

# Assessment Check List

Parcel ID#	Damage Address	City	Zip Code																		
OBBO-055	117 Tarlton St.	Staten Island	10306																		
Provide Site Signage	<table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>			Yes	No	<input type="checkbox"/>	<input checked="" type="checkbox"/>														
Yes	No																				
<input type="checkbox"/>	<input checked="" type="checkbox"/>																				
Maintain Landscaping	<table border="1"> <tr> <td>Yes</td> <td>No</td> <td>Current condition</td> <td>Normal</td> <td>High</td> <td>Good</td> <td>Bad</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>			Yes	No	Current condition	Normal	High	Good	Bad	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Yes	No	Current condition	Normal	High	Good	Bad															
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>															
Clean Out Debris	<table border="1"> <tr> <td>Yes</td> <td>No</td> <td>Hand</td> <td>Yes</td> <td>No</td> <td>Machine</td> <td>Yes</td> <td>No</td> <td>Both</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>			Yes	No	Hand	Yes	No	Machine	Yes	No	Both	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Yes	No	Hand	Yes	No	Machine	Yes	No	Both													
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>													
Install Fencing	<table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>			Yes	No	<input type="checkbox"/>	<input checked="" type="checkbox"/>														
Yes	No																				
<input type="checkbox"/>	<input checked="" type="checkbox"/>																				
Board Up Doors/Windows	<table border="1"> <tr> <td>Yes</td> <td>No</td> <td>Front</td> <td>Left</td> <td>Rear</td> <td>Right</td> <td>All</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>			Yes	No	Front	Left	Rear	Right	All	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Yes	No	Front	Left	Rear	Right	All															
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>															
Verify Status of Utilities	<table border="1"> <tr> <td>Gas</td> <td>On</td> <td>Off</td> <td>Electric</td> <td>On</td> <td>Off</td> <td>Oil</td> <td>Yes</td> <td>No</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>			Gas	On	Off	Electric	On	Off	Oil	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Gas	On	Off	Electric	On	Off	Oil	Yes	No													
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>													
Miscellaneous Site Work	<table border="1"> <tr> <td>Notes:</td> <td>N/A</td> </tr> <tr> <td colspan="2" style="background-color: #cccccc;"></td> </tr> </table>			Notes:	N/A																
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Remove Standing Water	<table border="1"> <tr> <td>Standing Water</td> <td>Yes</td> <td>No</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>			Standing Water	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
Standing Water	Yes	No																			
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>																			
Drainage Issues	<table border="1"> <tr> <td>Drainage Issues</td> <td>Yes</td> <td>No</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>			Drainage Issues	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
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<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>																			
Pest/Vermin Control	<table border="1"> <tr> <td>Roaches</td> <td>Bats</td> <td>Rats</td> <td>Other: Explain</td> </tr> <tr> <td>NO</td> <td>NO</td> <td>NO</td> <td>NO</td> </tr> </table>			Roaches	Bats	Rats	Other: Explain	NO	NO	NO	NO										
Roaches	Bats	Rats	Other: Explain																		
NO	NO	NO	NO																		
Structural Integrity	<table border="1"> <tr> <td>Good</td> <td>Bad</td> <td>Demolish</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>			Good	Bad	Demolish	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>												
Good	Bad	Demolish																			
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>																			
Habitual with Minor Clean up	<table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>			Yes	No	<input type="checkbox"/>	<input checked="" type="checkbox"/>														
Yes	No																				
<input type="checkbox"/>	<input checked="" type="checkbox"/>																				
Hazardous/ Environmental Material Abatement	<table border="1"> <tr> <td>Notes:</td> <td>Asbestos on site as per notification on door.</td> </tr> <tr> <td colspan="2" style="background-color: #cccccc;"></td> </tr> </table>			Notes:	Asbestos on site as per notification on door.																
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Verify Status of Bulkheads	<table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="2" style="text-align: right;">N/A</td> </tr> </table>			Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	N/A													
Yes	No																				
<input type="checkbox"/>	<input type="checkbox"/>																				
N/A																					
Provide Security Personnel	<table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>			Yes	No	<input type="checkbox"/>	<input checked="" type="checkbox"/>														
Yes	No																				
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Notes:	<table border="1"> <tr> <td>Structure scheduled for demo - weeds and heavy debris on site.</td> </tr> <tr> <td style="background-color: #cccccc;"></td> </tr> </table>			Structure scheduled for demo - weeds and heavy debris on site.																	
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1 Front  
Date Taken: 7/15/2014  
Taken By: Brook Benvenuti



