(ii)(a) (c)(2)(B)(ii)(a)	Work    C 173   C 173   C 173   C 173   D 173	CMethod 3.14(d)(1)(3.14(d)(2)(3.14(d)(3.14(d)(3)(3)(3.14(d)(3)(3)(3.14(d)(3)(3)(3.14(d)(3)(3)(3)(3.14(d)(3)(3)(3)(3)(3)(3)(3)(3)(3)(3)(3)(3)(3)	(A) (B) (A) (C) (D) (E)	173.14(d)(2 173.14	2)(F) 3)(A) 3)(B) 3)(C) 3)(C) 3)(D) 3)(E)	Orders of 173.14    173.14   173.14   173.14    173.14   173.14     173.14    173.14    173.14    173.14    173.14    173.14    17	or >100ft <sup>2</sup> (e)(1)(A)(i) (e)(1)(A)(i) (e)(1)(B) (e)(1)(C) (e)(1)(D) (e)(1)(E) (e)(1)(F) (e)(1)(G) (e)(1)(H) (e)(1)(H) (e)(1)(H)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)	Oc. or Remov	cupant P ing Win- 73.14(e)( 73.14(e)( 73.14(e)( 73.14(e)( 73.14(e)( 73.14(e)( 73.14(e)( 73.14(e)( 73.14(e)( 73.14(e)(	rotection dows 1)(!)(i)(ec, 1)(!)(i)(i)(dd 1)(!)(i)(i) 1)(!)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)	3 EP/ EP/ 2 - 100 0	ft <sup>2</sup> f(e)(2)(A) 4(e)(2)(B) 4(e)(2)(C) 4(e)(2)(D) 4(e)(2)(F) 4(e)(2)(H) 4(e)(2)(H) 4(e)(3)(A) 4(e)(3)(B) 4(e)(3)(C)
Other Samples  COV  HEALTH COD  General Provisions  3.05 3.07 3.09 3.15 173.13(a)(1)  Healthy Homes  311 Complaint 1  PHS (Print)	DE VIOLA  Adminis Require:  173.14  173.14  173.14  173.14  173.14  173.14  173.14  173.14  173.14  173.14  Number:	Quantity (de 167 ) CTIONS  Strative ments  (c)(1)(A) (c)(2)(B) (c)(2)(B)(i)(a) (c)(2)(B)(i)(a) (c)(2)(B)(i)(a) (c)(2)(B)(i)(a) (c)(2)(B)(ii)(a) (c)(2)(B)(ii)(a)	Work    U 17:	Method 3.14(d)(1)(3.14(d)(1)(3.14(d)(2)(3)(3.14(d)(2)(3)(3.14(d)(2)(3)(3.14(d)(2)(3)(3.14(d)(2)(3)(3)(3)(3.14(d)(2)(3)(3)(3)(3)(3)(3)(3)(3)(3)(3)(3)(3)(3)	San  (A) (B) (A) (C) (D) (E)  gnature)	173.14(d)( 2 173.14(d)( 2 173.14(d)( 3 173.14(d)( 4 173.14(d)( 1 173.14(d)( 1 173.14(d)(	2)(F) 3)(A) 3)(B) 3)(C) 3)(C) 3)(D) 3)(E)	Orders of 173.14    173.14   173.14   173.14    173.14   173.14     173.14    173.14    173.14    173.14    173.14    173.14    17	or >100ft <sup>2</sup> (e)(1)(A)(i) (e)(1)(A)(i) (e)(1)(B) (e)(1)(C) (e)(1)(D) (e)(1)(E) (e)(1)(F) (e)(1)(G) (e)(1)(H) (e)(1)(I)(i) (e)(1)(I)(i) (e)(1)(I)(i) (e)(1)(I)(i) (e)(1)(I)(i)	Occ or Remov	cupant P ing Win- 73.14(e)( 6)( 73.14(e)( 6)( 6)( 6)( 73.14(e)( 6)( 6)( 73.14(e)( 6)( 73.14(e)( 6)( 73.14(e)( 6)( 73.14(e)( 6)( 6)( 6)( 6)( 6)( 6)( 6)( 6)( 6)( 6	rotection dows 1)(1)(i)(cc) 1)(1)(i)(id 1)(1)(ii) 1)(1)(ii)(id 1)(1)(ii)(cc) 1)(1)(ii)(cc) 1)(1)(ii)(if 1)(1)(ii)(ii) 1)(1)(ii) 1)(1)(ii) 1)(1)(ii)	3 EP/ 2-100 173.1-	ft <sup>2</sup> f(e)(2)(A) f(e)(2)(B) f(e)(2)(C) f(e)(2)(D) f(e)(2)(F) f(e)(2)(H) f(e)(3)(A) f(e)(3)(B) f(e)(3)(C) f(e)(3)(C) f(e)(3)(C)
