



**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 (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**

**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: 031705712  
 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: 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 Description	Lab ID	Collected	Analyzed	Area Sampled	Lead Concentration
0202217-1618-003 Site: LOBBY FROM BUILDING VESTIBULE/ FLOOR Desc: NO WINDOW/ CERAMIC	031705712-0001	2/22/2017	3/6/2017	144 in <sup>2</sup>	12 µg/ft <sup>2</sup>
0202217-1618-004 Site: 3RD FLOOR PUBLIC HALLWAY FROM STAIRS/ FLOOR Desc: NO WINDOW/ CERAMIC (FLOOR COVER)	031705712-0002	2/22/2017	3/6/2017	144 in <sup>2</sup>	31 µg/ft <sup>2</sup>
0202217-1618-005 Site: STAIRS FROM 3RD TO 4TH FLOOR PUBLIC HALLWAY Desc: TREAD/ CERAMIC (NO WINDOW SILL PRESENT)	031705712-0003	2/22/2017	3/6/2017	170 in <sup>2</sup>	18 µg/ft <sup>2</sup>
0202217-1618-006 Site: 4TH FLOOR PUBLIC HALLWAY FROM STAIRS/ FLOOR Desc: NO WINDOW/ CERAMIC (FLOOR COVER)	031705712-0004	2/22/2017	3/6/2017	144 in <sup>2</sup>	68 µg/ft <sup>2</sup>
0202217-1618-007 Site: 6TH FLOOR PUBLIC HALLWAY FROM STAIRS/ FLOOR Desc: NO WINDOW/ CERAMIC (FLOOR COVER)	031705712-0005	2/22/2017	3/6/2017	144 in <sup>2</sup>	48 µg/ft <sup>2</sup>
0202217-1618-008 Site: STAIRS FROM 6TH TO 7TH FLOOR PUBLIC HALLWAY Desc: TREAD/ CERAMIC (NO WINDOW SILL PRESENT)	031705712-0006	2/22/2017	3/6/2017	170 in <sup>2</sup>	110 µg/ft <sup>2</sup>
0202217-1618-009 Site: 7TH FLOOR PUBLIC HALLWAY FROM STAIRS/ FLOOR Desc: CERAMIC (FLOOR COVER)	031705712-0007	2/22/2017	3/6/2017	144 in <sup>2</sup>	28 µg/ft <sup>2</sup>
0202217-1618-010 Site: STAIRS FROM 8TH TO 9TH FLOOR PUBLIC HALLWAY Desc: TREAD/ CERAMIC (NO WINDOW SILL PRESENT)	031705712-0008	2/22/2017	3/6/2017	170 in <sup>2</sup>	36 µg/ft <sup>2</sup>
0202217-1618-011 Site: 9TH FLOOR PUBLIC HALLWAY FROM STAIRS Desc: FLOOR/ CERAMIC (FLOOR COVER)	031705712-0009	2/22/2017	3/6/2017	144 in <sup>2</sup>	24 µg/ft <sup>2</sup>
0202217-1618-012 Site: 12TH FLOOR PUBLIC HALLWAY FROM STAIRS Desc: FLOOR/ NO WINDOW/ CERAMIC (FLOOR COVER)	031705712-0010	2/22/2017	3/6/2017	144 in <sup>2</sup>	15 µg/ft <sup>2</sup>
0202217-1618-013 Site: STAIRS FROM 12 TO 13TH FLOOR PUBLIC HALLWAY Desc: TREAD/ CERAMIC (NO WINDOW SILL PRESENT)	031705712-0011	2/22/2017	3/6/2017	170 in <sup>2</sup>	16 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 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: 03/07/2017 16:28:09 Replaces the Initial Report 03/06/2017 14:10:04. 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:	031705712
CustomerID:	NYHM25
CustomerPO:	20171410261
ProjectID:	EHSF-17-0857-N0

Attn: <b>New York City DOH &amp; Mental Hygiene LPPP - Field Support Unit 125 Worth Street, 6th Floor CN58 New York, NY 10013</b>	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)\***

