



Annual Essential Safety Measures Report

1 Sample Street, Melbourne VIC 3022

- ✓ 30+ years' experience in reporting services
- ✓ Our quality reports Make Roscon the number #1 choice
- ✓ We conduct onsite audits including photos, not desktop audits
- ✓ ISO 9001 Accredited Systems & Procedures
- ✓ Member - MBAV Platinum Master Builder (5630)
- ✓ Member - Strata Community Australia
- ✓ Member - Australian Institute of Project Management

Roscon Property Services

Roscon Property Services is the first property services provider to introduce central streamlined systems integrating property maintenance and quality controlled reporting services accredited by International Certifications, dedicated to support Owners Corporation managers.

Since 1987 we have evolved from our history of developing and constructing prestigious residential and high profile commercial/ industrial landmark projects. We have extended our service capabilities through our extensive construction, strata management and professional property services experience gained over 25 years, and filled the void between three property industries.

Built on solid foundations our clients rest assured in the comfort of knowing they're supported by Registered Building Practitioners, qualified professionals, fully insured and committed in protecting their responsibility to valued clients.

Mission Statement

"It is the policy of Roscon Property Services to deliver property Maintenance services to its clients in the most efficient and timely manner while respecting legal and statutory requirements. Roscon Property Services Pty Ltd operates under ISO 9001-2000 in the completion of its services. All staff & sub-contractors are expected to work according to our policies and procedures. The system employed by Roscon Property Services Pty Ltd is reviewed annually in order to ensure its consistency".

Instructed By

| | |
|----------------|--------------------|
| Name | XXX |
| Company | Owners Corporation |
| Address | XXX |

Inspected & Compiled by

| | |
|---------------------|---------|
| Inspector ID | JAC-610 |
|---------------------|---------|

10 February 2016

Dear XXX,

Thank you for using Roscon Property Services Pty Ltd for your Annual Essential Safety Measures Report. I have attached a copy of the report that has been compiled by an experienced auditor.

Should you require further assistance or need clarification of anything that is contained within the report then please do not hesitate to contact us.

The attached report includes the following:

| | |
|---------------|---|
| Part 1 | Inspection Details |
| Part 2 | Annual Essential Safety Measures Report |
| Part 3 | General Photos |
| Part 4 | Non Compliant Photos |
| Part 5 | Recommendations & Summary |
| Part 6 | Terms & Conditions |

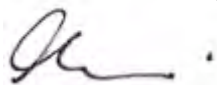
With the changes that have occurred to the building regulations 2006, specifically part 12 it is now a requirement that all buildings (other than single domestic dwellings) must have its essential safety measures maintained to the required standards. The Building Regulations clearly prescribe that the building owners are responsible for the essential safety measures, and that records of the maintenance must be kept on site. An Annual Essential Safety Measures Report must be completed by the owner, or suitably qualified contractor and in the case of a first report (for buildings constructed before 1 July 1994) due before 13 June 2009.

The teams at Roscon Property Services Pty Ltd are available to assist you with any and every essential safety measures concern that may eventuate and look forward to your call.

Thank you for your continued business.

Yours Sincerely

Roscon Property Services Pty Ltd



Paul Cummaudo
Managing Director
AREI, RBP, CRE, Licensed Estate Agent
Registered Building Practitioner DB-U 13329, CB-U 4272
Member REIV, MBAV, SCA, NCTI

Annual Essential Safety Measures Report

In accordance with Part 12 of Building Regulations, and in addition to maintenance records, owners are also required to provide an Annual Essential Safety Measures Report. The report is a legal statement by the owner that all relevant safety measures are maintained as required to a performance level that the ESM will fulfil its purpose. Roscon Property Services can issue the annual report in a cost effective manner if combined with a routine maintenance proposal.

What Are Essential Safety Measures?

Essential safety measures are the life and fire safety systems that the law requires all industrial, commercial and public building owners to implement and maintain. The Regulations necessitate that owners maintain safety equipment, safety fittings and safety measures including:

- Air Conditioning Systems
- Early Warning Systems
- Emergency Lifts & Lighting
- Emergency Lighting
- Emergency Power Supply
- Emergency Warning Systems
- Exit Signs
- Exit Doors
- Fire Control Centres
- Fire Curtains & Doors
- Fire Extinguishers
- Fire Detectors & Alarm Systems
- Fire Hydrants
- Fire Isolated Stairs
- Fire Rated Materials
- Fire/Smoke Doors
- Mechanical Ventilation
- Passage Ramps
- Path of Travel to Exits
- Smoke Alarms
- Smoke Control Systems & Sprinkler Systems
- Fire Window

Additional items not mentioned on this list may be applicable

Building occupiers have an obligation to ensure that all exits and paths of egress remain easily accessible and functional in order to ensure the safety of persons utilising the building.

Councils hold the responsibility to maintain and enforce building legislation within their given municipality; they are required to ensure building owners comply with the legal standards defined under Building Regulations 2006, regarding items listed in Tables 1.1 to 1.13 of the Building Code of Australia.

Building constructed or altered between 1st July 1994 - 1 May 2004

After 1 July 1994 you will have received a list of safety measures, their performance level and maintenance requirements within the occupancy permit or certificate of final inspection. Owners of buildings constructed or altered after this date are required to display the occupancy permit in a prominent position and have an Annual Essential Safety Measures Report prepared each year, detailing inspection and maintenance of safety equipment and measures. All records of audits and any repairs or maintenance are to be kept on

the property and made readily available for inspection by the authorities within 24 hours of notification. Click [HERE](#) for further information.

Building constructed or altered since 1 May 2004

As part of the 2004 amendment to the Building Code of Australia (BCA) Volume 1, safety measures were defined and Part I introduced a list of safety measures to be maintained.

The intent of Part I of the BCA Volume 1 is to establish the minimum standard of performance that all safety measures in buildings must continually be able to achieve. Click [HERE](#) for further information.

Building Owners Are Liable for the Safety of others?

Building owners have an obligation to ensure that an essential safety measure or piece of safety equipment is maintained in accordance with the BCA requirements and is able to operate satisfactorily.

Non-compliance with Essential Services can result in a fine of up to \$300,000

When Essential Safety Measures standards are not upheld, you are placing your employees, patrons and tenants at critical risk should an emergency arise. You are also liable for considerable monetary penalties with the possibility of further legal proceedings against you and your business.

Non-compliance may result in an on the spot infringement notice of up to \$1,200, and in some cases, in excess of \$1,200 issued by Council or the Fire Brigade. Non-compliance could, furthermore, result in prosecution through which a fine may be imposed of up to \$60, 000* for an individual and up to \$300,000* for companies found to be in breach of Essential Safety Measures and Facilities Management regulations.

*** Increases annually (Accurate as at June 2013)**

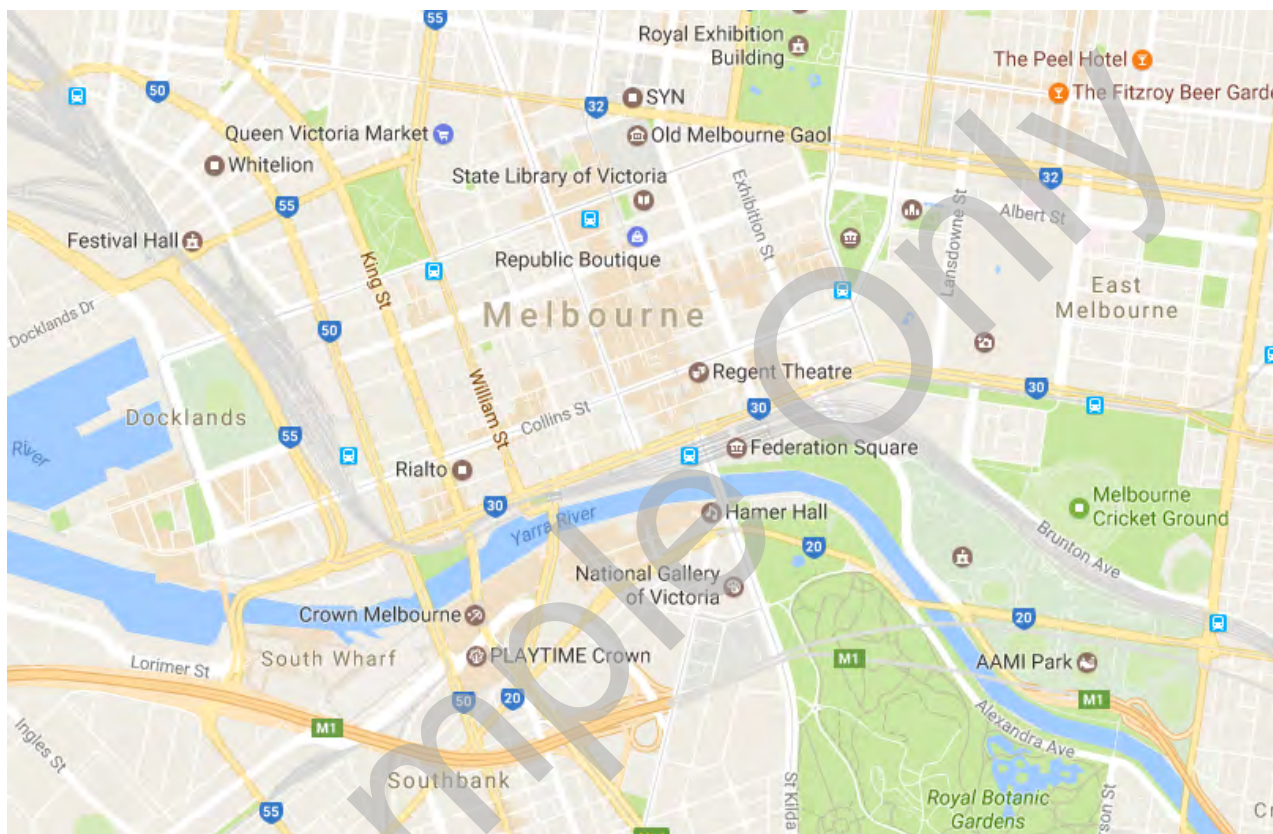
So you've received a building notice? Firstly, don't panic.

