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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of owner:** | |  | |  | **Contact person:** | |  | |
| **Mailing address:** |  | | |  | **Telephone number:** | | |  |
|  | | | |  | **Mobile number:** | |  | |
| **Street address/registered office:** | | |  |  | **Email address:** | |  | |
|  | | | |  | **Website:** |  | | |

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| **Physical address of building:** | | | | |  | | | |
| Street Name | |  | | | Suburb |  | | |
| City |  | | | | Postcode |  | | |
| **Building name:** | | |  | | | | | |
| **Number of levels:** | | | |  | | | | |
| **Current building warrant of fitness:** | | | | |  | | | Yes/No *(delete as appropriate)* |
| **Displayed:** | | | | |  | | | Yes/No *(delete as appropriate)* |
| **Current lawfully established use:** | | | | |  | | | |
| **Number of occupants** *(include number of occupants per level & per use if more than one):* | | | | | | |  | |
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| **Type and status of any specified system(s) installed in the building:** | | | | | | | | |
| Specified system: | | | | | Operational (Y/N): | | | |
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| **Description of the building’s construction:** | | | | | | | | |
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| **Description of the use(s) of the building** *(refer to Schedule 2 of the Building (Specified Systems, Change the Use, and Earthquake-prone Buildings) Regulations 2005):* | | | | | |
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| **Description of risk groups within the building** *(refer to the classifications of a building or firecell described in C/AS1 table 1.1.1.1):* | | | | | |
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| **Escape routes are easily identifiable by occupants and have suitable signage** | | | Yes/No *(delete as appropriate)* | | |
| **Escape routes are clear and unobstructed** | | | Yes/No *(delete as appropriate)* | | |
| **Escape routes lead to a place of safety outside the building** | | | Yes/No *(delete as appropriate)* | | |
| **Exit doors are unobstructed and any locks are simple to open and clearly visible** | | | Yes/No *(delete as appropriate)* | | |
| **Description of means of escape from fire:** | | | | | |
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| **Adequate potable water supply** | | | | Yes/No *(delete as appropriate)* | |
| **Adequate sanitary facilities** | | | | Yes/No *(delete as appropriate)* | |
| **Description of water supply and sanitary features:** | | | | | |
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| **Description of whether building is offensive and/or likely to be injurious to health:** | | | | | |
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| **List of dangerous/hazardous goods:** | | | | | |
| What | Where | Class | | | Quantity |
|  |  |  | | |  |
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| **Uncontrolled sources of ignition** | | Yes/No *(delete as appropriate)* | | | |
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| **The building is affected/likely to be affected by any building defects** | | | | | Yes/No *(delete as appropriate)* |
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| **This building has been determined as:** | | |  | | |
| Dangerous | | | Yes/No *(delete as appropriate)* | | |
| Affected | | | Yes/No *(delete as appropriate)* | | |
| Insanitary | | | Yes/No *(delete as appropriate)* | | |
| **This assessment has been confirmed by another party** | | | Yes/No *(delete as appropriate)* | | |
| Reasons for this decision | | |  | | |
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| **Time of inspection:** | | |  |  | **Date of inspection:** | | | (DD / MM / YYYY) |
| **Name:** |  | | |  | **Position:** | |  | |
| **Signature:** | |  | |  | **Date:** | (DD / MM / YYYY) | | |

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| **The following documents are attached to this report:** |  | |
| Copy of the current record of title | | Yes/No *(delete as appropriate)* |
| Copy of lease agreements | | Yes/No *(delete as appropriate)* |
| Expert reports | | Yes/No *(delete as appropriate)* |
| Other (please specify) | | Yes/No *(delete as appropriate)* |
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