FIRE SAFETY INSPECTION RECORD

☐ LICENSE ☐ EAST
☐ PERMIT ☐ WEST
☒ SPECIAL

LOCATION: 75 S. CLINTON AVE

Person contacted: BILL MOORE

Telephone #: 325-4761

Fire DRILL

FILE

| DATE RECEIVED IN FIRE SAFETY: 4/24/98 DATE | TIME OF INSPECTION | NO ENTRY | # ORDERS ISSUED | # REFERRALS ISSUED | NO WORK DONE | # VIOLATIONS CORRECT | NO VIOLATIONS NOTED | NOTES | OK TO FILE | INSPECTOR |
|---|---|---|---|---|---|---|---|---|---|---|
| 5/1/98 | 10:00 | | | | | | | Witnessed Fire Drill + attended post-drill meeting. | X | |

SAFETY INSPECTION RECORD

☐ LICENSE ☐ EAST
☐ PERMIT ☐ WEST
☒ SPECIAL

LOCATION: 75 CLINTON AVE S

Person contacted: MS Telephone #: 258-5555

| DATE RECEIVED IN FIRE SAFETY: 2/23/98 DATE | TIME OF INSPECTION | NO ENTRY | # ORDERS ISSUED | # REFERRALS ISSUED | NO WORK DONE | # VIOLATIONS CORRECT | NO VIOLATIONS NOTED | 15 insp. NEW INFO. ~~HOLD~~ Fax-428-6785 NOTES | OK TO FILE | INSPECTOR |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | - check - | | |
| | | | | | | | | * Alarm 1yr. Test Report | | |
| | | | | | | | | * Sprinkler 1yr. / Standpipe 5yrs. Report | | |
| | | | | | | | | - ck. exits. | | |
| | | | | | | | | - Hood suppression | | |
| | | | | | | | | * Extinguishers | | |
| | | | | | | | | - Sinage. (sounder shutoffs etc.) | | |
| | | | | | | | | - Permits (if required) | | |
| | | | | | | | | ~~JIM HOYLE (contact)~~ | | |
| | | | | | | | | - BILL (CLINTON SQUARE) | | |
| | | | | | | | | MOORE 325-4761 Hold | | |
| 3/19/98 | | | 5 | | | | | | | MS |
| ~~3/26/98~~ | | | | | | | | | | |
| 4/20/98 | | | | | | 4 | | HOLD *NEW 501's* | | MS |
| 6/5/98 | | | | | | 1 | | | X | MS |

FILE

Fire Safety Division
Fire Department

**City of Rochester**

Public Safety Building
Civic Center Plaza - 3rd Floor
Rochester, New York 14614
(716) **428-7037**

**BUILDING INSPECTION / COMPLAINT FORM**

COMPANY FSA

INSPECTION # 74464

ADDRESS: CLINTON AV S FROM / TO: 75 TAX ACCT #:

PROPERTY OWNER: HOME PROPERTIES OF N.Y., INC. ADDRESS: 850 CLINTON SQ (SUITE) PHONE: 325-4761
CITY: ROCHESTER STATE: NY ZIP: 14604

MAILING NAME: HOME PROPERTIES OF N.Y., INC. ADDRESS: 850 CLINTON SQ (SUITE) PHONE:
CITY: ROCHESTER STATE: NY ZIP: 14604

EMERGENCY CONTACT: SECURITY ADDRESS: PHONE: 325-3288
CITY: STATE: ZIP:

| NFPA 901 CODES | GENERAL PROPERTY USE | SPECIFIC PROPERTY USE | STRUCTURE TYPE | STRUCTURE STATUS |
|---|---|---|---|---|
| | | | H | |

NO ENTRY DATES:

BUSINESS NAME: I.B.M. 12384 PHONE:
BUSINESS OWNER
ADDRESS: 100 CLINTON SQ (SUITE) ROCHESTER NY
PHONE: 987 2200
BUSINESS EMERGENCY: BILL GRIFFIN
ADDRESS
PHONE:

SPECIAL INSTRUCTIONS:

SPECIAL HARZARDS OR CONSTRUCTION

A = ATTIC
C = CELLAR
G = GARAGE
O = OUTSIDE
# = FLOOR #

DISPOSITION by FIRE SAFETY:

| DIRECTION ROOM #, ETC. | COMPLAINT | REFERRED | ORDERS ISSUED | CORRECTED | NOT REQUIRED |
|---|---|---|---|---|---|
| | ☐ NO VIOLATIONS NOTED AT THIS TIME | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| OFFICER PREPARING REPORT: | COMPANY | DISTRICT | GROUP | DATE |
|---|---|---|---|---|
| BUS/PROP REPRESENTATIVE: | POSITION / TITLE | | | DATE OF REINSPECTION |
| FIRE SAFETY INSPECTOR: | | | | DATE |

RFD 501 REV. 1/97

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

**BUILDING INSPECTION / COMPLAINT FORM**

**City of Rochester**

Public Safety Building
Civic Center Plaza - 3rd Floor
Rochester, New York 14614
(716) 428-7037

COMPANY FSA

INSPECTION # ~~73017~~

ADDRESS CLINTON AV S

FROM / TO 75

TAX ACCT #

PROPERTY OWNER HOME PROPERTIES OF N.Y. INC.

ADDRESS 850 CLINTON SQ. (SUITE)

PHONE 325-4761

CITY ROCHESTER STATE NY ZIP 14604

MAILING NAME HOME PROPERTIES OF N.Y. INC.

ADDRESS 850 CLINTON SQ. (SUITE)

PHONE

CITY ROCHESTER STATE NY ZIP 14604

EMERGENCY CONTACT SECURITY

ADDRESS

PHONE 325-3288

CITY STATE ZIP

| NFPA 901 CODES | GENERAL PROPERTY USE | SPECIFIC PROPERTY USE | STRUCTURE TYPE | STRUCTURE STATUS |
|---|---|---|---|---|
| | | | H | |

A = ATTIC
C = CELLAR
G = GARAGE
O = OUTSIDE
# = FLOOR #

BUSINESS NAME CONCENTRIXS CORP. PHONE

BUSINESS OWNER

ADDRESS 120 CLINTON SQ. (SUITE) ROCH. NY

PHONE 232-8700

BUSINESS EMERGENCY SECURITY

ADDRESS

PHONE

SPECIAL INSTRUCTIONS:

SPECIAL HARZARDS OR CONSTRUCTION

DISPOSITION by FIRE SAFETY:

| DIRECTION ROOM #, ETC. | COMPLAINT | REFERRED | ORDERS ISSUED | CORRECTED | NOT REQUIRED |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| OFFICER PREPARING REPORT: | COMPANY | DISTRICT | GROUP | DATE |
|---|---|---|---|---|
| BUS. PROP REPRESENTATIVE: | POSITION / TITLE | | | DATE |
| FIRE SAFETY INSPECTOR: | | | | DATE |

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

**BUILDING INSPECTION / COMPLAINT FORM**

**City of Rochester**

Public Safety Building
Civic Center Plaza - 3rd Floor
Rochester, New York 14614
(716) 428-7037

COMPANY FSA

INSPECTION # 008050

ADDRESS: CLINTON AV S FROM / TO: 75 TAX ACCT #:

PROPERTY OWNER: HOME PROPERTIES OF N.Y., INC. ADDRESS: 850 CLINTON SQ (SUITE) PHONE: 325-4761
CITY: ROCHESTER STATE: NY ZIP: 14604

MAILING NAME: HOME PROPERTIES OF N.Y., INC. ADDRESS: 850 CLINTON SQ (SUITE)
CITY: ROCHESTER STATE: NY ZIP: 14604

EMERGENCY CONTACT: SECURITY OFFICE ADDRESS: PHONE: 325-3288
CITY: STATE: ZIP:

NFPA 901 CODES | GENERAL PROPERTY USE | SPECIFIC PROPERTY USE | STRUCTURE TYPE: H | STRUCTURE STATUS

NO ENTRY DATES:

BUSINESS NAME: SWEET DAWN 546-2530 PHONE:
BUSINESS OWNER
ADDRESS: 110 CLINTON SQ (SUITE) ROCHESTER NY
PHONE
BUSINESS EMERGENCY: CARMINE PELINO
ADDRESS: 27 WEDMORE RD FAIRPORT NY14450
PHONE: 223 9387

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

A = ATTIC
C = CELLAR
G = GARAGE
O = OUTSIDE
# = FLOOR #

DISPOSITION by FIRE SAFETY:

| DIRECTION ROOM #, ETC. | COMPLAINT | REFERRED | ORDERS ISSUED | CORRECTED | NOT REQUIRED |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| OFFICER PREPARING REPORT: | COMPANY | DISTRICT | GROUP | DATE |
|---|---|---|---|---|
| BUS/PROP REPRESENTATIVE: | POSITION / TITLE | | | DATE |
| FIRE SAFETY INSPECTOR: | | | | DATE |

RFD 501 REV. 12/90

**COPY TO FIRE SAFETY**

Fire Safety Division
Fire Department

**BUILDING INSPECTION / COMPLAINT FORM**

**City of Rochester**

Public Safety Building
Civic Center Plaza - 3rd Floor
Rochester, New York 14614
(716) **428-7037**

COMPANY: FSA

INSPECTION #: ~~73017~~

ADDRESS: CLINTON AV S

FROM / TO: 75

TAX ACCT #:

PROPERTY OWNER: HOME PROPERTIES OF N.Y. INC.

ADDRESS: 850 CLINTON SQ. (SUITE)

PHONE: 325-4761

CITY: ROCH.

STATE: NY

ZIP: 14604

MAILING NAME: HOME PROPERTIES OF N.Y. INC.

ADDRESS: 850 CLINTON SQ. (SUITE

PHONE:

CITY: ROCH

STATE: NY

ZIP: 14604

EMERGENCY CONTACT: SECURITY

ADDRESS:

PHONE: 325-3288

CITY:

STATE:

ZIP:

| NFPA 901 CODES | GENERAL PROPERTY USE | SPECIFIC PROPERTY USE | STRUCTURE TYPE | STRUCTURE STRUCTURE |
|---|---|---|---|---|
| | | | H | |

A = ATTIC
C = CELLAR
G = GARAGE
O = OUTSIDE
# = FLOOR #

BUSINESS NAME: COOPERS & LYBRAND, LLP PHONE: 263-7200

BUSINESS OWNER:

ADDRESS: 260 CLINTON SQ. (SUITE) ROCH. NY

PHONE:

BUSINESS EMERGENCY: ED SHORT 248-5121

ADDRESS: JOHN THORNE 586-4825

PHONE:

SPECIAL INSTRUCTIONS:

SPECIAL HARZARDS OR CONSTRUCTION

DISPOSITION by FIRE SAFETY:

| DIRECTION ROOM #, ETC. | COMPLAINT | REFERRED | ORDERS ISSUED | CORRECTED | NOT REQUIRED |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| OFFICER PREPARING REPORT: | COMPANY | DISTRICT | GROUP | DATE |
|---|---|---|---|---|
| BUS./PROP REPRESENTATIVE: | POSITION / TITLE | | | DATE |
| FIRE SAFETY INSPECTOR: | | | | DATE |

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

**BUILDING INSPECTION / COMPLAINT FORM**

**City of Rochester**

Public Safety Building
Civic Center Plaza - 3rd Floor
Rochester, New York 14614
(716) 428-7037

COMPANY A01

INSPECTION # 008029

ADDRESS: CLINTON AV FROM / TO: 75 TAX ACCT #:

PROPERTY OWNER: HOME PROPERTIES OF N.Y., INC. ADDRESS: 850 CLINTON SQ (SUITE) PHONE: 546-4900
CITY: ROCHESTER STATE: NY ZIP: 14604

MAILING NAME: HOME PROPERTIES OF N.Y., INC. ADDRESS: 850 CLINTON SQ (SUITE) PHONE:
CITY: ROCHESTER STATE: NY ZIP: 14604

EMERGENCY CONTACT: SECURITY OFFICE ADDRESS: PHONE: 325-3288
CITY: STATE: ZIP:

| NFPA 901 CODES | GENERAL PROPERTY USE | SPECIFIC PROPERTY USE | STRUCTURE TYPE | STRUCTURE STATUS |
|---|---|---|---|---|
| | | | H | |

NO ENTRY DATES:

BUSINESS NAME: ISSC PHONE:
BUSINESS OWNER: 3rd+h
ADDRESS:
PHONE: 723 4194
BUSINESS EMERGENCY:
ADDRESS:
PHONE:

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

A = ATTIC
C = CELLAR
G = GARAGE
O = OUTSIDE
# = FLOOR #

DISPOSITION by FIRE SAFETY:

| DIRECTION ROOM #, ETC. | COMPLAINT | REFERRED | ORDERS ISSUED | CORRECTED | NOT REQUIRED |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| OFFICER PREPARING REPORT: | COMPANY | DISTRICT | GROUP | DATE |
|---|---|---|---|---|
| BUS/PROP REPRESENTATIVE: | POSITION / TITLE | | | DATE |
| FIRE SAFETY INSPECTOR: | | | | DATE |

RFD 501 REV. 12/90

**COPY TO FIRE SAFETY**

Fire Safety Division
Fire Department

**BUILDING INSPECTION / COMPLAINT FORM**

**City of Rochester**

Public Safety Building
Civic Center Plaza - 3rd Floor
Rochester, New York 14614
(716) 428-7037

INSPECTION # 008052

COMPANY FSA

ADDRESS: CLINTON AV S FROM / TO: 75 TAX ACCT #:

PROPERTY OWNER: HOME PROPERTIES OF N.Y., INC. ADDRESS: 850 CLINTON SQ (SUITE) PHONE: 325-4761
CITY: ROCHESTER STATE: NY ZIP: 14604

MAILING NAME: HOME PROPERTIES OF N.Y., INC. ADDRESS: 850 CLINTON SQ (SUITE) PHONE:
CITY: ROCHESTER STATE: NY ZIP: 14604

EMERGENCY CONTACT: SECURITY OFFICE ADDRESS: PHONE: 325-3288
CITY: STATE: ZIP:

| NFPA 901 CODES | GENERAL PROPERTY USE | SPECIFIC PROPERTY USE | STRUCTURE TYPE | STRUCTURE STATUS |
|---|---|---|---|---|
| | 59 | 592 | H | 2 |

NO ENTRY DATES:

BUSINESS NAME: CHASE ~~MANHATTEN FIRST BAN~~ PHONE:
BUSINESS OWNER: CHASE ~~MANHATTEN FIRST BANK~~
ADDRESS: (SUITE 500) CLINTON SQ ROCHESTER NY14604
PHONE: 258 5389
BUSINESS EMERGENCY: SECURITY OFFICE
ADDRESS: 1 CHASE SQUARE ROCHESTER NY
PHONE: 258 5555

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

A = ATTIC
C = CELLAR
G = GARAGE
O = OUTSIDE
# = FLOOR #

DISPOSITION by FIRE SAFETY:

| DIRECTION ROOM #, ETC. | COMPLAINT | REFERRED | ORDERS ISSUED | CORRECTED | NOT REQUIRED |
|---|---|---|---|---|---|
| | | | | | |

| OFFICER PREPARING REPORT: | COMPANY | DISTRICT | GROUP | DATE |
|---|---|---|---|---|
| BUS/PROP REPRESENTATIVE: | POSITION / TITLE | | | DATE |
| FIRE SAFETY INSPECTOR: | | | | DATE |

RFD 501 REV. 12/90

**COPY TO FIRE SAFETY**

Fire Safety Division
Fire Department

**BUILDING INSPECTION / COMPLAINT FORM**

**City of Rochester**

Public Safety Building
Civic Center Plaza - 3rd Floor
Rochester, New York 14614
(716) 428-7037

INSPECTION # 008043

COMPANY: FSA

ADDRESS: CLINTON AV S FROM / TO: 75 TAX ACCT #:

PROPERTY OWNER: HOME PROPERTIES OF N.Y., INC. ADDRESS: 850 CLINTON SQ (SUITE) PHONE: 325-4761
CITY: ROCHESTER STATE: NY ZIP: 14604

MAILING NAME: HOME PROPERTIES OF N.Y., INC. ADDRESS: 850 CLINTON SQ (SUITE)
CITY: ROCHESTER STATE: NY ZIP: 14604

EMERGENCY CONTACT: SECURITY OFFICE ADDRESS: PHONE: 325-3288
CITY: STATE: ZIP:

| NFPA 901 CODES | GENERAL PROPERTY USE | SPECIFIC PROPERTY USE | STRUCTURE TYPE | STRUCTURE STATUS |
|---|---|---|---|---|
| | | | H | |

NO ENTRY DATES:

BUSINESS NAME: KPMG PEAT MARWICK 454- PHONE:
BUSINESS OWNER:
ADDRESS: 600 CLINTON SQ (SUITE) ROCHESTER NY
PHONE:
BUSINESS EMERGENCY: SECURITY OFFICE
ADDRESS:
PHONE: 325 3288
SPECIAL INSTRUCTIONS:
SPECIAL HAZARDS OR CONSTRUCTION:

A = ATTIC
C = CELLAR
G = GARAGE
O = OUTSIDE
# = FLOOR #

DISPOSITION by FIRE SAFETY:

| DIRECTION ROOM #, ETC. | COMPLAINT | REFERRED | ORDERS ISSUED | CORRECTED | NOT REQUIRED |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| OFFICER PREPARING REPORT: | COMPANY | DISTRICT | GROUP | DATE |
|---|---|---|---|---|
| BUS/PROP REPRESENTATIVE: | POSITION / TITLE | | | DATE |
| FIRE SAFETY INSPECTOR: | | | | DATE |

RFD 501 REV. 12/90

**COPY TO FIRE SAFETY**

Fire Safety Division
Fire Department

**BUILDING INSPECTION / COMPLAINT FORM**

**City of Rochester**

Public Safety Building
Civic Center Plaza - 3rd Floor
Rochester, New York 14614
(716) **428-7037**

COMPANY FSA

INSPECTION # 73017

ADDRESS CLINTON AV S FROM / TO 75 TAX ACCT #

PROPERTY OWNER HOME PROPERTIES OF NY INC ADDRESS 850 CLINTON SQ (SUITE) PHONE 325-4761
CITY ROCH STATE NY ZIP 14604

MAILING NAME HOME PROPERTIES OF NY INC ADDRESS 850 CLINTON SQ (SUITE) PHONE
CITY ROCH STATE NY ZIP 14604

EMERGENCY CONTACT SECURITY ADDRESS PHONE 325-3288
CITY STATE ZIP

| NFPA 901 CODES | GENERAL PROPERTY USE | SPECIFIC PROPERTY USE | STRUCTURE TYPE | STRUCTURE STATUS |
|---|---|---|---|---|
| | | | H | |

A = ATTIC
C = CELLAR
G = GARAGE
O = OUTSIDE
# = FLOOR #

BUSINESS NAME ROBERT HALF ASSOCIATES PHONE 232-6055
BUSINESS OWNER
ADDRESS 640 CLINTON SQ (SUITE) ROCH NY PHONE
BUSINESS EMERGENCY LINDA MACTURK 271-1956
ADDRESS
PHONE

SPECIAL INSTRUCTIONS:

SPECIAL HARZARDS OR CONSTRUCTION

DISPOSITION by FIRE SAFETY:

| DIRECTION ROOM #, ETC. | COMPLAINT | REFERRED | ORDERS ISSUED | CORRECTED | NOT REQUIRED |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| OFFICER PREPARING REPORT: | COMPANY | DISTRICT | GROUP | DATE |
|---|---|---|---|---|
| BUS/PROP REPRESENTATIVE: | POSITION / TITLE | | | DATE |
| FIRE SAFETY INSPECTOR: | | | | DATE |

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

**BUILDING INSPECTION / COMPLAINT FORM**

**City of Rochester**

Public Safety Building
Civic Center Plaza - 3rd Floor
Rochester, New York 14614
(716) 428-7037

COMPANY: FSA

INSPECTION #: 73017

ADDRESS: CLINTON AV. S — FROM / TO: 75 — TAX ACCT #:

PROPERTY OWNER: HOME PROPERTIES OF NY INC. — ADDRESS: 850 CLINTON SQ (SUITE) — PHONE: 325-4761
CITY: ROCH. — STATE: NY — ZIP: 14604

MAILING NAME: HOME PROPERTIES OF NY INC. — ADDRESS: 850 CLINTON SQ (SUITE) — PHONE:
CITY: ROCH. — STATE: NY — ZIP: 14604

EMERGENCY CONTACT: SECURITY — ADDRESS: — PHONE: 325-3288
CITY: — STATE: — ZIP:

| NFPA 901 CODES | GENERAL PROPERTY USE | SPECIFIC PROPERTY USE | STRUCTURE TYPE | STRUCTURE STATUS |
|---|---|---|---|---|
| | | | H | |

A = ATTIC
C = CELLAR
G = GARAGE
O = OUTSIDE
# = FLOOR #

BUSINESS NAME: INTERCOUNTY MORTGAGE — PHONE: 546-6260
BUSINESS OWNER:
ADDRESS: 650 CLINTON SQ. (SUITE) — PHONE:
BUSINESS EMERGENCY: GARY JOHANSEN — 425-8867
ADDRESS: SHERRI CATALANO — 594-8362 — PHONE:

SPECIAL INSTRUCTIONS:

SPECIAL HARZARDS OR CONSTRUCTION

| DIRECTION ROOM #, ETC. | COMPLAINT | DISPOSITION by FIRE SAFETY: REFERRED | ORDERS ISSUED | CORRECTED | NOT REQUIRED |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| OFFICER PREPARING REPORT: | COMPANY | DISTRICT | GROUP | DATE |
|---|---|---|---|---|
| BUS. PROP REPRESENTATIVE: | POSITION / TITLE | | | DATE |
| FIRE SAFETY INSPECTOR: | | | | DATE |

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

City of Rochester

Public Safety Building
Civic Center Plaza - 3rd Floor
Rochester, New York 14614
(716) 428-7037

**BUILDING INSPECTION / COMPLAINT FORM**

COMPANY FSA

INSPECTION # ~~73017~~

ADDRESS CLINTON AV S

FROM / TO 75

TAX ACCT #

PROPERTY OWNER HOME PROPERTIES OF NY INC.

