



City of Lowell Building Dept

375 Merrimack St 2nd Floor Lowell, MA 01852

Phone: 978-674-4144 Fax: 978-446-7103

FIRE ESCAPE

(One System per Report)

Certification Tag Given

RED

YELLOW

WHITE

CONFIDENCE TEST

REPAIRS

Occupancy Address: _____

Occupancy Name: _____

Responsible Person
First & Last Name: _____

Phone Number: _____

Responsible Person
Address, City, State, Zip: _____

Responsible Person
E-Mail Address: _____

Date of Inspection: _____

Inspection
Frequency/Type: _____

As needed or required
per MA Code 1001.3 &
NFPA 101 7.2.8.6.2

- Structural Engineer
- Fire Escape Insp.
- Architect

Name: _____

License #: _____

System Location: _____

EPA Reg. Firm _____

PROBLEMS FOUND: (If additional room is needed, please add a separate report on letterhead.)

CORRECTIONS MADE: Date Corrected: _____

Corrected By: _____

(If additional room is needed, please add a separate report)

Name of Firm: _____ Phone: _____ EPA Reg. Firm Y/N

License #: _____ Renovators License #: _____

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
Inspector: _____

Phone # _____

Responsible
Person's Signature: _____

Stamp or License #

Fire Escape Confidence Test

Satisfactory Structural Evidence (certification) to have Adequate Strength in lieu of Live Load Test

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. Entire fire escape and connections checked for structural integrity?	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Hand rails physically checked for structural integrity?	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. The fire escape is clear and unobstructed e.g. no 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"/>
5. 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"/>
6. Fire Escapes displays a sign permanently posted on the fire escape from the lowest edge of the lowest landing that is easily read from grade. The sign is made of or covered in plastic; 8" x 11" formatted the same as a Service Tag with contrasting type, indicating White, Yellow or Red certification.	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7. EPA Regulation	Presumed 1978 <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Materials and Strength:

MASS BUILDING CODE 1001.3 TESTING AND CERTIFICATION & NFPA LIFE SAFETY CODE 101 7.2.8.6.2

MASS BUILDING CODE 1001.3 TESTING AND CERTIFICATION ALL EXTERIOR BRIDGES, STEEL OR WOODEN STAIRWAYS, FIRE ESCAPES AND EGRESS BALCONIES SHALL BE EXAMINED AND OR TESTED, AND CERTIFIED FOR STRUCTURAL ADEQUACY AND SAFETY EVERY FIVE YEARS, BY A MASS REGISTERED PROFESSIONAL ENGINEER, OR OTHER QUALIFIED AND ACCEPTABLE TO THE BUILDING OFFICIAL, WHO SHALL THEN SUBMIT AN AFFIDAVIT TO THE BUILDING OFFICIAL.

NFPA LIFE SAFETY CODE 101 7.2.8.6.2 THE AUTHORITY HAVING JURISDICTION SHALL BE PERMITTED TO APPROVE ANY EXISTING FIRE ESCAPE STAIR THAT HAS BEEN SHOWN BY LOAD TEST OR OTHER SATISFACTORY EVIDENCE TO HAVE ADEQUATE STRENGTH.

Structure Exterior: All critical materials, connections and or joints are 100% free of all internal rust and or rot.

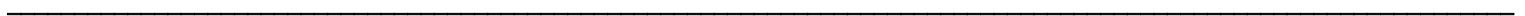
Note - All defects and violations must be **Identified** on the Fire Escape with **Spray Paint** of a contrasting color, or in a detailed drawing of the Fire Escape. A Report on letterhead must accompany any FAILED Inspection.

(Suggested but not required: Report with photos and repair guidelines for vendors and or owner, mid visit during structural repairs then final inspection.)

8. Bolts and Rivets	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9. Welds	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

10. Joints/Plates	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
11. Nails/Screws (wood)	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
12. Stair Stringers	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
13. Treads	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
14. Railings	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
15. Ladders are fixed	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
16. Supports	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
17. 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:			
18. 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"/>
19. Are the connections of the anchors into the building sufficient to support the required loads as verified by methods acceptable to the structural engineer? <small>(ex. Internal Inspection, Load Tested or reinforced by Duplicate Connection)</small>	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
20. Support legs to grade on cement piers or equivalent?	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Counterbalance and Ladders			
21. Counterbalance and ladders are balanced and operational with Release Arm or Latch.	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
22. Counterbalance and ladders were dropped and stayed down, at grade, when activated and/or released (at 2-3 ft/sec) 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"/>
23. All counterbalance stairs tested to assure smooth operation of all releases and mechanisms? (Twice)	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
24. Bolts, grates, and framework tightened, repaired, or replaced as necessary & no rust in weight box or area?	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
25. Ladder extends from a point not more than 7-18 feet above the ground (based on local codes) or extend to grade by slide or fold out ladder with release latch.	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Catwalks, Decks, Porches and other areas of refuge.			
26. Catwalk is continuous across all roofs leading to egress. Stair or Ladder, elevated with protective rails and made of metal or match building type.	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Remarks not covered above:





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Fire Escape Annual Checklist

Any person owning, operating, or maintaining occupancy or premises subject to the Fire Code shall ensure that all fire escapes, balconies and areas of refuge (steel, wood, cement) are operated and or observed bi-annually to determine that all moving parts (ladders, catwalks, stairs, windows, doors) are operable.

Indicate the items listed below have been checked and are acceptable.

Bolts and supports are not damage or rusted.	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>
Paint is in good condition.	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>
All moving parts, ladder, catwalks, stairs, windows and doors are operable requiring no special knowledge.	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>

Address of building: _____ City: _____ State: _____ Zip: _____

Name of building: _____

Date of Inspection: ____/____/____

Details on failed items or brief description of walk thru activity.

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Person conducting evaluation:

(Signature) _____ Date: ____/____/____

(Print Name) _____ Owner Agent Other