You're now required to fix and/or modify your building in order to fulfill your legal obligations. Often you are required to take immediate action or face monetary and legal penalties.

At Roscon Property Services our employees and consultants have extensive experience in the resolution of non-compliance issues. We have established a comprehensive strategy to facilitate an easy transition from determination of Essential Safety Measures, to the implementation of corrective action through to ongoing maintenance and record keeping.

Location

1 Sample Street, Melbourne VIC 3022



Part 1 - Inspection Details

| Building Constructed | OP No: BS-U14426/2011/0462/1P Issued: 20th February 2013 |
|----------------------|--|
| Pre 1994 | <input type="checkbox"/> |
| Post 1994 | <input type="checkbox"/> |

| Building Class | Description | |
|----------------|--|-------------------------------------|
| 1 | Single Dwelling, Boarding House, Guest House or Hostel | <input type="checkbox"/> |
| 2 | Building Containing Sole-occupancy unit (e.g. apartments, blocks or flats) | <input checked="" type="checkbox"/> |
| 3 | Backpacker accommodation, residential parts of hotels or motels, residential parts of schools, accommodation for the aged, disabled or children. | <input type="checkbox"/> |
| 4 | Single dwelling in a Class 5, 6, 7, 8, or 9 building such as the caretaker's residence | <input type="checkbox"/> |
| 5 | Offices for professional or commercial purposes | <input type="checkbox"/> |
| 6 | Shops or other buildings for sale of goods by retail cafes, restaurants, milk bars, dining rooms, and bars | <input type="checkbox"/> |
| 7 | Buildings used for car parks, storage or display of goods | <input checked="" type="checkbox"/> |
| 8 | Laboratories or buildings for production or assembly of goods | <input type="checkbox"/> |
| 9 | Public buildings such as health care buildings or assembly buildings, nightclubs, bars etc | <input type="checkbox"/> |
| 10 | Non-habitable structure including fence, carports, antenna, etc. | <input type="checkbox"/> |

Part 2 - Annual Essential Safety Measures Report

Part A: Post July 1994 Building

This part of report is in relation to occupancy permit no: **BS-U14426/2011/0462/1P** issued: **20th February 2013** and is required to be prepared before each anniversary of the date of that occupancy permit or maintenance determination.

Maintenance Personnel Details

The following personnel carried out maintenance on the essential safety measures in this building during the preceding 12 months.

| ESM | Name | Address | Last Tested | Status | Finding |
|--|------------------|-------------------------------------|-------------|-----------|--|
| Building elements required to satisfy prescribed fire resistance levers | Elecfire Pty Ltd | PO Box 2528 Fountain Gate, VIC 3805 | 24/4/2015 | Compliant | Inspected by Elecfire Pty Ltd on 24th April 2015. Evidence available on site in the log book in building manger's office. NB: Yearly |
| Materials and assemblies required to satisfy prescribed fire hazard properties | Elecfire Pty Ltd | PO Box 2528 Fountain Gate, VIC 3805 | 24/4/2015 | Compliant | Inspected by Elecfire Pty Ltd on 24th April 2015. Evidence available on site in the log book in building manger's office. NB: Yearly |
| Elements required to be non-combustible, provide fire protection, compartmentation or separation | Elecfire Pty Ltd | PO Box 2528 Fountain Gate, VIC 3805 | 24/4/2015 | Compliant | Inspected by Elecfire Pty Ltd on 24th April 2015. Evidence available on site in the log book in building manger's office. NB: Yearly |

| ESM | Name | Address | Last Tested | Status | Finding |
|---|--------------------------------|-------------------------------------|-------------|---------------|--|
| Wall-wetting sprinklers (including doors and windows required in conjunction with wall-wetting sprinklers). | DFS - Domestic Fire Sprinklers | PO Box 252, Greensborough VIC 3088 | 27/1/2016 | Compliant | Inspected by DFS on 27th January 2016. Evidence available on site in the log book in hydrant pump room. NB: Monthly |
| Fire doors (including sliding fire doors and their associated warning systems) and associated self-closing, automatic closing and latching mechanisms | Elecfire Pty Ltd | PO Box 2528 Fountain Gate, VIC 3805 | 29/12/2015 | Compliant | Inspected by Elecfire Pty Ltd on 29th December 2015. Evidence available on site in the log book in building manger's office. NB: Quarterly |
| Fire Protection at service penetrations through elements required to be fire?resisting with respect to integrity or insulation, or to have a resistance to the incipient spread of fire | Elecfire Pty Ltd | PO Box 2528 Fountain Gate, VIC 3805 | 5/10/2015 | Compliant | Inspected by Elecfire Pty Ltd on 5th October 2015. Evidence available on site in the log book in building manger's office. NB: 6 monthly |
| Fire protection associated with construction joints, spaces and the like In and between buildings elements required to be fire?resisting with respect to integrity or insulation | Elecfire Pty Ltd | PO Box 2528 Fountain Gate, VIC 3805 | 5/10/2015 | Compliant | Inspected by Elecfire Pty Ltd on 5th October 2015. Evidence available on site in the log book in building manger's office. NB: 6 monthly |
| Smoke doors and associated self-closing, automatic closing and latching mechanisms. | Elecfire Pty Ltd | PO Box 2528 Fountain Gate, VIC 3805 | 29/9/2015 | Non Compliant | Inspected by Elecfire Pty Ltd on 29th September 2015. Evidence available on site in the log book in building manger's office. An updated test is required to be performed by a qualified service provider. NB: Quarterly |

| ESM | Name | Address | Last Tested | Status | Finding |
|--|------------------|-------------------------------------|-------------|-----------|--|
| Paths of travel to exits | Elecfire Pty Ltd | PO Box 2528 Fountain Gate, VIC 3805 | 29/12/2015 | Compliant | Inspected by Elecfire Pty Ltd on 29th December 2015. Evidence available on site in the log book in building manger's office. NB: Quarterly |
| Discharge from exits (including paths of travel from open spaces to the public roads to which they are connected) | Elecfire Pty Ltd | PO Box 2528 Fountain Gate, VIC 3805 | 29/12/2015 | Compliant | Inspected by Elecfire Pty Ltd on 29th December 2015. Evidence available on site in the log book in building manger's office. NB: Quarterly |
| Exits (including fire-isolated stairways and ramps, non-fire-isolated stairways and ramps, stair treads, balustrades and handrails associated with exits and fire-isolated passageways). | Elecfire Pty Ltd | PO Box 2528 Fountain Gate, VIC 3805 | 29/12/2015 | Compliant | Inspected by Elecfire Pty Ltd on 29th December 2015. Evidence available on site in the log book in building manger's office. NB: Quarterly |
| Doors | Elecfire Pty Ltd | PO Box 2528 Fountain Gate, VIC 3805 | 29/12/2015 | Compliant | Inspected by Elecfire Pty Ltd on 29th December 2015. Evidence available on site in the log book in building manger's office. NB: Quarterly |
| Exit signs (including direction signs) | Elecfire Pty Ltd | PO Box 2528 Fountain Gate, VIC 3805 | 29/12/2015 | Compliant | Inspected by Elecfire Pty Ltd on 29th December 2015. Evidence available on site in the log book in building manger's office. NB: 6 monthly |

| ESM | Name | Address | Last Tested | Status | Finding |
|--|------------------|-------------------------------------|-------------|-----------|---|
| Signs warning against the use of lifts in the event of a fire | Elecfire Pty Ltd | PO Box 2528 Fountain Gate, VIC 3805 | 24/4/2015 | Compliant | Inspected by Elecfire Pty Ltd on 24th April 2015. Evidence available on site in the log book in building manger's office. NB: Yearly |
| Signs alerting persons that the operation of doors must not be impaired | Elecfire Pty Ltd | PO Box 2528 Fountain Gate, VIC 3805 | 24/4/2015 | Compliant | Inspected by Elecfire Pty Ltd on 24th April 2015. Evidence available on site in the log book in building manger's office. Note: in the main foyer area (right from the doors from Sample Street), a water meter cupboard door has no signage indicating that it is a water meter cupboard. Furthermore in the basement carpark, one of the doors to the switchboard room has no signage as well. It is recommended that signs are installed for these doors to indicate what they are and to prevent unauthorized access. Yearly checks for compliance. |
| Emergency Lighting | Elecfire Pty Ltd | PO Box 2528 Fountain Gate, VIC 3805 | 29/12/2015 | Compliant | Inspected by Elecfire Pty Ltd on 29th December 2015. Evidence available on site in the log book in building manger's office. NB: 6 monthly |
| Fire hydrant system (including on-site pump set and fire service booster connection) | Elecfire Pty Ltd | PO Box 2528 Fountain Gate, VIC 3805 | 29/12/2015 | Compliant | Inspected by Elecfire Pty Ltd on 29th December 2015. Evidence available on site in the log book in building manger's office. NB: 6 monthly |

