



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

EF108286222US

Order of the Commissioner

May 10, 2017

**OWNER OR MANAGING AGENT**

**CONTRACTOR**

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

**RE: Order No.:** C2017-0138  
**LASU No.:** L2017-0027  
**Address:** 160 EAST 48 ST  
MANHATTAN, NY 10017  
**Apt. No.:** BLD3  
**Floor:** CMN FL1-16  
**Building Construction Date:** 1929  
**Telephone Number:**  
**Inspection Date:** April 13, 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 ( $40\mu\text{g}/\text{ft}^2$ ) of dust on floors and/or  $250\mu\text{g}/\text{ft}^2$  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)(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

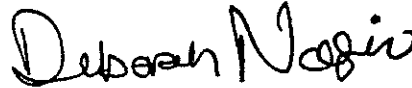
**YOU ARE FURTHER ORDERED**, in accordance with § 173.14 (e)(1)(I)(iii) and (iv) of the Health Code, to collect dust wipe samples upon completion of clean up and submit results of laboratory analyses to the Department.

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.**

**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](mailto:manhattanlab@emsl.com)

EMSL Order: 031710462  
 CustomerID: NYHM25  
 CustomerPO: 20171410261  
 ProjectID: EHSF-17-0857-N0

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

Phone: (646) 632-6002  
 Fax:  
 Received: 04/19/17 1:24 PM  
 Collected: 4/13/2017

Project: L2017-0027/ 160 EAST 48 ST., NY, NY, 10017/ BLD 3/ MANHATTAN

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

| Client Sample Description  | Lab ID         | Collected | Analyzed  | Area Sampled        | Lead Concentration     |
|--|----------------|-----------|-----------|---------------------|------------------------|
| 041317-1700-008<br>Site: STAIRS BETWEEN 1ST-2ND FLOORS FROM 1ST FLOOR<br>FIRE EXIT<br>Desc: TREAD/ NO WINDOW/ STAIRWAY L/ STEEL    | 031710462-0001 | 4/13/2017 | 4/20/2017 | 120 in <sup>2</sup> | 550 µg/ft <sup>2</sup> |
| 041317-1700-009<br>Site: 2ND FLOOR PUBLIC FOYER FROM STAIRS<br>Desc: FLOOR/ NO WINDOW/ STAIRWAY L/ STEEL                           | 031710462-0002 | 4/13/2017 | 4/20/2017 | 144 in <sup>2</sup> | 300 µg/ft <sup>2</sup> |
| 041317-1700-010<br>Site: 3RD FLOOR PUBLIC FOYER FROM STAIRS<br>Desc: FLOOR/ NO WINDOW STAIRWAY L/ STEEL                            | 031710462-0003 | 4/13/2017 | 4/20/2017 | 144 in <sup>2</sup> | 170 µg/ft <sup>2</sup> |
| 041317-1700-011<br>Site: STAIRS BETWEEN 3RD-4TH FLOORS PUBLIC HALLWAY<br>Desc: TREAD/ NO WINDOW SILL ACCESSIBLE/ STAIRWAY L/ STEEL | 031710462-0004 | 4/13/2017 | 4/20/2017 | 120 in <sup>2</sup> | 130 µg/ft <sup>2</sup> |
| 041317-1700-012<br>Site: STAIRS BETWEEN 5TH-6TH FLOORS PUBLIC HALLWAY<br>Desc: TREAD/ NO WINDOW SILL ACCESSIBLE/ STAIRWAY L/ STEEL | 031710462-0005 | 4/13/2017 | 4/20/2017 | 120 in <sup>2</sup> | 220 µg/ft <sup>2</sup> |
| 041317-1700-013<br>Site: 6TH FLOOR PUBLIC FOYER FROM STAIRS<br>Desc: FLOOR/ NO WINDOW/ STAIRWAY L/ STEEL                           | 031710462-0006 | 4/13/2017 | 4/20/2017 | 144 in <sup>2</sup> | 150 µg/ft <sup>2</sup> |
| 041317-1700-014<br>Site: STAIRS BETWEEN 8TH-9TH FLOORS PUBLIC HALLWAY<br>Desc: TREAD/ NO WINDOW SILL ACCESSIBLE/ STAIRWAY L/ STEEL | 031710462-0007 | 4/13/2017 | 4/20/2017 | 120 in <sup>2</sup> | 120 µg/ft <sup>2</sup> |
| 041317-1700-015<br>Site: 9TH FLOOR PUBLIC FOYER FROM STAIRS<br>Desc: FLOOR/ NO WINDOW/ STAIRWAY L/ STEEL                           | 031710462-0008 | 4/13/2017 | 4/21/2017 | 144 in <sup>2</sup> | 120 µg/ft <sup>2</sup> |
| 041317-1700-016<br>Site: STAIRS K BETWEEN 6TH-7TH FLOORS PUBLIC HALLWAY<br>Desc: TREAD/ NO WINDOW ACCESSIBLE/ STAIRWAY K/ STEEL    | 031710462-0009 | 4/13/2017 | 4/21/2017 | 120 in <sup>2</sup> | 62 µg/ft <sup>2</sup>  |
| 041317-1700-017<br>Site: 7TH FLOOR PUBLIC FOYER FROM STAIRS<br>Desc: FLOOR/ NO WINDOW/ STAIRWAY K/ STEEL                           | 031710462-0010 | 4/13/2017 | 4/21/2017 | 144 in <sup>2</sup> | 150 µg/ft <sup>2</sup> |

