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

|  |  |
| --- | --- |
| **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):* |  |
|  |
|  |
| **Type and status of any specified system(s) installed in the building:** |
| Specified system: | Operational (Y/N): |
|  |  |
|  |  |
|  |  |
|  |  |
| **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):* |
|  |
|  |
|  |
| **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):* |
|  |
|  |
|  |
| **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:** |
|  |
|  |
|  |
| **Adequate potable water supply** | Yes/No *(delete as appropriate)* |
| **Adequate sanitary facilities** | Yes/No *(delete as appropriate)* |
| **Description of water supply and sanitary features:** |
|  |
|  |
|  |
| **Description of whether building is offensive and/or likely to be injurious to health:** |
|  |
|  |
|  |
| **List of dangerous/hazardous goods:** |
| What | Where | Class | Quantity |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |
| **Uncontrolled sources of ignition** | Yes/No *(delete as appropriate)* |
|  |
|  |
|  |
| **The building is affected/likely to be affected by any building defects** | Yes/No *(delete as appropriate)* |
|  |
|  |
|  |
| **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 |  |
|  |  |
|  |  |
|  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Time of inspection:**  |  |  | **Date of inspection:**  | (DD / MM / YYYY) |
| **Name:**  |  |  | **Position:**  |  |
| **Signature:**  |  |  | **Date:**  | (DD / MM / YYYY) |

|  |  |
| --- | --- |
| **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)* |
|  |  |
|  |  |
|  |  |