

For E.D. Use Only PFDMS Case

P.F.M.S. Account No. _____ Unit HD/CO _____ ADMIN. C.O. _____ C.B. # _____ AGENCY CODE NO. _____ UNIT PHONE # _____

ENVIRONMENTAL CONTROL BOARD
CITY OF NEW YORK

NOTICE OF VIOLATION AND HEARING

NOV# 10912203 M

30912203M

Respondent: New York City Fire Department vs Respondent:
 Respondent to: Owner Managing agent Tenant City agency Other owner

Place of Occurrence (Precise Address):
 E-1234 Main Street, Apt. 500, New York, NY 10001

Top: _____ Sub: _____ Zip Code: _____ Box Code: _____

Mailing Address (if different from precise address):
 Top: _____ Sub: _____ Zip Code: _____ Box Code: _____

Alt. Mailing: _____

PLEASE TAKE NOTICE that the precise case above is in violation of the requirements of law, it is further ORDERED by the FIRE COMMISSIONER that these violations be corrected and certified to be in compliance with the provisions of law. If the date of original violation must be made on the Certificate of Correction (Good Entry).
 The Certificate of Correction and all entries on the Certificate of Correction must be made on the Certificate of Correction (Good Entry), New York City, New York (1101-1857 (719) 909-2382) by close of business on the date of the hearing and properly certify correction that avoid a hearing and penalty. All other respondents must appear at the Environmental Control Board (ECB) hearing indicated below.

Notice of Hearing:
 If the Certificate of Correction is NOT RECEIVED, the date indicated above OR if no date is indicated above, respondent MUST APPEAR at a hearing on _____ at _____ at _____ of the ECB Hearing Office located in _____ (Brooklyn, Manhattan, Queens, Staten Island,) Bronx. The address for each location is provided on the reverse side of this form. This hearing is your opportunity to answer and defend the allegations set forth herein. If you do not appear, you will be held in default and subject to the penalties.

REPEAT OFFENSES: _____ appear at the hearing on the scheduled date.

Upon investigation, it has been determined by the above named Personnel that there is reasonable cause to believe that the above named Respondent is in violation of the Administrative Code and/or Fire Department Rules: 3 NYCRR §§19-01, 19-02, 19-03

<p>Rule 1 Buckets and/or Fire Extinguishers</p> <p>Failed to provide _____ fire buckets used in _____ as required.</p> <p>Failed to provide _____ approved, operative fire extinguishers at _____ as required.</p>	<p>Rule 17 Certificate of Fitness</p> <p>Failed to obtain/provide a Certificate of Fitness/Certificate Holder on Duty for _____ as required.</p>
<p>Rule 2 Waste Receptacles</p> <p>Failed to provide _____ approved receptacles for _____ as required.</p>	<p>Rule 18 Certificate of Approval/Qualification/License</p> <p>Failed to obtain/provide a Certificate of Approval/Qualification/License for _____ as required.</p>
<p>Rule 3 No Permits</p> <p>(Gold/Steel/Lead/Manufactured/Transported/Combustibles/Flammable/explosives) without required valid permit _____ as required.</p>	<p>Rule 19 Certificate of Occupancy/Public Assembly Permits/Meets/Documentation/Permits/Applications</p> <p>Failed to provide _____ as required.</p>
<p>Rule 4 Quantities in Excess of Permits</p> <p>(Gold/Steel/Lead/Manufactured/Transported) _____ as required.</p>	<p>Rule 20 Test/Inspection</p> <p>Failed to conduct required _____ (test/inspection) of _____ as required.</p>
<p>Rule 5 Produce Permit and/or Receipt</p> <p>Failed to produce (produce/receipt) regarding _____ as required.</p>	<p>Rule 21 Containers</p> <p>Failed to provide approved containers for _____ as required.</p>
<p>Rule 6 Signs/Postings/Instructions</p> <p>Failed to provide (Signs/Postings/Instructions) for _____ as required.</p>	<p>Rule 22 Benches/Supports</p> <p>Failed to provide (government) approved benches/supports for _____ as required.</p>
<p>Rule 7 Labels/Marks/Tags</p> <p>Failed to provide (Labels/Marks/Tags) for _____ as required.</p>	<p>Rule 23 Storage</p> <p>Failed to provide (stacked/arranged) containers for the storage of _____ as required.</p>
<p>Rule 8 Obstructions/Accumulations</p> <p>Failed to remove all obstructions/accumulations of rubbish in storage of _____ as required.</p>	<p>Rule 24 Racks</p> <p>Failed to provide appropriate racks at _____ as required.</p>
<p>Rule 9 Adequate Egress/Aisle Space/Clearance</p> <p>Failed to provide adequate (egress/aisle space/clearance) at _____ as required.</p>	<p>Rule 25 Electrical Equipment</p> <p>Failed to provide (inspect/maintain) electrical equipment as required.</p>
<p>Rule 10 Occupancy Load Restriction</p> <p>Occupied _____ in excess of _____ persons allowed by law _____ as required.</p>	<p>Rule 26 Approved Refrigeration/Heating Devices or Units</p> <p>Failed to provide (inspect/maintain) refrigeration/heating devices as required.</p>
<p>Rule 11 General Maintenance</p> <p>Failed to maintain _____ in a proper condition as required.</p>	<p>Rule 27 Approved Lighting Devices</p> <p>Failed to provide (inspect/maintain) lighting devices as required. Specify type of protection required _____</p>
<p>Rule 12 Maintenance of Sprinkler, Standpipe, Alarm, Suppression Systems</p> <p>Failed to properly (inspect/maintain) _____ system or part thereof as required. Describe below _____</p>	<p>Rule 28 Exposed Flames or Sparks</p> <p>(Unlawfully allowed/failed to protect) exposed flame or spark at _____ as required.</p>
<p>Rule 13 Fire Retardant Material</p> <p>Failed to provide (inspect/maintain) non-combustible material _____ as required.</p> <p>_____ or provide affidavit that combustible material has been treated with flame retardant as required.</p>	<p>Rule 29 Designated Areas</p> <p>Failed to provide (inspect/maintain) designated areas/rooms for _____ as required.</p>
<p>Rule 14 Fireproof Doors/Windows</p> <p>Failed to (inspect/maintain) (self-closing) fireproof doors/windows at _____ as required.</p>	<p>Rule 30 Fire Safety in Office Building/Hotels/Motels</p> <p>Failed to comply with the fire safety requirements for office buildings/hotels/motels. Specify _____</p>
<p>Rule 15 Fireproof Partitions or Walls</p> <p>Failed to provide (inspect/maintain) fireproof partitions or walls at _____ as required.</p>	<p>Repeat Violation (§15-228)</p> <p>Failed to correct (Rule(s)) _____ as previously cited on NOV # _____ (Respondent must appear at the hearing.)</p>
<p>Rule 16 Ventilation</p> <p>Failed to provide (approved/ventilate/adequate) ventilation at _____ as required.</p>	<p>False Certification (§15-229.1)</p> <p>Willfully issued Certificate of Correction for NOV # _____ (Respondent must appear at hearing.)</p> <p>Other Code Section/Rule _____ Describe offense below _____</p>