*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 µg/wipe. Ug/wipe = µg/ft<sup>2</sup> x area sampled in ft<sup>2</sup>. 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 µg/ft<sup>2</sup> which is dependent upon the area provided by non-lab personnel. The test results contained within this report meet the requirements of NELAP 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: 05/04/2017 18:16:55 Replaces the Initial Report 05/02/2017 16:17:15. Reason Code: Data Entry-Change to Location

**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](mailto:manhattanlab@emsl.com)

EMSL Order: 031710462  
 CustomerID: NYHM25  
 CustomerPO: 20171410261  
 ProjectID: EHSF-17-0857-N0

Attn: **New York City DOH & Mental Hygiene** Phone: (646) 632-6002  
**LPPP - Field Support Unit** Fax:  
**125 Worth Street, 6th Floor CN58** Received: 04/19/17 1:24 PM  
**New York, NY 10013** Collected: 4/13/2017

Project: L2017-0027/ 160 EAST 48 ST., NY, NY, 10017/ BLD 3/ MANHATTAN

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

| Client Sample Description   | Lab ID         | Collected | Analyzed  | Area Sampled        | Lead Concentration     |
|---|----------------|-----------|-----------|---------------------|------------------------|
| 041317-1700-018<br>Site: STAIRS BETWEEN 9TH -10TH FLOORS PUBLIC HALLWAYS<br>Desc: TREAD/ NO WINDOW SILL ACCESSIBLE/ STAIRWAY K/ STEEL | 031710462-0011 | 4/13/2017 | 4/21/2017 | 120 in <sup>2</sup> | 60 µg/ft <sup>2</sup>  |
| 041317-1700-019<br>Site: 10TH FLOOR PUBLIC FOYER FROM STAIRS<br>Desc: FLOOR/ NO WINDOW/ STAIRWAY K/ STEEL                             | 031710462-0012 | 4/13/2017 | 4/21/2017 | 144 in <sup>2</sup> | 68 µg/ft <sup>2</sup>  |
| 041317-1700-020<br>Site: 12TH FLOOR PUBLIC FOYER FROM STAIRS<br>Desc: FLOOR/ NO WINDOW/ STAIRWAY K/ STEEL                             | 031710462-0013 | 4/13/2017 | 4/21/2017 | 144 in <sup>2</sup> | 68 µg/ft <sup>2</sup>  |
| 041317-1700-021<br>Site: STAIRS BETWEEN 12TH-13TH FLOORS PUBLIC HALLWAYS<br>Desc: TREAD/ NO WINDOW SILL ACCESSIBLE/ STAIRWAY K/ STEEL | 031710462-0014 | 4/13/2017 | 4/21/2017 | 120 in <sup>2</sup> | 81 µg/ft <sup>2</sup>  |
| 041317-1700-022<br>Site: STAIRS BETWEEN 14TH-15TH FLOORS PUBLIC HALLWAYS<br>Desc: TREAD/ NO WINDOW SILL ACCESSIBLE/ STAIRWAY K/ STEEL | 031710462-0015 | 4/13/2017 | 4/21/2017 | 120 in <sup>2</sup> | 270 µg/ft <sup>2</sup> |
| 041317-1700-023<br>Site: 1ST FLOOR PUBLIC FOYER FROM STAIRS<br>Desc: FLOOR/ NO WINDOW/ STAIRWAY K/ STEEL                              | 031710462-0016 | 4/13/2017 | 4/21/2017 | 144 in <sup>2</sup> | 58 µg/ft <sup>2</sup>  |
| 041317-1700-024<br>Site: BLANK  | 031710462-0017 | 4/13/2017 | 4/21/2017 | n/a                 | <10 µg/wipe            |

*M. Apfeldorfer*

Miron Apfeldorfer, Laboratory Manager  
 or other approved signatory

\*Analysis following Lead in Dust by EMSL SOP/Determination of Environmental Lead by FLAA. Reporting limit is 10 ug/wipe. Ug/wipe = ug/ft<sup>2</sup> x area sampled in ft<sup>2</sup>. 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/ft<sup>2</sup> which is dependent upon the area provided by non-lab personnel. The test results contained within this report meet the requirements of NELAC unless otherwise noted. "<" (less than) result signifies the analyte was not detected at or above the warning limit. Measurement of uncertainty is available upon request. The QC data associated with the sample results included in this report meet the recovery and precision requirements unless specifically indicated otherwise. Definitions of modifications are available upon request.  
 Samples analyzed by EMSL Analytical, Inc. New York, NY AIHA-LAP, LLC-ELLAP Acc. #102581, NYS ELAP 11506

Report Amended: 05/04/2017 18:16:55 Replaces the Inital Report 05/02/2017 16:17:15. Reason Code: Data Entry-Change to Location

