

NYCServ Violation Copy

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11402156P

For E.U. Use Only: FPIMS Date 3/20/15 Initials VS
 Agency Code No. 7115
 F.P.I.M.S. Account No. 8190153215 FP Unit 1316 ADMIN. C.O. HR011 C.B. # 111 UNIT PHONE # 718-999-2557
ENVIRONMENTAL CONTROL BOARD **NOTICE OF VIOLATION AND HEARING** **NOV# 11402156P**

Petitioner, New York City Fire Department vs Respondent:
79010 DEVEZIO AMANTO KKA
 Respondent is: owner managing agent tenant city agency daycare center
 Place of Occurrence (Premises Address)
 BLDG 77-06 Prefix 11373 Street Name QUEENS Boro Code CS 1=Man; 2=Bx; 3=Si; 4=Bklyn; 5=Qns
 Type BLVD Suffix 11373 Zip Code 11373 Boro Code CS 1=Man; 2=Bx; 3=Si; 4=Bklyn; 5=Qns; 6=Out of city
 Mailing Address (if different from premises address)
 BLDG 11373 Prefix 11373 Street Name QUEENS Boro Code CS 1=Man; 2=Bx; 3=Si; 4=Bklyn; 5=Qns; 6=Out of city
 Type BLVD Suffix 11373 Zip Code 11373 Boro Code CS 1=Man; 2=Bx; 3=Si; 4=Bklyn; 5=Qns; 6=Out of city
 Add Info/AKA _____

Notice of Violation and Order to Correct and Certify Correction:
 PLEASE TAKE NOTICE that the premises cited 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 requirements of law within 35 days of the date of issuance. Certification must be made on the Certificate of Correction (Gold Copy). The Certificate of Correction and all proof of compliance MUST BE RECEIVED by the Bureau of Legal Affairs, Administrative Enforcement Unit, 9 MetroTech Center, 1st Floor, Brooklyn, New York 11201-3857 (718) 999-2392 by close of business on 4/17/15. First offenders whose proof of correction is accepted by the Fire Department by such date will 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 by the date indicated above OR if no date is indicated above, the respondent MUST APPEAR at a hearing on 4/21/15 at 10:30am, at 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.) Proceedings will be held under the authority of Section 1049-a of the NYC Charter and the rules promulgated thereunder. This hearing is your opportunity to answer and defend the allegations set forth below. If you do not appear, you will be held in default and subject to maximum penalties. REPEAT OFFENDERS MUST APPEAR at the hearing on the scheduled date.

Upon investigation, the Fire Department has determined that the above named respondent is in violation of the New York City Administrative Code and/or rules promulgated thereunder with respect to the following requirements (which have been consolidated into violation categories (VC) for enforcement purposes, as set forth in Fire Department rule 3 RONY §109-02):

