

Torres, Genara

From: Andrew Buzin [a.buzin@fuchsberg.com]
Sent: Friday, January 07, 2011 2:01 PM
To: Torres, Genara
Cc: Van Duyne, Sheree
Subject: RE: Freedom of Information Online Request Form - Found word(s) list error in the Text body

Dear Ms. Torres Rojas:

Thank you for informing me of the incomplete request. The complete request can be found below:

All requests made herein pertain to the Newport Pavonia PATH Station:

- Any surveys from 2008-2010 on the ramps leading to the train platforms.
- Any engineering studies from 2008-2010 on the ramps leading to the train platforms. - Any studies from 2008-2010 on the ramps leading to the train platforms.
- Any changes made to the ramps leading to the train platforms from 2008-present.
- Any maintenance or service records from 2010 for the ramps leading to the train platforms.
- Any documents reflecting the degrees of inclines of the ramps leading to the train platforms.
- Any documents reflecting the friction coefficients of the ramps leading to the train platforms in 2010.
- Any cleaning, mopping, or floor treatment schedules reflecting maintenance of the ramps leading to the train platforms in December 2010.
- Any incident reports from 2010 -- with names and personal information redacted -- reflecting slip and fall accidents on the ramps leading to the train.

Please feel free to contact me with any questions or concerns.

Very truly yours,
Andrew S. Buzin, Esq.
The Jacob D. Fuchsberg Law Firm
500 Fifth Avenue
45th Floor
New York, NY 10110-4599
Tel: 212-869-3500
Fax: 212-398-1532
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THE PORT AUTHORITY OF NY & NJ

Daniel D. Duffy
FOI Administrator

May 25, 2011

Mr. Andrew Buzin
The Jacob D. Fuchsberg Law Firm
500 Fifth Avenue, 45th Floor
New York, NY 10110

Re: Freedom of Information Reference No. 12075

Dear Mr. Buzin:

This is a response to your January 7, 2011 request, which has been processed under the Port Authority's Freedom of Information Policy (the "Policy") for copies of various records related to the Newport Pavonia PATH Station from 2008 through 2010.

Enclosed please find material responsive to your request and available under the Policy, which consists of two (2) Patron Accident Reports and seven (7) additional pages.

In response to your email of May 24, 2011, the \$372.40 that your office previously paid was charged for the research necessary to determine if any records responsive to your request exist. The fee of \$11.75 is for due and owing for copies of the enclosed records and is separate from the research fee. Payment should be made in cash, certified check, company check or money order payable to "The Port Authority of New York & New Jersey" and should be sent to my attention at 225 Park Avenue South, 17th Floor, New York, NY 10003.

Certain material responsive to your request is exempt from disclosure pursuant to exemption (6) of the Policy.

Please refer to the above FOI reference number in any future correspondence relating to your request.

Very truly yours,



Daniel D. Duffy
FOI Administrator

Enclosure

225 Park Avenue South, 17th Floor
New York, NY 10003
T: 212 435 2542 F: 212 435 7555



PATRON ACCIDENT OR PROPERTY DAMAGE REPORT (One form available for each employee) PA 019-01-09

ORIGINAL REPORT TO - MANAGER, CLAIMS ADMINISTRATION (225 PAS, 13 th Floor) COPY TO - (1) SAFETY ENGINEERING SUPERVISOR INSPECTION & SAFETY DIVISION (PATC Zip 43) (2) RISK SUPERVISOR, RISK MANAGEMENT (225 PAS Treasury, 12 th Floor) (3) ORIGINATING UNIT	CASE #: 2619-10
	<input type="checkbox"/> N.Y. <input checked="" type="checkbox"/> Patron Accident <input checked="" type="checkbox"/> N.J. <input type="checkbox"/> Property Damage

Full Name of Injured Person Michael A Nespoli	Address (Home)	Home Phone #	Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F	Age 55
Occupation	Name & Address of Employer	Business Phone #		

Facility PATH	Exact Location of Accident: (When helpful, attach a diagram to this form only, on plain paper) Pavonia Newport PATH Station Walkway "N" Right side going down
------------------	--