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

Page 1 of 4

Field Sampling and Chain of Custody Form for Environmental Sampling

|   |                   |                          |                             |  |                         |                |
|---|-------------------|--------------------------|-----------------------------|--|-------------------------|----------------|
| Child ID #:   | Job Number (XRF): |                          | Boro: <u>GLD 3</u>          |  | Boro:                   | Owner Address: |
| <input checked="" type="checkbox"/> Case <input type="checkbox"/> Complaint | Appt: <u>ENV</u>  |                          | Health Area: <u>13-4800</u> |  | Name of Property Owner: |                |
| Sampling Address: <u>160 East 48 St NY NY 10017</u>                         |                   | LASU #: <u>2017-0027</u> |                             |  |                         |                |
| no XRF readings were taken in or outside the apartment                      |                   | Check here if            |                             |  |                         |                |

| Sample ID #     | Date (Month/Day/Year) - Employee ID - Sample ID (3 digits) | Room Name (Must match XRF room name) | Component  | Sample Area (Length x Width in inches) | Comments  |
|-----------------|--|--------------------------------------|--|--|---|
| 041317-1700-008 |  | From 1st Floor Fire Exit             | <input type="checkbox"/> Floor<br><input type="checkbox"/> Window Sill<br><input type="checkbox"/> Other: <u>Tread</u> | 12x10                                  | <input checked="" type="checkbox"/> No Window<br><del>Examples of 008 are in Stairway L</del> |
| 041317-1700-009 |  | 2nd Floor public Foyer               | <input checked="" type="checkbox"/> Floor<br><input type="checkbox"/> Window Sill<br><input type="checkbox"/> Other:   | 12x12                                  | <input checked="" type="checkbox"/> No Window<br><del>Examples of 009 are in Stairway L</del> |
| 041317-1700-010 |  | 3rd Floor public Foyer               | <input checked="" type="checkbox"/> Floor<br><input type="checkbox"/> Window Sill<br><input type="checkbox"/> Other:   | 12x12                                  | <input checked="" type="checkbox"/> No Window<br><del>Examples of 010 are in Stairway L</del> |
| 041317-1700-011 |  | Stairs between 3rd-4th Floors        | <input type="checkbox"/> Floor<br><input type="checkbox"/> Window Sill<br><input type="checkbox"/> Other: <u>Tread</u> | 12x10                                  | <input checked="" type="checkbox"/> No Window<br><del>Examples of 011 are in Stairway L</del> |
| 041317-1700-012 |  | Stairs between 5th-6th Floors        | <input type="checkbox"/> Floor<br><input type="checkbox"/> Window Sill<br><input type="checkbox"/> Other: <u>Tread</u> | 12x10                                  | <input checked="" type="checkbox"/> No Window<br><del>Examples of 012 are in Stairway L</del> |

|   |                      |
|---|----------------------|
| Collected by PHS (Print): <u>YL</u>           | Batch #:             |
| PHS Signature: <u>[Signature]</u>             | Badge #: <u>3417</u> |
| Associate PHS I Signature: <u>[Signature]</u> | ID #: <u>1750</u>    |
| Transferred to:                               | Reason for Transfer: |
| Date Transferred:                             | Date Transferred:    |
| Transferred to:                               | Reason for Transfer: |
| Date Transferred:                             | Date Transferred:    |
| Transferred to:                               | Reason for Transfer: |
| Date Transferred:                             | 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.

COPIES: WHITE (Laboratory); CANARY (EIEU)

LP 121 (Rev. 02/14)

*Handwritten:* 4/18/17 1:24 PM

**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**

OrderID: 031710462

|  |   |                   |  |
|--|---|-------------------|--|
| 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>160 East 48 St NY, NY 10017</u> | Apt.: <u>6LD</u>  | Boro: <u>1</u>    | Health Area: <u>13-4900</u>  |
| Name of Property Owner:                              | Boro: <u>1</u> LASU #: <u>L 2017-0027</u>                                   |                   |  |
| Owner Address:                                       |   |                   |  |

| Sample ID #<br>Date (Month/Day/Year) -<br>Employee ID -<br>Sample ID (3 digits)<br><br>e.g. 041804-1234-001 | Room Name<br>(Must match XRF room name)                                    | Component   | Sample Area<br>(Length x Width in inches) | Comments<br>Note special sample conditions, locations, and sample type. For example:<br>Conditions: carpeted floor; bare soil<br>Location: window on left on Wall 1; back yard<br>Type: dust, soil, paint chip, water |
|---|--|---|---|---|
| 041317-1700-013   | 6 <sup>th</sup> Floor Public Foyer<br>From Stairs                          | <input checked="" type="checkbox"/> Floor<br><input type="checkbox"/> Window Sill<br><input type="checkbox"/> Other:          | 12x12                                     | <input checked="" type="checkbox"/> No Window<br>Steel Stairway L   |
| 041317-1700-014   | Stairs between 8 <sup>th</sup> -9 <sup>th</sup> Floors<br>Public Hallway   | <input type="checkbox"/> Floor<br><input type="checkbox"/> Window Sill<br><input checked="" type="checkbox"/> Other:<br>Tread | 12x10                                     | <input type="checkbox"/> No Window sill accessible<br>Steel Stairway L  |
| 041317-1700-015   | 9 <sup>th</sup> Floor Public Foyer<br>From Stairs                          | <input checked="" type="checkbox"/> Floor<br><input type="checkbox"/> Window Sill<br><input type="checkbox"/> Other:          | 12x12                                     | <input checked="" type="checkbox"/> No Window<br>Steel Stairway L   |
| 041317-1700-016   | Stairs K between 6 <sup>th</sup> -7 <sup>th</sup><br>Floors Public Hallway | <input type="checkbox"/> Floor<br><input type="checkbox"/> Window Sill<br><input checked="" type="checkbox"/> Other:<br>Tread | 12x10                                     | <input type="checkbox"/> No Window sill accessible<br>Steel Sample #16-023 was in Stairway K  |
| 041317-1700-017   | 7 <sup>th</sup> Floor Public Foyer<br>From Stairs                          | <input checked="" type="checkbox"/> Floor<br><input type="checkbox"/> Window Sill<br><input type="checkbox"/> Other:          | 12x12                                     | <input checked="" type="checkbox"/> No Window<br>Steel Stairway K   |