Description of Violation: _____

I personally observed the commission of the above offense(s) or personally reviewed the office records indicating the offense(s) charged above. All statements made herein are affirmed under penalty of perjury. Date of Offense: _____ Time: _____ a.m./p.m.

INSPECTOR'S SIGNATURE _____

INSPECTOR'S NAME _____

Inspector's Tax Registry Number _____

665-6 (Rev. 02/11)

CERTIFICATE OF CORRECTION (COMPLETE REVERSE SIDE)

Notice of Violations (Nov)

Responsible Person

- Principle Investigator

Date must be received by FDNY

-within 35 days of violation

Date/Time of ECB appearance

- If not received by FDNY within 35 days or REPEAT VIOLATION

Date of original violation

Certificate of Correction

To be completed by responsible person

To be completed by Notary (EH&RS/EH&S can provide a Notary)

Manhattan - ECB Hearing Office

66 John St. 10 Floor

1-844-628-4692

"A" train to Fulton/Nassau St.

CERTIFICATE OF CORRECTION

State of New York
County of _____

I, _____ being duly sworn, depose and say that I am the responsible party in the Notice of Violation and that I admit the existence of the violation(s) described in the Notice of Violation.

Check one: I have corrected all said violations as ordered by the Commissioner.
 I have only corrected Rule Number(s) _____ and will attend hearing on scheduled date.

(The respondent certifies that all violations have been corrected if no box is checked.)

(Sign only before a notary)

TO BE COMPLETED BY NOTARY

County of _____ Registration Number _____ SEAL _____
Sworn to before me this _____ day of _____ 20____ Notary Number _____
Signature of Notary _____ Commission Expires _____

The Fire Commissioner reserves the right to reject any Certificate of Correction that is incomplete. Falsification is punishable by a fine of not less than \$1,000 nor more than \$5,000 and/or up to 6 months imprisonment pursuant to Administrative Code Section 24-226.1

CERTIFICATION INSTRUCTIONS

For first offenses:

1. ALL offenders must correct the violation(s) cited on the NOTICE OF VIOLATION.
2. All offenders must complete the Certificate of Correction above and have it notarized. Do not detach above certificate from this page.
3. Attach legible copies of any and all bills, receipts and/or other proof of compliance to the Certificate of Correction (see correction requirements on reverse of green copy) and submit them along with this Certificate.
4. Return the complete Certificate of Correction with all appropriate documentation attached to the Bureau of Fire Prevention, Enforcement Unit, 9 Metro Tech East, Brooklyn, New York 11201-3857 by the close of business on the date indicated on the NOTICE OF VIOLATION for return of the certificate. (See reverse side for return date)
5. Respondents will be notified by mail if their Certificate of Correction has been disapproved and of the appropriate action to take to correct same.
6. If it is impossible to correct any or all violations within the time indicated, you may be eligible for a stipulation extending the time to correct. A request for a stipulation extending compliance time must be made at the hearing and is subject to the approval of the Fire Department and the ECB.
7. If you properly certify that ALL violations have been corrected, you will be excused from appearing at the scheduled ECB hearing and no penalty will be imposed.
8. If you fail to comply with (7) above or if you are a repeat offender, you will be required to attend the ECB hearing designated on the NOV and bring with you all proof of correction to the hearing.

ECB HEARING OFFICES

If you are required to attend an ECB hearing, check for the hearing location on the back of the NOV and visit the address below:

Manhattan - 66 John St., 10th Floor, New York, NY 10038-1002	Queens - 141-35 49th Avenue, Jamaica, Queens, NY 11434-2001
Brooklyn - 9 Metro Tech East, Brooklyn, NY 11201-3857	Staten Island - 200-22 109th Place, Staten Island, NY 10314-2001
Westchester - 300 Park Ave., 17th Floor, New York, NY 10022-3001	