<i>Client Sample Description</i>	<i>Lab ID</i>	<i>Collected</i>	<i>Analyzed</i>	<i>Area Sampled</i>	<i>Lead Concentration</i>
0202217-1618-014 Site: 13TH FLOOR PUBLIC HALLWAY FROM STAIRS Desc: FLOOR/ CERAMIC (NO WINDOW/ FLOOR OVER)	031705712-0012	2/22/2017	3/6/2017	144 in <sup>2</sup>	<10 µg/ft <sup>2</sup>
0202217-1618-015 Site: STAIRS FROM 13TH TO 14TH FLOOR PUBLIC HALLWAY Desc: TREAD/ CERAMIC (NO WINDOW SILL PRESENT)	031705712-0013	2/22/2017	3/6/2017	170 in <sup>2</sup>	13 µg/ft <sup>2</sup>
0202217-1618-016 Site: 14TH FLOOR PUBLIC HALLWAY FROM STAIRS Desc: FLOOR/ NO WINDOW/ CERAMIC (FLOOR COVER)	031705712-0014	2/22/2017	3/6/2017	144 in <sup>2</sup>	20 µg/ft <sup>2</sup>
0202217-1618-017 Site: BLANK	031705712-0015	2/22/2017	3/6/2017	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 µg/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: 03/07/2017 16:28:09 Replaces the Initial Report 03/06/2017 14:10:04. Reason Code: Data Entry-Change to Location

031705712

**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>915 West End Avenue</u>	Apt.: <u>CMN</u>	Boro: <u>1</u>	Health Area: <u>16-3110</u>
Name of Property Owner: <u>Silver Stone Property Management</u>			
Owner Address: <u>825 3<sup>rd</sup> Avenue</u>	Boro: <u>1</u>	LASU #: <u>12016-0148</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
022217-1618-003	Lobby From Building Vestibule	<input checked="" type="checkbox"/> Floor <input type="checkbox"/> Window Sill <input type="checkbox"/> Other:	12"x12"	<input checked="" type="checkbox"/> No Window Ceramic
022217-1618-004	3 <sup>rd</sup> Floor Public Hallway From Stairs	<input checked="" type="checkbox"/> Floor <input type="checkbox"/> Window Sill <input type="checkbox"/> Other:	12"x12"	<input checked="" type="checkbox"/> No Window Ceramic [Floor covered]
022217-1618-005	Stairs From 3 <sup>rd</sup> to 4 <sup>th</sup> Floor Public Hallway	<input type="checkbox"/> Floor <input type="checkbox"/> Window Sill <input checked="" type="checkbox"/> Other: Treads	17"x10"	<input type="checkbox"/> No Window (no window present) Ceramic
022217-1618-006	4 <sup>th</sup> Floor Public Hallway From Stairs	<input checked="" type="checkbox"/> Floor <input type="checkbox"/> Window Sill <input type="checkbox"/> Other:	12"x12"	<input checked="" type="checkbox"/> No Window Ceramic [Floor covered]
022217-1618-007	6 <sup>th</sup> Floor Public Hallway From Stairs	<input checked="" type="checkbox"/> Floor <input checked="" type="checkbox"/> Window Sill <input type="checkbox"/> Other:	12"x12"	<input checked="" type="checkbox"/> No Window Ceramic [Floor covered]

Collected by PHS (Print): <u>Rosana Abramson</u>		Batch #:	
PHS Signature: <u>Rosana</u>	Badge #: <u>3339</u>	ID #: <u>1618</u>	Date Collected: <u>02/22/17</u>
Associate PHS I Signature: _____	Reason for Transfer: <u>Lead Lab Analysis</u>	Date Transferred: <u>3/2/17</u>	
Transferred to: <u>EMSL</u>	Reason for Transfer: _____	Date Transferred: <u>3/3/17 2:51 PM</u>	
Transferred to: _____	Reason for Transfer: _____	Date Transferred: _____	

OrderID: 031705712

EMSL MATERIALS LAB  
 17 MAR 2017 3:00 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