|   |   |                                  |
|---|---|----------------------------------|
| Collected by PHS (Print): <u>Y.L.</u>         | Batch #:                                      |                                  |
| PHS Signature: <u>[Signature]</u>             | Badge #: <u>3417</u>                          | ID #: <u>1700</u>                |
| Associate PHS I Signature: <u>[Signature]</u> | Reason for Transfer: <u>Lead Lab Analysis</u> | Date Collected: <u>4/13/17</u>   |
| Transferred to:                               | Reason for Transfer:                          | Date Transferred: <u>4/18/17</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.

*John* 4/19/17 1:24 PM

Page 2 OF 4

RECEIVED  
APR 19 2017  
STAIRWAY L

**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**

|  |   |                   |  |
|--|---|-------------------|--|
| 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>160 East 48 St NY, NY 10017</u> | Apt.: <u>6A</u><br><u>BLDg</u>  | Boro: <u>1</u>    | Health Area: <u>13-4800</u>  |
| Name of Property Owner:                              |   | Boro:             | LASU #: <u>L 2017-0027</u>   |
| Owner Address:                                       |   |                   |  |

| Sample ID #<br><small>Date (Month/Day/Year) -<br/>Employee ID -<br/>Sample ID (3 digits)<br/><br/>e.g. 041804-1234-001</small> | Room Name<br><small>(Must match XRF room name)</small>                      | Component  | Sample Area<br><small>(Length x Width in inches)</small> | Comments<br><small>Note special sample conditions, locations, and sample type. For example:<br/>Conditions: carpeted floor; bare soil<br/>Location: window on left on Wall 1; back yard<br/>Type: dust, soil, paint chip, water</small> |
|--|---|--|--|---|
| 04/3/17-1700-018   | Stairs between 9 <sup>th</sup> -10 <sup>th</sup> Floors<br>Public Hallways  | <input type="checkbox"/> Floor<br><input type="checkbox"/> Window Sill<br><input checked="" type="checkbox"/> Other:<br><u>Tread</u> | 12x10  | <input type="checkbox"/> No Window sill accessible<br>Steel Stairway K  |
| 04/3/17-1700-019   | 10 <sup>th</sup> Floor Public Foyen<br>From Stairs                          | <input checked="" type="checkbox"/> Floor<br><input type="checkbox"/> Window Sill<br><input type="checkbox"/> Other:                 | 12x12  | <input checked="" type="checkbox"/> No Window<br>Steel Stairway K<br><small>2017 APR 19 RECEIVED</small>  |
| 04/3/17-1700-020   | 12 <sup>th</sup> Floor Public Foyen<br>From Stairs                          | <input checked="" type="checkbox"/> Floor<br><input type="checkbox"/> Window Sill<br><input type="checkbox"/> Other:                 | 12x12  | <input checked="" type="checkbox"/> No Window<br>Steel Stairway K   |
| 04/3/17-1700-021   | Stairs between 12 <sup>th</sup> -13 <sup>th</sup> Floors<br>Public Hallways | <input type="checkbox"/> Floor<br><input type="checkbox"/> Window Sill<br><input checked="" type="checkbox"/> Other:<br><u>Tread</u> | 12x10  | <input type="checkbox"/> No Window sill accessible<br>Steel Stairway K  |
| 04/3/17-1700-022   | Stairs between 14 <sup>th</sup> -15 <sup>th</sup> Floors<br>Public Hallways | <input type="checkbox"/> Floor<br><input type="checkbox"/> Window Sill<br><input checked="" type="checkbox"/> Other:<br><u>Tread</u> | 12x10  | <input type="checkbox"/> No Window sill accessible<br>Steel Stairway K  |

|   |   |                   |                                  |
|---|---|-------------------|----------------------------------|
| Collected by PHS (Print): <u>Y. Li</u>        |   | Batch #:          |                                  |
| PHS Signature: <u>[Signature]</u>             | Badge #: <u>3417</u>                          | ID #: <u>1700</u> | Date Collected: <u>4/13/17</u>   |
| Associate PHS-1 Signature: <u>[Signature]</u> | Reason for Transfer: <u>Lead Lab Analysis</u> |                   | Date Transferred: <u>4/18/17</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.

