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

## Guideline 7.2 – Form A1.1 Works

### Building surveyor statement of compliance – Works

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: |        |

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

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

|  |
| --- |
| **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): |
|       |

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

Building Appeal Board Determinations (list all determinations):

|  |
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|       |
|       |
|       |

**Fire Engineering Report(s)** **(include date and version):**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Report No(s): |        | Prepared by:  |        | Dated: |     /    /    |
| Report No(s): |        | Prepared by:  |        | Dated: |     /    /    |
| Report No(s): |        | Prepared by:  |        | Dated: |     /    /    |
| Report No(s): |        | Prepared by:  |        | Dated: |     /    /    |
| Report No(s): |        | Prepared by:  |        | Dated: |     /    /    |
| **Building Permit number(s):** |        | Dated: |     /    /    |

Report(s) and Consent(s)

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

#### Compliance

* + 1. 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.
		2. I am a registered building practitioner as defined in the *Building Act 1993* in the Category of  and have the appropriate qualifications and expertise.
		3. I am the relevant building surveyor as defined in the *Building Act 1993* appointed to the project.
		4. I have inspected the building(s)/or arranged for;

(Only check one)

[ ]  the building(s) to be inspected by a person who is 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, and take responsibility for the inspection(s) and assessment(s).

[ ]  any other professional individual whom I have deemed to be competent and take responsibility for the
inspection(s) and assessment(s).

* + 1. I certify that all the required works as defined in the Building Permit(s) issued by me, and the Fire Engineering Reports forming part of the Building Permit(s) and any Report(s) and Consent(s) that relates to this  including any Alternative Solutions, have been complied with.

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|  |

**Signature**

Registration No:

Accreditation number FRM -

Date:    /    /
\* If applicable