Fire Safety Statement

Approved under the Environmental Planning and Assessment Regulation 2000.

Version 2.0 Effective from 1 December

How to complete this form

- 1. Please print in CAPITAL LETTERS
- 2. Please complete all relevant sections in full

Note

- 1. A reference to 'the Regulation' in this statement is a reference to the Environmental Planning and Assessment Regulation 2000
- 2. A reference to a CFSP in this statement is a reference to a 'competent fire safety practitioner' as defined by clause 167A of the Regulation

Section 1	Type of staten	nent				
	This is (mark applicable box) an annual fire safety statement (complete the declaration at Section 7 of this form)					
`	□ a supplementary fire safety statement (complete the declaration at <u>Section 8</u> of this form					
040	D.: 21.12 41					
Section 2	Building the Si	ubject of this statement				
Street No.	Street Name		Suburb	Postcode		
Lot No (if known) DP/SP (if known)		nown)	Building Name (if applicable)			
This statem	ent applies to (mar	k applicable box) ☐ the who	ble building			
		☐ part of t	the building			
Section 3	Description of	the building or part of the	he building the subject of this statem	ent		
	ve ground in the bu		Storeys below ground in the building (No.)			
			, , ,			
If statement	relates to a part –	describe that part and its loca	tion in the building			
	·	·	<u> </u>			
Uses of building or part subject to this statement (e.g. retail, offices, residential, assembly, carparking)						
	· · · · · ·					
Section 4: Name and address of owner of the building or part						
Title	Given Name/s		Family Name			
Street No.	Street Name		Suburb	Postcode		



Section 5: Fire Safety Measures

- 1. All essential fire safety measures (including critical fire safety measures) must be listed for an annual fire safety statement
- 2. Only critical fire safety measures must be listed for a supplementary fire safety statement

Fire Safety Measure	Date Assessed	CFSP*	Minimum Standard of Performance

^{*} Insert initials of CFSP

Section 6: Details of competent fire safety practitioners (CFSPs)

The table must include details of:

- 1. Each CFSP who endorsed a fire safety measure referred to in Section 5 of this form
- 2. Each CFSP who inspected the building in accordance with clause 175(b) of the Regulation (in a shaded row)

Initials	Given Name/s	Family Name	Phone	Email	Signature



I, Click he	ere	(insert full name)						
being the	(mark applicable box) $\ \square$ owner							
	□ owner's agent							
certify tha	at: a) each essential fire safety measure specified in this statement has been assessed by a competent fire safety practitioner and was found, when it was assessed, to be capable of performing:							
		 i. in the case of an essential fire safety measure identified in Section 5 of this form and the fire safety schedule - to a standard no less than that specified in the schedule, or 						
	•	e safety measure identified in Section 5 of this form - to a standard ure was originally designed and implemented, and						
	 b) the building has been inspected by a constitution inspected, to be in a condition that did Regulation. 	competent fire safety practitioner and was I not disclose any grounds for a prosecuti						
Owner/Ag	gent Name	Owner/Agent Signature	Date					
Section	8: Supplementary fire safety stater	ment declaration	,					
I, Click he	Click here (insert full name)							
being the	(mark applicable box) □ owner							
	□ owner's agent							
certify tha	it each critical fire safety measure specified i	n this statement has been assessed by a	competent fire safety					
practitione	er and was found, when it was assessed, to	be capable of performing to at least the s	tandard required by the					
current fire	e safety schedule for the building for which t	his statement is issued.						
Owner/Ag	gent Name	Owner/Agent Signature	Date					
(To be co	9: Owner's authorisation mpleted where an agent makes the declarat ne owner, authorise the agent named in Sect	ion 7 or Section 8 to act on my behalf to r						
Owner's N	Name	Owner's Signature	Date					
Cac4!	40. Contact detalls of very very	u this statement						
	10: Contact details of person issuin							
Title	Given Name/s	Family Name						
Phone		Email						
		I						

Section 11: Fire safety schedule

A current fire safety schedule for the building must be attached to this statement.

