



# CITY OF EASTON

## PENNSYLVANIA

Department of Code Enforcement  
 123 South 2<sup>nd</sup> St., 3<sup>rd</sup> Floor, Easton PA 18042

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[codescounter@easton-pa.gov](mailto:codescounter@easton-pa.gov)

## FIRE ESCAPE

Status Given

CONFIDENCE TEST     REACCEPTANCE TEST     UNSAFE     NEEDS REPAIRS     SAFE

Address: _____		Type of Occupancy: _____	
Responsible Person First & Last Name: _____		Phone Number: _____	
Responsible Person Address, City, State, Zip: _____		Responsible Party E-Mail Address _____	

Date of Test: \_\_\_\_\_

Test Frequency:                      **5-Year**

**DEFICIENCIES FOUND? Yes  No  List items that were not corrected at the time of the confidence test. Use the Deficiencies section or attach itemized sheet**

**REPAIRS: All deficiencies have been corrected**                       Corrected By: \_\_\_\_\_

**System Status changed to Safe**

This certifies that this fire and life safety system has been properly inspected for reliability to cover the Items listed in this report and that discrepancies are noted and have been reported to the building Owner/Manager for corrective action.	
Signature of Structural Engineer: _____	Phone # _____
Responsible Person's Signature: _____	S.E. Stamp

**THIS REPORT WILL BE SENT TO THE CITY OF EASTON FIRE DEPARTMENT  
 ALL DEFICIENCIES RECORDED ON THIS REPORT SHALL BE CORRECTED WITHIN 30 DAYS OF THE TEST DATE**

The following list, while not required, are items which should be considered during a confidence test evaluation and certification.

## General

1. Is the fire escape painted and being maintained and protected from internal and external rust?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. The fire escape is clear and unobstructed e.g. <b>no</b> AC units, window guards, plants, satellite dishes on the fire escape, etc?	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. There are no electrical lines or other unusual hazards on or within 10 feet of the fire escape, unless protected by approved means?	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

## Structural Review

Where applicable the following components (as original or refurbished) are intact, and in good condition. And, the landing area meets or exceeds the load requirements of the dead load plus 100 pounds per square foot. This load requirement can be met by either calculation by a licensed State of Pennsylvania structural engineer or by conducting a load test. This load test shall be conducted in a manner such that at least 100% of the landing area is engage in the application of the load and shall be witnessed by the structural engineer. All materials are non-combustible and/or match the fire escape type.

**Note** - All defects must be identified on the Fire Escape with spray paint of a contrasting color, or in a detailed drawing of the Fire Escape.

### **Primary Support Structure**

4. Bolts and Rivets	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. Welds	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6. Joints/Plates	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7. Nails/Screws (wood)	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8. Stair Stringers	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9. Treads	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
10. Hand Railings	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
11. Ladders are balanced and fixed	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
12. Supports	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
13. Platforms	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**Anchoring Devices**

All Anchoring Devices to the building or at the Fire Escape base are:

14. Anchoring devices are intact and show no visible rusting, corrosion, cracking or other deterioration?	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
15. Are the connections of the anchors into the building sufficient to support the required loads as verified by methods acceptable to the structural engineer?	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
16. Support legs to grade on cement piers?	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Counterbalance and Ladders</b>			
17. Counterbalance and ladders are balanced and operational.	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
18. Counterbalance and ladders were dropped and stayed down, at grade, when activated and/or released; requiring no special knowledge and allows for unrestricted access to a public way?	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
19. All counterbalance stairs tested to assure smooth operation of all releases and mechanisms?	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
20. Bolts, grates, and framework tightened, repaired, or replaced as necessary?	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
21. Ladder extends to a point not more than 9 feet above the ground?	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**Deficiencies** (Use additional sheets as necessary)

Resolved <input type="checkbox"/>
Location: _____
Deficiency: _____
Recommended Resolution: _____
<b>Applicable Building Code:</b>

Resolved <input type="checkbox"/>
Location: _____
Deficiency: _____
Recommended Resolution: _____
<b>Applicable Building Code:</b>

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