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

## Guideline 7.2 – Form A1.2 Design

### Fire safety engineer - statement of compliance – Design

From

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| Name (Fire Safety Engineer): |       |
| 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:  |        |  |  |

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 Engineer, Class of Fire Safety Engineer and have the appropriate qualifications and expertise.
		3. I have the appropriate expertise to undertake performance assessments against the requirements of the Building Code of Australia .
		4. The variation(s) from the Deemed to Satisfy requirements of the Building Code of Australia  have been assessed in accordance with the Capital Development Guidelines – Series 7, Fire Risk Management, August 2013 and the Building Code of Australia.
		5. I certify that the implementation of the fire safety strategy/alternative solution(s) described within the fire risk assessment(s) for the design of the building; and

Complies with all the required 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 this Statement.

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**Signature**

Registration No: EF-

Accreditation number FRM -

Date:    /    /