ADDRESS 850 CLINTON SQ. (SUITE)

PHONE 325-4761

CITY ROCH. STATE NY ZIP 14604

MAILING NAME HOME PROPERTIES OF NY INC.

ADDRESS 850 CLINTON SQ. (SUITE)

PHONE

CITY ROCH. STATE NY ZIP 14604

EMERGENCY CONTACT SECURITY

ADDRESS

PHONE 325-3288

CITY STATE ZIP

| NFPA 901 CODES | GENERAL PROPERTY USE | SPECIFIC PROPERTY USE | STRUCTURE TYPE | STRUCTURE STATUS |
|---|---|---|---|---|
| | | | 2 | |

A = ATTIC
C = CELLAR
G = GARAGE
O = OUTSIDE
# = FLOOR #

BUSINESS NAME CHUBB AND SONS PHONE 238-8000

BUSINESS OWNER

ADDRESS 700 CLINTON SQ. (SUITE)

PHONE

BUSINESS EMERGENCY ANN GINN 425-0034

ADDRESS

PHONE

SPECIAL INSTRUCTIONS:

SPECIAL HARZARDS OR CONSTRUCTION

DISPOSITION by FIRE SAFETY:

| DIRECTION ROOM #, ETC. | COMPLAINT | REFERRED | ORDERS ISSUED | CORRECTED | NOT REQUIRED |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| OFFICER PREPARING REPORT: | COMPANY | DISTRICT | GROUP | DATE |
|---|---|---|---|---|
| BUS. PROP REPRESENTATIVE: | POSITION / TITLE | | | DATE |
| FIRE SAFETY INSPECTOR: | | | | DATE |

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

**BUILDING INSPECTION / COMPLAINT FORM**

**City of Rochester**

Public Safety Building
Civic Center Plaza - 3rd Floor
Rochester, New York 14614
(716) 428-7037

INSPECTION # 008046

COMPANY

ADDRESS CLINTON AV S FROM 75 TO TAX ACCT #

PROPERTY OWNER HOME PROPERTIES OF N.Y., INC. ADDRESS 850 CLINTON SQ (SUITE) PHONE 325-4761
CITY ROCHESTER STATE NY ZIP 14604

MAILING NAME HOME PROPERTIES OF N.Y., INC. ADDRESS 850 CLINTON SQ (SUITE) PHONE
CITY ROCHESTER STATE NY ZIP 14604

EMERGENCY CONTACT SECURITY OFFICE ADDRESS PHONE 325-3288
CITY STATE ZIP

| NFPA 901 CODES | GENERAL PROPERTY USE | SPECIFIC PROPERTY USE | STRUCTURE TYPE | STRUCTURE STATUS |
|---|---|---|---|---|
| | | | H | |

NO ENTRY DATES:

BUSINESS NAME ~~WORLD COM~~ WORLDCOM PHONE 454-6990
BUSINESS OWNER 750 CLINTON SQUARE ROCHESTER NY
ADDRESS
SECURITY OFFICE PHONE
BUSINESS EMERGENCY DEL MARKHAM 924-2404
ADDRESS 325 3288
PHONE

DISPOSITION by FIRE SAFETY:

A = ATTIC
C = CELLAR
G = GARAGE
O = OUTSIDE
# = FLOOR #

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

| DIRECTION ROOM #, ETC. | COMPLAINT | REFERRED | ORDERS ISSUED | CORRECTED | NOT REQUIRED |
|---|---|---|---|---|---|
| | | | | | |

| OFFICER PREPARING REPORT: | COMPANY | DISTRICT | GROUP | DATE |
|---|---|---|---|---|
| BUS/PROP REPRESENTATIVE: | POSITION / TITLE | | | DATE |
| FIRE SAFETY INSPECTOR: | | | | DATE |

RFD 501 REV. 12/90

**COPY TO FIRE SAFETY**

Fire Safety Division
Fire Department

**BUILDING INSPECTION / COMPLAINT FORM**

**City of Rochester**

Public Safety Building
Civic Center Plaza - 3rd Floor
Rochester, New York 14614
(716) **428-7037**

COMPANY FSA

INSPECTION # 74476

ADDRESS: CLINTON AV S
FROM / TO: 75
TAX ACCT #:

PROPERTY OWNER: HOME PROPERTIES OF N.Y., INC.
ADDRESS: 75 S. CLINTON AVE
PHONE: 325-4761
CITY: ROCHESTER STATE: NY ZIP: 14604

MAILING NAME: HOME PROPERTIES OF N.Y., INC.
ADDRESS: (SUITE) 850 CLINTON SQ.
PHONE:
CITY: ROCHESTER STATE: NY ZIP: 14604

EMERGENCY CONTACT: SECURITY OFFICE
ADDRESS:
PHONE: 325-3288
CITY: STATE: ZIP:

| NFPA 901 CODES | GENERAL PROPERTY USE | SPECIFIC PROPERTY USE | STRUCTURE TYPE | STRUCTURE STATUS |
|---|---|---|---|---|
| | | | H | |

NO ENTRY DATES:

BUSINESS NAME: CLINTON SQUARE TOWER
PHONE:
BUSINESS OWNER
ADDRESS: 850 CLINTON SQUARE ROCHESTER NY14604
PHONE:
BUSINESS EMERGENCY: DENNIS LEIBY (325-4761) SECURITY
ADDRESS:
PHONE: 325 3288

SPECIAL INSTRUCTIONS:

SPECIAL HARZARDS OR CONSTRUCTION

A = ATTIC
C = CELLAR
G = GARAGE
O = OUTSIDE
# = FLOOR #

| DIRECTION ROOM #, ETC. | COMPLAINT | REFERRED | ORDERS ISSUED | CORRECTED | NOT REQUIRED |
|---|---|---|---|---|---|
| | ☐ NO VIOLATIONS NOTED AT THIS TIME | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

DISPOSITION by FIRE SAFETY:

| OFFICER PREPARING REPORT: | COMPANY | DISTRICT | GROUP | DATE |
|---|---|---|---|---|
| BUS/PROP REPRESENTATIVE: | POSITION / TITLE | | | DATE OF REINSPECTION |
| FIRE SAFETY INSPECTOR: | | | | DATE |

RFD 501 REV. 1/97

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

**BUILDING INSPECTION / COMPLAINT FORM**

**City of Rochester**

Public Safety Building
Civic Center Plaza - 3rd Floor
Rochester, New York 14614
(716) **428-7037**

COMPANY FSA

INSPECTION # 74472

ADDRESS: CLINTON AV S FROM / TO: 75 TAX ACCT #:

PROPERTY OWNER: HOME PROPERTIES OF N.Y., INC. ADDRESS: 850 CLINTON SQ (SUITE) PHONE: 325-4761
CITY: ROCHESTER STATE: NY ZIP: 14604

MAILING NAME: HOME PROPERTIES OF N.Y., INC. ADDRESS: 850 CLINTON SQ (SUITE) PHONE:
CITY: ROCHESTER STATE: NY ZIP: 14604

EMERGENCY CONTACT: SECURITY OFFICE ADDRESS: PHONE: 325-3288
CITY: STATE: ZIP:

| NFPA 901 CODES | GENERAL PROPERTY USE | SPECIFIC PROPERTY USE | STRUCTURE TYPE | STRUCTURE STATUS |
|---|---|---|---|---|
| | | | H | |

NO ENTRY DATES:

BUSINESS NAME: STONEHURST CAPITAL 325 PHONE:
BUSINESS OWNER
ADDRESS: 890 CLINTON SQ (SUITE) ROCHESTER NY
PHONE:
BUSINESS EMERGENCY: SECURITY OFFICE
ADDRESS:
PHONE: 325 3288

SPECIAL INSTRUCTIONS:

SPECIAL HARZARDS OR CONSTRUCTION

A = ATTIC
C = CELLAR
G = GARAGE
O = OUTSIDE
# = FLOOR #

| DIRECTION ROOM #, ETC. | COMPLAINT | DISPOSITION by FIRE SAFETY: REFERRED | ORDERS ISSUED | CORRECTED | NOT REQUIRED |
|---|---|---|---|---|---|
| | ☐ NO VIOLATIONS NOTED AT THIS TIME | | | | |

| OFFICER PREPARING REPORT: | COMPANY | DISTRICT | GROUP | DATE |
|---|---|---|---|---|
| BUS/PROP REPRESENTATIVE: | POSITION / TITLE | | | DATE OF REINSPECTION |
| FIRE SAFETY INSPECTOR: | | | | DATE |

RFD 501 REV. 1/97

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

**BUILDING INSPECTION / COMPLAINT FORM**

**City of Rochester**

Public Safety Building
Civic Center Plaza - 3rd Floor
Rochester, New York 14614
(716) **428-7037**

COMPANY FSA

INSPECTION # 74470

ADDRESS: CLINTON AV S FROM / TO: 75 TAX ACCT #:

PROPERTY OWNER: HOME PROPERTIES OF N.Y., INC.
ADDRESS: 850 CLINTON SQ (SUITE) PHONE: 325-4761
CITY: ROCHESTER STATE: NY ZIP: 14604

MAILING NAME: HOME PROPERTIES OF N.Y., INC.
ADDRESS: 850 CLINTON SQ (SUITE)
CITY: ROCHESTER STATE: NY ZIP: 14604

EMERGENCY CONTACT: SECURITY OFFICE
ADDRESS: PHONE: 325-3288
CITY: STATE: ZIP:

| NFPA 901 CODES | GENERAL PROPERTY USE | SPECIFIC PROPERTY USE | STRUCTURE TYPE | STRUCTURE STATUS |
|---|---|---|---|---|
| | | | H | |

NO ENTRY DATES:

BUSINESS NAME: NIXON, HARGRAVE, DEVONS & PHONE:
BUSINESS OWNER
ADDRESS: 1300 CLINTON SQ (SUITE) ROCHESTER NY 14604
PHONE: 263 1000
BUSINESS EMERGENCY: GERALD BELANGER
ADDRESS: 231 STONEWOOD AV ROCHESTER NY
PHONE: 621 2189

SPECIAL INSTRUCTIONS:

SPECIAL HARZARDS OR CONSTRUCTION

A = ATTIC
C = CELLAR
G = GARAGE
O = OUTSIDE
# = FLOOR #

| DIRECTION ROOM #, ETC. | COMPLAINT | REFERRED | ORDERS ISSUED | CORRECTED | NOT REQUIRED |
|---|---|---|---|---|---|
| | ☐ NO VIOLATIONS NOTED AT THIS TIME | | | | |

DISPOSITION by FIRE SAFETY:

| OFFICER PREPARING REPORT: | COMPANY | DISTRICT | GROUP | DATE |
|---|---|---|---|---|
| BUS/PROP REPRESENTATIVE: | POSITION / TITLE | | | DATE OF REINSPECTION |
| FIRE SAFETY INSPECTOR: | | | | DATE |

RFD 501 REV. 1/97

COPY TO FIRE SAFETY

AS OF 3/19/98
CURRENT TENANTS

# CLINTON SQUARE TENANT LIST

*Emergency Only

BUILDING MAINTENANCE - BILL MOORE 325-4761

| Floor | Tenant |
|---|---|
| 1-4 | IBM CORPORATION<br>100 Clinton Square<br>Rochester, NY 14604<br>(716) 987-2200<br>***Jerry Serviss/662-5942 (Buffalo)** |
| 1 | CONCENTRIX CORPORATION<br>120 Clinton Avenue<br>Rochester, NY 14604<br>(716) 232-8700<br>***Kimberly DeYoung 256-1964/(Page 452-7840)** |
| 1 | SWEET DAWN<br>110 Clinton Square<br>Rochester, NY 14604<br>(716) 546-2530<br>***Carmine Pelino/223-9397** |
| 2 | COOPERS & LYBRAND, LLP<br>260 Clinton Square<br>Rochester, NY 14604<br>(716) 263-7200<br>***Ed Short/248-5121**<br>***John Thorne/586-4825** |
| 3-4 | ISS CORPORATION<br>(716) 723-4194<br>***Joe Ragusa/425-8616** |
| 5 | CHASE MANHATTAN UPSTATE<br>500 Clinton Square<br>Rochester, NY 14604<br>(716) 258-5389 JOHN BAILEY<br>***Chase Security/258-5555** |
| 6 | KPMG PEAT MARWICK<br>600 Clinton Square<br>Rochester, NY 14604<br>(716) 454-1644<br>***Douglas Murphy/924-7684** |
| 6 | ROBERT HALF ASSOCIATES<br>640 Clinton Square<br>Rochester, NY 14604<br>(716) 232-6055<br>***Linda Macturk/271-1956** |
| 6 | INTERCOUNTY MORTGAGE<br>650 Clinton Square<br>Rochester, NY 14604<br>(716) 546-6260<br>***Gary Johansen/425-8861**<br>***Sherri Catalano/594-8362** |
| 7 | CHUBB AND SONS<br>700 Clinton Square<br>Rochester, NY 14604<br>(716) 238-8000<br>***Ann Ginn/425-0034** |
| 7 | ~~MFS TELECOM~~ WorldCom OF ROCHESTER<br>750 Clinton Square<br>Rochester, NY 14604<br>(716)) 454-6990<br>***Del Markham/924-2464**<br>**Pager/(800) 946-4646**<br>**PIN 1179898**<br>797-2000<br>797 2001 Del |
| 8 | ~~BROKERS SERVICE, INC.~~<br>~~810 Clinton Square~~<br>~~Rochester, NY 14604~~<br>~~(716) 454-3000~~<br>~~***Robert Fisher/227-1104**~~ |
| 8 | HOME PROPERTIES OF NY, INC.<br>850 Clinton Square<br>Rochester, NY 14604<br>(716) 546-4900<br>***Bob Tait/381-3512** |
| 8 | STONEHURST CAPITAL<br>890 Clinton Square<br>Rochester, NY 14604<br>(716) 325-8070<br>***Bonnie Ross/381-9812** |
| 9-14 | NIXON HARGRAVE<br>900 Clinton Square<br>Post Office Box 1051<br>Rochester, NY 14603<br>(716) 263-1000<br>***Jerry Belanger/621-2189** |

~~CIRCLED #'S NEED 501'S~~

p:\data\common\057\word\propman\cstntlist.rct

NATIONAL FIRE SPRINKLER ASSOCIATION, INC.

# Form for Inspection, Testing and Maintenance of Standpipe and Hose Systems

Information on this form covers the minimum requirements of NFPA 25-1992 for standpipe and hose systems. Where the standpipe system includes a fire pump or water tank, an additional form must be completed for inspection, testing and maintenance of the pump or tank. Forms are also available for fire sprinkler systems, private fire service mains, water spray fixed systems and foam-water sprinkler systems. More frequent inspection, testing and maintenance may be necessary depending on the conditions of the occupancy and the water supply.

Owner: Clinton Square

Owner's Address:

Property Being Inspected:

Property Address: 850 Clinton Sq.

Date of Inspection: 4-1-98

All responses refer to the current inspection performed on this date.

This inspection is *(check one)*: ☐ Daily ☐ Weekly ☐ Monthly ☒ Quarterly ☐ Semiannual ☐ Annual ☐ Third Year ☐ Fifth Year

Note: All questions are to be answered *Yes, No,* or *Not Applicable*. All "No" answers are to be explained in the comments portion of this form.

## Part I - Owner's Section

A. Is the building occupied? ☒ Yes ☐ No ☐ N/A

B. Has the occupancy classification and hazard of contents remained the same since the last inspection? ☒ Yes ☐ No ☐ N/A

C. Are all fire protection systems in service? ☒ Yes ☐ No ☐ N/A

D. Has the system remained in service without modification since the last inspection? ☐ Yes ☒ No ☐ N/A

E. Was the system free of actuation of devices or alarms since the last inspection? ☒ Yes ☐ No ☐ N/A

Owner or representative *(print name)* *Signature*

## Part II - Inspector's Section

### A. Inspections

**1. Daily Inspection Item**

Enclosures around dry-pipe valves (without low temperature alarms) maintaining a minimum of 40°F? ☐ Yes ☐ No ☒ N/A

**2. Weekly Inspection Items**

A. Dry-Pipe Valves:
1. Enclosures around valves (with low temperature alarms) maintaining a minimum of 40°F? ☐ Yes ☐ No ☐ N/A
2. Free from physical damage? ☐ Yes ☐ No ☐ N/A
3. Trim valves in appropriate (open or closed) position? ☐ Yes ☐ No ☐ N/A
4. No leakage from intermediate chamber? ☐ Yes ☐ No ☐ N/A

B. Relief port on reduced pressure backflow prevention assemblies not continuously discharging? ☐ Yes ☐ No ☐ N/A

C. Hose Connection Pressure Regulating Valves:
1. Handwheels in place and in good condition? ☐ Yes ☐ No ☐ N/A
2. Hose threads in good condition? ☐ Yes ☐ No ☐ N/A
3. Valves not leaking? ☐ Yes ☐ No ☐ N/A
4. Reducers and caps in place & in good condition? ☐ Yes ☐ No ☐ N/A

D. Hose Rack Assembly Pressure Regulating Valves:
1. Handwheels in place and in good condition? ☒ Yes ☐ No ☒ N/A
2. Valves not leaking? ☒ Yes ☐ No ☒ N/A

E. Gauges on dry system (without low pressure alarm) in good condition and show normal air and water pressure? ☐ Yes ☐ No ☒ N/A

F. Sealed Control Valves & Valves on Backflow Assemblies:
1. In normal (open or closed) position? ☐ Yes ☐ No ☒ N/A
2. Seals in place? ☐ Yes ☐ No ☐ N/A 3. Accessible? ☐ Yes ☐ No ☒ N/A
4. Free from external leaks? ☐ Yes ☐ No ☒ N/A
5. Provided with appropriate identification? ☐ Yes ☐ No ☒ N/A

**3. Monthly Inspection Items**

A. Gauges on dry system (with low pressure alarm) in good condition and showing normal air and water pressure? ☐ Yes ☐ No ☒ N/A

B. Control Valves & Valves on Backflow Assemblies (with locks or electric supervision):
1. In normal (open or closed) position? ☐ Yes ☐ No ☒ N/A
2. Lock or supervision in place? ☐ Yes ☐ No ☒ N/A
3. Accessible and free from external leaks? ☐ Yes ☐ No ☒ N/A
4. Provided with appropriate wrenches? ☐ Yes ☐ No ☒ N/A
5. Provided with appropriate identification? ☐ Yes ☐ No ☒ N/A

**Monthly Inspection Items *(continued)***

C. Gauges on wet pipe system in good condition and showing normal water supply pressure? ☒ Yes ☐ No ☐ N/A

D. Alarm devices free from physical damage and all electrical connections secure? ☒ Yes ☐ No ☐ N/A

E. Alarm Valves:
1. Gauges indicating normal water supply pressure? ☒ Yes ☐ No ☐ N/A
2. Free from physical damage? ☒ Yes ☐ No ☐ N/A
3. Valves in appropriate (open or closed) position? ☒ Yes ☐ No ☐ N/A
4. No leakage from retard chamber or alarm drains? ☐ Yes ☐ No ☒ N/A

F. Hose Valve Outlets:
1. Caps, hose connections, valve handle, cap gasket, restricting devices in place, undamaged and in good condition? ☒ Yes ☐ No ☐ N/A
2. Valves not leaking? ☒ Yes ☐ No ☐ N/A
3. No visible obstructions? ☒ Yes ☐ No ☐ N/A

G. Visible pipe and supports in good condition? ☒ Yes ☐ No ☐ N/A

H. Hose:
1. Free from mildew, cuts and deterioration? ☐ Yes ☐ No ☐ N/A
2. Couplings of compatible treads and undamaged? ☐ Yes ☐ No ☐ N/A
3. Gaskets in place and in good condition? ☐ Yes ☐ No ☐ N/A
4. Hose connected? ☐ Yes ☐ No ☐ N/A

I. Hose Nozzles:
1. Nozzles & gaskets in place and in good condition? ☐ Yes ☐ No ☐ N/A
2. No visible obstructions? ☐ Yes ☐ No ☐ N/A
3. Nozzles operate smoothly? ☐ Yes ☐ No ☐ N/A

J. Hose Storage Devices:
1. Hose properly racked or rolled? ☐ Yes ☐ No ☐ N/A
2. Nozzle clips in place and nozzles contained? ☐ Yes ☐ No ☐ N/A
3. Devices undamaged, unobstructed and operable? ☐ Yes ☐ No ☐ N/A
4. Will racks swing out of cabinet at least 90 degrees? ☐ Yes ☐ No ☐ N/A

K. Storage Cabinets:
1. Cabinets have no corroded or damaged parts? ☒ Yes ☐ No ☐ N/A
2. Cabinets easy to fully open? ☒ Yes ☐ No ☐ N/A
3. Door glazings in good condition? ☒ Yes ☐ No ☐ N/A
4. Locks functioning in break-glass type cabinets? ☐ Yes ☐ No ☒ N/A
5. Cabinets accessible and identified? ☒ Yes ☐ No ☐ N/A
6. All parts, valves, hoses and fire extinguishers accessible? ☒ Yes ☐ No ☐ N/A

L. Fire Department Connections:
1. Visible and accessible? ☒ Yes ☐ No ☐ N/A
2. Couplings and swivels not damaged and rotate smoothly? ☒ Yes ☐ No ☐ N/A
3. Plugs or caps in place and undamaged? ☒ Yes ☐ No ☐ N/A
4. Gaskets in place and in good condition? ☒ Yes ☐ No ☐ N/A
5. Identification sign(s) in place? ☒ Yes ☐ No ☐ N/A
6. Check valves not leaking? ☒ Yes ☐ No ☐ N/A
7. Automatic drain valves in place and operating properly? ☒ Yes ☐ No ☐ N/A

*(Note: If plugs or caps are not in place, inspect the interior and verify that the valve clapper is operational over its full range).*

©1992 National Fire Sprinkler Association, P.O. Box 1000 Patterson, NY 12563

**4. Annual Inspection Items**

A. Adequate heat available to areas where wet pipe is located? ☒ Yes ☐ No ☐ N/A *(Must be done before cold weather)*

B. Interior of dry-pipe valves (which must be open to be reset) passed internal inspection? ☐ Yes ☐ No ☒ N/A

**5. Fifth Year Inspection Items**

A. Interior of dry-pipe valves (which can be reset without opening) passed internal inspection? ☐ Yes ☐ No ☒ N/A

B. Alarm valves and their associated strainers, filters and restriction orifices passed internal inspection? ☐ Yes ☐ No ☒ N/A

C. Check valves internally inspected and all parts operate properly, move freely and are in good condition? ☐ Yes ☐ No ☒ N/A

D. Strainers, filters, restricted orifices and diaphragm chambers on dry-pipe valves passed internal inspection? ☐ Yes ☐ No ☒ N/A

E. Hose tested, removed from rack, and reracked in accordance with NFPA 1962? ☐ Yes ☐ No ☒ N/A

## B. Testing

The following tests are to be performed at the noted intervals. Report any failures on Part III of this form.