| ESM | Name | Address | Last Tested | Status | Finding |
|---------------------------------------|--------------------------------|-------------------------------------|-------------|---------------|--|
| Fire Hose Reels System | Elecfire Pty Ltd | PO Box 2528 Fountain Gate, VIC 3805 | 29/12/2015 | Compliant | Inspected by Elecfire Pty Ltd on 29th December 2015. Evidence available on site in the log book in building manger's office. NB: 6 monthly |
| Sprinkler system | DFS - Domestic Fire Sprinklers | PO Box 252, Greensborough VIC 3088 | 27/1/2016 | Compliant | Inspected by DFS on 27th January 2016. Evidence available on site in the log book in hydrant pump room. NB: Monthly |
| Portable Fire Extinguishers | Elecfire Pty Ltd | PO Box 2528 Fountain Gate, VIC 3805 | 29/12/2015 | Compliant | Inspected by Elecfire Pty Ltd on 29th December 2015. Evidence available on site in the log book in building manger's office. NB: 6 monthly |
| Carpark mechanical ventilation system | TBA | - | - | Non Compliant | TBA NB: Frequency as nominated by supplier |
| Smoke and heat alarm system | Elecfire Pty Ltd | PO Box 2528 Fountain Gate, VIC 3805 | 18/1/2016 | Compliant | Inspected by Elecfire Pty Ltd on 18th January 2016. Evidence available on site in the log book in the FIP Cabinet in main entrance Foyer from Sample Street. NB: Monthly |
| Smoke and heat detection system | Elecfire Pty Ltd | PO Box 2528 Fountain Gate, VIC 3805 | 18/1/2016 | Compliant | Inspected by Elecfire Pty Ltd on 18th January 2016. Evidence available on site in the log book in the FIP Cabinet in main entrance Foyer from Sample Street. NB: Monthly |

| ESM | Name | Address | Last Tested | Status | Finding |
|--|------------------|-------------------------------------|-------------|---------------|--|
| Building occupant warning systems | Elecfire Pty Ltd | PO Box 2528 Fountain Gate, VIC 3805 | 18/1/2016 | Compliant | Inspected by Elecfire Pty Ltd on 18th January 2016. Evidence available on site in the log book in the FIP Cabinet in main entrance Foyer from Sample Street. NB: Monthly |
| Stretcher facilities in lifts | TBA | - | - | Non Compliant | TBA NB: Yearly |
| Passenger lift fire service controls | TBA | - | - | Non Compliant | TBA NB: Yearly |
| Mechanical ventilation system (including air conditioning, air handling systems) hot, warm and cooling water systems | TBA | - | - | Non Compliant | TBA NB: Yearly |
| Classification and use of building | TBA | - | - | Non Compliant | TBA NB: Yearly |
| Occupancy Hazard | TBA | - | - | Non Compliant | TBA NB: Yearly |

Sample Only

Part B: All Buildings (pre and post July 1994 Buildings)

1. Details of any inspection report provided under section 227E2 of the Building Act 1993; and
2. Compliance

I hereby state that I have / the owner has taken all reasonable steps to ensure that—

- i. each essential safety measure is operating at the required level of performance or to fulfil its purpose; and
- ii. where applicable each essential safety measure has been maintained in accordance with the occupancy permit or maintenance determination and will fulfil its purpose; and
- iii. since the last annual essential safety measures report there have been no penetrations to required fire-resisting construction, smoke curtains and the like in the building, other than those for which a building permit has been issued; and
- iv. since the last annual essential safety measures report there have been no changes to materials or assemblies that must comply with particular fire hazard properties, other than those for which a building permit has been issued; and
- v. the information contained in this report is correct.

Signature

Owner / Agent of the owner

Signed: _____

Date: _____

Roscon Property Services Pty Ltd cannot sign off at this time as there are non compliant items within the building. See the attached inspection report.

NOTES

1. The owner must ensure that this annual essential safety measures report and records of maintenance checks, service and repair work are available on the premises for inspection by the municipal building surveyor or chief officer after 24 hours notice. The penalty for non-compliance is a maximum of 10 penalty units.
2. Section 227E of the Building Act 1993 provides the power for the chief officer and municipal building surveyor to inspect essential safety measures.
3. Under section 240 and 248(1) of the Building Act 1993 an agent of the owner must have written authority from the owner to act as their agent. Also note the general rules of "Agency" also apply.

Part 3 - General Photos





Sample ©

FREE COFFEE!

1000 MILE

1000 MILE

1000 MILE

1000 MILE



SPRINKLER BOOSTER
CONNECTION
MAX. WORKING PRESSURE
TEST

HYDRANT
CONNECTION
MAX. WORKING PRESSURE
TEST

Sample Only

KEEP CLEAR
EMERGENCY
EXIT

LONG 6-8VDC
DANGER
HIGH VOLTAGE
KEEP OUT

KEEP CLEAR
EMERGENCY
EXIT

LONG 6-8VDC
DANGER
HIGH VOLTAGE
KEEP OUT



DFS

Domestic Fire Sprinklers

PH: (03) 9852 4292 F: (03) 9850 1894
 Email: info@domesticfire.com.au
 Factory: 5/ 31-33 Greenaway Street, Bulleen Vic 3105
 Postal: PO Box 252, Greensborough Vic 3088
 www.domesticfire.com.au
 ABN: 97 140 922 309 ACN: 140922309



No

0609

COMBUSTION ENGINE DRIVEN PUMPS SERVICE RECORD

Name & Address

IT Number

TEST RECORD

Weekly Monthly Quarterly 6 Monthly Annually 3 Yearly

Date

Time

27/1/16

AM/PM

| | PUMP 1 | | | PUMP 2 | | | PUMP 3 | | | PUMP 4 | | | PUMP 5 | | |
|--|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | Yes | No | N/A | Yes | No | N/A | Yes | No | N/A | Yes | No | N/A | Yes | No | N/A |
| 1. Is oil at correct level? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is fuel tank full? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Check batteries | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| a) Is Electrolyte level correct | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Control battery | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Start battery | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Record voltage | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Control battery | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Start battery | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are battery terminals tight and free of corrosion? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Is battery compartment free of corrosion? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Is battery charger working correctly? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Record time unit has operated. (If hour meter attached) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| a) Start unit automatically. Pressure switch? Electrical panel | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Start unit automatically. Cut in pressure | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| a) Record pump suction pressure | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Record pump discharge pressure | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Record engine revs | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Is alternator charging? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Record engine oil pressure | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Are there any oil, water, fuel or exhaust leaks? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Is pump running alarm operating? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Is cooling system operating correctly? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Are pressure relief valves working? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Record time unit run this test (minimum 10 mins) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Stop unit - is unit in ready to start mode? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Does power failure alarm operate? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Are all valves secured in correct operating position? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Are spare gasket/oil filters etc. on hand? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Remarks/Defects observed or repaired?

I hereby certify having made a test of this/these system/s
 Inspector



PH: (03) 9652 4292 F: (03) 9850 1994
 Email: info@domesticfire.com.au
 Factory: 6/31-33 Greenway Street, Bulleen Vic 3108
 Postal: PO Box 252, Greensborough Vic 3088
 www.domesticfire.com.au
 ABN: 67 140 922 309 ACN: 146922306



No
0609

Domestic Fire Sprinklers

COMBUSTION ENGINE DRIVEN PUMPS SERVICE RECORD

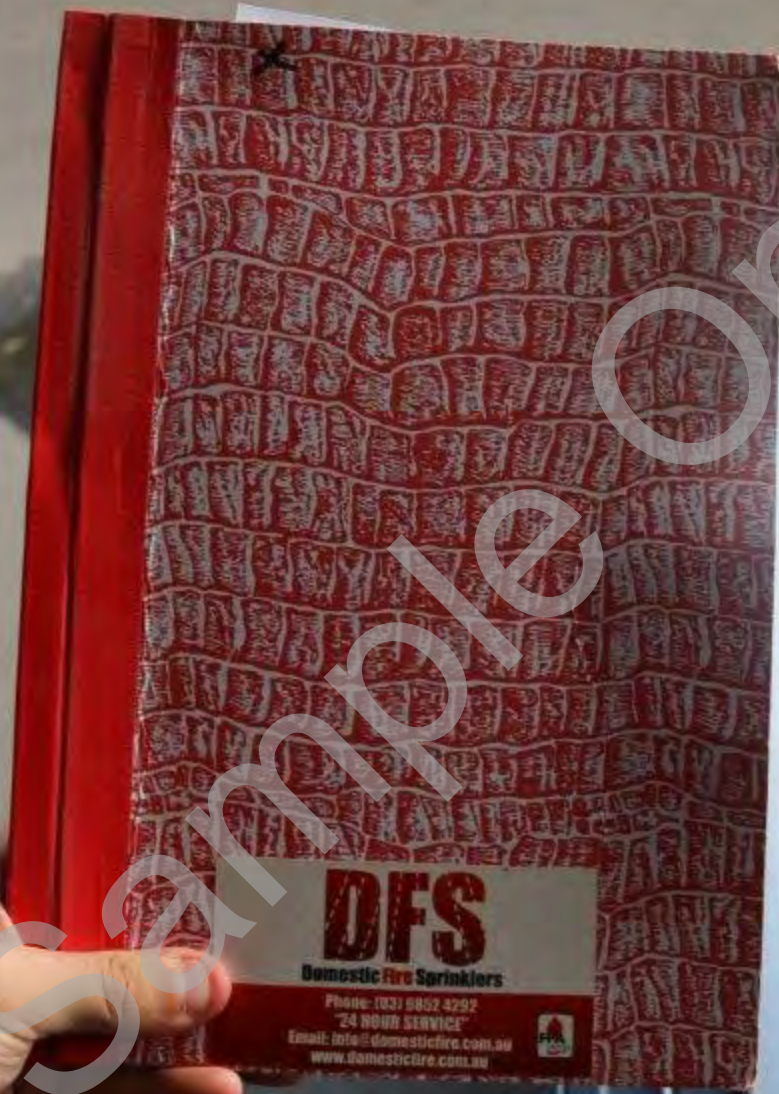
Address: _____ IT Number: _____

TEST RECORD:
 Weekly Monthly Quarterly E-Monthly Annual 2-Yearly

Date: 27/1/16 Time: _____ AM/PM

| | PUMP 1 | | | PUMP 2 | | | PUMP 3 | | | PUMP 4 | | | PUMP 5 | | |
|---|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | Yes | No | N/A | Yes | No | N/A | Yes | No | N/A | Yes | No | N/A | Yes | No | N/A |
| Correct level? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Full? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Pressure level correct | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Control battery | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Start battery | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Control battery | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Start battery | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Terminals tight and free of corrosion? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Compartment free of corrosion? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Valves working correctly? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Unit has operated (11 hour meter attached) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Operates automatically. Pressure switch? Electrical panel | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Operates automatically. Cut in pressure | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Pump suction pressure | 13 | | | | | | | | | | | | | | |
| Pump discharge pressure | 14 | | | | | | | | | | | | | | |
| Engine revs | 13 | | | | | | | | | | | | | | |
| Water coming? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Engine oil pressure | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Any oil, water, fuel or exhaust leaks? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Warning alarm operating? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Warning system operating correctly? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Pressure relief valves working? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Engine run this test (minimum 10 mins) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Engine ready to start mode? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Pressure alarm operate? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Valves secured in correct operating position? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Filters etc. on hand? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Defects observed or repaired? | | | | | | | | | | | | | | | |