Other Samples —  COV  HEALTH COD  General Provisions  3.05 3.07 3.09 3.15 173.13(a)(!)  Healthy Homes  311 Complaint 1	DE VIOLA Adminis Require:  173.14 173.14 173.14 173.14 173.14 173.14 173.14 173.14 173.14 173.14 173.14 173.14	Quantity (de 167 ) CTIONS  Strative ments  (c)(1)(A) (c)(2)(B) (c)(2)(B)(i)(a) (c)(2)(B)(i)(a) (c)(2)(B)(i)(a) (c)(2)(B)(i)(a) (c)(2)(B)(ii)(a) (c)(2)(B)(ii)(a)	World 173	Method 3.14(d)(1)(3.14(d)(1)(3.14(d)(2)(3)(3.14(d)(2)(3)(3.14(d)(2)(3)(3.14(d)(2)(3)(3.14(d)(2)(3)(3)(3)(3.14(d)(2)(3)(3)(3)(3)(3)(3)(3)(3)(3)(3)(3)(3)(3)	(A) (B) (A) (C) (D) (E)	173.14(d)( 2 173.14(d)( 2 173.14(d)( 3 173.14(d)( 4 173.14(d)( 1 173.14(d)( 1 173.14(d)(	2)(F) 3)(A) 3)(B) 3)(C) 3)(C) 3)(D) 3)(E)	Orders of 173.14    173.14   173.14   173.14    173.14   173.14     173.14    173.14    173.14    173.14    173.14    173.14    17	or >100ft <sup>2</sup> (e)(1)(A)(i) (e)(1)(A)(i) (e)(1)(B) (e)(1)(C) (e)(1)(D) (e)(1)(E) (e)(1)(F) (e)(1)(G) (e)(1)(H) (e)(1)(I)(i) (e)(1)(I)(i) (e)(1)(I)(i) (e)(1)(I)(i) (e)(1)(I)(i)	Oc. or Remov	cupant P ing Win- 73.14(e)( 6)( 73.14(e)( 6)( 6)( 6)( 73.14(e)( 6)( 6)( 73.14(e)( 6)( 73.14(e)( 6)( 73.14(e)( 6)( 73.14(e)( 6)( 6)( 6)( 6)( 6)( 6)( 6)( 6)( 6)( 6	rotection dows 1)(1)(i)(cc) 1)(1)(i)(id 1)(1)(ii) 1)(1)(ii)(id 1)(1)(ii)(cc) 1)(1)(ii)(cc) 1)(1)(ii)(if 1)(1)(ii)(ii) 1)(1)(ii) 1)(1)(ii) 1)(1)(ii)	3 EP/ EP/ 2 - 100 0	ft <sup>2</sup> f(e)(2)(A) f(e)(2)(B) f(e)(2)(C) f(e)(2)(D) f(e)(2)(F) f(e)(2)(H) f(e)(3)(A) f(e)(3)(B) f(e)(3)(C) f(e)(3)(C) f(e)(3)(C)
Other Samples —  COV  HEALTH COD  General Provisions  3.05 3.07 3.09 3.15 2.173.13(a)(1)  Healthy Homes  311 Complaint 1  PHS (Print)	DE VIOLA  Adminis Require:  173.14  173.14  173.14  173.14  173.14  173.14  173.14  173.14  173.14  Number:	Quantity (de Correction of the	Work    Use   Use	Method 3.14(d)(1) 3.14(d)(2) 3.14(d)(2) 3.14(d)(2) 3.14(d)(2) 9.14(d)(2) PHS (Si	San  (A) (B) (A) (C) (D) (E)  gnature)	173.14(d)( 173.14(d)( 173.14(d)( 173.14(d)( 173.14(d)( 173.14(d)( 173.14(d)( 173.14(d)(	2)(F) 3)(A) 3)(B) 3)(C) 3)(C) 3)(D) 3)(E)	Orders of 173.14    173.14   173.14   173.14    173.14   173.14     173.14    173.14    173.14    173.14    173.14    173.14    17	or >100ft <sup>2</sup> (e)(1)(A)(i) (e)(1)(A)(i) (e)(1)(B) (e)(1)(C) (e)(1)(D) (e)(1)(E) (e)(1)(F) (e)(1)(G) (e)(1)(H) (e)(1)(H) (e)(1)(H) (e)(1)(H)(i)(i) (e)(1)(H)(i)(i)(i) (e)(1)(H)(i)(i)(i) (e)(1)(H)(i)(i)(i) (e)(1)(H)(i)(i)(i) (e)(1)(H)(i)(i)(i)(i) (e)(1)(H)(i)(i)(i)(i) (e)(1)(H)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)	