

Building Warrant of Fitness (Form 12)

Compliance Schedule no: _____

(Section 108 Building Act 2004)

Expiry Date: _____

The Building		The Owner	
Street address of building:		Name of Owner:	
		Contact person:	
Legal Description of land where building is located:		Mailing Address:	
Lot:	DP:	Street address/Registered office:	
Building name:			
Location of building within site / block number:		Phone [landline]:	
Level/unit number:		Phone [Mobile]:	
Current lawfully established use <i>[include number of occupants per level and per use if more than 1]</i>		Phone [Daytime]:	
		Phone [After hours]:	
Year first constructed:		Fax:	
Intended life of the building if less than 50 years: Years		Email:	
Highest fire hazard category for building use: <i>[state number]</i>		Website:	
Agent: <i>[only required if warrant is being supplied on behalf of the owner]:</i>			
Name of Agent:		Contact person:	
Mailing Address:		Phone [daytime]:	
		Phone [after hours]:	Fax:
Relationship to owner:		Email address:	

Specified Systems (optional information):

SS1 <input type="checkbox"/>	Automatic systems for fire suppression: (Includes Gas Flood Systems for Food Extractor Hoods)	SS10 <input type="checkbox"/>	Building maintenance units:
SS2 <input type="checkbox"/>	Automatic and manual emergency warning systems: Fire alarm type..... Other safety features.....	SS11 <input type="checkbox"/>	Laboratory fume cupboards:
SS3 <input type="checkbox"/>	Electromagnetic or automatic doors or windows: 3/1 <input type="checkbox"/> Automatic door 3/2 <input type="checkbox"/> Access controlled doors 3/3 <input type="checkbox"/> Interfaced fire or smoke doors or windows	SS12 <input type="checkbox"/>	Audio loops or other assistive listening systems: 12/1 <input type="checkbox"/> Audio loops 12/2 <input type="checkbox"/> FM radio frequency systems & infrared beam transmission systems
SS4 <input type="checkbox"/>	Emergency lighting systems:	SS13 <input type="checkbox"/>	Smoke Control Systems: 13/1 <input type="checkbox"/> Mechanical smoke control 13/2 <input type="checkbox"/> Natural smoke control 13/3 <input type="checkbox"/> Smoke curtain
SS5 <input type="checkbox"/>	Escape route pressurisation systems:	SS14 <input type="checkbox"/>	Emergency power systems for, or signs relating to, a systems or features specified in any clauses 1-13: 14/1 <input type="checkbox"/> Emergency power systems 14/2 <input type="checkbox"/> Signs
SS6 <input type="checkbox"/>	Riser mains:		
SS7 <input type="checkbox"/>	Automatic back –flow preventers:	SS15 <input type="checkbox"/>	Other fire safety systems and features: 15/1 <input type="checkbox"/> Systems for communicating spoken information intended to facilitate evacuation 15/2 <input type="checkbox"/> Final exits 15/3 <input type="checkbox"/> Fire separations 15/4 <input type="checkbox"/> Signs for communicating information intended for facilitating evacuation 15/5 <input type="checkbox"/> Smoke separations
SS8 <input type="checkbox"/>	Lifts, escalators, or travelators or other systems for moving people or goods within building: 8/1 <input type="checkbox"/> Passenger carrying lift 8/2 <input type="checkbox"/> Service lift 8/3 <input type="checkbox"/> Escalator & moving walk	SS16 <input type="checkbox"/>	Cable car
SS9 <input type="checkbox"/>	Mechanical ventilation or air conditioning systems:		

WARRANT:

The maximum number of occupants that can safely use this building is:

The inspection, maintenance and reporting procedures of the compliance schedule for the above building have been fully complied with during the 12 months prior to the date stated below.

The compliance schedule is kept at:

ATTACHMENTS:

Certificates relating to inspections, maintenance, and reporting:

Recommendations for amendments to the compliance schedule:

Signature of owner / agent *[delete either owner or agent accordingly]* on behalf of and with the authority of the Owner:

Name: _____ Position: _____

Signature: _____ Date: _____