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

## Guideline 7.2 – Form A1.1 Design

### Building surveyor statement of compliance – Design

From

|  |  |
| --- | --- |
| 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): |       |

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:  |        |  |  |

Report(s) and Consent(s)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Issued by: |       | Number:  |        | Dated: |     /    /    |
| Issued by: |       | Number:  |        | Dated: |     /    /    |

Building Appeal Board Determinations (list all determinations):

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|       |
|       |
|       |

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.
		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 Guidelines.
		5. I did not prepare the design and I understand the requirements of s79 of the *Building Act 1993*.
		6. 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 are ; 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