I hereby certify having made a test of this/these system/s
 Inspector: _____



DFS

Domestic Fire Sprinklers

Phone: (03) 9852 4292

"24 HOUR SERVICE"

Email: info@domesticfire.com.au

www.domesticfire.com.au



INDUSTRIES
DIESEL FIRE PUMP CONTROLLER

EMERGENCY MANUAL STOP

DANGER

EMERGENCY MANUAL STOP

DOMINATOR



WATER METERS

SPRINKLER
CONTROL VALVE



Sample Only



388 YKG

HYDRANT

10
M

LEGEND: PHOTO OPTICAL SMOKE DETECTOR
 IONIZATION SMOKE DETECTOR
 TYPE OF THERMAL DETECTOR
 MANUAL CALL POINT
 OTHER

= P
 = I
 = A, B, C, D or E
 = M
 = FULL DESCRIPTION

| Zone | Loop No. 1 | Address | Type | Operated | Indication | Comments / Items for correction |
|------|------------|---------|------|----------|------------|---------------------------------|
| | | 001 | | | | |
| | | 002 | | | | |
| | | 003 | | | | |
| 30 | | 004 | P | / | / | |
| | | 005 | | | | |
| | | 006 | | | | |
| | | 007 | | | | |
| | | 008 | | | | |
| | | 009 | | | | |
| | | 010 | | | | |
| | | 011 | | | | |
| 22A | | 012 | P | / | / | |
| | | 013 | | | | |
| | | 014 | | | | |
| 22 | | 015 | P | / | / | |
| | | 016 | | | | |
| 22B0 | | 017 | P | / | / | |
| 20 | | 018 | P | / | / | |
| | | 019 | | | | |
| | | 020 | | | | |
| 22B0 | | 021 | P | / | / | |
| 23B0 | | 022 | P | / | / | |
| 22 | | 023 | P | / | / | |
| | | 024 | | | | |
| 12 | | 025 | P | / | / | |
| 12 | | 026 | P | / | / | |
| | | 027 | | | | |
| | | 028 | | | | |
| | | 029 | | | | |
| | | 030 | | | | |
| 14 | | 031 | P | / | / | |
| 15 | | 032 | P | / | / | |
| | | 033 | | | | |
| 16 | | 034 | P | / | / | |
| | | 035 | | | | |
| | | 036 | | | | |
| | | 037 | | | | |
| | | 038 | | | | |
| | | 039 | | | | |
| | | 040 | | | | |

186A-A3 - Fire Detection and Alarm Systems
 Monthly Service Record - Page 1 of 1

193068

The service provider is: *1234567890* Date: *1/1/20* Week Order #

Site Name: _____ Time: _____ Site ID: _____
 Use: _____
 Address: _____

| Item # | Item Description - Table 9.4.1.1 | Fire Fall (U.A.) | Item # | Item Description - Table 9.4.1.2 | Fire Fall (U.A.) |
|--------|---|------------------|--------|---------------------------------------|------------------|
| | All power devices and zone controllers attended to and recorded | | 13 | Check alarm and control devices | |
| 11 | Inspect outdoor and wired external alarm | | 14 | Check control signals (control panel) | |
| 12 | Check operation of CP | | 15 | Test alarm system operation | |
| 13 | Check replacement alarm and test for RCP's SWD | | 16 | Inspect room hand pull | |
| 14 | Inspect battery condition | | 17 | Check presence of backup data | |
| 15 | Testulate alarm and system test and status for take priority | | | | |

Associated / Connected Equipment Service Charge

Monthly emergency warning system:

Weekly special alarm system:

Additional services: Non-Critical Defect Non-Emergency Recharge/Refill

Notes: *See attached sheet*

Technician Name: *[Signature]* Signature: _____

Client Name: _____ Signature: _____

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 186A-A3 9/18 April 2018

Distribution of service record copies: to the provider to the client to the local authority

LB6A-A5 - Fire Detection and Alarm Systems
Monthly Service Record - Page 1 of 1

193069

Your service provider is: Electric as vic

Site Name

Date 8/11/16

Work Order #

Site Address

As above

Time

Site ID

| Item # | Required Actions - Table 6.4.1.2 | Pass | Fail | N/A |
|--------|--|-------------------------------------|--------------------------|--------------------------|
| | All previous defects and non-conformances attended to and recorded | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.1 | Inspect audible and visual external alarms | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.2 | Check condition of O/E's | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.2 | Check replacement element and tool for MCP's (w/a) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.3 | Inspect battery enclosure | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.4 | Simulate alarm and confirm indications and alarms function correctly | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| Item # | Required Actions - Table 6.4.1.2 | Pass | Fail | N/A |
|--------|--|-------------------------------------|--------------------------|--------------------------|
| 1.5 | Simulate alarm and confirm occupant warning system functions correctly | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.6 | Confirm isolate/disable condition functions correctly | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.7 | Test filament type visual indicators | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.8 | Inspect zone block plan | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.9 | Check presence of base/zone data | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Associated / Connected Equipment Service Completed

Yes No N/A If No or N/A, indicate reason below

Monthly emergency warning system

Monthly special hazards system

Activity / System Failures & Comments

Defect Type Identified: 1 Critical Defect 2 Non-Critical Defect 3 Non-Conformance 4 Recommendations

Item # Defect Type Description / Corrective Action Required

All tested ok

Technician Name

Algo

Signature

Client Name

Signature

Distribution of service record copies:

owner/occupier/agent = original service provider = duplicate retained in this book = triplicate

**AS 1851-2012
LOGBOOK**

1 YEAR EDITION



Fire Protection Association Australia
Life Property Environment

SITE DETAILS

START DATE *May 15/16*

END DATE *April 16/17*

START REPORT NO.

END REPORT NO.

SERVICE PROVIDER
CONTACT DETAILS

LB6A-A5

**Fire Detection and
Alarm Systems**



© FPA Australia

843316

Company Details

Reference Number

Fire Detection Systems: Maintenance Record & Report

Site Name: _____ Date: _____

Site Address: _____ Time: _____

Client Name: _____ Signature: _____

Technician Name: _____ Signature: _____

Monthly Inspection and Test

Actions Required for AS 1851.6, Tables 6.4.1 and 6.4.2

| | Item | P | F | N/A |
|---|------|---|---|-----|
| All previously identified items requiring corrective action attended to & recorded | | | | |
| CIE: visible & accessible. Keypad damage-free; if obscured, door labelled | 1.1 | | | |
| Simulated alarm condition (via an alarm zone) at CIE: activates all required common indications & outputs | 2.1 | | | |
| Simulated alarm condition (via an alarm zone) at CIE: processed by monitoring service | 2.1 | | | |
| Simulated alarm condition: where CIE is a sub-CIE, alarm indicated at main CIE | 2.1 | | | |
| Simulated fault condition: indicated | 2.2 | | | |
| Simulated fault condition (where monitored): fault processed correctly | 2.2 | | | |
| Simulated fault condition: where CIE is a sub-CIE, fault indicated at main CIE | 2.2 | | | |
| Initiated isolate/disable condition at the CIE: processed by monitoring service | 2.4 | | | |
| Initiated isolate/disable condition (at CIE), where CIE is a sub-CIE, indicated at main CIE | 2.4 | | | |
| Reset function: operates | 2.5 | | | |
| Visual indicators: all indicators operate | 2.6 | | | |
| Aural indicators: all indicators operate | 2.7 | | | |
| External alarm indication: local alarm operates correctly | 2.8 | | | |
| All controls are returned to their normal position | 2.9 | | | |
| Sub-CIE, repeater panel or mimic panel controls and indicators operate | 2.10 | | | |

Observations/Defects/Comments/Rectifications

| Building | | Test 1 Date: 26/1/2023 | | | | | Test 2 Date: 26/1/2023 | | | | | | | |
|----------------|------------|------------------------------------|------|------------------------------------|------|-------------|---------------------------------------|------------|------------------------------------|------|------------------------------------|------|-------------|----------|
| Level | | Completed By: [Signature] | | | | | Completed By: [Signature] | | | | | | | |
| Filling Number | Start Time | Test 1 - 12 Monthly Main Operation | | Test 1 - 6 Monthly Emerg Operation | | Finish Time | Comments | Start Time | Test 2 - 12 Monthly Main Operation | | Test 2 - 6 Monthly Emerg Operation | | Finish Time | Comments |
| | | Pass | Note | Pass | Note | | | | Pass | Note | Pass | Note | | |
| 120 | 8:30 | / | | / | | 10:00 | | | / | | / | | | |
| 121 | | / | | / | | | | | / | | / | | | |
| 122 | | / | | X | | | Lead surface Rupture pt. 10ed15 | | / | | / | | | |
| 123 | | / | | / | | | | | / | | / | | | |
| 124 | | / | | / | | | | | / | | / | | | |
| 125 | | / | | / | | | | | / | | / | | | |
| 126 | | / | | / | | | | | / | | / | | | |
| 127 | | / | | / | | | | | / | | / | | | |
| 128 | | / | | / | | | | | / | | / | | | |
| 129 | | / | | / | | | | | / | | / | | | |
| 130 | | / | | / | | | | | / | | / | | | |
| 131 | | / | | / | | | | | / | | / | | | |
| 132 | | / | | / | | | | | / | | / | | | |
| 133 | | / | | / | | | | | / | | / | | | |
| 134 | | / | | / | | | | | / | | / | | | |
| 135 | | / | | / | | | | | / | | / | | | |
| 136 | | / | | / | | | | | / | | / | | | |