**1. Quarterly Tests**

A. Main Drain Test

1. Record static pressure 110 psi and residual pressure 90 psi.
2. Was flow observed? ☒ Yes ☐ No ☐ N/A
3. Are results comparable to pressures from last test? ☒ Yes ☐ No ☐ N/A

B. Water flow alarm devices passed test? ☒ Yes ☐ No ☐ N/A

1. Inspectors test connection opened? (wet pipe when not in freezing weather) ☒ Yes ☐ No ☐ N/A
2. Bypass connection opened? (wet pipe systems in freezing weather or dry pipe) ☐ Yes ☐ No ☒ N/A
3. Alarms actuated? ☒ Yes ☐ No ☐ N/A
4. Was flow observed? ☒ Yes ☐ No ☐ N/A

C. Control valves (except OS&Y and gear-operated indicating butterfly valves) opened until spring or torsion is felt in the rod, then closed back one quarter turn? ☐ Yes ☐ No ☒ N/A

D. Priming water level (dry-pipe) passed test? ☐ Yes ☐ No ☒ N/A

E. Low air pressure signal (dry-pipe) passed test? ☐ Yes ☐ No ☒ N/A

**2. Semiannual Test**

Quick opening device passed test? ☐ Yes ☐ No ☒ N/A

**3. Annual Tests**

A. Specific gravity of antifreeze correct? ☐ Yes ☐ No ☒ N/A

B. All control valves operated through full range and returned to normal position? ☒ Yes ☐ No ☐ N/A

C. Dry-pipe valve partial flow trip test:

1. Record initial air pressure ___ psi and water pressure ___ psi.
2. Record tripping air pressure ___ psi and time ___ (sec).
3. Above results comparable to previous tests? ☐ Yes ☐ No ☐ N/A

D. Automatic air maintenance devices on dry-pipe system passed test? ☐ Yes ☐ No ☐ N/A

E. Backflow devices passed backflow test? ☐ Yes ☐ No ☒ N/A

F. Backflow devices passed full flow test? ☐ Yes ☐ No ☒ N/A

**4. Third Year Test**

Dry-Pipe Valve Full Flow Trip Test:

1. Record initial air pressure ___ psi and water pressure ___ psi.
2. Record tripping air pressure ___ psi and tripping time ___ (sec).
3. Was water delivered to inspectors test connection? ☐ Yes ☐ No ☐ N/A
4. Above results comparable to previous tests? ☐ Yes ☐ No ☐ N/A

**5. Fifth Year Tests**

A. Gauges tested against calibrated one or replaced? ☒ Yes ☐ No ☐ N/A

B. Standpipe systems tested at required flows:

1. Record static pressure ___ psi and residual pressure ___ psi.
2. Record total flow ___ gpm. To be Done in July
3. Above flows and pressures acceptable? ☐ Yes ☐ No ☐ N/A

C. Dry-pipe and dry portions of wet pipe systems passed hydrostatic test? ☐ Yes ☐ No ☒ N/A

D. All hose connection and hose rack assembly pressure regulating valves passed full flow test? ☐ Yes ☐ No ☒ N/A

## C. Maintenance

**1. Regular Maintenance Items**

A. Items found missing or in disrepair during inspection or testing repaired or replaced? ☐ Yes ☐ No ☒ N/A

B. Air leaks in dry-pipe systems resulting in pressure loss more than 10 psi/week repaired? ☐ Yes ☐ No ☒ N/A

C. Dry systems being maintained in dry condition? ☐ Yes ☐ No ☒ N/A

D. If any of the following were discovered, was an obstruction investigation conducted and the system flushed? ☐ Yes ☐ No ☐ N/A

*Explain reason(s) and obstruction investigation findings in Part III.*

1. Defective intake screen for pumps taking suction from open sources.
2. Obstructive material discharged during waterflow test.
3. Foreign materials found in dry-pipe valves, check valves or pumps.
4. Heavy discoloration of water during drain test or plugging of inspector's test connection.
5. Plugging found in piping dismantled during alterations.
6. Failure to flush yard piping or surrounding public mains following new installation or repairs.
7. Record of broken mains in the vicinity.
8. Abnormally frequent false tripping of dry-pipe valves.
9. System is returned to service after an extended period out of service (greater than one year).
10. There is reason to believe the system contains sodium silicate or its derivatives.

**2. Annual Maintenance Items**

A. Operating stem of all OS&Y valves lubricated, completely closed, and reopened? ☒ Yes ☐ No ☐ N/A

B. Interior of dry-pipe valves cleaned? ☐ Yes ☐ No ☒ N/A

C. Low points drained in dry systems prior to onset of freezing weather? ☐ Yes ☐ No ☒ N/A

## Part III - Comments (Any "No" answers, test failures or other problems found with the standpipe and hose system must be explained here.)

5B STANDPIPES will be flowed
IN July OF 98 Inspection

## Part IV - Inspector's Information

Inspector: MARK DALBERTH
Company: PDU Sprinkler
Company's Address: 615 South AVE

I certify that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operational condition upon completion of this inspection except as noted in Part III above.

*Signature of Inspector*

©1992 National Fire Sprinkler Association, P.O. Box 1000 Patterson, NY 12563

West Fire Systems, Inc.
[illegible] West Avenue Spencerport NY [illegible]
Tel [illegible] FAX [illegible] 6510

# FIRE ALARM INSPECTION & TESTING REPORT

NAME: Home Properties of NY

ADDRESS: 850 Clinton Square

ADDRESS: Rochester, New York

CITY: STATE: ZIP:

TYPE OF TEST: MONTHLY | QUARTERLY | SEMI ANNUAL X | ANNUAL

CALL DATE: 12 6 97

INSTALLATION | OTHER

MAN NO

CONTROL PANEL TYPE: FCID,FC72,FV3

SERIAL #: Various

TR AREA

SYSTEM LOCATION

INSP MONTH | C.I.

| | No. of Devices | No. Tested | √okay XSee below | | No. of Devices | No. Tested | √okay XSee below |
|---|---|---|---|---|---|---|---|
| Control Panel | 17 | 17 | | Trouble Devices | - | - | |
| Stations | 28 | 28 | | City Connection | - | - | |
| Signal Devices | ALL | ALL | | Remote Station | 1 | 1 | |
| Heat Detectors | - | - | | Batteries | 32 | 32 | |
| Smoke Detectors | ALL | ALL | | Charger | 16 | 16 | |
| Annunciators | 1 | 1 | | | | | |
| Code Transmitters | - | - | | | | | |
| Door Holders | - | - | | | | | |
| Fan Shutdown | 1 | 1 | | | | | |

LOCAL FIRE DEPT.: City of Rochester

OFFICAL CONTACTED: none

TEST RECEIVED AT FIRE STATION: test received at central station

MASTER BOX RESET: N/A AM. PM.

ALARMS SOUNDED: YES X | NO | IF NO CUSTOMER AUTHORIZE HERE

ALL TESTING DEVICES REMOVED CE INITIAL: MW/CS

CUSTOMER SIGNATURE

CE SIGNATURE: [signature] CET

REMARKS PARTS USED ETC: System operation 100% at time of test

Form FAR 377

This report indicates the completion of an inspection and Test of your Fire Alarm System
Please retain your copy on file for future reference

# DAVIS-ULMER SPRINKLER CO., INC.

*AUTOMATIC FIRE PROTECTION SYSTEMS*



ONE COMMERCE DRIVE
AMHERST, N.Y. 14228-2395
PHONE: (716) 691-3200
FAX: (716) 691-1230

POSTLER-DAVIS-ULMER SPRINKLER CO.
615 SOUTH AVENUE
ROCHESTER, NY 14620-1315
PHONE: (716) 546-3670
FAX: (716) 546-3673

7633 EDGECOMB DRIVE
LIVERPOOL, N.Y. 13088
PHONE: (315) 451-0971
FAX: (315) 451-3890

5600 THOMAS ROAD
WOODHULL, N.Y. 14898
PHONE: (607) 458-5700
FAX: (607) 458-5717

## REPORT OF INSPECTION

Inspection Report No. 2 of 4 Inspection Contract No. 6091

REPORT TO Clinton Square BUILDING OR LOCATION
STREET 850 Clinton Square INSPECTOR M. DALBERTH
CITY & STATE Rochester, NY 14606 TELEPHONE ( ) DATE 11-26-97

**Owner's Section (To be answered by owner or Occupant)**

A. Explain any occupancy hazard changes since the previous inspection. NO
B. Describe fire protection modifications made since last inspection. NO
C. Describe any fires since last inspection. NO
D. When was the system piping last checked for stoppage, corrosion or foreign material? Due Now
E. When was the dry-piping last checked for proper pitch? Unknown
F. Are dry valves adequately protected from freezing? Yes

Signature B Moore Title Date 11-26-97

**Inspector's Section (All responses reference current inspection)** **NA = NOT APPLICABLE**

| | Yes | N/A | No |
|---|---|---|---|
| 1. General | | | |
| a. Is the building occupied? | X | | |
| b. Is the building fully sprinklered? | X | | |
| c. Are all systems in service? | X | | |
| d. Is there a minimum of 18 in. (457mm) clearance between the top of the storage and the sprinkler deflectors? | X | | |
| e. Does all electrical heat tape appear to be satisfactory? | | X | |
| f. Does the hand hose on the sprinkler system(s) appear to be satisfactory? | | X | |
| 2. Control Valves (See Item 15.) | | | |
| a. Are all sprinkler system control valves and all other valves in the appropriate open or closed position? | X | | |
| b. Are the control valves in the open position locked, sealed or equipped with a tamper switch? | X | | |
| 3. Water Supplies (See Item 16.) | | | |
| a. Was a water flow test of main drain made at sprinkler riser(s)? | X | | |
| 4. Tanks, Pumps, Fire Department Connections | | | |
| a. Are fire pumps, gravity tanks, reservoirs and pressure tanks in good condition and properly maintained? | X | | |
| b. Are fire department connections in satisfactory condition, couplings free, caps in place, and check valves tight? | X | | |
| Are they accessible and visible? | X | | |
| 5. Wet Systems | | | |
| a. Are cold weather valves (O.S. & Y.) in the appropriate open or closed position? | | X | |
| b. Have antifreeze system solutions been tested? Freezing Point: Deg. F: | | X | |
| c. Were the antifreeze test results satisfactory? | | X | |
| d. In areas protected by wet system(s), does the building appear to be properly heated in all areas, including blind attics and perimeter areas where accessible? | X | | |
| Do all exterior openings appear to be protected against freezing? | | X | |
| 6. Dry Systems (See Items 11 to 13.) | | | |
| a. Are dry valve(s) in service? | X | | |
| b. Are the air pressures and priming water levels in accordance with the manufacturer's instructions? | X | | |
| c. Has the operation of the air or nitrogen supplies been tested? | X | | |
| Are they in service? | X | | |
| d. Were low points drained during this inspection? | X | | |
| e. Did quick-opening devices operate satisfactorily? | | X | |
| f. Did dry valve(s) trip properly during the trip pressure test? | | X | |
| g. Did the heating equipment in the dry-pipe valve room(s) operate at the time of inspection? | X | | |
| 7. Special Systems (See Item 14.) | | | |
| a. Did the deluge or pre-action valves operate properly during testing? | | X | |
| b. Did the heat responsive devices operate properly during testing? | | X | |
| c. Did the supervisory devices operate during testing? | | X | |
| 8. Alarms | | | |
| a. Did water motor alarm gong(s) test satisfactorily? | | X | |
| b. Did electric alarm(s) test satisfactorily? ☐ Low Air ☒ Water Flow ☒ Tamper Audibles silenced | | | X |
| c. Did supervisory alarm service test satisfactorily? | X | | |
| 9. Sprinklers | | | |
| a. Are all sprinklers free from corrosion, loading, paint or obstruction to spray discharge? | X | | |
| b. Are sprinklers less than 50 years old, thus not requiring sample testing? | X | | |
| c. Is stock of spare sprinklers and wrench in cabinet available? | X | | |
| d. Does the exterior condition of sprinkler system appear satisfactory? | X | | |
| e. Are sprinklers of proper temperature ratings for their location? | X | | |

Signature: B Moore Date: 11-26-97

SUBSCRIBER

# DAVIS-ULMER SPRINKLER CO., INC.

*AUTOMATIC FIRE PROTECTION SYSTEMS*

ONE COMMERCE DRIVE
AMHERST, N.Y. 14228-2395
PHONE: (716) 691-3200
FAX: (716) 691-1230

POSTLER-DAVIS-ULMER SPRINKLER CO.
615 SOUTH AVENUE
ROCHESTER, NY 14620-1315
PHONE: (716) 546-3670
FAX: (716) 546-3673

7633 EDGECOMB DRIVE
LIVERPOOL, N.Y. 13088
PHONE: (315) 451-0971
FAX: (315) 451-3890

5600 THOMAS ROAD
WOODHULL, N.Y. 14898
PHONE: (607) 458-5700
FAX: (607) 458-5717

## REPORT OF INSPECTION COVER SHEET

Clinton Square RI 6091

Please find your copy of the "Report of Inspection" for your files. Please take note of any "no" answers, comments, or recommendations we have made. If there is anything that is not understood, or if you would like us to give you a quotation on any recommendations, to repair any deficiencies, or to send a copy of this report to any third party (i.e. Insurance Company or Fire Marshal), please contact our office.

☑ **OWNERS RESPONSIBILITIES FOR DRY PIPE, PRE-ACTION, AND/OR DELUGE SPRINKLER SYSTEMS**

1. All low point drains should be checked by an employee familiar with the sprinkler system on a weekly basis until all water is drained! After low points are free of water, the frequency of checking them could be decreased to monthly, provided the system has not tripped or had other problems.

2. Heat must be maintained to a level approximately two feet above the dry pipe valve and it's related equipment. The 1987 edition of NFPA 14 states "Heat tape shall not be used lieu of heated valve enclosures to protect the dry pipe valve and supply pipe against freezing".

3. Pressure gauges (air & water) should be checked on a weekly basis. Reading should be logged onto the enclosed chart noting date, time, pressures, heat on, and person recording the information for the week.

☑ **OWNERS RESPONSIBILITIES FOR WET PIPE SPRINKLER SYSTEMS**

1. Please be aware that when temperatures go below freezing your system is susceptible to freezing up and possibly causing damage if proper heat is not maintained to all piping and related equipment.

☑ As per NYS Code 1163.13 "Sprinkler system shall be flushed every five years to assure that sprinklers receive an unobstructed flow of water. Flushing shall include mains, risers, feed mains, crossmains, and branch lines. We recommend that an internal inspection and/or flushing be performed on your sprinkler piping to check for scale and/or debris. If present, scale and/or debris can clog a fused sprinkler head during a fire emergency rendering your sprinkler system useless.

Thank You!

SIGNATURE B Moore DATE 11-26-97

SUBSCRIBER

# DAVIS-ULMER SPRINKLER CO., INC.

*AUTOMATIC FIRE PROTECTION SYSTEMS*



## REPORT OF INSPECTION

Inspection Report No. _____ Inspection Contract No. _____

Wet Systems No.: 1 Make and Model: Domestic Fire Pump with Flows

Dry Systems No.: Make and Model: _____

Special Systems No.: Type: _____

Make and Model? _____ Condition _____

10. Date dry pipe valve trip tested (control valve partially open) _____ *(See Trip Test Report.)*
11. Date dry pipe valve trip tested (control value fully open) N/A *(See Trip Test Report.)*
12. Date quick opening device tested _____ *(See Trip Test Report.)*
13. Date deluge, preaction, or rate of rise valve tested _____ *(See Trip Test Report.)*
14. See Control Valve Maintenance Table

**Control Valve Maintenance Table**

| Control Valves | Number | Type | Open | Secured | Closed | Signs | Explain Abnormal Condition |
|---|---|---|---|---|---|---|---|
| City Connection Control Valve | | | | | | | |
| Tank Control Valves | | | | | | | |
| Pump Control Valves | 1 | OSY | ✓ | ✓ | | ✓ | #1,9595.96 |
| Jockey Control Valves | | | | | | | |
| Sectional Control Valves | 18 | B.F. | ✓ | ✓ | | ✓ | |
| System Control Valves | | | | | | | |
| Alarm Control Valves | | | | | | | |
| Other | | | | | | | |
| Other | | | | | | | |

15. WATER FLOW TEST

Water Pressure? _____ City _____ PSI Tank _____ PSI Fire Pump _____ PSI Jockey Pump _____ PSI

Water Flow Test? _____ (If none made. Why?) _____

Water Flow Test at Sprinkler Riser

Water Supply Source: ☒ City ☐ Tank ☐ Pump

| | Date | Test Pipe Location | Size of Test Pipe | Static Pressure | Residual (Flow) Pressure | Static Pressure |
|---|---|---|---|---|---|---|
| Last Water Flow Test | | | | | | |
| This Water Flow Test | 11-26-97 | RISER | 2" | 110 | 90 | 110 |

16. Explain any "No" answers and comments: _____

17. Adjustments or corrections made during this inspection: _____

18. Although these comments are not the result of an engineering review, the following desirable improvements are recommended: _____

Signature: B Moore Date: 11-26-97

SUBSCRIBER

# DAVIS-ULMER SPRINKLER CO., INC.

*AUTOMATIC FIRE PROTECTION SYSTEMS*

Clinton Square

**SHEET 2 OF 2** - Use separate sheet for each system inspection

## REPORT OF INSPECTION

Inspection Report No. 2 of 4 Inspection Contract No. 6091

Wet Systems No.: Make and Model:

Dry Systems No.: 5 Make and Model: CSC Model AG

Special Systems No.: Type:

Make and Model? Condition

10. Date dry pipe valve trip tested (control valve partially open) 6-97 *(See Trip Test Report.)*
11. Date dry pipe valve trip tested (control value fully open) 5-96 *(See Trip Test Report.)*
12. Date quick opening device tested *(See Trip Test Report.)*
13. Date deluge, preaction, or rate of rise valve tested *(See Trip Test Report.)*
14. See Control Valve Maintenance Table

**Control Valve Maintenance Table**

| Control Valves | Number | Type | Open | Secured | Closed | Signs | Explain Abnormal Condition |
|---|---|---|---|---|---|---|---|
| City Connection Control Valve | | | | | | | |
| Tank Control Valves | | | | | | | |
| Pump Control Valves | | | | | | | |
| Jockey Control Valves | | | | | | | |
| Sectional Control Valves | | | | | | | |
| System Control Valves | 1 | osy | ✓ | ✓ | | ✓ | |
| Alarm Control Valves | | | | | | | |
| Other | | | | | | | |
| Other | | | | | | | |

15. WATER FLOW TEST

Water Pressure? City PSI Tank PSI Fire Pump PSI Jockey Pump PSI

Water Flow Test? (If none made. Why?)

Water Flow Test at Sprinkler Riser

Water Supply Source: ☒ City ☐ Tank ☐ Pump

| | Date | Test Pipe Location | Size of Test Pipe | Static Pressure | Residual (Flow) Pressure | Static Pressure |
|---|---|---|---|---|---|---|
| Last Water Flow Test | 6/23/97 | Riser | 2" | 110 | 90 | 100 |
| This Water Flow Test | 11-26-97 | Riser | 2" | 110 | 80 | 100 |

16. Explain any "No" answers and comments:

17. Adjustments or corrections made during this inspection:

18. Although these comments are not the result of an engineering review, the following desirable improvements are recommended:

Signature: B Moore Date: 11-26-97

SUBSCRIBER

# DAVIS-ULMER SPRINKLER CO., INC.

AUTOMATIC FIRE PROTECTION SYSTEMS

Clinton Square

SHEET 2 OF 2 - Use separate sheet for each system inspection

## REPORT OF INSPECTION

Inspection Report No. 2 of 4 Inspection Contract No. 6091

Wet Systems No.: Make and Model:

Dry Systems No.: 4 Make and Model: 4" CSC AG P-1 S

Special Systems No.: Type:

Make and Model? Condition

10. Date dry pipe valve trip tested (control valve partially open) 6-97 (*See Trip Test Report.*)
11. Date dry pipe valve trip tested (control value fully open) 5-96 (*See Trip Test Report.*)
12. Date quick opening device tested (*See Trip Test Report.*)
13. Date deluge, preaction, or rate of rise valve tested (*See Trip Test Report.*)
14. See Control Valve Maintenance Table

**Control Valve Maintenance Table**

| Control Valves | Number | Type | Open | Secured | Closed | Signs | Explain Abnormal Condition |
|---|---|---|---|---|---|---|---|
| City Connection Control Valve | | | | | | | |
| Tank Control Valves | | | | | | | |
| Pump Control Valves | | | | | | | |
| Jockey Control Valves | | | | | | | |
| Sectional Control Valves | | | | | | | |
| System Control Valves | 1 | osy | ✓ | ✓ | | ✓ | |
| Alarm Control Valves | | | | | | | |
| Other | | | | | | | |
| Other | | | | | | | |

15. WATER FLOW TEST

Water Pressure? City PSI Tank PSI Fire Pump PSI Jockey Pump PSI

Water Flow Test? (If none made. Why?)