Accident Date 12/14/10	Day of Week Tuesday	Time 3:00 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	To Whom Reported? PATH Customer Agent	Date Reported 12/14/10	Time 3:05 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM
<input type="checkbox"/> Motor Stairs	Going: <input type="checkbox"/> Up <input type="checkbox"/> Down	Riding <input type="checkbox"/>	Getting: <input type="checkbox"/> On <input type="checkbox"/> Off	Motor Stair Stopped? <input type="checkbox"/> Yes <input type="checkbox"/> No	Motor Stair #:
<input checked="" type="checkbox"/> Stationary Stairs	Stationary Stair #:	Injured Was Going <input type="checkbox"/> Up <input type="checkbox"/> Down	By Whom	How Long After Fall	

Condition of Area: CLEAN WELL LIT SLIPPERY SIGN "CAUTION" "WET FLOOR" (R)

NARRATIVE: Tell what the injured and/or witness(s) said. Give the exact statement in person's own words, identifying individual(s) making statement, to whom statement was made, and in whose presence:

Injured was "walking down the walkway." Injured "slipped on floor, fell backwards, and landed on his left wrist."

Statement from injured person.

Did You Witness Accident? Yes No

NAMES OF ADDITIONAL WITNESSES MAY BE INCLUDED IN AVAILABLE SPACE OR ON AN ADDITIONAL SHEET

Witness No. 1	Full Name and Address					
	Phone No.	Relationship to Injured	Accompanied Injured? <input type="checkbox"/> Yes <input type="checkbox"/> No	Work at Facility? <input type="checkbox"/> Yes <input type="checkbox"/> No	P.A. Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Witness No. 2	Full Name and Address					
	Phone No.	Relationship to Injured	Accompanied Injured? <input type="checkbox"/> Yes <input type="checkbox"/> No	Work at Facility? <input type="checkbox"/> Yes <input type="checkbox"/> No	P.A. Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Signature of P.O. Reporting Accident <i>PO Menezes Mendez</i>	Shield No. 1606	Date 12/14/10
--	--------------------	------------------

Medical Data	<input type="checkbox"/> No Treatment <input checked="" type="checkbox"/> First Aid At Scene By JCEMS Bus #315 EMT Clark
	Ambulance called? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, time called: 3:15 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM Arrived: 3:32 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM
	Name and City of Hospital Injured Taken To (if any) Jersey City Medical Center Jersey City NJ
	Doctor's Name and Address
	Nature and Extent of Injury (Include Part Injured) Deformity left wrist/forearm
If rendered first aid elsewhere, state where, by whom and names of those present:	

COMPLETE THIS SECTION ONLY IN CASES OF ACTUAL OR PROBABLY PERSONAL INJURY

Who Reported Accident? PATH Customer service Agent		Did Injured Wear Glasses? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Type of Glasses <input type="checkbox"/> Bi-Focal <input type="checkbox"/> Tinted Glasses <input type="checkbox"/> Other:
Who Assisted Injured Off Stairs or Point Where Found?			
How Were You Called To Scene? <input type="checkbox"/> Phone <input type="checkbox"/> Public Address <input checked="" type="checkbox"/> Other: Police radio			
What Was Your Post Assignment? Mobile CTI 2			
Other P.A. Personnel At Scene: (Names & Titles) PO Gove			
Where Did You First See Injured? In Which Position? Sitting with back on wall holding his left arm in his lap			
Did You Attempt To Get Identity of Witness? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Weather Conditions <input type="checkbox"/> Wet <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Snowing <input type="checkbox"/> Raining	
Any Apparent Disability Other Than From Fall? No			
What Did Injured Allege Caused Fall? Slippery walkway.			
Kind Of Shoes Worn By Injured: <input type="checkbox"/> High Heels <input type="checkbox"/> Medium Heels <input checked="" type="checkbox"/> Flat Heels <input type="checkbox"/> Galoshes <input type="checkbox"/> Other:			
What Did Injured Carry? Brief case			
Was Injured Traveling Alone? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, Who Accompanied?			
Any Evidence of Alcohol? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If Yes, Describe: <input type="checkbox"/> Speech <input type="checkbox"/> Odor <input type="checkbox"/> Gait <input type="checkbox"/> Other:	
If Taken to First Aid, How? <input checked="" type="checkbox"/> Walking <input type="checkbox"/> Wheel Chair <input type="checkbox"/> Stretcher <input type="checkbox"/> Other:			
How Departed From First Aid? <input type="checkbox"/> Walking <input type="checkbox"/> Wheel Chair <input type="checkbox"/> Stretcher <input checked="" type="checkbox"/> Other: Ambulance to hospital			
Was Injured Familiar With Terminal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Does Not Apply		Was Injured Using Handrail? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> Does Not Apply	
Did Local Jurisdiction Police Respond? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Identify:			