Legend: T = Tube S = Starter SW = Switched Active N/S = No Supply RR = Remove & Replace <90 = Less Than 90 Minutes
 D = Diffuser F = Flat W = Wedge DS = Double Sided < = Left > = Right X = Nil Operation ✓ = Pass

| Building | | Test 1 Date: 20/12/13 | | | | Test 2 Date: 27/12/13 | | | | | | | |
|---------------|------------|-----------------------------------|------|-------------------------------------|------|-----------------------|----------|------------------------------------|------|--------------------------------------|------|-------------|----------|
| Level | | Completed By: E. Saha | | | | Completed By: E. Saha | | | | | | | |
| Filing Number | Start Time | Test 1 - 6 Monthly Main Operation | | Test 1 - 6 Monthly Energy Operation | | Finish Time | Comments | Test 2 - 12 Monthly Main Operation | | Test 2 - 12 Monthly Energy Operation | | Finish Time | Comments |
| | | Pass | Note | Pass | Note | | | Pass | Note | Pass | Note | | |
| 103 | 8:30 | / | | / | | 15:00 | | / | | / | | | |
| 104 | | / | | / | | | | / | | / | | | |
| 105 | | / | | / | | | | / | | / | | | |
| 106 | | / | | / | | | | / | | / | | | |
| 107 | | / | | / | | | | / | | / | | | |
| 108 | | / | | / | | | | / | | / | | | |
| 109 | | / | | / | | | | / | | / | | | |
| 110 | | / | | / | | | | / | | / | | | |
| 111 | | / | | / | | | | / | | / | | | |
| 112 | | / | | / | | | | / | | / | | | |
| 113 | | / | | / | | | | / | | / | | | |
| 114 | | / | | / | | | | / | | / | | | |
| 115 | | / | | / | | | | / | | / | | | |
| 116 | | / | | / | | | | / | | / | | | |
| 117 | | / | | / | | | | / | | / | | | |
| 118 | | / | | / | | | | / | | / | | | |
| 119 | | / | | / | | | | / | | / | | | |

Replaced 12/19/13

tube (rewind)

12/28 -> Replaced 12/11/13

Legend: T = Tube S = Starter SW = Switched Active N/S = No Supply RR = Remove & Replace <90 = Less Than 90 Minutes
 D = Diffuser F = Flat W = Wedge DS = Double Sided <= Left >= Right X = Nil Operation ✓ = Pass

| Building | | Test 1 Date: 20/1/20 | | | | Test 2 Date: 29/2/19 | | | | | | | | |
|---------------|------------|------------------------------------|------|------------------------------------|------|-----------------------|----------|------------|-------------------------------------|------|-------------------------------------|------|-------------|----------|
| Level | | Completed By: E. Ochi | | | | Completed By: E. Ochi | | | | | | | | |
| Filing Number | Start Time | Test 1 - 6 Monthly Mains Operation | | Test 1 - 6 Monthly Emerg Operation | | Finish Time | Comments | Start Time | Test 2 - 12 Monthly Mains Operation | | Test 2 - 15 Monthly Emerg Operation | | Finish Time | Comments |
| | | Pass | Note | Pass | Note | | | | Pass | Note | Pass | Note | | |
| 52 | 8:00 | / | | / | | 10:00 | | | / | | / | | | |
| 53 | | / | | / | | | | | / | | / | | | |
| 54 | | / | | / | | | | | / | | / | | | |
| 55 | | / | | / | | | | | / | | / | | | |
| 56 | | / | | / | | | | | / | | / | | | |
| 57 | | / | | / | | | | | / | | / | | | |
| 58 | | / | | / | | | | | / | | / | | | |
| 59 | | / | | / | | | | | / | | / | | | |
| 60 | | / | | / | | | | | / | | / | | | |
| 61 | | / | | / | | | | | / | | / | | | |
| 62 | | / | | / | | | | | / | | / | | | |
| 63 | | / | | / | | | | | / | | / | | | |
| 64 | | / | | / | | | | | / | | / | | | |
| 65 | | / | | / | | | | | / | | / | | | |
| 66 | | / | | / | | | | | / | | / | | | |
| 67 | | / | | / | | | | | / | | / | | | |
| 68 | | / | | / | | | | | / | | / | | | |

Legend: T = Tube S = Starter SW = Switched Active N/S = No Supply RR = Remove & Replace <90 = Less Than 90 Minutes
 D = Diffuser F = Flat W = Wedge DS = Double Sided < = Left > = Right X = Nil Operation ✓ = Pass

FITTING DETAILS

| Fitting No. | Location of Unit | Type of Unit | Distribution Board Location | CCT No. | Additional Information |
|-------------|---------------------|------------------|-----------------------------|---------|------------------------|
| 1 | Basement NW | 1x 28W Em | DB - C1 | 27 | |
| 2 | " " | 2x 28W " | " | 27 | |
| 3 | " W | " " | " | 27 | |
| 4 | " " | LED SURFACE EXIT | " | 27 | |
| 5 | " SW | 2x 28W Em | " | 27 | |
| 6 | " " | 1x 28W " | " | 27 | |
| 7 | Comms Room | " " | " | 27 | |
| 8 | Basement West Stair | LED SURFACE EXIT | " | 37 | |
| 9 | " W | " " " | " | 25 | |
| 10 | " " | 2x 28W Em | " | 25 | |
| 11 | " " | " " | " | 25 | |
| 12 | " " | " " | " | 25 | |
| 13 | " " | LED SURFACE EXIT | " | 25 | |
| 14 | Basement Left Lobby | " " " | " | 25 | |
| 15 | " NE | " " " | " | 29 | |
| 16 | " " | 2x 28W Em | " | 29 | |
| 17 | " E | " " | " | 29 | |

Stanilite

EMERGENCY AND EXIT
LIGHTING MAINTENANCE
LOG BOOK

ELECFIRE 

24 Hour Emergency Service
Ph 9013 0092

Electrical Contracting Fire Detection Systems
Emergency Warning Intercommunication Systems Emergency & Exit Lighting
Maintenance Inspection & Testing



Thomas & Betts

**REFER
TO
MRR04
FIRE
DETECTION
SYSTEM
LOG
BOOK**

Sample Only

Hacer Group Pty Ltd.
Level One, 620 High Street,
Kew, Vic. 3101

Date: 28th February 2014
Our Job: 20261
Your Ph: 03 9810 6888

Att: Mr. Rod Pollock

Annual Fire Service Maintenance Certificate.

Site Address:

This statement is in relation to the whole of the building.
For the inspection, testing and maintenance of the installed fire protection equipment
annually for the above mentioned property.

We confirm that Leemark Fire Protection carries out the prescribed maintenance at the
above mentioned site in line with requirements of the relevant Australian Standards as
set out below.

The services we maintain on this site are as follows:

Services

| | |
|---|---------------------------------|
| <u>Fire Sprinkler System</u> | <u>AS 1851 - 2005 Section 2</u> |
| <u>Fire Brigade Connection</u> | <u>AS 1851 - 2005 Section 5</u> |
| <u>Smoke and Heat Detection System</u> | <u>AS 1851 - 2005 Section 6</u> |
| <u>Building Occupant Warning System</u> | <u>AS 1851 - 2005 Section 9</u> |

We trust that the above statement is acceptable, should you require further information
please do not hesitate to contact me.

Stewart Grant
Service Manager

P: 03 9873 1525 F: 03 9873 1587 M: 0419 111 230
E: stewart@leemark.com.au

Fire Extinguishers Detail Sheet

| Number & Equipment Type | Location | Test Date | Test Date L3 |
|-------------------------|-------------------------|-----------|--------------|
| 1. Fire Extinguisher | Level 5 south | June | Dec |
| 2. Fire Extinguisher | Level 5 north | June | Dec |
| 3. Fire Extinguisher | Roof | June | Dec |
| 4. Fire Extinguisher | Level 4 south | June | Dec |
| 5. Fire Extinguisher | Level 4 north | June | Dec |
| 6. Fire Extinguisher | Level 3 south | June | Dec |
| 7. Fire Extinguisher | Level 3 north | June | Dec |
| 8. Fire Extinguisher | Level 2 south | June | Dec |
| 9. Fire Extinguisher | Level 2 north | June | Dec |
| 10. Fire Extinguisher | Level 1 south | June | Dec |
| 11. Fire Extinguisher | Level 1 north | June | Dec |
| 12. Fire Extinguisher | Ground north corridor | June | Dec |
| 13. Fire Extinguisher | Ground carpark near MSB | June | Dec |
| 14. Fire Extinguisher | Ground carpark north | June | Dec |
| 15. Fire Extinguisher | Basement lift lobby | June | Dec |
| 16. Fire Extinguisher | Basement carpark | June | Dec |
| 17. Fire Extinguisher | Basement carpark | June | Dec |
| 18. Fire Extinguisher | Basement carpark | June | Dec |
| 19. Fire Extinguisher | Basement carpark | June | Dec |
| 20. Fire Extinguisher | Basement carpark | June | Dec |
| 21. Fire Extinguisher | Basement carpark | June | Dec |
| 22. Fire Extinguisher | Basement carpark | June | Dec |
| 23. Fire Extinguisher | Basement carpark | June | Dec |
| 24. Fire Extinguisher | Ground floor tenancy 1 | June | Dec |
| 25. Fire Extinguisher | Ground floor tenancy 2 | June | Dec |
| 26. Fire Extinguisher | Ground floor | June | Dec |