Water Flow Test at Sprinkler Riser

Water Supply Source: ☒ City ☐ Tank ☐ Pump

| | Date | Test Pipe Location | Size of Test Pipe | Static Pressure | Residual (Flow) Pressure | Static Pressure |
|---|---|---|---|---|---|---|
| Last Water Flow Test | 6/23/97 | Riser | 2" | 110 | 90 | 100 |
| This Water Flow Test | 11-26-97 | Riser | 2" | 110 | 80 | 100 |

16. Explain any "No" answers and comments:

17. Adjustments or corrections made during this inspection:

18. Although these comments are not the result of an engineering review, the following desirable improvements are recommended:

Signature: JB Moore Date: 11-26-97

SUBSCRIBER

# DAVIS-ULMER SPRINKLER CO., INC.

AUTOMATIC FIRE PROTECTION SYSTEMS

Clinton Square

SHEET 2 OF 2 - Use separate sheet for each system inspection

## REPORT OF INSPECTION

Inspection Report No. 2 of 4 Inspection Contract No. 6091

Wet Systems No.: Make and Model:

Dry Systems No.: 3 Make and Model: CSC Model AFX AG P-3

Special Systems No.: Type:

Make and Model? Condition

10. Date dry pipe valve trip tested (control valve partially open) 6-97 *(See Trip Test Report.)*
11. Date dry pipe valve trip tested (control value fully open) 5-96 *(See Trip Test Report.)*
12. Date quick opening device tested *(See Trip Test Report.)*
13. Date deluge, preaction, or rate of rise valve tested *(See Trip Test Report.)*
14. See Control Valve Maintenance Table

**Control Valve Maintenance Table**

| Control Valves | Number | Type | Open | Secured | Closed | Signs | Explain Abnormal Condition |
|---|---|---|---|---|---|---|---|
| City Connection Control Valve | | | | | | | |
| Tank Control Valves | | | | | | | |
| Pump Control Valves | | | | | | | |
| Jockey Control Valves | | | | | | | |
| Sectional Control Valves | | | | | | | |
| System Control Valves | 1 | OSY | ✓ | ✓ | | ✓ | |
| Alarm Control Valves | | | | | | | |
| Other | | | | | | | |
| Other | | | | | | | |

15. WATER FLOW TEST

Water Pressure? City PSI Tank PSI Fire Pump PSI Jockey Pump PSI

Water Flow Test? (If none made. Why?)

Water Flow Test at Sprinkler Riser

Water Supply Source: ☒ City ☐ Tank ☐ Pump

| | Date | Test Pipe Location | Size of Test Pipe | Static Pressure | Residual (Flow) Pressure | Static Pressure |
|---|---|---|---|---|---|---|
| Last Water Flow Test | 6/23/97 | Riser | 2" | 110 | 90 | 100 |
| This Water Flow Test | 11-26-97 | Riser | 2" | 110 | 80 | 100 |

16. Explain any "No" answers and comments:

17. Adjustments or corrections made during this inspection:

18. Although these comments are not the result of an engineering review, the following desirable improvements are recommended:

Signature: B Moore Date: 11-26-97

SUBSCRIBER

**DAVIS-ULMER SPRINKLER CO., INC.**
*AUTOMATIC FIRE PROTECTION SYSTEMS*

Clinton Square

SHEET 2 OF 2 - Use separate sheet for each system inspection

## REPORT OF INSPECTION

Inspection Report No. 2 of 4 Inspection Contract No. 6091

Wet Systems No.: Make and Model:
Dry Systems No.: 2 Make and Model: CSC Model AG P2-N
Special Systems No.: Type:
Make and Model? Condition

10. Date dry pipe valve trip tested (control valve partially open) 6-97 *(See Trip Test Report.)*
11. Date dry pipe valve trip tested (control value fully open) 5-96 *(See Trip Test Report.)*
12. Date quick opening device tested *(See Trip Test Report.)*
13. Date deluge, preaction, or rate of rise valve tested *(See Trip Test Report.)*
14. See Control Valve Maintenance Table

**Control Valve Maintenance Table**

| Control Valves | Number | Type | Open | Secured | Closed | Signs | Explain Abnormal Condition |
|---|---|---|---|---|---|---|---|
| City Connection Control Valve | | | | | | | |
| Tank Control Valves | | | | | | | |
| Pump Control Valves | | | | | | | |
| Jockey Control Valves | | | | | | | |
| Sectional Control Valves | | | | | | | |
| System Control Valves | 1 | OSY | ✓ | ✓ | | ✓ | |
| Alarm Control Valves | | | | | | | |
| Other | | | | | | | |
| Other | | | | | | | |

15. WATER FLOW TEST

Water Pressure? City PSI Tank PSI Fire Pump PSI Jockey Pump PSI
Water Flow Test? (If none made. Why?)

Water Flow Test at Sprinkler Riser

Water Supply Source: ☒ City ☐ Tank ☐ Pump

| | Date | Test Pipe Location | Size of Test Pipe | Static Pressure | Residual (Flow) Pressure | Static Pressure |
|---|---|---|---|---|---|---|
| Last Water Flow Test | 4/2/97 | Riser | 2" | 110 | 90 | 100 |
| This Water Flow Test | 11-26-97 | Riser | 2" | 110 | 90 | 100 |

16. Explain any "No" answers and comments:

17. Adjustments or corrections made during this inspection:

18. Although these comments are not the result of an engineering review, the following desirable improvements are recommended:

Signature: B Moore Date: 11-26-97

SUBSCRIBER

# DAVIS-ULMER SPRINKLER CO., INC. Clinton Square

*AUTOMATIC FIRE PROTECTION SYSTEMS*

SHEET 2 OF 2 - Use separate sheet for each system inspection

## REPORT OF INSPECTION

Inspection Report No. 2 of 4 Inspection Contract No. 6091

Wet Systems No.: Make and Model:

Dry Systems No.: 1 Make and Model: CSC Model AG ~~R2X~~ ~~M2X~~ P2-S

Special Systems No.: Type:

Make and Model? Condition

10. Date dry pipe valve trip tested (control valve partially open) 6-97 *(See Trip Test Report.)*
11. Date dry pipe valve trip tested (control value fully open) 5-96 *(See Trip Test Report.)*
12. Date quick opening device tested *(See Trip Test Report.)*
13. Date deluge, preaction, or rate of rise valve tested *(See Trip Test Report.)*
14. See Control Valve Maintenance Table

**Control Valve Maintenance Table**

| Control Valves | Number | Type | Open | Secured | Closed | Signs | Explain Abnormal Condition |
|---|---|---|---|---|---|---|---|
| City Connection Control Valve | | | | | | | |
| Tank Control Valves | | | | | | | |
| Pump Control Valves | | | | | | | |
| Jockey Control Valves | | | | | | | |
| Sectional Control Valves | | | | | | | |
| System Control Valves | 1 | OSY | ✓ | ✓ | | ✓ | |
| Alarm Control Valves | | | | | | | |
| Other | | | | | | | |
| Other | | | | | | | |

15. WATER FLOW TEST

Water Pressure? City PSI Tank PSI Fire Pump PSI Jockey Pump PSI

Water Flow Test? (If none made. Why?)

Water Flow Test at Sprinkler Riser

Water Supply Source: ☒ City ☐ Tank ☐ Pump

| | Date | Test Pipe Location | Size of Test Pipe | Static Pressure | Residual (Flow) Pressure | Static Pressure |
|---|---|---|---|---|---|---|
| Last Water Flow Test | 6/23/97 | Riser | 2" | 110 | 90 | 100 |
| This Water Flow Test | 11-26-97 | Riser | 2" | 110 | 80 | 100 |

16. Explain any "No" answers and comments:

17. Adjustments or corrections made during this inspection:

18. Although these comments are not the result of an engineering review, the following desirable improvements are recommended:

X Signature: B. Moore Date: 11-26-97

SUBSCRIBER

#1

# CERTIFICATE OF BOILER OR PRESSURE VESSEL INSPECTION

This is to Certify that the herein-described ☒ boiler ☐ pressure vessel insured and inspected by

THE HARTFORD STEAM BOILER INSPECTION AND INSURANCE COMPANY

may be operated at a pressure not to exceed 140 pounds per square inch.

INSPECTION DATE: 4/29/98

| NAME OF USER | | | | |
|---|---|---|---|---|
| Clinton Square | | | | |
| STREET ADDRESS | CITY | COUNTY | STATE | ZIP CODE |
| 200 E. Broad St. | Rochester | Monroe | NY | 14604 |
| NAME OF OWNER (If different from above) | | | | |
| MAIL ADDRESS (If different from above) | CITY | | STATE | ZIP CODE |

| TYPE OF BOILER/PRESSURE VESSEL | LOCATION | BUILT BY | NATIONAL BOARD OR OTHER I.D. NO. | YEAR BUILT |
|---|---|---|---|---|
| W.T. Blr | Blrm 14 FLR. | Cleaver Brooks | 1-M4W-6000 | 1989 |

**JURISDICTIONAL OPERATING CERTIFICATE REQUESTED**

☐ YES — JURISDICTION NUMBER _____

☒ DOES NOT APPLY

**REINSPECTIONS**

| KIND | DATE | INSPECTOR SIGNATURE |
|---|---|---|
| | / / | |
| | / / | |
| | / / | |

INSPECTOR'S SIGNATURE: J.H. Hanan

POST THIS CERTIFICATE IN A CONSPICUOUS PLACE NEAR BOILER/VESSEL.

2069 REV 9/88 (ENG)

#2

# CERTIFICATE OF BOILER OR PRESSURE VESSEL INSPECTION

This is to Certify that the herein-described ☒ boiler ☐ pressure vessel insured and inspected by

THE HARTFORD STEAM BOILER INSPECTION AND INSURANCE COMPANY

may be operated at a pressure not to exceed 140 pounds per square inch.

INSPECTION DATE: 4/29/98

| NAME OF USER | | | | |
|---|---|---|---|---|
| Clinton Square | | | | |
| STREET ADDRESS | CITY | COUNTY | STATE | ZIP CODE |
| 200 E. Broad St. | Rochester | Monroe | NY | 14604 |
| NAME OF OWNER (If different from above) | | | | |
| MAIL ADDRESS (If different from above) | CITY | | STATE | ZIP CODE |

| TYPE OF BOILER/PRESSURE VESSEL | LOCATION | BUILT BY | NATIONAL BOARD OR OTHER I.D. NO. | YEAR BUILT |
|---|---|---|---|---|
| W.T. Blr | Blrm 14 FLR. | Cleaver Brooks | 2-M4W-6000 | 1989 |

**JURISDICTIONAL OPERATING CERTIFICATE REQUESTED**

☐ YES — JURISDICTION NUMBER _____

☒ DOES NOT APPLY

**REINSPECTIONS**

| KIND | DATE | INSPECTOR SIGNATURE |
|---|---|---|
| | / / | |
| | / / | |
| | / / | |

INSPECTOR'S SIGNATURE: J.H. Hanan

POST THIS CERTIFICATE IN A CONSPICUOUS PLACE NEAR BOILER/VESSEL.

2069 REV 9/88 (ENG)

FIRE SAFETY INSPECTION RECORD

☐ LICENSE ☐ EAST
☐ PERMIT ☐ WEST
☐ SPECIAL

LOCATION: 75 CLINTON AVE. S.

Person contacted: Telephone #:

| DATE RECEIVED IN FIRE SAFETY: DATE | TIME OF INSPECTION | NO ENTRY | # ORDERS ISSUED | # REFERRALS ISSUED | NO WORK DONE | # VIOLATIONS CORRECT | NO VIOLATIONS NOTED | Clinton Square TOWERS NOTES | OK TO FILE | INSPECTOR |
|---|---|---|---|---|---|---|---|---|---|---|
| 9-2-97 | | | | | | | | C of O with City Hall | X | Hers |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

City of Rochester

Fire Safety Division
Fire Department

300 Public Safety Building
Rochester, New York 14614
(716) 428-7037
(716) 428-6069 Fax

DATE: 9/2/97

Russ Shell

TO WHOM IT MAY CONCERN:

As of this date, the Rochester Fire Department witnessed the C/O

at the premises located at 1 Clinton Square.

No violations were noted.

Sincerely,

Leo Hess
Code Enforcement Officer
(716) 428-7037

FIRE SAFETY INSPECTION RECORD

☐ LICENSE ☐ EAST
☐ PERMIT ☐ WEST
☒ SPECIAL

LOCATION: 75 CLINTON AVe S.

Person contacted: Telephone #:

| DATE RECEIVED IN FIRE SAFETY: 5-12-97 DATE | TIME OF INSPECTION | NO ENTRY | # ORDERS ISSUED | # REFERRALS ISSUED | NO WORK DONE | # VIOLATIONS CORRECT | NO VIOLATIONS NOTED | CLINTON SQUARE Bill Moore NOTES | OK TO FILE | INSPECTOR |
|---|---|---|---|---|---|---|---|---|---|---|
| 5-13-97 | 9:30 A.m. | | | | | | | | X | LH |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

# ROCHESTER, NEW YORK FIRE DEPARTMENT FIELD INCIDENT REPORT

## ALARM

A

INCIDENT # 9707069 | BOX # | NODE # 32027 | ADDRESS NUMBER 75 | STREET CLINTON | TYPE AVS | DIR.

DATE MO DA YR 05 09 97 | DAY OF WEEK 6 | WEATHER COND 2 | TEMP. 4 | ALARM TYPE 2 | GOV'T BLDG

## TIMES

FIRST ALARM

TIME OF ALARM 1103 | CODE 9 ENGINE 1107 | CODE 9 TRUCK | UNDER CONTROL | CODE 2 TIME 1145

EXTRA UNITS SENT

TIME OF ALARM 1128 | CODE 9 ENGINE | CODE 9 TRUCK | TIME OF ALARM | CODE 9 ENGINE | CODE 9 TRUCK

SECOND ALARM

TIME OF ALARM | CODE 9 ENGINE | CODE 9 TRUCK | AMBULANCE CODE 9 | B/C CODE 9 1132

## RESPONSE

FIRST ALARM

UNIT W/R Q08 W | UNIT W/R MD8 W

EXTRA UNITS SENT

UNIT W/R BC3 W

MULTIPLE ALARM

UNIT W/R

## DESCRIPTION OF FIRE

INC TYPE 23 | TYPE CONST | STORIES | SPECIFIC PROPERY USE | MOBILE PPOP TYPE | AREA OF ORG. | EQUIP INV | FORM OF HEAT IGN | FORM MAT'L | TYPE MAT'L | IGN FACTOR | CODE 5 | STRUC DMG | DRUG RELATED

YEAR | MAKE | MODEL | LICENSE NUMBER | SERIAL NUMBER | VOLTAGE

FIRE EXTENDED TO | EXT OF FLAME DMG

## OWNER/OCCUPANT

OWNER/INITIALS | NAME CLINTON SQUARE | OCCUPANT INITIALS | NAME

OWNER ADDRESS NUMBER | STREET | TYPE | DIR | CITY | STATE | ZIP

## COMBAT

NUMBER USED BOOST | 1 1/2" | 1 3/4" | 2 1/2" | 3" | M.S. | OXY | PORT ABLE | FOAM | AMOUNT OF WATER USED | SPKLR | STAND PIPE | HYD PRESS | HYD COND | SMOKE DET | ENTRY

## AFTERMATH

DOLLAR LOSS OF PROPERTY | NUMBER OF RESCUES | INJURED CIV. F.F. | DEAD CIV. F.F. | REFERRED TO: [X] FIRE SAFETY [ ] FIRE INVESTIGATION

Fire Safety Called

REMARKS System malfunction. Evacuation Procedures not followed, ALARM PANEL NOT Properly marked for easy identification on problem area. STAFF ALLOWED occupants to re-enter bldg. before all clear given.

RANK BC | INIT A | NAME INFANTOLINO | GRP CPY BBC3 | BATT 3 | SIGNED [signature]

RFD 101 REV. 12/91

V - Building Occupant Responsibilities

## A. **Floor Monitors**

Their responsibilities are:

1. to be completely familiar with the floor arrangement, the number of floor occupants and the location of floor exits;

2. to divide the floor population into groups and formulate the traffic pattern to use for emergency stair exits;

3. to inspect the entire floor daily and determine that all fire doors to stairs are closed and that no doors are obstructed or inoperable;

4. to maintain an up-to-date listing of all personnel who cannot use stairs unaided. Make arrangements to have these occupants assisted when evacuation is directed and provide this list to fire safety director;

5. to take necessary action to prevent panic by remaining calm while directing evacuation traffic;

6. to assure that all persons on the floor are notified of fire and all are evacuated to safe areas. If possible, search should be conducted in all lavatories, core offices, conferences rooms, etc.

7. to prepare a list showing assignment of floor monitors, assistants, searches and evacuation instructions. Post the list in a conspicuous place on each floor.

8. to keep occupants advised of the names of floor monitors and assistants.

9. <u>Close all doors.</u>

On a regular basis, their duties will include inspections for the following items:

- blocked or obstructed access ways to emergency exits;
- exit signs covered (should be illuminated and visible);
- fire doors propped open;
- tripping hazards; and
- disabled persons in suite.

The monitors should be cognizant of the physical arrangement of the floor, the exit stairwells and where they lead, the location of fire-pull boxes and fire extinguishers.

The monitor and his alternates must be familiar with building emergency plans and evacuation procedures for his/her floor. To insure this, regular training sessions will be held with the assistance of both the Rochester Fire and Police Departments.

In an emergency situation, each monitor should:

- be alert of instructions from Fire Department personnel pertaining to evacuation orders given over the public address speakers;

- ensure all occupants of your suite have heard or are aware of the evacuation condition;

- lead occupants to the safety of the stairwell;

- assist disabled personnel to the entrance of the stairwell to await assistance from the Fire Department;

- inspect your area of responsibility to insure everyone has left the floor;

- inspect the smoke detectors in your area to determine if one has been activated;

- maintain order/discipline during an evacuation;

take a head count of those in your suite, once outside the building in your pre-determined location. You should try to account for anyone who is missing.

B. **Assistant Floor Monitors**

1. Search the floor for remaining occupants during an evacuation.

2. To assume the duties of the floor monitor if he or she is absent.

C. **Tenant Participation**

The owner, each full floor tenant, and tenants of multi-tenant floors will be requested to assign responsible persons for each floor as floor monitors to assist in carrying out evacuation procedures. Floor monitors should be capable of calm, strong leadership which is important to prevent panic and allow evacuation to be carried out promptly. The Fire Safety Director will be responsible for training floor monitors.

FD-70

508717

# FIRE SAFETY INSPECTION RECORD

☐ LICENSE
☐ TANK REMOVAL

GENERAL PUBLIC ED. PERMIT

LOCATION: 200 Broad Street LINCOLN 1ST Bank Hess

DATE RECEIVED IN FIRE SAFETY: MAY 1 1986

| DATE | APPOINTMENT | PERSON CONTACTED | NO ENTRY | ORDERS ISSUED | REFERRALS ISSUED | NO WORK DONE | SOME WORK DONE | OTHER | OK TO FILE | INSPECTOR |
|---|---|---|---|---|---|---|---|---|---|---|
| 7-22-86 | | | X | | | | | Sherry Virgilio | | Hess |
| 8-4-86 | | Sherry | | | | | | | | Hess |
| 8-26-86 | | Nancy Kaufman | | | X | | | | | Hess |
| 9-19-86 | | Sherry | | | | | | | X | Hess |

Fire Safety Division
Fire Department

**City of Rochester**

Public Safety Building
Civic Center Plaza - 3rd Floor
Rochester, New York 14614
(716) 428-7037

**BUILDING INSPECTION / COMPLAINT FORM**

INCIDENT # 

INSPECTION # 8508717

ADDRESS 200 Broad St.

| | | |
|---|---|---|
| PROPERTY OWNER Lincoln 1st Bank | ADDRESS Same | PHONE 258-5920 |
| EMERGENCY CONTACT D. Dacatie | ADDRESS 75 Birchwood | PHONE 323-2438 |
| | | |
| COMPLAINANT | ADDRESS | PHONE |

NFPA 901 CODES | GENERAL PROPERTY USE 579 | SPECIFIC PROPERTY USE 5992 | STRUCTURE TYPE 1 | STRUCTURE STATUS 4

A = ATTIC
C = CELLAR
G = GARAGE
O = OUTSIDE
# = FLOOR #

BUSINESS:
NAME Lincoln 1st Bank
OWNER Same
ADDRESS 1 Lincoln 1st Sq. PHONE 758 5050
PHONE

DISPOSITION by FIRE SAFETY:

| | DIRECTION, ROOM #, ETC. | NATURE of VIOLATION or COMPLAINT | NOT REQUIRED | CORRECTED | ORDERS ISSUED | REFERRED |
|---|---|---|---|---|---|---|
| 1 | 1st floor | South West storage room storage under main shut off | | X | | |
| 2 | 1st floor | Out dated extinguisher storage room? | | | | |
| 3 | 1st floor | Exit signs out South East first. | | X | | |
| 4 | 1st floor | Fire extinguisher not hung on wall South East first floor | | | X | |
| 5 | 1st floor | Exit Light out South West entrance. | | | X | |
| | | Ray Hannah G.V.P. | | | | |

| | | | |
|---|---|---|---|
| OFFICER PREPARING REPORT: T. L. Ferris | COMPANY A-1 | GROUP 2 | DATE 9-23-85 |
| BUS/PROP REPRESENTATIVE: Kelley L. Hutta | POSITION/TITLE | | DATE |
| FIRE SAFETY INSPECTOR: Leo Hess | | | DATE 7-21-86 |

FD501

**COPY TO FIRE SAFETY**

Fire Dept.
Fire Safety Division
Public Safety Bldg.
Rochester, N.Y. 14614

OFFICE OF THE
FIRE MARSHAL
TELEPHONE: 428-7037

# NOTICE OF VIOLATIONS

DATE 7-21-86

Mr Ray Hannan — Name
200 Broad St. — Address

Inspection of premises located at _____ reveals violations of the Fire Prevention Code. Orders are hereby issued for correction of hazards listed herewith on or before: Aug 4, 1986.

