

**Torres Rojas, Genara**

10/1/13 2:21

**From:** SPearl@pllegal.com  
**Sent:** Monday, June 25, 2012 2:04 PM  
**To:** Duffy, Daniel  
**Cc:** Torres Rojas, Genara; Van Duyne, Sheree  
**Subject:** Freedom of Information Online Request Form

Information:

First Name: Scott  
Last Name: Pearl  
Company: Platzer Luca & Pearl, LLP  
Mailing Address 1: 148 Madison Avenue, 11th Floor  
Mailing Address 2:  
City: New York  
State: NY  
Zip Code: 10016  
Email Address: [SPearl@pllegal.com](mailto:SPearl@pllegal.com)  
Phone: 2126974090  
Required copies of the records: Yes

List of specific record(s):

Copies of all maintenance and repair records for the designated handicap entrance to the PATH Station located at 33rd Street, identified as entrance number 076 for a period of 1112 through 62512.

THE PORT AUTHORITY OF NY & NJ

Daniel D. Duffy  
FOI Administrator

July 31, 2012

Mr. Scott Pearl  
Platzer Luca & Pearl, LLP  
148 Madison Avenue, 11th Floor  
New York, NY 10016

Re: Freedom of Information Reference No. 13281

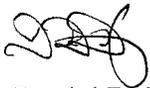
Dear Mr. Pearl:

This is a response to your June 25, 2012 request, which has been processed under the Port Authority's Freedom of Information Code (the "Code") for copies of maintenance and repair records for the designated handicap entrance to the PATH Station located at 33rd Street, identified as entrance number no. 076 for from 1/1/12 through 6/25/12.

Material responsive to your request and available under the Code can be found on the Port Authority's website at <http://www.panynj.gov/corporate-information/foi/13281-O.pdf>. Paper copies of the available records are available upon request.

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

Very truly yours,



Daniel D. Duffy  
FOI Administrator



# PATH Field Maintenance Report

Station Name 33 RD Unit # 074 PATH Maintainer J. P. [Signature] Date 5/23/12  
 Start Time \_\_\_\_\_ : \_\_\_\_\_ Completion Time \_\_\_\_\_ : \_\_\_\_\_

SERVICE
<input type="checkbox"/> CAPTURE BIN LEVEL
<input type="checkbox"/> CHECK EQUIP OPERATION
<input type="checkbox"/> CUBIC SUPPORT
<input type="checkbox"/> REV UNIT SUPPORT
<input type="checkbox"/> MODIFICATION
<input type="checkbox"/> PM
<input checked="" type="checkbox"/> REPAIR
<input type="checkbox"/> SOFTWARE UPGRADE
<input type="checkbox"/> TESTING / MONITORING
<input type="checkbox"/>
<input type="checkbox"/>

EQUIPMENT
<input checked="" type="checkbox"/> BI-PARTING LEAF GATE
<input type="checkbox"/> MVM
<input type="checkbox"/> MEM
<input type="checkbox"/> TURNSTILE GATE
<input type="checkbox"/>

ERROR CODES
<input type="checkbox"/> BATTERY LOW
<input type="checkbox"/> BILL ERROR: _____
<input type="checkbox"/> CXI WRITE ERROR
<input type="checkbox"/> HOST COMM ERROR
<input type="checkbox"/> NO ERROR
<input type="checkbox"/> READERS FAILED
<input type="checkbox"/> UTT VERIFY OOS