**REFER
TO
MRR08
GENERAL
SPRINKLER
SYSTEM
LOG
BOOK**

Fire Hose Reel Detail Sheet

| Equipment Type & Number | Location | Test Date | Test Date |
|-------------------------|-----------------------------|-----------|-----------|
| | | L1 | L2 |
| 1. Fire Hose Reel | Level 5 south | June | Dec |
| 2. Fire Hose Reel | Level 5 north | June | Dec |
| 3. Fire Hose Reel | Level 4 south | June | Dec |
| 4. Fire Hose Reel | Level 4 north | June | Dec |
| 5. Fire Hose Reel | Level 3 south | June | Dec |
| 6. Fire Hose Reel | Level 3 north | June | Dec |
| 7. Fire Hose Reel | Level 2 south | June | Dec |
| 8. Fire Hose Reel | Level 2 north | June | Dec |
| 9. Fire Hose Reel | Level 1 south | June | Dec |
| 10. Fire Hose Reel | Level 1 north | June | Dec |
| 11. Fire Hose Reel | Ground floor main entry | June | Dec |
| 12. Fire Hose Reel | Ground floor public toilets | June | Dec |
| 13. Fire Hose Reel | Ground floor north corridor | June | Dec |
| 14. Fire Hose Reel | Ground carpark near MSB | June | Dec |
| 15. Fire Hose Reel | Ground carpark north | June | Dec |
| 16. Fire Hose Reel | Basement lift lobby | June | Dec |
| 17. Fire Hose Reel | Basement north | June | Dec |
| 18. Fire Hose Reel | Ground floor tenancy 1 | June | Dec |
| 19. Fire Hose Reel | Ground floor tenancy 2 | June | Dec |
| 20. Fire Hose Reel | Ground floor tenancy 3 | June | Dec |
| 21. Fire Hose Reel | Ground floor tenancy 4 | June | Dec |

ELECFIRE 
SPECIALISING IN ELECTRICAL & FIRE PROTECTION INSTALLATION - REC. 20196

24 Hour Emergency Service
P: (03) 9013 0092

Electfire Pty Ltd | ABN: 99 145 649 609 | REC: 20196 | Postal Address: PO Box 2528 Fountain Gate, VIC 3805
Phone: (03) 9013 0092 | Fax: (03) 9074 1578 | Email: info@elecfire.com.au | Website: www.elecfire.com.au

**REFER
TO
EXIT
&
EMERGENCY
LIGHTING
LOG
BOOK**

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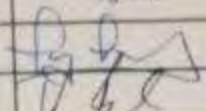
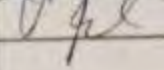
8

3.5 SIGN ALERTING A PERSON THAT THE OPERATION OF DOORS MUST NOT BE IMPAIRED

Name of building: _____ Name of owner: _____

Address: _____

Level of performance and frequency of maintenance (as specified on occupancy permit): ANNUAL

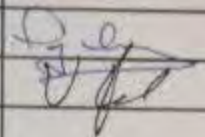
| Date of inspection | Name and address of person conducting inspection | Problems identified in inspection | Action taken to rectify problem | Date of rectification | Signature |
|--------------------|--|-----------------------------------|---------------------------------|-----------------------|---|
| 28/4/16 | Anthony Semedo | NIL | — | — |  |
| 24/4/15 | VINCE FORD | NIL | — | — |  |
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3.2 SIGN WARNING AGAINST THE USE OF LIFTS IN THE EVENT OF FIRE

Name of building: _____ Name of owner: _____

Address: _____

Level of performance and frequency of maintenance (as specified on occupancy permit): Annual

| Date of inspection | Name and address of person conducting inspection | Problems identified in inspection | Action taken to rectify problem | Date of rectification | Signature |
|--------------------|--|-----------------------------------|---------------------------------|-----------------------|---|
| 28/4/14 | Anthony SEMINO | NIL | — | — |  |
| 24/4/15 | Vince FORD | NIL | — | — | |
| | | | | | |
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24 Hour Emergency Service
P: (03) 9013 0082

Elec Fire Pty Ltd | ABN: 89 145 849 809 | REC: 20196 | Postal Address: PO Box 252P Fountain Gate, VIC 3115
Phone: (03) 9013 0082 | Fax: (03) 9074 1578 | Email: info@elecfire.com.au | Website: www.elecfire.com.au

REFER TO EXIT & EMERGENCY LIGHTING LOG BOOK

Sample Only

- 13
- 14
- 15
- 16
- 17
- 8
- 9
-)

2.6 DOORS OTHER THAN SMOKE OR FIRE DOORS

Name of building: _____

Name of owner: _____

Address: _____

Level of performance and frequency of maintenance (as specified on occupancy permits):

3 monthly

| Date of inspection | Name and address of person conducting inspection | Problems identified in inspection | Action taken to rectify problem | Date of rectification | Signature |
|--------------------|--|-----------------------------------|---------------------------------|-----------------------|-------------|
| 5/6/13 | Electric PLC | - | - | - | [Signature] |
| 2/9/13 | Electric PLC | - | - | - | [Signature] |
| 18/12/13 | Electric PLC | - | - | - | [Signature] |
| March 14 | Electric PLC | - | - | - | [Signature] |
| June 14 | Electric PLC | - | - | - | [Signature] |
| Sept 14 | Electric PLC | - | - | - | [Signature] |
| Dec 14 | Electric PLC | - | - | - | [Signature] |
| March 15 | Anthony | - | - | - | [Signature] |
| June 15 | Anthony | - | - | - | [Signature] |
| 9/1/15 | Anthony | - | - | - | [Signature] |
| 29/10/15 | Anthony | - | - | - | [Signature] |
| | | | | | |
| | | | | | |

1.4 FIRE-ISOLATED PASSAGEWAYS, RAMPS & STAIRS

Name of building: _____

Name of owner: _____

Address: _____

Level of performance and frequency of maintenance (as specified on occupancy permit):

3 months

| Date of inspection | Name and address of person conducting inspection | Problems identified in inspection | When next to be inspected | Date of verification | Signature |
|--------------------|--|-----------------------------------|---------------------------|----------------------|-------------|
| 5/6/13 | Electric P/L | - | - | - | [Signature] |
| 2/9/13 | Electric P/L | - | - | - | [Signature] |
| 18/12/13 | Electric P/L | - | - | - | [Signature] |
| March 14 | Electric | - | - | - | [Signature] |
| June 14 | Electric | - | - | - | [Signature] |
| Sept 14 | Electric | - | - | - | [Signature] |
| Dec 14 | Electric | - | - | - | [Signature] |
| March 15 | Electric | - | - | - | [Signature] |
| June 15 | Electric | - | - | - | [Signature] |
| 9/9/15 | Electric | - | - | - | [Signature] |
| 29/12/15 | Electric | - | - | - | [Signature] |
| | | | | | |
| | | | | | |

ESSENTIAL SAFETY MEASURES MAINTENANCE MANUAL

APPROVED BY: _____

2.2 DISCHARGE FROM EXITS

Name of building: _____ Name of owner: _____

Address: _____

Level of performance and frequency of maintenance (as specified on occupancy permit): 3 MONTHLY

| Date of inspection | Name and address of person conducting inspection | Problems identified in inspection | Action taken to rectify problem | Date of verification | Signature |
|--------------------|--|-----------------------------------|---------------------------------|----------------------|-------------|
| 5/6/13 | Electric P/L | - | - | - | [Signature] |
| 2/9/13 | Electric P/L | - | - | - | [Signature] |
| 18/12/13 | Electric P/L | - | - | - | [Signature] |
| March 14 | Electric | - | - | - | [Signature] |
| June 14 | Electric | - | - | - | [Signature] |
| Sept 14 | Electric | - | - | - | [Signature] |
| Dec 14 | Electric | - | - | - | [Signature] |
| March 15 | Electric | - | - | - | [Signature] |
| June 15 | Auto | - | - | - | [Signature] |
| 9/9/15 | Auto | - | - | - | [Signature] |
| 29/12/15 | Auto | - | - | - | [Signature] |

APPENDIX C / PAGE 8
ESSENTIAL SAFETY MEASURES MAINTENANCE MANUAL - BUILDING COMMISSION

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14
15

1.6 PATHS OF TRAVEL TO EXITS

Name of building: _____ Name of owner: _____

Address: _____

Level of performance and frequency of maintenance (as specified on occupancy permit): 3 monthly

| Date of inspection | Name and address of person conducting inspection | Problems identified in inspection | Action taken to rectify problem | Date of rectification | Signature |
|--------------------|--|--|---------------------------------|-----------------------|-------------|
| 5/6/13 | Electric PLC | - | - | - | [Signature] |
| 2/9/13 | Electric PLC | - | - | - | [Signature] |
| 18/12/13 | Electric PLC | door 30 checked open - door 32 blocked | notified SSCB | - | [Signature] |
| March 14 | Electric | - | - | - | [Signature] |
| June 14 | Electric | - | - | - | [Signature] |
| Sept 14 | Electric | - | - | - | [Signature] |
| Dec 14 | Andy | - | - | - | [Signature] |
| March 15 | Andrew | - | - | - | [Signature] |
| June 15 | Andy | - | - | - | [Signature] |
| 9/9/15 | Andy | - | - | - | [Signature] |
| 20/11/15 | Andy | - | - | - | [Signature] |