Property Damage	Item(s) Damaged and Description of Damage		
Total P.A. Damage: <input checked="" type="checkbox"/> None <input type="checkbox"/> \$ 1000 or less <input type="checkbox"/> Over \$ 1000		Damage Involved <input type="checkbox"/> P.A. <input type="checkbox"/> Tenant <input type="checkbox"/> Contractor <input type="checkbox"/> Other (Explain)	
Reported By (Non-Police)	Title	Date	Facility Manager's Signature

To Be Completed By Supervisor		If the following section cannot be completed immediately, forward this report as is, and when this information is obtained it should be forwarded as a supplement to the report.	
Personnel Assigned to Area		Area Last Cleaned by B.A. <input type="checkbox"/> AM <input type="checkbox"/> PM	
Inspected Motor Stairs, Stationary Stairs <input type="checkbox"/> AM <input type="checkbox"/> PM		How?	
At		Signature of B.A.	
Condition		Area Last Inspected by B.A. <input type="checkbox"/> AM <input type="checkbox"/> PM	
Last Coating of Area (If Applicable)		At	
Signature		Condition	
Date	Signature of Person Making Inspection	Date	

INSTRUCTIONS

- | | |
|---|--|
| <ol style="list-style-type: none"> 1. Print in Black Ink 2. Identify all witnesses 3. Check all appropriate boxes 4. Submit promptly additional information, as available, to Manager, Claims Administration. | <ol style="list-style-type: none"> 5. Forward this form to Manager, Claims Administration 6. If P.A. Property is damaged, prepare Maintenance Work Order Form PA 2302. Write "Accident Damage" in description of job. Also indicate M.W.O. number in appropriate box on reverse side of this form. |
|---|--|

ORIGINAL REPORT TO - MANAGER, CLAIMS ADMINISTRATION (225 PAS, 13 th Floor) COPY TO - (1) SAFETY ENGINEERING SUPERVISOR INSPECTION & SAFETY DIVISION (PATC Zip 43) (2) RISK SUPERVISOR, RISK MANAGEMENT (225 PAS Treasury, 12 th Floor) (3) ORIGINATING UNIT		CASE #: 392-10	
		<input type="checkbox"/> N.Y. <input checked="" type="checkbox"/> N.J.	<input checked="" type="checkbox"/> Patron Accident <input type="checkbox"/> Property Damage
Full Name of Injured Person RAMONITA ORTEGA	Address (Home)	Home Phone # NA	Sex <input type="checkbox"/> M <input checked="" type="checkbox"/> F Age 58
Occupation NA	Name & Address of Employer NA	Business Phone #	

Facility PAVONIA/ NEWPORT	Exact Location of Accident: (When helpful, attach a diagram to this form only, on plain paper) THE BOTTOM OF THE NORTH RAMP JUST BEFORE THE DOUBLE DOORS				
Accident Date 02-25-10	Day of Week THURSDAY	Time 1602 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	To Whom Reported? PATH POLICE DESK	Date Reported 02-25-10	Time 1600 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM
<input type="checkbox"/> Motor Stairs	Going: <input type="checkbox"/> Up <input type="checkbox"/> Down	Riding <input type="checkbox"/>	Getting: <input type="checkbox"/> On <input type="checkbox"/> Off	Motor Stair Stopped? <input type="checkbox"/> Yes <input type="checkbox"/> No	Motor Stair #:
<input type="checkbox"/> Stationary Stairs	Stationary Stair #	Injured Was Going: <input type="checkbox"/> Up <input type="checkbox"/> Down	By Whom	How Long After Fall	