Done 4/19/17 1:24 PM

Page 3 OF 4

**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**

|  |   |                   |  |
|--|---|-------------------|--|
| 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>160 East 48 St NY, NY 10017</u> | Apt.: <u>6A</u><br>BLD 3  | Boro: <u>1</u>    | Health Area: <u>13-4800</u>  |
| Name of Property Owner:                              |   | Boro:             | LASU #: <u>L2017-0027</u>  |
| Owner Address:                                       |   |                   |  |

| Sample ID #<br>Date (Month/Day/Year) -<br>Employee ID -<br>Sample ID (3 digits)<br>e.g. 041804-1234-001 | Room Name<br>(Must match XRF room name)        | Component  | Sample Area<br>(Length x Width in inches) | Comments<br>Note special sample conditions, locations, and sample type. For example:<br>Conditions: carpeted floor; bare soil<br>Location: window on left on Wall 1; back yard<br>Type: dust, soil, paint chip, water |
|---|--|--|---|---|
| <u>04/3/17-1700-023</u>   | <u>15th Floor Public Foyer<br/>From Stairs</u> | <input checked="" type="checkbox"/> Floor<br><input type="checkbox"/> Window Sill<br><input type="checkbox"/> Other: | <u>12x12</u>                              | <input checked="" type="checkbox"/> No Window<br><u>Steel Stairway K</u>  |
| <u>04/3/17-1700-024</u>   | <u>Blank</u>                                   | <input type="checkbox"/> Floor<br><input type="checkbox"/> Window Sill<br><input type="checkbox"/> Other:            | <u>---</u>                                | <input type="checkbox"/> No Window  |
| -   | -  | <input type="checkbox"/> Floor<br><input type="checkbox"/> Window Sill<br><input type="checkbox"/> Other:            | -   | <input type="checkbox"/> No Window  |
| -   | -  | <input type="checkbox"/> Floor<br><input type="checkbox"/> Window Sill<br><input type="checkbox"/> Other:            | -   | <input type="checkbox"/> No Window  |
| -   | -  | <input type="checkbox"/> Floor<br><input type="checkbox"/> Window Sill<br><input type="checkbox"/> Other:            | -   | <input type="checkbox"/> No Window  |

2017 APR 19 PM 1:24  
 RECEIVED  
 Environmental Health  
 Department

|   |  |
|---|--|
| Collected by PHS (Print): <u>Y.L.</u>         | Batch #:   |
| PHS Signature: <u>[Signature]</u>             | Badge #: <u>3417</u> ID #: <u>1700</u> Date Collected: <u>4/12/17</u>          |
| Associate PHS I Signature: <u>[Signature]</u> | Reason for Transfer: <u>Lead Lab Analysis</u> Date Transferred: <u>4/18/17</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.

Apr 19/17 1:24 PM

Page 4 of 4



|   |                   |                 |  |   |                               |                         |
|---|-------------------|-----------------|--|---|-------------------------------|-------------------------|
| Date: 4/13/17   | Start Time: 14:10 | End Time: 16:45 | New York City Department of Health<br>and Mental Hygiene<br>Healthy Homes Program/Lead Poisoning Prevention<br>125 Worth Street, 6 <sup>th</sup> Floor CN 58, New York, NY 10013<br>(646) 632-6002<br><b>INSPECTION REPORT</b> | Child ID Number   |                               |                         |
| Activity Type:<br><input type="checkbox"/> Case<br><input checked="" type="checkbox"/> Primary Prevention<br><input type="checkbox"/> 10-14 (Low Act) |                   |                 |  | <input checked="" type="checkbox"/> Work Practice Complaint<br><input type="checkbox"/> Peeling Paint Complaint | LASU Order Number: 02017-0138 | Order Number            |
|   |                   |                 |  |   | Docket Number                 | LASU Number: L2017-0027 |

|  |  |         |  |                     |   |            |          |      |
|--|--|---------|--|---------------------|---|------------|----------|------|
| <b>ADDRESS INFORMATION</b>             |  |         |  |                     |   |            |          |      |
| Child: (Last)                          |  | (First) |  | Address Type: CMPLT | Building Type:<br><input type="checkbox"/> 1-2 Family<br><input checked="" type="checkbox"/> Multi Dwelling<br><input type="checkbox"/> Other | Home Phone |          |      |
|  |  |         |  |                     |   | Cell Phone |          |      |
|  |  |         |  |                     |   | Work Phone |          |      |
| Address: <input type="checkbox"/> New  |  |         |  | Apt                 | Floor   | Borough    | Zip Code | HD   |
| 160 East 48 <sup>th</sup> Street/BLD 3 |  |         |  | CMN                 | 1-16  | 1          | 10017    | 4880 |

