

CERTIFICATE OF COMPLIANCE WITH INSPECTION MAINTENANCE AND REPORTING PROCEDURES

Section 108(3)(c), Building Act 2004

Building WOF Number: _____	LBP / IQP Number: _____
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The Building	The Owner
Street Address: _____	Owners Name: _____
Legal Description: _____	Contact Person: _____
Building Name: _____	Mailing Address: _____
Location of building Within site/block: _____	Street Address: _____
Level/Unit Number: _____	Registered Office: _____

Compliance

The inspection, maintenance, and reporting procedures of the compliance schedule have been fully complied with during the 12 months prior to the date stated below in relation to the following specified systems: *Please tick the box next to the specified system(s) this Form 12A relates to:*

<input type="checkbox"/>	SS 1	Automatic Systems for Fire Suppression	<input type="checkbox"/>	SS 10	Building Maintenance Units
<input type="checkbox"/>	SS 2	Emergency Warning Systems	<input type="checkbox"/>	SS 11	Laboratory Fume Cupboards
<input type="checkbox"/>	SS 3.1	Automatic Doors & Windows	<input type="checkbox"/>	SS 12.1	Audio Loops
<input type="checkbox"/>	SS 3.2	Access Controlled Doors	<input type="checkbox"/>	SS 12.2	FM Radio Frequency Systems
<input type="checkbox"/>	SS 3.3	Interfaced Fire / Smoke Doors / Windows	<input type="checkbox"/>	SS 13	Mechanical Smoke Control
<input type="checkbox"/>	SS 4	Emergency Lighting Systems	<input type="checkbox"/>	SS 14.1	Emergency Power Systems for SS 1 – 13
<input type="checkbox"/>	SS 5	Escape Route Pressurisation Systems	<input type="checkbox"/>	SS 14.2	Signs for SS 1 – 13
<input type="checkbox"/>	SS 6	Riser Mains	<input type="checkbox"/>	SS 15.1	Systems for Communicating Evacuation
<input type="checkbox"/>	SS 7	Auto Backflow Preventers	<input type="checkbox"/>	SS 15.2	Final Exits
<input type="checkbox"/>	SS 8.1	Passenger Carrying Lifts	<input type="checkbox"/>	SS 15.3	Fire Separations
<input type="checkbox"/>	SS 8.2	Service Lifts	<input type="checkbox"/>	SS 15.4	Signs
<input type="checkbox"/>	SS 8.3	Escalators & Moving Walks	<input type="checkbox"/>	SS 15.5	Smoke Separations
<input type="checkbox"/>	SS 9	Mechanical Vent / Air Con Systems	<input type="checkbox"/>	SS 16	Cable Cars

*Full Name of Licensed Building Practitioner / Independent
Qualified Person*

*Signature of Licensed Building Practitioner / Independent
Qualified Person*

Date: _____