Failure to comply with these orders may result in issuance of Municipal Code Violation Ticket with following penalties:

| | INITIAL | FAILURE TO RESPOND |
|---|---|---|
| 1st OFFENSE | $ 50 | $100 |
| 2nd OFFENSE | $100 | $200 |
| 3rd & SUBSEQUENT | $250 | $500 |

9N4CRR Ray Hannon - 258-5926

1243.86 - Electric shut offs are Inaccessible all material shall be removed to shut offs. OK

1163.2d Gas Shut off are Inaccessible, all material shall be removed to shut-offs OK

By Order of
FIRE MARSHAL

INSPECTOR Leo Hess 6582

DATE of COMPLIANCE 9/19/86

Inspector Leo Hess 6582

FD506

Fire Safety Division
Fire Department

**BUILDING INSPECTION / COMPLAINT FORM**

**City of Rochester**

Public Safety Building
Civic Center Plaza - 3rd Floor
Rochester, New York 14614
(716) 428-7037

COMPANY: E17

INSPECTION #: 002905

ADDRESS: CLINTON AV S — FROM / TO: 75 — TAX ACCT #:

PROPERTY OWNER: HOME PROPERTIES OF N.Y., INC. — ADDRESS: 75 S. CLINTON AVE — PHONE: 716-3254
CITY: ROCHESTER — STATE: NY — ZIP: 14604

MAILING NAME: HOME PROPERTIES OF N.Y., INC. — ADDRESS: (SUITE) 850 CLINTON SQ. — PHONE:
CITY: ROCHESTER — STATE: NY — ZIP: 14604

EMERGENCY CONTACT: SECURITY OFFICE — ADDRESS: — PHONE: 716-3253
CITY: — STATE: — ZIP:

NFPA 901 CODES | GENERAL PROPERTY USE | SPECIFIC PROPERTY USE | STRUCTURE TYPE | STRUCTURE STATUS

NO ENTRY DATES:

BUSINESS NAME: CLINTON SQUARE TOWER — PHONE:
BUSINESS OWNER
ADDRESS: 850 CLINTON SQUARE ROCHESTER NY14604
BUSINESS EMERGENCY: DENNIS LEIBY (325-4761) SECURITY — PHONE
ADDRESS — PHONE: 325 3288

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

A = ATTIC
C = CELLAR
G = GARAGE
O = OUTSIDE
# = FLOOR #

| DIRECTION ROOM #, ETC. | COMPLAINT | REFERRED | ORDERS ISSUED | CORRECTED | NOT REQUIRED |
|---|---|---|---|---|---|
| | B | | | | |
| | NO VIOLATIONS AT TIME OF INSPECTION | | | X | |

DISPOSITION by FIRE SAFETY:

| OFFICER PREPARING REPORT: | COMPANY | DISTRICT | GROUP | DATE |
|---|---|---|---|---|
| | 4 | | | 9-1-95 |
| BUS/PROP REPRESENTATIVE: | POSITION / TITLE | | | DATE |
| FIRE SAFETY INSPECTOR: | | | | DATE |

RFD 50 REV. 12/90

**COPY TO FIRE SAFETY**

Fire Safety Division
Fire Department

**BUILDING INSPECTION / COMPLAINT FORM**

**City of Rochester**

Public Safety Building
Civic Center Plaza - 3rd Floor
Rochester, New York 14614
(716) 428-7037

COMPANY E17

INSPECTION # 002904

ADDRESS: CLINTON AV S FROM / TO: 75 TAX ACCT #:

PROPERTY OWNER: HOME PROPERTIES OF N.Y., INC. ADDRESS: 850 CLINTON SQ (SUITE) PHONE: 325-4761
CITY: ROCHESTER STATE: NY ZIP: 14604

MAILING NAME: HOME PROPERTIES OF N.Y., INC. ADDRESS: 850 CLINTON SQ (SUITE)
CITY: ROCHESTER STATE: NY ZIP: 14604

EMERGENCY CONTACT: SECURITY OFFICE ADDRESS: PHONE: 325-3288
CITY: STATE: ZIP:

| NFPA 901 CODES | GENERAL PROPERTY USE 59 | SPECIFIC PROPERTY USE 592 | STRUCTURE TYPE 1 | STRUCTURE STATUS 2 |
|---|---|---|---|---|

NO ENTRY DATES:

BUSINESS NAME: CHASE MANHATTEN FIRST BAN PHONE:
BUSINESS OWNER: CHASE MANHATTEN FIRST BANK
ADDRESS: (SUITE 500) CLINTON SQ ROCHESTER NY14604
PHONE: 258 5389
BUSINESS EMERGENCY: SECURITY OFFICE
ADDRESS: 1 CHASE SQUARE ROCHESTER NY
PHONE: 258 5555

A = ATTIC
C = CELLAR
G = GARAGE
O = OUTSIDE
# = FLOOR #

SPECIAL INSTRUCTIONS: Bill Zink 6578

SPECIAL HAZARDS OR CONSTRUCTION

DISPOSITION by FIRE SAFETY: REFERRED | ORDERS ISSUED | CORRECTED | NOT REQUIRED

| DIRECTION ROOM #, ETC. | COMPLAINT | REFERRED | ORDERS ISSUED | CORRECTED | NOT REQUIRED |
|---|---|---|---|---|---|
| | Bank | | | | |
| | 900 3rd | | | | |
| | 10-9-95 | | | | |
| | NO VIOLATIONS AT TIME | | | X | |
| | OF INSPECTION | | | | |

| OFFICER PREPARING REPORT: | COMPANY E-17 | DISTRICT | GROUP 4 | DATE 10-9-95 |
|---|---|---|---|---|
| BUS/PROP REPRESENTATIVE: | POSITION / TITLE | | | DATE |
| FIRE SAFETY INSPECTOR: | | | | DATE |

RFD 501 REV. 12/90

**COPY TO FIRE SAFETY**

Fire Safety Division
Fire Department

**BUILDING INSPECTION / COMPLAINT FORM**

**City of Rochester**

Public Safety Building
Civic Center Plaza - 3rd Floor
Rochester, New York 14614
(716) 428-7037

COMPANY E17

INSPECTION # 002903

ADDRESS: CLINTON AV S FROM / TO 75 TAX ACCT #

PROPERTY OWNER: HOME LEASING CORP ADDRESS: 850 CLINTON SQ PHONE: 000-0000
CITY: ROCHESTER STATE: NY ZIP: 14604

MAILING NAME: HOME LEASING CORP ADDRESS: 850 CLINTON SQ PHONE:
CITY: ROCHESTER STATE: NY ZIP: 14604

EMERGENCY CONTACT: ADDRESS: PHONE: 000-0000
CITY: STATE: ZIP:

| NFPA 901 CODES | GENERAL PROPERTY USE | SPECIFIC PROPERTY USE | STRUCTURE TYPE | STRUCTURE STATUS |
|---|---|---|---|---|
| | 59 | 592 | 1 | 2 |

NO ENTRY DATES:

BUSINESS NAME: CHASE LINCOLN FIRST BANK PHONE:
BUSINESS OWNER: CHASE LINCOLN FIRST BANK
ADDRESS: 75 S CLINTON AV ROCHESTER NY14604
BUSINESS EMERGENCY: CENTRAL SECURITY OFFICE PHONE:
ADDRESS:
PHONE: 258 5555

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

A = ATTIC
C = CELLAR
G = GARAGE
O = OUTSIDE
# = FLOOR #

| DIRECTION ROOM #, ETC. | COMPLAINT | REFERRED | ORDERS ISSUED | CORRECTED | NOT REQUIRED |
|---|---|---|---|---|---|
| | No Violations at time of inspection | | | X | |

DISPOSITION by FIRE SAFETY:

| OFFICER PREPARING REPORT: | COMPANY | DISTRICT | GROUP | DATE |
|---|---|---|---|---|
| | E-17 | | 4 | 9-1-95 |
| BUS/PROP REPRESENTATIVE: | POSITION / TITLE | | | DATE |
| FIRE SAFETY INSPECTOR: | | | | DATE |

RFD 501 REV. 12/90

**COPY TO FIRE SAFETY**

Fire Safety Division
Fire Department

**BUILDING INSPECTION / COMPLAINT FORM**

**City of Rochester**

Public Safety Building
Civic Center Plaza - 3rd Floor
Rochester, New York 14614
(716) 428-7037

INSPECTION # 002902

COMPANY E17

ADDRESS: CLINTON AV S FROM / TO 75 TAX ACCT #

PROPERTY OWNER: HOME PROPERTIES OF N.Y., INC. ADDRESS: 850 CLINTON SQ (SUITE) PHONE: 716-3254
CITY: ROCHESTER STATE: NY ZIP: 14604

MAILING NAME: HOME PROPERTIES OF N.Y., INC. ADDRESS: 850 CLINTON SQ (SUITE) PHONE:
CITY: ROCHESTER STATE: NY ZIP: 14604

EMERGENCY CONTACT: SECURITY OFFICE ADDRESS: PHONE: 716-3253
CITY: STATE: ZIP:

NFPA 901 CODES | GENERAL PROPERTY USE | SPECIFIC PROPERTY USE | STRUCTURE TYPE | STRUCTURE STATUS

NO ENTRY DATES:

BUSINESS NAME: SWEET DAWN 546-2530 PHONE:
BUSINESS OWNER:
ADDRESS: 110 CLINTON SQ (SUITE) ROCHESTER NY
PHONE:
BUSINESS EMERGENCY: CARMINE PELINO
ADDRESS: 27 WEDMORE RD FAIRPORT NY14450
PHONE: 223 9387

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

A = ATTIC
C = CELLAR
G = GARAGE
O = OUTSIDE
# = FLOOR #

| DIRECTION ROOM #, ETC. | COMPLAINT | DISPOSITION by FIRE SAFETY: REFERRED | ORDERS ISSUED | CORRECTED | NOT REQUIRED |
|---|---|---|---|---|---|
| | NO VIOLATIONS AT TIME OF INSPECTION | | | X | |

| OFFICER PREPARING REPORT: | COMPANY | DISTRICT | GROUP | DATE |
|---|---|---|---|---|
| | E-17 | | 4 | |
| BUS/PROP REPRESENTATIVE: | POSITION / TITLE | | | DATE |
| FIRE SAFETY INSPECTOR: | | | | DATE |

RFD 501 REV. 12/90

**COPY TO FIRE SAFETY**

Fire Safety Division
Fire Department

**BUILDING INSPECTION / COMPLAINT FORM**

City of Rochester

Public Safety Building
Civic Center Plaza - 3rd Floor
Rochester, New York 14614
(716) 428-7037

COMPANY: E17

INSPECTION #: 002901

ADDRESS: CLINTON AV S — FROM / TO: 75 — TAX ACCT #:

PROPERTY OWNER: HOME PROPERTIES OF N.Y., INC. — ADDRESS: 850 CLINTON SQ (SUITE) — PHONE: 716-3254
CITY: ROCHESTER — STATE: NY — ZIP: 14604

MAILING NAME: HOME PROPERTIES OF N.Y., INC. — ADDRESS: 850 CLINTON SQ (SUITE) — PHONE:
CITY: ROCHESTER — STATE: NY — ZIP: 14604

EMERGENCY CONTACT: SECURITY OFFICE — ADDRESS: — PHONE: 716-3253
CITY: — STATE: — ZIP:

NFPA 901 CODES — GENERAL PROPERTY USE — SPECIFIC PROPERTY USE — STRUCTURE TYPE — STRUCTURE STATUS

NO ENTRY DATES:

BUSINESS NAME: STONEHURST CAPITAL 325 — PHONE:
BUSINESS OWNER:
ADDRESS: 850 CLINTON SQ (SUITE) ROCHESTER NY — PHONE:
BUSINESS EMERGENCY: SECURITY OFFICE
ADDRESS: — PHONE: 325 3288

DISPOSITION by FIRE SAFETY:

A = ATTIC
C = CELLAR
G = GARAGE
O = OUTSIDE
# = FLOOR #

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

| DIRECTION ROOM #, ETC. | COMPLAINT | REFERRED | ORDERS ISSUED | CORRECTED | NOT REQUIRED |
|---|---|---|---|---|---|
| | NO VIOLATIONS AT TIME OF INSPECTION | | | X | |

OFFICER PREPARING REPORT: LT [signature] Phillips — COMPANY: E-17 — DISTRICT: — GROUP: 4 — DATE: 9-1-95

BUS/PROP REPRESENTATIVE: [signature] — POSITION / TITLE: — DATE:

FIRE SAFETY INSPECTOR: — DATE:

RFD 501 REV. 12/90

**COPY TO FIRE SAFETY**

Fire Safety Division
Fire Department

**BUILDING INSPECTION / COMPLAINT FORM**

**City of Rochester**

Public Safety Building
Civic Center Plaza - 3rd Floor
Rochester, New York 14614
(716) 428-7037

INSPECTION # 002900

COMPANY E17

ADDRESS: CLINTON AV S FROM / TO 75 TAX ACCT #

PROPERTY OWNER: HOME PROPERTIES OF N.Y., INC. ADDRESS: 850 CLINTON SQ (SUITE) PHONE: 716-3254
CITY: ROCHESTER STATE: NY ZIP: 14604

MAILING NAME: HOME PROPERTIES OF N.Y., INC. ADDRESS: 850 CLINTON SQ (SUITE)
CITY: ROCHESTER STATE: NY ZIP: 14604

EMERGENCY CONTACT: SECURITY OFFICE ADDRESS: PHONE: 716-3253
CITY: STATE: ZIP:

NFPA 901 CODES | GENERAL PROPERTY USE | SPECIFIC PROPERTY USE | STRUCTURE TYPE | STRUCTURE STATUS

NO ENTRY DATES:

BUSINESS NAME: PRUDENTIAL SECURITIES PHONE:
BUSINESS OWNER
ADDRESS: 200 CLINTON SQ (SUITE) ROCHESTER NY
PHONE:
BUSINESS EMERGENCY: RAY FOSTER
ADDRESS: 3 WHITNEY LANE ROCHESTER NY14610
PHONE: 586 1862

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

A = ATTIC
C = CELLAR
G = GARAGE
O = OUTSIDE
# = FLOOR #

| DIRECTION ROOM #, ETC. | COMPLAINT | DISPOSITION by FIRE SAFETY: REFERRED | ORDERS ISSUED | CORRECTED | NOT REQUIRED |
|---|---|---|---|---|---|
| | NO VIOLATIONS AT TIME OF INSPECTION | | | X | |

| OFFICER PREPARING REPORT: | COMPANY | DISTRICT | GROUP | DATE |
|---|---|---|---|---|
| LT [illegible] | E-17 | | 4 | 9-1-95 |
| BUS/PROP REPRESENTATIVE: | POSITION / TITLE | | | DATE |
| FIRE SAFETY INSPECTOR: | | | | DATE |

RFD 501 REV. 12/90

**COPY TO FIRE SAFETY**

Fire Safety Division
Fire Department

**BUILDING INSPECTION / COMPLAINT FORM**

**City of Rochester**

Public Safety Building
Civic Center Plaza - 3rd Floor
Rochester, New York 14614
(716) 428-7037

COMPANY E17

INSPECTION # 002899

ADDRESS: CLINTON AV S FROM / TO 75 TAX ACCT #

PROPERTY OWNER: HOME PROPERTIES OF N.Y., INC. ADDRESS: 850 CLINTON SQ (SUITE) PHONE: 716-3254
CITY: ROCHESTER STATE: NY ZIP: 14604

MAILING NAME: HOME PROPERTIES OF N.Y., INC. ADDRESS: 850 CLINTON SQ (SUITE)
CITY: ROCHESTER STATE: NY ZIP: 14604

EMERGENCY CONTACT: SECURITY OFFICE ADDRESS: PHONE: 716-3253
CITY: STATE: ZIP:

NFPA 901 CODES | GENERAL PROPERTY USE | SPECIFIC PROPERTY USE | STRUCTURE TYPE | STRUCTURE STATUS

NO ENTRY DATES:

BUSINESS NAME: NIXON, HARGRAVE, DEVONS & PHONE:
BUSINESS OWNER:
ADDRESS: 1300 CLINTON SQ (SUITE) ROCHESTER NY14604
PHONE: 263 1000
BUSINESS EMERGENCY: GERALD BELANGER
ADDRESS: 231 STONEWOOD AV ROCHESTER NY
PHONE: 621 2189

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

A = ATTIC
C = CELLAR
G = GARAGE
O = OUTSIDE
# = FLOOR #

| DIRECTION ROOM #, ETC. | COMPLAINT | DISPOSITION by FIRE SAFETY: REFERRED | ORDERS ISSUED | CORRECTED | NOT REQUIRED |
|---|---|---|---|---|---|
| | NO VIOLATIONS AT TIME OF INSPECTION | | | X | |

| OFFICER PREPARING REPORT: | COMPANY | DISTRICT | GROUP | DATE |
|---|---|---|---|---|
| [illegible] | E-17 | | 4 | 9-1-95 |
| BUS/PROP REPRESENTATIVE: | POSITION / TITLE | | | DATE |
| FIRE SAFETY INSPECTOR: | | | | DATE |

RFD 501 REV. 12/90

**COPY TO FIRE SAFETY**

Fire Safety Division
Fire Department

**BUILDING INSPECTION / COMPLAINT FORM**

**City of Rochester**

Public Safety Building
Civic Center Plaza - 3rd Floor
Rochester, New York 14614
(716) 428-7037

COMPANY E17

INSPECTION # 002898

ADDRESS: CLINTON AV S FROM / TO 75 TAX ACCT #

PROPERTY OWNER: HOME PROPERTIES OF N.Y., INC. ADDRESS: 850 CLINTON SQ (SUITE) PHONE: 716-3254
CITY: ROCHESTER STATE: NY ZIP: 14604

MAILING NAME: HOME PROPERTIES OF N.Y., INC. ADDRESS: 850 CLINTON SQ (SUITE) PHONE:
CITY: ROCHESTER STATE: NY ZIP: 14604

EMERGENCY CONTACT: SECURITY OFFICE ADDRESS: PHONE: 716-3253
CITY: STATE: ZIP:

NFPA 901 CODES | GENERAL PROPERTY USE | SPECIFIC PROPERTY USE | STRUCTURE TYPE | STRUCTURE STATUS

NO ENTRY DATES:

BUSINESS NAME: MFS TELECOM 454-6990 PHONE:
BUSINESS OWNER:
ADDRESS: 750 CLINTON SQUARE ROCHESTER NY
PHONE:
BUSINESS EMERGENCY: SECURITY OFFICE
ADDRESS:
PHONE: 325 3288

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

A = ATTIC
C = CELLAR
G = GARAGE
O = OUTSIDE
# = FLOOR #

| DIRECTION ROOM #, ETC. | COMPLAINT | DISPOSITION by FIRE SAFETY: REFERRED | ORDERS ISSUED | CORRECTED | NOT REQUIRED |
|---|---|---|---|---|---|
| | NO VIOLATIONS AT TIME OF INSPECTION | | | X | |

OFFICER PREPARING REPORT: COMPANY E-717 DISTRICT GROUP 4 DATE 9-1-95

BUS/PROP REPRESENTATIVE: POSITION / TITLE DATE

FIRE SAFETY INSPECTOR: DATE

RFD 501 REV. 12/90

**COPY TO FIRE SAFETY**

Fire Safety Division
Fire Department

**BUILDING INSPECTION / COMPLAINT FORM**

**City of Rochester**

Public Safety Building
Civic Center Plaza - 3rd Floor
Rochester, New York 14614
(716) 428-7037

COMPANY E17

INSPECTION # 002897

ADDRESS: CLINTON AV S FROM / TO 75 TAX ACCT #

PROPERTY OWNER: HOME PROPERTIES OF N.Y., INC. ADDRESS: 850 CLINTON SQ (SUITE) PHONE: 716-3254
CITY: ROCHESTER STATE: NY ZIP: 14608

MAILING NAME: HOME PROPERTIES OF N.Y., INC. ADDRESS: 850 CLINTON SQ (SUITE) PHONE:
CITY: ROCHESTER STATE: NY ZIP: 14604

EMERGENCY CONTACT: SECURITY OFFICE ADDRESS: PHONE: 716-3253
CITY: STATE: ZIP:

NFPA 901 CODES | GENERAL PROPERTY USE | SPECIFIC PROPERTY USE | STRUCTURE TYPE | STRUCTURE STATUS

NO ENTRY DATES:

BUSINESS NAME: MEAD DATA CONTROL 45 PHONE:
BUSINESS OWNER
ADDRESS: 850 CLINTON SQ (SUITE) ROCHESTER NY14604 PHONE:
BUSINESS EMERGENCY: SECURITY OFFICE
ADDRESS
PHONE: 325 3288

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

A = ATTIC
C = CELLAR
G = GARAGE
O = OUTSIDE
# = FLOOR #

| DIRECTION ROOM #, ETC. | COMPLAINT | REFERRED | ORDERS ISSUED | CORRECTED | NOT REQUIRED |
|---|---|---|---|---|---|
| | NO VIOLATIONS AT TIME OF INSPECTION | | | X | |

DISPOSITION by FIRE SAFETY:

| OFFICER PREPARING REPORT: | COMPANY | DISTRICT | GROUP | DATE |
|---|---|---|---|---|
| | E-17 | | 4 | 9-1-95 |
| BUS/PROP REPRESENTATIVE: | POSITION / TITLE | | | DATE |
| FIRE SAFETY INSPECTOR: | | | | DATE |

RFD 501 REV. 12/90

**COPY TO FIRE SAFETY**

Fire Safety Division
Fire Department

**BUILDING INSPECTION / COMPLAINT FORM**

**City of Rochester**

Public Safety Building
Civic Center Plaza - 3rd Floor
Rochester, New York 14614
(716) 428-7037

COMPANY: E17

INSPECTION #: 002896

ADDRESS: CLINTON AV S — FROM / TO: 75 — TAX ACCT #:

PROPERTY OWNER: HOME PROPERTIES OF N.Y., INC. — ADDRESS: 850 CLINTON SQ (SUITE) — PHONE: 716-3254
CITY: ROCHESTER — STATE: NY — ZIP: 14604