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>915 West End Avenue</u>	Apt.: <u>CMW</u>	Boro: <u>1</u>	Health Area: <u>16-3110</u>
Name of Property Owner: <u>SilverStone Property Management</u>		Boro: <u>1</u>	LASU #: <u>L2016-0148</u>
Owner Address: <u>823 3<sup>rd</sup> Avenue</u>			

Sample ID # Date (Month/Day/Year) - Employee ID - Sample ID (3 digits) <small>e.g. 041804-1234-001</small>	Room Name (Must match XRF room name)	Component	Sample Area (Length x Width in inches)	Comments Note special sample conditions, locations, and sample type. For example: Conditions: carpeted floor; bare soil Location: window on left on Wall 1; back yard Type: dust, soil, paint chip, water
022217 1618-008	Stairs From 6 to 7th Floor Public Hallway	<input type="checkbox"/> Floor <input type="checkbox"/> Window Sill <input checked="" type="checkbox"/> Other: <u>Tread</u>	17" x 10"	<input type="checkbox"/> No Window (no window sill present)  Ceramic
022217-1618-009	7th Floor Public Hallway From Stairs	<input checked="" type="checkbox"/> Floor <input type="checkbox"/> Window Sill <input type="checkbox"/> Other:	12" x 12"	<input checked="" type="checkbox"/> No Window  Ceramic [Floor covered]
022217 1618 010	Stairs From 8th to 9th Floor Public Hallway	<input type="checkbox"/> Floor <input type="checkbox"/> Window Sill <input checked="" type="checkbox"/> Other: <u>Tread</u>	17" x 10"	<input type="checkbox"/> No Window (no window sill present)  Ceramic
022217 1618-011	9th Floor Public Hallway From Stairs	<input checked="" type="checkbox"/> Floor <input type="checkbox"/> Window Sill <input type="checkbox"/> Other:	12" x 12"	<input checked="" type="checkbox"/> No Window  Ceramic [Floor covered]
022217 1618-012	12th Floor Public Hallway From Stairs	<input checked="" type="checkbox"/> Floor <input type="checkbox"/> Window Sill <input type="checkbox"/> Other:	12" x 12"	<input checked="" type="checkbox"/> No Window  Ceramic [Floor covered]

Collected by PHS (Print): <u>Rosana Abramson</u>		Batch #:	
PHS Signature: <u>Rosana</u>	Badge #: <u>3339</u>	ID #: <u>1618</u>	Date Collected: <u>02/22/17</u>
Associate PHS I Signature: <u>[Signature]</u>	Reason for Transfer: <u>Lead Lab Analysis</u>		Date Transferred: <u>3/2/17</u>
Transferred to: <u>EMSL: Guichard</u>	Reason for Transfer: <u>"</u>		Date Transferred: <u>3/3/17 2:51 PM</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.

OrderID: 031705712

**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>918 West End Avenue</u>	Apt.: <u>CMN</u>	Boro: <u>1</u>	Health Area: <u>16-3110</u>
Name of Property Owner: <u>Silverstone Property Management</u>			
Owner Address: <u>825 3rd Avenue</u>	Boro: <u>1</u>	LASU #: <u>L2016-0148</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
02227-1618-013	Stairs From 12 to 13th Floor Public Hallway	<input type="checkbox"/> Floor <input type="checkbox"/> Window Sill <input checked="" type="checkbox"/> Other: <u>Tread</u>	17" x 10"	<input type="checkbox"/> No Window <u>[no window sill present]</u> Ceramic
02227-1618-014	13 Floor Public Hallway From Stairs	<input checked="" type="checkbox"/> Floor <input type="checkbox"/> Window Sill <input type="checkbox"/> Other:	12" x 12"	<input checked="" type="checkbox"/> No Window Ceramic <u>[Floor Cover]</u>
02227-1618-015	Stairs From 13th to 14th Floor Public Hallway	<input type="checkbox"/> Floor <input type="checkbox"/> Window Sill <input checked="" type="checkbox"/> Other: <u>Tread</u>	17" x 10"	<input type="checkbox"/> No Window <u>[no window sill present]</u> Ceramic
02227-1618-016	14th Floor Public Hallway From Stairs	<input checked="" type="checkbox"/> Floor <input type="checkbox"/> Window Sill <input type="checkbox"/> Other:	12" x 12"	<input checked="" type="checkbox"/> No Window Ceramic <u>[Floor Cover]</u>
02227-1618-017	BLANK	<input type="checkbox"/> Floor <input type="checkbox"/> Window Sill <input type="checkbox"/> Other:	—	<input type="checkbox"/> No Window