Condition of Area:

NARRATIVE: Tell what the injured and/or witness(s) said. Give the exact statement in person's own words, identifying individual(s) making statement, to whom statement was made, and in whose presence:

AT THE ABOVE TIME DATE AND PLACE OF OCCURRENCE THE UNDERSIGNED OFFICER RESPONDED TO A CALL FOR AN AIDED PASSENGER AT PAVONIA NEWPORT. UPON ARRIVAL FROM HOBOKEN AT 1610, THE SUBJECT WAS FOUND AT THE BOTTOM OF THE NORTH RAMP, LYING ON THE FLOOR COMPLAINING THAT SHE HURT HER LEFT ANKLE. AT THIS TIME EMS HAD ALREADY BEEN NOTIFIED BY THE PATH POLICE DESK. THE SUBJECT STATED SHE SLIPPED AT THE END OF THE RAMP AND DID NOT USE THE HANDRAIL BECAUSE SHE HAD BAGS TO CARRY. PASSENGER STATED "I DIDN'T SEE THE WHOLE THING, BUT WHEN I HEARD HER FALL I HEARD SOMETHING POP." THE SUBJECT WAS TRANSPORTED TO JERSEY CITY MEDICAL CENTER.

Did You Witness Accident? Yes No

NAMES OF ADDITIONAL WITNESSES MAY BE INCLUDED IN AVAILABLE SPACE OR ON AN ADDITIONAL SHEET

Witness No. 1	Full Name and Address					
	Phone No.	Relationship to Injured NO RELATION	Accompanied Injured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Work at Facility? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	P.A. Employee? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Witness No. 2	Full Name and Address					
	Phone No.	Relationship to Injured	Accompanied Injured? <input type="checkbox"/> Yes <input type="checkbox"/> No	Work at Facility? <input type="checkbox"/> Yes <input type="checkbox"/> No	P.A. Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Signature of P.O. Reporting Accident P.O. [Signature] S. Flynn			Shield No. 2724	Date 2 1 25 10		

Medical Data	<input type="checkbox"/> No Treatment <input checked="" type="checkbox"/> First Aid At Scene By EMS BUS 302
	Ambulance called? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, time called: 1600 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM Arrived: 1620 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM
	Name and City of Hospital Injured Taken To (if any) JERSEY CITY MEDICAL CENTER
	Doctor's Name and Address NA
	Nature and Extent of Injury (Include Part Injured) INJURED LEFT ANKLE
If rendered first aid elsewhere, state where, by whom and names of those present: NA	

101710

COMPLETE THIS SECTION ONLY IN CASES OF ACTUAL OR PROBABLY PERSONAL INJURY

Who Reported Accident? PO FLYNN 2724		Did Injured Wear Glasses? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Type of Glasses <input type="checkbox"/> Bi-Focal <input type="checkbox"/> Tinted Glasses <input type="checkbox"/> Other:
Who Assisted Injured Off Stairs or Point Where Found? INJURED REMAINED IN POSITION WHERE ACCIDENT OCCURRED			
How Were You Called To Scene? <input type="checkbox"/> Phone <input type="checkbox"/> Public Address <input checked="" type="checkbox"/> Other: RADIO			
What Was Your Post Assignment? POST 4A			
Other P.A. Personnel At Scene: (Names & Titles) MR. FENTON PATH WAY AND STRUCTURE SUPERVISOR			
Where Did You First See Injured? In Which Position? INJURED WAS FOUND LYING ON THE GROUND IN THE SPOT SHE FELL			
Did You Attempt To Get Identity of Witness? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Weather Conditions <input checked="" type="checkbox"/> Wet <input type="checkbox"/> Dry <input checked="" type="checkbox"/> Snowing <input type="checkbox"/> Raining	
Any Apparent Disability Other Than From Fall? NONE			
What Did Injured Allege Caused Fall? INJURED STATED SHE SLIPPED			
Kind Of Shoes Worn By Injured: <input type="checkbox"/> High Heels <input type="checkbox"/> Medium Heels <input type="checkbox"/> Flat Heels <input type="checkbox"/> Galoshes <input checked="" type="checkbox"/> Other: SNEAKERS			
What Did Injured Carry? INJURED CARRIED A BAG IN EACH HAND, ONE BLACK ONE GREEN			
Was Injured Traveling Alone? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, Who Accompanied?			
Any Evidence of Alcohol? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Describe: <input type="checkbox"/> Speech <input type="checkbox"/> Odor <input type="checkbox"/> Gait <input type="checkbox"/> Other:			
If Taken to First Aid, How? <input type="checkbox"/> Walking <input checked="" type="checkbox"/> Wheel Chair <input type="checkbox"/> Stretcher <input type="checkbox"/> Other:			
How Departed From First Aid? <input type="checkbox"/> Walking <input type="checkbox"/> Wheel Chair <input type="checkbox"/> Stretcher <input type="checkbox"/> Other: UNKNOWN			
Was Injured Familiar With Terminal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Does Not Apply		Was Injured Using Handrail? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Does Not Apply	
Did Local Jurisdiction Police Respond? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Identify:			