MAILING NAME: HOME PROPERTIES OF N.Y., INC. — ADDRESS: 850 CLINTON SQ (SUITE)
CITY: ROCHESTER — STATE: NY — ZIP: 14604

EMERGENCY CONTACT: SECURITY OFFICE — ADDRESS: — PHONE: 716-3253
CITY: — STATE: — ZIP:

NFPA 901 CODES — GENERAL PROPERTY USE — SPECIFIC PROPERTY USE — STRUCTURE TYPE — STRUCTURE STATUS

NO ENTRY DATES:

BUSINESS NAME: KPMG PEAT MARWICK 454- — PHONE:
BUSINESS OWNER:
ADDRESS: 600 CLINTON SQ (SUITE) ROCHESTER NY — PHONE:
BUSINESS EMERGENCY: SECURITY OFFICE
ADDRESS: — PHONE: 325 3288

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

A = ATTIC
C = CELLAR
G = GARAGE
O = OUTSIDE
# = FLOOR #

| DIRECTION ROOM #, ETC. | COMPLAINT | DISPOSITION by FIRE SAFETY: REFERRED | ORDERS ISSUED | CORRECTED | NOT REQUIRED |
|---|---|---|---|---|---|
| | NO VIOLATIONS AT TIME OF INSPECTION | | | X | |

| OFFICER PREPARING REPORT: | COMPANY | DISTRICT | GROUP | DATE |
|---|---|---|---|---|
| | E-17 | | 4 | 9-1-95 |
| BUS/PROP REPRESENTATIVE: | POSITION / TITLE | | | DATE |
| FIRE SAFETY INSPECTOR: | | | | DATE |

RFD 201 REV. 12/90

**COPY TO FIRE SAFETY**

Fire Safety Division
Fire Department

**BUILDING INSPECTION / COMPLAINT FORM**

City of Rochester

Public Safety Building
Civic Center Plaza - 3rd Floor
Rochester, New York 14614
(716) 428-7037

COMPANY E17

INSPECTION # 002895

ADDRESS CLINTON AV S FROM / TO 75

TAX ACCT #

PROPERTY OWNER HOME PROPERTIES OF N.Y., INC. ADDRESS 850 CLINTON SQ (SUITE) PHONE 716-3254
CITY ROCHESTER STATE NY ZIP 14604

MAILING NAME HOME PROPERTIES OF N.Y., INC. ADDRESS 850 CLINTON SQ (SUITE) PHONE
CITY ROCHESTER STATE NY ZIP 14604

EMERGENCY CONTACT SECURITY OFFICE ADDRESS PHONE 716-3253
CITY STATE ZIP

NFPA 901 CODES | GENERAL PROPERTY USE | SPECIFIC PROPERTY USE | STRUCTURE TYPE | STRUCTURE STATUS

NO ENTRY DATES:

BUSINESS NAME ISSC PHONE
BUSINESS OWNER
ADDRESS 650 CLINTON SQ (SUITE) ROCHESTER NY14604
PHONE 987 2701
BUSINESS EMERGENCY SECURITY OFFICE
ADDRESS
PHONE 325 3288

DISPOSITION by FIRE SAFETY:

A = ATTIC
C = CELLAR
G = GARAGE
O = OUTSIDE
# = FLOOR #

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

| DIRECTION ROOM #, ETC. | COMPLAINT | REFERRED | ORDERS ISSUED | CORRECTED | NOT REQUIRED |
|---|---|---|---|---|---|
| | NO VIOLATIONS AT TIME OF INSPECTION | | | X | |

OFFICER PREPARING REPORT: LT S Vaillie

| COMPANY | DISTRICT | GROUP | DATE |
|---|---|---|---|
| E17 | | 4 | 9-1-95 |

BUS/PROP REPRESENTATIVE: [signature]

POSITION / TITLE

DATE

FIRE SAFETY INSPECTOR:

DATE

RFD 501 REV. 12/90

**COPY TO FIRE SAFETY**

Fire Safety Division
Fire Department

**BUILDING INSPECTION / COMPLAINT FORM**

**City of Rochester**

Public Safety Building
Civic Center Plaza - 3rd Floor
Rochester, New York 14614
(716) 428-7037

COMPANY E17

INSPECTION # 002894

ADDRESS: CLINTON AV S FROM / TO 75 TAX ACCT #

PROPERTY OWNER: HOME PROPERTIES OF N.Y., INC. ADDRESS: 850 CLINTON SQ (SUITE) PHONE: 716-3254
CITY: ROCHESTER STATE: NY ZIP: 14604

MAILING NAME: HOME PROPERTIES OF N.Y., INC. ADDRESS: 850 CLINTON SQ (SUITE)
CITY: ROCHESTER STATE: NY ZIP: 14604

EMERGENCY CONTACT: SECURITY ADDRESS: PHONE: 716-3253
CITY: STATE: ZIP:

NFPA 901 CODES | GENERAL PROPERTY USE | SPECIFIC PROPERTY USE | STRUCTURE TYPE | STRUCTURE STATUS

NO ENTRY DATES:

BUSINESS NAME: I.B.M. PHONE:
BUSINESS OWNER:
ADDRESS: 100 CLINTON SQ (SUITE) ROCHESTER NY
PHONE: 987 2200
BUSINESS EMERGENCY: BILL GRIFFIN
ADDRESS:
PHONE:

A = ATTIC
C = CELLAR
G = GARAGE
O = OUTSIDE
# = FLOOR #

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

DISPOSITION by FIRE SAFETY:

| DIRECTION ROOM #, ETC. | COMPLAINT | REFERRED | ORDERS ISSUED | CORRECTED | NOT REQUIRED |
|---|---|---|---|---|---|
| | | | | | |
| #3 | Extinguishers need tags + dates | | | ✓ | |
| #3 | Several exit lites need bulbs | | | ✓ | |

| OFFICER PREPARING REPORT: | COMPANY | DISTRICT | GROUP | DATE |
|---|---|---|---|---|
| | E-17 | | 4 | 7-29-95 |
| BUS/PROP REPRESENTATIVE: | POSITION / TITLE | | | DATE 9-1-95 |
| FIRE SAFETY INSPECTOR: | | | | DATE |

RFD 501 REV. 12/90

**COPY TO FIRE SAFETY**

Fire Safety Division
Fire Department

**BUILDING INSPECTION / COMPLAINT FORM**

**City of Rochester**

Public Safety Building
Civic Center Plaza - 3rd Floor
Rochester, New York 14614
(716) 428-7037

COMPANY E17

INSPECTION # 002893

ADDRESS: CLINTON AV S FROM / TO 75

TAX ACCT #

PROPERTY OWNER: HOME PROPERTIES OF N.Y., INC.
ADDRESS: 850 CLINTON SQ (SUITE) PHONE: 716-3254
CITY: ROCHESTER STATE: NY ZIP: 14604

MAILING NAME: HOME PROPERTIES OF N.Y., INC.
ADDRESS: 850 CLINTON SQ (SUITE)
CITY: ROCHESTER STATE: NY ZIP: 14604

EMERGENCY CONTACT: SECURITY OFFICE
ADDRESS: PHONE: 716-3253
CITY: STATE: ZIP:

NFPA 901 CODES | GENERAL PROPERTY USE | SPECIFIC PROPERTY USE | STRUCTURE TYPE | STRUCTURE STATUS

NO ENTRY DATES:

BUSINESS NAME: EMERALD CAPITAL 232-55 PHONE:
BUSINESS OWNER
ADDRESS: 825 CLINTON SQUARE ROCHESTER NY
PHONE
BUSINESS EMERGENCY: SECURITY OFFICE
ADDRESS
PHONE: 325 3288

A = ATTIC
C = CELLAR
G = GARAGE
O = OUTSIDE
# = FLOOR #

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

| DIRECTION ROOM #, ETC. | COMPLAINT | DISPOSITION by FIRE SAFETY: REFERRED | ORDERS ISSUED | CORRECTED | NOT REQUIRED |
|---|---|---|---|---|---|
| | No Violations at Time | | | X | |
| | of Inspection | | | X | |

| OFFICER PREPARING REPORT: | COMPANY | DISTRICT | GROUP | DATE |
|---|---|---|---|---|
| | E-17 | | 4 | 7-24-95 |
| BUS/PROP REPRESENTATIVE: | POSITION / TITLE | | | DATE |
| FIRE SAFETY INSPECTOR: | | | | DATE |

RFD 501 REV. 12/90

**COPY TO FIRE SAFETY**

Fire Safety Division
Fire Department

**BUILDING INSPECTION / COMPLAINT FORM**

**City of Rochester**

Public Safety Building
Civic Center Plaza - 3rd Floor
Rochester, New York 14614
(716) 428-7037

INSPECTION # 002892

COMPANY E17

ADDRESS: CLINTON AV S FROM / TO 75 TAX ACCT #

PROPERTY OWNER: HOME PROPERTIES OF N.Y., INC. ADDRESS: 850 CLINTON SQ (SUITE) PHONE: 716-3254
CITY: ROCHESTER STATE: NY ZIP: 14604

MAILING NAME: HOME PROPERTIES OF N.Y., INC. ADDRESS: 850 CLINTON SQ (SUITE) PHONE:
CITY: ROCHESTER STATE: NY ZIP: 14604

EMERGENCY CONTACT: SECURITY OFFICE ADDRESS: PHONE: 716-3253
CITY: STATE: ZIP:

NFPA 901 CODES | GENERAL PROPERTY USE | SPECIFIC PROPERTY USE | STRUCTURE TYPE | STRUCTURE STATUS

NO ENTRY DATES:

BUSINESS NAME: BROKERS SERVICE OFFICE PHONE:
BUSINESS OWNER:
ADDRESS: 810 CLINTON SQ (SUITE) ROCHESTER NY14604
PHONE:
BUSINESS EMERGENCY: SECURITY OFFICE
ADDRESS:
PHONE: 325 3288

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

A = ATTIC
C = CELLAR
G = GARAGE
O = OUTSIDE
# = FLOOR #

DIRECTION ROOM #, ETC. | COMPLAINT | DISPOSITION by FIRE SAFETY: REFERRED | ORDERS ISSUED | CORRECTED | NOT REQUIRED

NO VIOLATION AT TIME OF INSPECTION

| OFFICER PREPARING REPORT | COMPANY | DISTRICT | GROUP | DATE |
|---|---|---|---|---|
| | E17 | | 4 | 7-29-95 |

| BUS/PROP REPRESENTATIVE: | POSITION / TITLE | DATE |
|---|---|---|
| FIRE SAFETY INSPECTOR: | | DATE |

RFD 501 REV. 12/90

**COPY TO FIRE SAFETY**

FD570

# FIRE SAFETY INSPECTION RECORD

☐ LICENSE

GENERAL ☐
PUBLIC ED ☐
PERMIT ☐
HIGH-RISE ☐

**LOCATION:** 75 CLINTON AVE. S.

| DATE RECEIVED IN FIRE SAFETY: / DATE | APPOINTMENT | PERSON CONTACTED | NO ENTRY | ORDERS ISSUED | REFERRALS ISSUED | NO WORK DONE | SOME WORK DONE | OTHER | OK TO FILE | INSPECTOR |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | is still working on | | |
| 2/-18-95 | | working on it this | | | | | | elevator problem, will send | | Hess |
| | | week | | | | | | letter | | |
| | | | | | | | | | V | Hess |

# ROCHESTER, NEW YORK FIRE DEPARTMENT FIELD INCIDENT REPORT

## ALARM

A | INCIDENT # 9504633 | BOX # | NODE # 320027 | ADDRESS NUMBER 75 | STREET Clinton | TYPE | DIR. AV S

DATE MO 04 DA 13 YR 95 | DAY OF WEEK 5 | WEATHER COND 2 | TEMP 5 | ALARM TYPE 3 | GOVT BLDG

## TIMES

**FIRST ALARM**

TIME OF ALARM 05:38 | CODE 9 ENGINE | CODE 9 TRUCK 05:42 | UNDER CONTROL | CODE 2 TIME 06:36

**EXTRA UNITS SENT**

TIME OF ALARM | CODE 9 ENGINE | CODE 9 TRUCK | TIME OF ALARM | CODE 9 ENGINE | CODE 9 TRUCK

**SECOND ALARM**

TIME OF ALARM | CODE 9 ENGINE | CODE 9 TRUCK | AMBULANCE CODE 9 | B/C CODE 9

## RESPONSE

**FIRST ALARM**

| UNIT | W/R | UNIT | W/R | UNIT | W/R | UNIT | W/R | UNIT | W/R | UNIT | W/R | UNIT | W/R | UNIT | W/R |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Q09 | W | MD9 | W | | | | | | | | | | | | |

**EXTRA UNITS SENT**

| UNIT | W/R | UNIT | W/R | UNIT | W/R | UNIT | W/R | UNIT | W/R | UNIT | W/R | UNIT | W/R | UNIT | W/R |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | | | |

**MULTIPLE ALARM**

| UNIT | W/R | UNIT | W/R | UNIT | W/R | UNIT | W/R | UNIT | W/R | UNIT | W/R | UNIT | W/R | UNIT | W/R |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | | | |
| UNIT | W/R | UNIT | W/R | UNIT | W/R | UNIT | W/R | UNIT | W/R | UNIT | W/R | UNIT | W/R | UNIT | W/R |
| | | | | | | | | | | | | | | | |

## DESCRIPTION OF FIRE

INC TYPE 73 | TYPE CONST | STORIES | SPECIFIC PROPERY USE | MOBILE PPOP TYPE | AREA OF ORG. | EQUIP INV | FORM OF HEAT IGN | FORM MAT'L | TYPE MAT'L | IGN FACTOR | CODE 5 | STRUC DMG | DRUG RELATED

YEAR | MAKE | MODEL | LICENSE NUMBER | SERIAL NUMBER | VOLTAGE

FIRE EXTENDED TO | EXT OF FLAME DMG

## OWNER/OCCUPANT

OWNER/ INITIALS | NAME | OCCUPANT INITIALS | NAME

OWNER ADDRESS NUMBER | STREET | TYPE | DIR | CITY | STATE | ZIP

## COMBAT

NUMBER USED BOOST | 1 1/2" | 1 3/4" | 2 1/2" | 3" | M.S. | OXY | PORT ABLE | FOAM | AMOUNT OF WATER USED | SPKLR | STAND PIPE | HYD PRESS | HYD COND | SMOKE DET | ENTRY

## AFTERMATH

DOLLAR LOSS OF PROPERTY | NUMBER OF RESCUES | INJURED CIV. F.F. | DEAD CIV. F.F. | REFERRED TO: [/] FIRE SAFETY [ ] FIRE INVESTIGATION

REMARKS Apparent trouble in the system on Floors 11, 12 + 13. We Thoroughly checked floors + ~~[illegible]~~ with maintenance + found nothing. We had trouble with the emergency service Elevators. SEE the R.F.D. 501. Dennis Leiby the building manager was at the incident.

RANK LT | INIT. T | NAME TERESI | GRP CPY 3 | BATT Q M 9 3 | SIGNED: LT. T. Teresi

RFD 101 REV. 12/81

Fire Safety Division
Fire Department

**City of Rochester**

Public Safety Building
Civic Center Plaza - 3rd Floor
Rochester, New York 14614
(716) 428-7037

**BUILDING INSPECTION / COMPLAINT FORM**

COMPANY: QM-9

INSPECTION #: 72852

ADDRESS: Clinton Ave South

FROM / TO: 75

TAX ACCT #:

PROPERTY OWNER | ADDRESS | PHONE
CITY | STATE | ZIP

MAILING NAME | ADDRESS | PHONE
CITY | STATE | ZIP

EMERGENCY CONTACT | ADDRESS | PHONE
CITY | STATE | ZIP

NFPA 901 CODES | GENERAL PROPERTY USE | SPECIFIC PROPERTY USE | STRUCTURE TYPE | STRUCTURE STATUS

A = ATTIC
C = CELLAR
G = GARAGE
O = OUTSIDE
# = FLOOR #

BUSINESS NAME: Clinton Square | PHONE:
BUSINESS OWNER:
ADDRESS: | PHONE:
BUSINESS EMERGENCY ADDRESS: | PHONE:

SPECIAL INSTRUCTIONS:

SPECIAL HARZARDS OR CONSTRUCTION:

DISPOSITION by FIRE SAFETY: REFERRED | ORDERS ISSUED | CORRECTED | NOT REQUIRED

| | DIRECTION ROOM #, ETC. | COMPLAINT |
|---|---|---|
| 1 | Elevators | Inc # 9504633. We had trouble with the Emergency Service Elevators on this run. When we arrived the WEST Bank of elevators was on the First Floor with open doors but the EAST Bank was not. We also could not put the system into phase 2. |
| | | We also heard no audible alarm in the building. The strobe lights were working. |
| | | Dennis Leiby is the building manager. He arrived at the incident and is working on the problem. Would you please follow up on these problems. |

| OFFICER PREPARING REPORT: | COMPANY | DISTRICT | GROUP | DATE |
|---|---|---|---|---|
| Lt. Thomas J Teresi | Q9 | B3 | 3 | 4-13-95 |
| BUS/PROP REPRESENTATIVE: | POSITION / TITLE | | | DATE |
| FIRE SAFETY INSPECTOR: Leo Hess | | | | DATE 4-- -95 |

COPY TO FIRE SAFETY

FD570

# FIRE SAFETY INSPECTION RECORD

☐ LICENSE

GENERAL ☐
PUBLIC ED ☐
PERMIT ☐
HIGH-RISE ■

LOCATION: 75 Clinton Ave S. MFS Telecom

| DATE RECEIVED IN FIRE SAFETY: / DATE | APPOINTMENT | PERSON CONTACTED | NO ENTRY | ORDERS ISSUED | REFERRALS ISSUED | NO WORK DONE | SOME WORK DONE | OTHER | OK TO FILE | INSPECTOR |
|---|---|---|---|---|---|---|---|---|---|---|
| 10-20-94 | | | | | | | | | X | Lt Vacchi |

Fire Safety Division
Fire Department

**BUILDING INSPECTION / COMPLAINT FORM**

**City of Rochester**

Public Safety Building
Civic Center Plaza - 3rd Floor
Rochester, New York 14614
(716) 428-7037

INSPECTION # 08144

COMPANY

ADDRESS 75 Clinton Ave S

FROM / TO

TAX ACCT #

PROPERTY OWNER Home Properties of N.Y. Inc. ADDRESS PHONE 325-4761
CITY Rochester STATE N.Y. ZIP 14604

MAILING NAME (Suite) 850 Clinton Square ADDRESS PHONE
CITY Rochester STATE N.Y. ZIP

EMERGENCY CONTACT Security Office ADDRESS PHONE 325-3288
CITY Rochester STATE N.Y. ZIP

| NFPA 901 CODES | GENERAL PROPERTY USE | SPECIFIC PROPERTY USE | STRUCTURE TYPE | STRUCTURE STATUS |
|---|---|---|---|---|
| | | | | |

NO ENTRY DATES:

BUSINESS NAME MFS Telecom PHONE 454-6990
BUSINESS OWNER
ADDRESS 750 Clinton Square PHONE
BUSINESS EMERGENCY Security Office
ADDRESS PHONE

A = ATTIC
C = CELLAR
G = GARAGE
O = OUTSIDE
# = FLOOR #

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

DISPOSITION by FIRE SAFETY:

| DIRECTION ROOM #, ETC. | COMPLAINT | REFERRED | ORDERS ISSUED | CORRECTED | NOT REQUIRED |
|---|---|---|---|---|---|
| | O.K. | | | | |

| OFFICER PREPARING REPORT: Lt Joseph Nicoli Jr | COMPANY F-S. | DISTRICT | GROUP | DATE 10-20-94 |
|---|---|---|---|---|
| BUS/PROP REPRESENTATIVE: | POSITION / TITLE | | | DATE |
| FIRE SAFETY INSPECTOR: Lt Joseph Nicoli Jr | | | | DATE 10-20-94 |

RFD 501 REV. 12/90

**COPY TO FIRE SAFETY**

FD570

# FIRE SAFETY INSPECTION RECORD

☐ LICENSE

GENERAL ☐
PUBLIC ED ☐
PERMIT ☐
HIGH-RISE ■

LOCATION: 75 Clinton Ave S. (Stonehurst Capital)

| DATE RECEIVED IN FIRE SAFETY: DATE | APPOINTMENT | PERSON CONTACTED | NO ENTRY | ORDERS ISSUED | REFERRALS ISSUED | NO WORK DONE | SOME WORK DONE | OTHER | OK TO FILE | INSPECTOR |
|---|---|---|---|---|---|---|---|---|---|---|
| 10-20-94 | | | | | | | | | X | Lt Nieck |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

Fire Safety Division
Fire Department

**BUILDING INSPECTION / COMPLAINT FORM**

**City of Rochester**

Public Safety Building
Civic Center Plaza - 3rd Floor
Rochester, New York 14614
(716) **428-7037**

INSPECTION # 08139

COMPANY

ADDRESS 75 Clinton Ave S. FROM / TO TAX ACCT #

PROPERTY OWNER Home Properties of N.Y. Inc. ADDRESS PHONE 325-4761
CITY Rochester STATE N.Y. ZIP 14604

MAILING NAME (Suite) 850 Clinton Square ADDRESS PHONE
CITY Rochester STATE N.Y. ZIP

EMERGENCY CONTACT Security Office ADDRESS PHONE 325-3288
CITY Rochester STATE N.Y. ZIP

| NFPA 901 CODES | GENERAL PROPERTY USE | SPECIFIC PROPERTY USE | STRUCTURE TYPE | STRUCTURE STATUS |
|---|---|---|---|---|
| | | | | |

NO ENTRY DATES:

BUSINESS NAME Stonehurst Captital PHONE 325-8070
BUSINESS OWNER
ADDRESS (Suite) 890 Clinton Square PHONE
BUSINESS EMERGENCY ADDRESS Security Office
PHONE 325-3288