PROBLEM - MODULE
<input type="checkbox"/> AISLE SENSOR PCB
<input type="checkbox"/> ALARM
<input type="checkbox"/> BATTERY
<input type="checkbox"/> BEZEL (ENT / EXIT)
<input type="checkbox"/> BILL BOX
<input type="checkbox"/> BILL HANDLING UNIT
<input type="checkbox"/> BILL JAM
<input checked="" type="checkbox"/> BI-PARTING LEAF
<input type="checkbox"/> BOOT FAILURE
<input type="checkbox"/> CAPTURE BIN LEVEL
<input type="checkbox"/> CAPTURED CARD
<input type="checkbox"/> CARD JAM
<input type="checkbox"/> COIN HANDLING UNIT
<input type="checkbox"/> COIN JAM
<input type="checkbox"/> CREDIT CARD READER
<input type="checkbox"/> DISK ON CHIP
<input type="checkbox"/> DISPLAY POD
<input type="checkbox"/> DOOR SENSORS
<input type="checkbox"/> EXACT AMOUNT
<input type="checkbox"/> EXACT COINS
<input type="checkbox"/> END CAP (LOCAL)
<input type="checkbox"/> END CAP (REMOTE)
<input type="checkbox"/> FREEWHEELING
<input type="checkbox"/> FOREIGN MATTER JAM
<input type="checkbox"/> HOPPER
<input type="checkbox"/> JUMPERS

PROBLEM - MODULE
<input type="checkbox"/> LOG ON SCREEN
<input type="checkbox"/> LOCKS / KEYS
<input type="checkbox"/> LOW NICKEL COUNT
<input type="checkbox"/> LOOSE HUB
<input type="checkbox"/> MAGNETIC SWITCH
<input type="checkbox"/> NO BILLS
<input type="checkbox"/> NO COINS
<input type="checkbox"/> NO FAULT FOUND
<input type="checkbox"/> NO RECEIPTS
<input type="checkbox"/> NO SMART LINK
<input type="checkbox"/> NOT ACCEPTING TICKETS
<input type="checkbox"/> PHANTOM JAM
<input type="checkbox"/> POWER SUPPLY PCB
<input type="checkbox"/> RECEIPT PRINTER
<input type="checkbox"/> SENSOR: _____
<input type="checkbox"/> SINGLE BOARD COMPUTER
<input type="checkbox"/> SINGLE RIDE ONLY
<input type="checkbox"/> Smart Card Only
<input type="checkbox"/> TICKET ONLY
<input type="checkbox"/> TICKET TRANSPORT
<input type="checkbox"/> TRIPOD
<input type="checkbox"/> TRI-READER
<input type="checkbox"/> UTT
<input type="checkbox"/> VANDALISM SUSPECTED
<input type="checkbox"/> WIRING
<input checked="" type="checkbox"/> <u>ACTUATOR</u>

REPAIR
<input type="checkbox"/> ADJUSTED
<input type="checkbox"/> ASSIST REVENUE/ EMPTY BINS
<input type="checkbox"/> CLEANED
<input type="checkbox"/> CLEARED JAM: _____
<input type="checkbox"/> INITIALIZE / CALIBRATE
<input checked="" type="checkbox"/> REBOOT
<input type="checkbox"/> REMOVED / NOT REPLACED
<input type="checkbox"/> REPAIRED
<input checked="" type="checkbox"/> REPLACED
<input type="checkbox"/> TESTED/NOT REPAIRED
<input type="checkbox"/>

MISC. INFO.
<input type="checkbox"/> DARK GREEN SCREEN
<input type="checkbox"/> GREEN SCREEN
<input checked="" type="checkbox"/> IN SERVICE
<input type="checkbox"/> OUT OF SERVICE
<input type="checkbox"/> RED SCREEN
<input type="checkbox"/> YELLOW SCREEN
<input type="checkbox"/> OTHER: _____
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/> CUBIC TECH: _____

PART REMOVED		
Part No.	Name	Serial #
	<u>ACTUATOR</u>	<u>0080</u>

PART INSTALLED		
Part No.	Name	Serial #
	<u>ACTUATOR</u>	<u>N/A</u>

<b>PROBLEM REPORTED</b>
<u>ACTUATOR STRIPPED INSIDE</u>
<b>DEFECT / OTHER ERROR CODES FOUND</b>
<b>CORRECTIVE ACTION</b>
<b>CTS SHOP ACTION</b>
<u>Replaced belt clean unit</u>
<b>CTS Repair ID Tag # :</b>

CTS Shop Tech's Name [Signature] Date 5-31-12

PATH Recv'g Name \_\_\_\_\_ Date \_\_\_\_\_

Reviewed by PATH supervisor
Date _____