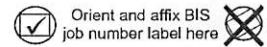


GPS1: Gas Piping System Periodic Inspection Report

Form must be typewritten.



1 Location Information *(required for all reports)*

| | | | |
|---------------------|------------------------------|--|-------------|
| House No(s) 534 | Street Name West 42nd Street | Owner Name: Livingston Management Services | |
| Borough Manhattan | Block 1070 | Lot 7502 | BIN 1088887 |
| | | Community Board No. 4 | |
| Number of Stories 9 | Total Number of Meters: 2 | Total Number of Active Meters: 2 | |

2 Licensed Master Plumber Information *(required for all reports; fax and mobile telephone are optional)*

| | | |
|-------------------------------------|---------------------|---------------------------------|
| Last Name Clark | First Name Jonathan | Middle Initial |
| Business Name Calray Gas Heat Corp. | | Business Telephone 212-722-5506 |
| Business Address 571 Timpson Place | | Business Fax 212-534-0774 |
| City Bronx | State NY | Zip 10455 |
| Email info@calraygasheat.com | | Mobile Telephone |
| | | License Number 2341 |



3 Individual Performing Inspection (Qualified Individual) Information *(required where a qualified individual performed inspection under LMP supervision; fax and mobile telephone are optional)*

| | | |
|-------------------------------------|-------------------|--------------------------------------|
| Last Name Hunte | First Name Conrod | Middle Initial |
| Business Name Calray Gas Heat Corp. | | Business Telephone 212-722-5506 |
| Business Address 571 Timpson Place | | Business Fax 212-534-0774 |
| City Bronx | State NY | Zip 10455 |
| Email info@calraygasheat.com | | Mobile Telephone |
| | | Employer Name: Calray Gas Heat Corp. |

4 Certification of Inspection Results *(required for all reports)*

| Relevant Category | Check only one for each relevant category | List conditions observed for each category (e.g., floor number & location of condition(s) observed, etc.). Attach additional sheets if necessary. |
|--|--|---|
| 1 Improper Use of Flex Hose | <input checked="" type="checkbox"/> No Condition(s) Observed or <input type="checkbox"/> Condition(s) Observed | Conditions observed: |
| 2 Evidence of Illegal Connections/Non-Code Compliant Installations | <input checked="" type="checkbox"/> No Condition(s) Observed or <input type="checkbox"/> Condition(s) Observed | Conditions observed: |
| 3 Gas Leak (0.1% gas or more in air) | <input checked="" type="checkbox"/> No Condition(s) Observed or <input type="checkbox"/> Condition(s) Observed | Conditions observed: |
| 4 Worn Part(s) Affecting Safe and Reliable Operation | <input checked="" type="checkbox"/> No Condition(s) Observed or <input type="checkbox"/> Condition(s) Observed | Conditions observed: |

GPS1: Gas Piping System Periodic Inspection Report

 Orient and affix BIS
job number label here 

Form must be typewritten.

| Relevant Category | Check only one for each relevant category | List conditions observed for each category (e.g., floor number & location of condition (s) observed, etc.). Attach additional sheets if necessary. |
|-----------------------------|--|--|
| 5 Other Unsafe Condition(s) | <input checked="" type="checkbox"/> No Condition(s) Observed | Conditions observed: |
| | or | |
| | <input type="checkbox"/> Condition(s) Observed | |
| | | |

5 Additional Comments

6 Certification of Licensed Master Plumber (required for all reports)

I hereby state that I have personally inspected, or the individual identified in Section 7 of this form has inspected under my direct and continuing supervision, the gas piping system(s) of the building listed herein pursuant to Article 318 of Title 28 of the New York City Administrative Code and Section 103-10 of Title 1 of the Rules of the City of New York and in accordance with all applicable Code, rules, bulletins and laws. Furthermore, I have personally reviewed the contents of this form and hereby affirm that all statements and information contained herein are correct and complete to the best of my knowledge. I understand that a copy of this inspection report must be submitted to the building owner/owner's authorized representative no later than 30 days from the date this inspection was performed.

Falsification of any statement is a misdemeanor under §§28-211.1, 28-201.2.1(2), and 28-203.1(1) of the NYC Administrative Code and is punishable by a fine or imprisonment, or both. I understand that if I am found after hearing to have knowingly or negligently made a false statement or to have knowingly or negligently falsified or allowed to be falsified any certificate, form, signed statement, application, report or certification of the correction of a violation required under the provisions of the New York City Administrative Code or of a rule of any agency, I may be barred from filing further applications or documents with the Department. It is unlawful to give to a City employee, or for a City employee to accept, any benefit, monetary or otherwise, either as a gratuity for properly performing the job or in exchange for special consideration. Violation is punishable by imprisonment or fine or both.

Name (please print)

Jonathan Clark

12/21/2022

Signature

Date

LMP Seal (apply seal, then sign and date over seal)

7 Certification of Individual Performing Inspection (required where a Non-LMP performed inspection under LMP supervision)

I hereby state that I have personally inspected, under the direct and continuing supervision of the licensed master plumber identified in section 6 of this form, the gas piping system(s) of the building listed herein pursuant to Article 318 of Title 28 of the New York City Administrative Code and Section 103-10 of Title 1 of the Rules of the City of New York and in accordance with all applicable code, rules, bulletins and laws. Furthermore, I have personally reviewed the contents of this form and hereby affirm that all statements and information contained herein are correct and complete to the best of my knowledge.

Falsification of any statement is a misdemeanor under §§28-211.1, 28-201.2.1(2), and 28-203.1(1) of the NYC Administrative Code and is punishable by a fine or imprisonment, or both. I understand that if I am found after hearing to have knowingly or negligently made a false statement or to have knowingly or negligently falsified or allowed to be falsified any certificate, form, signed statement, application, report or certification of the correction of a violation required under the provisions of the New York City Administrative Code or of a rule of any agency, I may be barred from filing further applications or documents with the Department. It is unlawful to give to a City employee, or for a City employee to accept, any benefit, monetary or otherwise, either as a gratuity for properly performing the job or in exchange for special consideration. Violation is punishable by imprisonment or fine or both.

Name (please print)

Conrod Hunte

12/21/2022

Signature

Date