

Occupier's Statement

Property: _____

Address: _____

Prescribed fire safety installation ²	Nominated Australian Standard or relevant maintenance requirements ³	Was a critical defect ⁴ notice issued during the period covered by this statement (Yes/No)	Date of rectification of critical defect ⁴
Air handling systems		<input type="radio"/> Yes <input type="radio"/> No	
Emergency lifts		<input type="radio"/> Yes <input type="radio"/> No	
Emergency lighting		<input type="radio"/> Yes <input type="radio"/> No	
Emergency power supply		<input type="radio"/> Yes <input type="radio"/> No	
Emergency warning and intercommunication systems ⁵		<input type="radio"/> Yes <input type="radio"/> No	
Exit signs		<input type="radio"/> Yes <input type="radio"/> No	
Fire detection and alarm systems		<input type="radio"/> Yes <input type="radio"/> No	
Fire doorsets		<input type="radio"/> Yes <input type="radio"/> No	
Fire extinguishers		<input type="radio"/> Yes <input type="radio"/> No	
Fire hose reels		<input type="radio"/> Yes <input type="radio"/> No	
Fire hydrants (including boosters)		<input type="radio"/> Yes <input type="radio"/> No	
Fire mains		<input type="radio"/> Yes <input type="radio"/> No	
Fire shutters		<input type="radio"/> Yes <input type="radio"/> No	
Other features ⁶ (provide details)		<input type="radio"/> Yes <input type="radio"/> No	
Smoke and heat venting systems		<input type="radio"/> Yes <input type="radio"/> No	
Smoke doorsets		<input type="radio"/> Yes <input type="radio"/> No	
Smoke exhaust systems		<input type="radio"/> Yes <input type="radio"/> No	
Solid core doors		<input type="radio"/> Yes <input type="radio"/> No	
Special automatic fire suppression systems		<input type="radio"/> Yes <input type="radio"/> No	
Sprinklers		<input type="radio"/> Yes <input type="radio"/> No	
Stairwell pressurisation systems		<input type="radio"/> Yes <input type="radio"/> No	

I _____ am an authorised person on behalf of _____ declare the above listed prescribed fire safety installations have been maintained
(Full name) (Name of organisation)

during the period covered by this statement in accordance with this code and specified, _____ on _____
(Signature) (Date)

- This yearly statement must be kept with the building's maintenance records in accordance with A2(c) and be produced on demand by local government officers and authorised officers of the Queensland Fire and Rescue Service.
- Note: delete prescribed fire safety installations that are not installed in/for the building.
- For example, in accordance with manufacturer's instruction manual date day/month/year or in accordance with the building's certificate of classification.
- Copies of critical defect notices issued and proof of rectification within the period of this statement must be attached.
- This is also known as sound systems and intercommunication systems for emergency purposes.
- Includes additional fire safety installations or conditions that are required under the building's alternative solution of the Building Act 1975 or BCA clauses E1.10 and E2.3.
- If the owner is signing or the occupier is not employed by a body corporate the 'name of organisation' section does not need to be completed.