



CITY OF PHILADELPHIA

DEPARTMENT OF LICENSES & INSPECTIONS

Municipal Services Building
1401 John F. Kennedy Boulevard
Philadelphia, Pennsylvania 19102

Summary Inspection Report of
FIRE ESCAPES AND FIRE ESCAPE BALCONIES
(Philadelphia Code, Section F-1011.1)
THIS FORM TO BE SUBMITTED AS AN ELECTRONIC DOCUMENT TO:
fireescapereports@phila.gov

Complete all sections; type or neatly print:

1 Filing Information

Date of Report: Amended Filing Date:

2 Location Information - must use the address assigned by the City's Office of Property Assessment

Building Address:

Owner/Agent/Site Contact: Phone Number:

3 Building Characteristics

Principal Occupancy: Number of Stories: Height:

Year Constructed: Location of Fire Escape(s): Historic Designation (if any):

4 Inspection Status Information

Fire Escape(s) Inspected: Inspection Method: Inspection Date:

- SAFE CONDITION
SAFE WITH REPAIR & MAINTENANCE PROGRAM Recommended start date:
UNSAFE / IMMINENT DANGER Submit copy of full report along with form

NOTE: The Department of Licenses & Inspections' Emergency Services Unit must be notified by phone (215-686-2480) within 12 hours of discovery, and a report containing details of the condition and recommended temporary safety measures must be delivered to that unit at the address atop this form.

Person Contacted: Date Contacted:

Description (probable cause of condition; nature/extent of corrective action necessary; time frame for remediation):

5 Professional Responsible for Inspection

Name: Company: License #:

Company Address:

Company Phone/Fax/E-mail:

6 Owner of Record Information (NOT Agent, Site Contact, or Business Manager)

Name: Company:

Address:

Company Phone/Fax/E-mail:

7 Signature Statements

FOR OWNER / OWNER REPRESENTATIVE:
I hereby state that I am the owner/owner's representative of the premises referenced in the inspection report. Furthermore, I have received and read a copy of the report and am aware of the required repairs and/or maintenance, if any, and the recommended time frame for same. I certify that all items noted for action in the previous cycle's report have been corrected/repaired.
NAME:
SIGNATURE:

FOR PROFESSIONAL:
I hereby state that the owner/owner's representative has authorized me to submit this report. Furthermore, I hereby state that all reporting requirements have been met and that all statements are correct and complete to the best of my knowledge. A copy of this report has been given to the owner/owner's representative.
APPLY SEAL HERE
SIGNATURE: