# Capital Development Guidelines – Series 7, Fire Risk Management, August 2013

## Guideline 7.2 – Form A1.1 Alternative Solutions

### Building surveyor statement of compliance – Alternative solutions

From

|  |  |
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| Name (Building Surveyor): |       |
| Organisation name: |       |
| Postal address: |       | Postcode:  |       |

Property details (if applicable)

|  |  |  |  |
| --- | --- | --- | --- |
| Number: |       | Street/Road: |        |
| City/Suburb/Town: |        |
| Lot/s: |       |  LP/PS: |         | Volume: |        | Folio: |        |
| Crown allotment: |        | Section: |        | Parish: |        | County: |        |
| Municipal District: |        |

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| **Class(es) of building** (as defined in the Building Code of Australia): |       |

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| --- | --- |
| **Building use or occupation** (as defined in the Building Code of Australia): |       |

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| **Staff Profile** (as defined in the Capital Development Guidelines – Series 7, Fire Risk Management, August 2013): |
|       |

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| **Occupant/Client Profile** (as defined in the Capital Development Guidelines – Series 7, Fire Risk Management, August 2013): |
|       |

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| **Maximum number of clients** (as defined in the Capital Development Guidelines – Series 7, Fire Risk Management, August 2013): |
|       |

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| **Maximum number of occupants** (as defined in the Building Code of Australia): |       |

#### Fire Safety Engineer Details

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| Building Practitioner Name: |       |
| Postal address:  |       | Postcode:  |       |
| Practitioner No:  | EF-       | Category/Class: |       | Fire Safety Engineer: |       |
| Accreditation number FRM - |        |

#### Design documents

(include any fire risk assessment report details/alternative solution report\* and relevant documents)

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| --- | --- | --- | --- | --- | --- |
| Report No: |      | Revision No: |        | Dated: |     /    /    |
| Prepared by: |       | Building Practitioner No:  |        |  |  |
| Drawing No(s): |       | Revision No: |        | Dated: |     /    /    |
| Drawing No(s): |       | Revision No: |        | Dated: |     /    /    |
| Drawing No(s): |       | Revision No: |        | Dated: |     /    /    |
| Drawing No(s): |       | Revision No: |        | Dated: |     /    /    |
| Drawing No(s): |       | Revision No: |        | Dated: |     /    /    |
| Prepared by: |       | Building Practitioner No:  |        |  |  |
| Other documentation: |       | Revision No: |        | Dated: |     /    /    |
| Prepared by: |       | Building Practitioner No:  |        |  |  |

Compliance

* + 1. I am the  building surveyor as defined in the *Building Act 1993* appointed to the project to which the design applies.
		2. I am accredited by the Department of Health and Human Services in accordance with the Capital Development Guidelines – Series 7, Fire Risk Management, August 2013, 7.1, Clause 6.1.
		3. I am a registered building practitioner as defined in the *Building Act 1993* in the category of building surveyor  as appropriate and have the appropriate qualifications and experience.
		4. I have the appropriate qualifications and expertise to assess designs against the requirements of the Building Code of Australia and the Capital Development Guidelines – Series 7, Fire Risk Management, August 2013.
		5. I have the appropriate qualification to determine that an Alternative Solution(s) complies with the performance requirements of the Building Code of Australia as stipulated in the Building Regulations;
		6. I did not prepare the design and I understand the requirements of s79 of the *Building Act 1993*;
		7. I am not an employee, agent, or principal of the Fire Safety Engineer’s organisation or organisations related to it, or have been in the last 12 months.
		8. The variation(s) from the Deemed to Satisfy requirements of the Building Code of Australia complies with all the relevant performance requirements of the Building Code of Australia;
		9. I certify that the design of the building as documented:

Complies with the performance requirements of the Building Code of Australia and will be satisfied in regard to the building; and

complies with the relevant Department of Health and Human Services, Capital Development Guidelines – Series 7, Fire Risk Management, August 2013 which for this project ; and

complies with any Practice Note and Advisory Note as issued by the Department of Health and Human Services in relation to the Guidelines 2013 applicable at the time of signing of this Statement.

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**Signature**

Registration No:

Accreditation number FRM -

Date:    /    /
\* If applicable