- VC 1 **Portable Fire Extinguishers and Fire Hoses**
 Failed to provide and/or maintain required (portable fire extinguishers/ fire hoses/other) at _____ LOCATION _____
 Failed to provide required container(s) for combustible waste and/or store combustible waste in a container at _____ LOCATION _____
- VC 2 **Combustible Waste Containers**
 Failed to obtain/renew/possess a permit for _____ TYPE OF PERMIT _____
- VC 3 **Permits**
 Failed to obtain/renew/possess a permit for _____ TYPE OF PERMIT _____
- VC 4 **Unlawful Quantity or Location of Regulated Material (Manufacture/Storage/Handle/Use)**
 _____ MATERIAL _____ in violation of permit/quantity/location restrictions. LOCATION _____
- VC 5 **Recordkeeping**
 Failed to (maintain/produce) records for see below at _____ LOCATION _____ SPECIFY _____
- VC 6 **Signs, Postings, Notices and Instructions**
 Failed to provide and/or maintain required (signs)(postings)(notices)(instructions) for _____ TYPE _____ at _____ LOCATION _____
- VC 7 **Labels and Markings**
 Failed to provide and/or maintain required label, or other marking for _____ TYPE _____ at _____ LOCATION _____
- VC 8 **Storage, Accumulation and Removal of Combustible Material and Waste**
 Failed to remove combustible waste and/or allowed the storage/accumulation of combustible material, waste and/or vegetation at: _____ LOCATION _____
- VC 9 **Rooftop Access and Means of Egress**
 Failed to provide access/egress free from obstructions or impediments, and/or failed to maintain required egress at: _____ LOCATION _____
- VC 10 **Overcrowding**
 Failed to limit number of persons in _____ TYPE OF SPACE _____ to _____ NUMBER OF PERSONS _____ at _____ LOCATION _____
- VC 11 **General Maintenance**
 Failed to maintain see below in (good working order/clean condition) or in compliance with (general maintenance/ housekeeping) requirements. LOCATION _____
- VC 12 **Fire Protection Systems**
 Failed to provide and/or maintain required see below at _____ LOCATION _____ and/or prevent unnecessary/unwarranted alarms. TYPE OF SYSTEM _____
- VC 13 **Flame-Resistant Materials**
 Failed to provide and/or maintain required flame-resistant materials at _____ LOCATION _____ SPECIFY TYPE _____
- VC 14 **Fire-Rated Doors and Windows**
 Failed to (provide/protect/maintain) required (fire-rated/self-closing/access) door or window at _____ LOCATION _____
- VC 15 **Fire-Rated Construction**
 Failed to provide and/or maintain required fire-rated construction of _____ SPECIFY _____ at _____ LOCATION _____
- VC 16 **Ventilation**
 Failed to provide and/or maintain required ventilation at _____ LOCATION _____ for _____ SPECIFY PURPOSE _____ SPECIFY TYPE _____
- VC 17 **Certificates of Fitness and Certificates of Qualification**
 Failed to obtain and/or produce required (Certificate of Fitness/Certificate of Qualification) for _____ SPECIFY TYPE _____
- VC 18 **Certificates of Approval, Certificates of License and Company Certificates**
 Failed to obtain and/or produce required Certificate of Approval for _____ TYPE _____ Certificate of License, or Company Certificate for _____ TYPE _____
- VC 19 **Affidavits, Design and Installation Documents and Other Documentation**
 Failed to (prepare/produce/submit) required documentation: _____ TYPE _____
- VC 20 **Inspection and Testing**
 Failed to conduct required (initial/periodic) inspection or test of _____ DESCRIPTION _____ at _____ LOCATION _____ SPECIFY _____
- VC 21 **Portable Containers**
 Failed to (provide/use) required container for _____ TYPE _____ at _____ LOCATION _____
- VC 22 **Stationary Tanks**
 Failed to provide required stationary tank storage system for _____ TYPE OF MATERIAL _____ at _____ LOCATION _____
- VC 23 **Storage Facilities**
 Failed to provide required storage (cabinets/enclosures/rooms/vaults) at _____ LOCATION _____
- VC 24 **Storage of Hazardous Materials/Commodities**
 Failed to provide required racks and/or shelf storage, and/or failed to store _____ TYPE OF MATERIALS/COMMODITIES _____ at _____ MANUFACTURE/LOCATION _____
- VC 25 **Electrical Hazards**
 Failed to provide and/or maintain required electrical devices/equipment and/or allowed electrical hazards to exist at _____ LOCATION _____
- VC 26 **Heating and Refrigeration Equipment and Systems**
 Failed to provide and/or maintain required (heating/refrigerating) system for _____ SPECIFY _____
- VC 27 **Electrical Lighting Hazards**
 Failed to provide, protect, and/or maintain required lighting devices or equipment at _____ LOCATION _____
- VC 28 **Open Fires, Open Flames and Sparks**
 Unlawfully (lit/maintained/operated/used/failed to protect) (open fire/open flame/sparking device) at _____ LOCATION _____
- VC 29 **Designated Handling and Use Rooms or Areas**
 Failed to provide required (room/area) for (handling/use) of _____ TYPE OF MATERIAL/ACTIVITY _____ at _____ LOCATION _____
- VC 30 **Emergency Planning and Preparedness**
 Failed to comply with emergency planning and preparedness requirements see below SPECIFY _____
- Repeat Violation (§15-229)
 Repeat violation of VC(s) _____ as previously cited on NOV# _____ (Respondent must appear at hearing.)
- False Certification (§15-220.1)
 Willfully falsified Certificate of Correction for NOV# _____ (Respondent must appear at the hearing.)
- Other Fire Code/Rule Violations _____ Describe offense below. SPECIFY SECTION _____

Description of Violation: V.C. #5, 11, 12, 30 see supplementary FORM

I personally observed the violations charged above or personally reviewed the office records indicating such violations.
 All statements made herein are affirmed/certified under penalty of perjury. Date of Offense: 03/10/15 Time 3:55 a.m./p.m. Andrew Vesky
 Supplement Attached
 Inspector's Identification Number 105941695 INSPECTOR'S SIGNATURE _____
 PRINT NAME Andrew Vesky

M25-19 H1-912711-11-112 **AFFIDAVIT (CERTIFICATE) OF SERVICE (COMPLETE REVERSE SIDE)**
 ECB COPY