|   |  |         |          |                |          |            |  |
|---|--|---------|----------|----------------|----------|------------|--|
| <b>OWNER INFORMATION</b>                    |  |         |          |                |          |            |  |
| Name: (Last)                                |  | (First) |          | Home Phone ( ) |          | Cell Phone |  |
| 160 East 48 <sup>th</sup> St, Owner II, LLC |  |         |          | ( )            |          | ( )        |  |
| Address                                     |  | Apt     | City     | State          | Zip Code |            |  |
| 825 3 <sup>rd</sup> Avenue                  |  | 37 FL   | New York | NY             | 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           | Result Code |
|  |   |   |             | SI                   | VCOD        |
| Early Intervention<br><input type="checkbox"/> Accepted<br><input type="checkbox"/> Rejected | Window Guard<br><input type="checkbox"/> Violation<br><input type="checkbox"/> No Violation | Sibling Information<br>Child ID _____ Child ID _____<br>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 |
|  |                 |                      | 17                       | 16                        |
| Other Samples - Type and Quantity (describe): Sixteen samples were tested above EPA level of concern for lead. |                 |                      |                          |                           |

| <b>HEALTH CODE VIOLATIONS</b>   |  |  |   |  |  |  |
|---|--|--|---|--|--|--|
| 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<br><input type="checkbox"/> 3.07<br><input type="checkbox"/> 3.09<br><input type="checkbox"/> 3.15<br><input type="checkbox"/> 173.13(a)(1) | <input type="checkbox"/> 173.14 (c)(1)(A)<br><input type="checkbox"/> 173.14 (c)(1)(B)<br><input type="checkbox"/> 173.14 (c)(2)(A)<br><input type="checkbox"/> 173.14 (c)(2)(B)(i)(aa)<br><input type="checkbox"/> 173.14 (c)(2)(B)(i)(bb)<br><input type="checkbox"/> 173.14 (c)(2)(B)(i)(cc)<br><input type="checkbox"/> 173.14 (c)(2)(B)(ii)(aa)<br><input type="checkbox"/> 173.14 (c)(2)(B)(ii)(bb)<br><input type="checkbox"/> 173.14 (c)(2)(B)(iii)<br><input type="checkbox"/> 173.14 (c)(3)(A) | <input type="checkbox"/> 173.14(d)(1)(A)<br><input type="checkbox"/> 173.14(d)(1)(B)<br><input type="checkbox"/> 173.14(d)(2)(A)<br><input type="checkbox"/> 173.14(d)(2)(B)<br><input type="checkbox"/> 173.14(d)(2)(C)<br><input type="checkbox"/> 173.14(d)(2)(D)<br><input type="checkbox"/> 173.14(d)(2)(E) | <input type="checkbox"/> 173.14(d)(2)(F)<br><input type="checkbox"/> 173.14(d)(3)(A)<br><input type="checkbox"/> 173.14(d)(3)(B)<br><input type="checkbox"/> 173.14(d)(3)(C)<br><input type="checkbox"/> 173.14(d)(3)(D)<br><input type="checkbox"/> 173.14(d)(3)(E)<br><input type="checkbox"/> 173.14(d)(4) | <input type="checkbox"/> 173.14(e)(1)(A)(i)<br><input type="checkbox"/> 173.14(e)(1)(A)(ii)<br><input type="checkbox"/> 173.14(e)(1)(B)<br><input type="checkbox"/> 173.14(e)(1)(C)<br><input type="checkbox"/> 173.14(e)(1)(D)<br><input type="checkbox"/> 173.14(e)(1)(E)<br><input type="checkbox"/> 173.14(e)(1)(F)<br><input type="checkbox"/> 173.14(e)(1)(G)<br><input type="checkbox"/> 173.14(e)(1)(H)<br><input type="checkbox"/> 173.14(e)(1)(I)(i)<br><input type="checkbox"/> 173.14(e)(1)(I)(aa)<br><input type="checkbox"/> 173.14(e)(1)(I)(bb) | <input type="checkbox"/> 173.14(e)(1)(I)(cc)<br><input type="checkbox"/> 173.14(e)(1)(I)(dd)<br><input type="checkbox"/> 173.14(e)(1)(I)(ii)<br><input type="checkbox"/> 173.14(e)(1)(I)(ii)(aa)<br><input type="checkbox"/> 173.14(e)(1)(I)(ii)(bb)<br><input type="checkbox"/> 173.14(e)(1)(I)(ii)(cc)<br><input type="checkbox"/> 173.14(e)(1)(I)(ii)(dd)<br><input type="checkbox"/> 173.14(e)(1)(I)(ii)(ee)<br><input type="checkbox"/> 173.14(e)(1)(I)(ii)(ff)<br><input type="checkbox"/> 173.14(e)(1)(I)(iii)<br><input type="checkbox"/> 173.14(e)(1)(I)(iv)<br><input type="checkbox"/> 173.14(e)(1)(I)(j) | <input type="checkbox"/> 173.14(e)(2)(A)<br><input type="checkbox"/> 173.14(e)(2)(B)<br><input type="checkbox"/> 173.14(e)(2)(C)<br><input type="checkbox"/> 173.14(e)(2)(D)<br><input type="checkbox"/> 173.14(e)(2)(F)<br><input type="checkbox"/> 173.14(e)(2)(G)<br><input type="checkbox"/> 173.14(e)(2)(H) |

|                          |                              |  |                        |               |        |
|--------------------------|------------------------------|--|------------------------|---------------|--------|
| Healthy Homes Hazard:    |                              |  |                        |               |        |
| 311 Complaint Number:    |                              |  |                        |               |        |
| PHS (Print)              | PHS (Signature)              |  | Badge #                | Employee ID # | Date:  |
|                          |                              |  |                        |               |        |
| Copy Received By (Print) | Copy Received By (Signature) |  | Relationship to Child: |               | Date:  |
| Written in Office        |                              |  |                        |               |        |
| Supervisor (Print)       | Supervisor (Signature)       |  | Badge #                | Employee ID # | Date:  |
| M. Jeanlabaden           |                              |  | 3342                   | 1787          | 5/9/17 |

