

# BUILDING INSPECTION REPORT ON A DANGEROUS, AFFECTED AND/OR INSANITARY BUILDING

**Dangerous, affected and/or insanitary building  
inspection record**

**Template:** This template has been developed to support territorial authorities to identify the information to be included in a building inspection report on a dangerous, affected and/or insanitary building.

Insert Logo Here

Name of owner:

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Contact person:

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Mailing address:

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Telephone number:

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Street address/registered office:

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Mobile number:

---

Email address:

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Website:

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**Physical address of building:**

Street Name

Suburb

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City

Postcode

---

**Building name:**

---

**Number of levels:**

---

**Current building warrant of fitness**

Yes  No

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**Displayed**

Yes  No

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**Current lawfully established use:**

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**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):

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):


**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

Escape routes are clear and unobstructed  Yes  No

Escape routes lead to a place of safety outside the building  Yes  No

Exit doors are unobstructed and any locks are simple to open and clearly visible  Yes  No

**Description of means of escape from fire:**


Adequate potable water supply  Yes  No

Adequate sanitary facilities  Yes  No

**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

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Uncontrolled sources of ignition

Yes  No

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The building is affected/likely to be affected by any building defects

Yes  No

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**This building has been determined as:**

Dangerous

Yes  No

Affected

Yes  No

Insanitary

Yes  No

**This assessment has been confirmed by another party**

Yes  No

Reasons for this decision:

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**Time of inspection:**

**Date of inspection:**

( D D / M M / Y Y )

**Name:**

**Position:**

**Signature:**

**Date:**

( D D / M M / Y Y )

**The following documents are attached to this report:**

Copy of the current record of title

Copy of lease agreements

Expert reports

Other (please specify)

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