Collected by PHS (Print): <u>Rosana Abramson</u>	Batch #:		
PHS Signature: <u>Rosana</u>	Badge #: <u>3339</u>	ID #: <u>1618</u>	Date Collected: <u>02/27/17</u>
Associate PHS I Signature: <u>[Signature]</u>	Reason for Transfer: <u>Lead Lab Analysis</u>	Date Transferred: <u>3/2/17</u>	
Transferred to: <u>EMSL: [Signature]</u>	Reason for Transfer: <u>← ← ←</u>	Date Transferred: <u>3/3/17 2:51pm</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.

Date: <b>2/22/17</b>	Start Time: <b>13:45</b>	End Time: <b>15:00</b>	New York City Department of Health and Mental Hygiene Healthy Homes Program/Lead Poisoning Prevention 125 Worth Street, 6 <sup>th</sup> Floor CN 58, New York, NY 10013 (646) 632-6002	Child ID Number	
Activity Type: <input type="checkbox"/> Case <input type="checkbox"/> Work Practice Complaint <input type="checkbox"/> Primary Prevention <input type="checkbox"/> Peeling Paint Complaint <input type="checkbox"/> 10-14 (Low Act)				LASU Order Number <b>C207-0056</b>	Order Number
			INSPECTION REPORT		Docket Number <b>L2016-0148</b>

ADDRESS INFORMATION					
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 <b>915 West End Avenue</b>			Apt <b>CMN 1-4</b>	Floor <b>1</b>	Borough <b>10025</b>
			City <b>New York</b>	State <b>NY</b>	Zip Code <b>10022</b>

OWNER INFORMATION					
Name: (Last)	(First)	Home Phone ( )	Cell Phone ( )		
<b>Silverstone Property Management</b>		Work Phone <b>(646) 747-3390</b>			
Address <b>825 3rd Avenue</b>		Apt	City <b>New York</b>	State <b>NY</b>	Zip Code <b>10022</b>

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

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

SAMPLE INFORMATION					
Job #	Paint: # of XRF	Paint: # of Positive	Dust Wipes: # of Samples <b>15</b>	Dust Wipes: # of Positive <b>3</b>	
Other Samples – Type and Quantity (describe) <b>of concern for lead. Three samples were tested above EPA level</b>					

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

Healthy Homes Hazard:					
311 Complaint Number:					
PHS (Print)	PHS (Signature)		Badge #	Employee ID #	Date:
Copy Received By (Print) <b>Written in Office</b>	Copy Received By (Signature)		Relationship to Child:	Date:	
Supervisor (Print) <b>M. Jeanalabeen</b>	Supervisor (Signature) 		Badge # <b>3342</b>	Employee ID # <b>1787</b>	Date: <b>3/13/17</b>

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

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



Date: 02/22/17	Start Time: 13:45	End Time: 15:00	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 checked="" type="checkbox"/> Work Practice Complaint <input type="checkbox"/> Primary Prevention <input type="checkbox"/> Peeling Paint Complaint <input type="checkbox"/> 10-14 (Low Act)				LASU Order Number <b>C</b>	Order Number	
				Docket Number	LASU Number <b>L2016-0148</b>	

<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
		<b>CMPT</b>			Cell Phone
					Work Phone
Address: <input type="checkbox"/> New			Apt	Floor	Borough
<b>915 West End Avenue</b>			<b>CMN1-14</b>	<b>1</b>	<b>10025</b>
					Zip Code <b>3110</b>