Property Damage	Item(s) Damaged and Description of Damage	NONE

Total P.A. Damage: <input checked="" type="checkbox"/> None <input type="checkbox"/> \$ 1000 or less <input type="checkbox"/> Over \$ 1000	Damage Involved <input type="checkbox"/> P.A. <input type="checkbox"/> Tenant <input type="checkbox"/> Contractor <input type="checkbox"/> Other (Explain)			
Reported By (Non-Police) NONE	Title	Date	Facility Manager's Signature	Date

To Be Completed By Supervisor:				If the following section cannot be completed immediately, forward this report as is, and when this information is obtained it should be forwarded as a supplement to the report.			
Personnel Assigned to Area			Area Last Cleaned by B.A.			<input type="checkbox"/> AM <input type="checkbox"/> PM	
Inspected Motor Stairs, Stationary Stairs			How?			At <input type="checkbox"/> AM <input type="checkbox"/> PM	
Condition			Signature of B.A.			Area Last Inspected by B.A.	
Last Coating of Area (If Applicable)			Condition			At <input type="checkbox"/> AM <input type="checkbox"/> PM	
Signature		Date	Signature of Person Making Inspection			Date	

INSTRUCTIONS

- | | |
|---|--|
| <ol style="list-style-type: none"> 1. Print in Black Ink 2. Identify all witnesses 3. Check all appropriate boxes 4. Submit promptly additional information, as available, to Manager, Claims Administration. | <ol style="list-style-type: none"> 5. Forward this form to Manager, Claims Administration 6. If P.A. Property is damaged, prepare Maintenance Work Order Form PA 2302. Write "Accident Damage" in description of job. Also indicate M.W.O. number in appropriate box on reverse side of this form. |
|---|--|

Pavonia Station

A-Shift (10:30pm-7:00 am)

ALL CHROME MUST BE WIPE DOWN WITH ONLY GLASS CLEANER

De-gumming and removing of graffiti, garbage and stickers is a daily routine on all shifts

SUPPLIES

BUCKET

- One Dust Pan w/ Toy Broom
- One Bottle of Degreaser #8
- One bottle of Glass Cleaner #1
- One Bottle of Bathroom Cleaner #4
- One Bottle of Graffiti Removal
- One Bottle of Neutralizer
- 4 Yellow cloths & 4 Terry cloths
- One Scraper W/ Gum Removal
- Blood spill kit

TOOLS IN SLOP SINK

- One Bucket w/ Ringer
- Mop Head w/ Stick
- One Squeegee complete
- Dust Mop w/ Stick
- Deck Brush per platform
- One floor squeegee
- Gray Barrel with dolly

Thorough Cleaning Duties:

Side Platform – sweep and mop stairwells . Thoroughly clean all railings, corners and edges on each stairwell including stairwell 116/117. Dust all columns and clean spots as needed daily. Thoroughly clean the elevator on a daily basis to include the stainless steel and tracks. Dusting of all monitors and overhead signs to be completed daily. The floor on the platform is to be spot mopped as needed. Seating and defibrillator units are to be cleaned on a daily.