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

A = ATTIC
C = CELLAR
G = GARAGE
O = OUTSIDE
# = FLOOR #

DISPOSITION by FIRE SAFETY:

| DIRECTION ROOM #, ETC. | COMPLAINT | REFERRED | ORDERS ISSUED | CORRECTED | NOT REQUIRED |
|---|---|---|---|---|---|
| | O.K. | | | | |

| OFFICER PREPARING REPORT: Lt. Joseph Nicoli Jr. | COMPANY F.S. | DISTRICT | GROUP | DATE 10-20-94 |
|---|---|---|---|---|
| BUS/PROP REPRESENTATIVE | POSITION / TITLE | | | DATE |
| FIRE SAFETY INSPECTOR: Lt. Joseph Nicoli Jr. | | | | DATE 10-20-94 |

RFD 501 REV. 12/90

**COPY TO FIRE SAFETY**

FD570

# FIRE SAFETY INSPECTION RECORD

☐ LICENSE

GENERAL ☐
PUBLIC ED ☐
PERMIT ☐
HIGH-RISE ■

LOCATION: 75 Clinton Ave S, Brokers Service Office

DATE RECEIVED IN FIRE SAFETY:

| DATE | APPOINTMENT | PERSON CONTACTED | NO ENTRY | ORDERS ISSUED | REFERRALS ISSUED | NO WORK DONE | SOME WORK DONE | OTHER | OK TO FILE | INSPECTOR |
|---|---|---|---|---|---|---|---|---|---|---|
| 10-20-94 | | | | | | | | | X | Lt Niradi |

Fire Safety Division
Fire Department

**BUILDING INSPECTION / COMPLAINT FORM**

**City of Rochester**

Public Safety Building
Civic Center Plaza - 3rd Floor
Rochester, New York 14614
(716) 428-7037

INSPECTION # 08138

COMPANY

ADDRESS 75 Clinton Ave S. FROM / TO TAX ACCT #

PROPERTY OWNER Home Properties of N.Y. Inc. ADDRESS PHONE 325-4761
CITY Rochester STATE N.Y. ZIP 14604

MAILING NAME (Suite) 850 Clinton Square ADDRESS PHONE
CITY Rochester STATE N.Y. ZIP

EMERGENCY CONTACT Security Office ADDRESS PHONE 325-3288
CITY STATE ZIP

| NFPA 901 CODES | GENERAL PROPERTY USE | SPECIFIC PROPERTY USE | STRUCTURE TYPE | STRUCTURE STATUS |
|---|---|---|---|---|
| | | | | |

NO ENTRY DATES:

BUSINESS NAME Brokers Service Office PHONE 454-3000
BUSINESS OWNER
ADDRESS (Suite) 810 Clinton Square PHONE
BUSINESS EMERGENCY Security Office
ADDRESS PHONE 325-3288

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

A = ATTIC
C = CELLAR
G = GARAGE
O = OUTSIDE
# = FLOOR #

DISPOSITION by FIRE SAFETY:

| DIRECTION ROOM #, ETC. | COMPLAINT | REFERRED | ORDERS ISSUED | CORRECTED | NOT REQUIRED |
|---|---|---|---|---|---|
| | O.K. | | | | |

| OFFICER PREPARING REPORT: | COMPANY | DISTRICT | GROUP | DATE |
|---|---|---|---|---|
| Lt. Joseph Nicoli Jr. | F.S. | | | 10-20-94 |
| BUS/PROP REPRESENTATIVE: | POSITION / TITLE | | | DATE |
| | | | | |
| FIRE SAFETY INSPECTOR: Lt. Joseph Nicoli Jr. | | | | DATE 10-20-94 |

RFD 501 REV. 12/90

**COPY TO FIRE SAFETY**

FD570

# FIRE SAFETY INSPECTION RECORD

☐ LICENSE

GENERAL ☐
PUBLIC ED ☐
PERMIT ☐
HIGH-RISE ■

LOCATION: 75 Clinton Ave S Mead DAta Control

DATE RECEIVED IN FIRE SAFETY:

| DATE | APPOINTMENT | PERSON CONTACTED | NO ENTRY | ORDERS ISSUED | REFERRALS ISSUED | NO WORK DONE | SOME WORK DONE | OTHER | OK TO FILE | INSPECTOR |
|---|---|---|---|---|---|---|---|---|---|---|
| 10-20-94 | | | | | | | | | X | Lt Nicola |

Fire Safety Division
Fire Department

**BUILDING INSPECTION / COMPLAINT FORM**

**City of Rochester**

Public Safety Building
Civic Center Plaza - 3rd Floor
Rochester, New York 14614
(716) 428-7037

COMPANY

INSPECTION # 08137

ADDRESS 75 Clinton Ave S. FROM / TO TAX ACCT #

PROPERTY OWNER Home Properties of N.Y. Inc. ADDRESS PHONE 325-4761
CITY Rochester STATE N.Y. ZIP

MAILING NAME (Suite) 850 Clinton Square ADDRESS PHONE
CITY STATE ZIP

EMERGENCY CONTACT Security Office ADDRESS PHONE 325-3288
CITY STATE ZIP

| NFPA 901 CODES | GENERAL PROPERTY USE | SPECIFIC PROPERTY USE | STRUCTURE TYPE | STRUCTURE STATUS |
|---|---|---|---|---|

NO ENTRY DATES:

BUSINESS NAME Mead Data Control PHONE 454-7850
BUSINESS OWNER
ADDRESS (Suite) 850 Clinton Square
PHONE
BUSINESS EMERGENCY Security Office
ADDRESS
PHONE 325-3288

DISPOSITION by FIRE SAFETY:

A = ATTIC
C = CELLAR
G = GARAGE
O = OUTSIDE
# = FLOOR #

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

| DIRECTION ROOM #, ETC. | COMPLAINT | REFERRED | ORDERS ISSUED | CORRECTED | NOT REQUIRED |
|---|---|---|---|---|---|
| | O.K. | | | | |

| OFFICER PREPARING REPORT: Lt Joseph Nicoli Jr | COMPANY F.S | DISTRICT | GROUP | DATE 10-20-94 |
|---|---|---|---|---|
| BUS/PROP REPRESENTATIVE: | POSITION / TITLE | | | DATE |
| FIRE SAFETY INSPECTOR: Lt Joseph Nicoli Jr | | | | DATE 10-20-94 |

RFD 501 REV. 12/90

**COPY TO FIRE SAFETY**

FD570

# FIRE SAFETY INSPECTION RECORD

☐ LICENSE
GENERAL ☐
PUBLIC ED ☐
PERMIT ☐
HIGH-RISE ■

LOCATION: 75 Clinton Ave S. Nixon, Hargrave, Devons + Doyle

| DATE RECEIVED IN FIRE SAFETY: / DATE | APPOINTMENT | PERSON CONTACTED | NO ENTRY | ORDERS ISSUED | REFERRALS ISSUED | NO WORK DONE | SOME WORK DONE | OTHER | OK TO FILE | INSPECTOR |
|---|---|---|---|---|---|---|---|---|---|---|
| 10-17-94 | | | | | | | | | X | Lt Nicol |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

Fire Safety Division
Fire Department

**BUILDING INSPECTION / COMPLAINT FORM**

City of Rochester

Public Safety Building
Civic Center Plaza - 3rd Floor
Rochester, New York 14614
(716) 428-7037

COMPANY

INSPECTION # 08130

ADDRESS 75 Clinton Ave. S.

FROM / TO

TAX ACCT #

PROPERTY OWNER Home Properties of N.Y. Inc.

ADDRESS

PHONE

CITY

STATE

ZIP

MAILING NAME (Suite) 850 Clinton Square

ADDRESS

PHONE 325-4761

CITY Rochester,

STATE N.Y.

ZIP 14604

EMERGENCY CONTACT Security Office

ADDRESS

PHONE 325-3288

CITY Rochester

STATE N.Y.

ZIP 14604

| NFPA 901 CODES | GENERAL PROPERTY USE | SPECIFIC PROPERTY USE | STRUCTURE TYPE | STRUCTURE STATUS |
|---|---|---|---|---|
| | | | | |

NO ENTRY DATES:

BUSINESS NAME Nixon, Hargrave, Devans + Doyle

PHONE 263-1000

BUSINESS OWNER

ADDRESS (Suite) 1300 Clinton Square

PHONE

BUSINESS EMERGENCY Gerald Belanger

ADDRESS 231 Stonewood Ave

PHONE 621-2189

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

DISPOSITION by FIRE SAFETY:

A = ATTIC
C = CELLAR
G = GARAGE
O = OUTSIDE
# = FLOOR #

| DIRECTION ROOM #, ETC. | COMPLAINT | REFERRED | ORDERS ISSUED | CORRECTED | NOT REQUIRED |
|---|---|---|---|---|---|
| | O.K. | | | | |

| OFFICER PREPARING REPORT: Lt. Joseph Nicoli Jr | COMPANY F.S. | DISTRICT | GROUP | DATE 10-17-94 |
|---|---|---|---|---|
| BUS/PROP REPRESENTATIVE: | POSITION / TITLE | | | DATE |
| FIRE SAFETY INSPECTOR: Lt. Joseph Nicoli Jr | | | | DATE 10-17-94 |

RFD 501 REV. 12/90

COPY TO FIRE SAFETY

FD570

# FIRE SAFETY INSPECTION RECORD

☐ LICENSE Prudential Securities

GENERAL ☐
PUBLIC ED ☐
PERMIT ☐
HIGH-RISE ☐

LOCATION: 75 Clinton Ave S.

| DATE RECEIVED IN FIRE SAFETY: DATE | APPOINTMENT | PERSON CONTACTED | NO ENTRY | ORDERS ISSUED | REFERRALS ISSUED | NO WORK DONE | SOME WORK DONE | OTHER | OK TO FILE | INSPECTOR |
|---|---|---|---|---|---|---|---|---|---|---|
| 10-17-94 | | | | | | | | | X | Lt Nicol |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

Fire Safety Division
Fire Department

**BUILDING INSPECTION / COMPLAINT FORM**

**City of Rochester**

Public Safety Building
Civic Center Plaza - 3rd Floor
Rochester, New York 14614
(716) **428-7037**

INSPECTION # 08129

COMPANY

ADDRESS: 75 Clinton Ave S — FROM / TO — TAX ACCT #

PROPERTY OWNER: Home Properties of N.Y. Inc. — ADDRESS — PHONE 325-4761
CITY Rochester — STATE N.Y. — ZIP 14604

MAILING NAME: (Suite) 850 Clinton Square — ADDRESS — PHONE ~~325-3288~~
CITY Rochester — STATE N.Y. — ZIP 14604

EMERGENCY CONTACT: Security Office — ADDRESS — PHONE 325-3288
CITY Rochester — STATE N.Y. — ZIP

| NFPA 901 CODES | GENERAL PROPERTY USE | SPECIFIC PROPERTY USE | STRUCTURE TYPE | STRUCTURE STATUS |
|---|---|---|---|---|
| | | | | |

NO ENTRY DATES:

BUSINESS NAME: Prudential Securities — PHONE 546-5750
BUSINESS OWNER
ADDRESS: (Suite) 200 Clinton Square — PHONE
BUSINESS EMERGENCY: Ray Foster
ADDRESS
3 Whitney Lane, Rochester 14610 — PHONE 586 1862
SPECIAL INSTRUCTIONS:
SPECIAL HAZARDS OR CONSTRUCTION

A = ATTIC
C = CELLAR
G = GARAGE
O = OUTSIDE
# = FLOOR #

DISPOSITION by FIRE SAFETY:

| DIRECTION ROOM #, ETC. | COMPLAINT | REFERRED | ORDERS ISSUED | CORRECTED | NOT REQUIRED |
|---|---|---|---|---|---|
| | O.K. | | | | |

| OFFICER PREPARING REPORT: | COMPANY | DISTRICT | GROUP | DATE |
|---|---|---|---|---|
| Lt. Joseph Nicoli Jr | F.S. | | | 10-17-94 |
| BUS/PROP REPRESENTATIVE: | POSITION / TITLE | | | DATE |
| | | | | |
| FIRE SAFETY INSPECTOR: Lt. Joseph Nicoli Jr | | | | DATE 10-17-94 |

RFD 501 REV. 12/90

**COPY TO FIRE SAFETY**

FD570

# FIRE SAFETY INSPECTION RECORD

☐ LICENSE

GENERAL ☐
PUBLIC ED ☐
PERMIT ☐
HIGH-RISE ■

LOCATION: 75 Clinton Ave. S. (Sweet Dawn)

| DATE RECEIVED IN FIRE SAFETY: / DATE | APPOINTMENT | PERSON CONTACTED | NO ENTRY | ORDERS ISSUED | REFERRALS ISSUED | NO WORK DONE | SOME WORK DONE | OTHER | OK TO FILE | INSPECTOR |
|---|---|---|---|---|---|---|---|---|---|---|
| 10-17-94 | | | | | | | | | X | Lt. Nicoli |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

Fire Safety Division
Fire Department

**BUILDING INSPECTION / COMPLAINT FORM**

**City of Rochester**

Public Safety Building
Civic Center Plaza - 3rd Floor
Rochester, New York 14614
(716) 428-7037

INSPECTION # 08128

COMPANY

ADDRESS: 75 Clinton Ave S

FROM / TO

TAX ACCT #

PROPERTY OWNER: Home Properties of N.Y. Inc.
ADDRESS
PHONE
CITY: Rochester STATE: N.Y. ZIP: 14604

MAILING NAME: (Suite) 850 Clinton Square
ADDRESS
PHONE: 325-4761
CITY: Rochester STATE: N.Y. ZIP:

EMERGENCY CONTACT: Security Office
ADDRESS
PHONE: 325-3288
CITY: Rochester STATE: N.Y. ZIP: 14604

| NFPA 901 CODES | GENERAL PROPERTY USE | SPECIFIC PROPERTY USE | STRUCTURE TYPE | STRUCTURE STATUS |
|---|---|---|---|---|
| | | | | |

NO ENTRY DATES:

BUSINESS NAME: Sweet Dawn PHONE: 546-2530
BUSINESS OWNER
ADDRESS: (Suite) 110 Clinton Square
PHONE
BUSINESS EMERGENCY: Carmine Pelino
ADDRESS: 27 Wedmore Rd Fairport, N.Y. 14450 PHONE: 223-9387

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

A = ATTIC
C = CELLAR
G = GARAGE
O = OUTSIDE
# = FLOOR #

| DIRECTION ROOM #, ETC. | COMPLAINT | REFERRED | ORDERS ISSUED | CORRECTED | NOT REQUIRED |
|---|---|---|---|---|---|
| | O.K. at Time of Inspection | | | | |

DISPOSITION by FIRE SAFETY:

| OFFICER PREPARING REPORT: Lt Joseph Nicoli Jr | COMPANY: F.S | DISTRICT | GROUP | DATE: 10-17-94 |
|---|---|---|---|---|
| BUS/PROP REPRESENTATIVE: | POSITION / TITLE | | | DATE |
| FIRE SAFETY INSPECTOR: Lt Joseph Nicoli Jr | | | | DATE: 10-17-94 |

RFD 501 REV. 12/90

**COPY TO FIRE SAFETY**

FD570

# FIRE SAFETY INSPECTION RECORD

☐ LICENSE

GENERAL ☐
PUBLIC ED ☐
PERMIT ☐
HIGH-RISE ■

**LOCATION:** 75 Clinton Ave S. Chase Manhattan Bank

| DATE RECEIVED IN FIRE SAFETY: / DATE | APPOINTMENT | PERSON CONTACTED | NO ENTRY | ORDERS ISSUED | REFERRALS ISSUED | NO WORK DONE | SOME WORK DONE | OTHER | OK TO FILE | INSPECTOR |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

Fire Safety Division
Fire Department

**BUILDING INSPECTION / COMPLAINT FORM**

**City of Rochester**

Public Safety Building
Civic Center Plaza - 3rd Floor
Rochester, New York 14614
(716) 428-7037

INSPECTION # 08148

COMPANY

ADDRESS 75 Clinton Ave S

FROM / TO

TAX ACCT #

PROPERTY OWNER Home Properties of N.Y. Inc. ADDRESS PHONE 325-4761

CITY Rochester STATE N.Y. ZIP

MAILING NAME (Suite) 850 Clinton Square ADDRESS PHONE

CITY Rochester STATE N.Y. ZIP

EMERGENCY CONTACT Security Office ADDRESS PHONE 325-3288

CITY Rochester STATE N.Y. ZIP

| NFPA 901 CODES | GENERAL PROPERTY USE | SPECIFIC PROPERTY USE | STRUCTURE TYPE | STRUCTURE STATUS |
|---|---|---|---|---|
| | | | | |

NO ENTRY DATES:

BUSINESS NAME Chase Manhattan PHONE 258-5389

BUSINESS OWNER

ADDRESS (Suite 500) Clinton Square PHONE

BUSINESS EMERGENCY Security Office

ADDRESS 1- Chase Square PHONE 258-5555

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

A = ATTIC
C = CELLAR
G = GARAGE
O = OUTSIDE
# = FLOOR #

DISPOSITION by FIRE SAFETY:

| DIRECTION ROOM #, ETC. | COMPLAINT | REFERRED | ORDERS ISSUED | CORRECTED | NOT REQUIRED |
|---|---|---|---|---|---|
| | O.K. | | | | |

| OFFICER PREPARING REPORT: Lt. Joseph | COMPANY F.S | DISTRICT | GROUP | DATE 10-17-94 |
|---|---|---|---|---|
| BUS/PROP REPRESENTATIVE: | POSITION / TITLE | | | DATE |
| FIRE SAFETY INSPECTOR: Lt. Joseph | | | | DATE 10-17-94 |

RFD 501 REV. 12/90

**COPY TO FIRE SAFETY**

FD570

# FIRE SAFETY INSPECTION RECORD

☐ LICENSE

GENERAL ☐
PUBLIC ED ☐
PERMIT ☐
HIGH-RISE ☐

**LOCATION:** 75 Clinton Ave S. Emerald Capital

| DATE RECEIVED IN FIRE SAFETY: / DATE | APPOINTMENT | PERSON CONTACTED | NO ENTRY | ORDERS ISSUED | REFERRALS ISSUED | NO WORK DONE | SOME WORK DONE | OTHER | OK TO FILE | INSPECTOR |
|---|---|---|---|---|---|---|---|---|---|---|
| 10-17-94 | | | | | | | | | X | Lt Nacob |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

Fire Safety Division
Fire Department

**BUILDING INSPECTION / COMPLAINT FORM**

**City of Rochester**

Public Safety Building
Civic Center Plaza - 3rd Floor
Rochester, New York 14614
(716) 428-7037

COMPANY

INSPECTION # 08147

ADDRESS 75 Clinton Ave S

FROM / TO

TAX ACCT #

PROPERTY OWNER Home Properties of N.Y. Inc.

ADDRESS

PHONE 325-4761

CITY Rochester STATE N.Y. ZIP

MAILING NAME (Suite) 850 Clinton Square

ADDRESS

PHONE

CITY Rochester STATE N.Y. ZIP

EMERGENCY CONTACT Security Office

ADDRESS

PHONE 325-3288

CITY Rochester STATE N.Y. ZIP

| NFPA 901 CODES | GENERAL PROPERTY USE | SPECIFIC PROPERTY USE | STRUCTURE TYPE | STRUCTURE STATUS |
|---|---|---|---|---|
| | | | | |

NO ENTRY DATES:

BUSINESS NAME Emerald Capital PHONE 232-5500

BUSINESS OWNER

ADDRESS 825 Clinton Square PHONE

BUSINESS EMERGENCY Security Office

ADDRESS PHONE

A = ATTIC
C = CELLAR
G = GARAGE
O = OUTSIDE
# = FLOOR #

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

DISPOSITION by FIRE SAFETY:

| DIRECTION ROOM #, ETC. | COMPLAINT | REFERRED | ORDERS ISSUED | CORRECTED | NOT REQUIRED |
|---|---|---|---|---|---|
| | O.K. | | | | |

| OFFICER PREPARING REPORT: Lt. Joseph Nicoli Jr | COMPANY F.S. | DISTRICT | GROUP | DATE 10-24-94 |
|---|---|---|---|---|
| BUS/PROP REPRESENTATIVE: | POSITION / TITLE | | | DATE |
| FIRE SAFETY INSPECTOR: Lt. Joseph Nicoli Jr | | | | DATE 10-24-94 |

RFD 501 REV. 12/90

**COPY TO FIRE SAFETY**

FD570

# FIRE SAFETY INSPECTION RECORD

☐ LICENSE

GENERAL ☐
PUBLIC ED ☐
PERMIT ☐
HIGH-RISE ■

LOCATION: 75 Clinton Ave S. ISSC

| DATE RECEIVED IN FIRE SAFETY: / DATE | APPOINTMENT | PERSON CONTACTED | NO ENTRY | ORDERS ISSUED | REFERRALS ISSUED | NO WORK DONE | SOME WORK DONE | OTHER | OK TO FILE | INSPECTOR |
|---|---|---|---|---|---|---|---|---|---|---|
| 10-17-94 | | | | | | | | | X | Lt Mark |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

Fire Safety Division
Fire Department

**BUILDING INSPECTION / COMPLAINT FORM**

**City of Rochester**

Public Safety Building
Civic Center Plaza - 3rd Floor
Rochester, New York 14614
(716) **428-7037**

INSPECTION # 08146

COMPANY

ADDRESS 75 Clinton Ave S — FROM / TO — TAX ACCT #

PROPERTY OWNER Home Properties of N.Y. Inc. — ADDRESS — PHONE 325-4761
CITY Rochester — STATE N.Y. — ZIP

MAILING NAME (Suite) 850 Clinton Square — ADDRESS — PHONE
CITY Rochester — STATE N.Y. — ZIP

EMERGENCY CONTACT Security Office — ADDRESS — PHONE 325-3288
CITY Rochester — STATE N.Y. — ZIP

| NFPA 901 CODES | GENERAL PROPERTY USE | SPECIFIC PROPERTY USE | STRUCTURE TYPE | STRUCTURE STATUS |
|---|---|---|---|---|
| | | | | |

NO ENTRY DATES:

BUSINESS NAME ISSC — PHONE 987-2701
BUSINESS OWNER
ADDRESS (650 Suite Clinton Square — PHONE
BUSINESS EMERGENCY Security Office
ADDRESS
PHONE 325-3288

