

ENGINEERS CONFIDENCE TEST REPORT

Confidence Testing Company
Name
Address
Phone
Here

Colorado Springs Fire Department

Confidence Test Report

Division of the Fire Marshal

375 Printers Parkway

Colorado Springs, CO 80910



**Commission on
Fire Accreditation
International**
Internationally Accredited Agency 2013-2018

FIRE ESCAPE		Status Given	
INITIAL CONFIDENCE TEST <input type="checkbox"/>	FOLLOW UP CONFIDENCE TEST <input type="checkbox"/>	<input type="checkbox"/> UNACCEPTABLE	<input type="checkbox"/> ACCEPTABLE
Bldg. Address: _____	Bldg. Name: _____	Occupancy Class: _____	
Responsible Person First & Last Name: _____	Phone Number: _____		
Responsible Person Address, City, State, Zip: _____	Responsible Party E-Mail Address: _____		
Confidence Technician's Name (if applicable, please print legibly) _____			
Date of Test: _____	Test Frequency: 5-Year		
DEFICIENCIES FOUND? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, list items that were not corrected at the time of the confidence test. Use the <u>Deficiencies</u> section or attach itemized sheet.			
REPAIRS: All deficiencies have been corrected <input type="checkbox"/> Corrected By: _____			
System Status changed to ACCEPTABLE <input type="checkbox"/> DATE: _____			

This certifies that this fire escape 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: _____	P.E. Stamp
	Registration # _____

THIS REPORT WILL BE SENT TO THE DIVISION OF THE FIRE MARSHAL AND THE BUILDING OWNER BY THE TESTING AGENCY IN ACCORDANCE WITH ADMINISTRATIVE RULING 2014-3.

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.

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GENERAL REVIEW

1. Is the fire escape painted and being maintained and protected from rust or corrosion?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. 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"/>
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"/>
4. 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 plastic; 9" x 17" formatted with engraved contrasting type, indicating Green, Yellow or Red certification, and is in compliance with Colorado Springs Fire Code Administrative Ruling 2014-3 for specifications and color coding.	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 Colorado structural engineer or by conducting a load test. This load test shall be conducted in a manner such that 100% of the landing area is engaged 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

(All critical materials, connections and or joints are 100% free of rust, rot, corrosion or other visible damage)

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

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Anchoring Devices			
15. Anchoring devices to the building 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"/>
16. The anchoring connections into the building are 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"/>
17. Support legs to grade are on cement piers or other suitable support?	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Counterbalance and Ladders			
18. Counterbalance and ladders are balanced and operational?	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
19. 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"/>
20. All counterbalance stairs tested to ensure smooth operation of all releases and mechanisms?	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
21. Bolts, grates, and framework tightened, repaired, or replaced as necessary?	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
22. 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"/>
Miscellaneous (write in as needed)			
23.	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
24.	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
25.	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
26.	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
27.	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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Deficiencies

Resolved <input type="checkbox"/>
Location: _____
Deficiency: _____
Recommended Resolution: _____

Resolved <input type="checkbox"/>
Location: _____
Deficiency: _____
Recommended Resolution: _____

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Location: _____
Deficiency: _____
Recommended Resolution: _____

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