

Seattle Fire Prevention Division

220 3rd Avenue S.

Phone: 206-386-1450

Seattle, WA 98104-2608 Email: SFD_FMO_SystemsTesting@seattle.gov



System Test Report

FIRE ESCAPE		STATUS		
<input type="checkbox"/> Confidence Test	<input type="checkbox"/> Deficiency Repair Test	<input type="checkbox"/> Red	<input type="checkbox"/> Yellow	<input type="checkbox"/> White

Occupancy Information

Occupancy Name:	
Occupancy Address:	
Contact Name:	Contact Phone:
Contact Address:	Contact Email:
Central Station Monitoring: <input type="checkbox"/> Yes <input type="checkbox"/> No	Monitoring Required: <input type="checkbox"/> Yes <input type="checkbox"/> No
Monitoring Company Name:	Monitoring Company Phone:

Inspection & Testing Agency Information

Name:	Phone:
Address:	Emergency Phone:
	Email:

Inspector/Tester Information

Name:	Phone:
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Fire Escape

Date of Test:

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 No
2. The fire escape is clear and unobstructed e.g. no AC units, window guards, plants, satellite dishes on the fire escape, etc? Yes No
3. There are no electrical lines or other unusual hazards on or within 10 feet of the fire escape unless protected by approved means? Yes No
4. The Fire Escape 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 plastic; 9" x 17" formatted the same as a Service Tag with contrasting type, indicating White, Yellow or Red certification, and complies with Fire Code Administrative Rule 09.02.09 for specifications and color coding. Yes No

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 Washington structural engineer or by conducting a load test.

5. Load test was conducted in a manner such that at least 100% of the landing area is engaged in the application of the load and was witnessed by the structural engineer.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. All materials are non-combustible and/or match the fire escape type.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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		
7. Bolts and Rivets	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Welds	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Joints/Plates	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Nails/Screws (wood)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. Stair Stringers	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. Treads	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13. Hand Railings	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14. Ladders are balanced and fixed	<input type="checkbox"/> Yes	<input type="checkbox"/> No
15. Supports	<input type="checkbox"/> Yes	<input type="checkbox"/> No
16. Platforms	<input type="checkbox"/> Yes	<input type="checkbox"/> No
ANCHORING DEVICES		
17. All Anchoring Devices to the building or at the Fire Escape base are intact and show no visible rusting, corrosion, cracking or other deterioration?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
18. The connections of the anchors into the building are sufficient to support the required loads as verified by methods acceptable to the structural engineer.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
19. Support legs to grade on concrete piers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
COUNTERBALANCE AND LADDERS		
20. Counterbalance and ladders/stairs are balanced and operational.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
21. The counterbalance and ladder/stair were dropped and stayed down, at grade, when activated and/or released; requiring no special knowledge and allow for unrestricted access to a public way.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
22. All counterbalance ladders/stairs were tested to assure smooth operation of all releases and mechanisms.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
23. Bolts, grates, and framework tightened, repaired, or replaced as necessary?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
24. Ladder extends to a point not more than 9 feet above the ground?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
FINAL CHECKS		
By accepting this statement I, the certified technician shown on this form, certify that this fire protection system(s) has been properly inspected for functional operation in accordance with the current Fire Code (FC) used by the department that has jurisdiction and NFPA Standards adopted by the FC for this system. Any deficiencies found are noted in the report and have been reported to the building Owner/Manager for corrective action.		
I am authorized to submit this report for the certified technician who has accepted this statement.		
SIGNATURE (OPTIONAL)		
Signature of Technician		
Signature of Building Representative		

System Testing Reports Must Be Submitted Online

Submit reports to <http://www.thecomplianceengine.com/>