A = ATTIC
C = CELLAR
G = GARAGE
O = OUTSIDE
# = FLOOR #

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

| DIRECTION ROOM #, ETC. | COMPLAINT | REFERRED | ORDERS ISSUED | CORRECTED | NOT REQUIRED |
|---|---|---|---|---|---|
| | O.K. | | | | |

DISPOSITION by FIRE SAFETY:

| OFFICER PREPARING REPORT: Lt. Joseph Nicosia Jr. | COMPANY F.S. | DISTRICT 1 | GROUP | DATE 10-17-94 |
|---|---|---|---|---|
| BUS/PROP REPRESENTATIVE: | POSITION / TITLE | | | DATE |
| FIRE SAFETY INSPECTOR: Lt. Joseph Nicosia Jr. | | | | DATE 10-17-94 |

RFD 501 REV. 12/90

**COPY TO FIRE SAFETY**

FD570

# FIRE SAFETY INSPECTION RECORD

☐ LICENSE

GENERAL ☐
PUBLIC ED ☐
PERMIT ☐
HIGH-RISE ☐

LOCATION: 75 Clinton Ave. S. Clinton Square Tower

DATE RECEIVED IN FIRE SAFETY:

| DATE | APPOINTMENT | PERSON CONTACTED | NO ENTRY | ORDERS ISSUED | REFERRALS ISSUED | NO WORK DONE | SOME WORK DONE | OTHER | OK TO FILE | INSPECTOR |
|---|---|---|---|---|---|---|---|---|---|---|
| 10-16-94 | | | | | | | | Dennis Lichy | | |
| 10-16-94 | | | | | | | | No Violations | X | Lt Nicoli |

Fire Safety Division
Fire Department

**BUILDING INSPECTION / COMPLAINT FORM**

**City of Rochester**

Public Safety Building
Civic Center Plaza - 3rd Floor
Rochester, New York 14614
(716) 428-7037

INSPECTION # 08143

COMPANY

ADDRESS 75 Clinton Ave S

FROM / TO

TAX ACCT #

PROPERTY OWNER Home Properties of N.Y. Inc. ADDRESS PHONE 325-4761
CITY Rochester STATE N.Y. ZIP 14604

MAILING NAME (Suite) 850 Clinton Square ADDRESS PHONE ~~325-3288~~
CITY Rochester STATE N.Y. ZIP 14604

EMERGENCY CONTACT Security Office ADDRESS PHONE 325-3288
CITY Rochester STATE N.Y. ZIP

| NFPA 901 CODES | GENERAL PROPERTY USE | SPECIFIC PROPERTY USE | STRUCTURE TYPE | STRUCTURE STATUS |
|---|---|---|---|---|
| | | | | |

NO ENTRY DATES:

BUSINESS NAME Clinton Sq. Tower PHONE 325-4761
BUSINESS OWNER
ADDRESS 850 Clinton Square
BUSINESS EMERGENCY Security Office PHONE
ADDRESS
Dennis ~~Leiby~~ 325-4761 PHONE 325-3288
SPECIAL INSTRUCTIONS: Leiby
SPECIAL HAZARDS OR CONSTRUCTION

A = ATTIC
C = CELLAR
G = GARAGE
O = OUTSIDE
# = FLOOR #

| DIRECTION ROOM #, ETC. | COMPLAINT | DISPOSITION by FIRE SAFETY: REFERRED | ORDERS ISSUED | CORRECTED | NOT REQUIRED |
|---|---|---|---|---|---|
| | O.K. | | | | |
| | at Time | | | | |
| | of Inspection | | | | |

| OFFICER PREPARING REPORT: Lt. Joseph Nicodi | COMPANY F.S. | DISTRICT | GROUP | DATE 11-16-94 |
|---|---|---|---|---|
| BUS/PROP REPRESENTATIVE: | POSITION / TITLE | | | DATE |
| FIRE SAFETY INSPECTOR: Lt. Joseph Nicodi Jr. | | | | DATE 11-16-94 |

RFD 501 REV. 12/90

**COPY TO FIRE SAFETY**

FD570

# FIRE SAFETY INSPECTION RECORD

☐ LICENSE

GENERAL ☐
PUBLIC ED ☐
PERMIT ☐
HIGH-RISE ☐

**LOCATION:** 75 Clinton Ave S. KPMG Peat Marwick

| DATE RECEIVED IN FIRE SAFETY: / DATE | APPOINTMENT | PERSON CONTACTED | NO ENTRY | ORDERS ISSUED | REFERRALS ISSUED | NO WORK DONE | SOME WORK DONE | OTHER | OK TO FILE | INSPECTOR |
|---|---|---|---|---|---|---|---|---|---|---|
| 10-17-94 | | | | | | | | | X | Lt Nicol. |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

Fire Safety Division
Fire Department

**BUILDING INSPECTION / COMPLAINT FORM**

**City of Rochester**

Public Safety Building
Civic Center Plaza - 3rd Floor
Rochester, New York 14614
(716) 428-7037

INSPECTION # 08145

COMPANY

ADDRESS 75 Clinton Ave S. FROM / TO TAX ACCT #

PROPERTY OWNER Home Properties of N.Y. Inc. ADDRESS PHONE 325-4761
CITY Rochester STATE N.Y. ZIP 14604

MAILING NAME (Suite) 850 Clinton Square ADDRESS PHONE
CITY Rochester STATE N.Y. ZIP

EMERGENCY CONTACT Security Office ADDRESS PHONE 325-3288
CITY Rochester STATE N.Y. ZIP

| NFPA 901 CODES | GENERAL PROPERTY USE | SPECIFIC PROPERTY USE | STRUCTURE TYPE | STRUCTURE STATUS |
|---|---|---|---|---|
| | | | | |

NO ENTRY DATES:

BUSINESS NAME KPMG Peat Marwick PHONE 454-1644
BUSINESS OWNER
ADDRESS (Suite) 600 Clinton Square PHONE
BUSINESS EMERGENCY Security Office
ADDRESS PHONE 325-3288

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

A = ATTIC
C = CELLAR
G = GARAGE
O = OUTSIDE
# = FLOOR #

DISPOSITION by FIRE SAFETY:

| DIRECTION ROOM #, ETC. | COMPLAINT | REFERRED | ORDERS ISSUED | CORRECTED | NOT REQUIRED |
|---|---|---|---|---|---|
| | O.R. | | | | |

| OFFICER PREPARING REPORT: Lt. Joseph [illegible] | COMPANY F.S. | DISTRICT | GROUP | DATE 10-17-94 |
|---|---|---|---|---|
| BUS/PROP REPRESENTATIVE: | POSITION / TITLE | | | DATE |
| FIRE SAFETY INSPECTOR: Lt. Joseph [illegible] | | | | DATE 10-17-94 |

RFD 501 REV. 12/90

**COPY TO FIRE SAFETY**

FD570

# FIRE SAFETY INSPECTION RECORD

☐ LICENSE

GENERAL ☐
PUBLIC ED ☐
PERMIT ☐
HIGH-RISE ■

LOCATION: 75 Clinton Ave S. I.B.M.

| DATE RECEIVED IN FIRE SAFETY: / DATE | APPOINTMENT | PERSON CONTACTED | NO ENTRY | ORDERS ISSUED | REFERRALS ISSUED | NO WORK DONE | SOME WORK DONE | OTHER | OK TO FILE | INSPECTOR |
|---|---|---|---|---|---|---|---|---|---|---|
| 10-17-84 | | | | | | | | | X | Lt Nicoli |

**Fire Safety Division**
Fire Department

**BUILDING INSPECTION / COMPLAINT FORM**

**City of Rochester**

Public Safety Building
Civic Center Plaza - 3rd Floor
Rochester, New York 14614
(716) 428-7037

COMPANY

INSPECTION # 08131

ADDRESS 75 Clinton Ave S. FROM / TO TAX ACCT #

PROPERTY OWNER Home Properties of N.Y. Inc. ADDRESS PHONE

CITY STATE ZIP

MAILING NAME (Suite) 850 Clinton Square ADDRESS PHONE 325-4761

CITY Rochester STATE N.Y. ZIP

EMERGENCY CONTACT Security ADDRESS PHONE 325-3288

CITY Rochester STATE N.Y. ZIP 14604

| NFPA 901 CODES | GENERAL PROPERTY USE | SPECIFIC PROPERTY USE | STRUCTURE TYPE | STRUCTURE STATUS |
|---|---|---|---|---|

NO ENTRY DATES:

BUSINESS NAME I.B.M. PHONE 987-2200

BUSINESS OWNER

ADDRESS (Suite) 100 Clinton Square PHONE

BUSINESS EMERGENCY Bill Griffin

ADDRESS PHONE

DISPOSITION by FIRE SAFETY:

A = ATTIC
C = CELLAR
G = GARAGE
O = OUTSIDE
# = FLOOR #

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

| DIRECTION ROOM #, ETC. | COMPLAINT | REFERRED | ORDERS ISSUED | CORRECTED | NOT REQUIRED |
|---|---|---|---|---|---|
| | O.K. | | | | |

| OFFICER PREPARING REPORT: Lt. Joseph Nicoli Jr | COMPANY F.S. | DISTRICT | GROUP | DATE 10-17-94 |
|---|---|---|---|---|
| BUS/PROP REPRESENTATIVE: | POSITION / TITLE | | | DATE |
| FIRE SAFETY INSPECTOR: Lt. Joseph Nicoli Jr | | | | DATE 10-17-94 |

RFD 501 REV. 12/90

**COPY TO FIRE SAFETY**

Fire Safety Division
Fire Department

**BUILDING INSPECTION / COMPLAINT FORM**

**City of Rochester**

Public Safety Building
Civic Center Plaza - 3rd Floor
Rochester, New York 14614
(716) 428-7037

INSPECTION # 03655

COMPANY E17

ADDRESS: CLINTON AV S
FROM / TO: 75
TAX ACCT #:

PROPERTY OWNER: CHASE MANHATTEN FIRST BANK
ADDRESS: 1 LINCOLN FIRST SQUARE
PHONE: 000-0000
CITY / STATE / ZIP:

MAILING NAME: CHASE MANHATTEN BANK
ADDRESS: 1 LINCOLN FIRST SQUARE
PHONE:
CITY / STATE / ZIP:

EMERGENCY CONTACT: CENTRAL SECURITY OFFICE
ADDRESS:
PHONE: 258-5555
CITY / STATE / ZIP:

| NFPA 901 CODES | GENERAL PROPERTY USE | SPECIFIC PROPERTY USE | STRUCTURE TYPE | STRUCTURE STATUS |
|---|---|---|---|---|
| | 59 | 592 | 1 | 2 |

NO ENTRY DATES:

BUSINESS NAME: CHASE MANHATTEN FIRST BAN
PHONE:
BUSINESS OWNER: CHASE MANHATTEN FIRST BANK
ADDRESS: 1 CHASE LINCOLN FIRST SQ ROCHESTER NY14604
PHONE:
BUSINESS EMERGENCY: CENTRAL SECURITY OFFICE
ADDRESS:
PHONE: 258 5555

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

A = ATTIC
C = CELLAR
G = GARAGE
O = OUTSIDE
# = FLOOR #

| DIRECTION ROOM #, ETC. | COMPLAINT | DISPOSITION by FIRE SAFETY: REFERRED | ORDERS ISSUED | CORRECTED | NOT REQUIRED |
|---|---|---|---|---|---|
| | ~~A~~ NOTE: FIRE SAFETY THIS CAN BE CONSOLIDATED WITH INSPECTION #03655 CHASE LINCOLN FIRST 1 CHASE LINCOLN PLAZA | | | X | |

FILE

| OFFICER PREPARING REPORT: Capt. D. Bagley | COMPANY E-17 | DISTRICT 1 | GROUP 3 | DATE 7-27-94 |
|---|---|---|---|---|
| BUS/PROP REPRESENTATIVE: | POSITION / TITLE | | | DATE |
| FIRE SAFETY INSPECTOR: | | | | DATE |

RFD 501 REV. 12/90

**COPY TO FIRE SAFETY**

Fire Safety Division
Fire Department

**City of Rochester**

Public Safety Building
Civic Center Plaza - 3rd Floor
Rochester, New York 14614
(716) 428-7037

**BUILDING INSPECTION / COMPLAINT FORM**

COMPANY: E17

INSPECTION #: 03654

ADDRESS: CLINTON AV S FROM / TO: 75 TAX ACCT #:

PROPERTY OWNER: HOME LEASING CORP ADDRESS: 850 CLINTON SQ PHONE: 000-0000
CITY: ROCHESTER STATE: NY ZIP: 14604

MAILING NAME: HOME LEASING CORP ADDRESS: 850 CLINTON SQ PHONE:
CITY: ROCHESTER STATE: NY ZIP: 14604

EMERGENCY CONTACT: ADDRESS: PHONE: 000-0000
CITY: STATE: ZIP:

| NFPA 901 CODES | GENERAL PROPERTY USE | SPECIFIC PROPERTY USE | STRUCTURE TYPE | STRUCTURE STATUS |
|---|---|---|---|---|
| | 59 | 592 | 1 | 2 |

NO ENTRY DATES:

BUSINESS NAME: CHASE LINCOLN FIRST BANK PHONE:
BUSINESS OWNER: CHASE LINCOLN FIRST BANK
ADDRESS: 75 S CLINTON AV ROCHESTER NY14604
PHONE:
BUSINESS EMERGENCY: CENTRAL SECURITY OFFICE
ADDRESS:
PHONE: 258 5555

A = ATTIC
C = CELLAR
G = GARAGE
O = OUTSIDE
# = FLOOR #

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

DISPOSITION by FIRE SAFETY:

| DIRECTION ROOM #, ETC. | COMPLAINT | REFERRED | ORDERS ISSUED | CORRECTED | NOT REQUIRED |
|---|---|---|---|---|---|
| | NO VIOLATIONS AT TIME OF INSPECTION | | | X | |

FILE

| OFFICER PREPARING REPORT: Capt. D. Bagley | COMPANY E-17 | DISTRICT 1 | GROUP 3 | DATE 7-29-94 |
|---|---|---|---|---|
| BUS/PROP REPRESENTATIVE: Laurel L. Harrington | POSITION / TITLE MANAGER | | | DATE 7/29/94 |
| FIRE SAFETY INSPECTOR: | | | | DATE |

RFD 501 REV. 12/90

**COPY TO FIRE SAFETY**

**Fire Safety Division**
Fire Department

**BUILDING INSPECTION / COMPLAINT FORM**

**City of Rochester**

Public Safety Building
Civic Center Plaza - 3rd Floor
Rochester, New York 14614
(716) **428-7037**

COMPANY E17

INSPECTION # 07181

ADDRESS: CLINTON AV S FROM / TO 75 TAX ACCT #

PROPERTY OWNER: CHASE ~~LINCOLN FIRST~~ MANHATTAN ~~HOME LEASING CORP~~ ADDRESS: 1 LINCOLN FIRST SQUARE ~~650 CLINTON SQ~~ PHONE 000-0000
CITY ROCHESTER STATE NY ZIP 14604

MAILING NAME: ~~HOME LEASING CORP~~ CHASE ~~LINCOLN FIRST~~ MANHATTAN BANK ADDRESS: 1 LINCOLN FIRST SQ ~~650 CLINTON SQ~~ PHONE
CITY ROCHESTER STATE NY ZIP 14604

EMERGENCY CONTACT: CENTRAL SECURITY OFFICE ADDRESS PHONE 258-5555 ~~000-0000~~
CITY STATE ZIP

| NFPA 901 CODES | GENERAL PROPERTY USE | SPECIFIC PROPERTY USE | STRUCTURE TYPE | STRUCTURE STATUS |
|---|---|---|---|---|
| | 59 | 592 | 1 | 2 |

NO ENTRY DATES:

BUSINESS NAME: CHASE ~~LINCOLN~~ MANHATTAN FIRST BANK PHONE
BUSINESS OWNER: CHASE LINCOLN FIRST BANK
ADDRESS: ~~75 S CLINTON AV~~ 1 CHASE LINCOLN FIRST SQUARE ROCHESTER NY14604
BUSINESS EMERGENCY: CENTRAL SECURITY OFFICE PHONE
ADDRESS
PHONE 258 5555

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

A = ATTIC
C = CELLAR
G = GARAGE
O = OUTSIDE
# = FLOOR #

| DIRECTION ROOM #, ETC. | COMPLAINT | REFERRED | ORDERS ISSUED | CORRECTED | NOT REQUIRED |
|---|---|---|---|---|---|
| | NO VIOLATIONS AT TIME OF INSPECTION | | | | |
| * | NOTE: FIRE SAFETY PLEASE MAKE NOTE CORRECTIONS @ PROPERTY OWNER, ADDRESS, ETC. | | | | |

DISPOSITION by FIRE SAFETY:

| OFFICER PREPARING REPORT: | COMPANY | DISTRICT | GROUP | DATE |
|---|---|---|---|---|
| Capt. David Bagley | E-17 | 1 | 3 | 8-12-93 |
| BUS/PROP REPRESENTATIVE: Asst Branch Mgr. | POSITION / TITLE: SUPERVISOR | | | DATE |
| FIRE SAFETY INSPECTOR: | | | | DATE |

RFD 501 REV. 12/90

COPY TO FIRE SAFETY

Fire Safety Division
Fire Department

**BUILDING INSPECTION / COMPLAINT FORM**

**City of Rochester**

Public Safety Building
Civic Center Plaza - 3rd Floor
Rochester, New York 14614
(716) 428-7037

COMPANY E17

INSPECTION # 04712

ADDRESS: CLINTON AV S — FROM / TO: 75 — TAX ACCT #:

PROPERTY OWNER: CH. LINCOLN FIRST BANK ~~HOME LEASING CORP~~ — ADDRESS: ~~850 CLINTON SQ~~ ONE LINCOLN FIRST SQ. — PHONE: 000-0000
CITY: ROCHESTER — STATE: NY — ZIP: 14604

MAILING NAME: ~~HOME LEASING CORP~~ CHASE LINCOLN FIRST BANK — ADDRESS: ~~850 CLINTON SQ~~ ONE LINCOLN FIRST SQ — PHONE:
CITY: ROCHESTER — STATE: NY — ZIP: 14604

EMERGENCY CONTACT: CENTRAL SECURITY OFFICE IN BANK BLDG. — ADDRESS: — PHONE: 258-5555 ~~000-0000~~
CITY: — STATE: — ZIP:

| NFPA 901 CODES | GENERAL PROPERTY USE | SPECIFIC PROPERTY USE | STRUCTURE TYPE | STRUCTURE STATUS |
|---|---|---|---|---|
| | 59 | 592 | 1 | 2 |

NO ENTRY DATES:

BUSINESS NAME: CHASE LINCOLN FIRST BANK — PHONE:
BUSINESS OWNER:
ADDRESS: — PHONE:
BUSINESS EMERGENCY: — ADDRESS: — PHONE:
SPECIAL INSTRUCTIONS:
SPECIAL HAZARDS OR CONSTRUCTION:

DISPOSITION by FIRE SAFETY:

A = ATTIC
C = CELLAR
G = GARAGE
O = OUTSIDE
# = FLOOR #

| DIRECTION ROOM #, ETC. | COMPLAINT | REFERRED | ORDERS ISSUED | CORRECTED | NOT REQUIRED |
|---|---|---|---|---|---|
| | No Complaints at this time | | | | |

| OFFICER PREPARING REPORT | COMPANY | DISTRICT | GROUP | DATE |
|---|---|---|---|---|
| F. R. Hildebrand | E-17 | | 8 | 7-15-92 |

| BUS/PROP REPRESENTATIVE | POSITION / TITLE | DATE |
|---|---|---|
| x William R. Zik | BLDG. MANAGER | |

| FIRE SAFETY INSPECTOR: | DATE |
|---|---|
| | |

RFD 501 REV. 12/90

COPY TO FIRE SAFETY

**Fire Safety Division**
Fire Department

**BUILDING INSPECTION / COMPLAINT FORM**

**City of Rochester**

Public Safety Building
Civic Center Plaza - 3rd Floor
Rochester, New York 14614
(716) **428-7037**

COMPANY E17

INSPECTION # 06101

ADDRESS: CLINTON AV S
FROM / TO: 75
TAX ACCT #:

PROPERTY OWNER: HOME LEASING CORP
ADDRESS: 850 CLINTON SQ
PHONE: 000-0000
CITY: ROCHESTER STATE: NY ZIP: 14604

MAILING NAME: HOME LEASING CORP
ADDRESS: 850 CLINTON SQ
PHONE:
CITY: ROCHESTER STATE: NY ZIP: 14604

EMERGENCY CONTACT:
ADDRESS:
PHONE: 000-0000
CITY: STATE: ZIP:

| NFPA 901 CODES | GENERAL PROPERTY USE | SPECIFIC PROPERTY USE | STRUCTURE TYPE | STRUCTURE STATUS |
|---|---|---|---|---|
| | 59 | 592 | 1 | 2 |

NO ENTRY DATES:

BUSINESS NAME: CHASE LINCOLN FIRST BANK
PHONE:
BUSINESS OWNER:
ADDRESS:
PHONE:
BUSINESS EMERGENCY:
ADDRESS:
PHONE:

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION:

A = ATTIC
C = CELLAR
G = GARAGE
O = OUTSIDE
# = FLOOR #

| DIRECTION ROOM #, ETC. | COMPLAINT | REFERRED | ORDERS ISSUED | CORRECTED | NOT REQUIRED |
|---|---|---|---|---|---|
| | No violations at time of inspection | | | | |

DISPOSITION by FIRE SAFETY:

| OFFICER PREPARING REPORT: | COMPANY | DISTRICT | GROUP | DATE |
|---|---|---|---|---|
| [illegible signature] | 17 | 17 | 3 | 6-5-91 |
| BUS/PROP REPRESENTATIVE: | POSITION / TITLE | | | DATE |
| FIRE SAFETY INSPECTOR: | | | | DATE |

RFD 501 REV. 12/90

COPY TO FIRE SAFETY