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.

|  |                   |                 |   |   |                          |
|--|-------------------|-----------------|---|---|--------------------------|
| Date: 4/13/17  | Start Time: 14:10 | End Time: 16:45 | New York City Department of Health and Mental Hygiene<br>Healthy Homes Program/Lead Poisoning Prevention<br>125 Worth Street, 6 <sup>th</sup> Floor CN 58, New York, NY 10013<br>(646) 632-6002 | Child ID Number   |                          |
| Activity Type:<br><input type="checkbox"/> Case<br><input type="checkbox"/> Primary Prevention<br><input type="checkbox"/> 10-14 (Low Act) |                   |                 |   | <input checked="" type="checkbox"/> Work Practice Complaint<br><input type="checkbox"/> Peeling Paint Complaint |                          |
| <b>INSPECTION REPORT</b>   |                   |                 |   | LASU Order Number   | Order Number             |
|  |                   |                 |   | Docket Number   | LASU Number<br>L20170027 |

|                                       |  |                       |                       |   |                         |
|---------------------------------------|--|-----------------------|-----------------------|---|-------------------------|
| <b>ADDRESS INFORMATION</b>            |  | Child: (Last) (First) | Address Type<br>CMPLT | Building Type:<br><input type="checkbox"/> 1-2 Family<br><input checked="" type="checkbox"/> Multi Dwelling<br><input type="checkbox"/> Other | Home Phone 212-765-5594 |
| Address: <input type="checkbox"/> New |  | Apt Floor             |                       | Borough   | Zip Code                |
| 160 East 48 St Section/BLD 3          |  | CMN 1-16              |                       | 1   | 10017 4800              |

|                              |  |                           |                |                   |
|------------------------------|--|---------------------------|----------------|-------------------|
| <b>OWNER INFORMATION</b>     |  | Name: (Last) (First)      | Home Phone ( ) | Cell Phone        |
| 160 East 48 St, Owner #, LLC |  | Work Phone (646) 747-3390 |                | ( )               |
| Address                      |  | Apt                       | City           | State             |
| 825 3 Ave                    |  | 37 FL                     | New York       | NY                |
|                              |  |                           |                | Zip Code<br>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           | Result Code |
|  |  |   |             | SI                   | HFO         |
| Early Intervention<br><input type="checkbox"/> Accepted<br><input type="checkbox"/> Rejected | Window Guard<br><input type="checkbox"/> Violation<br><input checked="" type="checkbox"/> No Violation | Sibling Information<br>Child ID _____ Child ID _____<br>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 |
|  |                 |                      | 17                       | Pending                   |
| Other Samples - Type and Quantity (describe) |                 |                      |                          |                           |