ESSENTIAL SAFETY MEASURES MAINTENANCE MANUAL - BUILDING COMMISSION

APPENDIX 5.1 PAGE 28

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1.5 SMOKE DOORS

REFER: AS 1951.7

Name of building: _____ Name of owner: _____

Address: _____

Level of performance and frequency of maintenance (as specified on occupancy permit): 3 MONTHLY

| Date of inspection | Name and address of person conducting inspection | Problems identified in inspection | Action taken to rectify problem | Date of rectification | Signature |
|--------------------|--|-----------------------------------|---------------------------------|-----------------------|--------------------|
| 5/6/13 | ELECARE PLC | | | | <i>[Signature]</i> |
| 2/9/13 | Electric PLC | | | | <i>[Signature]</i> |
| 18/12/13 | Electric PLC | | | | <i>[Signature]</i> |
| March 14 | Electric | | | | <i>[Signature]</i> |
| July 14 | Electric | | | | <i>[Signature]</i> |
| Sept 14 | Electric | | | | <i>[Signature]</i> |
| Dec 14 | Anthony | | | | <i>[Signature]</i> |
| March 15 | Anthony | | | | <i>[Signature]</i> |
| June 15 | Anthony | | | | <i>[Signature]</i> |
| 9/9/15 | Anthony | | | | <i>[Signature]</i> |
| 29/9/15 | Anthony | | | | <i>[Signature]</i> |

FIRE PROTECTION CONSTRUCTION JOINTS

Name of building: _____ Name of owner: _____

Address: _____

Level of performance and frequency of maintenance (as specified on occupancy permit): 6 Monthly

| Date of inspection | Name and address of person conducting inspection | Problems identified in inspection | Action taken to rectify problem | Date of rectification | Signature |
|--------------------|--|-----------------------------------|---------------------------------|-----------------------|-------------|
| 31/10/13 | Anthony Sweeney | NIL | - | - | [Signature] |
| 30/4/14 | Anthony Sweeney | NIL | - | - | [Signature] |
| 24/4/15 | Vince Ford | NIL | - | - | [Signature] |
| 5/10/15 | VINCE FORD | NIL | - | - | [Signature] |
| | | | | | |
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| | | | | | |
| | | | | | |

4.11 PENETRATIONS IN FIRE-RATED STRUCTURES

Name of building: _____ Name of owner: _____

Address: _____

Level of performance and frequency of maintenance (as specified on occupancy permit): 6 Monthly

| Date of inspection | Name and address of person conducting inspection | Problems identified in inspection | Action taken to rectify problem | Date of rectification | Signature |
|--------------------|--|---|---------------------------------|-----------------------|-------------|
| 31/10/13 | Anonymous Services | NIL | — | — | [Signature] |
| 30/4/14 | Anonymous Services | NIL | — | — | [Signature] |
| 13/8/14 | Anthony SONDOS | PENETRATION MADE BY BUILDER FOR GAP RESIN | PENETRATION SCALED & COMPLIANT | 15/8/14 | [Signature] |
| 24/4/15 | VINCE FORD | NIL | NIL | — | [Signature] |
| 5/10/15 | VINCE FORD | NIL | NIL | — | [Signature] |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Name of building: _____ Name of owner: _____

Address: _____

Level of performance and frequency of maintenance (as specified on occupancy permit): 3 monthly.

| Date of inspection | Name and address of person conducting inspection | Problems identified in inspection | Action taken to rectify problem | Date of rectification | Signature |
|--------------------|--|---|---------------------------------|-----------------------|-------------|
| 5/6/13 | ELECFIRE PLC | 26, 32, 41, 43 - closer needs adjustment; 26 scrapes. | NOTIFIED SSUR | 7/13 | [Signature] |
| 2/9/13 | Elecfire PLC | 32 closer need adjustment | Notified SSUR | | [Signature] |
| 18/12/13 | Elecfire PLC | 32 closer needs adjustment | notified SSUR | | [Signature] |
| March 14 | Elecfire | - | - | | [Signature] |
| June 14 | Elecfire | - | - | | [Signature] |
| Sept 14 | Elecfire | - | - | | [Signature] |
| Dec 14 | Elecfire | - | - | | [Signature] |
| March 15 | Elecfire | - | - | | [Signature] |
| June 15 | Elecfire | - | - | | [Signature] |
| 9/9/15 | Elecfire | - | - | | [Signature] |
| 29/12/15 | Elecfire | - | - | | [Signature] |
| | | | | | |
| | | | | | |

Fire Doors/Smoke Doors Detail Sheet

| Door No. | LOCATION |
|----------|---|
| 1 | LEVEL 5 SOUTH STAIRS |
| 2 | LEVEL 5 REFUSE ROOM |
| 3 | LEVEL 5 GARBAGE CHUTE |
| 4 | LEVEL 5 CORRIDOR SMOKE DOOR |
| 5 | LEVEL 5 NORTH STAIRS |
| 6 | LEVEL 4 SOUTH STAIRS |
| 7 | LEVEL 4 REFUSE ROOM |
| 8 | LEVEL 4 GARBAGE CHUTE |
| 9 | LEVEL 4 CORRIDOR SMOKE DOOR |
| 10 | LEVEL 4 NORTH STAIRS |
| 11 | LEVEL 3 SOUTH STAIRS |
| 12 | LEVEL 3 REFUSE ROOM |
| 13 | LEVEL 3 GARBAGE CHUTE |
| 14 | LEVEL 3 CORRIDOR SMOKE DOOR |
| 15 | LEVEL 3 NORTH STAIRS |
| 16 | LEVEL 2 SOUTH STAIRS |
| 17 | LEVEL 2 REFUSE ROOM |
| 18 | LEVEL 2 GARBAGE CHUTE |
| 19 | LEVEL 2 CORRIDOR SMOKE DOOR |
| 20 | LEVEL 2 NORTH STAIRS |
| 21 | LEVEL 1 SOUTH STAIRS |
| 22 | LEVEL 1 REFUSE ROOM |
| 23 | LEVEL 1 GARBAGE CHUTE |
| 24 | LEVEL 1 CORRIDOR SMOKE DOOR |
| 25 | LEVEL 1 NORTH STAIRS |
| 26 | GROUND FLOOR SOUTH STAIRS |
| 27 | GROUND FLOOR ENTRY TO PUBLIC TOILETS |
| 28 | GROUND FLOOR LIFT LOBBY ENTRANCE TO CARPARK |
| 29 | GROUND FLOOR CLEANERS ROOM |
| 30 | GROUND FLOOR CARPARK BIN ROOM |
| 31 | GROUND CARPARK MSSB ROOM |
| 32 | GROUND CARPARK MSSB ROOM |
| 33 | GROUND FLOOR TENANCY 4 |
| 34 | GROUND FLOOR REFUSE ROOM |
| 35 | GROUND FLOOR CORRIDOR SMOKE DOOR |
| 36 | GROUND FLOOR CORRIDOR SMOKE DOOR |
| 37 | GROUND FLOOR NORTH ENTRY TO CARPARK |
| 38 | GROUND FLOOR NORTH STAIRS |
| 39 | GROUND FLOOR NORTH STAIRS ENTRY TO CARPAK |
| 40 | GROUND FLOOR NORTH STAIRS ENTRY TO CARPAK |
| 41 | BASEMENT SOUTH STAIRS |
| 42 | BASEMENT COMMS ROOM |
| 43 | BASEMENT NORTH STAIRS |

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Level 1-4: 1-ABR 00 743449 810 | 1-5: 20190 | 1-6: 20190 | PO Box 2024 Fairfield NSW 2165
 Phone: (02) 9073 0092 | Fax: (02) 9073 1878 | Email: info@elecfire.com.au | Website: www.elecfire.com.au

Fire Doors/Smoke Doors Detail Sheet

| Door No. | LOCATION |
|----------|-----------------------------|
| 1 | LEVEL 5 SOUTH STAIRS |
| 2 | LEVEL 5 REFUNE ROOM |
| 3 | LEVEL 5 GARBAGE CURTIL |
| 4 | LEVEL 5 CORRIDOR SMOKE DOOR |
| 5 | LEVEL 5 NORTH STAIRS |
| 6 | LEVEL 4 SOUTH STAIRS |
| 7 | LEVEL 4 BOUTISE ROOM |
| 8 | LEVEL 4 GARBAGE CHUTE |
| 9 | LEVEL 4 CORRIDOR SMOKE DOOR |
| 10 | LEVEL 4 NORTH STAIRS |
| 11 | LEVEL 3 SOUTH STAIRS |
| 12 | LEVEL 3 GARBAGE ROOM |
| 13 | LEVEL 3 GARBAGE CURTIL |
| 14 | LEVEL 3 CORRIDOR SMOKE |
| 15 | LEVEL 3 NORTH STAIRS |
| 16 | LEVEL 2 SOUTH STAIRS |
| 17 | LEVEL 2 NORTH STAIRS |
| 18 | LEVEL 2 BOUTISE ROOM |
| 19 | LEVEL 2 CORRIDOR SMOKE |
| 20 | LEVEL 2 SOUTH STAIRS |
| 21 | LEVEL 2 NORTH STAIRS |
| 22 | LEVEL 1 SOUTH STAIRS |
| 23 | LEVEL 1 NORTH STAIRS |
| 24 | LEVEL 1 BOUTISE ROOM |
| 25 | LEVEL 1 CORRIDOR SMOKE |
| 26 | LEVEL 1 SOUTH STAIRS |
| 27 | LEVEL 1 NORTH STAIRS |
| 28 | LEVEL 1 BOUTISE ROOM |
| 29 | LEVEL 1 CORRIDOR SMOKE |
| 30 | LEVEL 1 SOUTH STAIRS |
| 31 | LEVEL 1 NORTH STAIRS |
| 32 | LEVEL 1 BOUTISE ROOM |
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| 99 | LEVEL 1 NORTH STAIRS |
| 100 | LEVEL 1 BOUTISE ROOM |

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ELEC

ESSE
Essential Safety Me

Essential Safety Me

Building elements to
for minimum level
Materials and means
prescribed for base
Elements required to
provide for protection
& self-venting sprinkler
Fire doors
Fire protection pipe
connections joints
Sealer cloth
Paths of travel to exit
Discharge from exit
Inhalation hood for
and canopy
Discharge than if
Exit signs
Sign warning again
the escape of fire
Sign warning path
of escape from area
Emergency lighting
Fire hydrant system
panels
Fire hose reels
Sprinkler system
Fire extinguishers
Sealed and heat if
Building occupant

