

FIRE ESCAPE		Certification Given	
(One System per Report)		RED ▪	YELLOW ▪
CONFIDENCE TEST ▪	REPAIRS ▪		
Occupancy Address: _____	Occupancy Name: _____		
Building Owner: _____	Phone Number: _____		
Responsible Person: _____	Phone Number: _____		
Building Owner Address: _____			
Date of Inspection: _____	Inspection Frequency/Type: Five Year		
Testers Name (Please Print): _____			
Central Station Monitoring? Yes ▪ No ▪	Monitoring Company Name: _____		
Primary Component: _____	System Make: _____		
System Model: _____			
System Location: _____	Identification Number: _____		
PROBLEMS FOUND: (If additional room is needed, please add a separate sheet)			
CORRECTIONS MADE: Date Corrected: _____ Corrected By: _____			
(If additional room is needed, please add a separate sheet)			
<p>This certifies that this fire and life safety system has been properly inspected for reliability to cover the items listed in this report and is consistent with National Fire Protection Association standards, and that discrepancies are noted and have been reported to the building Owner/Manager for corrective action.</p>			
Signature of Tester: _____	Phone # _____		
Testing Agency: _____			
Mailing Address: _____			
Building Representative (signature) _____			

The items on the checklists below shall be inspected and tested. This list does not constitute all of the required inspecting and testing of the fire and life safety system. Refer to the NFPA for inspecting and testing requirements.

The fire escape structural members and connections visually inspected <u>BEFORE</u> application of the load?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Load equal to 100 psf on a landing and one adjacent stair (up or down) for at least 10 minutes? **	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was the entire fire escape checked for rust?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Hand rails physically checked for integrity?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Loose bolts, grates, and framework tightened, repaired, or replaced as necessary?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the ladder extend from a point not more than nine feet above the ground?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the ladder extend from a point at least two feet above the roof or parapet?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Ladder checked for unauthorized modification?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
The fire escape structural members and connections visually inspected <u>AFTER</u> application of the load?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Photo of fire escape landing and ladder load taken? (REQUIRED)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is fire escape kept clear and unobstructed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Building has operable windows and/or doors to the fire escape?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was the entire fire escape painted, if needed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

****Note:** Load may consist of material of sufficient quantity to provide the required weight (i.e. cases of food or beverages, containers of water, bags of sand).