2 Street right  
Date Taken: 7/15/2014  
Taken By: Brook Benvenuti



3 Street left  
Date Taken: 7/15/2014  
Taken By: Brook Benvenuti



4 Front  
Date Taken: 7/15/2014  
Taken By: Brook Benvenuti

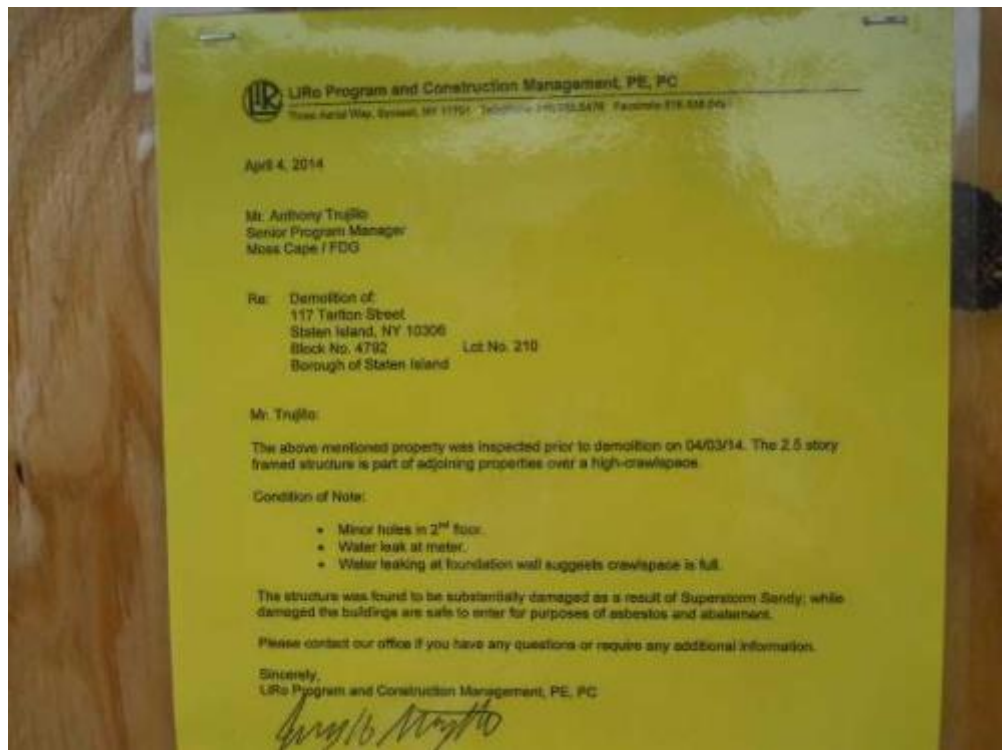




5 Sign  
Date Taken: 7/15/2014  
Taken By: Brook Benvenuti



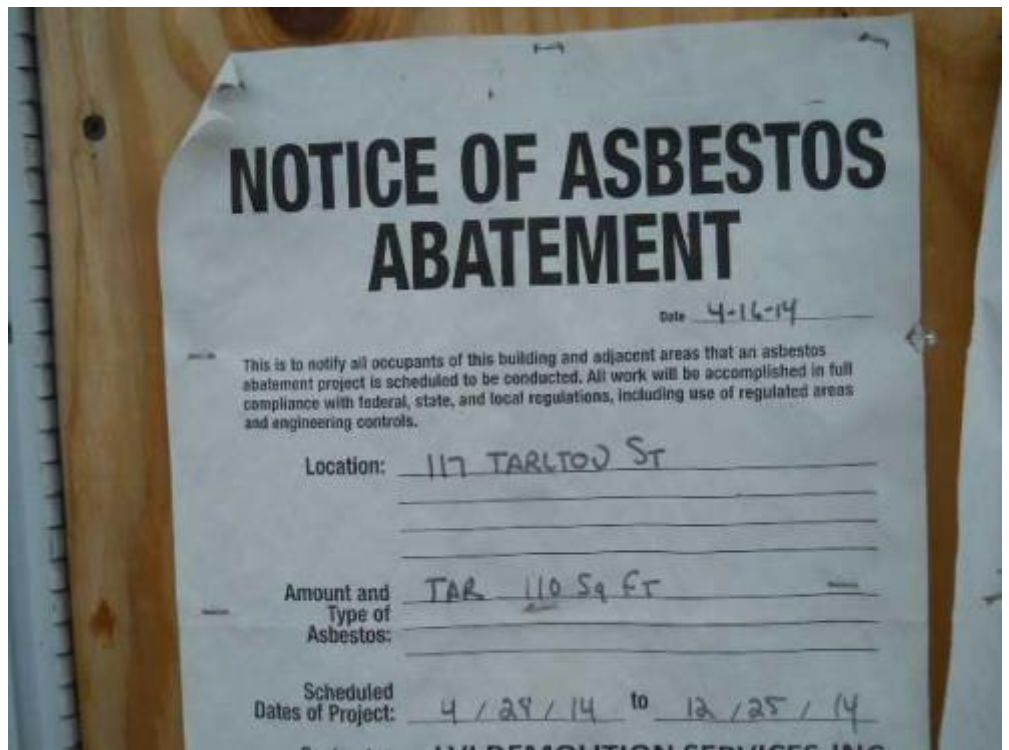
6 Sign  
Date Taken: 7/15/2014  
Taken By: Brook Benvenuti



7 Sign  
Date Taken: 7/15/2014  
Taken By: Brook Benvenuti



8 Sign  
Date Taken: 7/15/2014  
Taken By: Brook Benvenuti



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9 Side  
Date Taken: 7/15/2014  
Taken By: Brook Benvenuti



10 Side  
Date Taken: 7/15/2014  
Taken By: Brook Benvenuti





11 Side  
Date Taken: 7/15/2014  
Taken By: Brook Benvenuti



12 Side  
Date Taken: 7/15/2014  
Taken By: Brook Benvenuti



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13 Back  
Date Taken: 7/15/2014  
Taken By: Brook Benvenuti



14 Back  
Date Taken: 7/15/2014  
Taken By: Brook Benvenuti





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15 Back  
Date Taken: 7/15/2014  
Taken By: Brook Benvenuti



16 Back  
Date Taken: 7/15/2014  
Taken By: Brook Benvenuti



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17 Debris  
Date Taken: 7/15/2014  
Taken By: Brook Benvenuti



18 Debris  
Date Taken: 7/15/2014  
Taken By: Brook Benvenuti





19 Debris  
Date Taken: 7/15/2014  
Taken By: Brook Benvenuti



20 Debris  
Date Taken: 7/15/2014  
Taken By: Brook Benvenuti





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21 Shed  
Date Taken: 7/15/2014  
Taken By: Brook Benvenuti



22 Utilities  
Date Taken: 7/15/2014  
Taken By: Brook Benvenuti