| <b>HEALTH CODE VIOLATIONS</b>   |   |  |   |   |  |  |
|---|---|--|---|---|--|--|
| 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<br><input type="checkbox"/> 3.07<br><input type="checkbox"/> 3.09<br><input type="checkbox"/> 3.15<br><input type="checkbox"/> 173.13(a)(1) | <input type="checkbox"/> 173.14 (c)(1)(A)<br><input type="checkbox"/> 173.14 (c)(1)(B)<br><input type="checkbox"/> 173.14 (c)(2)(A)<br><input type="checkbox"/> 173.14 (c)(2)(B)(i)(aa)<br><input type="checkbox"/> 173.14 (c)(2)(B)(i)(bb)<br><input type="checkbox"/> 173.14 (c)(2)(B)(ii)(cc)<br><input type="checkbox"/> 173.14 (c)(2)(B)(ii)(aa)<br><input type="checkbox"/> 173.14 (c)(2)(B)(ii)(bb)<br><input type="checkbox"/> 173.14 (c)(2)(B)(iii)<br><input type="checkbox"/> 173.14 (c)(3)(A) | <input type="checkbox"/> 173.14(d)(1)(A)<br><input type="checkbox"/> 173.14(d)(1)(B)<br><input type="checkbox"/> 173.14(d)(2)(A)<br><input type="checkbox"/> 173.14(d)(2)(B)<br><input type="checkbox"/> 173.14(d)(2)(C)<br><input type="checkbox"/> 173.14(d)(2)(D)<br><input type="checkbox"/> 173.14(d)(2)(E) | <input type="checkbox"/> 173.14(d)(2)(F)<br><input type="checkbox"/> 173.14(d)(3)(A)<br><input type="checkbox"/> 173.14(d)(3)(B)<br><input type="checkbox"/> 173.14(d)(3)(C)<br><input type="checkbox"/> 173.14(d)(3)(D)<br><input type="checkbox"/> 173.14(d)(3)(E)<br><input type="checkbox"/> 173.14(d)(4) | <input type="checkbox"/> 173.14(e)(1)(A)(i)<br><input type="checkbox"/> 173.14(e)(1)(A)(ii)<br><input type="checkbox"/> 173.14(e)(1)(B)<br><input type="checkbox"/> 173.14(e)(1)(C)<br><input type="checkbox"/> 173.14(e)(1)(D)<br><input type="checkbox"/> 173.14(e)(1)(E)<br><input type="checkbox"/> 173.14(e)(1)(F)<br><input type="checkbox"/> 173.14(e)(1)(G)<br><input type="checkbox"/> 173.14(e)(1)(H)<br><input type="checkbox"/> 173.14(e)(1)(I)<br><input type="checkbox"/> 173.14(e)(1)(I)(aa)<br><input type="checkbox"/> 173.14(e)(1)(I)(bb) | <input type="checkbox"/> 173.14(e)(1)(I)(cc)<br><input type="checkbox"/> 173.14(e)(1)(I)(dd)<br><input type="checkbox"/> 173.14(e)(1)(I)(ii)<br><input type="checkbox"/> 173.14(e)(1)(I)(iii)(aa)<br><input type="checkbox"/> 173.14(e)(1)(I)(ii)(bb)<br><input type="checkbox"/> 173.14(e)(1)(I)(ii)(cc)<br><input type="checkbox"/> 173.14(e)(1)(I)(ii)(dd)<br><input type="checkbox"/> 173.14(e)(1)(I)(ii)(ee)<br><input type="checkbox"/> 173.14(e)(1)(I)(ii)(ff)<br><input type="checkbox"/> 173.14(e)(1)(I)(iii)<br><input type="checkbox"/> 173.14(e)(1)(I)(iv)<br><input type="checkbox"/> 173.14(e)(1)(I) | <input type="checkbox"/> 173.14(e)(2)(A)<br><input type="checkbox"/> 173.14(e)(2)(B)<br><input type="checkbox"/> 173.14(e)(2)(C)<br><input type="checkbox"/> 173.14(e)(2)(D)<br><input type="checkbox"/> 173.14(e)(2)(F)<br><input type="checkbox"/> 173.14(e)(2)(G)<br><input type="checkbox"/> 173.14(e)(2)(H) |

|  |                                  |                        |                       |                  |  |
|--|----------------------------------|------------------------|-----------------------|------------------|--|
| Healthy Homes Hazard:                    |                                  |                        |                       |                  |  |
| 311 Complaint Number:                    |                                  |                        |                       |                  |  |
| PHS (Print)<br>YLI                       | PHS (Signature)<br>              | Badge #<br>3417        | Employee ID #<br>1700 | Date:<br>4/13/17 |  |
| Copy Received By (Print)<br>To be mailed | Copy Received By (Signature)<br> | Relationship to Child: |                       | Date:<br>4/14/17 |  |
| Supervisor (Print)<br>M. Jeanalabdon     | Supervisor (Signature)<br>       | Badge #<br>3342        | Employee ID #<br>1787 | Date:<br>4/21/17 |  |

**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<br><i>160 East 48 St Section/Building 3</i>   |                     |                     |                                  | Child ID Number |                     |
|---|---------------------|---------------------|----------------------------------|-----------------|---------------------|
| Apt. #<br><i>CMN</i>  | Borough<br><i>1</i> | Zip<br><i>10017</i> | LASU Number<br><i>L2016-0027</i> | Order Number    |                     |
| Assessment/Observations/Comments  |                     |                     |                                  |                 |                     |
| <p><i>Responded to unrate work practice complaint regarding generation of dust throughout common areas. Gained access into building by introducing and identifying myself with the security guard. Called and arranged to meet with complainant to access the rear stairways labeled "L and K." Met with Mr. Jonathan Kasperstein and conducted visual walk-through inspections of all the common areas of section/building 3 and observed a layer of construction dust in various floors of stairways "L and K." Various doors to vacant and demolished apartments observed with their doors opened with no containment to these stairways. Minimal work observed with only 1 observed worker installing water pipes in open ceiling without any containment in elevator common hallway, however no dust observed in said area. Seventeen <sup>dust</sup> samples including a blank were taken from stairs "L and K." No window <sup>guard</sup> violations were observed. Met and spoke with building management Mr. Robert Jenny 646-946-0804 and superintendent to discuss the observed unrate work practices, solutions, and proper cleanup. They were also informed of the 24 hour followup re-inspection. The dust hazard warning sign was posted at entrance on 48<sup>th</sup> Street.</i></p> |                     |                     |                                  |                 |                     |
| Staff (Signature)   |                     | Badge #             | I.D. #                           | Date            | Copy received by    |
| <i>[Signature]</i>  |                     | <i>3467</i>         | <i>1700</i>                      | <i>4/13/17</i>  | <i>To be mailed</i> |
| Supervisor (Signature)  |                     | Badge #             | I.D. #                           | Date            |                     |
| <i>[Signature]</i>  |                     | <i>3342</i>         | <i>1787</i>                      | <i>4/11/17</i>  |                     |

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