ELECFIRE
ELECTRICAL FIRE PROTECTION SPECIALISTS

24 Hour Emergency Service
P: (03) 9018 0099

Tel: (03) 9018 0099 / Fax: (03) 9018 0002 / Email: info@elecfire.com.au
114/116 Pitt St, Melbourne, VIC 3000, Australia
114/116 Pitt St, Melbourne, VIC 3000, Australia
Tel: (03) 9018 0099 / Fax: (03) 9018 0002 / Email: info@elecfire.com.au

**REFER
TO
MRR08
GENERAL
SPRINKLER
SYSTEM
LOG
BOOK**

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Essential Safety Measures

Contents

1. Building elements to satisfy prescribed fire resistance level
2. Materials and assemblies to satisfy prescribed fire hazard properties
3. Elements required to be non-combustible, provide fire protection compartmentation
4. Wall-wetting sprinkler systems
5. Fire doors
6. Fire protection penetrations and construction joints
7. Smoke doors
8. Paths of trays to exits
9. Discharge from exits
10. Exits (including fire isolated stairways and ramps)
11. Doors (other than fire or smoke doors)
12. Exit signs
13. Signs warning against the use of lifts in the event of fire
14. Signs alerting persons that the operation of doors must not be impaired
15. Emergency lighting
16. Fire hydrant system (including on-site pump set)
17. Fire hose reels
18. Sprinkler system
19. Fire extinguishers
20. Smoke and heat detection system
21. Building occupant warning system

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24 Hour Emergency Service
P: (03) 9013 0092

120000 P/Ltd | ABN: 96 746 648 805 | REG: 26196 | Postal Address: PO Box 3308 Ealing VIC 3103
Phone: (03) 9013 0092 | Fax: (03) 9013 1076 | Email: info@elecfire.com.au | Website: www.elecfire.com.au



Essential Safety Measures



SWITCHROOM





FIRE
INDICATOR
PANEL



Inside the cabinet, there is a fire indicator panel with several sections:

- Top section: A panel with the text "FIRE INDICATOR PANEL" and some diagrams.
- Middle section: A panel with the text "ELECTREVIEW" and some diagrams.
- Bottom section: A panel with the text "L.E.E.M." and some diagrams.

Sample only

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GARBAGE



GARBAGE CHUTE 48122 02 001

BAG ALL GARBAGE
MAXIMUM WEIGHT 20kg
NO papers, foil, bottles or glass
NO cigarette butts / lighters / aerosols
DO NOT place any part of your body inside

FIRE DOOR
DO NOT KEEP OPEN

CH

Sample Only



Sample Only

AS 1851 MAINTENANCE RECORD

| YEAR | JAN | FEB | MAR | APR | MAY | JUNE | JULY | AUG | SEPT | OCT | NOV | DEC | |
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PRESSURE TEST

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FIRE SAFETY DOOR
DO NOT OBSTRUCT
DO NOT KEEP OPEN







FIRE HOSE REEL



Sample Only

MAINTENANCE RECORD

| | APR | MAY | JUNE | JULY | AUG | SEPT | OCT | NOV | DEC | |
|----|-----|-----|------|------|-----|------|-----|-----|-----|----|
| 12 | | | | | | | | | | 03 |
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PRESSURE TEST

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Part 5 - Recommendations & Summary

Recommendations:

1. That all essential services identified with this report are maintained in accordance with the Australian Standards.
2. That as a minimum, an annual certification is provided confirming that all essential services have been maintained in accordance with the relevant Australian Standards.
3. That all contractors service statements be checked to verify testing and maintenance of all essential safety measures as stated within the Occupancy Permit are adhered to according to the determined frequencies.
4. Update Log Book to include all contractors' information, inspection reports & details of maintenance carried out, to be available on the premises for inspection by the municipal building surveyor or chief officer.

Applicable Items:

A Non-compliant report has been issued, as there are no records of contractors testing and maintaining the above mentioned "Non-Compliant" essential safety measures listed.

All items listed on the Occupancy permit are required to be tested and maintained to the relevant Australian Standards and the frequency stipulated on the permit.

If building was constructed Pre 1994 (and has not been altered since) then all items identified during the inspection are required to be tested and maintained the relevant Australian Standards.

Once the occupancy permit is stored onsite and test statements from contractors are provided to our office we will amend the report. For further assistance please contact our office on 1800 767 266 or info@roscon.com

Building Regulations 2006 - Part 12

Buildings constructed before 1 July 1994 with no alterations – Maintenance required as per initial design of system or item.

The *Building Regulations* 2006 require that owners of buildings built prior to 1 July 1994 maintain the essential safety measures installed within the building. Any essential safety measure in Class 1, 2, 3, 5, 6, 7, 8 and 9 buildings and places of public entertainment constructed before 1 July 1994 must be maintained by the owner to a working condition that enables them to fulfil their purpose and meet the expectations of inspecting authorities.

If there was no specific standard of maintenance in force at the time of installation, then any relevant *Australian Standards* available at the time may be used as a guide to the level of adequate maintenance. The Level of maintenance expected in the future by inspecting authorities should not be greater than that required at the time the initial maintenance requirement was determined for that existing safety measure.

The *Regulations* do not require the automatic upgrade of systems in buildings, however under the enforcement provisions of Part 8 of the *Act*, after a review to any risk to life, safety or health of any occupant in a building considerations could be given to upgrade the essential safety measures to current standards and practices.

The *Building (Legionella) Act* 2000 requires all cooling tower systems in Victoria to be registered with the Building Commission to help track potential sources of Legionnaires' disease. The *Building Act* 1993 requires the registration of all cooling tower systems and the development of a Risk Management Plan (RMP) for each cooling tower system. The owner of the land on which a cooling tower system is located is required to register and renew the registration of that system annually.

An owner of a building or place of public entertainment must ensure that any annual essential safety measures report required to be prepared under regulation 1214 and records of all maintenance checks and any service or repair work carried out to any essential safety measure are available at the building or place of public entertainment for inspection by the municipal building surveyor or chief officer at any time on request after 24 hours notice.

Building constructed or had alterations after 1994 – As stated on Occupancy Permit.

The *Building Regulations* 2006 prescribe the requirements for maintenance of buildings built on or after 1 July 1994. Any essential safety measure in Class 1, 2, 3, 5, 6, 7, 8 and 9 buildings and places of public entertainment must be maintained, by the owner, to a working condition that enables them to fulfil their purpose and meet the expectations of inspecting authorities.

The *Regulations* make it mandatory for the building surveyor to list the required essential services on the issuing of the occupancy permit. The level of performance to which the service is to be maintained must also be specified on the occupancy permit. In case of an essential service being provided where no occupancy permit is required, then the relevant building surveyor must determine the level of performance that must be specified in writing and given to the owner.

Part 6 - Terms & Conditions

Disclaimer - Report Standard

This report is prepared by Roscon Property Services Pty Ltd (Roscon) for the purpose as stated on the front cover, and its contents are provided only for the exclusive use of the named client. Roscon believe that the information contained in this document is correct, and that any opinions, conclusions, recommendations and any views expressed in this report are made as at the date of inspection. Roscon do not warrant their accuracy, and disclaim all responsibility for any loss or damage which may be suffered by the client or any other person, directly or indirectly. Roscon has no relationship with and does not owe any duties to their client or to their contractors working on the premises which this report relates.

Scope of Report

The Standard Property Report is not intended as a certificate of compliance of the property within the requirements of any Act, regulation, ordinance or by-law, or, as a warranty or an insurance policy against problems developing with the building in the future.

Disclaimer of Liabilities

No liability shall be accepted on account of failure of the Report to notify any problems in any area(s) or section(s) of the subject property physically inaccessible for inspection, or to which access for inspection is denied by or to the Inspector (including but not limited to any area(s) or section(s) so specified by the Report.

Disclaimer of Liability to Third Parties

This report is made solely for the use and benefit of the Client named on the front of this report. No liability or responsibility whatsoever, in contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or relying on this Report, in whole or in part; does so at their own risk.

Report Definition

This report is limited to a visual inspection of areas where reasonable access is available at the time of inspection. It does not purport to be geological as to foundation integrity or soil conditions, engineering as to structural, nor does it cover the condition of electrical, plumbing, gas or motorised appliances.

As the date of this report we have identified the items as listed herein, we do not accept any responsibility for items which may be damaged after the inspection has been completed.

Fire Fighting Equipment & Statutory Requirements

It has been assumed that any building needing fire fighting equipment to meet legislative requirements such as the Building Code of Australia 1996 did meet those requirements at the time of construction. We have not examined the fire safety requirements for the building and make no comment as to the adequacy of the measures found in the complex. We have not and do not assess the condition of any fire fighting equipment within the complex. If the Owners Corporation/Property Manager wishes to ascertain its position with respect to fire safety compliance it may carry out its own assessment. We have visually inspected the fire fighting equipment but have not carried out any testing and therefore cannot determine if the equipment has been tampered with or will be effective in case of fire.

Additional Conditions

1. The Report is not a guarantee but is a Professional Opinion on (the condition of the suspected service,
2. No responsibility is accepted for services other than those provided in this Report.
3. Unless stated otherwise, this Report does not cover enquiries of councils or other competent authorities.
4. No liability is accepted with respect to the advice given in this Report beyond a refund of the Inspection fee.
5. The Essential Safety Report relates directly to the Maintenance Guide and Log Books Incorporated for the building. The Maintenance Guide and Log Book incorporate the present Building Code of Australia Standards and are a vital part of the Report's recommendations. Failure to observe the requirements of the Maintenance Guides is totally the responsibility of the Buildings Owner.
6. Roscon Property Services Pty Ltd has at the time of inspection assumed that the total building has complied with the Building Control Act and/or any applicable building regulations/codes that were current at the time of its construction/refurbishment. Prior to the date of inspection Roscon Property Services Pty Ltd have not received any notification, that any Building Notice's have been issued with reference to the premises being inspected.

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Service | Quality | Value