<b>OWNER INFORMATION</b>					
Name: (Last) (First)		Home Phone ( )		Cell Phone	
<b>Silver Stone Property</b>		<b>Work Phone (646) 747-3390</b>		( )	
Address <b>Management</b>			Apt	City	State
<b>825 3<sup>rd</sup> Avenue</b>				<b>New York</b>	<b>NY</b>
					Zip Code <b>10022</b>

<b>CONTRACTOR INFORMATION</b>					
Company Name		Project Contact		Phone	
				( )	
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
				<b>ST</b>	<b>HFO</b>
Early Intervention		Sibling Information			
<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected <input checked="" type="checkbox"/> Window Guard <input type="checkbox"/> Violation <input checked="" type="checkbox"/> No Violation		Child ID _____ Child ID _____ Child ID _____ Child ID _____			

Healthy Homes Inspection:  Yes  No Safe House:  Rejected  Accepted  Family Currently in Safe House

<b>SAMPLE INFORMATION</b>					
Job #	Paint: # of XRF	Paint: # of Positive	Dust Wipes: # of Samples	Dust Wipes: # of Positive	
			<b>15</b>	<b>pending</b>	
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	<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)	<b>Apt Turnover</b>	
			<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)(A)	
			<input type="checkbox"/> 173.14(e)(1)(I)(i)(bb)	<input type="checkbox"/> 173.14(e)(1)(I)(j)	<input type="checkbox"/> 173.14(e)(3)(B)	
					<input type="checkbox"/> 173.14(e)(3)(C)	

Healthy Homes Hazard: \_\_\_\_\_

311 Complaint Number: \_\_\_\_\_

PHS (Print) <b>R. Abramson</b>	PHS (Signature) 	Badge # <b>3339</b>	Employee ID # <b>1618</b>	Date: <b>02/22/17</b>
Copy Received By (Print) <b>To be mailed.</b>	Copy Received By (Signature)	Relationship to Child:		Date: <b>02/22/17</b>
Supervisor (Print) <b>M. Feandabey</b>	Supervisor (Signature) 	Badge # <b>3342</b>	Employee ID # <b>1787</b>	Date: <b>3/2/17</b>

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

NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Healthy Homes Program/Lead Poisoning Prevention  
 125 Worth Street, 6<sup>th</sup> Floor CN 58, New York, NY 10013  
 Tel. (646) 632-6002, Fax. (347) 396-8926 or (646) 632-6004

Page: 2 of 2

Inspection Report Notes    Progress Report    Activity Report Notes

Address <u>915 West End Avenue</u>			Child ID Number		
Apt. # <u>CMN</u>	Borough <u>1</u>	Zip <u>10023</u>	LASU Number <u>22016-0148</u>	Order Number	
Assessment/Observations/Comments					
<p>visited the above address to conduct an inspection on a complaint regarding generation of dust in the building. Access was gained into building. A visual walk-through inspection was conducted through floors 1-14. Visible construction dust was observed on floors lobby, 3, 4, 6, 7, 8, 9, 12, 13 and 14. Active construction work renovation/demolition and asbestos abatement was observed in progress in multiple vacant apartments. <del>fourteen</del> <sup>fifteen</sup> dust wipe samples were taken, including a <sup>(14)</sup> blank for analysis. I met construction foreman Jose and instructed him to clean and to provide <sup>mist</sup> <del>wet</del> towels for the <sup>(14)</sup> <del>construction</del> workers to wipe their shoes, before leaving the work <sup>site</sup> <del>area</del>. I contacted building manager, Jarosov and informed him regarding inspection findings and instructed him to enforce safe work practices. No window guards violation observed. A 24 hour follow-up inspection is required. Notice of dust hazard was posted.</p>					
Staff (Signature) 		Badge # <u>3339</u>	I.D. # <u>1618</u>	Date <u>02/22/17</u>	Copy received by
Supervisor (Signature) 		Badge # <u>3342</u>	I.D. # <u>1787</u>	Date <u>2/2/17</u>	

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