Main Platform – Thoroughly clean the elevator on a daily basis to include the stainless steel and tracks. The floor on the platform is to be spot mopped if needed

North/South Ramps – the green ledges going up and down both ramps need to be dusted and kept clean on a daily basis. Remove all spots from walls on both ramps as needed daily. Wipe down handrails on both ramps daily. Machine scrub both floors on a nightly basis

Mezzanine – Dust all columns and clean spots as needed daily. Dust all signs and remove spots as needed. Clean the stairwell railings as they pertain to brown marble stairwell

Employee area/bathroom - sweep, mop and de-gum floor, wash walls, & shower, clean & sanitize, sink, urinals, commodes, partitions, walls, dispensers & mirror. Refill all dispensers with paper goods and soap.

Miscellaneous rooms – are to be kept clean & organized at all times

Slopsink rooms-must be kept organized & clean at all times. All tools must be hung at the end of each shift.

immediately remove any body fluids, including vomit

Police room-must be serviced as requested by police

immediately remove any body fluids, including vomit

Carpets must be placed or removed, before & after rain or snow, at both thorough cleaning & policing station

ADDITIONAL ITEMS MAY BE ASSIGNED AS THE NEED ARISES

Note: all trash & recycling bins have been removed until further notice*****

In an effort to enhance the floor surfaces at Pavonia -Newport Station , PATH asked for testing of an anti-slip product. PATH Safety 's Luis Dulfer and PATH Sanition Supervisor Frank Martinetti were involved in having the tests done and the eventual application of the product . The Product was applied to both the north & south ramps of Pavonia –Newport station the fall of 2009.

**Pavonia/Newport Fare zone / Hoboken Policing
C-Shift (3:00-11:30 PM)**

ALL CHROME MUST BE WIPED DOWN WITH ONLY GLASS CLEANER
De-gumming and removing of graffiti, garbage and stickers is a daily routine on all shifts

SUPPLIES
BUCKET

- One Dust Pan w/ Toy Broom
- One Bottle All Purpose Cleaner #8
- One Bucket w/ Ringer
- One bottle of Glass Cleaner #1
- Mop Head w/ Stick
- One Bottle of Bathroom Cleaner #4
- One Squeegee complete
- One Bottle of Graffiti Removal –
GG80 Dust Mop w/ Stick
- One Bottle of Neutralizer

TOOLS IN SLOP SINK

- Deck Brush
- One Bottle of Devour
- Gray barrels w/ maid apron
- 4 Yellow cloths & 4 Terry cloths
- One floor squeegee
- One Scraper W/ Gum Removal
- One shovel
- Blood spill kit
- Sharps container

Thorough Cleaning Duties:

Entrance – Sweep and keep clean

Concourse (landing) -sweep, mop, and de-gum floor, wash chrome columns, remove wax build up from bottom of columns, wash walls, sweep and mop stairs, wash railings, clean escalators & glass on escalators, remove dust from escalator railings, clean TVM machine and elevator thoroughly, clean over head signs, wash all stainless steel columns and doors.

Employee Area-sweep and mop floors including passage ways, slopsinks & miscellaneous rooms

Bathroom - thoroughly clean & sanitize sinks, urinals, commodes, dispensers, mirrors, partitions & stainless steel. Scrub walls; refill all dispensers with paper goods and soap. Wash all garbage cans & recycling bins.

Fairzone- sweep & mops floors, Sweep outside entrance, wash all turnstiles, remove wax build up from bottom of turnstiles, wash TVM machine, passenger assistance phones, path info stand & pamphlet holder, wash all path over head signs, all chrome boxes, stainless steel doors & fire extinguisher boxes in & out. Clean ledges around glass windows and wash all windows including revolving doors wash all employee phones.

Miscellaneous rooms – are to be kept clean and organized at all times

Slop sink rooms-must be kept organized & clean at all times. All tools are to be hung at the end of each shift.

Police room –must be cleaned as requested by desk.

