

# Assessment Check List

Parcel ID#	Damage Address	City	Zip Code																		
OBB0-058	107 Foxbeach Ave.	Staten Island	10306																		
Provide Site Signage	<table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>			Yes	No	<input checked="" type="checkbox"/>	<input type="checkbox"/>														
Yes	No																				
<input checked="" type="checkbox"/>	<input 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></td> <td><input checked="" type="checkbox"/></td> <td><input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Yes	No	Current condition	Normal	High	Good	Bad															
<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input 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></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td></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 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 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 colspan="3">N/A</td> </tr> <tr> <td colspan="4" 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></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>			Standing Water	Yes	No		<input checked="" type="checkbox"/>	<input type="checkbox"/>												
Standing Water	Yes	No																			
	<input checked="" type="checkbox"/>	<input type="checkbox"/>																			
Drainage Issues	<table border="1"> <tr> <td>Drainage Issues</td> <td>Yes</td> <td>No</td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>			Drainage Issues	Yes	No		<input checked="" type="checkbox"/>	<input type="checkbox"/>												
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	<input checked="" type="checkbox"/>	<input 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 type="checkbox"/></td> </tr> <tr> <td colspan="3" style="text-align: right;">N/A</td> </tr> </table>			Good	Bad	Demolish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A											
Good	Bad	Demolish																			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																			
N/A																					
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 colspan="3">NO</td> </tr> <tr> <td colspan="4" style="background-color: #cccccc;"></td> </tr> </table>			Notes:	NO																
Notes:	NO																				
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																				
<input type="checkbox"/>	<input checked="" type="checkbox"/>																				
Notes:	<table border="1"> <tr> <td colspan="4">There is no structure on the site. Fencing present. Landscaping needs to be maintained.</td> </tr> <tr> <td colspan="4" style="height: 50px;"></td> </tr> </table>			There is no structure on the site. Fencing present. Landscaping needs to be maintained.																	
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1 front  
Date Taken: 7/16/2014  
Taken By: Brook Benvenuti



2 street right  
Date Taken: 7/16/2014  
Taken By: Brook Benvenuti



3 street left  
Date Taken: 7/16/2014  
Taken By: Brook Benvenuti



4 address  
Date Taken: 7/16/2014  
Taken By: Brook Benvenuti



5 front yard  
Date Taken: 7/16/2014  
Taken By: Brook Benvenuti



6 left side yard  
Date Taken: 7/16/2014  
Taken By: Brook Benvenuti



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7 back yard  
Date Taken: 7/16/2014  
Taken By: Brook Benvenuti



8 center of lot  
Date Taken: 7/16/2014  
Taken By: Brook Benvenuti



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9 debris  
Date Taken: 7/16/2014  
Taken By: Brook Benvenuti



10 standing water  
Date Taken: 7/16/2014  
Taken By: Brook Benvenuti