Occor Remov	cupant P ing Win- 73.14(e)( 73.14(e)	Protection dows 1)(1)(i)(cc) 1)(1)(i)(di) 1)(1)(ii)(ai) 1)(1)(ii)(di) 1)(1)(ii)(di) 1)(1)(ii)(di) 1)(1)(ii)(cc) 1)(1)(ii)(cc) 1)(1)(ii)(ft) 1)(1)(ii)(ft) 1)(1)(iii) 1)(1)(iv) 1)(1)(iv) 1)(1)(iv) 1)(1)(iv) 1)(1)(iv)	3 EP/ 2-100 1 73.14 1 73.14	ft <sup>2</sup> f(e)(2)(A) f(e)(2)(B) f(e)(2)(C) f(e)(2)(C) f(e)(2)(F) f(e)(2)(F) f(e)(2)(H) f(e)(3)(A) f(e)(3)(B) f(e)(3)(C) f(e)(3)(C) f(e)(3)(C)
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Other Samples  F COV  HEALTH COD  General Provisions  3.05  3.07  3.09  3.15  173.13(a)(1)  Healthy Homes  311 Complaint 1  PHS (Print)  Copy Received F  Supervisor (Print)  URGENT! A	DE VIOLA  Adminis Requires  173.14  173.14  173.14  173.14  173.14  173.14  173.14  173.14  173.14  173.14  173.14  173.14  173.14  173.14  173.14  173.14  173.14  173.14  173.14	Quantity (de For TTIONS strative ments (e)(1)(A) (e)(2)(B)(i)(a (e)(2)(B)(ii)(a (e)(2)(B)(ii)(a (e)(2)(B)(ii)(a (e)(2)(B)(ii)(a)(a (e)(2)(B)(ii)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)	Work    173   173   173   173   173   173   173   173   173   173   173   173   173   173   174   175	Method 3.14(d)(1)(3.14(d)(2)(3)(3.14(d)(2)(3)(3.14(d)(2)(3)(3.14(d)(2)(3)(3.14(d)(2)(3)(3.14(d)(2)(3)(3.14(d)(2)(3)(3.14(d)(2)(3)(3)(3.14(d)(2)(3)(3)(3)(3)(3.14(d)(2)(3)(3)(3)(3)(3)(3)(3)(3)(3)(3)(3)(3)(3)	(A) (B) (A) (B) (C) (D) (E)  gnature)  ecceived By (  fealth and M	173.14(d)( 173.14(d)( 173.14(d)( 173.14(d)( 173.14(d)( 173.14(d)( 173.14(d)( 173.14(d)(	2)(F) 3)(A) 3)(B) 3)(C) 3)(D) 3)(E) 4)	Orders of 173.14	or >100ft <sup>2</sup> (e)(1)(A)(i) (e)(1)(A)(i) (e)(1)(B) (e)(1)(C) (e)(1)(F) (e)(1)(F) (e)(1)(H) (e)(1)(I)(i) (e)(1)(I)(i) (e)(1)(I)(i) (e)(1)(I)(i) (e)(1)(I)(i) (e)(1)(I)(i)  Badge f  Relation	Octor Remov  Octor	cupant P ing Wind 73.14(e)(73.	Protection dows 1)(1)(i)(i)(cc) 1)(1)(i)(id) 1)(1)(ii)(id) 1)(1)(ii)(id) 1)(1)(ii)(id) 1)(1)(ii)(id) 1)(1)(ii)(if) 1)(1)(ii)(if) 1)(1)(iii) 1)(1)(iii) 1)(1)(iii) 1)(1)(iii) 1)(1)(iii) 1)(1)(iii) 1)(1)(iii) 1)(1)(iiii) 1)(1)(iiiiiiiiii	3 EP/ EP/ 2-100 173.14	A /euc R <sup>2</sup> H(e)(2)(A) H(e)(2)(B) H(e)(2)(C) H(e)(2)(F) H(e)(2)(G) H(e)(2)(H) H(e)(3)(A) H(e)(3)(B) H(e)(3)(C) :
