



Construction Safety Compliance Appointment Request Form

(A SEPARATE FORM MUST BE SUBMITTED FOR EACH JOB)
Submit typewritten form to cscuappointments@buildings.nyc.gov

1 REQUESTOR (Required)

Name _____

Business Phone _____ Cell Phone _____

Email _____

2 LOCATION INFORMATION (Required)

Address _____

Job # _____ BIN # _____

Community Board # _____ Block # _____ LOT # _____

3 APPOINTMENT REQUEST (Required)

Pre-Demolition Inspection

Onsite Plans YES NO

TR1 Statement of Responsibility YES NO

Is the requested appointment a follow-up to previous objections issued? YES NO

If yes, indicate the corrective action taken in Section 4.

Demolition Sign-off Inspection

Onsite Plans YES NO

TR1 Sign-off..... YES NO

Suspended Scaffold Pre-inspection

CD5 on site? YES NO

NOTE: The Master Rigger or designated Rigger Foreman must be on site at the time of the inspection appointment.

Sidewalk Shed Removal *Partial* *Full*

Has all exterior work been completed? YES NO

Have all temporary devices, equipment and tools been removed from setback?..... YES NO

Are windows and curtain walls completed? YES NO

Other than the sidewalk shed, has all exterior temporary construction YES NO
equipment been removed?

Removal from Site Safety (Site Safety Projects ONLY)

Has all exterior work been completed? YES NO

Have all devices, equipment and tools been removed from roof setback? YES NO

Are windows and curtain walls completed? YES NO

Has all exterior temporary construction equipment been removed? YES NO

Has the sidewalk shed been removed? YES NO

Other

4	COMMENTS
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