**Specified System Report and Declaration (S-RaD) Compliance schedule: #**

This report has been issued in lieu of a Form 12A. Its purpose is to:

1. enable a BWoF Report and Declaration (B-RaD) to be supplied and displayed in the building
2. inform the building owner and the territorial authority about the reasons procedures were missed and advise the current performance status of the specified systems.

This report does not enable a building warrant of fitness to be supplied and displayed.

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| **BUILDING** |
| Building name: - | Level/unit number: - |
| Street address of building: - |  Compliance schedule anniversary: D/M/Y |
| **OWNER** |
| Name: -Contact number: - | Mailing address: - |

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| **SPECIFIED SYSTEM** |
| ***Example: SS1 Automatic systems for fire suppression***  |

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| **IQP DECLARATION** |
| ***Missed procedures***A Form 12A for the above specified system was unable to be issued due to one or more of the following scheduled inspection, maintenance and reporting (IMR) procedures of the compliance schedule not being carried out:

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| **Procedure** | **Reason** |
| *Example: 5 March 2022 – Weekly Diesel Test**Add rows below if required.* | *Example: Access to the building could not be gained* |

Measures put in place (or will be) to ensure the procedures are not missed in the future:*Example: IQP now has their own set of keys.****Performance of the system***The above specified system **is/is not (delete one)**currently performing to the performance standard stated in the compliance schedule as at the date stated below.The missed IMR procedures have materially affected the ability of the specified system to perform to the performance standard for that system: **Y/N**+ Description of the status of the non-performing specified system:*Example: System is running but takes longer than the specified period to start.*+ Measures put in place (or will be) to ensure the system performs to the performance standard:*Example: New starter solenoid has been ordered from USA and is expected to arrive in 2 weeks.*Signature of Independent Qualified Person: Date: D/M/Y IQP name: - IQP Company: - IQP number: - |

*+ Delete if system is currently performing.*