Other Samples—  COV  HEALTH COD  General Provisions  3.05  3.07  3.09  3.15  173.13(a)(1)  Healthy Homes  311 Complaint 1  PHS (Print)  Copy Received E  Supervisor (Print)	CC / V  DE VIOLA  Adminis Require:  173.14  173.14  173.14  173.14  173.14  173.14  173.14  173.14  173.14  173.14  173.14  173.14  173.14  173.14  173.14  Class of the control of the co	Quantity (de For TTIONS strative ments (c)(1)(A) (c)(2)(B)(i)(ac (c)(2)(B)(i)(ac (c)(2)(B)(i)(ac (c)(2)(B)(ii)(ac (c)(ac	World 173 (173 (173 (173 (173 (173 (173 (173	Method 3.14(d)(1)(3.14(d)(2)(3)(3.14(d)(2)(3)(3.14(d)(2)(3)(3.14(d)(2)(3)(3.14(d)(2)(3)(3)(3.14(d)(2)(3)(3)(3)(3.14(d)(2)(3)(3)(3)(3)(3)(3)(3)(3)(3)(3)(3)(3)(3)	(A) (B) (C) (D) (E) gnature)  ecceived By ( fealth and M 2.	173.14(d)( 173.14(d)( 173.14(d)( 173.14(d)( 173.14(d)( 173.14(d)( 173.14(d)( 173.14(d)( 173.14(d)(	2)(F) 3)(A) 3)(B) 3)(C) 3)(D) 3)(E) 4)	Orders of 173.14	Program/L	Occor Remov	cupant P ing Win- 73.14(e)( 73.14(e)	rotection dows 1)(1)(i)(ec) 1)(1)(i)(id) 1)(1)(ii)(id) 1)(1)(ii)(id) 1)(1)(ii)(id) 1)(1)(ii)(id) 1)(1)(ii)(id) 1)(1)(ii)(id) 1)(1)(ii)(id) 1)(1)(ii)(id) 1)(1)(ii)(id) 1)(1)(iv) 1)(1)(iv) 1)(1)(iv) 1)(1) ployee ID ployee ID vention v	3 EP/ EP/ 2-100 173.14	ft <sup>2</sup> ft(e)(2)(A) ft(e)(2)(B) ft(e)(2)(C) ft(e)(2)(D) ft(e)(2)(F) ft(e)(2)(H) ft(e)(3)(A) ft(e)(3)(B) ft(e)(3)(C) ft(e)(3)(C) ft(e)(3)(C)

Date:	1	t Time:	/=	End Tim	1	New York City Department of Health			Child ID Number						
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☐ Case		Work Practice Complaint				125 Worth Street, 6 <sup>th</sup> Floor CN 58, New York, NY 10013 (646) 632-6002				Y 10013	C C		diliber	Order Trumber	
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Early Intervention	n	1	ow Gu	ard		-	ormation								
☐ Accepted ☐ Rejected			lation Violati	ion		ld ID _ ld ID				Child					
Healthy Homes In	nspection		Yes		No		Safe Hous	se:	Rejected	Child	Accepted	7	Fami	ly Currently	in Safe House
SAMPLE INFO	RMATI	ON													***************************************
Job#			Paint	: # of XR	F	F	Paint: # o	of Positive		Dust \	# Wipes: #	of Sample: •	S	Dust Wipe	es: # of Positive
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_ 3.05	Require	4 (c)(1)(.	<b>A</b> )	- 1	73.14(d)(1)	(A)	- 17	73.14(d)(2)(I	F)	******	r >100ft' (e)(1)(A)(i)	or Remov		indows c)(1)(l)(i)(cc)	2 - 100ft <sup>2</sup> = 173.14(e)(2)(A)
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		T				· · · ·				<u> </u>	(e)(1)(I)(i)(	bb) 🗀 I		e)(1)(J)	☐ 173.14(e)(3)(B) ☐ 173.14(e)(3)(C)
Healthy Homes I	Hazard:	<u> </u>													