Immediately remove any bodily fluids, including vomit

HOBOKEN POLICING – All AREAS

Entrance - Sweep & keep clean, including the bicycle area at the entrance.

Remove garbage (including slop sinks & miscellaneous rooms), police stairways, landing, and platforms, seating units, wipe down trashcans and recycling bins and spot mop. Remove all graffiti and stickers.

Police room- must be cleaned as requested by desk.

Hoboken Dispatcher-. Sweep& mop floors, clean counter tops and remove garbage

Bathrooms-thoroughly clean & sanitize sinks, urinals, commodes, dispensers, mirrors, partitions, walls & stainless steel. Replenish all dispensers with paper goods & soap as requested or as needed. Wash all garbage cans & recycling bins.

Employee Areas - Sweep& mop floors, clean counter tops and remove garbage

Locker Rooms -thoroughly clean & sanitize showers, dispensers, mirrors, partitions, walls & stainless steel. Replenish all dispensers with paper goods & soap as requested or as needed Wash all garbage cans & recycling bins.

Immediately remove any bodily fluids, including vomit

Carpets must be placed or removed, before & after rain or snow, in Lobby area (6) runners, (2) short carpets top of escalators 3&4, and (1) short carpet in front of turnstiles. 4 to 5 carpet runners down right side of North Ramp.

During Snow / Icy conditions Employees must maintain station entranceways clear of snow. North ramp carpets are to be mopped with D'Nartured alcohol to maintain carpets slick free from calcium residue. Employee must notify communications and Modern Supervisor if ramp floor becomes slippery, due to calcium residue and receive permission to machine scrub area.

Pavonia Station

B-Shift (7:00-3:30 PM)

ALL CHROME MUST BE WIPED DOWN WITH ONLY GLASS CLEANER

De-gumming and removing of graffiti, garbage and stickers is a daily routine on all shifts

SUPPLIES

BUCKET

- One Dust Pan w/ Toy Broom
- One Bottle of Degreaser #8
- One bottle of Glass Cleaner #1
- One Bottle of Bathroom Cleaner #4
- One Bottle of Graffiti Removal
- One Bottle of Neutralizer
- 4 Yellow cloths & 4 Terry cloths
- One Scraper W/ Gum Removal
- Blood spill kit

TOOLS IN SLOP SINK

One Bucket w/ Ringer
Mop Head w/ Stick
One Squeegee complete
Dust Mop w/ Stick
Deck Brush per platform
One floor squeegee
Gray Barrel with dolly

Thorough Cleaning Duties:

Main Platform – sweep and mop stairwells 110 thru 115. Thoroughly clean all railings, corners and edges on each stairwell including stairwell 116/117. Dust all columns and clean spots as needed daily. Thoroughly clean the elevator on a daily basis to include the stainless steel and tracks. Dusting of all monitors and overhead signs to be completed daily. The floor on the platform is to be spot mopped as needed. Seating and defibrillator units are to be cleaned on a daily

Side Platform – Thoroughly clean the elevator on a daily basis to include the stainless steel and tracks. The floor on the platform is to be spot mopped if needed

North/South Ramps – the green ledges going up and down both ramps need to be dusted and kept clean on a daily basis. Remove all spots from walls on both ramps as needed daily. Wipe down handrails on both ramps daily

Mezzanine – Dust all columns and clean spots as needed daily. Dust all signs and remove spots as needed. Clean the stairwell railings as they pertain to stairwells 110 thru 115

Employee area/bathroom - sweep, mop and de-gum floor , wash walls, & shower ,clean & sanitize ,sink, urinals, commodes, partitions, walls, dispensers & mirror . Refill all dispensers with paper goods and soap.

Miscellaneous rooms – are to be kept clean & organized at all times

Slopsink rooms-must be kept organized & clean at all times. All tools must be hung at the end of each shift.

immediately remove any body fluids, including vomit

Police room-must be serviced as requested by police

immediately remove any body fluids, including vomit

Carpets must be placed or removed, before & after rain or snow, at both thorough cleaning & policing station

ADDITIONAL ITEMS MAY BE ASSIGNED AS THE NEED ARISES

Note: all trash & recycling bins have been removed until further notice*****