



# Department of Licenses and Inspections

CITY OF PHILADELPHIA

Upload completed forms through the "Submit an Annual Certification Report" option in eCLIPSE [www.eclipse.phila.gov](http://www.eclipse.phila.gov).

## Summary Inspection Form – Fire Escape / Fire Escape Balcony

Use this form to provide inspection information and results of the mandatory program inspection of a Fire Escape / Fire Escape Balcony.

### Property Information

- Provide the property address where the testing will be performed. Address must be the addressed assigned by OPA.
- Indicate the type of occupancy and if the property is listed as historic.
- Indicate the year constructed and the date of the inspection report.

1

Address: \_\_\_\_\_

Occupancy Type: \_\_\_\_\_ Designated as Historic:  Yes  No

Year Constructed: \_\_\_\_\_ Inspection Report Date: \_\_\_\_\_

### Building Owner/Owner's Agent

Provide the contact information for the building owner/owner's agent.

2

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

### Professional Performing and Responsible for Inspection

The contractor must provide their contact information and license number, then sign and date.

- (a) Provide the contact information for the professional responsible for the inspection and the professional report.
- (b) Provide company information for the professional.

3

#### (a) Professional Information

Name: \_\_\_\_\_ License #: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

#### (b) Company Information

Company Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

### Description of Inspection

The Professional shall post a weather-resistant reflective tag that identifies the inspection date, the date of which a new inspection is required, and name, address, and telephone number of inspector or inspection business.

4

No. of stories of structure: \_\_\_\_\_

Height: \_\_\_\_\_

Fire Escape / Balcony tagged: \_\_\_\_\_

Location of Fire Escapes / Balconies: \_\_\_\_\_



# Department of Licenses and Inspections

CITY OF PHILADELPHIA

### Structural Assessment Rating

Select the structural assessment rating based upon the inspection results. The definition of each rating category is located under the assessment rating.

#### • Safe w/ Repair & Maintenance Program

When the structural assessment rating is selected, the structural capacity will not result in a significant reduction for a period of at least six months from the date of the inspection. The time period for repairs may not exceed six (6) months. When repairs are completed and a "Safe" structural assessment is deemed, the Professional shall submit a new inspection form.

5

**SAFE**

- No visible damage or only minor to moderate defects or deterioration observed, but no overstressing observed.
- Structural elements may show very minor deterioration, but no overstressing observed.
- No repairs are required.

**SAFE WITH REPAIR & MAINTENANCE PROGRAM**

- All primary structural elements are sound, but minor to moderate defects or deterioration observed.
- Areas of moderate to advanced deterioration may be present, but do not significantly reduce the capacity of the structure for a period of at least six months from the date of the inspection.
- Required repairs must be described in an engineer's report and uploaded with this certification.
- The time period for repairs shall not exceed six months (180 days).
- Upon completion of the repairs, the Professional shall complete a post repair inspection and submit a new inspection form.

**UNSAFE / IMMINENT DANGER**

- A condition of which any part thereof this is dangerous to persons or property and in need of prompt remedial action. The engineer's report shall be submitted when this level of assessment rating is selected.
- The Department of Licenses and Inspections Emergency Services Unit shall 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 shall be uploaded with this summary inspection report form.

### FOR OWNER / OWNERS 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 full report and I am aware of the required repairs and/or maintenance and protective measures, 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.

Signature of Owner / Owner Representative: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR PROFESSIONAL:

I hereby state that the owner / owner's representative has authorized the submission of this report on the owner / owner's representative's behalf. Furthermore, I hereby state that all report 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

Signature of Professional: \_\_\_\_\_ Date: \_\_\_\_\_



Affix Seal Here