311 Complaint N	umber:											_			
PHS (Print)					PHS (S	gnature	e)		1		Badge #	<del>'</del>	E	mployee ID	# Date:
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Copy Received B	y (Print)		,		Copy R	eceived	By (Sign	nature)			Relation	nship to Cl	hild:	, - , 0	Date:
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Supervisor (Print)		$\overline{II}$	1	· · · · · · · · · · · · · · · · · · ·	Supervi	sor (Sig	gnature)		*****		Badge #	‡	E	mployee ID	# Date:
M. Ze	and	abo	Qu	1			$\mathcal{A}$				33	42		1787	312117
URGENT: A	field rep	resentat	ive of t	the Depart	ment of I	lealth a	ınd Menta	al Hygiene	's Health	y Homes I	J.,	ead Poiso	ning P		as here today for an
important visit. P	lease cal	l us imi	nediate	ly at (646	) 632-600	2.									
aquí hoy para una	on repre visita in	sentant nportan	e aet D te. Por	epartamei favor llám	no de Sal enos inm	ua y Sa ediatan	uud Ment nente al te	tai, Prograi eléfono (64	ma de Ho 16) 632-60	gares Salu 002.	idables/Pre	evención d	ie Env	enenamiento	o por Plomo, estuvo

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

		Page: _ 2_	
Inspection Report Notes	□ Progress Report	☐ Activity Report Notes	

Address Q / 5 1 1 0 5 1 F. o. 1 A 1 2 2 2 2
Apt. # Borough 1 Zip /0025 CZ0/6-0148 Child ID Number  CMN Borough 1 Zip /0025 CZ0/6-0148
Assessment/Observations/Comments
Visited the above address to conduct an
inspection on a complaint regarding generate
OF dust in the building. Access was fained into
building. A visual walk-through inspection was
conducted through floors 1-74. Visible Constax
dust was observed on floors lobby, 3,4, b, 7, 8,9,1
13 and 14. Active construction work renovation
demilition and ashesta abstract une absenced
in progress in multiple vacant apartments, factor
dust wipe samples were texten, including a
blank for analysis. I met construction foreman
Jose and instructed him to clean and to prov
to wipe there shoes, before leaving the work
to wipe there shoes before leaving the work
11. Contected hilding mimore Tobacci and
infermed him regarding inspection findings
and instructed him to enforce sare work practice
NO (D'indous acords violation observed. A 24 hour
follow-up impaction is required. Notice of dust
hazard una posted.
Staff (Signature) Badge # I.D. # Date Copy received by
Franco 3334 16/8 07/22/17
Supervisor (Signature)    Badge #   I.D. #   Date
INSPECTION REPORT: White (RSU); Canary (Data Entry & FSU); Pink (Public) PROGRESS REPORT: White (RSU or FSU)